Charak dhar
DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms.TANISHKA KANOUJIA	Visit No	: CHA250035984
Age/Gender	: 19 Y/F	Registration ON	: 28/Feb/2025 09:58AM
Lab No	**: 10133280**	Sample Collected ON	: 28/Feb/2025 10:03AM
Referred By	: Dr.SHIVANI SINGH	Sample Received ON	: 28/Feb/2025 10:32AM
Refer Lab/Hosp	: CGHS (DEBIT)	Report Generated ON	: 28/Feb/2025 11:42AM
Doctor Advice	: LFT,CALCIUM,25 OH vit. D,VIT B12,T3T4TSH,CBC+ESR		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	**20.00**		0 - 15	Westergreen

[Checked By]

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DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CALCIUM				
CALCIUM	10.2	mg/dl	8.8 - 10.2	dapta / arsenazo III
25 OH vit. D				
25 Hydroxy Vitamin D	12.21	ng/ml		ECLIA

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

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

VITAMIN B12				
VITAMIN B12	239	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 absorpative processes. Malabsorption is the major cause of this deficiency.

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	**11.9**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.40	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	39.7	%	36 - 45	Pulse hieght detection
MCV	90.0	fL	80 - 96	calculated
MCH	27.0	pg	27 - 33	Calculated
MCHC	30	g/dL	30 - 36	Calculated
RDW	14.2	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7590	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	62	%	40 - 75	Flowcytrometry
LYMPHOCYTE	33	%	20-40	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	151,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	151000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	20			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.

MC-2491

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.60	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.10	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.50	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	86.40	U/L	30 - 120	PNPP, AMP Buffer
SGPT	25.0	U/L	5 - 40	UV without P5P
SGOT	31.0	U/L	5 - 40	UV without P5P

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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.95	nmol/L	1.49-2.96	ECLIA
T4	104.00	n mol/l	63 - 177	ECLIA
TSH	2.70	uIU/ml	0.7 - 6.4	ECLIA

Note

(1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism,cretinism,juvenile mysedema or autoimmune disorders.

(2) Patients having low T3 & T4 levels but high TSH levels suffer from grave~s disease, toxic adenoma or sub-acute thyroiditis.

(3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

(4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.

(5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.

(6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the cacabolic state and may revert tonormal when the patient recovers.

(7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.Which may affect the thyroid function tests.

(8) Generally when total T3& T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with

(1 Beckman DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

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

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