

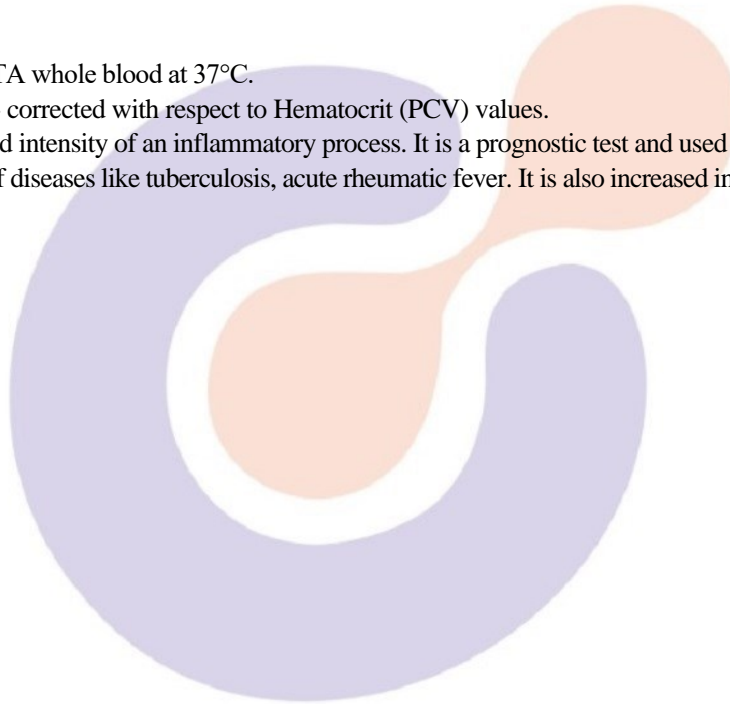
Patient Name : Mr. TAYYAB	Visit No : CHA250036321
Age/Gender : 45 Y/M	Registration ON : 28/Feb/2025 03: 13PM
Lab No : 10133617	Sample Collected ON : 28/Feb/2025 03: 14PM
Referred By : Dr. AHMAD AYAZ**	Sample Received ON : 28/Feb/2025 03: 17PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 05: 14PM
Doctor Advice : ALK PHOS, PHOS, CALCIUM, TSH, RANDOM, URIC ACID, RF FACTOR, ESR, CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	4.00		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.



CHARAK



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Print.Date/Time: 28-02-2025 17:50:13

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
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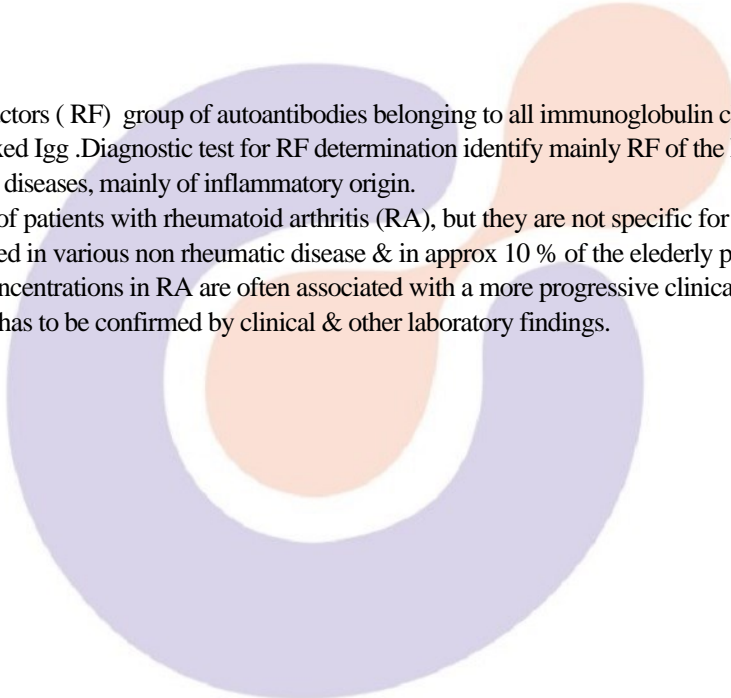
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RF FACTOR				
RHEUMATOID FACTOR	3.60	IU/ml	0 - 14	

SUMMARY : Rheumatoid factors (RF) group of autoantibodies belonging to all immunoglobulin classes directed against the FC fragment of altered or complexed Igg. Diagnostic test for RF determination identify mainly RF of the IgM class which are detectable in several rheumatic diseases, mainly of inflammatory origin.

RF occur in approx 70 -80 % of patients with rheumatoid arthritis (RA), but they are not specific for RA as elevated concentrations are also observed in various non rheumatic disease & in approx 10 % of the elderly population without clinical symptoms of RA. High RF concentrations in RA are often associated with a more progressive clinical course of the disease. However, a positive RF value has to be confirmed by clinical & other laboratory findings.



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Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	4.7	mg/dL	2.40 - 5.70	Uricase, Colorimetric
SERUM CALCIUM				
CALCIUM	9.6	mg/dl	8.8 - 10.2	dapta / arsenazo III
PHOSPHORUS				
Phosphorus Serum	3.40	mg/dl	2.68 - 4.5	Phosphomolybdate

INTERPRETATION:

-Approximately 80% of the phosphorus in the human body is found in the calcium phosphate salts which make up the inorganic substance of bone. The remainder is involved in the esterification of carbohydrate metabolism intermediaries and is also found as component of phospholipids. Phosphoproteins, nucleic acids and nucleotides.
-Hypophosphatemia can be caused by shift of phosphate from extracellular to intracellular spaces, increased renal loss (renal tubular defects, hyperparathyroidism) or gastrointestinal loss (diarrhea, vomiting) and decreased intestinal absorption.

LIMITATIONS:

-Interferences: bilirubin (up to 20 mg/dL) hemolysis (haemoglobin up to 1000 mg/dL) and lipemia (triglycerides up to 1000 mg/dL) do not interface. Other drugs and substances may interface.
-Clinical diagnosis should no be made on the findings of a single test result, but should integrate both clinical laboratory data.

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	15.9	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.90	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	46.7	%	36 - 45	Pulse hieght detection
MCV	79.4	fL	80 - 96	calculated
MCH	27.0	pg	27 - 33	Calculated
MCHC	34	g/dL	30 - 36	Calculated
RDW	13.2	%	11 - 15	RBC histogram derivation
RETIC	0.5 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8490	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	63	%	40 - 75	Flowcytometry
LYMPHOCYTES	30	%	25 - 45	Flowcytometry
EOSINOPHIL	3	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	316,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	316000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,349	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,547	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	255	/cmm	20-500	Calculated
Absolute Monocytes Count	340	/cmm	200-1000	Calculated
Mentzer Index	13			
Peripheral Blood Picture	:			

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	146	mg/dl	70 - 170	Hexokinase

ALK PHOS				
ALK PHOS	97.00	U/L	30 - 120	PNPP, AMP Buffer

INTERPRETATION:

- Alkaline phosphatase is an enzyme found in your bloodstream. ALP helps break down proteins in the body and exists in different forms, depending on where it originates. Liver is one of the main sources of ALP, but some is also made in bones, intestines, pancreas, and kidneys. In pregnant women, ALP is made in the placenta.
- Higher than normal levels of ALP in blood may indicate a problem with liver or gallbladder. This could include hepatitis (liver inflammation), cirrhosis (liver scarring), liver cancer, gallstones, or a blockage in bile ducts. High levels may also indicate an issue related to the bones such as rickets, Paget's disease, bone cancer, or an overactive parathyroid gland. In rare cases, high ALP levels can indicate heart failure, kidney cancer, other cancer, mononucleosis, or bacterial infection. Having lower than normal ALP levels in blood is rare, but can indicate malnutrition, which could be caused by celiac disease or a deficiency in certain vitamins and minerals.

TSH				
TSH	1.70	uIU/ml	0.47 - 4.52	ECLIA

Note

- Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- Patients having low T3 & T4 levels but high TSH levels suffer from grave's disease, toxic adenoma or sub-acute thyroiditis.
- Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 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.
- Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.
- 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.
- There are many drugs for eg. Glucocorticoids, dopamine, Lithium, iodides, oral radiographic dyes, etc. Which may affect the thyroid function tests.
- Generally when total T3 & T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with
(1 Beckman Dxl-600 2. ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411)

*** End Of Report ***



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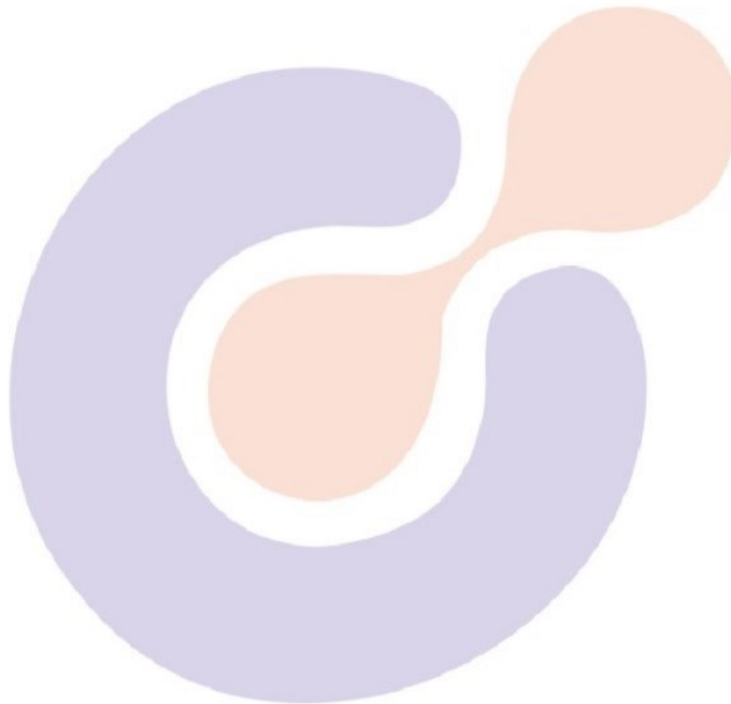
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