

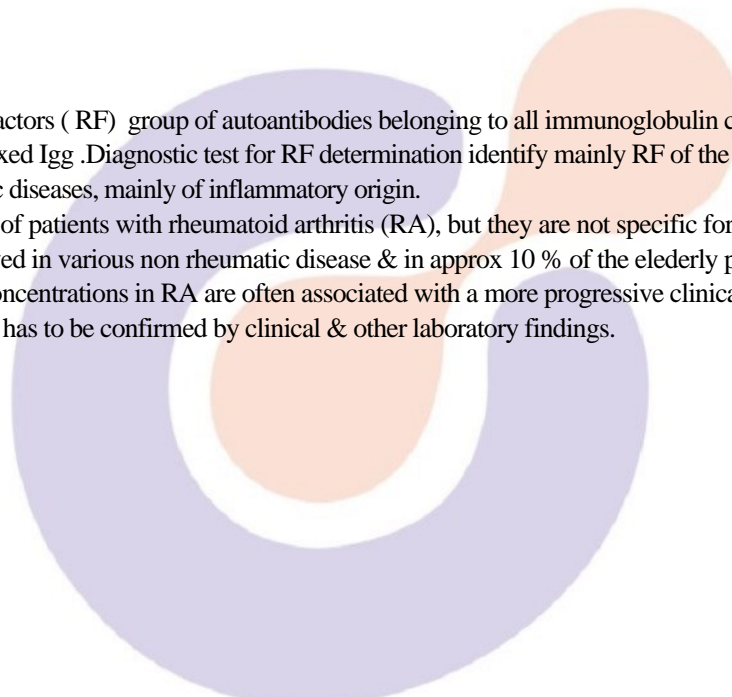
Patient Name : Mr. SHITLA PRASAD SHUKLA	Visit No : CHA250035137
Age/Gender : 61 Y/M	Registration ON : 27/Feb/2025 08:24AM
Lab No : 10132433	Sample Collected ON : 27/Feb/2025 08:27AM
Referred By : Dr. VISHAL SINGH NEGI	Sample Received ON : 27/Feb/2025 08:35AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 27/Feb/2025 11:21AM
Doctor Advice : VIT B12, BOTH HAND AP /LAT, RF FACTOR, URIC ACID	



Test Name	Result	Unit	Bio. Ref. Range	Method
RF FACTOR				
RHEUMATOID FACTOR	6.58	IU/ml	0 - 14	

SUMMARY : Rheumatoid factors (RF) group of autoantibodies belonging to all immunoglobulin classes directed against the FC fragment of altered or complexed Igg .Diagnostic test for RF determination identify mainly RF of the IgM class which are detectable in several rheumatic diseases, mainly of inflammatory origin.

RF occur in approx 70 -80 % of patients with rheumatoid arthritis (RA), but they are not specific for RA as elevated concentrations are also observed in various non rheumatic disease & in approx 10 % of the elderly population without clinical symptoms of RA. High RF concentrations in RA are often associated with a more progressive clinical course of the disease .However, a positive RF value has to be confirmed by clinical & other laboratory findings.



CHARAK

[Checked By]

Print.Date/Time: 27-02-2025 14:40:12

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

Patient Name : Mr. SHITLA PRASAD SHUKLA	Visit No : CHA250035137
Age/Gender : 61 Y/M	Registration ON : 27/Feb/2025 08:24AM
Lab No : 10132433	Sample Collected ON : 27/Feb/2025 08:27AM
Referred By : Dr. VISHAL SINGH NEGI	Sample Received ON : 27/Feb/2025 08:35AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 27/Feb/2025 09:56AM
Doctor Advice : VIT B12, BOTH HAND AP /LAT, RF FACTOR, URIC ACID	



Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	5.9	mg/dL	2.40 - 5.70	Uricase, Colorimetric
VITAMIN B12				
VITAMIN B12	274	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 absorptive processes. Malabsorption is the major cause of this deficiency.

*** End Of Report ***

CHARAK

[Checked By]

Print.Date/Time: 27-02-2025 14:40:15

*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 : Mr.SHITLA PRASAD SHUKLA Visit No : CHA250035137
Age/Gender : 61 Y/M Registration ON : 27/Feb/2025 08:24AM
Lab No : 10132433 Sample Collected ON : 27/Feb/2025 08:24AM
Referred By : Dr.VISHAL SINGH NEGI Sample Received ON :
Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 27/Feb/2025 02:08PM

SKIAGRAM CERVICAL SPINE AP AND LATERAL VIEW

- Anterior and posterior osteophytes are seen arising from C2-C7 vertebrae.
- Intervertebral disc space is reduced between C5-C6.
- Posterior elements are seen normally.
- No cervical rib is seen .
- No CVJ anomaly is seen.

OPINION:

- **CERVICAL SPONDYLOSIS WITH DEGENERATIVE DISC DISEASE.**

SKIAGRAM BOTH HANDS AP AND LATERAL

- Bone density is normal.
- No bony traumatic pathology is seen.
- Joint spaces are maintained.
- No bony destruction is seen.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

*** End Of Report ***

