

Patient Name : Mr.MATA PRASAD	Visit No : CHA250041922
Age/Gender : 62 Y/M	Registration ON : 08/Mar/2025 01:56PM
Lab No : 10139217	Sample Collected ON : 08/Mar/2025 01:58PM
Referred By : Dr.VISHAL SINGH NEGI	Sample Received ON : 08/Mar/2025 02:11PM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 08/Mar/2025 03:14PM
Doctor Advice : VIT B12,TSH,KIDNEY FUNCTION TEST - I,RANDOM,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	16.00		0 - 20	Westergreen



[Checked By]

Print.Date/Time: 08-03-2025 17:53:56

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

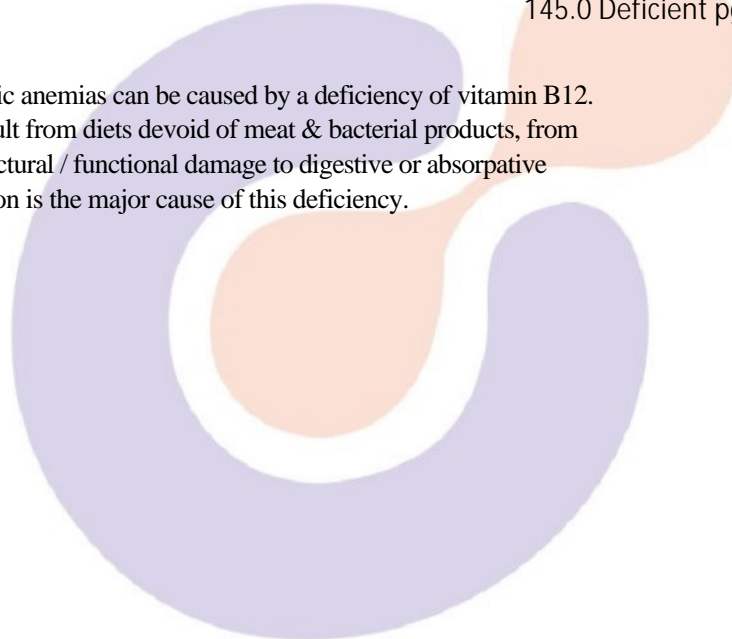
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Lab No : 10139217	Sample Collected ON : 08/Mar/2025 01:58PM
Referred By : Dr.VISHAL SINGH NEGI	Sample Received ON : 08/Mar/2025 02:12PM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 08/Mar/2025 03:18PM
Doctor Advice : VIT B12,TSH,KIDNEY FUNCTION TEST - I,RANDOM,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
VITAMIN B12	461	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.



CHARAK



[Checked By]

Print.Date/Time: 08-03-2025 17:53:58

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	13.5	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.30	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	40.5	%	36 - 45	Pulse hieght detection
MCV	93.8	fL	80 - 96	calculated
MCH	31.3	pg	27 - 33	Calculated
MCHC	33.3	g/dL	30 - 36	Calculated
RDW	13	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6050	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	70	%	40 - 75	Flowcytometry
LYMPHOCYTE	25	%	20-40	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	204,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	204000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	22			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic . Platelets are adequate. No immature cells or parasite seen.



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Lab No : 10139217 Sample Collected ON : 08/Mar/2025 01: 58PM
Referred By : Dr.VISHAL SINGH NEGI Sample Received ON : 08/Mar/2025 02: 12PM
Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 08/Mar/2025 02: 53PM
Doctor Advice : VIT B12,TSH,KIDNEY FUNCTION TEST - I,RANDOM,CBC+ESR



Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	91.2	mg/dl	70 - 170	Hexokinase
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	31.50	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	3.8	MEq/L	3.5 - 5.5	ISE Direct
TSH				
TSH	1.20	uIU/ml	0.47 - 4.52	ECLIA

Note

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema 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 catabolic state and may revert to normal when the patient recovers.
- (7) There are many drugs for eg. Glucocorticoids, dopamine, Lithium, iodides, oral radiographic dyes, etc. 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-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411)

*** End Of Report ***



Signature