

Patient Name : Mr. MOHAN LAL VERMA	Visit No : CHA250037502
Age/Gender : 72 Y/M	Registration ON : 02/Mar/2025 09:50AM
<b>Lab No : 10134797</b>	Sample Collected ON : 02/Mar/2025 09:53AM
Referred By : Dr. KRISHNA KUMAR MITRA (CGHS)	Sample Received ON : 02/Mar/2025 10:15AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 02/Mar/2025 11:24AM
Doctor Advice : 25 OH vit. D, VIT B12, CRP (Quantitative), ANTI CCP TITRE, RF FACTOR, LFT, PP, FASTING, 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>28.00</b>		0 - 20	Westergreen



**CHARAK**

[Checked By]

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*Sharma*

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

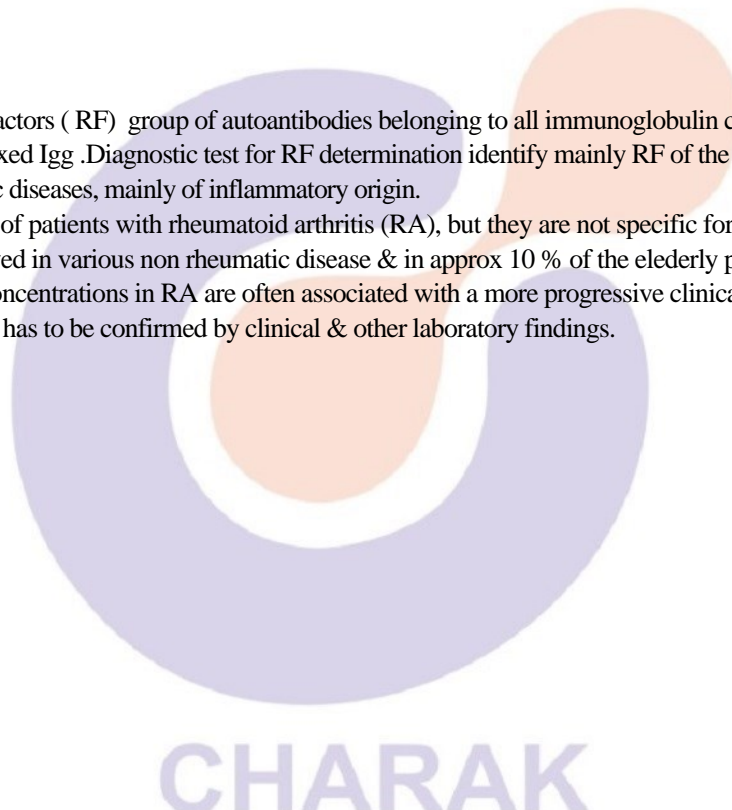
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Referred By : Dr. KRISHNA KUMAR MITRA (CGHS)	Sample Received ON : 02/Mar/2025 10:06AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 02/Mar/2025 12:02PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RF FACTOR</b>				
RHEUMATOID FACTOR	<b>23.00</b>	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
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**CRP-QUANTITATIVE**

CRP-QUANTITATIVE TEST	2.5	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 apparently 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

**ANTI CCP TITRE**

Anti CCP TITRE	8.00	U/ML	7 - 17	
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**25 OH vit. D**

25 Hydroxy Vitamin D	17.77	ng/ml	ECLIA	
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Deficiency < 10  
Insufficiency 10 - 30  
Sufficiency 30 - 100  
Toxicity > 100

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

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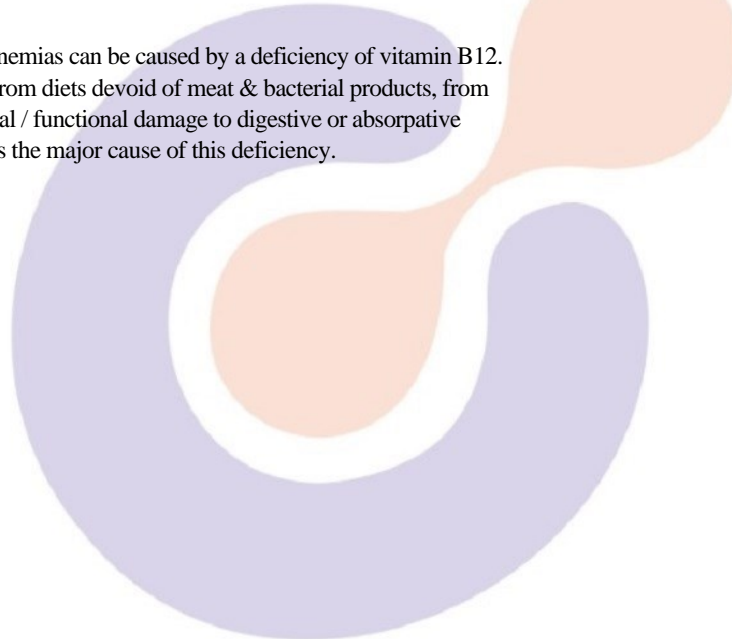
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Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12	106	pg/mL	180 - 814 Normal 145 - 180 Intermediate 145.0 Deficient pg/ml	CLIA

**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.



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<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Hb	12.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	39.6	%	36 - 45	Pulse hieght detection
MCV	<b>99.0</b>	fL	80 - 96	calculated
MCH	30.8	pg	27 - 33	Calculated
MCHC	31.1	g/dL	30 - 36	Calculated
RDW	14.3	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	<b>10680</b>	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	67	%	40 - 75	Flowcytometry
LYMPHOCYTE	25	%	20-40	Flowcytometry
EOSINOPHIL	5	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	<b>128,000</b>	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	<b>140,000</b>	/cmm	150000 - 450000	Microscopy .
Mentzer Index	25			
Peripheral Blood Picture	:			

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	105.5	mg/dl	70 - 110	Hexokinase
<b>PP</b>				
Blood Sugar PP	200.3	mg/dl	up to - 170	Hexokinase
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.60	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.28	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.32	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	113.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	17.8	U/L	5 - 40	UV without P5P
SGOT	19.8	U/L	5 - 40	UV without P5P
<b>KIDNEY FUNCTION TEST - I</b>				
<b>Sample Type : SERUM</b>				
BLOOD UREA	30.20	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.3	MEq/L	3.5 - 5.5	ISE Direct

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

CHARAK



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