Charak dhar
DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms.MAHTAB ARA	Visit No	: CHA250033723
Age/Gender	: 46 Y/F	Registration ON	: 25/Feb/2025 09:38AM
Lab No	**: 10131019**	Sample Collected ON	: 25/Feb/2025 09:40AM
Referred By	: Dr.NEHA GUPTA	Sample Received ON	: 25/Feb/2025 09:57AM
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 25/Feb/2025 11:57AM
Doctor Advice	: 25 OH vit. D,VIT B12,T3T4TSH,USG WHOLE ABDOMEN,CBC+ESR,LFT		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	14.00		0 - 15	Westergreen

[Checked By]

Print.Date/Time: 25-02-2025 13:06:00
*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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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
25 OH vit. D				
25 Hydroxy Vitamin D	14.06	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	256	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 absorpative processes. Malabsorption is the major cause of this deficiency.

[Checked By]

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	13.4	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.70	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	41.6	%	36 - 45	Pulse hieght detection
MCV	88.1	fL	80 - 96	calculated
MCH	28.4	pg	27 - 33	Calculated
MCHC	32.2	g/dL	30 - 36	Calculated
RDW	**15.7**	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8640	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	54	%	40 - 75	Flowcytrometry
LYMPHOCYTE	**41**	%	20-40	Flowcytrometry
EOSINOPHIL	2	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	349,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	349000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	19			
Peripheral Blood Picture	:			

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

MC-2491

[Checked By]

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.81	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.15	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.66	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	**188.00**	U/L	30 - 120	PNPP, AMP Buffer
SGPT	**41.0**	U/L	5 - 40	UV without P5P
SGOT	35.0	U/L	5 - 40	UV without P5P

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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.25	nmol/L	1.49-2.96	ECLIA
T4	172.42	n mol/l	63 - 177	ECLIA
TSH	**6.97**	ulU/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

(1 Beckman DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

***** End Of Report *****

MC-2491

[Checked By]

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Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 25/Feb/2025 12:31PM

PR.

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is mildly enlarged in size, and shows homogenously increased echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Both kidneys** are normal in size and position. No hydronephrosis is seen. A concretion measuring 1.7mm is seen in mid pole of left kidney . Right kidney also shows a concretion measuring 3.6mm in mid pole . No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 86 x 38 mm in size. Left kidney measures 97 x 44 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is atrophic .
- No adnexal mass lesion is seen.

OPINION:

- **MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.**
- **BILATERAL RENAL CONCRETIONS .**

(Possibility of acid peptic disease could not be ruled out).

[DR. R. K. SINGH, MD]

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