

Patient Name : Mr. VIJAY KUMAR	Visit No : CHA250036208
Age/Gender : 26 Y/M	Registration ON : 28/Feb/2025 12:56PM
<b>Lab No : 10133504</b>	Sample Collected ON : 28/Feb/2025 12:59PM
Referred By : Dr. HARI OM SINGH	Sample Received ON : 28/Feb/2025 01:19PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 04:25PM
Doctor Advice : TSH,CRP (Quantitative),ESR,VIT B12	



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	7.00		0 - 15	Westergreen

**Note:**

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.

**CRP-QUANTITATIVE**

CRP-QUANTITATIVE TEST	3.8	MG/L	0.1 - 6
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Method: Immunoturbidimetric

( Method: Immunoturbidimetric on photometry system)

SUMMARY : C - reactive protien (CRP) is the best known among the acute phase protiens, a group of protien whose concentration increases in blood as a response to inflammatory disorders. CRP is normally present in low concentration in blood of healthy individuals (< 1mg/L). It is elevated up to 500 mg/L in acute inflammatory processes associated with bacterial infections, post operative conditions tissue damage already after 6 hours reaching a peak at 48 hours. The measurement of CRP represents a useful laboratory test for detection of acute infection as well as for monitoring inflammtory proceses also in acute rheumatic & gastrointestinal disease. In recent studies it has been shows that in apparrently healthy subjects there is a direct orrelation between CRP concentrations & the risk of developing oronary heart disease (CHD).

hsCRP cut off for risk assessment as per CDC/AHA

Level	Risk
<1.0	Low
1.0-3.0	Average
>3.0	High

All reports to be clinically corelated

[Checked By]

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

\*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA PATHOLOGIST	DR. SHADAB PATHOLOGIST	DR. ADITI D AGARWAL PATHOLOGIST
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*Signature*

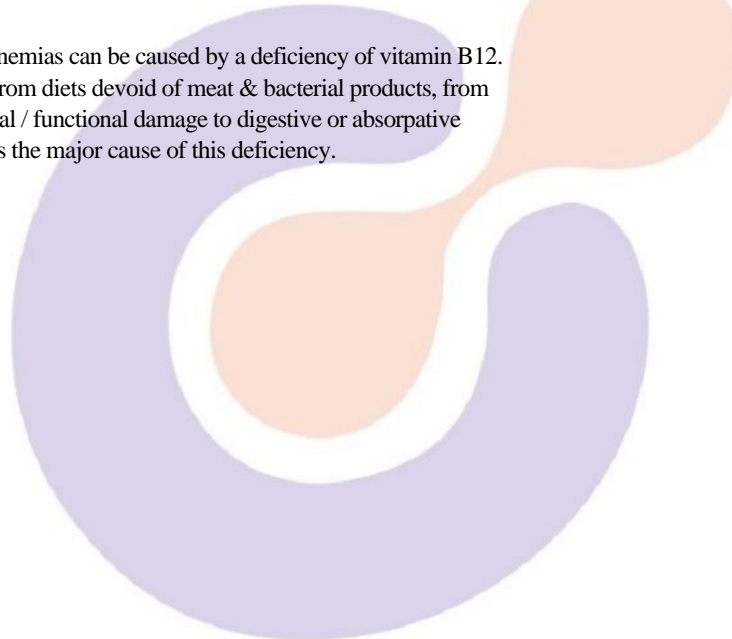
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>VITAMIN B12</b>				
VITAMIN B12	155.0	pg/mL	180 - 814 Normal 145 - 180 Intermediate 145.0 Deficient pg/ml	CLIA

**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]

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DR. NISHANT SHARMA  
PATHOLOGIST

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*Dr. Aditi D Agarwal*  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TSH</b>				
TSH	2.50	uIU/ml	0.47 - 4.52	ECLIA

**Note**

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema 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 catabolic state and may revert to normal when the patient recovers.
- (7) There are many drugs for eg. Glucocorticoids, dopamine, Lithium, iodides, oral radiographic dyes, etc. 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-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411 )

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



[Checked By]



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DR. SHADAB PATHOLOGIST  
DR. ADITI D AGARWAL PATHOLOGIST

*Signature*