

Patient Name	: Mr. VED PRAKASH	Visit No	: CHA250042266
Age/Gender	: 65 Y/M	Registration ON	: 09/Mar/2025 09:37AM
Lab No	: 10139561	Sample Collected ON	: 09/Mar/2025 09:40AM
Referred By	: Dr. NIRUPAM PRAKASH	Sample Received ON	: 09/Mar/2025 09:58AM
Refer Lab/Hosp	: CGHS (DEBIT)	Report Generated ON	: 09/Mar/2025 11:45AM
Doctor Advice	: TYPHOID IGM, URINE C/S, URINE COM. EXAMINATION, PSA-TOTAL, LFT, HBA1C (EDTA), PP, FASTING, KIDNEY FUNCTION TEST - I, CBC+ESR, USG WHOLE ABDOMEN, CHEST PA, ECG		



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	28.00		0 - 20	Westergreen



CHARAK

[Checked By]

Print.Date/Time: 09-03-2025 15:00:55

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

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Referred By : Dr. NIRUPAM PRAKASH	Sample Received ON : 09/Mar/2025 11:39AM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 09/Mar/2025 02:28PM
Doctor Advice : TYPHOID IGM, URINE C/S, URINE COM. EXAMINATION, PSA-TOTAL, LFT, HBA1C (EDTA), PP, FASTING, KIDNEY FUNCTION TEST - I, CBC+ESR, USG WHOLE ABDOMEN, CHEST PA, ECG	



Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	14.2	%	4 - 5.7	HPLC (EDTA)

NOTE – Findings checked twice. Please correlate clinically.

NOTE:-

Glycosylated Hemoglobin Test (HbA1c) is performed in this laboratory by the Gold Standard Reference method, ie: HPLC Technology (High performance Liquid Chromatography D10) from Bio-Rad Laboratories, USA.

EXPECTED (RESULT) RANGE :

Bio system	Degree of normal
4.0 - 5.7 %	Normal Value (OR) Non Diabetic
5.8 - 6.4 %	Pre Diabetic Stage
> 6.5 %	Diabetic (or) Diabetic stage
6.5 - 7.0 %	Well Controlled Diabet
7.1 - 8.0 %	Unsatisfactory Control
> 8.0 %	Poor Control and needs treatment

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[Checked By]

Print.Date/Time: 09-03-2025 15:00:58

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PATHOLOGIST

DR. SHADAB
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MD (MICROBIOLOGY)

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Refer Lab/Hosp	: CGHS (DEBIT)	Report Generated ON	: 09/Mar/2025 11:13AM
Doctor Advice	: TYPHOID IGM, URINE C/S, URINE COM. EXAMINATION, PSA-TOTAL, LFT, HBA1C (EDTA), PP, FASTING, KIDNEY FUNCTION TEST - I, CBC+ESR, USG WHOLE ABDOMEN, CHEST PA, ECG		



Test Name	Result	Unit	Bio. Ref. Range	Method
TYPHOID IGM				
TYPHOID IGM	Negative		NEGATIVE	



[Checked By]

Print.Date/Time: 09-03-2025 15:01:00

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Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 09/Mar/2025 01:57PM
Doctor Advice : TYPHOID IGM, URINE C/S, URINE COM. EXAMINATION, PSA-TOTAL, LFT, HBA1C (EDTA), PP, FASTING, KIDNEY FUNCTION TEST - I, CBC+ESR, USG WHOLE ABDOMEN, CHEST PA, ECG	



Test Name	Result	Unit	Bio. Ref. Range	Method
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URINE EXAMINATION REPORT

Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.010		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	20 mg/dl	mg/dl	ABSENT	Dipstick
Glucose	2.0 gm/dl			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	Nil	/hpf	< 5/hpf	
Epithelial Cells	1-2	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	11.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.10	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	35.2	%	36 - 45	Pulse height detection
MCV	85.9	fL	80 - 96	calculated
MCH	27.6	pg	27 - 33	Calculated
MCHC	32.1	g/dL	30 - 36	Calculated
RDW	13.2	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	9470	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	73	%	40 - 75	Flowcytometry
LYMPHOCYTE	20	%	20-40	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	323,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	323000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	21			
Peripheral Blood Picture	:			

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



[Checked By]



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Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	310.7	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	447.6	mg/dl	up to - 170	Hexokinase
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.40	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.10	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.30	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	95.20	U/L	30 - 120	PNPP, AMP Buffer
SGPT	25.8	U/L	5 - 40	UV without P5P
SGOT	35.2	U/L	5 - 40	UV without P5P
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	26.50	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.0	MEq/L	3.5 - 5.5	ISE Direct

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
PSA-TOTAL				
PROSTATE SPECIFIC ANTIGEN	1.60	ng/mL	0.2-4.0	CLIA

COMMENT : 1. Prostate specific antigen (PSA) is useful for diagnosis of disseminated CA prostate & its sequential 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 acid 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 prostatectomy or prostatic massage or digital pre rectal examination as it may result in transient elevation 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 manufacturers 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 ***

CHARAK



Sharma

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Refer Lab/Hosp : CGHS (DEBIT) Report Generated ON : 09/Mar/2025 12:31PM

ECG REPORT

* RATE : 98 bpm.
* RHYTHM : Regular sinus rhythm
* P wave : Normal
* PR interval : Normal
* QRS Axis : Lt Axis
Duration : 140 m sec
Configuration : Indeterminate
rs in L2,L3, avF , avL
rR in V1-V3
* ST-T Changes : Secondary ST -T Changes
* QT interval :
* QTc interval : Sec.
* Other

OPINION: RIGHT BUNDLE BRANCH BLOCK WITH LEFT ANTERIOR HEMI BLOCK

(Finding to be correlated clinically)

[DR. PANKAJ RASTOGI, MD, DM]



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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is mildly enlarged in size measures 159 mm and shows increased echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Both kidneys** are normal in size and position. **Bilateral renal medullary complexes are prominent.** No hydronephrosis is seen. No calculus is seen. **A simple cortical cyst of size 20 x 21 mm is seen at mid pole of right kidney (bosniak type I).** Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 96 x 41 mm in size. Left kidney measures 103 x 45 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is **borderline enlarged in size, measures 32 x 41 x 30 mm with weight of 21gms** and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- **Post void residual urine volume is nil.**

OPINION:

- **Mild hepatomegaly with fatty infiltration of liver grade-I.**
- **Bilateral prominent renal medullary complexes (ADV : RBS).**
- **Simple right renal cortical cyst (Bosniak type I).**
- **Borderline prostatomegaly.**

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Rachna



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SKIAGRAM CHEST PA VIEW

- Patchy Parenchymal opacities are seen in left mid & lower zones -- infective.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

Adv: Follow up X-ray after a course of antibiotics / CECT Thorax.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

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

