

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.FAHEEM Visit No : CHA250043525

Registration ON Age/Gender : 29 Y/M : 11/Mar/2025 08:51AM Lab No : 10140820 Sample Collected ON : 11/Mar/2025 08:53AM Referred By : 11/Mar/2025 09:25AM : Dr.KALYAN MULLICK Sample Received ON Refer Lab/Hosp : CHARAK NA Report Generated ON : 11/Mar/2025 12:56PM

Doctor Advice : FOOT AP/ LAT, HBA1C (EDTA), CREATININE, CBC (WHOLE BLOOD), PGBS-75 gms, FASTING

Test Name	Result	Unit	Bio. Ref. Range	Method
PGBS-75 gms				
POST GLUCOSE BLOOD SUGAR	121	mg/dl	60 - 140	Hexokinase
HBA1C				
Glycosylated Hemoglobin (HbA1c.)	5.3	%	4 - 5 7	HPLC (FDTA)

## 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 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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DR. ADITI D AGARWAL PATHOLOGIST



PR.

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Age/Gender : 29 Y/M Registration ON : 11/Mar/2025 08:51AM Lab No : 10140820 Sample Collected ON : 11/Mar/2025 08:53AM Referred By : 11/Mar/2025 09:31AM : Dr.KALYAN MULLICK Sample Received ON Refer Lab/Hosp : CHARAK NA Report Generated ON : 11/Mar/2025 11:06AM

. FOOT AP/ LAT, HBA1C (EDTA), CREATININE, CBC (WHOLE BLOOD), PGBS-75 gms, FASTING Doctor Advice

Test Name	Result	Unit	Bio. Ref. Range	Method			
CBC (COMPLETE BLOOD COUNT)							
Hb	16.4	g/dl	12 - 15	Non Cyanide			
R.B.C. COUNT	5.00	mil/cmm	3.8 - 4.8	Electrical			
				Impedence			
PCV	47.6	%	36 - 45	Pulse hieght			
				detection			
MCV	95.2	fL	80 - 96	calculated			
MCH	32.8	pg	27 - 33	Calculated			
MCHC	34.5	g/dL	30 - 36	Calculated			
RDW	12.7	%	11 - 15	RBC histogram			
				derivation			
RETIC	0.8 %	%	0.5 - 2.5	Microscopy			
TOTAL LEUCOCYTES COUNT	5690	/cmm	4000 - 10000	Flocytrometry			
DIFFERENTIAL LEUCOCYTE COUNT							
NEUTROPHIL	49	%	40 - 75	Flowcytrometry			
LYMPHOCYTES	44	%	25 - 45	Flowcytrometry			
EOSINOPHIL	3	%	1 - 6	Flowcytrometry			
MONOCYTE	4	%	2 - 10	Flowcytrometry			
BASOPHIL	0	%	00 - 01	Flowcytrometry			
PLATELET COUNT	263,000	/cmm	150000 - 450000	Elect Imped			
PLATELET COUNT (MANUAL)	263000	/cmm	150000 - 450000	Microscopy.			
Absolute Neutrophils Count	2,788	/cmm	2000 - 7000	Calculated			
Absolute Lymphocytes Count	2,504	/cmm	1000-3000	Calculated			
Absolute Eosinophils Count	171	/cmm	20-500	Calculated			
Absolute Monocytes Count	228	/cmm	200-1000	Calculated			
Mentzer Index	19						
Peripheral Blood Picture	:						

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







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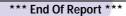
CMO Reg. No. RMEE 2445133 NABLReg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Mr.FAHEEM Visit No : CHA250043525

Age/Gender : 29 Y/M Registration ON : 11/Mar/2025 08:51AM Lab No : 10140820 Sample Collected ON : 11/Mar/2025 08:53AM Referred By : 11/Mar/2025 09:25AM : Dr.KALYAN MULLICK Sample Received ON Refer Lab/Hosp : CHARAK NA Report Generated ON : 11/Mar/2025 10:58AM

. FOOT AP/ LAT, HBA1C (EDTA), CREATININE, CBC (WHOLE BLOOD), PGBS-75 gms, FASTING Doctor Advice

Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	102.2	mg/dl	70 - 110	Hexokinase
SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate- kinetic



CHARAK





13:41:44

Patient Name : Mr.FAHEEM Visit No : CHA250043525

 Age/Gender
 : 29 Y/M
 Registration ON
 : 11/Mar/2025 08:51AM

 Lab No
 : 10140820
 Sample Collected ON
 : 11/Mar/2025 08:51AM

Referred By : Dr. KALYAN MULLICK Sample Received ON

Refer Lab/Hosp : CHARAK NA Report Generated ON : 11/Mar/2025 12:44PM

## SKIAGRAM LEFT FOOT AP & LATERAL

- Bone density is normal.
- No bony traumatic pathology is seen.
- Joint space is maintained.
- No bony destruction is seen.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by: anup

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

