

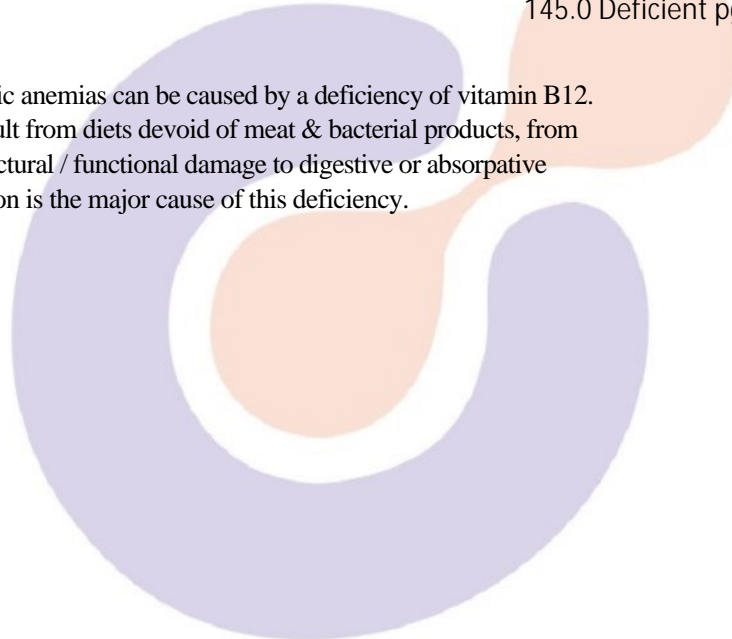
Patient Name : Ms.INDU TALWAR	Visit No : CHA250035446
Age/Gender : 69 Y/F	Registration ON : 27/Feb/2025 12: 50PM
Lab No : 10132742	Sample Collected ON : 27/Feb/2025 12: 55PM
Referred By : Dr.MONICA BISHNOI**	Sample Received ON : 27/Feb/2025 01: 01PM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 27/Feb/2025 02: 24PM
Doctor Advice : NA+K+,VIT B12,MRI BRAIN	



Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
VITAMIN B12	586	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.



CHARAK

[Checked By]

Print.Date/Time: 27-02-2025 17:20:32

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

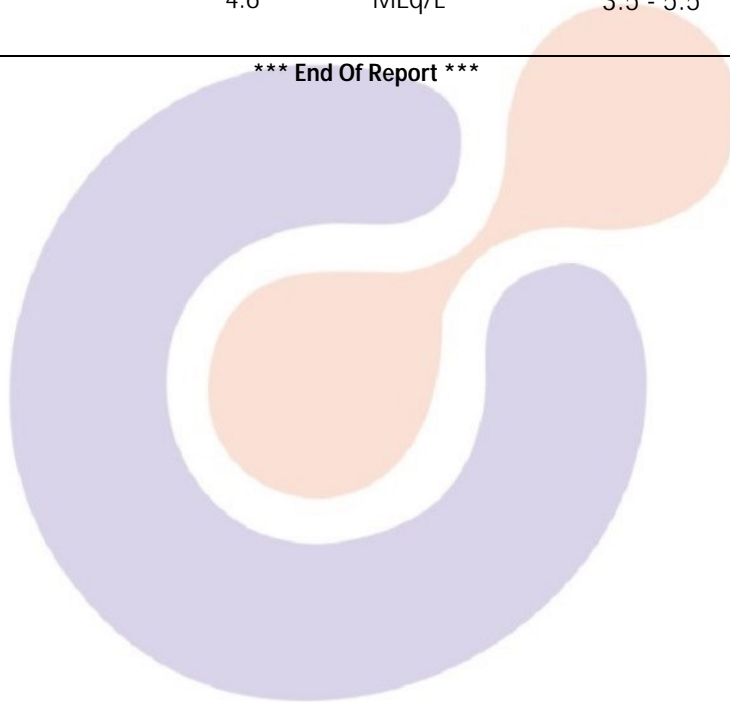
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Doctor Advice : NA+K+,VIT B12,MRI BRAIN

Visit No : CHA250035446
Registration ON : 27/Feb/2025 12:50PM
Sample Collected ON : 27/Feb/2025 12:55PM
Sample Received ON : 27/Feb/2025 01:01PM
Report Generated ON : 27/Feb/2025 02:49PM



Test Name	Result	Unit	Bio. Ref. Range	Method
NA+K+				
SODIUM Serum	129.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.6	MEq/L	3.5 - 5.5	ISE Direct

*** End Of Report ***



CHARAK



MC-2491

Print.Date/Time: 27-02-2025 17:20:34

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sham

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

Patient Name : Ms.INDU TALWAR Visit No : CHA250035446
Age/Gender : 69 Y/F Registration ON : 27/Feb/2025 12:50PM
Lab No : 10132742 Sample Collected ON : 27/Feb/2025 12:50PM
Referred By : Dr.MONICA BISHNOI** Sample Received ON :
Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 27/Feb/2025 04:44PM

MRI: BRAIN

IMAGING SEQUENCES (NCMR)

AXIAL: SWI, DWI, T1, FLAIR & TSE T2 Wis. **SAGITTAL:** T2 Wis. **CORONAL:** FLAIR Wis.

Cortical sulci are seen mildly prominent in both cerebral hemispheres with prominence of bilateral lateral and third ventricle- Mild diffuse cerebral atrophy.

Small T2 and TIRM hyperintensities are noted in the periventricular white matter in both cerebral hemispheres — Mild ischemic demyelinating changes.

Rest of the cerebral hemispheres show normal MR morphology, signal intensity and gray - white matter differentiation. The basal nuclei, thalami and corpus callosum are showing normal signal intensity pattern. Septum pellucidum and falx cerebri are in midline. No mass effect or midline shift is seen. Supratentorial sulcal and cisternal spaces are normally visualized.

Brain stem and cerebellar hemispheres are showing normal morphology, signal intensity and outline. Fourth ventricle is normal in size and midline in position.

Major intracranial dural venous sinuses are showing normal outline and flow void.

Sella, supra-sellar and para-sellar structures are normally visualized.

IMPRESSION:

- **Mild diffuse cerebral atrophy with ischemic demyelinating changes.**

Please correlate clinically.

**DR. RAVENDRA SINGH
MD**

Transcribed by Priyanka...

*** End Of Report ***

