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 | : MasterVIRAJ TRIPATHI | Visit No | : CHA250042756 |
| Age/Gender | : 11 M/M | Registration ON | : 10/Mar/2025 09:28AM |
| **Lab No** | **: 10140051** | Sample Collected ON | : 10/Mar/2025 09:32AM |
| Referred By | : Dr.RK THAKUR | Sample Received ON | : 10/Mar/2025 10:06AM |
| Refer Lab/Hosp | : CHARAK NA | Report Generated ON | : 10/Mar/2025 11:20AM |
| Doctor Advice | : 2D ECHO,DIGITAL 1,Iron,TIBC,FERRITIN,ESR,CBC (WHOLE BLOOD) | | |

PR.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **ESR** | | | | |
| Erythrocyte Sedimentation Rate ESR | 11.00 | | 3- 13 | 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.

| | | | | |
|---|---|---|---|---|
| **IRON** | | | | |
| IRON | **17.20** | ug/ dl | 59 - 148 | Ferrozine-no deproteinization |

FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY

| | | | | |
|---|---|---|---|---|
| **TIBC** | | | | |
| TIBC | **527.00** | ug/ml | 100 - 400 | calculated |
| **FERRITIN** | | | | |
| FERRITIN | **4.1** | ng/mL | 7 - 140 | CLIA |

FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY

**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.

[Checked By]

Print.Date/Time: 10-03-2025 14:52:09
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

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| **Lab No** | **: 10140051** | Sample Collected ON | : 10/Mar/2025 09:32AM |
| Referred By | : Dr.RK THAKUR | Sample Received ON | : 10/Mar/2025 10:30AM |
| Refer Lab/Hosp | : CHARAK NA | Report Generated ON | : 10/Mar/2025 11:20AM |
| Doctor Advice | : 2D ECHO,DIGITAL 1,Iron,TIBC,FERRITIN,ESR,CBC (WHOLE BLOOD) | | |

PR.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **CBC (COMPLETE BLOOD COUNT)** | | | | |
| Hb | **6.2** | g/dl | 10.5 - 14.5 | Non Cyanide |
| R.B.C. COUNT | 4.80 | mil/cmm | 3.8 - 5.2 | Electrical Impedence |
| PCV | **26.5** | % | 30 - 40 | Pulse hieght detection |
| MCV | **55.1** | fL | 77 - 79 | calculated |
| MCH | **12.9** | pg | 25 - 27 | Calculated |
| MCHC | **23.4** | g/dL | 32 - 34 | Calculated |
| RDW | **24.2** | % | 11 - 15 | RBC histogram derivation |
| RETIC | 0.8 % | % | 0.4 - 1 | Microscopy |
| TOTAL LEUCOCYTES COUNT | 11310 | /cmm | 6000 - 18000 | Flocytrometry |
| **DIFFERENTIAL LEUCOCYTE COUNT** | | | | |
| NEUTROPHIL | 35 | % | 15 - 45 | Flowcytrometry |
| LYMPHOCYTES | 59 | % | 45 - 80 | Flowcytrometry |
| EOSINOPHIL | 2 | % | 1 - 6 | Flowcytrometry |
| MONOCYTE | 4 | % | 0 - 5 | Flowcytrometry |
| BASOPHIL | **0** | % | 00 - 01 | Flowcytrometry |
| PLATELET COUNT | 356,000 | /cmm | 200000 - 550000 | Elect Imped.. |
| PLATELET COUNT (MANUAL) | 356000 | /cmm | 200000 - 550000 | Microscopy . |
| Absolute Neutrophils Count | 3,958 | /cmm | 2000 - 7000 | Calculated |
| Absolute Lymphocytes Count | 6,673 | /cmm | 1000-3000 | Calculated |
| Absolute Eosinophils Count | 226 | /cmm | 20-500 | Calculated |
| Absolute Monocytes Count | 452 | /cmm | 200-1000 | Calculated |
| Mentzer Index | 11 | | | |
| Peripheral Blood Picture | : | | | |

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

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

MC-2491

[Checked By]

Print.Date/Time: 10-03-2025 14:52:14

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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| Referred By | : Dr.RK THAKUR | Sample Received ON | : |
| Refer Lab/Hosp | : CHARAK NA | Report Generated ON | : 10/Mar/2025 02:16PM |

PR.

## 2D-ECHO & COLOUR DOPPLER REPORT

Situs solitus-
Levocardia
Normal pulmonary & systemic venous connection
**RV Hypertrophy** , **Dilated RA**
Intact atrial septum
Atrio ventricular concordance
Normal mitral & tricuspid valves

Good LV systolic function. LVEF= 68 %
Intact inter ventricular septum
Ventriculoarterial concordance
Normally related great arteries.
Normal aortic valve
**PV - Thick , Doming +**
**Moderate to severe valvular pulmonary Stenosis (PSG = 55 mmHg)**
**Pulmonary annulus = 1.1 cm**
No definite ASD seen
No VSD/ PDA
Aortic arch seen on the left side
No evidence of coarctation of aorta

**Velocities** - Mitral = 1.0 m/s
Aortic = 1.0m/s
Pulmonary = 3.7 m/s , Grad= 55 mmHg
Tricuspid = 1.0 m/s

OPINION**:** **MODERATE TO SEVERE VALVULAR PULMONARY STENOSIS WITH INTACT IVS**

**DR. PANKAJ RASTOGI, MD.DM**
**(Cardiologist)**

| | | | |
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| Refer Lab/Hosp | : CHARAK NA | Report Generated ON | : 10/Mar/2025 01:53PM |

PR.

## SKIAGRAM CHEST AP (LYING) VIEW

- Bilateral lung fields are clear.
- Hilar shadows are normal.
- Heart size cannot be commented upon (AP view).
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply outlined.

**Clinical correlation is necessary** **[DR. RAJESH KUMAR SHARMA, MD]**

TRANSCRIBED BY: ANUP

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