

Patient Name : Mr.PYARE LAL III
Age/Gender : 62 Y 7 M 3 D/M
Lab No : 10143881
Referred By : Dr.NIRUPAM PRAKASH
Refer Lab/Hosp : CGHS (BILLING)
Doctor Advice : PSA-TOTAL,KIDNEY FUNCTION TEST - I,PP,FASTING,CBC+ESR,LFT
Visit No : CHA250046586
Registration ON : 17/Mar/2025 07:21AM
Sample Collected ON : 17/Mar/2025 07:23AM
Sample Received ON : 17/Mar/2025 07:33AM
Report Generated ON : 17/Mar/2025 09:36AM



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	14.00		0 - 20	Westergreen



[Checked By]

Print.Date/Time: 17-03-2025 13:10:13

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Referred By : Dr.NIRUPAM PRAKASH	Sample Received ON : 17/Mar/2025 07: 33AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
Hb	13.5	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	39.9	%	36 - 45	Pulse hieght detection
MCV	83.1	fL	80 - 96	calculated
MCH	28.1	pg	27 - 33	Calculated
MCHC	33.8	g/dL	30 - 36	Calculated
RDW	13.6	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	11010	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	59	%	40 - 75	Flowcytometry
LYMPHOCYTE	35	%	20-40	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	198,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	198000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	17			

Peripheral Blood Picture :
Red blood cells are normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



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DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

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Lab No : 10143881 Sample Collected ON : 17/Mar/2025 07: 23AM
Referred By : Dr.NIRUPAM PRAKASH Sample Received ON : 17/Mar/2025 07: 46AM
Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 17/Mar/2025 10: 24AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	141.0	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	232.6	mg/dl	up to - 170	Hexokinase
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.60	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.18	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.42	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	46.90	U/L	30 - 120	PNPP, AMP Buffer
SGPT	41.6	U/L	5 - 40	UV without P5P
SGOT	35.5	U/L	5 - 40	UV without P5P
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	32.40	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	1.20	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.6	MEq/L	3.5 - 5.5	ISE Direct

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Test Name	Result	Unit	Bio. Ref. Range	Method
PSA-TOTAL				
PROSTATE SPECIFIC ANTIGEN	1.2	ng/mL	0.2-4.0	CLIA

COMMENT : 1. Prostate specific antigen (PSA) is useful for diagnosis of disseminated CA prostate & its equential measurement is the most sensitive measure of monitoring treatment of disseminated CA prostate with its shorter half life (half life of 2.2 days only) it is superior to prostatic acis phosphatase(PAP). PSA is elevated in nearly all patients with stage D carcinoma whereas PAP is elevated in only 45 % of patient. Mild PSA elevation are also reported in some patients of BHP.

2. Blood samples should be obtained before prostate biopsy or prostatecomy or prostatic massage or digital pre rectal examination as it may result intrasient levation of PSA value for few days.

NOTE :- PSA values obtained in different types of PSA assay methods cannot be used interchangeably as the PSA value in a given sample varies with assays from different manufactures due to difference in assay methodology and reagent specificity. If in the course of monitoring a patient the assay method used for determination is changed, additional sequential testing should be carried out to confirm baseline value.

DONE BY;
Enhanced Chemiluminescence "VITROS ECI"

*** End Of Report ***

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[Checked By]



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