

Patient Name : Ms.APOORVA SHARMA	Visit No : CHA250034505
Age/Gender : 25 Y/F	Registration ON : 26/Feb/2025 09:25AM
<b>Lab No : 10131801</b>	Sample Collected ON : 26/Feb/2025 09:27AM
Referred By : Dr.AJAY KUMAR VERMA	Sample Received ON : 26/Feb/2025 09:42AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 26/Feb/2025 11:44AM
Doctor Advice : LIPID-PROFILE,VIT B12,25 OH vit. D,CALCIUM,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Erythrocyte Sedimentation Rate ESR	<b>18.00</b>		0 - 15	Westergreen



**CHARAK**

[Checked By]

Print.Date/Time: 26-02-2025 12:40:12

\*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
<b>SERUM CALCIUM</b>				
CALCIUM	9.7	mg/dl	8.8 - 10.2	dapta / arsenazo III

**LIPID-PROFILE**

Cholesterol/HDL Ratio	2.55	Ratio		Calculated
LDL / HDL RATIO	1.16	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	8.12	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	123.0	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  
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

Print.Date/Time: 26-02-2025 12:40:15

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Patient Name : Ms.APOORVA SHARMA	Visit No : CHA250034505
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<b>Lab No : 10131801</b>	Sample Collected ON : 26/Feb/2025 09: 27AM
Referred By : Dr.AJAY KUMAR VERMA	Sample Received ON : 26/Feb/2025 09: 42AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 26/Feb/2025 11: 44AM
Doctor Advice : LIPID-PROFILE,VIT B12,25 OH vit. D,CALCIUM,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Hb	15.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	<b>5.10</b>	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	<b>46.0</b>	%	36 - 45	Pulse hieght detection
MCV	89.5	fL	80 - 96	calculated
MCH	29.2	pg	27 - 33	Calculated
MCHC	32.6	g/dL	30 - 36	Calculated
RDW	13.2	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8390	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	67	%	40 - 75	Flowcytometry
LYMPHOCYTE	26	%	20-40	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	266,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	266000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	18			
Peripheral Blood Picture	:			

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



[Checked By]



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID-PROFILE</b>				
TOTAL CHOLESTEROL	134.80	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	103.00	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	52.90	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	61.30	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	20.60	mg/dL	10 - 40	Calculated

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

CHARAK



[Checked By]



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