

Patient Name : Mr. SIYA RAM VERMA	Visit No : CHA250041674
Age/Gender : 66 Y/M	Registration ON : 08/Mar/2025 10:41AM
Lab No : 10138969	Sample Collected ON : 08/Mar/2025 10:45AM
Referred By : Dr. KRISHNA KUMAR MITRA (CGHS)	Sample Received ON : 08/Mar/2025 11:09AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 08/Mar/2025 12:45PM
Doctor Advice : LDH, URIC ACID, FREE PSA, PSA-TOTAL, KIDNEY FUNCTION TEST - I, LFT, CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Erythrocyte Sedimentation Rate ESR	16.00		0 - 20	Westergreen



[Checked By]

Print.Date/Time: 08-03-2025 13:24:44

\*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA  
PATHOLOGIST

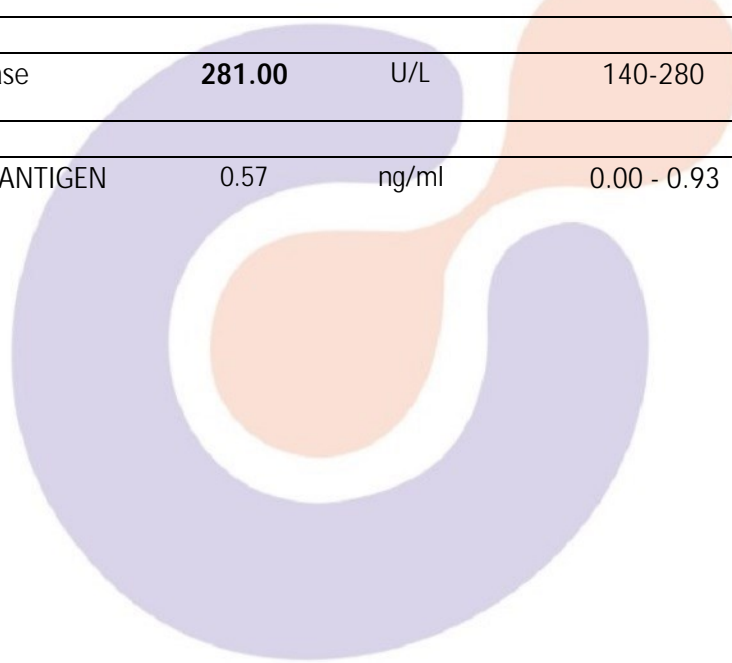
DR. SHADAB  
PATHOLOGIST

*Aditi D Agarwal*  
DR. ADITI D AGARWAL  
PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>URIC ACID</b>				
Sample Type : SERUM				
SERUM URIC ACID	4.0	mg/dL	2.40 - 5.70	Uricase,Colorimetric
<b>LDH</b>				
LDH Lactate Dehydrogenase	<b>281.00</b>	U/L	140-280	Pyruvate to lactate
<b>FREE PSA</b>				
FREE PROSTATE SPECIFIC ANTIGEN (FREE P.S.A.)	0.57	ng/ml	0.00 - 0.93	CIIA



**CHARAK**

[Checked By]

Print.Date/Time: 08-03-2025 13:24:47

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*Sharma*

DR. NISHANT SHARMA PATHOLOGIST    DR. SHADAB PATHOLOGIST    Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Hb	13.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	<b>4.90</b>	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	42.3	%	36 - 45	Pulse height detection
MCV	86.9	fL	80 - 96	calculated
MCH	28.1	pg	27 - 33	Calculated
MCHC	32.4	g/dL	30 - 36	Calculated
RDW	14.3	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8290	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	67	%	40 - 75	Flowcytometry
LYMPHOCYTE	30	%	20-40	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	215,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	215000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	18			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



MC-2491

Print.Date/Time: 08-03-2025 13:24:52

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Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 08/Mar/2025 11:50AM  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.50	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.20	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.30	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	117.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	26.7	U/L	5 - 40	UV without P5P
SGOT	27.8	U/L	5 - 40	UV without P5P
<b>KIDNEY FUNCTION TEST - I</b>				
Sample Type : SERUM				
BLOOD UREA	33.20	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct
<b>PSA-TOTAL</b>				
PROSTATE SPECIFIC ANTIGEN	3.00	ng/mL	0.2-4.0	CLIA

COMMENT : 1. Prostate specific antigen (PSA) is useful for diagnosis of disseminated CA prostate & its equential measurement is the most sensitive measure of monitoring treatment of disseminated CA prostate with its shorter half life (half life of 2.2 days only) it is superior to prostatic acis phosphatase(PAP). PSA is elevated in nearly all patients with stage D carcinoma whereas PAP is elevated in only 45 % of patient. Mild PSA elevation are also reported in some patients of BHP.

2. Blood samples should be obtained before prostate biopsy or prostatecomy or prostatic massage or digital pre rectal examination as it may result intrasient levation of PSA value for few days.

NOTE :- PSA values obtained in different types of PSA assay methods cannot be used interchangeably as the PSA value in a given sample varies with assays from different manufactures due to difference in assay methodology and reagent specificity. If in the course of monitoring a patient the assay method used for determination is changed, additional sequential testing should be carried out to confirm baseline value.

DONE BY;  
Enhanced Chemiluminescence "VITROS ECI"

\*\*\* End Of Report \*\*\*



[Checked By]



*Sham*

DR. NISHANT SHARMA DR. SHADAB DR. SYED SAIF AHMAD  
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)



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[Checked By]



*Sham*

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