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

Patient Name	: Mr.JAGAT NARAIN	Visit No	: CHA250046403
Age/Gender	: 35 Y/M	Registration ON	: 16/Mar/2025 01:39PM
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Referred By	: Dr.LUCKNOW HOSPITAL	Sample Received ON	: 16/Mar/2025 01:44PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 16/Mar/2025 03:45PM
Doctor Advice	: ECG,CT WhOLE ABDOMEN,CHEST PA,PROTEIN ,Albumin,PCT,LIPASE,AMYLASE,URINE COM. EXMAMINATION,T3T4TSH,URIC ACID,ESR,BLOOD GROUP,BTCT,CREATININE,DLC,GBP,HB,HBsAg (QUANTITATIVE),HCV,LFT,NA+K+,PLAT COUNT,P		

PR.

PRE SURGICAL (RD1)

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP				
Blood Group	"B"			
Rh (Anti -D)	**POSITIVE**			
ESR				
Erythrocyte Sedimentation Rate ESR	12.00		0 - 15	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	**6.3**	mg/dL	2.40 - 5.70	Uricase,Colorimetric
PROTEIN				
PROTEIN Serum	7.60	mg/dl	6.8 - 8.5	
SERUM ALBUMIN				
ALBUMIN	5.1	gm/dl	3.20 - 5.50	Bromcresol Green (BCG)

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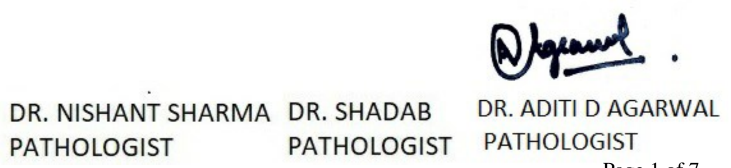

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PRE SURGICAL (RD1)

Test Name	Result	Unit	Bio. Ref. Range	Method
AMYLASE				
SERUM AMYLASE	**104.9**	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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPASE				
LIPASE	38.5	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.......

Test Name	Result	Unit	Bio. Ref. Range	Method
PROCALCITONIN				
PROCALCITONIN	0.08	ng/ml	Normal < 0.5 ~SIRS Multiple trauma.burns 0.5 -2.0~Severe bacterial infetions. sepsis.multiple organ failure(5-10)~ > 2.0(often 10-100)	CLIA

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PRE SURGICAL (RD1)

Test Name	Result	Unit	Bio. Ref. Range	Method
PT/PC/INR				
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay
Protrhromin concentration	100 %		100 %	
INR (International Normalized Ratio)	1.00		1.0	
HBsAg (HEPATITIS B SURFACE ANTIGEN)				
HEPATITIS B SURFACE ANTIGEN	NON REACTIVE		< 1.0 : NON REACTIVE~-> 1.0 : REACTIVE	(Sandwich Assay)
HIV				
HIV-SEROLOGY	NON REACTIVE		<1.0 : NON REACTIVE >1.0 : REACTIVE	
HCV				
Anti-Hepatitis C Virus Antibodies.	NON REACTIVE		< 1.0 : NON REACTIVE > 1.0 : REACTIVE	Sandwich Assay
URINE EXAMINATION REPORT				
Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	**1.015**		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	PRESENT IN TRACE	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	

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PRE SURGICAL (RD1)

Test Name	Result	Unit	Bio. Ref. Range	Method
BT/CT				
BLEEDING TIME (BT)	2 mint 45 sec	mins	2 - 8	
CLOTTING TIME (CT)	5 mint 30 sec		3 - 10 MINS.	

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PRE SURGICAL (RD1)

Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN				
Hb	13.8	g/dl	12 - 15	Non Cyanide

Comment:
Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

Test Name	Result	Unit	Bio. Ref. Range	Method
TLC				
TOTAL LEUCOCYTES COUNT	7380	/cmm	4000 - 10000	Flocytrometry
DLC				
NEUTROPHIL	68	%	40 - 75	Flowcytrometry
LYMPHOCYTE	27	%	20-40	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT				
PLATELET COUNT	208,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	208000	/cmm	150000 - 450000	Microscopy .

COMMENTS:
Platelet counts vary in various disorders; acquired, (infections-bacterial and viral), inherited, post blood transfusion, autoimmune and idiopathic disorders.

GENERAL BLOOD PICTURE (GBP)

Peripheral Blood Picture :

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	100.2	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.4	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	31.50	mg/dl	15 - 45	Urease, UV, Serum

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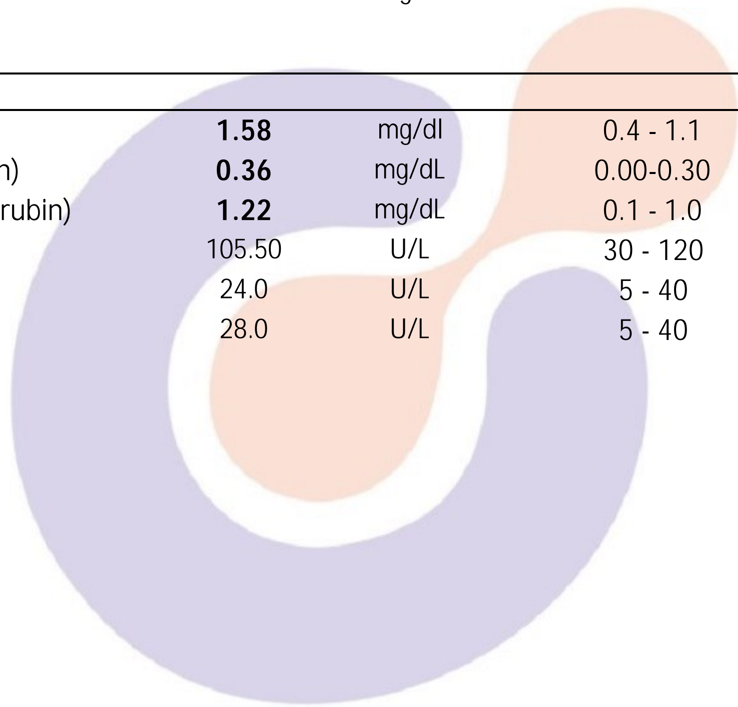
PRE SURGICAL (RD1)

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	**1.58**	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	**0.36**	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	**1.22**	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	105.50	U/L	30 - 120	PNPP, AMP Buffer
SGPT	24.0	U/L	5 - 40	UV without P5P
SGOT	28.0	U/L	5 - 40	UV without P5P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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.60	nmol/L	1.49-2.96	ECLIA
T4	174.00	n mol/l	63 - 177	ECLIA
TSH	1.00	uIU/ml	0.47 - 4.52	ECLIA

Note

(1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism,cretinism,juvenile mysedema or autoimmune disorders.

(2) Patients having low T3 & T4 levels but high TSH levels suffer from grave~s disease, toxic adenoma or sub-acute thyroiditis.

(3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

(4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.

(5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.

(6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the cacabolic state and may revert tonormal when the patient recovers.

(7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.Which may affect the thyroid function tests.

(8) Generally when total T3& T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with

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*** End Of Report ***

CHARAK

MC-2491

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