

| | |
|---|---|
| Patient Name : Mr.SWAMI NATH | Visit No : CHA250042694 |
| Age/Gender : 70 Y/M | Registration ON : 10/Mar/2025 07:57AM |
| Lab No : 10139989 | Sample Collected ON : 10/Mar/2025 07:59AM |
| Referred By : Dr.VISHAL SINGH NEGI | Sample Received ON : 10/Mar/2025 09:20AM |
| Refer Lab/Hosp : CGHS (BILLING) | Report Generated ON : 10/Mar/2025 11:15AM |
| Doctor Advice : KIDNEY FUNCTION TEST - I,CBC+ESR,CHEST PA,HBA1C (EDTA),PP,FASTING | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------------------|--------------|------|-----------------|-------------|
| CBC+ESR (COMPLETE BLOOD COUNT) | | | | |
| Erythrocyte Sedimentation Rate ESR | 32.00 | | 0 - 20 | Westergreen |



CHARAK

[Checked By]

Print.Date/Time: 10-03-2025 12:42:51

*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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| Refer Lab/Hosp : CGHS (BILLING) | Report Generated ON : 10/Mar/2025 12:04PM |
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------------|--------|------|-----------------|-------------|
| HBA1C | | | | |
| Glycosylated Hemoglobin (HbA1c) | 5.0 | % | 4 - 5.7 | HPLC (EDTA) |

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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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------------------|---------|---------|-----------------|--------------------------|
| CBC+ESR (COMPLETE BLOOD COUNT) | | | | |
| Hb | 10.1 | g/dl | 12 - 15 | Non Cyanide |
| R.B.C. COUNT | 3.50 | mil/cmm | 3.8 - 4.8 | Electrical Impedence |
| PCV | 34.6 | % | 36 - 45 | Pulse hieght detection |
| MCV | 97.7 | fL | 80 - 96 | calculated |
| MCH | 28.5 | pg | 27 - 33 | Calculated |
| MCHC | 29.2 | g/dL | 30 - 36 | Calculated |
| RDW | 16 | % | 11 - 15 | RBC histogram derivation |
| RETIC | 0.9 % | % | 0.5 - 2.5 | Microscopy |
| TOTAL LEUCOCYTES COUNT | 8690 | /cmm | 4000 - 10000 | Flocytometry |
| DIFFERENTIAL LEUCOCYTE COUNT | | | | |
| NEUTROPHIL | 68 | % | 40 - 75 | Flowcytometry |
| LYMPHOCYTE | 24 | % | 20-40 | Flowcytometry |
| EOSINOPHIL | 4 | % | 1 - 6 | Flowcytometry |
| MONOCYTE | 4 | % | 2 - 10 | Flowcytometry |
| BASOPHIL | 0 | % | 00 - 01 | Flowcytometry |
| PLATELET COUNT | 166,000 | /cmm | 150000 - 450000 | Elect Imped.. |
| PLATELET COUNT (MANUAL) | 166000 | /cmm | 150000 - 450000 | Microscopy . |
| Mentzer Index | 28 | | | |
| Peripheral Blood Picture | : | | | |

Red blood cells show cytopenia + with normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



Sham

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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 |
|---|--------|-------|-----------------|--------------------------|
| FASTING | | | | |
| Blood Sugar Fasting | 230.0 | mg/dl | 70 - 110 | Hexokinase |
| PP | | | | |
| Blood Sugar PP | 245.0 | mg/dl | up to - 170 | Hexokinase |
| KIDNEY FUNCTION TEST - I | | | | |
| Sample Type : SERUM | | | | |
| BLOOD UREA | 55.20 | mg/dl | 15 - 45 | Urease, UV, Serum |
| CREATININE | 2.10 | mg/dl | 0.50 - 1.40 | Alkaline picrate-kinetic |
| SODIUM Serum | 137.0 | MEq/L | 135 - 155 | ISE Direct |
| POTASSIUM Serum | 5.3 | MEq/L | 3.5 - 5.5 | ISE Direct |
| FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY | | | | |

*** End Of Report ***

CHARAK



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Referred By : Dr.VISHAL SINGH NEGI Sample Received ON :
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SKIAGRAM CHEST PA VIEW

- Bronchovascular markings are prominent.
- Patchy radio-opaque shadow is seen in left lower lung field zone --? 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: Repeat X-ray after a course of antibiotics.

[DR. R. K. SINGH, MD]

Transcribed By: Priyanka

*** End Of Report ***

