

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,TIBC,Iron,ASCITIC FLUID C/S,ASCITIC FLUID ADA,ASCITIC FLUID CYTOLOGY,AFB,FLUID PROTEIN,ALBUMIN (FLUID),Sugar (Fluid),TLC Fluid,DLC (Fluid),GRAM S STAIN	



ASCITIC FLUID R/M				
Test Name	Result	Unit	Bio. Ref. Range	Method

TLC Fluid

TLC (Fluid)	45	/cmm.	Adult: 0-5/cumm, -Neonates: 0-30/cumm	
---------------	----	-------	--	--

DLC (Fluid)

DLC (Fluid)	8%- Polymorphs, 92%- Lymphocytes		Neonates: Polymorphs 0-8 %,Lymphocytes 05 -35 %,Monocytes 50-90 % Adult: Polymorphs 0-6 %,Lymphocytes40-80 %,Monocytes 15-45 %	
---------------	---	--	---	--

BLOOD GROUP

Blood Group	"A"			
Rh (Anti -D)	Negative			

Sugar (Fluid)

Sugar (Fluid)	242	mg/dl	Adult : 40-70 mg/dl, Newborn : 60-80 mg/dl	
-----------------	-----	-------	---	--

IRON

IRON	27.90	ug/ dl	59 - 148	Ferrozine-no deproteinization
------	-------	--------	----------	----------------------------------

TIBC

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)
-------------------	------	--	--	---------------------------



[Checked By]

Print.Date/Time: 26-02-2025 18:35:21

*Patient Identity Has Not Been Verified. Not For Medicolegal

Sham

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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,TIBC,Iron,ASCITIC FLUID C/S,ASCITIC FLUID ADA,ASCITIC FLUID CYTOLOGY,AFB,FLUID PROTEIN,ALBUMIN (FLUID),Sugar (Fluid),TLC Fluid,DLC (Fluid),GRAM S STAIN		



ASCITIC FLUID R/M			
Test Name	Result	Unit	Bio. Ref. Range

ASCITIC FLUID ADA

ADENOSINE DEAMINASE (ADA)	1.07	u/l	Serum,Plasma and Body fluid; Normal : < 20 U/L ~Suspect: 20 -23 U/L~Positive More than 23 U/L
---------------------------	------	-----	--

REMARK :-

1. High values may be found in various forms of tuberculosis. It may also be increased in kidney disorders, infections mononucleosis, typhoid, viral hepatitis & malignant tumours.
2. ADA is reported to be stable in serum for 3 days and in biological fluids for 2 days at 2 - 8 degree C

VITAMIN B12

VITAMIN B12	445.0	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]



Print.Date/Time: 26-02-2025 18:35:22

*Patient Identity Has Not Been Verified. Not For Medicolegal

Sharma

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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,TIBC,Iron,ASCITIC FLUID C/S,ASCITIC FLUID ADA,ASCITIC FLUID CYTOLOGY,AFB,FLUID PROTEIN,ALBUMIN (FLUID),Sugar (Fluid),TLC Fluid,DLC (Fluid),GRAM S STAIN	



ASCITIC FLUID 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 eventually leukopenia and thrombocytopenia. Folic acid is believed to play a role in birth defects such as spina bifida, anencephaly, 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 conjunction with the patient's medical history, clinical examination and other findings. This deficiency can result from diets devoid of raw fruits, vegetables or other foods rich in folic acid, as may be the case with 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				
Test Name	Result	Unit	Bio. Ref. Range	Method
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		
Test Name	Result	Reference
ACID FAST BACILLI	Negative	NEGATIVE

GRAM STAIN		
Test Name	Result	Reference
Grams Stain	Negative	NEGATIVE

*** End Of Report ***

[Checked By]

Print.Date/Time: 26-02-2025 18:35:23

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)