Charak dhar
DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
**Phone** : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
**E-mail** : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

| | | | |
|---|---|---|---|
| Patient Name | : Mr.LAL BAHDUR SINGH | Visit No | : CHA250042281 |
| Age/Gender | : 65 Y/M | Registration ON | : 09/Mar/2025 09:53AM |
| **Lab No** | **: 10139576** | Sample Collected ON | : 09/Mar/2025 10:03AM |
| Referred By | : Dr.ANUPAM SINHA ** | Sample Received ON | : 09/Mar/2025 10:15AM |
| Refer Lab/Hosp | : CGHS (BILLING) | Report Generated ON | : 09/Mar/2025 11:45AM |
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PR.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **CBC+ESR (COMPLETE BLOOD COUNT)** | | | | |
| Erythrocyte Sedimentation Rate ESR | 10.00 | | 0 - 20 | Westergreen |



[Checked By]

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

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|---|---|---|---|---|
| **HBA1C** | | | | |
| Glycosylated Hemoglobin (HbA1c ) | 5.7 | % | 4 - 5.7 | HPLC (EDTA) |

NOTE:-
Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby 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 |

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **URIC ACID** | | | | |
| **Sample Type : SERUM** | | | | |
| SERUM URIC ACID | 4.1 | mg/dL | 2.40 - 5.70 | Uricase,Colorimetric |
| **LIPID-PROFILE** | | | | |
| Cholesterol/HDL Ratio | 3.16 | Ratio | | Calculated |
| LDL / HDL RATIO | 1.84 | Ratio | | Calculated |
| | | | Desirable / low risk - 0.5 -3.0<br>Low/ Moderate risk - 3.0-6.0<br>Elevated / High risk - >6.0 | |
| | | | Desirable / low risk - 0.5 -3.0<br>Low/ Moderate risk - 3.0-6.0<br>Elevated / High risk - > 6.0 | |

[Checked By]

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **25 OH vit. D** | | | | |
| 25 Hydroxy Vitamin D | 37.43 | ng/ml | | ECLIA |

Deficiency < 10
Insufficiency 10 - 30
Sufficiency 30 - 100
Toxicity > 100

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY( Cobas e 411,Unicel DxI600,vitros ECI)

| | | | | |
|---|---|---|---|---|
| **VITAMIN B12** | | | | |
| VITAMIN B12 | 601 | pg/mL | 180 - 814 Normal<br>145 - 180 Intermediate<br>145.0 Deficient pg/ml | CLIA |

Summary :-

Nutritional & macrocytic anemias can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat & bacterial products, from alcoholism or from structural / functional damage to digestive or absorpative processes. Malabsorption is the major cause of this deficiency.



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PR.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **CBC+ESR (COMPLETE BLOOD COUNT)** | | | | |
| Hb | 14.9 | g/dl | 12 - 15 | Non Cyanide |
| R.B.C. COUNT | **5.00** | mil/cmm | 3.8 - 4.8 | Electrical Impedence |
| PCV | **46.8** | % | 36 - 45 | Pulse hieght detection |
| MCV | 92.9 | fL | 80 - 96 | calculated |
| MCH | 29.6 | pg | 27 - 33 | Calculated |
| MCHC | 31.8 | g/dL | 30 - 36 | Calculated |
| RDW | 13 | % | 11 - 15 | RBC histogram derivation |
| RETIC | 0.9 % | % | 0.5 - 2.5 | Microscopy |
| TOTAL LEUCOCYTES COUNT | 7570 | /cmm | 4000 - 10000 | Flocytrometry |
| **DIFFERENTIAL LEUCOCYTE COUNT** | | | | |
| NEUTROPHIL | 63 | % | 40 - 75 | Flowcytrometry |
| LYMPHOCYTE | 31 | % | 20-40 | Flowcytrometry |
| EOSINOPHIL | 2 | % | 1 - 6 | Flowcytrometry |
| MONOCYTE | 4 | % | 2 - 10 | Flowcytrometry |
| BASOPHIL | **0** | % | 00 - 01 | Flowcytrometry |
| PLATELET COUNT | **95,000** | /cmm | 150000 - 450000 | Elect Imped.. |
| PLATELET COUNT (MANUAL) | **100000** | /cmm | 150000 - 450000 | Microscopy . |
| Mentzer Index | 19 | | | |
| Peripheral Blood Picture | : | | | |

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



MC-2491

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PR.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **FASTING** | | | | |
| Blood Sugar Fasting | 107.0 | mg/dl | 70 - 110 | Hexokinase |
| **PP** | | | | |
| Blood Sugar PP | 131.2 | mg/dl | up to - 170 | Hexokinase |
| **LIVER FUNCTION TEST** | | | | |
| TOTAL BILIRUBIN | 0.40 | mg/dl | 0.4 - 1.1 | Diazonium Ion |
| CONJUGATED ( D. Bilirubin) | 0.20 | mg/dL | 0.00-0.30 | Diazotization |
| UNCONJUGATED ( I.D. Bilirubin) | 0.20 | mg/dL | 0.1 - 1.0 | Calculated |
| ALK PHOS | 75.40 | U/L | 30 - 120 | PNPP, AMP Buffer |
| SGPT | 20.1 | U/L | 5 - 40 | UV without P5P |
| SGOT | 24.6 | U/L | 5 - 40 | UV without P5P |
| **LIPID-PROFILE** | | | | |
| TOTAL CHOLESTEROL | **206.00** | mg/dL | Desirable: <200 mg/dl<br>Borderline-high: 200-239 mg/dl<br>High:>/=240 mg/dl | CHOD-PAP |
| TRIGLYCERIDES | 103.00 | mg/dL | Normal: <150 mg/dl<br>Borderline-high:150 - 199 mg/dl<br>High: 200 - 499 mg/dl<br>Very high:>/=500 mg/dl | Serum, Enzymatic, endpoint |
| H D L CHOLESTEROL | 65.20 | mg/dL | 30-70 mg/dl | CHER-CHOD-PAP |
| L D L CHOLESTEROL | **120.20** | mg/dL | Optimal:<100 mg/dl<br>Near Optimal:100 - 129 mg/dl<br>Borderline High: 130 - 159 mg/dl<br>High: 160 - 189 mg/dl<br>Very High:>/= 190 mg/dl | CO-PAP |
| VLDL | 20.60 | mg/dL | 10 - 40 | Calculated |

MC-2491

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **KIDNEY FUNCTION TEST - I** | | | | |
| **Sample Type : SERUM** | | | | |
| BLOOD UREA | 26.10 | mg/dl | 15 - 45 | Urease, UV, Serum |
| CREATININE | 0.90 | mg/dl | 0.50 - 1.40 | Alkaline picrate-kinetic |
| SODIUM Serum | 137.0 | MEq/L | 135 - 155 | ISE Direct |
| POTASSIUM Serum | 4.7 | MEq/L | 3.5 - 5.5 | ISE Direct |



MC-2491

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PR.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **T3T4TSH** | | | | |
| T3 | 1.80 | nmol/L | 1.49-2.96 | ECLIA |
| T4 | 111.00 | n mol/l | 63 - 177 | ECLIA |
| TSH | 2.85 | ulU/ml | 0.47 - 4.52 | ECLIA |

Note

(1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism,cretinism,juvenile mysedema or autoimmune disorders.

(2) Patients having low T3 & T4 levels but high TSH levels suffer from grave~s disease, toxic adenoma or sub-acute thyroiditis.

(3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

(4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.

(5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.

(6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the cacabolic state and may revert tonormal when the patient recovers.

(7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.Which may affect the thyroid function tests.

(8) Generally when total T3& T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with

( 1 Beckman DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411 )



MC-2491

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|---|---|---|---|---|
| **PSA-TOTAL** | | | | |
| PROSTATE SPECIFIC ANTIGEN | 0.80 | 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 *****



MC-2491

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