sharak dhar			292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 0 Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360 E-mail: charak1984@gmail.com CMO Reg. No. RMEE 2445133		
IAGNOSTICS Pvt. Ltd.		NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218			
Patient Name : Mr.JIVESH		V	isit No		250041455
Age/Gender : 32 Y/M		R	egistration ON	: 07/N	/ar/2025 07:33PM
Lab No : 10138750		S	ample Collected ON	: 07/N	lar/2025 07:36PM
Referred By : Dr.U1		S	ample Received ON	: 07/N	/ar/2025 07:47PM
Refer Lab/Hosp : CHARAK NA Doctor Advice : CREATININE,HBA1C (EDTA),CHC)L,URIC ACID,LIPA	R SE,AMYLASE,LF	eport Generated ON T	: 08/N	1ar/2025 09:46AM
Test Name	Result	Unit	Bio. Ref. R	ange	Method
HBA1C	Kesun	Onit		unge	Wiethod
Glycosylated Hemoglobin (HbA1c)	5.7	%	4 - 5.7		HPLC (EDTA)
 Technology(High performance Liquid Chrom EXPECTED (RESULT) RANGE : Bio system Degree of normal 4.0 - 5.7 % Normal Value (OR) Non 5.8 - 6.4 % Pre Diabetic Stage > 6.5 % Diabetic (or) Diabetic state 6.5 - 7.0 % Well Controlled Diabet 7.1 - 8.0 % Unsatisfactory Control > 8.0 % Poor Control and needs tree 	Diabetic	from Bio-Rad	l Laboratories.USA.		
URIC ACID					
Sample Type : SERUM					
SERUM URIC ACID	11.1	mg/dL	2.40 - 5.	70	Uricase,Colorimetri
AMYLASE	CH	AR/	NK		
SERUM AMYLASE	61.1	U/L	20.0-80.	00	Enzymatic

Comments:

P.R.

Amylase is produced in the Pancreas and most of the elevation in serum is due to increased rate of Amylase entry into the blood stream / decreased rate of clearance or both. Serum Amylase rises within 6 to 48 hours of onset of Acute pancreatitis in 80% of patients, but is not proportional to the severity of the disease. Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease. Values persisting longer than this period suggest continuing necrosis of pancreas or Pseudocyst formation. Approximately 20% of patients with Pancreatitis have normal or near normal activity. Hyperlipemic patients with Pancreatitis also show spuriously normal Amylase levels due to suppression of Amylase activity by triglyceride. Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimesters of pregnancy,

Gastrointestinal cancer & bone fractures.

amylase amylase amylase



DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

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Charak dhar				292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003 Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360 E-mail: charak1984@gmail.com			
DIAGN	OSTICS Pvt. Ltd	l.		CMO Reg. No. F NABL Reg. No. I Certificate No. N	MC-2491	5	
Patient Name	: Mr.JIVESH		Vis	sit No	: CHA2500	41455	
Age/Gender	: 32 Y/M		Re	gistration ON	: 07/Mar/2	025 07:33PM	
Lab No	: 10138750		Sa	mple Collected ON	: 07/Mar/2	025 07:36PM	
Referred By	: Dr.U1		Sa	mple Received ON	: 07/Mar/2	025 07:47PM	
Refer Lab/Hosp	: CHARAK NA			port Generated ON	: 08/Mar/2	025 09:46AM	
Doctor Advice	CREATININE,HBA1C (EDTA),	CHOL,URIC ACID,LIPA	SE,AMYLASE,LFT				
	Test Name	Result	Unit	Bio. Ref. R	ange	Method	
LIPASE		•			•		

COMMENTS: as, such as acute pancreatitis, chronic pancreatitis, and obstruction of the pancreatic duct. In acute pancreatitis serum lipase activity tends to become elevated & remains for about 7 - 10 days. Increased lipase activity rarely lasts longer than 14 days, and prolonged increases suggest a poor prognosis or the presence of a cyst. Serum lipase may also be elevated in patients with chronic pancreatitis, obstruction of the pancreatic duct and non pancreatic conditions including renal diseases, various abdominal diseases such as acute cholecystitis, intestinal obstruction or infarction, duodenal ulcer, and liver disease, as well as alcoholism & diabetic keto-acidosis & in patients who have undergone endoscopic r

43.5

U/L

Upto 60

colorimetric

Lipase measurements are used in the diagnosis and treatment of diseases of the pancre

LIPASE

etrograde cholangiopancreatography. Elevation of serum lipase activity in patients with mumps strongly suggests significant pancreatic as well as salivary gland involvement by the disease......





DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 2 of 3

[Checked By]

Charak dhar IAGNOSTICS Pvt. Ltd.	L man ronaran og namos ni				
Patient Name : Mr.JIVESH			Visit No : CHA250041455		
Age/Gender : 32 Y/M Lab No : 10138750	Registration ON: 07/Mar/2025 07:33PMSample Collected ON: 07/Mar/2025 07:36PM				
Referred By : Dr.U1	Sample Received ON : 07/Mar/2025 07: 36PM Sample Received ON : 07/Mar/2025 07: 47PM				
Refer Lab/Hosp : CHARAK NA Doctor Advice : CREATININE,HBA1C (EDTA),CHC	DL,URIC ACID,LIPA	R	eport Generated ON : 08/N	/ar/2025 09:46AM	
Test Name	Result	Unit	Bio. Ref. Range	Method	
SERUM CREATININE					
CREATININE	1.10	mg/dl	0.50 - 1.40	Alkaline picrate- kinetic	
LIVER FUNCTION TEST					
TOTAL BILIRUBIN	0.60	mg/dl	0.4 - 1.1	Diazonium Ion	
CONJUGATED (D. Bilirubin)	0.30	mg/dL	0.00-0.30	Diazotization	
UNCONJUGATED (I.D. Bilirubin)	0.30	mg/dL	0.1 - 1.0	Calculated	
ALK PHOS	110.00	U/L	30 - 120	PNPP, AMP Buffer	
SGPT	55.1	U/L	5 - 40	UV without P5P	
SGOT	40.5	U/L	5 - 40	UV without P5P	
CHOLESTEROL					
CHOLESTROL	229.80	mg/dl	<200 mg/dl Borderline-high:200-23 mg/dl High: >/=240 mg/dl	39	

*** End Of Report ***

CHARAK



PR.

[Checked By]

MC-2491 Print.Date/Time: 08-03-2025 12:07:26 *Patient Identity Has Not Been Verified. Not For Medicolegal



Tha

DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST

PATHOLOGIST MD (MICROBIOLOGY) Page 3 of 3

Dr. SYED SAIF AHMAD