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DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
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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.TITHI SHARMA	Visit No	: CHA250039633
Age/Gender	: 13 Y/F	Registration ON	: 05/Mar/2025 11:34AM
Lab No	**: 10136928**	Sample Collected ON	: 05/Mar/2025 11:36AM
Referred By	: Dr.JASPAL SINGH	Sample Received ON	: 05/Mar/2025 11:49AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 05/Mar/2025 01:25PM
Doctor Advice	: URINE COM. EXMAMINATION,NA+K+,CREATININE,UREA,ESR,RF FACTOR,LFT,25 OH vit. D,CALCIUM,CRP (Quantitative),CBC (WHOLE BLOOD)		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	**32.00**		0 - 15	Westergreen

Note:

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.

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DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
RF FACTOR				
RHEUMATOID FACTOR	4.50	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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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CRP-QUANTITATIVE				
CRP-QUANTITATIVE TEST	1.4	MG/L	0.10 - 2.80	

Method: Immunoturbidimetric

(Method: Immunoturbidimetric on photometry system)

SUMMARY : C - reactive protien (CRP) is the best known among the acute phase protiens, a group of protien whose concentration increases in blood as a response to inflammatory disorders.CRP is normally present in low concentration in blood of healthy individuals (< 1mg/L). It is elevated up to 500 mg/L in acute inflammatory processes associated with bacterial infections, post operative conditions tissue damage already after 6 hours reaching a peak at 48 hours.. The measurment of CRP represents a useful aboratory test for detection of acute infection as well as for monitoring inflammtory proceses also in acute rheumatic & gastrointestinal disease. In recent studies it has been shows that in apparrently healthy subjects there is a direct orrelation between CRP concentrations & the risk of developing oronary heart disease (CHD).

hsCRP cut off for risk assessment as per CDC/AHA

Level	Risk
<1.0	Low
1.0-3.0	Average
>3.0	High

All reports to be clinically corelated

SERUM CALCIUM				
CALCIUM	9.8	mg/dl	8.8 - 10.2	dapta / arsenazo III
25 OH vit. D				
25 Hydroxy Vitamin D	31.69	ng/ml		ECLIA

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

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
URINE EXAMINATION REPORT				
Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	**1.010**		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	Nil	/hpf	< 5/hpf	
Epithelial Cells	Nil	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	**8.4**	g/dl	11 - 15	Non Cyanide
R.B.C. COUNT	**3.90**	mil/cmm	4 - 5.1	Electrical Impedence
PCV	**29.6**	%	31 - 43	Pulse hieght detection
MCV	76.1	fL	76 - 87	calculated
MCH	**21.6**	pg	26 - 28	Calculated
MCHC	**28.4**	g/dL	33 - 35	Calculated
RDW	**15.2**	%	11 - 15	RBC histogram derivation
RETIC	1.5 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7530	/cmm	4500 - 13500	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	68	%	40 - 70	Flowcytrometry
LYMPHOCYTES	**26**	%	30 - 50	Flowcytrometry
EOSINOPHIL	2	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	0 - 8	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	294,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	294000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,120	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,958	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	151	/cmm	20-500	Calculated
Absolute Monocytes Count	301	/cmm	200-1000	Calculated
Mentzer Index	20			
Peripheral Blood Picture	:			

Red blood cells show cytopenia + with microcytic hypochromic, anisocytosis +. Platelets are adequate. No immature cells or parasite seen.

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Test Name	Result	Unit	Bio. Ref. Range	Method
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.0	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	21.00	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	**1.20**	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.21	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.99	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	**508.60**	U/L	82 - 331	PNPP, AMP Buffer
SGPT	18.0	U/L	5 - 40	UV without P5P
SGOT	30.0	U/L	5 - 40	UV without P5P

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

MC-2491

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