

Patient Name : Baby.HANIA	Visit No : CHA250036501
Age/Gender : 2 Y/F	Registration ON : 28/Feb/2025 08:00PM
Lab No : 10133797	Sample Collected ON : 28/Feb/2025 08:10PM
Referred By : Dr.VIJAY KUMAR	Sample Received ON : 28/Feb/2025 09:52PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 01/Mar/2025 09:30AM
Doctor Advice : ALK PHOS,PHOS,IONIC CALCIUM,CALCIUM,DIGITAL 4	



Test Name	Result	Unit	Bio. Ref. Range	Method
IONIC CALCIUM				
IONIC CALCIUM	1.12	mmol/L	1.13 - 1.33	

INTERPRETATION:

-Calcium level is increased in patients with hyperparathyroidism, Vitamin D intoxication, metastatic bone tumor, milk-alkali syndrome, multiple myeloma, Paget's disease.
-Calcium level is decreased in patients with hemodialysis, hypoparathyroidism (primary, secondary), vitamin D deficiency, acute pancreatitis, diabetic Keto-acidosis, sepsis, acute myocardial infarction (AMI), malabsorption, osteomalacia, renal failure, rickets.

SERUM CALCIUM				
CALCIUM	8.7	mg/dl	8.8 - 10.8	dapta / arsenazo III

PHOSPHORUS				
Phosphorus Serum	3.50	mg/dl	4.00 - 7.00	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.

CHARAK

[Checked By]

Print.Date/Time: 01-03-2025 10:45:09

*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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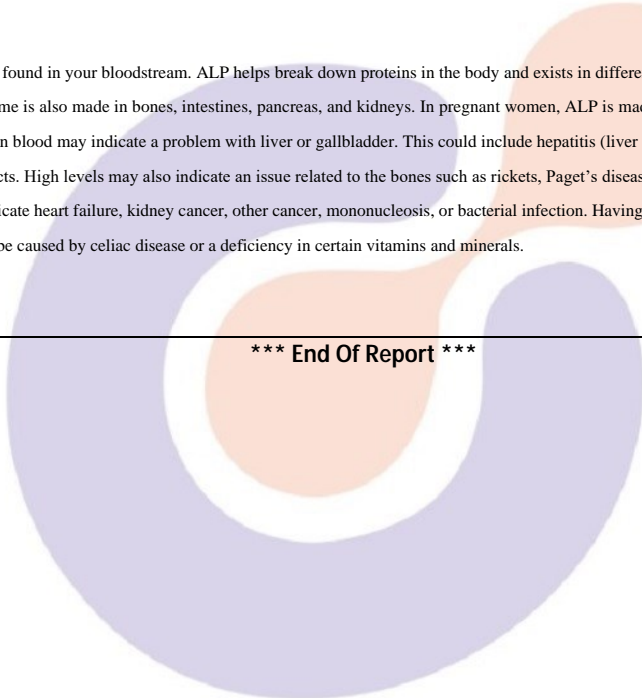


Test Name	Result	Unit	Bio. Ref. Range	Method
ALK PHOS				
ALK PHOS	790.00	U/L	104 - 345	PNPP, AMP Buffer

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.

*** End Of Report ***



CHARAK



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SKIAGRAM BOTH KNEE AP AND LATERAL

- There is widening fraying & splaying of metaphases of femur & tibia - possibility of rickets'.

Clinical correlation is necessary.

(DR. JAYENDRA KUMAR, MD)

Transcribed by Gausiya

*** End Of Report ***

