PKR JAIN HEALTHCARE INSTITUTE NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

【 0171-2532620, 8222896961 🛛 🖾 pkrjainhealthcare@gmail.com

NAME	: Mr. MEHAR SINGH				
AGE/ GENDER	: 66 YRS/MALE	PATIENT ID		: 18002	15
COLLECTED BY	:	REG. NO./LAI	B NO.	: 1225(03210005
REFERRED BY	:	REGISTRATI	ON DATE	:21/Ma	r/2025 09:22 AM
BARCODE NO.	: 12507614	COLLECTION	DATE	:21/Ma	r/2025 09:53AM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUT	TE REPORTING	DATE	:21/Ma	r/2025 11:19AM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA				
Test Name		Value	Unit		Biological Reference interval
		HAEMATOLOGY			
		HAEMOGLOBIN (HB			
HAEMOGLOBIN (H		14.4	gm/dL		12.0 - 17.0
by CALORIMETRIC	(D)	14.4	giii/ uL		12.0 - 17.0
INTERPRETATION:-					
Hemoglobin is the pr tissues back to the lu	otein molecule in red blood cells that c	arries oxygen from the lu	ngs to the bo	dys tissue	s and returns carbon dioxide from t
	vel is referred to as ANEMIA or low red l	blood count			
ANEMIA (DECRESED	HAEMOGLOBIN):				
1) Loss of blood (trau	umatic injury, surgery, bleeding, colon of	cancer or stomach ulcer)			
2) Nutritional deficie	ency (iron, vitamin B12, folate) plems (replacement of bone marrow by	(appear)			
4) Suppression by red	d blood cell synthesis by chemotherapy				
5) Kidney failure		, ulugo			
6) Abnormal hemogl	obin structure (sickle cell anemia or the	alassemia).			
	REASED HAEMOGLOBIN):				
1) People in higher a 2) Smoking (Seconda	altitudes (Physiological)				
3) Dehvdration produ	uces a falsely rise in hemoglobin due to	increased haemoconcent	tration		
	ease (for example, emphysema)				
5) Certain tumors					
6) A disorder of the b	oone marrow known as polycythemia ru	ibra vera,			
 Abuse of the drug 	erythropoetin (Epogen) by athletes for	blood doping purposes (in	icreasing the	amount of	r oxygen available to the body by

7) Abuse of the drug erythropoetin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) MBBS , MD (PATHOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST

440 Dated 17.5.2012 u/s 80 G OF INCOME TAX ACT. PAN NO. AAAAP1600. **REPORT ATTRACTS THE CONDITIONS PRINTED OVERLEAF (P.T.O.)**



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NAME	: Mr. MEHAR SINGH					
AGE/ GENDER	: 66 YRS/MALE	P	ATIENT ID	: 1800215		
COLLECTED BY	:	R	EG. NO./LAB NO.	: 122503210005		
REFERRED BY	:	R	EGISTRATION DATE	: 21/Mar/2025 09:22 AM		
BARCODE NO.	ODE NO. : 12507614		OLLECTION DATE	: 21/Mar/2025 09:53AM		
CLIENT CODE.	LIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE		EPORTING DATE	: 21/Mar/2025 11:19AM		
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA					
Test Name		Value	Unit	Biological Reference interval		
	CLINI	CAL CHEMIST	RY/BIOCHEMIST	RY		
		GLUCOSE R	ANDOM (R)			
GLUCOSE RANDOM (R): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)		92.02	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > 0R = 200.0		
INTERPRETATION						
IN ACCORDANCE WIT	H AMERICAN DIABETES ASSOCIA					
1. A random plasma (glucose level below 140 mg/dl i	s considered normal		betic. A fasting and post-prnadial blood test		
2. A random glucose	f 75 ams of alucose) is recomm	ended for all such pa	tients	betic. A fasting and post-prhadial blood test		
3. A random glucose	level of above 200 ma/dl is hiat	nly suggestive of diab	petic state. A repeat post-	-prandial is strongly recommended for all suc		
patients. A fasting pla	asma glucose level in excess of	125 mg/dl on both o	ccasions is confirmatory	for diabetic state.		

*** End Of Report ***





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