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DIAGNOSTICS Pvt. Ltd.

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CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Mr.PRABHA SHANKAR PANDEY	Visit No	: CHA250043483
Age/Gender	: 67 Y/M	Registration ON	: 11/Mar/2025 06:30AM
Lab No	**: 10140778**	Sample Collected ON	: 11/Mar/2025 06:31AM
Referred By	: Dr.KRISHNA KUMAR MITRA (CGHS	Sample Received ON	: 11/Mar/2025 07:13AM
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 11/Mar/2025 10:47AM
Doctor Advice	: LIPID-PROFILE,RF FACTOR,ANTI CCP TITRE,T3T4TSH,VIT B12,25 OH vit. D,LFT,KIDNEY FUNCTION TEST - I,CBC+ESR,URINE C/S,URINE COM. EXMAMINATION		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	**32.00**		0 - 20	Westergreen

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PATHOLOGIST

DR. SHADAB
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MD (MICROBIOLOGY)

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
RF FACTOR				
RHEUMATOID FACTOR	3.40	IU/ml	0 - 14	

SUMMARY : Rheumatoid factors (RF) group of autoantibodies belonging to all immunoglobulin classes directed against the FC fragment of altered or complexed Igg .Diagnostic test for RF determination identify mainly RF of the IgM class which are detectable in several rheumatic diseases, mainly of inflammatory origin.
RF occur in approx 70 -80 % of patients with rheumatoid arthritis (RA), but they are not specific for RA as elevated concentrations are also observed in various non rheumatic disease & in approx 10 % of the elederly population without clinical symptoms of RA. High RF concentrations in RA are often associated with a more progressive clinical course of the disease .However,a positive RF value has to be confirmed by clinical & other laboratory findings.

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
Cholesterol/HDL Ratio	2.18	Ratio		Calculated
LDL / HDL RATIO	0.78	Ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0-6.0 Elevated / High risk - >6.0	Calculated
			Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0-6.0 Elevated / High risk - > 6.0	
ANTI CCP TITRE				
Anti CCP TITRE	8.00	U/ML	7 - 17	
25 OH vit. D				
25 Hydroxy Vitamin D	90.86	ng/ml		ECLIA
Deficiency < 10 Insufficiency 10 - 30 Sufficiency 30 - 100 Toxicity > 100				
DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY(Cobas e 411,Unicel DxI600,vitros ECI)				
VITAMIN B12				
VITAMIN B12	727	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.

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Test Name	Result	Unit	Bio. Ref. Range	Method
URINE EXAMINATION REPORT				
Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	**1.010**		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	Occasional	/hpf	< 5/hpf	
Epithelial Cells	1-2	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	13.8	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	42.6	%	36 - 45	Pulse hieght detection
MCV	88.0	fL	80 - 96	calculated
MCH	28.5	pg	27 - 33	Calculated
MCHC	32.4	g/dL	30 - 36	Calculated
RDW	14.3	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	9450	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	63	%	40 - 75	Flowcytrometry
LYMPHOCYTE	32	%	20-40	Flowcytrometry
EOSINOPHIL	2	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	**101,000**	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	**1,10,000**	/cmm	150000 - 450000	Microscopy .
Mentzer Index	18			
Peripheral Blood Picture	:			

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

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.60	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.30	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.30	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	105.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	**42.3**	U/L	5 - 40	UV without P5P
SGOT	37.0	U/L	5 - 40	UV without P5P
LIPID-PROFILE				
TOTAL CHOLESTEROL	127.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	115.00	mg/dL	Normal: <150 mg/dl Borderline-high:150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Serum, Enzymatic, endpoint
H D L CHOLESTEROL	58.30	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	45.70	mg/dL	Optimal:<100 mg/dl Near Optimal:100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High:>/= 190 mg/dl	CO-PAP
VLDL	23.00	mg/dL	10 - 40	Calculated
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	22.50	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	1.00	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	140.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.7	MEq/L	3.5 - 5.5	ISE Direct

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.81	nmol/L	1.49-2.96	ECLIA
T4	120.00	n mol/l	63 - 177	ECLIA
TSH	**5.60**	ulU/ml	0.47 - 4.52	ECLIA

Note

(1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism,cretinism,juvenile mysedema 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 cacabolic state and may revert tonormal when the patient recovers.

(7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.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

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

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