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E-mail: charak1984@gmail.com

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

Patient Name : Ms. SUDHA Visit No : CHA250038715

Age/Gender : 35 Y/F Registration ON : 04/Mar/2025 09:44AM Lab No : 10136010 Sample Collected ON : 04/Mar/2025 09:45AM Referred By : Dr.VIJAY KUMAR Sample Received ON : 04/Mar/2025 10:01AM Refer Lab/Hosp : CHARAK NA Report Generated ON : 04/Mar/2025 11:12AM

Doctor Advice : CBC (WHOLE BLOOD),RF FACTOR,FASTING,TSH,ALK PHOS,IONIC CALCIUM,CALCIUM



Test Name	Result	Unit	Bio. Ref. Range	Method
IONIC CALCIUM				
IONIC CALCIUM	1.32	mmol/L	1.13 - 1.33	_

## INTERPRETATION:

P.R.

-Calcium level is increased in patients with hyperparathyroidism, Vitamin D intoxication, metastatic bone tumor, milk-alkali syndrome, multiple myeloma, Paget's disease.

-Calcium level is decreased in patients with hemodialysis, hypoparathyroidism (primary, secondary), vitamin D deficiency, acute pancreatitis, diabetic Keto-acidosis, sepsis, acute myocardial infarction (AMI), malabsorption, osteomalacia, renal failure, rickets.





DR. NISHANT SHARMA DR. SHADAB

**PATHOLOGIST** 

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)



P.R.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

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. CBC (WHOLE BLOOD),RF FACTOR,FASTING,TSH,ALK PHOS,IONIC CALCIUM,CALCIUM Doctor Advice

Test Name	Result	Unit	Bio. Ref. Range	Method
RF FACTOR				
RHEUMATOID FACTOR	9.40	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 elederly 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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Page 2 of 6



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: 10136010 Referred By : Dr.VIJAY KUMAR Refer Lab/Hosp

: CHARAK NA

Visit No : CHA250038715

: 04/Mar/2025 09:44AM Registration ON Sample Collected ON : 04/Mar/2025 09:45AM

: 04/Mar/2025 10:01AM Sample Received ON

Report Generated ON : 04/Mar/2025 11:23AM

. CBC (WHOLE BLOOD),RF FACTOR,FASTING,TSH,ALK PHOS,IONIC CALCIUM,CALCIUM Doctor Advice



Test Name	Result	Unit	Bio. Ref. Range	Method	
SERUM CALCIUM					
CALCIUM	10.2	mg/dl	8.8 - 10.2	dapta / arsenazo III	





**PATHOLOGIST** 

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[Checked By]



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Patient Name : Ms.SUDHA Visit No : CHA250038715

Age/Gender : 35 Y/F Registration ON : 04/Mar/2025 09:44AM Lab No : 10136010 Sample Collected ON : 04/Mar/2025 09:45AM Referred By : 04/Mar/2025 09:53AM : Dr.VIJAY KUMAR Sample Received ON Refer Lab/Hosp : CHARAK NA Report Generated ON : 04/Mar/2025 10:49AM

. CBC (WHOLE BLOOD),RF FACTOR,FASTING,TSH,ALK PHOS,IONIC CALCIUM,CALCIUM Doctor Advice

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	13.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.50	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	41.2	%	36 - 45	Pulse hieght
				detection
MCV	91.2	fL	80 - 96	calculated
MCH	29.4	pg	27 - 33	Calculated
MCHC	32.3	g/dL	30 - 36	Calculated
RDW	14	%	11 - 15	RBC histogram
				derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6820	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	54	%	40 - 75	Flowcytrometry
LYMPHOCYTES	40	%	25 - 45	Flowcytrometry
EOSINOPHIL	3	%	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.
Absolute Neutrophils Count	3,683	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,728	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	205	/cmm	20-500	Calculated
Absolute Monocytes Count	205	/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.







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Doctor Advice : CBC (WHOLE BLOOD), RF FACTOR, FASTING, TSH, ALK PHOS, IONIC CALCIUM, CALCIUM

Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	95.4	mg/dl	70 - 110	Hexokinase
ALK PHOS				
ALK PHOS	93.70	U/L	30 - 120	PNPP, AMP Buffer

## INTERPRETATION:

- Alkaline phosphatase is an enzyme found in your bloodstream. ALP helps break down proteins in the body and exists in different forms, depending on where it originates. Liver is one of the main sources of ALP, but some is also made in bones, intestines, pancreas, and kidneys. In pregnant women, ALP is made in the placenta.
- Higher than normal levels of ALP in blood may indicate a problem with liver or gallbladder. This could include hepatitis (liver inflammation), cirrhosis (liver scarring), liver cancer, gallstones, or a blockage in bile ducts. High levels may also indicate an issue related to the bones such as rickets, Paget's disease, bone cancer, or an overactive parathyroid gland. In rare cases, high ALP levels can indicate heart failure, kidney cancer, other cancer, mononucleosis, or bacterial infection. Having lower than normal ALP levels in blood is rare, but can indicate malnutrition, which could be caused by celiac disease or a deficiency in certain vitamins and minerals.

TSH	1				
TSH	2.26	ulU/ml	0.47 - 4	1.52 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 \*\*\*





Than

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: CHARAK NA

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Visit No : CHA250038715

Registration ON : 04/Mar/2025 09:44AM

Sample Collected ON : 04/Mar/2025 09:45AM : 04/Mar/2025 10:01AM

Sample Received ON Report Generated ON : 04/Mar/2025 11:05AM

**Test Name** Bio. Ref. Range Unit Result





