Charak dhar DIAGNOSTICS Pvt. Ltd.			292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 0 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			4
Patient Name : Mr.RAJ KUMAR SINGH				: CHA250		
Age/Gender : 62 Y/M			-		2025 10:15AM	
Lab No: 10140095Referred By: Dr.NIRUPAM PRAKASH			-		2025 10:16AM	
Referred By : Dr.NIRUPAM PRAKASH Refer Lab/Hosp : CGHS (BILLING) Doctor Advice : CBC+ESR,PSA-TOTAL,KIDNEY	FUNCTION TEST -	Rep	bort Generated ON	: 10/Mar/	2025 10:28AM 2025 01:29PM	
Test Name	Result	Unit	Bio. Ref. Rar	ige	Method	
CBC+ESR (COMPLETE BLOOD COUNT) Erythrocyte Sedimentation Rate ESR	38.00		0 - 20		Westergreen	
	CH					



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST

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DR. ADITI D AGARWAL PATHOLOGIST Page 1 of 4

	larak	Phone: 0522-4 9415577933, 9	IS Marg, Basement Chowk, Lucknow-226 003 4062223, 9305548277, 8400888844 9336154100, Tollfree No.: 8688360360 (1984@gmail.com
DIAG	NOSTICS Pvt. Ltd.	NABLReg. No	o. RMEE 2445133 o. MC-2491 o. MIS-2023-0218
Patient Name	: Mr.RAJ KUMAR SINGH	Visit No	: CHA250042800
Age/Gender	: 62 Y/M	Registration ON	: 10/Mar/2025 10:15AM
Lab No	: 10140095	Sample Collected ON	: 10/Mar/2025 10:16AM
Referred By	: Dr.NIRUPAM PRAKASH	Sample Received ON	: 10/Mar/2025 10:16AM
Refer Lab/Hosp Doctor Advice	CGHS (BILLING) CBC+ESR,PSA-TOTAL,KIDNEY FUNCTION TEST - I,URINE C	Report Generated ON S,URINE COM. EXMAMINAT	: 10/Mar/2025 02:01PM ION
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Test Name	Re	sult	Unit	Bio. Ref. I	Range	Method	
URINE EXAMINATION REPORT							
Colour-U	DAR	k yellow		Light `	Yellow		
Appearance (Urine)		CLEAR		Cle	ear		
Specific Gravity		1.015		1.005	- 1.025		
pH-Urine	Ac	idic (6.0)		4.5	- 8.0		
PROTEIN	1) mg/dl	mg/dl	ABS	ENT	Dipstick	
Glucose		Absent					
Ketones		Absent		Abs	sent		
Bilirubin-U		Absent		Abs	sent		
Blood-U	Р	RESENT		Abs	sent		
Urobilinogen-U		0.20	EU/dL	0.2	- 1.0		
Leukocytes-U		Absent		Abs	sent		
NITRITE		Absent		Abs	sent		
MICROSCOPIC EXAMINATION							
Pus cells / hpf	Oc	casional	/hpf	< 5/	/hpf		
Epithelial Cells	Oc	casional	/hpf	0	- 5		
RBC / hpf	Oc	casional		< 3/	/hpf		

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DR. ADITI D AGARWAL PATHOLOGIST Page 2 of 4

Charak dhar		Phone : 0522-4 9415577933, 9	292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003 Phone : 0522-4062223, 9305548277, 84008888844 9415577933, 9336154100, Tollfree No. : 8688360360 E-mail : charak1984@gmail.com			
DIAG	NOSTICS Pvt. Ltd.	NABL Reg. No	o. RMEE 2445133 o. MC-2491 o. MIS-2023-0218			
Patient Name	: Mr.RAJ KUMAR SINGH	Visit No	: CHA250042800			
Age/Gender	: 62 Y/M	Registration ON	: 10/Mar/2025 10:15AM			
Lab No	: 10140095	Sample Collected ON	: 10/Mar/2025 10:16AM			
Referred By	: Dr.NIRUPAM PRAKASH	Sample Received ON	: 10/Mar/2025 10:28AM			
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 10/Mar/2025 01:29PM			
Doctor Advice	CBC+ESR,PSA-TOTAL,KIDNEY FUNCTION TE	ST - I,URINE C/S,URINE COM. EXMAMINAT	ION			

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	14.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.90	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	41.3	%	36 - 45	Pulse hieght
				detection
MCV	106.4	fL	80 - 96	calculated
МСН	36.9	pg	27 - 33	Calculated
МСНС	34.6	g/dL	30 - 36	Calculated
RDW	15.2	%	11 - 15	RBC histogram
				derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	<mark>6380</mark>	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	51	%	40 - 75	Flowcytrometry
LYMPHOCYTE	44	%	20-40	Flowcytrometry
EOSINOPHIL	3	%	1 - 6	Flowcytrometry
MONOCYTE	2	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	114,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	130,000	/cmm	150000 - 450000	Microscopy.
Mentzer Index	27		A 1/	
Peripheral Blood Picture	CH/			

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





DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST



DR. ADITI D AGARWAL PATHOLOGIST Page 3 of 4

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harak	differ		Phone : 0522-40 9415577933, 93 E-mail : charak1	Marg, Basement Chowk, Lucki 62223, 9305548277, 8400888 336154100, Tollfree No.: 8688 984@gmail.com
	t. Ltd.		NABLReg. No	RMEE 2445133 .MC-2491 MIS-2023-0218
atient Name : Mr.RAJ KUMAR SING	Н	Vi	isit No	: CHA250042800
ge/Gender : 62 Y/M		Re	egistration ON	: 10/Mar/2025 10:15AM
ab No : 10140095		Sa	mple Collected ON	: 10/Mar/2025 10:16AM
eferred By : Dr.NIRUPAM PRAKASH		Sa	mple Received ON	: 10/Mar/2025 10:28AM
efer Lab/Hosp : CGHS (BILLING) octor Advice : CBC+ESR,PSA-TOTAL,KI			eport Generated ON	: 10/Mar/2025 11:20AM
Test Name	Result	Unit	Bio. Ref. Ra	inge Method
Test Name KIDNEY FUNCTION TEST - I	Result	Unit	Bio. Ref. Ra	Inge Method
	Result	Unit	Bio. Ref. Ra	inge Method
KIDNEY FUNCTION TEST - I	Result 18.60	Unit mg/dl	Bio. Ref. Ra	Inge Method Urease, UV, Serum
KIDNEY FUNCTION TEST - I Sample Type : SERUM				
KIDNEY FUNCTION TEST - I Sample Type : SERUM BLOOD UREA	18.60	mg/dl	15 - 45	Urease, UV, Serum Alkaline picrate-
KIDNEY FUNCTION TEST - I Sample Type : SERUM BLOOD UREA CREATININE	18.60 0.70	mg/dl mg/dl	15 - 45 0.50 - 1.40	Urease, UV, Serum Alkaline picrate- kinetic
KIDNEY FUNCTION TEST - I Sample Type : SERUM BLOOD UREA CREATININE SODIUM Serum	18.60 0.70 140.0	mg/dl mg/dl MEq/L	15 - 45 0.50 - 1.40 135 - 155	Urease, UV, Serum Alkaline picrate- kinetic ISE Direct

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.

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Enhanced Chemiluminescence "VITROS ECI"

*** End Of Report ***





DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 4 of 4

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