Charak	dhar Pvt. Ltd.		292/05, Tulsidas Marg, Ba Phone : 0522-4062223, 9 9415577933, 933615410 E-mail : charak1984@gm CMO Reg. No. RMEE 2 NABL Reg. No. MC-249	asement Chowk, Lucknow-226 003 (305548277, 8400888844)0, Tollfree No.: 8688360360 ail.com 2445133
			Certificate No. MIS-202	3-0218
Patient Name : Ms.MUNNI		V	isit No : CH	HA250034858
Age/Gender : 70 Y 1 D/F		R	egistration ON : 26	/Feb/2025 02:17PM
Lab No : 10132154		S	ample Collected ON : 26	/Feb/2025 02:18PM
Referred By : Dr.MANISH TANDO	N	S	ample Received ON : 26	/Feb/2025 02:31PM
Refer Lab/Hosp : CHARAK NA Doctor Advice : BLOOD GROUP,FOLIC PROTEIN,ALBUMIN (1)	ACID,VIT B12,FERRITIN,TIBC,I FLUID),Sugar (Fluid),TLC Fluid,	R ron,ASCITIC F ,DLC (Fluid),0	Leport Generated ON : 26 LUID C/S,ASCITIC FLUID ADA,A GRAM S STAIN	/Feb/2025-02:58PM SCITIC FLUID CYTOLOGY,AFB,FLUIE
	ASCITI	<u>C FLUIF R/M</u>		
Test Name	Result	Unit	Bio. Ref. Range	Method
TLC Fluid				
TLC (Fluid)	45	/cmm.	Adult: 0-5/cumm	1
			~Neonates: 0-30/cur	nm
DLC (Fluid)				
DLC (Fluid)	8%-		N <mark>eonates: Polymorp</mark> h	s 0-8
	Polymorphs,		%,Lymphocytes 05 -	35
	92%-		%,Monocytes 50-90	%
	Lymphocytes		Adult: Polymorphs ()-6
			%,Lymphocytes40-8	30
			%,Monocytes 15-45	%
BLOOD GROUP				
Blood Group	"A"			
Rh (Anti -D)	Negative			
Sugar (Fluid)				
Sugar (Fluid)	242	mg/dl	Adult : 40-70 mg/d	II,
		Ū	Newborn : 60-80 mg	/dl
IRON				
IRON	27.90	ug/ dl	59 - 148	Ferrozine-no
	CUA	D		deproteinization
TIBC			AN	
TIBC	399.00	ug/ml	265 - 497	calculated
PROTEIN (Fluid)				
PROTEIN Fluid	0.65	g/dl		
ALBUMIN (FLUID)				
Albumin (fluid)	0.32			Bromcresol Green (BCG)



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST

Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 1 of 3

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Charak dhar			292/05, Tulsidas N Phone : 0522-406 9415577933, 933 E-mail : charak19	Marg, Basemer 2223, 930554 6154100, Toll 84@gmail.cor	nt Chowk, Lucknow-226 003 8277, 8400888844 free No.: 8688360360 n
DIAGNOSTICS Pvt. Ltd.			CMO Reg. No. F NABLReg. No. M Certificate No. M	RMEE 24451 MC-2491 IIS-2023-021	33 8
Patient Name : Ms.MUNNI		V	isit No	: CHA25	0034858
Age/Gender : 70 Y 1 D/F		R	egistration ON	: 26/Feb	/2025 02:17PM
Lab No : 10132154		Sa	ample Collected ON	: 26/Feb	/2025 02:18PM
Referred By : Dr.MANISH TANDON		Sa	ample Received ON	: 26/Feb	/2025 02:31PM
Refer Lab/Hosp : CHARAK NA Doctor Advice : BLOOD GROUP,FOLIC ACID,VIT PROTEIN,ALBUMIN (FLUID),Sug	B12,FERRITIN,TIB gar (Fluid),TLC Flu	R C,Iron,ASCITIC FI id,DLC (Fluid),G	eport Generated ON LUID C/S,ASCITIC FLUII RAM S STAIN	: 26/Feb ADA,ASCITIC	/2025 02:58PM FLUID CYTOLOGY,AFB,FLUII
	ASCI	TIC FI UIF R/M			
Test Name	Result	Unit	Bio. Ref. R	ange	Method
ASCITIC FLUID ADA				5	
ADENOSINE DEAMINASE (ADA)	1.07	u/l	Serum,Plasma fluid; Normal : ~Suspect: 2 U/L~Positive Mo	and Body < 20 U/L 0 -23 re than 23	
REMARK :-1. High values may be found in various for increased in kidney disorders, infections in hepatitis & malignant tumours.	ms of tuberculos mononucleosis, t	is. It may also pyphoid, viral	be		
 ADA is reported to be stable in serum for 2 days at 2 - 8 degree C 	3 days and in bi	ological fluids	for		
VITAMIN B12					
VITAMIN B12 Summary :- Nutritional & macrocytic anemias can This deficiency can result from diets d alcoholism or from structural / function processes. Malabsorption is the major	445.0 be caused by a c evoid of meat & nal damage to dig cause of this def	pg/mL leficiency of vi bacterial produ gestive or abso iciency.	180 - 814 N 145 - 180 Inter 145.0 Deficier tamin B12. acts, from rpative	ormal rmediate nt pg/ml	CLIA



DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 2 of 3

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Charak dhar		292/05, Tulsidas N Phone : 0522-406 9415577933, 933 E-mail : charak198	292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003 Phone : 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360 E-mail : charak1984@gmail.com			
DIAGN	OSTICS Pvt. Ltd.	CMO Reg. No. R NABL Reg. No. M Certificate No. M	RMEE 2445133 MC-2491 IIS-2023-0218			
Patient Name	: Ms.MUNNI	Visit No	: CHA250034858			
Age/Gender	: 70 Y 1 D/F	Registration ON	: 26/Feb/2025 02:17PM			
Lab No	: 10132154	Sample Collected ON	: 26/Feb/2025 02:18PM			
Referred By	: Dr.MANISH TANDON	Sample Received ON	: 26/Feb/2025 02:31PM			
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 26/Feb/2025 02:58PM			
Doctor Advice	BLOOD GROUP,FOLIC ACID,VIT B12,FERRITIN,TIB PROTEIN,ALBUMIN (FLUID),Sugar (Fluid),TLC Flu	C,Iron,ASCITIC FLUID C/S,ASCITIC FLUIE id,DLC (Fluid),GRAM S STAIN) ADA,ASCITIC FLUID CYTOLOGY,AFB,FLUI			

ASCITIC FLUIF R/M					
Test Name	Result	Unit	Bio. Ref. Range	Method	
FOLIC ACID					
FOLIC ACID	9.68	ng/ml	3.89 26.8	CMIA	

Method: Electrochemiluminescence

COMMENTS: Folate deficiency causes megaloblastic anemia and eventualy leukopenia and thrombocytopenia.Folic acidis believedto play a role in irth defects such as spina bifida, an encephaly, and oro-facial clefts as well as in inducing cardiovascular morbidity and mortality.Symptoms of deficiency take about 3 months to appear and can be caused by inadequate intake, increased body demand or folate antagonism by drugs.For diagnostics purposes, the folate findings should always be assessed in conjuction with the patient~smedical history, clinical examination and other findings. This deficiency canresult from diets devoid of raw fruits.vegetablesor other foods rich in foic acid, as may be the casewith chronic alcoholics, drug addicts, the elderly or persons of low socioeconomic status, etc.In addition, low serum also occurs during pregnancy. Folate assays are affected by hemolysis within the specimen.

FERRITIN					
FERRITIN	39.6	ng/mL	13 - 150	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.

AFB			
ACID FAST BACILLI	Negative	NEGATIVE	
GRAM S STIAN			
Grams Stain	Negative	NEGATIVE	

*** End Of Report ***



DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 3 of 3

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