Charak dhar DIAGNOSTICS Pvt. Ltd.

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

Patient Name	: Ms.NUZHAT	Visit No	: CHA250045132
Age/Gender	: 40 Y/F	Registration ON	: 13/Mar/2025 11:40AM
Lab No	**: 10142427**	Sample Collected ON	: 13/Mar/2025 11:42AM
Referred By	: SELF	Sample Received ON	: 13/Mar/2025 11:49AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 13/Mar/2025 12:49PM
Doctor Advice	: T3T4TSH,HBA1C (EDTA),NA+K+,CREATININE,UREA,ALK PHOS,CALCIUM,CBC (WHOLE BLOOD),CRP (Quantitative),IONIC CALCIUM,RF FACTOR,URIC ACID,ESR,ASO Titre,RANDOM,USG WHOLE ABDOMEN,LFT		

PR.

ARTHRITIS PROFILE

Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	**23.00**		0 - 15	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.6	%	4 - 5.7	HPLC (EDTA)

NOTE:-
Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby the Gold Standard Reference method,ie:HPLC Technology(High performance Liquid Chromatography D10) from Bio-Rad Laboratories.USA.

EXPECTED (RESULT) RANGE :

Bio system	Degree of normal
4.0 - 5.7 %	Normal Value (OR) Non Diabetic
5.8 - 6.4 %	Pre Diabetic Stage
> 6.5 %	Diabetic (or) Diabetic stage
6.5 - 7.0 %	Well Controlled Diabet
7.1 - 8.0 %	Unsatisfactory Control
> 8.0 %	Poor Control and needs treatment

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

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ARTHRITIS PROFILE

Test Name	Result	Unit	Bio. Ref. Range	Method
IONIC CALCIUM				
IONIC CALCIUM	1.18	mmol/L	1.13 - 1.33	

INTERPRETATION:

-Calcium level is increased in patients with hyperparathyroidism, Vitamin D intoxication, metastatic bone tumor, milk-alkali syndrome, multiple myeloma, Paget's disease.
-Calcium level is decreased in patients with hemodialysis, hypoparathyroidism (primary, secondary), vitamin D deficiency, acute pancreatitis, diabetic Keto-acidosis, sepsis, acute myocardial infarction (AMI), malabsorption, osteomalacia, renal failure, rickets.

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ARTHRITIS PROFILE

Test Name	Result	Unit	Bio. Ref. Range	Method
RF FACTOR				
RHEUMATOID FACTOR	6.21	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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ARTHRITIS PROFILE

Test Name	Result	Unit	Bio. Ref. Range	Method
CRP-QUANTITATIVE				
CRP-QUANTITATIVE TEST	**7.09**	MG/L	0.1 - 6	

Method: Immunoturbidimetric

(Method: Immunoturbidimetric on photometry system)

SUMMARY : C - reactive protien (CRP) is the best known among the acute phase protiens, a group of protien whose concentration increases in blood as a response to inflammatory disorders.CRP is normally present in low concentration in blood of healthy individuals (< 1mg/L). It is elevated up to 500 mg/L in acute inflammatory processes associated with bacterial infections, post operative conditions tissue damage already after 6 hours reaching a peak at 48 hours.. The measurment of CRP represents a useful aboratory test for detection of acute infection as well as for monitoring inflammtory proceses also in acute rheumatic & gastrointestinal disease. In recent studies it has been shows that in apparrently healthy subjects there is a direct orrelation between CRP concentrations & the risk of developing oronary heart disease (CHD).

hsCRP cut off for risk assessment as per CDC/AHA

Level	Risk
<1.0	Low
1.0-3.0	Average
>3.0	High

All reports to be clinically corelated

Test Name	Result	Unit	Bio. Ref. Range	Method
ASO Titre				
ANTI STREPTOLYSIN-O (ASO) TEST	140.00	IU/ml	< 200	Turbidimetry

(Method:particle enhanced immunoturbidmetric test)

SUMMARY: Antistreptolysins (ASL) arespecific antibodies to exatracellular products of streptococcus pyogesnes among whichantistreptolysin O (ASO) is the one most used for clinical laboratory evaluation [1,2].Antistreptolysin O reaction provides useful information for diagnosis & monitoringof human streptococcal infections such as in tonsillitis,otitis ,erysipelas,scarlet fever as well asa connected diseases like rheumatic fever or glomerulonephritis[3].Antibodies against streptolysin O can be detected 1 -3 weeks after infection with maximum levels reached at 3-6 weeks [1].

Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	4.8	mg/dL	2.40 - 5.70	Uricase,Colorimetric

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PATHOLOGIST

Dr. SYED SAIF AHMAD
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ARTHRITIS PROFILE

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CALCIUM				
CALCIUM	9.7	mg/dl	8.8 - 10.2	dapta / arsenazo III

INTERPRETATION:

-Calcium level is increased in patients with hyperparathyroidism, Vitamin D intoxication, metastatic bone tumor, milk-alkali syndrome, multiple myeloma, Paget's disease.
-Calcium level is decreased in patients with hemodialysis, hypoparathyroidism (primary, secondary), vitamin D deficiency, acute pancreatitis, diabetic Keto-acidosis, sepsis, acute myocardial infarction (AMI), malabsorption, osteomalacia, renal failure, rickets.

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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 13/Mar/2025 01:06PM
Doctor Advice	: T3T4TSH,HBA1C (EDTA),NA+K+,CREATININE,UREA,ALK PHOS,CALCIUM,CBC (WHOLE BLOOD),CRP (Quantitative),IONIC CALCIUM,RF FACTOR,URIC ACID,ESR,ASO Titre,RANDOM,USG WHOLE ABDOMEN,LFT		

PR.

ARTHRITIS PROFILE

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	**8.2**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.90	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	**29.5**	%	36 - 45	Pulse hieght detection
MCV	**75.1**	fL	80 - 96	calculated
MCH	**20.9**	pg	27 - 33	Calculated
MCHC	**27.8**	g/dL	30 - 36	Calculated
RDW	**17**	%	11 - 15	RBC histogram derivation
RETIC	2.0 %.	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	**14940**	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	**81**	%	40 - 75	Flowcytrometry
LYMPHOCYTES	**13**	%	25 - 45	Flowcytrometry
EOSINOPHIL	3	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	445,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	445000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	**12,101**	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,942	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	448	/cmm	20-500	Calculated
Absolute Monocytes Count	448	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

Red blood cells are microcytic hypochromic with anisocytosis+. WBCs show neutrophilic leucocytosis. Platelets are adequate. No parasite seen.

MC-2491

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PR.

ARTHRITIS PROFILE

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	117	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	26.60	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.40	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.19	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.21	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	113.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	36.6	U/L	5 - 40	UV without P5P
SGOT	31.3	U/L	5 - 40	UV without P5P
ALK PHOS				
ALK PHOS	113.00	U/L	30 - 120	PNPP, AMP Buffer

INTERPRETATION:

- Alkaline phosphatase is an enzyme found in your bloodstream. ALP helps break down proteins in the body and exists in different forms, depending on where it originates. Liver is one of the main sources of ALP, but some is also made in bones, intestines, pancreas, and kidneys. In pregnant women, ALP is made in the placenta.
- Higher than normal levels of ALP in blood may indicate a problem with liver or gallbladder. This could include hepatitis (liver inflammation), cirrhosis (liver scarring), liver cancer, gallstones, or a blockage in bile ducts. High levels may also indicate an issue related to the bones such as rickets, Paget's disease, bone cancer, or an overactive parathyroid gland. In rare cases, high ALP levels can indicate heart failure, kidney cancer, other cancer, mononucleosis, or bacterial infection. Having lower than normal ALP levels in blood is rare, but can indicate malnutrition, which could be caused by celiac disease or a deficiency in certain vitamins and minerals.

MC-2491

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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.97	nmol/L	1.49-2.96	ECLIA
T4	136.00	n mol/l	63 - 177	ECLIA
TSH	2.20	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

(1 Beckman DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

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

MC-2491

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