

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 : Ms.NAZMA

Age/Gender : 32 Y/F

Lab No : 10141222

 $Referred\ By \qquad :\ \mathsf{Dr}.\mathsf{ATUL}\ \mathsf{CHAND}\ \mathsf{RASTOGI}$

Refer Lab/Hosp : CHARAK NA

Doctor Advice : TYPHOID IGM,LFT,RANDOM,CBC (WHOLE BLOOD),URINE COM. EXMAMINATION

Visit No : CHA250043927

Registration ON : 11/Mar/2025 01:50PM

Sample Collected ON : 11/Mar/2025 01:51PM

Sample Received ON : 11/Mar/2025 02:00PM

Report Generated ON : 11/Mar/2025 03: 20PM

Test Name Result Unit Bio. Ref. Range Method

TYPHOID IGM

TYPHOID IGM

P.R.

Negative NEGATIVE









PR.

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Age/Gender : 32 Y/F Registration ON : 11/Mar/2025 01:50PM Lab No : 10141222 Sample Collected ON : 11/Mar/2025 01:51PM Referred By : Dr.ATUL CHAND RASTOGI : 11/Mar/2025 01:51PM Sample Received ON Refer Lab/Hosp : CHARAK NA Report Generated ON : 11/Mar/2025 04:08PM

. TYPHOID IGM,LFT,RANDOM,CBC (WHOLE BLOOD),URINE COM. EXMAMINATION Doctor Advice

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Test Name	Result	Unit	Bio. Ref. Range Method
URINE EXAMINATION REPORT			
Colour-U	YELLOW		Light Yellow
Appearance (Urine)	CLEAR		Clear
Specific Gravity	1.010		1.005 - 1.025
pH-Urine	Acidic (6.0)		4.5 - 8.0
PROTEIN	Absent	mg/dl	ABSENT Dipstick
Glucose	Absent		
Ketones	Absent		Absent
Bilirubin-U	Absent		Absent
Blood-U	Absent		Absent
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0
Leukocytes-U	Absent		Absent
NITRITE	Absent		Absent
MICROSCOPIC EXAMINATION			
Pus cells / hpf	Occasional	/hpf	< 5/hpf
Epithelial Cells	Occasional	/hpf	0 - 5
RBC / hpf	Nil		< 3/hpf

CHARAK





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Patient Name : Ms. NAZMA Visit No : CHA250043927

Age/Gender : 32 Y/F Registration ON : 11/Mar/2025 01:50PM Lab No : 10141222 Sample Collected ON : 11/Mar/2025 01:51PM Referred By : Dr.ATUL CHAND RASTOGI Sample Received ON : 11/Mar/2025 02:10PM Refer Lab/Hosp : CHARAK NA Report Generated ON : 11/Mar/2025 04:35PM

Doctor Advice : TYPHOID IGM,LFT,RANDOM,CBC (WHOLE BLOOD),URINE COM. EXMAMINATION

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.30	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	39.2	%	36 - 45	Pulse hieght
				detection
MCV	90.7	fL	80 - 96	calculated
MCH	29.4	pg	27 - 33	Calculated
MCHC	32.4	g/dL	30 - 36	Calculated
RDW	13.8	%	11 - 15	RBC histogram
				derivation
RETIC	0.4 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6220	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	53	%	40 - 75	Flowcytrometry
LYMPHOCYTES	43	%	25 - 45	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	175,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	175000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,297	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,675	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	62	/cmm	20-500	Calculated
Absolute Monocytes Count	187	/cmm	200-1000	Calculated
Mentzer Index	21			
Peripheral Blood Picture	:			

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









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Refer Lab/Hosp : CHARAK NA Report Generated ON : 11/Mar/2025 03: 29PM

Doctor Advice : TYPHOID IGM,LFT,RANDOM,CBC (WHOLE BLOOD),URINE COM. EXMAMINATION

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	112.1	mg/dl	70 - 170	Hexokinase
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.62	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.18	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.44	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	145.10	U/L	30 - 120	PNPP, AMP Buffer
SGPT	63.0	U/L	5 - 40	UV without P5P
SGOT	106.0	U/L	5 - 40	UV without P5P

*** End Of Report ***







