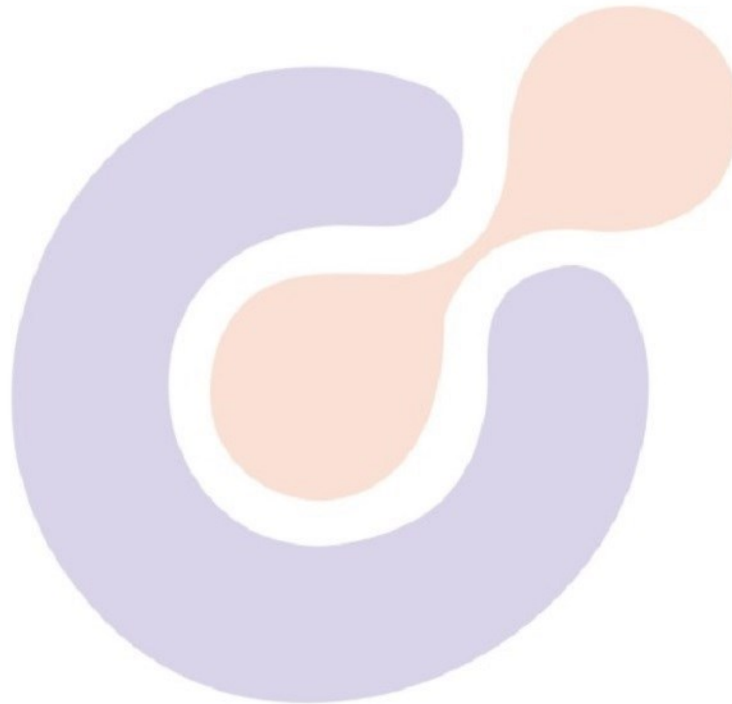


Patient Name : Ms.SHIKHA MISHRA	Visit No : CHA250035863
Age/Gender : 34 Y/F	Registration ON : 28/Feb/2025 07:59AM
<b>Lab No : 10133159</b>	Sample Collected ON : 28/Feb/2025 08:11AM
Referred By : Dr.DEEP SHIKHA GUPTA	Sample Received ON : 28/Feb/2025 09:44AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 28/Feb/2025 11:07AM
Doctor Advice : Iron,TIBC,FERRITIN,VIT B12,25 OH vit. D,KIDNEY FUNCTION TEST - LLFT,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Erythrocyte Sedimentation Rate ESR	<b>30.00</b>		0 - 15	Westergreen



**CHARAK**

[Checked By]

Print.Date/Time: 28-02-2025 17:04:05

\*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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Referred By : Dr.DEEP SHIKHA GUPTA	Sample Received ON : 28/Feb/2025 08:31AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 28/Feb/2025 10:23AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>IRON</b>				
IRON	55.00	ug/ dl	59 - 148	Ferrozine-no deproteinization
<b>TIBC</b>				
TIBC	312.00	ug/ml	265 - 497	calculated
<b>25 OH vit. D</b>				
25 Hydroxy Vitamin D	6.39	ng/ml		ECLIA
Deficiency < 10 Insufficiency 10 - 30 Sufficiency 30 - 100 Toxicity > 100				
DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY( Cobas e 411,Unicel DxI600,vitros ECI)				
<b>VITAMIN B12</b>				
VITAMIN B12	<b>121.0</b>	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]



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Print.Date/Time: 28-02-2025 17:04:08

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Test Name	Result	Unit	Bio. Ref. Range	Method
FERRITIN	8.8	ng/mL	13 - 150	CLIA

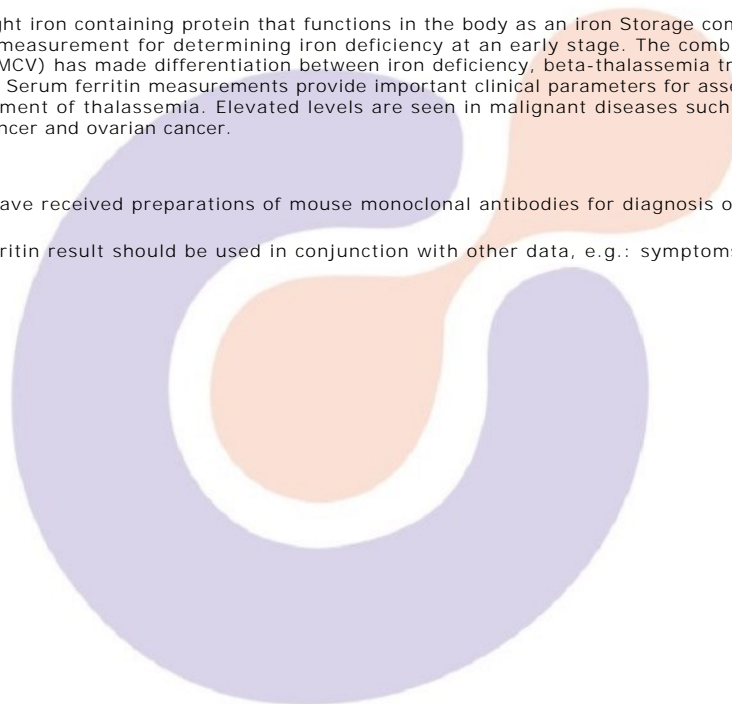
**INTERPRETATION:**

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.



**CHARAK**

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Hb	<b>10.1</b>	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	<b>33.9</b>	%	36 - 45	Pulse hieght detection
MCV	83.7	fL	80 - 96	calculated
MCH	<b>24.9</b>	pg	27 - 33	Calculated
MCHC	<b>29.8</b>	g/dL	30 - 36	Calculated
RDW	<b>15.7</b>	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5900	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	58	%	40 - 75	Flowcytometry
LYMPHOCYTE	36	%	20-40	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	205,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	205000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	21			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with few microcytic hypochromic. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.48	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.09	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.39	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	82.60	U/L	30 - 120	PNPP, AMP Buffer
SGPT	15.0	U/L	5 - 40	UV without P5P
SGOT	26.0	U/L	5 - 40	UV without P5P
<b>KIDNEY FUNCTION TEST - I</b>				
<b>Sample Type : SERUM</b>				
BLOOD UREA	19.00	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	139.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct

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

CHARAK



[Checked By]



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