Charak dhar DIAGNOSTICS Pvt. Ltd.

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**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.GAURAV JAIN | Visit No | : CHA250045301 |
| Age/Gender | : 39 Y/M | Registration ON | : 13/Mar/2025 02:57PM |
| **Lab No** | **: 10142596** | Sample Collected ON | : 13/Mar/2025 02:58PM |
| Referred By | : Dr.MANISH TANDON | Sample Received ON | : 13/Mar/2025 03:16PM |
| Refer Lab/Hosp | : CHARAK NA | Report Generated ON | : 13/Mar/2025 06:01PM |
| Doctor Advice | : USG WHOLE ABDOMEN,PT/PC/INR,HBSAg,HCV,HIV,FOLIC ACID,VIT B12,Iron,FERRITIN,TIBC,CBC (WHOLE BLOOD) | | |

PR.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **IRON** | | | | |
| IRON | **29.40** | ug/ dl | 59 - 148 | Ferrozine-no deproteinization |
| **TIBC** | | | | |
| TIBC | 429.00 | ug/ml | 265 - 497 | calculated |
| **VITAMIN B12** | | | | |
| VITAMIN B12 | 424 | pg/mL | 180 - 814 Normal<br>145 - 180 Intermediate<br>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.

| | | | | |
|---|---|---|---|---|
| **FOLIC ACID** | | | | |
| FOLIC ACID | 14.5 | ng/ml | 3.89 26.8 | CMIA |

Method: Electrochemiluminescence

COMMENTS: Folate deficiency causes megaloblastic anemia and eventualy leukopenia and thrombocytopenia.Folic acidis believedto play a role in irth defects such as spina bifida,anencephaly,and oro-facial clefts as well as in inducing cardiovascular morbidity and mortality.Symptoms of deficiency take about 3 months to appear and can be caused by inadequate intake,increased body demand or folate antagonism by drugs.For diagnostics purposes,the folate findings should always be assessed in conjuction with the patient~smedical history,clinicalexamination and other findings.This deficiency canresult from diets devoid of raw fruits.vegetablesor other foods rich in foic acid ,as may be the casewith chronic alcoholics,drug addicts,the elderly or persons of low socioeconomic status,etc.In addition,low serum also occurs during pregnancy.Folate assays are affected by hemolysis within the specimen.

[Checked By]

Print.Date/Time: 13-03-2025 18:38:33
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **FERRITIN** | | | | |
| FERRITIN | 43.2 | ng/mL | 13 - 400 | CLIA |

**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.

| | | | | |
|---|---|---|---|---|
| **PT/PC/INR** | | | | |
| PROTHROMBIN TIME | 15 Second | | 13 Second | Clotting Assay |
| Protrhromin concentration | 79 % | | 100 % | |
| INR (International Normalized Ratio) | **1.16** | | 1.0 | |



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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **HEPATITIS B SURFACE ANTIGEN (HBsAg)** | | | | |
| **Sample Type : SERUM** | | | | |
| HEPATITIS B SURFACE ANTIGEN | NON REACTIVE | | <1 - Non Reactive<br>>1 - Reactive | CMIA |

Note: This is only a Screening test. Confirmation of the result ( Non Reactive/Reactive)should be done by performing a PCR based test.

**COMMENTS:**

-HBsAg is the first serological marker after infection with Hepatitis B Virus appearing one to ten weeks after exposure and two to eight weeks before the onset of clinical symptoms. HBsAg persists during the acute phase and clears late in the convalescence phase. Failure to clear HBsAg within six months indicates a chronic HBsAg carrier state. HBsAg assays are used to identify the persons infected with HBV and to prevent transmission of the virus by blood and blood products as well as to monitor the status of infected individuals in combination with other hepatitis B serological markers.
-Borderline cases must be confirmed with confirmatory neutralizing assay.

**LIMITATIONS:**

-Results should be used in conjunction with patient history and other hepatitis markers for diagnosis of acute and chronic infections.
-Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA) which may produce anomalous values when tested with assay kits that employs mouse monoclonal antibodies.
-Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or animal serum products can be prone to this interference and anomalous results may be observed.
-Cross reactivity for specimens from individual with medical conditions (Pregnancy, HIV etc) has been observed.
-HBsAg mutations may result in a false negative result in some HBsAg assays.
-If HBsAg results are inconsistent with clinical evidence, additional testing is suggested to confirm the result.

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **HIV** | | | | |
| HIV-SEROLOGY | NON REACTIVE | | <1.0 : NON REACTIVE<br>>1.0 : REACTIVE | |

Done by: Vitros ECI ( Sandwich Assay)
Note:-Elisa test is a screening method for HIV.It is known to give false Positive & Negative result.
Hence confirmation:"Western Blot" method is advised.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **HCV** | | | | |
| Anti-Hepatitis C Virus Antibodies. | NON REACTIVE | | < 1.0 : NON REACTIVE<br>> 1.0 : REACTIVE | Sandwich Assay |

Done by: Vitros ECI ( Sandwich Assay)
Note:This is only a Screening test. Confirmation of the result ( Non Reactive/Reactive)should be done by performing a PCR based test.

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PR.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **CBC (COMPLETE BLOOD COUNT)** | | | | |
| Hb | **5.4** | g/dl | 12 - 15 | Non Cyanide |
| R.B.C. COUNT | **2.90** | mil/cmm | 3.8 - 4.8 | Electrical Impedence |
| PCV | **21.4** | % | 36 - 45 | Pulse hieght detection |
| MCV | **74.6** | fL | 80 - 96 | calculated |
| MCH | **18.8** | pg | 27 - 33 | Calculated |
| MCHC | **25.2** | g/dL | 30 - 36 | Calculated |
| RDW | **21.4** | % | 11 - 15 | RBC histogram derivation |
| RETIC | 4.4 % | % | 0.5 - 2.5 | Microscopy |
| TOTAL LEUCOCYTES COUNT | 4030 | /cmm | 4000 - 10000 | Flocytrometry |
| **DIFFERENTIAL LEUCOCYTE COUNT** | | | | |
| NEUTROPHIL | 57 | % | 40 - 75 | Flowcytrometry |
| LYMPHOCYTES | 33 | % | 25 - 45 | Flowcytrometry |
| EOSINOPHIL | 6 | % | 1 - 6 | Flowcytrometry |
| MONOCYTE | 4 | % | 2 - 10 | Flowcytrometry |
| BASOPHIL | **0** | % | 00 - 01 | Flowcytrometry |
| PLATELET COUNT | **77,000** | /cmm | 150000 - 450000 | Elect Imped.. |
| PLATELET COUNT (MANUAL) | **87000** | /cmm | 150000 - 450000 | Microscopy . |
| Absolute Neutrophils Count | 2,297 | /cmm | 2000 - 7000 | Calculated |
| Absolute Lymphocytes Count | 1,330 | /cmm | 1000-3000 | Calculated |
| Absolute Eosinophils Count | 242 | /cmm | 20-500 | Calculated |
| Absolute Monocytes Count | 161 | /cmm | 200-1000 | Calculated |
| Mentzer Index | 26 | | | |
| Peripheral Blood Picture | : | | | |

Red blood cells show cytopenia,microcytic hypochromic with few macrocytes,anisocytosis++. Platelets are reduced. No parasite seen.

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

MC-2491

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