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.PRAMODINI	Visit No	: CHA250038049
Age/Gender	: 35 Y/F	Registration ON	: 03/Mar/2025 11:24AM
Lab No	**: 10135344**	Sample Collected ON	: 03/Mar/2025 11:48AM
Referred By	: Dr.KGMU	Sample Received ON	: 03/Mar/2025 11:57AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 03/Mar/2025 01:06PM
Doctor Advice	: 25 OH vit. D,PHOS,CALCIUM,TSH,LFT,CBC (WHOLE BLOOD),MAMMOGRAPHY B/L		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CALCIUM				
CALCIUM	9.8	mg/dl	8.8 - 10.2	dapta / arsenazo III
PHOSPHORUS				
Phosphorus Serum	**2.60**	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
25 OH vit. D				
25 Hydroxy Vitamin D	27.86	ng/ml		ECLIA

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

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

[Checked By]

Print.Date/Time: 03-03-2025 13:45:08
*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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Doctor Advice	: 25 OH vit. D,PHOS,CALCIUM,TSH,LFT,CBC (WHOLE BLOOD),MAMMOGRAPHY B/L		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.4	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.50	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	40.1	%	36 - 45	Pulse hieght detection
MCV	89.9	fL	80 - 96	calculated
MCH	27.8	pg	27 - 33	Calculated
MCHC	30.9	g/dL	30 - 36	Calculated
RDW	**15.3**	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6930	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	66	%	40 - 75	Flowcytrometry
LYMPHOCYTES	28	%	25 - 45	Flowcytrometry
EOSINOPHIL	3	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	256,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	256000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,574	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,940	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	208	/cmm	20-500	Calculated
Absolute Monocytes Count	208	/cmm	200-1000	Calculated
Mentzer Index	20			
Peripheral Blood Picture	:			

.Red blood cells are normocytic normochromic. 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	0.41	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.10	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.31	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	93.60	U/L	30 - 120	PNPP, AMP Buffer
SGPT	26.8	U/L	5 - 40	UV without P5P
SGOT	28.3	U/L	5 - 40	UV without P5P
TSH				
TSH	2.60	uIU/ml	0.47 - 4.52	ECLIA

Note

(1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism,cretinism,juvenile mysedema or autoimmune disorders.

(2) Patients having low T3 & T4 levels but high TSH levels suffer from grave~s disease, toxic adenoma or sub-acute thyroiditis.

(3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

(4) 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.

(5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.

(6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the cacabolic state and may revert tonormal when the patient recovers.

(7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.Which may affect the thyroid function tests.

(8) Generally when total T3& T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with

(1 Beckman DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

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

MC-2491

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PR.

X-RAY MAMMOGRAPHY BOTH BREASTS

ACR grading C heterogeneously dense breast parenchyma

RIGHT BREAST

- There is no evidence of any abnormal rounded radio-opaque shadow in the right breast parenchyma.
- **Right breast shows heterogeneously dense fibro-fatty parenchyma.**
- There are no micro-calcifications seen.
- **Retraction of nipple is noted.**
- No thickening of the skin is seen.
- There is no evidence of axillary lymphnodes seen.

LEFT BREAST

- There is no evidence of any abnormal rounded radio-opaque shadow in the left breast parenchyma.
- **Left breast shows heterogeneously dense fibro-fatty parenchyma.**
- There are no micro-calcifications seen.
- There is no retraction of nipple seen.
- No thickening of the skin is seen.
- There is no evidence of axillary lymphnodes seen.

Note:

- Sensitivity of mammography is decreased in breast have dense parenchyma.
- Screening of mammography is advisable for all women above the age of 40 years.
- Sonomammography (ultrasound) is helpful for accurate diagnosis of disease of breast epically in dens breast. Detailed Sonomammography is advisable if clinically indicated.

Clinical correlation is necessary.

DR. NISMA WAHEED
MD, RADIODIAGNOSIS

(Transcribed by Rachna)

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