

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

Patient Name : Mr. SHRI RAM VERMA Visit No : CHA250045509

Age/Gender : 73 Y O M O D /M Registration ON : 14/Mar/2025 03:37PM Lab No : 10142804 Sample Collected ON : 14/Mar/2025 03:41PM Referred By : Dr. VIVEKA NAND POLICLINIC Sample Received ON : 14/Mar/2025 04:01PM Refer Lab/Hosp : CHARAK NA Report Generated ON : 14/Mar/2025 04:54PM

Doctor Advice : CRP (Quantitative),PCT,NA+K+,CREATININE,UREA,LFT,HBA1C (EDTA),CBC (WHOLE BLOOD)



| Test Name                        | Result | Unit | Bio. Re | f. Range    | Method  |
|----------------------------------|--------|------|---------|-------------|---------|
| HBA1C                            |        |      |         |             |         |
| Glycosylated Hemoglobin (HbA1c.) | 6.9    | %    | 4 - 5 7 | HPLC (FDTA) | <u></u> |

## NOTE:-

P.R.

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
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

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|-----------------------|--------|------|-----------------|--------|
| CRP-QUANTITATIVE      |        |      |                 |        |
| CRP-QUANTITATIVE TEST | 13.1   | MG/L | 0.1 - 6         |        |

Method: Immunoturbidimetric

( Method: Immunoturbidimetric on photometry system)

SUMMARY: C - reactive protien (CRP) is the best known among the acute phase protiens, a group of protien whose concentration increases in blood as a response to inflammatory disorders. CRP is normally present in low concentration in blood of healthy individuals (< 1mg/L). It is elevated up to 500 mg/L in acute inflammatory processes associated with bacterial infections, post operative conditions tissue damage already after 6 hours reaching a peak at 48 hours. The measurment of CRP represents a useful aboratory test for detection of acute infection as well as for monitoring inflammtory processes also in acute rheumatic & gastrointestinal disease. In recent studies it has been shows that in apparrently healthy subjects there is a direct orrelation between CRP concentrations & the risk of developing oronary heart disease (CHD).

hsCRP cut off for risk assessment as per CDC/AHA

 Level
 Risk

 <1.0</td>
 Low

 1.0-3.0
 Average

 >3.0
 High

All reports to be clinically corelated

PROCALCITONIN

PROCALCITONIN

ng/ml

0.10

Normal < 0.5 ~SIRS CLIA Multiple trauma.burns 0.5 -2.0~Severe bacterial infetions. sepsis.multiple organ failure(5-10)~ > 2.0(often 10-100)



DR. NISHANT SHARMA

**PATHOLOGIST** 

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)



P.R.

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Doctor Advice : CRP (Quantitative),PCT,NA+K+,CREATININE,UREA,LFT,HBA1C (EDTA),CBC (WHOLE BLOOD)

| Test Name                    | Result  | Unit    | Bio. Ref. Range | Method         |
|------------------------------|---------|---------|-----------------|----------------|
| CBC (COMPLETE BLOOD COUNT)   |         |         |                 |                |
| Hb                           | 11.5    | g/dl    | 12 - 15         | Non Cyanide    |
| R.B.C. COUNT                 | 4.40    | mil/cmm | 3.8 - 4.8       | Electrical     |
|                              |         |         |                 | Impedence      |
| PCV                          | 36.0    | %       | 36 - 45         | Pulse hieght   |
|                              |         |         |                 | detection      |
| MCV                          | 82.6    | fL      | 80 - 96         | calculated     |
| MCH                          | 26.4    | pg      | 27 - 33         | Calculated     |
| MCHC                         | 31.9    | g/dL    | 30 - 36         | Calculated     |
| RDW                          | 16.2    | %       | 11 - 15         | RBC histogram  |
|                              |         |         |                 | derivation     |
| RETIC                        | 0.8 %   | %       | 0.5 - 2.5       | Microscopy     |
| TOTAL LEUCOCYTES COUNT       | 7480    | /cmm    | 4000 - 10000    | Flocytrometry  |
| DIFFERENTIAL LEUCOCYTE COUNT |         |         |                 |                |
| NEUTROPHIL                   | 75      | %       | 40 - 75         | Flowcytrometry |
| LYMPHOCYTES                  | 17      | %       | 25 - 45         | Flowcytrometry |
| EOSINOPHIL                   | 2       | %       | 1 - 6           | Flowcytrometry |
| MONOCYTE                     | 6       | %       | 2 - 10          | Flowcytrometry |
| BASOPHIL                     | 0       | %       | 00 - 01         | Flowcytrometry |
| PLATELET COUNT               | 220,000 | /cmm    | 150000 - 450000 | Elect Imped    |
| PLATELET COUNT (MANUAL)      | 220000  | /cmm    | 150000 - 450000 | Microscopy.    |
| Absolute Neutrophils Count   | 5,610   | /cmm    | 2000 - 7000     | Calculated     |
| Absolute Lymphocytes Count   | 1,272   | /cmm    | 1000-3000       | Calculated     |
| Absolute Eosinophils Count   | 150     | /cmm    | 20-500          | Calculated     |
| Absolute Monocytes Count     | 449     | /cmm    | 200-1000        | Calculated     |
| Mentzer Index                | 19      |         |                 |                |
| Peripheral Blood Picture     | :       |         |                 |                |

Red blood cells are normocytic normochromic with few hypochromic, anisocytosis+. Platelets are adequate. No immature cells or parasite seen.





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| Test Name                     | Result   | Unit  | Bio. Ref. Range | Method            |
|-------------------------------|----------|-------|-----------------|-------------------|
| NA+K+                         |          |       |                 |                   |
| SODIUM Serum                  | 139.0    | MEq/L | 135 - 155       | ISE Direct        |
| POTASSIUM Serum               | 3.5      | MEq/L | 3.5 - 5.5       | ISE Direct        |
| BLOOD UREA                    |          |       |                 | 1                 |
| BLOOD UREA                    | 23.10    | mg/dl | 15 - 45         | Urease, UV, Serum |
| SERUM CREATININE              | <u> </u> |       |                 |                   |
| CREATININE                    | 0.80     | mg/dl | 0.50 - 1.40     | Alkaline picrate- |
|                               |          |       |                 | kinetic           |
| LIVER FUNCTION TEST           |          |       |                 |                   |
| TOTAL BILIRUBIN               | 0.46     | mg/dl | 0.4 - 1.1       | Diazonium Ion     |
| CONJUGATED ( D. Bilirubin)    | 0.18     | mg/dL | 0.00-0.30       | Diazotization     |
| UNCONJUGATED (I.D. Bilirubin) | 0.28     | mg/dL | 0.1 - 1.0       | Calculated        |
| ALK PHOS                      | 72.00    | U/L   | 30 - 120        | PNPP, AMP Buffer  |
| SGPT                          | 14.1     | U/L   | 5 - 40          | UV without P5P    |
| SGOT                          | 22.1     | U/L   | 5 - 40          | UV without P5P    |
|                               |          |       |                 |                   |

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

CHARAK





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