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E-mail: charak1984@gmail.com

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

Patient Name Visit No : CHA250045458 : Ms.RAJJO

Age/Gender : 72 Y/F Registration ON : 13/Mar/2025 10:20PM Lab No : 10142753 Sample Collected ON : 13/Mar/2025 10:22PM Referred By : Dr.KILKARI CHILD & MOTHER CA Sample Received ON : 13/Mar/2025 10:29PM Refer Lab/Hosp : CHARAK NA Report Generated ON : 13/Mar/2025 11:16PM

LIPASE,AMYLASE,RANDOM,CREATININE,PT/PC/INR,LFT,URINE FOR KETONE,URINE COM. EXMAMINATION,HBA1C (EDTA),CBC (WHOLE Doctor Advice

BLOOD)

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	11.4	%	4 - 5.7	HPLC (EDTA)

NOTE – Findings checked twice. Please correlate clinically.

## NOTE:-

PR.

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

**AMYLASE** 

SFRUM AMYLASE U/L 20.0-80.00 Enzymatic

Comments:

Amylase is produced in the Pancreas and most of the elevation in serum is due to increased rate of Amylase entry into the blood stream / decreased rate of clearance or both. Serum Amylase rises within 6 to 48 hours of onset of Acute pancreatitis in 80% of patients, but is not proportional to the severity of the disease. Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease. Values persisting longer than this period suggest continuing necrosis of pancreas or Pseudocyst formation. Approximately 20% of patients with Pancreatitis have normal or near normal activity. Hyperlipemic patients with Pancreatitis also show spuriously normal Amylase levels due to suppression of Amylase activity by triglyceride. Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimesters of pregnancy, Gastrointestinal cancer & bone fractures.

amylase amylase amylase



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



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o. Ref. Range	Method

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPASE				
LIPASE	23.0	U/L	Upto 60	colorimetric

**COMMENTS:**as, such as acute pancreatitis, chronic pancreatitis, and obstruction of the pancreatic duct. In acute pancreatitis serum lipase activity tends to become elevated & remains for about 7 - 10 days. Increased lipase activity rarely lasts longer than 14 days, and prolonged increases suggest a poor prognosis or the presence of a cyst. Serum lipase may also be elevated in patients with chronic pancreatitis, obstruction of the pancreatic duct and non pancreatic conditions including renal diseases, various abdominal diseases such as acute cholecystitis, intestinal obstruction or infarction, duodenal ulcer, and liver disease, as well as alcoholism & diabetic keto-acidosis & in patients who have undergone endoscopic r

Lipase measurements are used in the diagnosis and treatment of diseases of the pancre

etrograde cholangiopancreatography. Elevation of serum lipase activity in patients with mumps strongly suggests significant pancreatic as well as salivary gland involvement by the disease......

PT/PC/INR			
PROTHROMBIN TIME	16 Second	13 Second Clottin	ng Assay
Protrhromin concentration	72 %	100 %	
INR (International Normalize	(atio) 1.27	1.0	
	. =	100 % 1.0	







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Test Name	Result	Unit	Bio. Ref. Range	Method
URINE EXAMINATION REPORT				
Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.010		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	20 mg/dl	mg/dl	ABSENT	Dipstick
Glucose	>2 gm/dl			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	A <mark>bsent</mark>		Absent	
NITRITE	<mark>Absent</mark>		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	Occasional	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	
URINE FOR KETONE				
URINE FOR KETONE	Absent		ABSENT	

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DR SHADARKHA



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BLOOD)

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.2	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.60	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	40.0	%	36 - 45	Pulse hieght
				detection
MCV	86.6	fL	80 - 96	calculated
MCH	26.4	pg	27 - 33	Calculated
MCHC	30.5	g/dL	30 - 36	Calculated
RDW	15.2	%	11 - 15	RBC histogram
				derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	15140	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	91	%	40 - 75	Flowcytrometry
LYMPHOCYTES	4	%	25 - 45	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	253,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	253000	/cmm	150000 - 450000	Microscopy.
Absolute Neutrophils Count	13,777	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	606	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	151	/cmm	20-500	Calculated
Absolute Monocytes Count	606	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with anisocytosis+. WBCs show neutrphilic leucocytosis. Platelets are adequate. No parasite seen.





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P.R.

Test Name		Result	Unit	Bio. Ref. Range	Method	
BLOOD SUGAR RANDOM						
BLOOD SUGAR RANDOM		720	mg/dl	70 - 170	Hexokinase	
SERUM CREATININE						
CREATININE		2.60	mg/dl	0.50 - 1.40	Alkaline picrate-	
					kinetic	
LIVER FUNCTION TEST						
TOTAL BILIRUBIN		0.50	mg/dl	0.4 - 1.1	Diazonium Ion	
CONJUGATED ( D. Bilirubin)		0.30	mg/dL	0.00-0.30	Diazotization	
UNCONJUGATED ( I.D. Bilir	ubin)	0.20	mg/dL	0.1 - 1.0	Calculated	
ALK PHOS		221.00	U/L	30 - 120	PNPP, AMP Buffer	
SGPT		16.7	U/L	5 - 40	UV without P5P	
SGOT		41.5	U/L	5 - 40	UV without P5P	

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

CHARAK



