Charak dhar DIAGNOSTICS Pvt. Ltd.

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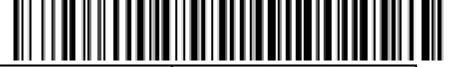
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.:** 8688360360
E-mail : charak1984@gmail.com

CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms.VIJAY	Visit No	: CHA250038595
Age/Gender	: 53 Y/F	Registration ON	: 04/Mar/2025 06:23AM
Lab No	**: 10135890**	Sample Collected ON	: 04/Mar/2025 06:26AM
Referred By	: Dr.NIRUPAM PRAKASH	Sample Received ON	: 04/Mar/2025 06:42AM
Refer Lab/Hosp	: CGHS (DEBIT)	Report Generated ON	: 04/Mar/2025 09:47AM

Doctor Advice : LIPID-PROFILE,VIT B12,25 OH vit. D,T3T4TSH,URIC ACID,KIDNEY FUNCTION TEST - I,LFT,HBA1C (EDTA),PP,FASTING,CALCIUM,CBC+ESR,PELVIS WITH BOTH HIP AP,LS SPINE AP LAT,BOTH KNEE AP LAT



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	**24.00**		0 - 20	Westergreen

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DR. SHADAB
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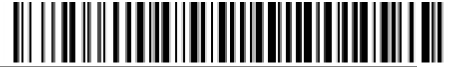

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	**5.8**	%	4 - 5.7	HPLC (EDTA)

NOTE:-
Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby the Gold Standard Reference method,ie:HPLC Technology(High performance Liquid Chromatography D10) from Bio-Rad Laboratories.USA.

EXPECTED (RESULT) RANGE :

Bio system	Degree of normal
4.0 - 5.7 %	Normal Value (OR) Non Diabetic
5.8 - 6.4 %	Pre Diabetic Stage
>6.5 %	Diabetic (or) Diabetic stage
6.5 - 7.0 %	Well Controlled Diabet
7.1 - 8.0 %	Unsatisfactory Control
>8.0 %	Poor Control and needs treatment

Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : Serum				
SERUM URIC ACID	5	mg/dL	2.40 - 5.70	Uricase,Colorimetric
SERUM CALCIUM				
CALCIUM	**8.7**	mg/dl	8.8 - 10.2	dapta / arsenazo III

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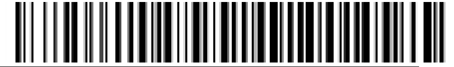

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
Cholesterol/HDL Ratio	4.35	Ratio		Calculated
LDL / HDL RATIO	2.63	Ratio		Calculated
			Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - >6.0 Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	
25 OH vit. D				
25 Hydroxy Vitamin D	32.01	ng/ml		ECLIA

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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
VITAMIN B12	211	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 absorpative processes. Malabsorption is the major cause of this deficiency.

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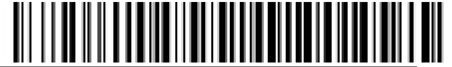

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	12.6	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.40	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	37.0	%	36 - 45	Pulse hieght detection
MCV	84.3	fL	80 - 96	calculated
MCH	28.7	pg	27 - 33	Calculated
MCHC	34.1	g/dL	30 - 36	Calculated
RDW	12.6	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7310	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	60	%	40 - 75	Flowcytrometry
LYMPHOCYTE	33	%	20-40	Flowcytrometry
EOSINOPHIL	4	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	203,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	203000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	19			
Peripheral Blood Picture	:			

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

CHARAK

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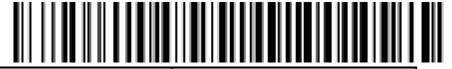

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	94.9	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	115.0	mg/dl	up to - 170	Hexokinase
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.52	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.10	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.42	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	**138.00**	U/L	30 - 120	PNPP, AMP Buffer
SGPT	20.4	U/L	5 - 40	UV without P5P
SGOT	21.1	U/L	5 - 40	UV without P5P
LIPID-PROFILE				
TOTAL CHOLESTEROL	**214.00**	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	**176.00**	mg/dL	Normal: <150 mg/dl Borderline-high:150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Serum, Enzymatic, endpoint
H D L CHOLESTEROL	49.20	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	**129.60**	mg/dL	Optimal:<100 mg/dl Near Optimal:100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High:>/= 190 mg/dl	CO-PAP
VLDL	35.20	mg/dL	10 - 40	Calculated

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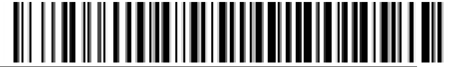
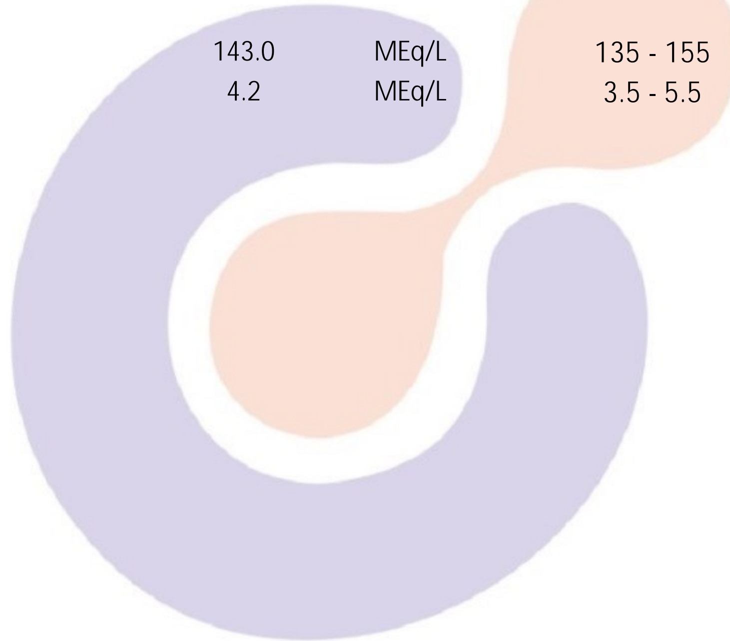


Test Name	Result	Unit	Bio. Ref. Range	Method
KIDNEY FUNCTION TEST - I				
Sample Type : Serum				
BLOOD UREA	29.50	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	143.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct



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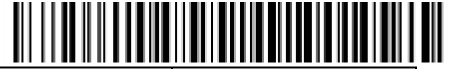

Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.57	nmol/L	1.49-2.96	ECLIA
T4	81.80	n mol/l	63 - 177	ECLIA
TSH	**8.20**	uIU/ml	0.47 - 4.52	ECLIA

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 ***

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MC-2491

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SKIAGRAM BOTH KNEE AP AND LATERAL

- Articular surfaces show osteophytosis.
- Joint spaces are reduced between medial tibio-femoral compartments.
- Tibial spines are prominent.

IMPRESSION:

- **OSTEOARTHRITIC CHANGES BOTH KNEE JOINT.**

CLINICAL CORRELATION IS NECESSARY .

[DR. RAJESH KUMAR SHARMA, MD]

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SKIAGRAM LUMBO-SACRAL SPINE AP AND LATERAL VIEW

- Anterior and lateral osteophytes are seen arising from L1-L5 lumbar vertebrae.
- Intervertebral disc space is reduced between L4-l5.
- Posterior elements are seen normally.
- No paraspinal soft tissue shadow is seen.
- Both SI joints are seen normally.

IMPRESSION:

- **OSTEOARTHRITIC CHANGES LUMBAR SPINE WITH DEGENERATIVE DISC DISEASE.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

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SKIAGRAM PELVIS AP WITH BOTH HIPS

- Bone density is normal.
- No lytic or sclerotic area is seen.
- Both SI joints are seen normally.
- Both hip joints show normal articular surfaces.
- Joint spaces are maintained.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

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