Charak dha			Phone : 0522-4062223, 9415577933, 93361541 E-mail : charak1984@gn CMO Reg. No. RMEE	2445133
AGNUSTICS Pvt. Ltd	d.		NABL Reg. No. MC-24 Certificate No. MIS-202	91 23-0218
atient Name : Ms.YANSHI KUMARI 516 ge/Gender : 12 Y/F	050	Visit Regis	No : CHA	A250046705 Mar/2025 09:46AM
ab No : 10144000		-		Mar/2025 10:12AM
eferred By : Dr. VIDHYA GYAN SCHOOL efer Lab/Hosp : CREDIT CLIENT		-		Mar/2025 10:12AM Mar/2025 01:33PM
FASTING,CBC (WHOLE BLOO	D),ESR,LIPID-PROFIL	E,PROTEIN ,Albur	nin,GLOBULIN,AG RATIO,BILI ,TIBC,Iron,TRANSFERRIN SAT	RUBIN TDI,ALK PHOS,CALCIUM,UI
ACID, OKLATIIVIIVL, DOIVOKLA		ATRT, CILORIDE		
	VIDH	YA GYAN		
Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	28.00		0 - 15	Westergreen
Note:				
HBA1C Glycosylated Hemoglobin (HbA1c )	5.2	%	4 - 5.7	HPLC (EDTA)
NOTE:- Glycosylated Hemoglobin Test (HbA1c)is Technology(High performance Liquid Ch				e method,ie:HPLC
EXPECTED (RESULT) RANGE:				
Bio systemDegree of normal4.0 - 5.7 %Normal Value (OR) N5.8 - 6.4 %Pre Diabetic Stage				
> 6.5 %Diabetic (or) Diabetic6.5 - 7.0 %Well Controlled Diabetic7.1 - 8.0 %Unsatisfactory Control> 8.0 %Poor Control and needs		ARA	AK	
BLOOD UREA NITROGEN				
Blood Urea Nitrogen (BUN)	9.35	mg/dL	7-21	calculated
BUN CREATININE RATIO				
BUN CREATININE RATIO	10.38		5 - 35	
[Checked By]		DR. N	hannon NISHANT SHARMA DR. S	SHADAB Dr. SYED SAIF AF

Print.Date/Time: 17-03-2025 14:15:14

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PATHOLOGIST PAT

PATHOLOGIST MD (MICROBIOLOGY) Page 1 of 8

<b>Charak</b>			E-mail : charak1984@gma CMO Reg. No. RMEE 2 NABL Reg. No. MC-249 Certificate No. MIS-2023	445133 1
tient Name : Ms. YANSHI KUMAR	1 516050	Visit N		50046705
e/Gender : 12 Y/F		Regist	ration ON : 17/M	ar/2025 09:46AM
b No : 10144000		Sampl	e Collected ON : 17/M	ar/2025 10:12AM
ferred By : Dr. VIDHYA GYAN SCH	JOL	Sampl	e Received ON : 17/M	ar/2025 10:12AM
		ILE,PROTEIN ,Album		ar/2025 01:33PM UBIN TDI,ALK PHOS,CALCIUM RAT
	VID	<u>HYA GYAN</u>		
Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	2.5	mg/dL	2.40 - 5.70	Uricase,Colorimetr
CALCIUM	9.6	mg/dl	8.8 - 10.2	dapta / arsenazo II
CALCIDIM	7.0	ng/u	0.0 - 10.2	uapta / ai seriazu ii
INTERPRETATION:				
-Calcium level is increased in patients multiple myeloma, Paget's disease. -Calcium level is decreased in patients	with hemodialysis, hypop	arathyroidism (prim	nary, secondary), vitamin D o	leficiency, acute pancreatitis
diabetic Keto-acidosis, sepsis, acute m				
diabetic Keto-acidosis, sepsis, acute m				
diabetic Keto-acidosis, sepsis, acute m	7.60	mg/dl	6.8 - 8.5	
diabetic Keto-acidosis, sepsis, acute m PROTEIN PROTEIN Serum	7.60	mg/dl	6.8 - 8.5	
diabetic Keto-acidosis, sepsis, acute m PROTEIN PROTEIN Serum	7.60 4.6	mg/dl gm/dl	6.8 - 8.5 3.20 - 5.50	Bromcresol Green (BCG)
diabetic Keto-acidosis, sepsis, acute m PROTEIN PROTEIN Serum SERUM ALBUMIN				

AG RATIO AG RATIO

1.5 : 1



DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 2 of 8

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		Phone: 0522-4062223, 9 9415577933, 933615410 E-mail: charak1984@gm CMO Reg. No. RMEE NABL Reg. No. MC-249	2445133 91
050	¥7. •		
5050			250046705 //ar/2025 09:46AM
	-		/ar/2025 10: 12AM
		•	/ar/2025 10: 12AM
	Repo LE,PROTEIN ,Albu	- ort Generated ON : 17/۸ min,GLOBULIN,AG RATIO,BILII	1ar/2025 01:33PM RUBIN TDI,ALK PHOS,CALCIUM,UR
		Die Def Denge	Method
Result	Unit	DIO. REI. Raliye	Iviethoa
2.26	Ratio		Calculated
2.20			
0.88	Ratio	Desirable / low risk -	Calculated
	ATININE RATIO,BUN	d. 5050 Visit Regi Sam Sam Sam Cold,ESR,LIPID-PROFILE,PROTEIN,AIbu ATININE RATIO,BUN,NA+K+,CHLORIDI VIDHYA GYAN Result Unit	Phone : 0522-4062223, 9 9415577933, 933615410 E-mail : charak1984@gm CMO Reg. No. MC-248 Certificate No. MIS-202 0050 Visit No : CHA Registration ON : 17/N Sample Collected ON : 17/N Sample Collected ON : 17/N Sample Received ON : 17/N Report Generated ON : 17/N OD), ESR, LIPID-PROFILE, PROTEIN, Albumin, GLOBULIN, AG RATIO, BILH ATTININE RATIO, BUN, NA+K+, CHLORIDE, TIBC, Iron, TRANSFERRIN SAT VIDHYA GYAN Result Unit Bio. Ref. Range

## CHLORIDE

CHLORIDE

### Increased In:

Renal tubular diseases, Respiratory alkalosis, Drugs: Excessive administration of certain drugs (e.g., ammonium chloride, IV saline), Retention of salt and water (e.g., corticosteroids), Some cases of hyperparathyroidism, Diabetes insipidus, dehydration.

#### Decreased In:

Prolonged vomiting, Chronic respiratory acidosis, Salt-losing renal diseases, Adrenocortical insufficiency, Primary aldosteronism, Burns, Chronic laxative abuse

101.00



mmol/l



DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

98 - 107

**ISE Indirect** 

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 3 of 8

[Checked By]

					9415577933, 9336 E-mail : charak1984 CMO Reg. No. RM NABL Reg. No. MO	@gmail.com IEE 2445133 C-2491	<b>NU</b> 0000000000
					Certificate No. MIS	\$-2023-0218	
	SHI KUMARI 5	16050		Visit N		CHA2500467	
e/Gender : 12 Y/F b No : 10144	000			-		17/Mar/2025 17/Mar/2025	
	A GYAN SCHOOL			-		17/Mar/2025	
fer Lab/Hosp : CREDIT C		-		-		17/Mar/2025	-
				N ,Album	in,GLOBULIN,AG RATIO FIBC,Iron,TRANSFERRIN	,BILIRUBIN TDI,A	
ACID,CN	LEATININE, BOIN CI	A A A A A A A A A A A A A A A A A A A	J,DUN,NA+K+,CII	LOMDE,			
			<u>VIDHYA GYAN</u>				
Test Nam	e	Result	Unit		Bio. Ref. Rang	e	Method
IRON		F1 (			50 140		
IRON		51.9	90 ug/	ai	59 - 148		ozine-no
						dep	roteinization
Interpretation:	1						
Disease	Iron	TIBC	UIBC	%Tra	nsferrin Saturation	Ferritin	
Iron Deficiency	Low	High	High	Low		Low	
Hemochromatosis	High	Low	Low	High		High	
Chronic Illness	Low	Low	Low/Normal	Low		Normal/Hig	<u>;h</u>
Hemolytic Anemia	High		Low/Normal	High		High	
Sideroblastic Anemia	Normal/High	Normal/L <mark>ow</mark>	Low/Normal	High		High	
Iron Poisoning	High	Normal	Low	High		Normal	
TIBC							
TIBC		375.	00 ug/	'ml	265 - 497	calc	ulated
TRANSFERRIN SATURAT							
TRANSFERRIN SATURAT		13.8	4 %		22 - 45	Immi	unoturbidimeti
INTERPRETATION:	ency load	CI		οл	K	mm	
<ul> <li>Low Values in iron defici</li> <li>High Values in iron over</li> <li>Raised transferrin satur</li> </ul>							
- High Values in iron over							

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.

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	larak dhar	292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003 <b>Phone</b> : 0522-4062223, 9305548277, 84008888844 9415577933, 9336154100, <b>Tollfree No.:</b> 8688360360 <b>E-mail</b> : charak1984@gmail.com				
DIAG	NOSTICS Pvt. Ltd.	NABLReg. N	o. RMEE 2445133 o. MC-2491 o. MIS-2023-0218			
Patient Name	: Ms.YANSHI KUMARI 516050	Visit No	: CHA250046705			
Age/Gender	: 12 Y/F	Registration ON	: 17/Mar/2025 09:46AM			
Lab No	: 10144000	Sample Collected ON	: 17/Mar/2025 10:12AM			
Referred By	: Dr.VIDHYA GYAN SCHOOL	Sample Received ON	: 17/Mar/2025 10:12AM			
Refer Lab/Hosp	: CREDIT CLIENT	Report Generated ON				
Doctor Advice	FASTING,CBC (WHOLE BLOOD),ESR,LIPID-PROFILE,PROTEIN ACID,CREATININE,BUN CREATININE RATIO,BUN,NA+K+,CHI					

VIDHYA GYAN						
Test Name	Result	Unit	Bio. Ref. Range	Method		
URINE EXAMINATION REPORT						
Colour-U	STRAW		Light Yellow			
Appearance (Urine)	CLEAR		Clear			
Specific Gravity	1.015		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	Occasional	/hpf	0 - 5			
RBC / hpf	Nil		< 3/hpf			

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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 5 of 8

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	292/05, Tulsidas Marg, Basement Chowk, Lu           Phone : 0522-4062223, 9305548277, 84008           9415577933, 9336154100, Tollfree No.: 86           E-mail : charak1984@gmail.com		4062223, 9305548277, 84008888844 9336154100, Tollfree No.: 8688360360	
DIAG	NOSTICS Pvt. Ltd.	NABL Reg. No	o. RMEE 2445133 o. MC-2491 o. MIS-2023-0218	
Patient Name	: Ms.YANSHI KUMARI 516050	Visit No	: CHA250046705	
Age/Gender	: 12 Y/F	Registration ON	: 17/Mar/2025 09:46AM	I
Lab No	: 10144000	Sample Collected ON	: 17/Mar/2025 10:12AM	I
Referred By	: Dr.VIDHYA GYAN SCHOOL	Sample Received ON	: 17/Mar/2025 11:12AM	I
Refer Lab/Hosp	: CREDIT CLIENT	Report Generated ON	: 17/Mar/2025 01:09PM	1
Doctor Advice	ASTING,CBC (WHOLE BLOOD),ESR,LIPID-PROFILE,PROTEIN ACID,CREATININE,BUN CREATININE RATIO,BUN,NA+K+,CHI	, , , ,		I,URIC

PR.

	VIDH	YA GYAN		
Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.1	g/dl	11 - 15	Non Cyanide
R.B.C. COUNT	3.70	mil/cmm	4 - 5.1	Electrical
				Impedence
PCV	37.5	%	31 - 43	Pulse hieght
				detection
MCV	101.9	fL	76 - 87	calculated
МСН	32.9	pg	26 - 28	Calculated
МСНС	32.3	g/dL	33 - 35	Calculated
RDW	1 <mark>6.2</mark>	%	11 - 15	RBC histogram
				derivation
RETIC	1.0%	%	0.3 - 1	Microscopy
TOTAL LEUCOCYTES COUNT	<mark>6700</mark>	/cmm	4500 - 13500	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	57	%	40 - 70	Flowcytrometry
LYMPHOCYTES	34	%	30 - 50	Flowcytrometry
EOSINOPHIL	5	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	0 - 8	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	182,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	182000	/cmm	150000 - 450000	Microscopy.
Absolute Neutrophils Count	3,819	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,278	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	335	/cmm	20-500	Calculated
Absolute Monocytes Count	268	/cmm	200-1000	Calculated
Mentzer Index	28			
Peripheral Blood Picture	:			
				. • •

RBC are slightly reduced in number and are macrocytic. WBC are within normal limits. Platelets are adequate in number.





DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 6 of 8

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Patient Name	: Ms.YANSHI KUMARI 516050	Visit No	: CHA250046705	
Age/Gender	: 12 Y/F	Registration ON	: 17/Mar/2025 09:46AM	
Lab No	: 10144000	Sample Collected ON	: 17/Mar/2025 10:12AM	
Referred By	: Dr.VIDHYA GYAN SCHOOL	Sample Received ON	: 17/Mar/2025 11:13AM	
Refer Lab/Hosp	: CREDIT CLIENT		: 17/Mar/2025 01:09PM	
Doctor Advice	FASTING,CBC (WHOLE BLOOD),ESR,LIPID-PROFILE,PROTEIN ACID,CREATININE,BUN CREATININE RATIO,BUN,NA+K+,CHI	, , , ,		

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<u>VIDHYA GYAN</u>						
Test Name	Result	Unit	Bio. Ref. Range	Method		
FASTING						
Blood Sugar Fasting	101.4	mg/dl	70 - 110	Hexokinase		
NA+K+						
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct		
POTASSIUM Serum	3.8	MEq/L	3.5 - 5.5	ISE Direct		
SERUM CREATININE			and the second s			
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate- kinetic		
BILIRUBIN TDI						
TOTAL BILIRUBIN	0.61	mg/dl	0.4 - 1.1	Diazonium Ion		
DIRECT BILIRUBIN	0.15	mg/dL	0-0.3	DIAZOTIZATION		
BILIRUBIN (INDIRECT)	0.46	mg/dl	0.1 - 1.00	CALCULATED		
ALK PHOS						
ALK PHOS	263.00	U/L	129 - 417	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.





DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 7 of 8

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	Charak dhar		292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 00 <b>Phone</b> : 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, <b>Tollfree No.:</b> 8688360360 <b>E-mail</b> : charak1984@gmail.com			
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Patient Name	: Ms.YANSHI KUMARI 516050	Visit No	: CHA250046705			
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Referred By	: Dr.VIDHYA GYAN SCHOOL	Sample Received ON	: 17/Mar/2025 11:13AM			
Refer Lab/Hosp Doctor Advice	: CREDIT CLIENT FASTING,CBC (WHOLE BLOOD),ESR,LIPID-PROFILE,PROTEIN ACID,CREATININE,BUN CREATININE RATIO,BUN,NA+K+,CHI		ATIO, BILIRUBIN TDI, ALK PHOS, CALCIUM, URIC			

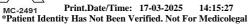
	<u>VIDHYA GYAN</u>							
Test Name	Result	Unit	Bio. Ref. Range	Method				
LIPID-PROFILE	· · ·			·				
TOTAL CHOLESTEROL	120.00	mg/dL	Desirable: <200 mg/dl	CHOD-PAP				
			Borderline-high: 200-23	9				
			mg/dl					
			High:>/=240 mg/dl					
TRIGLYCERIDES	102.00	mg/dL	Normal: <150 mg/dl	5				
			Borderline-high:150 - 19	9 endpoint				
			mg/dl					
			High: 200 - 499 mg/dl					
			Very high:>/=500 mg/d					
H D L CHOLESTEROL	5 <mark>3.10</mark>	mg/dL	30-70 mg/dl	CHER-CHOD-PAP				
L D L CHOLESTEROL	<mark>46.50</mark>	mg/dL	Optimal:<100 mg/dl	CO-PAP				
			Near Optimal:100 - 129					
			mg/dl					
			Borderline High: 130 - 15	9				
			mg/dl					
			High: 160 - 189 mg/dl					
			Very High:>/= 190 mg/d					
VLDL	20.40	mg/dL	10 - 40	Calculated				

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

# **CHARAK**



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST

Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 8 of 8