

Patient Name : Mr. KHALEEL AHMED	Visit No : CHA250045266
Age/Gender : 67 Y/M	Registration ON : 13/Mar/2025 01:59PM
Lab No : 10142561	Sample Collected ON : 13/Mar/2025 02:01PM
Referred By : Dr. VIVEK KUMAR GARG **	Sample Received ON : 13/Mar/2025 02:25PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 13/Mar/2025 04:11PM
Doctor Advice : TMT,2D ECHO COLOUR,TROPONIN-I (SERUM),ECG,SERUM IGE,HBA1C (EDTA),IONIC CALCIUM,CALCIUM,BUN,NA+K+,ESR,CREATININE,CBC (WHOLE BLOOD),CHEST PA	



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	42.00		0 - 20	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.

HBA1C				
Glycosylated Hemoglobin (HbA1c)	6.3	%	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

IONIC CALCIUM				
IONIC CALCIUM	1.15	mmol/L	1.13 - 1.33	

INTERPRETATION:

-Calcium level is increased in patients with hyperparathyroidism, Vitamin D intoxication, metastatic bone tumor, milk-alkali syndrome, multiple myeloma, Paget's disease.
-Calcium level is decreased in patients with hemodialysis, hypoparathyroidism (primary, secondary), vitamin D deficiency, acute pancreatitis, diabetic Keto-acidosis, sepsis, acute myocardial infarction (AMI), malabsorption, osteomalacia, renal failure, rickets.



[Checked By]

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*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD UREA NITROGEN				
Blood Urea Nitrogen (BUN)	20.98	mg/dL	7-21	calculated
SERUM CALCIUM				
CALCIUM	10.1	mg/dl	8.8 - 10.2	dapta / arsenazo III
SERUM IGE				
SERUM IGE	670		0.10 - 100	CLIA

Age group

Value (IU/ml)

Neonates
Infants in first year of life
Children aged 1-5 Years
Children aged 6-9 Years
Children aged 10-15 Years

Adults

0.1 - 1.5
0.1 - 15.0
0.1 - 60.0
0.1 - 90.0
0.1 - 200.0

0.1 - 100.0

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Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-I (SERUM)				
TROPONIN-I (SERUM)	0.015		cut off value : 0.120	

NOTE: -

Troponin I (TnI) is a protein normally found in muscle tissue that, in conjunction with Troponin T and Troponin C, regulates the calcium dependent interaction of actin and myosin.1 Three isotypes of TnI have been identified: one associated with fast-twitch skeletal muscle, one with slow-twitch skeletal muscle and one with cardiac muscle. The cardiac form has an additional 31 amino acid residues at the N terminus and is the only troponin isoform present in the myocardium. Clinical studies have demonstrated that cardiac Troponin I (cTnI) is detectable in the bloodstream 4–6 hours after an acute myocardial infarct (AMI) and remains elevated for several days thereafter. Thus, cTnI elevation covers the diagnostic windows of both creatine kinase-MB (CK-MB) and lactate dehydrogenase.3 Further studies have indicated that cTnI has a higher clinical specificity for myocardial injury than does CK-MB. Done by: Vitros ECI (Johnson & Johnson)

Other conditions resulting in myocardial cell damage can contribute to elevated cTnI levels. Published studies have documented that these conditions include, but are not limited to, sepsis, congestive heart failure, hypertension with left ventricular hypertrophy, hemodynamic compromise, myocarditis, mechanical injury including cardiac surgery, defibrillation and cardiac toxins such as anthracyclines. Factors such as these should be considered when interpreting results from any cTnI test method.

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	11.8	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.20	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	36.8	%	36 - 45	Pulse hieght detection
MCV	88.0	fL	80 - 96	calculated
MCH	28.2	pg	27 - 33	Calculated
MCHC	32.1	g/dL	30 - 36	Calculated
RDW	15.7	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	10490	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	64	%	40 - 75	Flowcytometry
LYMPHOCYTES	30	%	25 - 45	Flowcytometry
EOSINOPHIL	3	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	245,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	245000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,714	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	3,147	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	315	/cmm	20-500	Calculated
Absolute Monocytes Count	315	/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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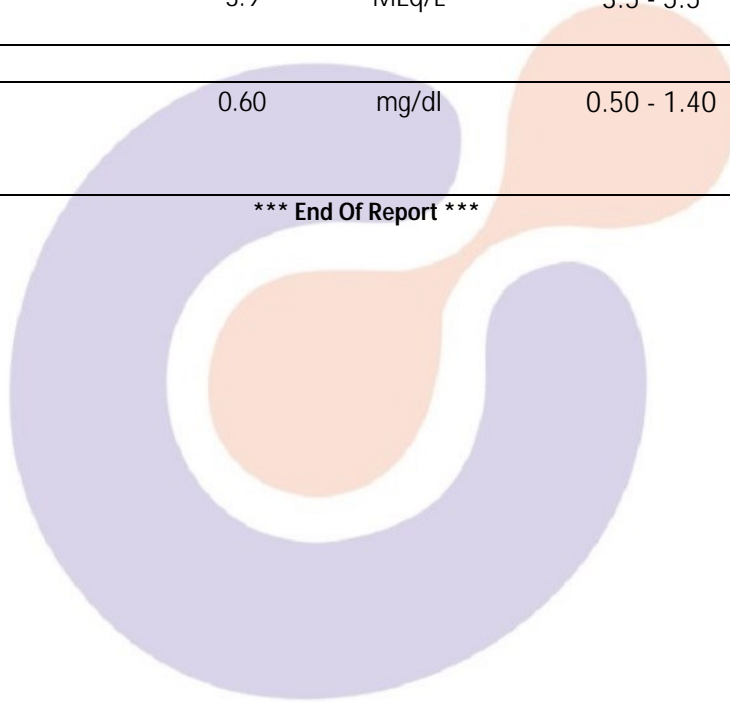
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Test Name	Result	Unit	Bio. Ref. Range	Method
NA+K+				
SODIUM Serum	141.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	3.9	MEq/L	3.5 - 5.5	ISE Direct
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

*** End Of Report ***



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