

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. AVINASH KUMAR Visit No : CHA250042452

Age/Gender : 48 Y O M O D /M Registration ON : 09/Mar/2025 12:34PM Lab No : 10139747 Sample Collected ON : 09/Mar/2025 12:37PM Referred By : SELF Sample Received ON : 09/Mar/2025 12:44PM Refer Lab/Hosp : CHARAK NA Report Generated ON : 09/Mar/2025 02:02PM

Doctor Advice : HBA1C (EDTA), USG WHOLE ABDOMEN, NA+K+, CREATININE, UREA, LFT, LIPID-PROFILE, RANDOM, CBC (WHOLE BLOOD)

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	10.8	%	4 - 5.7	HPLC (EDTA)

### NOTE:-

P.R.

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 Diabet	tic
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	i

LIPID-PROFILE			
Cholesterol/HDL Ratio	4.59	Ratio	Calculated
LDL / HDL RATIO	2.37	Ratio	Calculated

Desirable / low risk - 0.5

-3.0

Low/ Moderate risk - 3.0-

6.0

Elevated / High risk - >6.0

Desirable / low risk - 0.5

-3.0

Low/ Moderate risk - 3.0-

6.0

Elevated / High risk - > 6.0



DR NISHANT SHARMA



: CHARAK NA

Refer Lab/Hosp

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Test Name	Result	Unit	Bio. Ref. Range	Method

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	14.5	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.90	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	43.3	%	36 - 45	Pulse hieght
				detection
MCV	88.7	fL	80 - 96	calculated
MCH	29.7	pg	27 - 33	Calculated
MCHC	33.5	g/dL	30 - 36	Calculated
RDW	13.1	%	11 - 15	RBC histogram
				derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	9610	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	70	%	40 - 75	Flowcytrometry
LYMPHOCYTES	27	%	25 - 45	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	2	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	169,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	169000	/cmm	150000 - 450000	Microscopy.
Absolute Neutrophils Count	6,727	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,595	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	96	/cmm	20-500	Calculated
Absolute Monocytes Count	192	/cmm	200-1000	Calculated
Mentzer Index	18			
Peripheral Blood Picture	:			

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







PR.

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	260.6	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA			7	
BLOOD UREA	20.40	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate- kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	1.22	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.18	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	1.04	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	90.80	U/L	30 - 120	PNPP, AMP Buffer
SGPT	21.0	U/L	5 - 40	UV without P5P
SGOT	22.0	U/L	5 - 40	UV without P5P







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		1		<u>                                      </u>
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	211.20	mg/dL	Desirable: <200 mg/dl	CHOD-PAP
			Borderline-high: 200-239	
			mg/dl	
			High:>/=240 mg/dl	
TRIGLYCERIDES	281.60	mg/dL	Normal: <150 mg/dl	Serum, Enzymatic,
			Borderline-high: 150 - 199	3
			mg/dl	•
			High: 200 - 499 mg/dl	
			Very high:>/=500 mg/dl	
H D L CHOLESTEROL	46.00	mg/dL		CHER-CHOD-PAP
L D L CHOLESTEROL	108.90	mg/dL	Optimal:<100 mg/dl	CO-PAP
			Near Optimal: 100 - 129	
			mg/dl	
			Borderline High: 130 - 159	
			mg/dl	
			High: 160 - 189 mg/dl	
			Very High:>/= 190 mg/dl	
VLDL	56.30	mg/dL		Calculated

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

# CHARAK





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#### ULTRASOUND STUDY OF WHOLE ABDOMEN

- <u>Liver</u> is mildly enlarged in size, and shows homogenously 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.
- <u>Gall bladder</u> is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- ullet <u>CBD</u> is normal at porta. No obstructive lesion is seen.
- Portal vein is normal at porta.
- <u>Pancreas</u> is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- <u>Spleen</u> is enlarged in size [ 134mm] and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- <u>Both kidneys</u> are normal in size and position. No hydronephrosis is seen. Prominent bilateral renal medullary complex .No calculus or mass lesion is seen. Corticomedullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 102 x 50 mm in size. Left kidney measures 105 x 45 mm in size.
- <u>Ureters</u> Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> is partially distended with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is enlarged in size measures 32 x 43 x 36 mm with weight of 26 gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- Pre void urine volume approx 56cc.
  - Post void residual urine volume is nil.

# OPINION:

MILD HEPATO- SPLENOMEGALY WITH FATTY INFILTRATION LIVER GRADE I . PROMINENT BILATERAL RENAL; MEDULLARY COMPLEX .....ADV :RBS. PROSTATOMEGALY GRADE I .

Clinical correlation is necessary.

[DR. R.K SINGH , MD

