

Erythrocyte Sedimentation Rate ESR

PR.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

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

0 - 20

Visit No Patient Name : Mr.OM PRAKASH : CHA250044340

30.00

Age/Gender : 77 Y/M Registration ON : 12/Mar/2025 08:56AM Lab No Sample Collected ON : 10141635 : 12/Mar/2025 08:58AM Referred By : Dr.MADHULIKA SINGH Sample Received ON : 12/Mar/2025 09:45AM Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 12/Mar/2025 10:50AM

URIC ACID, HBA1C (EDTA), 2D ECHO, ECG, FASTING, CBC+ESR, TROPONIN-T hs Stat Doctor Advice :

Westergreen

Test Name	Result	Unit	Bio. Ref. Range	Method	
CBC+ESR (COMPLETE BLOOD COUNT)					

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URIC ACID, HBA1C (EDTA), 2D ECHO, ECG, FASTING, CBC+ESR, TROPONIN-T hs Stat Doctor Advice :



Test Name	Result	Unit	Bio. Ref. Range	Method	
HBA1C					
Glycosylated Hemoglobin (HbA1c)	6.7	%	4 - 5.7	HPLC (EDTA)	

NOTE:-

PR.

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						

URIC ACID			
Sample Type : SERUM			
SERUM URIC ACID	7.2	mg/dL 2.40 - 5	5.70 Uricase,Colorimetric

2.40 - 5.70 mg/dL Uricase, Colorimetric





DR. NISHANT SHARMA DR. SHADAB **PATHOLOGIST PATHOLOGIST**

Dr. SYED SAIF AHMAD MD (MICROBIOLOGY) Page 2 of 5



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Doctor Advice : URIC ACID,HBA1C (EDTA),2D ECHO,ECG,FASTING,CBC+ESR,TROPONIN-T hs State



Test Name	Result	Unit	Bio. Ref. Range	Method	
TROPONIN-T hs Stat					
TROPONIN-T	0.010	ng/ml	< 0.010		<u> </u>

NOTES:-

P.R.

Troponin T hs is a member of the myofibrillar protiens of striated muscularis. These myofibrillar protiens are the buildling blocks of the contractile appratus. Tropnin T hs binds the tropnin complex to tropomyosin and binds the neighboring tropomycin molecules. The determination of troponin T in serum plays an important role in the diagnosis of myocardial infarction(AMI),microinfarction (minor myocardial damage - MMO) and myocarditis. Troponin T is detectable about 3 -4 hours after the occurrence of cardia symptome. Following acute myocardial ischemia, Troponin T rmains in the serum for a lengthy period of time and can hence help to detectmyocardial events that have occurd upto 14 days earlier.

Cobas E 411 Troponin T hs Stat emplyes monoclonal antibodies specifically directed against human cardiac Troponin T (after release from the free cytosol and myofibrils .)

Based on the WHO criteria for the definition of AMI from the 1970~s the cutoff (clinical discriminator) value for troponin T is 0.1 ng/ml according to ROC analysis.

Elevated Troponin T values are occasionally found in patients with restricted renal function despite the absence of definite evidence of myocardial Ischemia.

(ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY Cobas E 411)





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Doctor Advice : URIC ACID,HBA1C (EDTA),2D ECHO,ECG,FASTING,CBC+ESR,TROPONIN-T hs Stat



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	10.2	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	33.2	%	36 - 45	Pulse hieght
				detection
MCV	82.0	fL	80 - 96	calculated
MCH	25.2	pg	27 - 33	Calculated
MCHC	30.7	g/dL	30 - 36	Calculated
RDW	14.9	%	11 - 15	RBC histogram
				derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	10650	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	72	%	40 - 75	Flowcytrometry
LYMPHOCYTE	18	%	20-40	Flowcytrometry
EOSINOPHIL	5	%	1 - 6	Flowcytrometry
MONOCYTE	5	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	166,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	166000	/cmm	150000 - 450000	Microscopy.
Mentzer Index	20		A 1.7	
Peripheral Blood Picture	GH			

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





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URIC ACID, HBA1C (EDTA), 2D ECHO, ECG, FASTING, CBC+ESR, TROPONIN-T hs Stat Doctor Advice :

Test Name	Result	Unit	Bio. Ref. Range	Method	
FASTING					
Blood Sugar Fasting	110.0	mg/dl	70 - 110	Hexokinase	_





