

Patient Name : Mr. ARUN KUMAR MAURYA	Visit No : CHA250046708
Age/Gender : 62 Y/M	Registration ON : 17/Mar/2025 09:48AM
Lab No : 10144003	Sample Collected ON : 17/Mar/2025 09:51AM
Referred By : Dr. VISHAL SINGH NEGI	Sample Received ON : 17/Mar/2025 09:54AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 17/Mar/2025 10:52AM
Doctor Advice : LIPID-PROFILE, CBC+ESR, VIT B12, 25 OH vit. D, CALCIUM, FASTING, SGPT, CREATININE	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	20.00		0 - 20	Westergreen



CHARAK

[Checked By]

Print.Date/Time: 17-03-2025 11:55:23

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CALCIUM				
CALCIUM	9.8	mg/dl	8.8 - 10.2	dapta / arsenazo III

LIPID-PROFILE

Cholesterol/HDL Ratio	4.35	Ratio		Calculated
LDL / HDL RATIO	2.43	Ratio		Calculated
			Desirable / low risk - 0.5 - 3.0	
			Low/ Moderate risk - 3.0 - 6.0	
			Elevated / High risk - >6.0	
			Desirable / low risk - 0.5 - 3.0	
			Low/ Moderate risk - 3.0 - 6.0	
			Elevated / High risk - > 6.0	

25 OH vit. D

25 Hydroxy Vitamin D	84.50	ng/ml		ECLIA
Deficiency	< 10			
Insufficiency	10 - 30			
Sufficiency	30 - 100			
Toxicity	> 100			

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

VITAMIN B12

VITAMIN B12	563	pg/mL		CLIA
			180 - 814 Normal	
			145 - 180 Intermediate	
			145.0 Deficient pg/ml	

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.

[Checked By]



Sharma

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	13.9	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.30	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	43.9	%	36 - 45	Pulse height detection
MCV	82.7	fL	80 - 96	calculated
MCH	26.2	pg	27 - 33	Calculated
MCHC	31.7	g/dL	30 - 36	Calculated
RDW	14.1	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	10640	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	48	%	40 - 75	Flowcytometry
LYMPHOCYTE	40	%	20-40	Flowcytometry
EOSINOPHIL	8	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	257,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	257000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	16			
Peripheral Blood Picture	:			

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	101.7	mg/dl	70 - 110	Hexokinase
SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SGPT				
SGPT	15.4	U/L	5 - 40	UV without P5P
LIPID-PROFILE				
TOTAL CHOLESTEROL	138.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	147.00	mg/dL	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >=500 mg/dl	Serum, Enzymatic, endpoint
H D L CHOLESTEROL	31.70	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	76.90	mg/dL	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >= 190 mg/dl	CO-PAP
VLDL	29.40	mg/dL	10 - 40	Calculated

*** End Of Report ***



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