

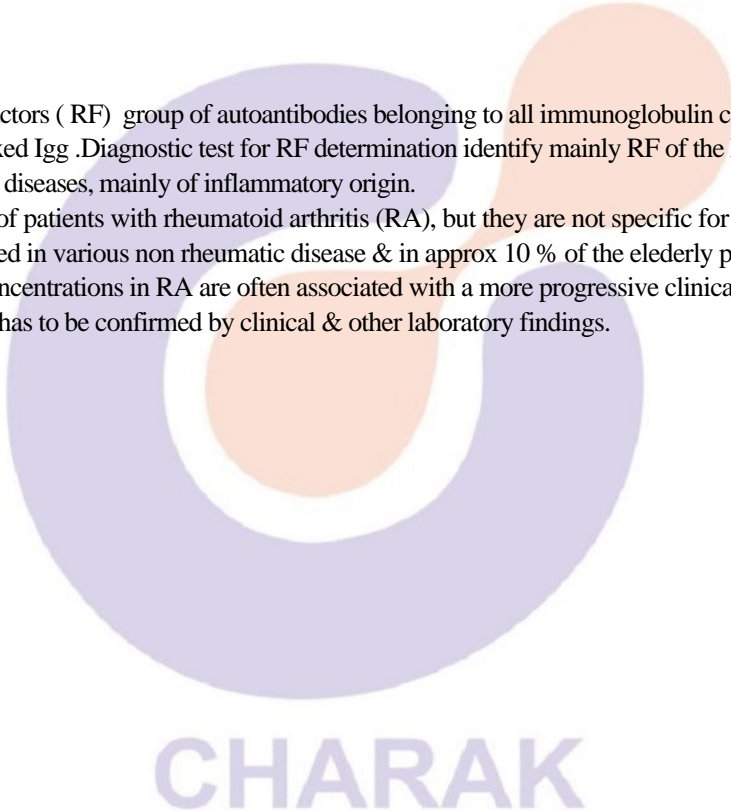
Patient Name : Ms.AMITA GUPTA	Visit No : CHA250038658
Age/Gender : 70 Y/F	Registration ON : 04/Mar/2025 08:56AM
Lab No : 10135953	Sample Collected ON : 04/Mar/2025 08:58AM
Referred By : Dr.PIYUSH MITTAL **	Sample Received ON : 04/Mar/2025 09:24AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 11:11AM
Doctor Advice : BOTH KNEE AP LAT,RF FACTOR,URIC ACID,VIT B12,25 OH vit. D	



Test Name	Result	Unit	Bio. Ref. Range	Method
RF FACTOR				
RHEUMATOID FACTOR	5.83	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.



CHARAK

[Checked By]

Print.Date/Time: 04-03-2025 13:40:20

*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.AMITA GUPTA	Visit No : CHA250038658
Age/Gender : 70 Y/F	Registration ON : 04/Mar/2025 08:56AM
Lab No : 10135953	Sample Collected ON : 04/Mar/2025 08:58AM
Referred By : Dr.PIYUSH MITTAL **	Sample Received ON : 04/Mar/2025 09:24AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 11:04AM
Doctor Advice : BOTH KNEE AP LAT,RF FACTOR,URIC ACID,VIT B12,25 OH vit. D	



Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : Serum				
SERUM URIC ACID	5.9	mg/dL	2.40 - 5.70	Uricase,Colorimetric

25 OH vit. D				
25 Hydroxy Vitamin D	19.07	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	543	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 absorptive processes. Malabsorption is the major cause of this deficiency.

*** End Of Report ***

[Checked By]

Print.Date/Time: 04-03-2025 13:40:22

*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.AMITA GUPTA	Visit No	: CHA250038658
Age/Gender	: 70 Y/F	Registration ON	: 04/Mar/2025 08:56AM
Lab No	: 10135953	Sample Collected ON	: 04/Mar/2025 08:56AM
Referred By	: Dr.PIYUSH MITTAL **	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 01:08PM

SKIAGRAM BOTH KNEE AP AND LATERAL

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

IMPRESSION:

- **EARLY OSTEOARTHRITIC CHANGES BOTH KNEE JOINT.**

CLINICAL CORRELATION IS NECESSARY .

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

*** End Of Report ***

