

Patient Name : Ms.RAMA SRIVASTAVA	Visit No : CHA250035942
Age/Gender : 47 Y/F	Registration ON : 28/Feb/2025 09:26AM
<b>Lab No : 10133238</b>	Sample Collected ON : 28/Feb/2025 09:28AM
Referred By : Dr.NN TRIPATHI	Sample Received ON : 28/Feb/2025 09:48AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 11:42AM
Doctor Advice : CALCIUM,25 OH vit. D,VIT B12,RANDOM,HB,LFT,GFR,CREATININE,URIC ACID,BOTH KNEE AP LAT	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>Glomerular filtration rate (GFR)</b>				
Glomerular filtration rate (GFR)	<b>108.00</b>	ml/min	60 - 89	calculated

**INTERPRETATION:**  
**NOTE:**

- National Kidney Disease Education program recommends the use of MDRD equation to estimate or predict GFR in adults ( $\geq 20$  years) with Chronic Kidney Disease (CKD).
- MDRD equation is most accurate for  $GFR \leq 60$  mL/min/1.73m<sup>2</sup>.

CKD stage	Description	GFR	Associated findings
0	Normal kidney function	>90	No proteinuria
1	Kidney damage with normal or high GFR	>90	Presence of Protein, albumin, cells or casts in urine
2	Mild decrease in GFR	60-89	-
3	Moderate decrease in GFR	30-59	-
4	Severe decrease in GFR	15-29	-
5	Kidney failure	<15	-

<b>URIC ACID</b>				
<b>Sample Type : SERUM</b>				
SERUM URIC ACID	4.3	mg/dL	2.40 - 5.70	Uricase,Colorimetric
<b>SERUM CALCIUM</b>				
CALCIUM	10.2	mg/dl	8.8 - 10.2	dapta / arsenazo III
<b>25 OH vit. D</b>				
25 Hydroxy Vitamin D	59.48	ng/ml		ECLIA

Deficiency < 10  
Insufficiency 10 - 30  
Sufficiency 30 - 100  
Toxicity > 100

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY (Cobas e 411,Unicel DxI600,vitros ECI)

[Checked By]



*Sharma*

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

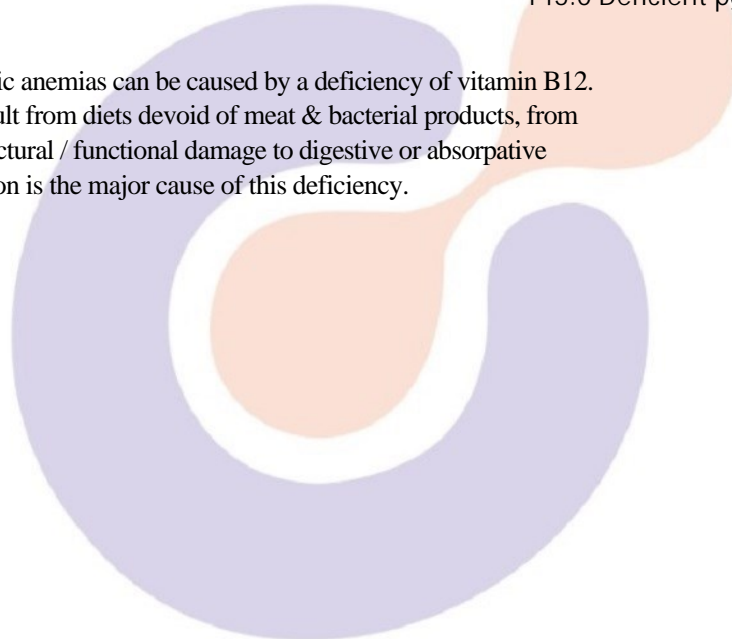
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>VITAMIN B12</b>				
VITAMIN B12	700	pg/mL	180 - 814 Normal 145 - 180 Intermediate 145.0 Deficient pg/ml	CLIA

**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: 28-02-2025 16:28:06

\*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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HAEMOGLOBIN</b>				
Hb	13.0	g/dl	12 - 15	Non Cyanide

**Comment:**

Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

<b>BLOOD SUGAR RANDOM</b>				
BLOOD SUGAR RANDOM	100.2	mg/dl	70 - 170	Hexokinase

<b>SERUM CREATININE</b>				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.49	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.08	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.41	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	<b>141.80</b>	U/L	30 - 120	PNPP, AMP Buffer
SGPT	35.0	U/L	5 - 40	UV without P5P
SGOT	33.0	U/L	5 - 40	UV without P5P

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

CHARAK



[Checked By]

MC-2491

Print.Date/Time: 28-02-2025 16:28:09

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*Sharma*

DR. NISHANT SHARMA  
PATHOLOGIST

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**SKIAGRAM BOTH KNEE AP AND LATERAL**

- Bone density is normal.
- Articular margins are smooth.
- Joint spaces are maintained.
- Tibial spines are normal.
- No soft tissue calcification is seen.

**Clinical correlation is necessary.**

**[DR. RAJESH KUMAR SHARMA, MD]**

Transcribed by R R...

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

