

Patient Name : Ms.SURABHI SRIVASTAVA	Visit No : CHA250044359
Age/Gender : 30 Y 2 M 13 D/F	Registration ON : 12/Mar/2025 09:15AM
Lab No : 10141654	Sample Collected ON : 12/Mar/2025 09:17AM
Referred By : Dr.LAKSHYA	Sample Received ON : 12/Mar/2025 09:29AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 12/Mar/2025 11:06AM
Doctor Advice : PHOS,CALCIUM,NA+K+,CREATININE,UREA,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>SERUM CALCIUM</b>				
CALCIUM	5.3	mg/dl	8.8 - 10.2	dapta / arsenazo III
<b>PHOSPHORUS</b>				
Phosphorus Serum	7.60	mg/dl	2.68 - 4.5	Phosphomolybdate

**INTERPRETATION:**

-Approximately 80% of the phosphorus in the human body is found in the calcium phosphate salts which make up the inorganic substance of bone. The remainder is involved in the esterification of carbohydrate metabolism intermediaries and is also found as component of phospholipids. Phosphoproteins, nucleic acids and nucleotides.  
-Hypophosphatemia can be caused by shift of phosphate from extracellular to intracellular spaces, increased renal loss (renal tubular defects, hyperparathyroidism) or gastrointestinal loss (diarrhea, vomiting) and decreased intestinal absorption.

**LIMITATIONS:**

-Interferences: bilirubin (up to 20 mg/dL) hemolysis (haemoglobin up to 1000 mg/dL) and lipemia (triglycerides up to 1000 mg/dL) do not interface. Other drugs and substances may interface.  
-Clinical diagnosis should no be made on the findings of a single test result, but should integrate both clinical laboratory data.

CHARAK

[Checked By]

Print.Date/Time: 12-03-2025 12:05:39

\*Patient Identity Has Not Been Verified. Not For Medicolegal



*Sharma*

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

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Lab No : 10141654	Sample Collected ON : 12/Mar/2025 09:17AM
Referred By : Dr.LAKSHYA	Sample Received ON : 12/Mar/2025 09:45AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 12/Mar/2025 10:50AM
Doctor Advice : PHOS,CALCIUM,NA+K+,CREATININE,UREA,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	9.2	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	27.8	%	36 - 45	Pulse height detection
MCV	93.9	fL	80 - 96	calculated
MCH	31.1	pg	27 - 33	Calculated
MCHC	33.1	g/dL	30 - 36	Calculated
RDW	12.6	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7050	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	78	%	40 - 75	Flowcytometry
LYMPHOCYTES	16	%	25 - 45	Flowcytometry
EOSINOPHIL	3	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	203,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	203000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,499	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,128	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	212	/cmm	20-500	Calculated
Absolute Monocytes Count	212	/cmm	200-1000	Calculated
Mentzer Index	31			
Peripheral Blood Picture	:			

Red blood cells show cytopenia + with normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>NA+K+</b>				
SODIUM Serum	138.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.3	MEq/L	3.5 - 5.5	ISE Direct

<b>BLOOD UREA</b>				
BLOOD UREA	<b>136.00</b>	mg/dl	15 - 45	Urease, UV, Serum
FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY				

<b>SERUM CREATININE</b>				
CREATININE	<b>8.50</b>	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY				

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

CHARAK



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