harak dhar			Phone : 0522-4 9415577933, 9 E-mail : charak	062223, 930554827 336154100, <b>Tollfre</b> 1984@gmail.com	howk, Lucknow-226 003 77, 8400888844 e No.: 8688360360
IAGNOSTICS Pvt. Ltd			NABLReg. No	MC-2491 MIS-2023-0218	
atient Name       : Ms. ANEESHA         Age/Gender       : 40 Y 0 M 0 D /F         Jab No       : 10137861		]	Visit No Registration ON Sample Collected ON	: 06/Mar/20	025 01:40PM 025 01:42PM
Referred By       : Dr.MANISH TANDON         refer Lab/Hosp       : CHARAK NA         Doctor Advice       : STOOL R/M,NA+K+,CREATINI	NE,Albumin,PT/P	]	Sample Received ON Report Generated ON VIT B12,TIBC,FERRIT	: 06/Mar/20	025 01: 42PM 025 03: 51PM ative),ESR,CBC (WHOLE B
Toot Name			Dia Daf		
Test Name	Result	Unit	Bio. Ref.	Range	Method
SR Erythrocyte Sedimentation Rate ESR Note:	88.00		0 - 15	Westergreen	
response to treatment of diseases like tube hypothyroidism.	erculosis, acute rh	eumatic fever. It i	s also increased in mu	ltiple myeloma,	
RP-QUANTITATIVE CRP-QUANTITATIVE TEST	1.02	MG/L	0.1 -	6	
tethod: Immunoturbidimetric Method: Immunoturbidimetric on photometry	system)				
SUMMARY : C - reactive protien (CRP) is the besolood as a response to inflammatory disorders. C elevated up to 500 mg/L in acute inflammatory fiter 6 hours reaching a peak at 48 hours. This well as for monitoring inflammtory proceses a upparrently healthy subjects there is a direct or leveloping oronary heart disease (CHD).	RP is normally pre processes associa e measurn also in acute rheu	esent in low conce ated with bacteria nent of CRP repres matic & gastrointe	ntration in blood of he infections, post opera ents a useful aborator estinal disease. In rece	althy individuals (< 1 ative conditions tissu y test for detection	Img/L). It is le damage already of acute infection
INSCRP cut off for risk assessment as per CDC/A Level Risk 1.0 Low 1.0-3.0 Average -3.0 High		AR	AK		
All reports to be clinically corelated					
ERUM ALBUMIN					
ALBUMIN	4.8	gm/dl	3.20 - 5.50	Bromcresol G (BCG)	reen
[Checked By]		DR.	NISHANT SHARM	A DR. SHADAB	DR. ADITI D AGARV

Print.Date/Time: 06-03-2025 16:35:34

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PATHOLOGIST

PATHOLOGIST PATHOLOGIST Page 1 of 5

Certificate No. MIS-2023-0218         Patient Name       : Ms. ANEESHA       Visit No       : CHA250040566         Age/Gender       : 40 Y 0 M 0 D /F       Registration ON       : 06/Mar/2025 01: 40PM         Lab No       : 10137861       Sample Collected ON       : 06/Mar/2025 01: 42PM         Refered By       : Dr.MANISH TANDON       Sample Received ON       : 06/Mar/2025 03: 51PM         Doctor Advice       : STOOL R/M.NA+K+.CREATININE.Albumin.PT/PC/INR.FOLIC ACID.VIT B12.TIBC.FERRITIN.Iron.CRP (Quantitative).ESR.CBC (WH         IRON       41.70       ug/ dl       59 - 148       Ferrozine-no         deproteinization       ferrol       ideproteinization         TIBC       554.00       ug/ml       265 - 497       calculated         FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY       UIA       180 - 814 Normal       145 - 180 Intermediate         145 - 180 Intermediate       145 - 180 Intermediate       145 - 180 Intermediate       145 - 180 Intermediate         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       Summary in the output form diets devoid of meat & bacterial products, from	003
Lab No       : 10137861       Sample Collected ON       : 06/Mar/2025 01: 42PM         Referred By       : Dr.MANISH TANDON       Sample Received ON       : 06/Mar/2025 01: 42PM         Refer Lab/Hosp       : CHARAK NA       Report Generated ON       : 06/Mar/2025 03: 51PM         Doctor Advice       : STOOL R/M.NA+K+,CREATININE,Albumin,PT/PC/INR,FOLIC ACID,VIT B12,TIBC,FERRITIN,Iron,CRP (Quantitative),ESR,CBC (WH         Image: Construction of the state of the sta	<b>—</b>
Referred By       : Dr.MANISH TANDON       Sample Received ON       : 06/Mar/2025 01:42PM         Refer Lab/Hosp       : CHARAK NA       Report Generated ON       : 06/Mar/2025 03:51PM         Doctor Advice       : STOOL R/M.NA+K+,CREATININE,Albumin,PT/PC/INR,FOLIC ACID,VIT B12,TIBC,FERRITIN,Iron,CRP (Quantitative),ESR,CBC (WH         Image: Character and the state of the stat	
Refer Lab/Hosp       CHARAK NA       Report Generated ON       : 06/Mar/2025 03:51PM         Doctor Advice       : STOOL R/M,NA+K+,CREATININE,Albumin,PT/PC/INR,FOLIC ACID,VIT B12,TIBC,FERRITIN,Iron,CRP (Quantitative),ESR,CBC (WH         Image: Control of the state of the stat	
Doctor Advice       STOOL R/M.NA+K+.CREATININE.Albumin.PT/PC/INR.FOLIC ACID.VIT B12.TIBC.FERRITIN.Iron.CRP (Quantitative).ESR.CBC (WH         Image: Test Name       Result       Unit       Bio. Ref. Range       Method         IRON       41.70       ug/ dl       59 - 148       Ferrozine-no deproteinization         TIBC       554.00       ug/ml       265 - 497       calculated         FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY       VITAMIN B12       CLIA         VITAMIN B12       384       pg/ml       CLIA         I80 - 814 Normal       145 - 180 Intermediate       145 - 180 Intermediate         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       B12	
IRON       IRON       41.70       ug/ dl       59 - 148       Ferrozine-no deproteinization         TIBC       TIBC       TIBC       Calculated         TIBC       554.00       ug/ml       265 - 497       calculated         VITAMIN B12       384       pg/mL       CLIA         VITAMIN B12       384       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	)LE BLOOI
IRON       IRON       41.70       ug/ dl       59 - 148       Ferrozine-no deproteinization         TIBC       TIBC       TIBC       Calculated         TIBC       554.00       ug/ml       265 - 497       calculated         FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY       VITAMIN B12       384       pg/mL       CLIA         VITAMIN B12       384       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	
IRON       41.70       ug/ dl       59 - 148       Ferrozine-no deproteinization         TIBC       TIBC       TIBC       Calculated         TIBC       554.00       ug/ml       265 - 497       calculated         FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY       CLIA       180 - 814 Normal         VITAMIN B12       384       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	
TIBC     554.00     ug/ml     265 - 497     calculated       TIBC     554.00     ug/ml     265 - 497     calculated       FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY     VITAMIN B12     384     pg/mL     CLIA       VITAMIN B12     384     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	
TIBC       Jamma Structure         TIBC       554.00       ug/ml       265 - 497       calculated         FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY       VITAMIN B12       VITAMIN B12       CLIA         VITAMIN B12       384       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	
TIBC       554.00       ug/ml       265 - 497       calculated         FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY       VITAMIN B12       VITAMIN B12       CLIA         VITAMIN B12       384       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	
FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY          VITAMIN B12       384       pg/mL       CLIA         VITAMIN B12       384       pg/mL       CLIA         180 - 814 Normal       145 - 180 Intermediate       145.0 Deficient pg/mI         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	
VITAMIN B12 VITAMIN B12 VITAMIN B12 384 pg/mL 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	
VITAMIN B12 384 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	
VITAMIN B12 384 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	
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	
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	
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	
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	
Nutritional & macrocytic anemias can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat & bacterial products, from	
This deficiency can result from diets devoid of meat & bacterial products, from	
alconolism of from structural / functional damage to digestive of adsorpative	
processes. Malabsorption is the major cause of this deficiency.	
FOLIC ACID	
FOLIC ACID 22.08 ng/ml 3.89 26.8 CMIA	
Method: Electrochemiluminescence	

COMMENTS: Folate deficiency causes megaloblastic anemia and eventualy leukopenia and thrombocytopenia. Folic acidis believedto play a role in irth defects such as spina bifida, an encephaly, and oro-facial clefts as well as in inducing cardiovascular morbidity and mortality. Symptoms of deficiency take about 3 months to appear and can be caused by inadequate intake, increased body demand or folate antagonism by drugs. For diagnostics purposes, the folate findings should always be assessed in conjuction with the patient~smedical history, clinical examination and other findings. This deficiency canresult from diets devoid of raw fruits.vegetablesor other foods rich in foic acid, as may be the casewith chronic alcoholics, drug addicts, the elderly or persons of low socioeconomic status, etc. In addition, low serum also occurs during pregnancy. Folate assays are affected by hemolysis within the specimen.



[Checked By]

Print.Date/Time: 06-03-2025 16:35:35 \*Patient Identity Has Not Been Verified. Not For Medicolegal DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST

DR. ADITI D AGARWAL PATHOLOGIST Page 2 of 5

AGNOSTIC	S Pvt. Ltd.		CMO Reg. No NABL Reg. N	(1984@gmail.com <b>D. RMEE 244513</b>	3
ent Name : Ms. ANEESHA	4	Visit N	lo	: CHA250	040566
e/Gender : 40 Y 0 M 0 D	/F	Regist	ration ON	: 06/Mar/2	2025 01:40PM
b No : 10137861		Sampl	e Collected ON	N : 06/Mar/2	2025 01: 42PM
erred By : Dr.MANISH TAN	DON	Samp	e Received ON	N : 06/Mar/2	2025 01:42PM
er Lab/Hosp : CHARAK NA		Repor	t Generated Ol	N : 06/Mar/2	2025 03: 51PM
ctor Advice : STOOL R/M,NA+K	K+,CREATININE,Albumin,PT/PC/INR,	FOLIC ACID,VIT B	12,TIBC,FERRI	FIN,Iron,CRP (Quan	titative),ESR,CBC (
Test Name	Result	Unit	Bio. Ref.	. Range	Method
RITIN	21.0		0 450		
RRITIN	21.0 ng/m	L	3 - 150	CLIA	
a deferoxamine, in the treatment of ist cancer, head and neck cancer ar		en in malignant d	seases such as	ng the response to t leukemia, Hodgkins	reatment disease,
a deferoxamine, in the treatment of ast cancer, head and neck cancer an <b>/ITATIONS:</b> cimens from patients who have re- itive or depressed values. diagnostic purposes the ferritin re- ressions, etc.	of thalassemia. Elevated levels are see	en in malignant d onal antibodies fo	eters for assessi seases such as diagnosis or th	ng the response to t leukemia, Hodgkins herapy may show eit	reatment disease, her false
n deferoxamine, in the treatment of ast cancer, head and neck cancer ar <b>/ITATIONS:</b> cimens from patients who have re- itive or depressed values. diagnostic purposes the ferritin re- ressions, etc. <b>PC/INR</b>	of thalassemia. Elevated levels are sen nd ovarian cancer. ceived preparations of mouse monoclo esult should be used in conjunction wi	en in malignant d onal antibodies fo ith other data, e.ç	eters for assessi seases such as diagnosis or th	ng the response to t leukemia, Hodgkins herapy may show eit esults of other tests	reatment disease, her false , clinical
n deferoxamine, in the treatment of ast cancer, head and neck cancer ar <b>AITATIONS:</b> Inclimens from patients who have re- itive or depressed values. diagnostic purposes the ferritin re- ressions, etc. PC/INR COTHROMBIN TIME	of thalassemia. Elevated levels are sen nd ovarian cancer. ceived preparations of mouse monoclo esult should be used in conjunction wi 13 Second	en in malignant d onal antibodies fo ith other data, e.ç	eters for assessi seases such as diagnosis or th i.: symptoms, re <u>3 Second</u>	ng the response to t leukemia, Hodgkins herapy may show eit	reatment disease, her false , clinical
n deferoxamine, in the treatment of ast cancer, head and neck cancer an <b>AITATIONS:</b> Incimens from patients who have re- itive or depressed values. diagnostic purposes the ferritin re- ressions, etc. <b>PC/INR</b> OTHROMBIN TIME OTHROMBIN CONCENTRATION	of thalassemia. Elevated levels are seend ovarian cancer. ceived preparations of mouse monoclo esult should be used in conjunction with 13 Second 100 %	en in malignant d onal antibodies fo ith other data, e.ç	eters for assessi seases such as diagnosis or th L.: symptoms, m 3 Second 100 %	ng the response to t leukemia, Hodgkins herapy may show eit esults of other tests	reatment disease, her false , clinical
A deferoxamine, in the treatment of ast cancer, head and neck cancer an AITATIONS: cimens from patients who have re- tive or depressed values. diagnostic purposes the ferritin re- ressions, etc. PC/INR OTHROMBIN TIME DTHROMBIN TORE	of thalassemia. Elevated levels are seend ovarian cancer. ceived preparations of mouse monoclo esult should be used in conjunction with 13 Second 100 %	en in malignant d onal antibodies fo ith other data, e.ç	eters for assessi seases such as diagnosis or th i.: symptoms, re <u>3 Second</u>	ng the response to t leukemia, Hodgkins herapy may show eit esults of other tests	reatment disease, her false , clinical
n deferoxamine, in the treatment of ast cancer, head and neck cancer ar AITATIONS: Inclimens from patients who have re- itive or depressed values. diagnostic purposes the ferritin re- ressions, etc. PC/INR IOTHROMBIN TIME otrhromin concentration R (International Normalized I DOL R/M	of thalassemia. Elevated levels are seend ovarian cancer. ceived preparations of mouse monoclo esult should be used in conjunction with 13 Second 100 %	en in malignant d onal antibodies fo ith other data, e.ç	eters for assessi seases such as diagnosis or th L.: symptoms, m 3 Second 100 %	ng the response to t leukemia, Hodgkins herapy may show eit esults of other tests	reatment disease, her false , clinical
n deferoxamine, in the treatment of ast cancer, head and neck cancer ar AITATIONS: Indimens from patients who have re- itive or depressed values. diagnostic purposes the ferritin re- ressions, etc. PC/INR COTHROMBIN TIME OTHROMBIN TIME otrhromin concentration R (International Normalized DOL R/M DOL EXAMINATION	of thalassemia. Elevated levels are sen nd ovarian cancer. ceived preparations of mouse monoclo esult should be used in conjunction with 13 Second 100 % Ratio) 1.00	en in malignant d onal antibodies fo ith other data, e.ç	eters for assessi seases such as diagnosis or th L: symptoms, re 3 Second 100 % 1.0	ng the response to t leukemia, Hodgkins herapy may show eit esults of other tests	reatment disease, her false , clinical
n deferoxamine, in the treatment of ast cancer, head and neck cancer ar AITATIONS: Inclimens from patients who have re- itive or depressed values. diagnostic purposes the ferritin re- ressions, etc. PC/INR OTHROMBIN TIME otrhromin concentration R (International Normalized DOL R/M DOL EXAMINATION Hour (Stool)	of thalassemia. Elevated levels are send ovarian cancer. ceived preparations of mouse monocle esult should be used in conjunction with 13 Second 100 % Ratio) 1.00 Brown	en in malignant d onal antibodies fo ith other data, e.g	eters for assessi seases such as diagnosis or th i.: symptoms, m 3 Second 100 % 1.0 Brown	ng the response to t leukemia, Hodgkins herapy may show eit esults of other tests	reatment disease, her false , clinical
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n deferoxamine, in the treatment of ast cancer, head and neck cancer an <b>AITATIONS:</b> Incimens from patients who have re- itive or depressed values. diagnostic purposes the ferritin re- ressions, etc. <b>PC/INR</b> COTHROMBIN TIME OTHROMBIN TIME OTHROMBIN TIME OTHROMBIN TIME OUT AND A CONSISTENCY I-Stool	of thalassemia. Elevated levels are send ovarian cancer. ceived preparations of mouse monoclo esult should be used in conjunction with 13 Second 100 % Ratio) 1.00 Brown SEMI SOLID Acidic (6.5)	en in malignant d onal antibodies fo ith other data, e.g 1	eters for assessi seases such as diagnosis or th L: symptoms, re 3 Second 100 % 1.0 Brown emi Solid	ng the response to t leukemia, Hodgkins herapy may show eit esults of other tests	reatment disease, her false , clinical
deferoxamine, in the treatment of st cancer, head and neck cancer an <b>ITATIONS:</b> Timens from patients who have re- tive or depressed values. diagnostic purposes the ferritin re- essions, etc. <b>PC/INR</b> OTHROMBIN TIME otrhromin concentration & (International Normalized <b>DL R/M</b> <b>OL EXAMINATION</b> our (Stool) RM & CONSISTENCY -Stool JCUS	of thalassemia. Elevated levels are send ovarian cancer. ceived preparations of mouse monocle esult should be used in conjunction with 13 Second 100 % Ratio) 1.00 Brown SEMI SOLID Acidic (6.5) Absent	en in malignant d onal antibodies fo ith other data, e.g 1	eters for assessi seases such as diagnosis or th i.: symptoms, rr 3 Second 100 % 1.0 Brown emi Solid Absent	ng the response to t leukemia, Hodgkins herapy may show eit esults of other tests	reatment disease, her false , clinical
Ieferoxamine, in the treatment of cancer, head and neck cancer an <b>TATIONS:</b> mens from patients who have re- ve or depressed values. agnostic purposes the ferritin re- ssions, etc. <b>C/INR</b> THROMBIN TIME rhromin concentration (International Normalized I L R/M DEXAMINATION Dur (Stool) M & CONSISTENCY Stool CUS OD	of thalassemia. Elevated levels are send ovarian cancer. ceived preparations of mouse monoclo esult should be used in conjunction with a Second 100 % Ratio) 1.00 Brown SEMI SOLID Acidic (6.5) Absent Absent	en in malignant d onal antibodies fo ith other data, e.g 1	eters for assessi seases such as diagnosis or th L: symptoms, r 3 Second 100 % 1.0 Brown emi Solid Absent Absent	ng the response to t leukemia, Hodgkins herapy may show eit esults of other tests	reatment disease, her false , clinical
deferoxamine, in the treatment of t cancer, head and neck cancer an <b>TATIONS:</b> mens from patients who have re- ve or depressed values. lagnostic purposes the ferritin re- essions, etc. <b>C/INR</b> THROMBIN TIME trhromin concentration (International Normalized International Normalized IN & CONSISTENCY Stool CUS OD asites	of thalassemia. Elevated levels are send ovarian cancer. ceived preparations of mouse monocle esult should be used in conjunction with 13 Second 100 % Ratio) 1.00 Brown SEMI SOLID Acidic (6.5) Absent	en in malignant d onal antibodies fo ith other data, e.g 1	eters for assessi seases such as diagnosis or th i.: symptoms, rr 3 Second 100 % 1.0 Brown emi Solid Absent	ng the response to t leukemia, Hodgkins herapy may show eit esults of other tests	reatment disease, her false , clinical
eferoxamine, in the treatment of cancer, head and neck cancer and TATIONS: mens from patients who have re- ve or depressed values. agnostic purposes the ferritin re- ssions, etc. //INR THROMBIN TIME rhromin concentration (International Normalized L R/M L EXAMINATION ur (Stool) VI & CONSISTENCY Stool CUS DD sites MICAL EXAMINATION	of thalassemia. Elevated levels are seend ovarian cancer. ceived preparations of mouse monocle esult should be used in conjunction with a Second 100 % Ratio) 1.00 Brown SEMI SOLID Acidic (6.5) Absent Absent Absent	en in malignant d onal antibodies fo ith other data, e.g 1	eters for assessi seases such as diagnosis or th L: symptoms, r 3 Second 100 % 1.0 Brown emi Solid Absent Absent	ng the response to t leukemia, Hodgkins herapy may show eit esults of other tests	reatment disease, her false , clinical
deferoxamine, in the treatment of t cancer, head and neck cancer an <b>TATIONS:</b> mens from patients who have re- ve or depressed values. lagnostic purposes the ferritin re- ssions, etc. <b>C/INR</b> THROMBIN TIME rhromin concentration (International Normalized I L R/M DL EXAMINATION Dur (Stool) M & CONSISTENCY Stool CUS OD	of thalassemia. Elevated levels are send ovarian cancer. ceived preparations of mouse monoclo esult should be used in conjunction with a Second 100 % Ratio) 1.00 Brown SEMI SOLID Acidic (6.5) Absent Absent	en in malignant d onal antibodies fo ith other data, e.g 1	eters for assessi seases such as diagnosis or th L: symptoms, r 3 Second 100 % 1.0 Brown emi Solid Absent Absent	ng the response to t leukemia, Hodgkins herapy may show eit esults of other tests	reatment disease, her false , clinical



DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST

@h	arak	Phone : 0522-406	Marg, Basement Chowk, Lucknow-226 003 2223, 9305548277, 84008888844 6154100, <b>Tollfree No.:</b> 8688360360 84@gmail.com
DIAGN	OSTICS Pvt. Ltd.	CMO Reg. No. F NABL Reg. No. I Certificate No. N	MC-2491
Patient Name	: Ms. ANEESHA	Visit No	: CHA250040566
Age/Gender	: 40 Y 0 M 0 D /F	Registration ON	: 06/Mar/2025 01:40PM
Lab No	: 10137861	Sample Collected ON	: 06/Mar/2025 01:42PM
Referred By	: Dr.MANISH TANDON	Sample Received ON	: 06/Mar/2025 02:16PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 06/Mar/2025 03:29PM

Doctor Advice STOOL R/M,NA+K+,CREATININE,Albumin,PT/PC/INR,FOLIC ACID,VIT B12,TIBC,FERRITIN,Iron,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	5.6	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.10	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	22.6	%	36 - 45	Pulse hieght
				detection
MCV	72.0	fL	80 - 96	calculated
MCH	17.8	pg	27 - 33	Calculated
МСНС	24.8	g/dL	30 - 36	Calculated
RDW	27	%	11 - 15	RBC histogram
				derivation
RETIC	<mark>6.0 %</mark>	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7700	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	46	%	40 - 75	Flowcytrometry
LYMPHOCYTES	48	%	25 - 45	Flowcytrometry
EOSINOPHIL	3	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	209,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	209000	/cmm	150000 - 450000	Microscopy.
Absolute Neutrophils Count	3,542	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	3,696	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	231	/cmm	20-500	Calculated
Absolute Monocytes Count	231	/cmm	200-1000	Calculated
Mentzer Index	23		200 .000	
Peripheral Blood Picture	:			
	-			

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



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST

DR. ADITI D AGARWAL PATHOLOGIST Page 4 of 5

Print.Date/Time: 06-03-2025 16:35:41 MC-2491 Print.Date/Time: 06-03-2025 16:35:41 \*Patient Identity Has Not Been Verified. Not For Medicolegal

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Referred By       : Dr.MANISH TANDON       Sample Received ON       : 06/Mar/2025 02: 17PM         Referred By       : CHARAK NA       Report Generated ON       : 06/Mar/2025 03: 28PM         Doctor Advice       : STOOL R/M,NA+K+,CREATININE,Albumin,PT/PC/INR,FOLIC ACID,VIT B12,TIBC,FERRITIN,Iron,CRP (Quantitative),ESR,CBC (WHOLE B         Image: Character and the state of the	Age/Gender : 40 Y 0 M 0 D /F Lab No : 10137861 Referred By : Dr.MANISH TANDON Refer Lab/Hosp : CHARAK NA Doctor Advice : STOOL R/M,NA+K+,CREATININE,Alt Test Name NA+K+ SODIUM Serum POTASSIUM Serum SERUM CREATININE	Result	Regi Sam Sam Repo INR,FOLIC ACID,VIT	istration ON : 06/N ple Collected ON : 06/N ple Received ON : 06/N prt Generated ON : 06/N B12,TIBC,FERRITIN,Iron,CRP	Mar/2025 01: 40PM Mar/2025 01: 42PM Mar/2025 02: 17PM Mar/2025 03: 28PM
Referred By       : Dr.MANISH TANDON       Sample Received ON       : 06/Mar/2025 02: 17PM         Referred By       : CHARAK NA       Report Generated ON       : 06/Mar/2025 03: 28PM         Doctor Advice       : STOOL R/M.NA+K+,CREATININE,Albumin,PT/PC/INR,FOLIC ACID,VIT B12,TIBC,FERRITIN,Iron,CRP (Quantitative),ESR,CBC (WHOLE BI         Test Name       Result       Unit       Bio. Ref. Range       Method         NA+K+         SODIUM Serum       138.0       MEq/L       135 - 155       ISE Direct         POTASSIUM Serum       3.9       MEq/L       3.5 - 5.5       ISE Direct         SERUM CREATININE       0.60       mg/dl       0.50 - 1.40       Alkaline picrate-kinetic	Referred By : Dr.MANISH TANDON Refer Lab/Hosp : CHARAK NA Doctor Advice : STOOL R/M,NA+K+,CREATININE,All Test Name NA+K+ SODIUM Serum POTASSIUM Serum SERUM CREATININE	Result	Sam Repo INR,FOLIC ACID,VIT	ple Received ON : 06/f ort Generated ON : 06/f B12,TIBC,FERRITIN,Iron,CRP	Mar/2025 02:17PM Mar/2025 03:28PM
Refer Lab/Hosp : CHARAK NA       Report Generated ON :: 06/Mar/2025 03: 28PM         Doctor Advice :       STOOL R/M,NA+K+,CREATININE,Albumin,PT/PC/INR,FOLIC ACID,VIT B12,TIBC,FERRITIN,Iron,CRP (Quantitative),ESR,CBC (WHOLE BID         Test Name       Result       Unit       Bio. Ref. Range       Method         NA+K+       SODIUM Serum       138.0       MEq/L       135 - 155       ISE Direct         POTASSIUM Serum       3.9       MEq/L       3.5 - 5.5       ISE Direct         SERUM CREATININE       0.60       mg/dl       0.50 - 1.40       Alkaline picrate-kinetic	Refer Lab/Hosp : CHARAK NA Doctor Advice : STOOL R/M,NA+K+,CREATININE,Alt Test Name NA+K+ SODIUM Serum POTASSIUM Serum SERUM CREATININE	Result	Repo INR,FOLIC ACID,VIT	Dort Generated ON : 06/N B12,TIBC,FERRITIN,Iron,CRP	Mar/2025 03: 28PM
Doctor Advice       STOOL R/M.NA+K+, CREATININE, Albumin, PT/PC/INR, FOLIC ACID, VIT B12, TIBC, FERRITIN, Iron, CRP (Quantitative), ESR, CBC (WHOLE BI         Test Name       Result       Unit       Bio. Ref. Range       Method         NA+K+       SODIUM Serum       138.0       MEq/L       135 - 155       ISE Direct         POTASSIUM Serum       3.9       MEq/L       3.5 - 5.5       ISE Direct         SERUM CREATININE       0.60       mg/dl       0.50 - 1.40       Alkaline picrate-kinetic	Doctor Advice : STOOL R/M,NA+K+,CREATININE,Alt Test Name NA+K+ SODIUM Serum POTASSIUM Serum SERUM CREATININE	Result	INR,FOLIC ACID,VIT	B12,TIBC,FERRITIN,Iron,CRP	
NA+K+SODIUM Serum138.0MEq/L135 - 155ISE DirectPOTASSIUM Serum3.9MEq/L3.5 - 5.5ISE DirectSERUM CREATININECREATININE0.60mg/dl0.50 - 1.40Alkaline picrate-kinetic	NA+K+ SODIUM Serum POTASSIUM Serum SERUM CREATININE		Unit	Rio Pof Pango	
NA+K+SODIUM Serum138.0MEq/L135 - 155ISE DirectPOTASSIUM Serum3.9MEq/L3.5 - 5.5ISE DirectSERUM CREATININECREATININE0.60mg/dl0.50 - 1.40Alkaline picrate-kinetic	NA+K+ SODIUM Serum POTASSIUM Serum SERUM CREATININE		Unit	Rio Pof Dango	
SODIUM Serum138.0MEq/L135 - 155ISE DirectPOTASSIUM Serum3.9MEq/L3.5 - 5.5ISE DirectSERUM CREATININE0.60mg/dl0.50 - 1.40Alkaline picrate-kinetic	SODIUM Serum POTASSIUM Serum SERUM CREATININE	138.0		DIU. REI. RAIIYE	Method
POTASSIUM Serum3.9MEq/L3.5 - 5.5ISE DirectSERUM CREATININE0.60mg/dl0.50 - 1.40Alkaline picrate-kinetic	POTASSIUM Serum SERUM CREATININE	138.0			
SERUM CREATININE     0.60     mg/dl     0.50 - 1.40     Alkaline picrate-kinetic	SERUM CREATININE		•		
CREATININE     0.60     mg/dl     0.50 - 1.40     Alkaline picrate-kinetic		3.9	MEq/L	3.5 - 5.5	ISE Direct
kinetic	CREATININE				
*** End Of Report ***		0.60	mg/dl	0.50 - 1.40	•
		*** En	nd Of Report ***		
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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST



DR. ADITI D AGARWAL PATHOLOGIST Page 5 of 5

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