Charak dhar
DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms.SUSHMA SRIVASTAVA	Visit No	: CHA250038001
Age/Gender	: 59 Y/F	Registration ON	: 03/Mar/2025 10:43AM
Lab No	**: 10135296**	Sample Collected ON	: 03/Mar/2025 10:44AM
Referred By	: Dr.NIRUPAM PRAKASH	Sample Received ON	: 03/Mar/2025 10:51AM
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 03/Mar/2025 12:34PM
Doctor Advice	: VIT B12,25 OH vit. D,CALCIUM,PTH (Serum),LIPASE,AMYLASE,KIDNEY FUNCTION TEST - I,LFT,CBC+ESR		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	**30.00**		0 - 20	Westergreen

[Checked By]

Print.Date/Time: 03-03-2025 16:45:32
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CALCIUM				
CALCIUM	8.9	mg/dl	8.8 - 10.2	dapta / arsenazo III
AMYLASE				
SERUM AMYLASE	**116**	U/L	20.0-80.00	Enzymatic

Comments:

Amylase is produced in the Pancreas and most of the elevation in serum is due to increased rate of Amylase entry into the blood stream / decreased rate of clearance or both. Serum Amylase rises within 6 to 48 hours of onset of Acute pancreatitis in 80% of patients, but is not proportional to the severity of the disease. Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease. Values persisting longer than this period suggest continuing necrosis of pancreas or Pseudocyst formation. Approximately 20% of patients with Pancreatitis have normal or near normal activity. Hyperlipemic patients with Pancreatitis also show spuriously normal Amylase levels due to suppression of Amylase activity by triglyceride. Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimesters of pregnancy, Gastrointestinal cancer & bone fractures.
amylase amylase amylase

LIPASE				
LIPASE	169	U/L	Upto 60	colorimetric

COMMENTS:as, such as acute pancreatitis, chronic pancreatitis, and obstruction of the pancreatic duct. In acute pancreatitis serum lipase activity tends to become elevated & remains for about 7 - 10 days .Increased lipase activity rarely lasts longer than 14 days, and prolonged increases suggest a poor prognosis or the presence of a cyst. Serum lipase may also be elevated in patients with chronic pancreatitis, obstruction of the pancreatic duct and non pancreatic conditions including renal diseases, various abdominal diseases such as acute cholecystitis, intestinal obstruction or infarction, duodenal ulcer, and liver disease, as well as alcoholism & diabetic keto-acidosis & in patients who have undergone endoscopic r

Lipase measurements are used in the diagnosis and treatment of diseases of the pancre

etrograde cholangiopancreatography. Elevation of serum lipase activity in patients with mumps strongly suggests significant pancreatic as well as salivary gland involvement by the disease…….

PTH (Serum)				
PARA THYROID HORMONE	42.60	pg/ml	15 - 65	CLIA

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Test Name	Result	Unit	Bio. Ref. Range	Method
25 OH vit. D				
25 Hydroxy Vitamin D	57.26	ng/ml		ECLIA

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

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

VITAMIN B12				
VITAMIN B12	**1040**	pg/mL		CLIA
			180 - 814 Normal 145 - 180 Intermediate 145.0 Deficient pg/ml	

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 absorpative processes. Malabsorption is the major cause of this deficiency.

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	**10.9**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	36.0	%	36 - 45	Pulse hieght detection
MCV	90.9	fL	80 - 96	calculated
MCH	27.5	pg	27 - 33	Calculated
MCHC	30.3	g/dL	30 - 36	Calculated
RDW	**15.6**	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7710	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	66	%	40 - 75	Flowcytrometry
LYMPHOCYTE	28	%	20-40	Flowcytrometry
EOSINOPHIL	3	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	225,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	225000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	23			
Peripheral Blood Picture	:			

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

MC-2491

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.50	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.20	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.30	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	**135.00**	U/L	30 - 120	PNPP, AMP Buffer
SGPT	10.0	U/L	5 - 40	UV without P5P
SGOT	21.0	U/L	5 - 40	UV without P5P
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	**67.30**	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	**1.50**	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	138.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.4	MEq/L	3.5 - 5.5	ISE Direct

FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY

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

MC-2491

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