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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.SADHAVI SAVITRI BAI FOOLE	Visit No	: CHA250043064
Age/Gender	: 44 Y/M	Registration ON	: 10/Mar/2025 01:17PM
Lab No	**: 10140359**	Sample Collected ON	: 10/Mar/2025 01:19PM
Referred By	: Dr.ANUPAM SINHA **	Sample Received ON	: 10/Mar/2025 01:29PM
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 10/Mar/2025 03:10PM
Doctor Advice	: MAGNESIUM,TROPONIN-T hs Stat,KIDNEY FUNCTION TEST - I,CALCIUM,NA+K+,CBC+ESR		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	**26.00**		0 - 15	Westergreen

[Checked By]

Print.Date/Time: 10-03-2025 16:18:29
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DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

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Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 10/Mar/2025 02:42PM
Doctor Advice	: MAGNESIUM,TROPONIN-T hs Stat,KIDNEY FUNCTION TEST - I,CALCIUM,NA+K+,CBC+ESR		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CALCIUM				
CALCIUM	9.6	mg/dl	8.8 - 10.2	dapta / arsenazo III
MAGNESIUM				
SERUM MAGNESIUM	2.15	mg/dl	1.70 - 2.70	Xylidyl blue

COMMENTS:

-Magnesium is primarily an intracellular ion associated with gastrointestinal (GI) absorption and renal excretion. It is the fourth most abundant cation in the body and is second to potassium within cell. It is stored in bones, skeletal muscles and other cells and only a part in extracellular fluid. Mg^{2+} is a cofactor of many enzyme system concerned with cell respiration, glycolysis, transmembrane transport of other cations such as calcium and sodium. The activity of Na-K-ATPase pump depends on magnesium.
-Assessment of magnesium level is used for the diagnosis and monitoring of hypomagnesemia or hypermagnesemia.
-Magnesium deficiency leads to impairment of neuromuscular functions resulting in hyperirritability, tetany, convulsion or electrocardiographic changes. It is also associated with cardiovascular diseases such as hypertension, myocardial infarction, cardiac dysrhythmias, coronary vasopasm & premature atherosclerosis. Diabetic ketoacidosis, chronic alcoholism, malnutrition, lactation malabsorption are other conditions linked with it.
-Increased serum magnesium concentration has been observed in dehydration, Addison's disease, rhabdomyolysis or acute or chronic renal failure.

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-T hs Stat				
TROPONIN-T	0.003	ng/ml	< 0.010	

NOTES :-
Troponin T hs is a member of the myofibrillar protiens of striated muscularis. These myofibrillar protiens are the buildling blocks of the contractile appratus. Tropnin T hs binds the tropnin complex to tropomyosin and binds the neighboring tropomycin molecules. The determination of troponin T in serum plays an important role in the diagnosis of myocardial infarction(AMI),microinfarction (minor myocardial damage - MMO) and myocarditis.Troponin T is detectable about 3 -4 hours after the occurrence of cardia symptome .Following acute myocardial ischemia ,Troponin T rmains in the serum for a lengthy period of time and can hence help to detectmyocardial events that have occurd upto 14 days earlier.
Cobas E 411 Troponin T hs Stat emplyes monoclonal antibodies specifically directed against human cardiac Troponin T (after release from the free cytosol and myofibrils .)
Based on the WHO criteria for the definition of AMI from the 1970~s the cutoff (clinical discriminator) value for troponin T is 0.1 ng/ml according to ROC analysis.
Elevated Troponin T values are occasionally found in patients with restricted renal function despite the absence of definite evidence of myocardial Ischemia.

(ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY Cobas E 411)

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PATHOLOGIST

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	12.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.10	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	38.6	%	36 - 45	Pulse hieght detection
MCV	93.2	fL	80 - 96	calculated
MCH	29.0	pg	27 - 33	Calculated
MCHC	31.1	g/dL	30 - 36	Calculated
RDW	14.8	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7510	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	57	%	40 - 75	Flowcytrometry
LYMPHOCYTE	33	%	20-40	Flowcytrometry
EOSINOPHIL	**7**	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	254,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	254000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	23			
Peripheral Blood Picture	:			

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

MC-2491

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Doctor Advice	: MAGNESIUM,TROPONIN-T hs Stat,KIDNEY FUNCTION TEST - I,CALCIUM,NA+K+,CBC+ESR		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
NA+K+				
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.5	MEq/L	3.5 - 5.5	ISE Direct
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	20.50	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	4.5	MEq/L	3.5 - 5.5	ISE Direct

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

MC-2491

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