Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
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. 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 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 (WHOLE BLOOD)		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	**88.00**		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.

CRP-QUANTITATIVE				
CRP-QUANTITATIVE TEST	1.02	MG/L	0.1 - 6	

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 ALBUMIN				
ALBUMIN	4.8	gm/dl	3.20 - 5.50	Bromcresol Green (BCG)

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DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
IRON				
IRON	41.70	ug/ dl	59 - 148	Ferrozine-no deproteinization
TIBC				
TIBC	**554.00**	ug/ml	265 - 497	calculated

FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY

VITAMIN B12				
VITAMIN B12	384	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 absorpative 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,anencephaly,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,clinicalexamination 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.

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Test Name	Result	Unit	Bio. Ref. Range	Method
FERRITIN				
FERRITIN	21.0	ng/mL	13 - 150	CLIA

INTERPRETATION:
Ferritin is a high-molecular weight iron containing protein that functions in the body as an iron Storage compound. Ferritin provides a more sensitive, specific and reliable measurement for determining iron deficiency at an early stage. The combined use of serum ferritin levels and mean corpuscular volume (MCV) has made differentiation between iron deficiency, beta-thalassemia trait and normal subjects possible at a very high level of accuracy. Serum ferritin measurements provide important clinical parameters for assessing the response to treatment with deferoxamine, in the treatment of thalassemia. Elevated levels are seen in malignant diseases such as leukemia, Hodgkins disease, breast cancer, head and neck cancer and ovarian cancer.

LIMITATIONS:
Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may show either false positive or depressed values.
For diagnostic purposes the ferritin result should be used in conjunction with other data, e.g.: symptoms, results of other tests, clinical impressions, etc.

PT/PC/INR			
PROTHROMBIN TIME	13 Second	13 Second	Clotting Assay
Protrhromin concentration	100 %	100 %	
INR (International Normalized Ratio)	1.00	1.0	
STOOL R/M			
STOOL EXAMINATION			
Colour (Stool)	Brown	Brown	
FORM & CONSISTENCY	SEMI SOLID	Semi Solid	
pH-Stool	Acidic (6.5)		
MUCUS	Absent	Absent	
BLOOD	Absent	Absent	
Parasites	Absent	Absent	
CHEMICAL EXAMINATION			
Reducing Substance	Absent		
Occult blood (Stool)	Absent	Absent	
Microscopic	No ova or cyst seen.		

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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)		

PR.

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
MCHC	**24.8**	g/dL	30 - 36	Calculated
RDW	**27**	%	11 - 15	RBC histogram derivation
RETIC	6.0 %	%	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			
Peripheral Blood Picture	:			

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

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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 BLOOD)		

PR.

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				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

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

MC-2491

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