

Patient Name : Mr. RAJANI SHANKAR
Age/Gender : 71 Y/M
Lab No : 10136880
Referred By : Dr. ANJANA PANKAJ
Refer Lab/Hosp : CGHS (BILLING)
Doctor Advice : VIT B12, CT HEAD PLAIN

Visit No : CHA250039585
Registration ON : 05/Mar/2025 11:05AM
Sample Collected ON : 05/Mar/2025 11:27AM
Sample Received ON : 05/Mar/2025 11:36AM
Report Generated ON : 05/Mar/2025 12:34PM



Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
VITAMIN B12	166	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 absorptive processes. Malabsorption is the major cause of this deficiency.

*** End Of Report ***

CHARAK

[Checked By]

Print.Date/Time: 05-03-2025 13:10:11

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

DR. ADITI D AGARWAL
PATHOLOGIST

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CT STUDY OF HEAD

Infratentorial

- Cerebellopontine angle and prepontine cisterns are seen normally.
- Fourth ventricle is normal in size and midline in location.
- Cerebellar parenchyma and brain stem appears to be normal.

Supratentorial

- Cortical sulci are prominent.
- Both the cerebral hemisphere show normal gray and white matter differentiation.
- Third and both lateral ventricles are prominent. Paraventricular white matter hypodensities are seen.
- Basal cisterns are clear.
- No midline shift is seen.

IMPRESSION:

- **DIFFUSE CEREBRAL ATROPHY WITH WHITE MATTER ISCHEMIC CHANGES.**

Clinical correlation is necessary.

[DR. JAYENDRA KUMAR, MD]

TRANSCRIBED BY: ANUP

*** End Of Report ***

