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.NAZIYA	Visit No	: CHA250033974
Age/Gender	: 10 Y/F	Registration ON	: 25/Feb/2025 12:35PM
Lab No	**: 10131270**	Sample Collected ON	: 25/Feb/2025 12:36PM
Referred By	: Dr.AK RASTOGI	Sample Received ON	: 25/Feb/2025 12:46PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 01:36PM
Doctor Advice	: 25 OH vit. D,FERRITIN,Iron,T3T4TSH,CRP (Quantitative),CBC (WHOLE BLOOD),BILIRUBIN,SGPT		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CRP-QUANTITATIVE				
CRP-QUANTITATIVE TEST	0.45	MG/L	0.10 - 2.80	

Method: Immunoturbidimetric

(Method: Immunoturbidimetric on photometry system)

SUMMARY : C - reactive protien (CRP) is the best known among the acute phase protiens, a group of protien whose concentration increases in blood as a response to inflammatory disorders.CRP is normally present in low concentration in blood of healthy individuals (< 1mg/L). It is elevated up to 500 mg/L in acute inflammatory processes associated with bacterial infections, post operative conditions tissue damage already after 6 hours reaching a peak at 48 hours.. The measurment of CRP represents a useful aboratory test for detection of acute infection as well as for monitoring inflammtory proceses also in acute rheumatic & gastrointestinal disease. In recent studies it has been shows that in apparrently healthy subjects there is a direct orrelation between CRP concentrations & the risk of developing oronary heart disease (CHD).

hsCRP cut off for risk assessment as per CDC/AHA

Level	Risk
<1.0	Low
1.0-3.0	Average
>3.0	High

All reports to be clinically corelated

IRON				
IRON	74.30	ug/ dl	59 - 148	Ferrozine-no deproteinization
25 OH vit. D				
25 Hydroxy Vitamin D	16.10	ng/ml		ECLIA

Deficiency < 10
Insufficiency 10 - 30
Sufficiency 30 - 100
Toxicity > 100

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

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DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
FERRITIN				
FERRITIN	52	ng/mL	7 - 140	CLIA

INTERPRETATION:

Ferritin is a high-molecular weight iron containing protein that functions in the body as an iron Storage compound. Ferritin provides a more sensitive, specific and reliable measurement for determining iron deficiency at an early stage. The combined use of serum ferritin levels and mean corpuscular volume (MCV) has made differentiation between iron deficiency, beta-thalassemia trait and normal subjects possible at a very high level of accuracy. Serum ferritin measurements provide important clinical parameters for assessing the response to treatment with deferoxamine, in the treatment of thalassemia. Elevated levels are seen in malignant diseases such as leukemia, Hodgkins disease, breast cancer, head and neck cancer and ovarian cancer.

LIMITATIONS:

Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may show either false positive or depressed values.

For diagnostic purposes the ferritin result should be used in conjunction with other data, e.g.: symptoms, results of other tests, clinical impressions, etc.

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.2	g/dl	11 - 15	Non Cyanide
R.B.C. COUNT	5.00	mil/cmm	4 - 5.1	Electrical Impedence
PCV	38.0	%	31 - 43	Pulse hieght detection
MCV	**75.8**	fL	76 - 87	calculated
MCH	**24.4**	pg	26 - 28	Calculated
MCHC	**32.1**	g/dL	33 - 35	Calculated
RDW	13.9	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.3 - 1	Microscopy
TOTAL LEUCOCYTES COUNT	7190	/cmm	4500 - 13500	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	59	%	40 - 70	Flowcytrometry
LYMPHOCYTES	34	%	25 - 55	Flowcytrometry
EOSINOPHIL	4	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	0 - 8	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	330,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	330000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,242	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,445	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	288	/cmm	20-500	Calculated
Absolute Monocytes Count	216	/cmm	200-1000	Calculated
Mentzer Index	15			
Peripheral Blood Picture	:			

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

MC-2491

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN				
TOTAL BILIRUBIN	0.41	mg/dl	0.4 - 1.1	Diazonium Ion
SGPT				
SGPT	21.7	U/L	5 - 40	UV without P5P

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.87	nmol/L	1.49-2.96	ECLIA
T4	96.60	n mol/l	63 - 177	ECLIA
TSH	2.30	uIU/ml	0.7 - 6.4	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

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