Charak			Phone : 0522-4062223, 93 9415577933, 9336154100 E-mail : charak1984@gma), Tollfree No.: 8688360360 il.com
IAGNOSTICS Pvt. Ltd	I.		CMO Reg. No. RMEE 2 NABL Reg. No. MC-249 Certificate No. MIS-2023	1
Patient Name : Mr.GAURAV JAIN		Vis	sit No : CH	A250045301
Age/Gender : 39 Y/M		Re	gistration ON : 13/	Mar/2025 02:57PM
Lab No : 10142596		Sa	mple Collected ON : 13/	Mar/2025 02:58PM
Referred By : Dr.MANISH TANDON			1	'Mar/2025 03:16PM
Refer Lab/Hosp : CHARAK NA Doctor Advice : USG WHOLE ABDOMEN,PT/P	C/INR,HBSAg,HCV,HI	Re V,FOLIC ACID,VIT	port Generated ON : 13/ B12,Iron,FERRITIN,TIBC,CBC ((Mar/2025 06:01PM WHOLE BLOOD)
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		1		
VITAMIN B12	424	pg/mL		CLIA
			180 - 814 Normal	
			145 - 180 Intermedia	
			145.0 Deficient pg/n	11
Summary :-				
Nutritional & macrocytic anemias ca		-		
This deficiency can result from diets alcoholism or from structural / functi				
processes. Malabsorption is the major			pauve	
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, an encephaly, 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, clinical examination 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.



Alasha

KHAN Dr. SYED SAIF AHMAD ST MD (MICRဝှန္စုဝူ႕ဝှင္ခု)

[Checked By]

P.R.

DR. NISHANT SHARMA PATHOLOGIST

Charak dhar		Phone : 0522-40 9415577933, 93 E-mail : charak19	292/05, Tuisidas Marg, Basement Chowk, Lucknow-226 003 Phone : 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360 E-mail : charak1984@gmail.com			
DIAGN	IOSTICS Pvt. Ltd.	CMO Reg. No. NABLReg. No. Certificate No.				
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 Doctor Advice		Report Generated ON g.HCV,HIV,FOLIC ACID,VIT B12,Iron,FERRITIN,T				

Test Nam	e	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.

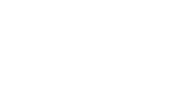
LIMITATIONS:

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	3 Second	Clotting Assay
Protrhromin concentration	ı	79 %		100 %	
INR (International Normali	zed Ratio)	1.16		1.0	

CHARAK





[Checked By]

DR. NISHANT SHARMA PATHOLOGIST

PATHOLOGIST

DR. SHADABKHAN Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

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DIAGN	IOSTICS Pvt. Ltd.	CMO Reg. No. F NABL Reg. No. I Certificate No. N	MC-2491			
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 Doctor Advice	: CHARAK NA . USG WHOLE ABDOMEN,PT/PC/INR,HBSAg,HCV	Report Generated ON /,HIV,FOLIC ACID,VIT B12,Iron,FERRITIN,TI	: 13/Mar/2025 06:01PM BC,CBC (WHOLE BLOOD)			

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	CMIA

9 2 0 K

>1 - Reactive

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.



Alasha

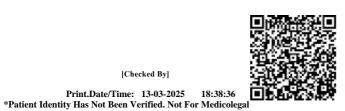
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DR. NISHANT SHARMA PATHOLOGIST

PATHOLOGIST

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DIAGNOSTICS	vt. Ltd.	NABLRe	g. No. RMEE 2445133 g. No. MC-2491 e No. MIS-2023-0218	
Patient Name : Mr.GAURAV JAIN		Visit No	: CHA25004	5301
Age/Gender : 39 Y/M		Registration ON	: 13/Mar/20	25 02:57PM
Lab No : 10142596		Sample Collecte	d ON : 13/Mar/20	25 02:58PM
Referred By : Dr.MANISH TANDON		Sample Receive	d ON : 13/Mar/20	25 03:16PM
Refer Lab/Hosp : CHARAK NA Doctor Advice : USG WHOLE ABDOMEN	J,PT/PC/INR,HBSAg,HCV,HIV	Report Generate FOLIC ACID,VIT B12,Iron,FER		25 06:01PM LOOD)
Test Name	Result	Unit Bio.	Ref. Range	Method
HIV		1		
HIV-SEROLOGY	NON REACTIVE	<1.0 : N	ON REACTIVE	
		>1.0	: REACTIVE	
Anti-Hepatitis C Virus Antibodie	es. NON REACTIVE		ION REACTIVE San : REACTIVE	idwich Assay
Done by: Vitros ECI (Sandwich Ass				
Note: This is only a Screening test. Cotest.	onfirmation of the result (Non Reactive/Reactive)sh	ould be done by perform	ning a PCR based
test.				
	011	D A LZ		
	CHA			
	VI 17			



DR. NISHANT SHARMA DR. SHADABKHAN Dr. SYED SAIF AHMAD PATHOLOGIST

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DIAGN	IOSTICS Pvt. Ltd.	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 03:20PM			

Doctor Advice : USG WHOLE ABDOMEN, PT/PC/INR, HBSAg, HCV, HIV, FOLIC ACID, VIT B12, Iron, FERRITIN, TIBC, CBC (WHOLE BLOOD)

Refer Lab/Hosp : CHARAK NA

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
МСН	18.8	pg	27 - 33	Calculated
МСНС	25.2	g/dL	30 - 36	Calculated
RDW	21.4	%	11 - 15	RBC histogram
				derivation
RETIC	<mark>4.4 %</mark>	%	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 ***



[Checked By]



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Report Generated ON : 13/Mar/2025 04:49PM

DR. NISHANT SHARMA PATHOLOGIST

PATHOLOGIST

DR. SHADABKHAN Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)