

Patient Name : Mr. RAM SUMAN	Visit No : CHA250043488
Age/Gender : 61 Y 6 M 26 D/M	Registration ON : 11/Mar/2025 07:14AM
Lab No : 10140783	Sample Collected ON : 11/Mar/2025 07:18AM
Referred By : Dr. ANUPAM SINHA **	Sample Received ON : 11/Mar/2025 07:36AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 11/Mar/2025 10:47AM
Doctor Advice : TYPHOID IGM, PSA-TOTAL, KIDNEY FUNCTION TEST - I, LFT, VIT B12, 25 OH vit. D, LIPID-PROFILE, HBA1C (EDTA), PP, FASTING, CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Erythrocyte Sedimentation Rate ESR	22.00		0 - 20	Westergreen



CHARAK

[Checked By]

Print.Date/Time: 11-03-2025 12:35:08

\*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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c)	6.1	%	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

**LIPID-PROFILE**

Cholesterol/HDL Ratio	8.69	Ratio	Calculated
LDL / HDL RATIO	4.45	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

FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY

[Checked By]

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>25 OH vit. D</b>				
25 Hydroxy Vitamin D	7.16	ng/ml		ECLIA
Deficiency < 10				
Insufficiency 10 - 30				
Sufficiency 30 - 100				
Toxicity > 100				

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

<b>VITAMIN B12</b>				
VITAMIN B12	<b>100</b>	pg/mL		CLIA
			180 - 814 Normal	
			145 - 180 Intermediate	
			145.0 Deficient pg/ml	

**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 absorptive processes. Malabsorption is the major cause of this deficiency.

**CHARAK**

[Checked By]



Print.Date/Time: 11-03-2025 12:35:12

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Hb	12.9	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.50	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	40.2	%	36 - 45	Pulse hieght detection
MCV	89.7	fL	80 - 96	calculated
MCH	28.8	pg	27 - 33	Calculated
MCHC	32.1	g/dL	30 - 36	Calculated
RDW	14.1	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7570	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	70	%	40 - 75	Flowcytometry
LYMPHOCYTE	24	%	20-40	Flowcytometry
EOSINOPHIL	3	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	<b>144,000</b>	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	150,000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	20			
Peripheral Blood Picture	:			

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	109.0	mg/dl	70 - 110	Hexokinase
<b>PP</b>				
Blood Sugar PP	138.6	mg/dl	up to - 170	Hexokinase
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.41	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.10	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.31	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	67.10	U/L	30 - 120	PNPP, AMP Buffer
SGPT	36.3	U/L	5 - 40	UV without P5P
SGOT	37.1	U/L	5 - 40	UV without P5P
<b>LIPID-PROFILE</b>				
TOTAL CHOLESTEROL	<b>279.00</b>	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	<b>650.00</b>	mg/dL	Normal: <150 mg/dl Borderline-high:150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Serum, Enzymatic, endpoint
H D L CHOLESTEROL	32.10	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	<b>142.90</b>	mg/dL	Optimal:<100 mg/dl Near Optimal:100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High:>/= 190 mg/dl	CO-PAP
VLDL	<b>104.00</b>	mg/dL	10 - 40	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>KIDNEY FUNCTION TEST - I</b>				
Sample Type : SERUM				
BLOOD UREA	27.50	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	139.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.3	MEq/L	3.5 - 5.5	ISE Direct
<b>PSA-TOTAL</b>				
PROSTATE SPECIFIC ANTIGEN	2.50	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 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 \*\*\*



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