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	: Mr.TAHIR KHAN	Visit No	: CHA250041981
Age/Gender	: 48 Y/M	Registration ON	: 08/Mar/2025 03:24PM
Lab No	**: 10139276**	Sample Collected ON	: 08/Mar/2025 03:27PM
Referred By	: Dr.MANISH TANDON	Sample Received ON	: 08/Mar/2025 04:28PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 08/Mar/2025 05:14PM
Doctor Advice	: FOLIC ACID,VIT B12,CHEST PA,Iron,FERRITIN,TRANSFERRIN SATURATION,TIBC		

PR.

IRON STUDIES

Test Name	Result	Unit	Bio. Ref. Range	Method
IRON				
IRON	39.00	ug/ dl	59 - 148	Ferrozine-no deproteinization

Interpretation:

Disease	Iron	TIBC	UIBC	%Transferrin Saturation	Ferritin
Iron Deficiency	Low	High	High	Low	Low
Hemochromatosis	High	Low	Low	High	High
Chronic Illness	Low	Low	Low/Normal	Low	Normal/High
Hemolytic Anemia	High	Normal/Low	Low/Normal	High	High
Sideroblastic Anemia	Normal/High	Normal/Low	Low/Normal	High	High
Iron Poisoning	High	Normal	Low	High	Normal

TIBC				
TIBC	421.00	ug/ml	265 - 497	calculated
TRANSFERRIN SATURATION				
TRANSFERRIN SATURATION	**9.26**	%	22 - 45	Immunoturbidimetry

INTERPRETATION:
- Low Values in iron deficiency
- High Values in iron overload
- Raised transferrin saturation is an early indicator of Iron accumulation in Genetic Haemochromatosis.

VITAMIN B12				
VITAMIN B12	203	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.

[Checked By]

Print.Date/Time: 08-03-2025 18:31:39
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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IRON STUDIES

Test Name	Result	Unit	Bio. Ref. Range	Method
FOLIC ACID				
FOLIC ACID	21.42	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.

FERRITIN				
FERRITIN	238	ng/mL	13 - 400	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.

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

[Checked By]

Print.Date/Time: 08-03-2025 18:31:40
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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 08/Mar/2025 03:47PM

PR.

SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are normal.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

IMPRESSION:

- **NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

transcribed by: anup

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