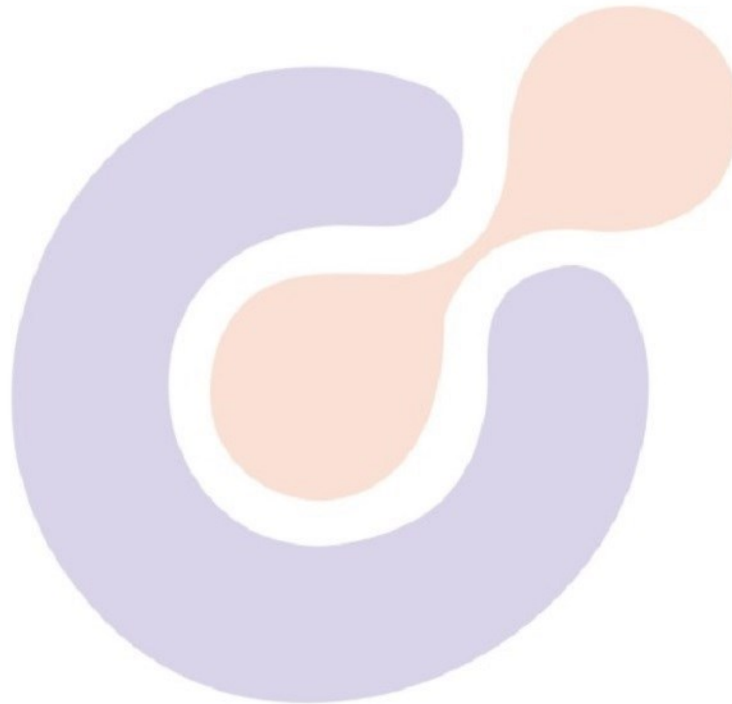


Patient Name	: Ms. RAZIA BANO	Visit No	: CHA250036899
Age/Gender	: 58 Y 5 M 25 D/F	Registration ON	: 01/Mar/2025 11:35AM
Lab No	: <b>10134195</b>	Sample Collected ON	: 01/Mar/2025 11:40AM
Referred By	: Dr. MANISH MAURYA	Sample Received ON	: 01/Mar/2025 11:52AM
Refer Lab/Hosp	: CGHS (DEBIT)	Report Generated ON	: 01/Mar/2025 02:12PM
Doctor Advice	: TIBC, Iron, FERRITIN, 25 OH vit. D, PTH (Serum), URIC ACID, URINE COM. EXAMINATION, PHOS, CALCIUM, LFT, KIDNEY FUNCTION TEST - I, CBC+ESR		



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Erythrocyte Sedimentation Rate ESR	<b>78.00</b>		0 - 20	Westergreen



**CHARAK**

[Checked By]

Print.Date/Time: 01-03-2025 17:05:09

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



*Sharma*

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

Patient Name : Ms.RAZIA BANO	Visit No : CHA250036899
Age/Gender : 58 Y 5 M 25 D/F	Registration ON : 01/Mar/2025 11:35AM
<b>Lab No : 10134195</b>	Sample Collected ON : 01/Mar/2025 11:40AM
Referred By : Dr.MANISH MAURYA	Sample Received ON : 01/Mar/2025 11:40AM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 01/Mar/2025 02:30PM
Doctor Advice : TIBC,Iron,FERRITIN,25 OH vit. D,PTH (Serum),URIC ACID,URINE COM. EXMAMINATION,PHOS,CALCIUM,LFT,KIDNEY FUNCTION I,CBC+ESR	TEST -



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>URIC ACID</b>				
Sample Type : SERUM				
SERUM URIC ACID	8.8	mg/dL	2.40 - 5.70	Uricase,Colorimetric
<b>SERUM CALCIUM</b>				
CALCIUM	6.8	mg/dl	8.8 - 10.2	dapta / arsenazo III
<b>PHOSPHORUS</b>				
Phosphorus Serum	6.90	mg/dl	2.68 - 4.5	Phosphomolybdate
<b>INTERPRETATION:</b>				
-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.				
<b>LIMITATIONS:</b>				
-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.				
<b>IRON</b>				
IRON	47.90	ug/ dl	59 - 148	Ferrozine-no deproteinization
<b>TIBC</b>				
TIBC	148.00	ug/ml	265 - 497	calculated
<b>PTH (Serum)</b>				
PARA THYROID HORMONE	1,126.00	pg/ml	15 - 65	CLIA

[Checked By]



*Sharma*

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

Print.Date/Time: 01-03-2025 17:05:15

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

Patient Name : Ms.RAZIA BANO	Visit No : CHA250036899
Age/Gender : 58 Y 5 M 25 D/F	Registration ON : 01/Mar/2025 11:35AM
<b>Lab No : 10134195</b>	Sample Collected ON : 01/Mar/2025 11:40AM
Referred By : Dr.MANISH MAURYA	Sample Received ON : 01/Mar/2025 11:40AM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 01/Mar/2025 02:30PM
Doctor Advice : TIBC,Iron,FERRITIN,25 OH vit. D,PTH (Serum),URIC ACID,URINE COM. EXMAMINATION,PHOS,CALCIUM,LFT,KIDNEY FUNCTION TEST - I,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>25 OH vit. D</b>				
25 Hydroxy Vitamin D	22.62	ng/ml		ECLIA

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

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

<b>FERRITIN</b>				
FERRITIN	<b>308</b>	ng/mL	13 - 150	CLIA

**INTERPRETATION:**

Ferritin is a high-molecular weight iron containing protein that functions in the body as an iron Storage compound. Ferritin provides a more sensitive, specific and reliable measurement for determining iron deficiency at an early stage. The combined use of serum ferritin levels and mean corpuscular volume (MCV) has made differentiation between iron deficiency, beta-thalassemia trait and normal subjects possible at a very high level of accuracy. Serum ferritin measurements provide important clinical parameters for assessing the response to treatment with deferoxamine, in the treatment of thalassemia. Elevated levels are seen in malignant diseases such as leukemia, Hodgkins disease, breast cancer, head and neck cancer and ovarian cancer.

**LIMITATIONS:**

Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may show either false positive or depressed values.  
For diagnostic purposes the ferritin result should be used in conjunction with other data, e.g.: symptoms, results of other tests, clinical impressions, etc.

**CHARAK**

[Checked By]



Print.Date/Time: 01-03-2025 17:05:16

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

*Sharma*

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

Patient Name : Ms. RAZIA BANO	Visit No : CHA250036899
Age/Gender : 58 Y 5 M 25 D/F	Registration ON : 01/Mar/2025 11:35AM
<b>Lab No : 10134195</b>	Sample Collected ON : 01/Mar/2025 11:40AM
Referred By : Dr. MANISH MAURYA	Sample Received ON : 01/Mar/2025 11:40AM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 01/Mar/2025 02:30PM
Doctor Advice : TIBC, Iron, FERRITIN, 25 OH vit. D, PTH (Serum), URIC ACID, URINE COM. EXAMINATION, PHOS, CALCIUM, LFT, KIDNEY FUNCTION TEST - I, CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>URINE EXAMINATION REPORT</b>				
Colour-U	Light yellow		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.020		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	600 mg/dl	mg/dl	ABSENT	Dipstick
Glucose	Absent		Absent	
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
<b>MICROSCOPIC EXAMINATION</b>				
Pus cells / hpf	Occasional	/hpf	< 5/hpf	
Epithelial Cells	1-2	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

CHARAK

[Checked By]



*Sharma*

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

Patient Name : Ms. RAZIA BANO	Visit No : CHA250036899
Age/Gender : 58 Y 5 M 25 D/F	Registration ON : 01/Mar/2025 11:35AM
<b>Lab No : 10134195</b>	Sample Collected ON : 01/Mar/2025 11:40AM
Referred By : Dr. MANISH MAURYA	Sample Received ON : 01/Mar/2025 11:52AM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 01/Mar/2025 02:12PM
Doctor Advice : TIBC, Iron, FERRITIN, 25 OH vit. D, PTH (Serum), URIC ACID, URINE COM. EXAMINATION, PHOS, CALCIUM, LFT, KIDNEY FUNCTION TEST - I, CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Hb	6.4	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	2.20	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	23.2	%	36 - 45	Pulse height detection
MCV	105.0	fL	80 - 96	calculated
MCH	29.0	pg	27 - 33	Calculated
MCHC	27.6	g/dL	30 - 36	Calculated
RDW	17.8	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7110	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	71	%	40 - 75	Flowcytometry
LYMPHOCYTE	24	%	20-40	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	130,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	150,000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	48			
Peripheral Blood Picture	:			

Red blood cells show cytopenai ++ with macrocytes, anisocytosis+. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



*Sham*

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

Patient Name : Ms. RAZIA BANO	Visit No : CHA250036899
Age/Gender : 58 Y 5 M 25 D/F	Registration ON : 01/Mar/2025 11:35AM
<b>Lab No : 10134195</b>	Sample Collected ON : 01/Mar/2025 11:40AM
Referred By : Dr. MANISH MAURYA	Sample Received ON : 01/Mar/2025 11:53AM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 01/Mar/2025 02:12PM
Doctor Advice : TIBC, Iron, FERRITIN, 25 OH vit. D, PTH (Serum), URIC ACID, URINE COM. EXAMINATION, PHOS, CALCIUM, LFT, KIDNEY FUNCTION TEST - I, CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.60	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.18	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.42	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	<b>211.00</b>	U/L	30 - 120	PNPP, AMP Buffer
SGPT	35.5	U/L	5 - 40	UV without P5P
SGOT	<b>40.4</b>	U/L	5 - 40	UV without P5P

**KIDNEY FUNCTION TEST - I**

Sample Type : SERUM

BLOOD UREA	<b>140.00</b>	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	<b>4.00</b>	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	138.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	<b>5.8</b>	MEq/L	3.5 - 5.5	ISE Direct

FINDING CHECKED TWICE. PLEASE CORRELATE CLINICALLY

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

CHARAK



[Checked By]



*Sham*

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