

Patient Name : Mr. SHAZEB	Visit No : CHA250044040
Age/Gender : 25 Y/M	Registration ON : 11/Mar/2025 03: 58PM
Lab No : 10141335	Sample Collected ON : 11/Mar/2025 03: 59PM
Referred By : Dr. MK MITRA	Sample Received ON : 11/Mar/2025 03: 59PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 06: 27PM
Doctor Advice : PHOS,CALCIUM,URINE COM. EXMAMINATION,URIC ACID,ALK PHOS,SGPT,BILIRUBIN,CREATININE,UREA,RANDOM,ESR,DLC,TLC,HB	



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	4.00		0 - 15	Westergreen

Note:

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.

URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	7.0	mg/dL	2.40 - 5.70	Uricase,Colorimetric
SERUM CALCIUM				
CALCIUM	10.4	mg/dl	8.8 - 10.2	dapta / arsenazo III
PHOSPHORUS				
Phosphorus Serum	3.80	mg/dl	2.68 - 4.5	Phosphomolybdate

INTERPRETATION:

-Approximately 80% of the phosphorus in the human body is found in the calcium phosphate salts which make up the inorganic substance of bone. The remainder is involved in the esterification of carbohydrate metabolism intermediaries and is also found as component of phospholipids. Phosphoproteins, nucleic acids and nucleotides.
-Hypophosphatemia can be caused by shift of phosphate from extracellular to intracellular spaces, increased renal loss (renal tubular defects, hyperparathyroidism) or gastrointestinal loss (diarrhea, vomiting) and decreased intestinal absorption.

LIMITATIONS:

-Interferences: bilirubin (up to 20 mg/dL) hemolysis (haemoglobin up to 1000 mg/dL) and lipemia (triglycerides up to 1000 mg/dL) do not interface. Other drugs and substances may interface.
-Clinical diagnosis should no be made on the findings of a single test result, but should integrate both clinical laboratory data.

[Checked By]

Print.Date/Time: 11-03-2025 19:09:54

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

Patient Name : Mr. SHAZEB	Visit No : CHA250044040
Age/Gender : 25 Y/M	Registration ON : 11/Mar/2025 03: 58PM
Lab No : 10141335	Sample Collected ON : 11/Mar/2025 03: 59PM
Referred By : Dr. MK MITRA	Sample Received ON : 11/Mar/2025 03: 59PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 06: 27PM
Doctor Advice : PHOS,CALCIUM,URINE COM. EXMAMINATION,URIC ACID,ALK PHOS,SGPT,BILIRUBIN,CREATININE,UREA,RANDOM,ESR,DLC,TLC,HB	



Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

URINE EXAMINATION REPORT

Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.020		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	PRESENT		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	2-4	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	1-2		< 3/hpf	

CHARAK

[Checked By]

Print.Date/Time: 11-03-2025 19:09:54

*Patient Identity Has Not Been Verified. Not For Medicolegal



Shadab Khan

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

Patient Name : Mr. SHAZEB	Visit No : CHA250044040
Age/Gender : 25 Y/M	Registration ON : 11/Mar/2025 03: 58PM
Lab No : 10141335	Sample Collected ON : 11/Mar/2025 03: 59PM
Referred By : Dr. MK MITRA	Sample Received ON : 11/Mar/2025 04: 10PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 05: 24PM
Doctor Advice : PHOS,CALCIUM,URINE COM. EXMAMINATION,URIC ACID,ALK PHOS,SGPT,BILIRUBIN,CREATININE,UREA,RANDOM,ESR,DLC,TLC,HB	



Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN				
Hb	16.4	g/dl	12 - 15	Non Cyanide
Comment: Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.				
TLC				
TOTAL LEUCOCYTES COUNT	7990	/cmm	4000 - 10000	Flocytometry
DLC				
NEUTROPHIL	71	%	40 - 75	Flowcytometry
LYMPHOCYTE	23	%	20-40	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	109.5	mg/dl	70 - 170	Hexokinase
BLOOD UREA				
BLOOD UREA	27.50	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	1.00	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
BILIRUBIN				
TOTAL BILIRUBIN	0.70	mg/dl	0.4 - 1.1	Diazonium Ion



[Checked By]



Shadab Khan

Patient Name : Mr. SHAZEB	Visit No : CHA250044040
Age/Gender : 25 Y/M	Registration ON : 11/Mar/2025 03:58PM
Lab No : 10141335	Sample Collected ON : 11/Mar/2025 03:59PM
Referred By : Dr. MK MITRA	Sample Received ON : 11/Mar/2025 04:10PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 05:24PM
Doctor Advice : PHOS,CALCIUM,URINE COM. EXMAMINATION,URIC ACID,ALK PHOS,SGPT,BILIRUBIN,CREATININE,UREA,RANDOM,ESR,DLC,TLC,HB	



Test Name	Result	Unit	Bio. Ref. Range	Method
ALK PHOS				
ALK PHOS	72.00	U/L	30 - 120	PNPP, AMP Buffer

INTERPRETATION:

- Alkaline phosphatase is an enzyme found in your bloodstream. ALP helps break down proteins in the body and exists in different forms, depending on where it originates. Liver is one of the main sources of ALP, but some is also made in bones, intestines, pancreas, and kidneys. In pregnant women, ALP is made in the placenta.
- Higher than normal levels of ALP in blood may indicate a problem with liver or gallbladder. This could include hepatitis (liver inflammation), cirrhosis (liver scarring), liver cancer, gallstones, or a blockage in bile ducts. High levels may also indicate an issue related to the bones such as rickets, Paget's disease, bone cancer, or an overactive parathyroid gland. In rare cases, high ALP levels can indicate heart failure, kidney cancer, other cancer, mononucleosis, or bacterial infection. Having lower than normal ALP levels in blood is rare, but can indicate malnutrition, which could be caused by celiac disease or a deficiency in certain vitamins and minerals.

SGPT	Result	Unit	Bio. Ref. Range	Method
SGPT	66.3	U/L	5 - 40	UV without P5P

*** End Of Report ***

CHARAK



[Checked By]



Shadab Khan