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|--|---|
| Patient Name : Mr.KUNAL AGARWAL | Visit No : CHA250046207 |
| Age/Gender : 40 Y/M | Registration ON : 16/Mar/2025 10:19AM |
| Lab No : 10143502 | Sample Collected ON : 16/Mar/2025 10:21AM |
| Referred By : Dr.SAURABH AGARWAL | Sample Received ON : 16/Mar/2025 10:21AM |
| Refer Lab/Hosp : CHARAK NA | Report Generated ON : 16/Mar/2025 02:22PM |
| Doctor Advice : HBA1C (EDTA),RANDOM,URINE COM. EXMAMINATION,URIC ACID,25 OH vit. D,VIT B12 | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|----------------------------------|--------|------|-----------------|-------------|
| HBA1C | | | | |
| Glycosylated Hemoglobin (HbA1c) | 5.0 | % | 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 |

| URIC ACID | | | | |
|----------------------------|-----|-------|-------------|-----------------------|
| Sample Type : SERUM | | | | |
| SERUM URIC ACID | 4.1 | mg/dL | 2.40 - 5.70 | Uricase, Colorimetric |

| 25 OH vit. D | | | | |
|----------------------|----------|-------|--|-------|
| 25 Hydroxy Vitamin D | 24.15 | ng/ml | | ECLIA |
| Deficiency | < 10 | | | |
| Insufficiency | 10 - 30 | | | |
| Sufficiency | 30 - 100 | | | |
| Toxicity | > 100 | | | |

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY(Cobas e 411,Unicel DxI600,vitros ECI)



[Checked By]

Print.Date/Time: 16-03-2025 14:55:30

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--------------------|--------|-------|---|--------|
| VITAMIN B12 | | | | |
| VITAMIN B12 | 408 | pg/mL | 180 - 814 Normal 145 - 180 Intermediate 145.0 Deficient pg/ml | CLIA |

Summary :-

Nutritional & macrocytic anemias can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat & bacterial products, from alcoholism or from structural / functional damage to digestive or absorptive processes. Malabsorption is the major cause of this deficiency.

URINE EXAMINATION REPORT

| | | | |
|--------------------------------|--------------|-------|-----------------|
| Colour-U | STRAW | | Light Yellow |
| Appearance (Urine) | CLEAR | | Clear |
| Specific Gravity | 1.025 | | 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 | Absent | | Absent |
| Urobilinogen-U | 0.20 | EU/dL | 0.2 - 1.0 |
| Leukocytes-U | Absent | | Absent |
| NITRITE | Absent | | Absent |
| MICROSCOPIC EXAMINATION | | | |
| Pus cells / hpf | Occasional | /hpf | < 5/hpf |
| Epithelial Cells | Occasional | /hpf | 0 - 5 |
| RBC / hpf | Nil | | < 3/hpf |

[Checked By]



Print.Date/Time: 16-03-2025 14:55:31

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PATHOLOGIST

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PATHOLOGIST

Agarwal
DR. ADITI D AGARWAL
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| Referred By : Dr.SAURABH AGARWAL | Sample Received ON : 16/Mar/2025 10:37AM |
| Refer Lab/Hosp : CHARAK NA | Report Generated ON : 16/Mar/2025 11:21AM |
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------|--------|-------|-----------------|------------|
| BLOOD SUGAR RANDOM | | | | |
| BLOOD SUGAR RANDOM | 110 | mg/dl | 70 - 170 | Hexokinase |

*** End Of Report ***



CHARAK



Sham