Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
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.PREM PRAKASH RAI	Visit No	: CHA250046867
Age/Gender	: 70 Y/M	Registration ON	: 17/Mar/2025 10:58AM
Lab No	**: 10144162**	Sample Collected ON	: 17/Mar/2025 10:59AM
Referred By	: Dr.BM RAI	Sample Received ON	: 17/Mar/2025 11:20AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 17/Mar/2025 02:17PM
Doctor Advice	: LIPID-PROFILE,URIC ACID,RF FACTOR,URINE C/S,TIBC,25 OH vit. D,VIT B12,FASTING,HBA1C (EDTA),T3T4TSH,ESR,HS-CRP,FERRITIN,Iron,MAGNESIUM,USG UPPER ABDOMEN,NA+K+,CREATININE,UREA,CBC (WHOLE BLOOD),LFT		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	10.00		0 - 20	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.

HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.1	%	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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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
RF FACTOR				
RHEUMATOID FACTOR	4.50	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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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 17/Mar/2025 04:50PM
Doctor Advice	: LIPID-PROFILE,URIC ACID,RF FACTOR,URINE C/S,TIBC,25 OH vit. D,VIT B12,FASTING,HBA1C (EDTA),T3T4TSH,ESR,HS-CRP,FERRITIN,Iron,MAGNESIUM,USG UPPER ABDOMEN,NA+K+,CREATININE,UREA,CBC (WHOLE BLOOD),LFT		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
HS-CRP				
HIGH SENSITIVE CRP	**6.60**	mg/L	0.20 - 6	Turbidimetry

INTERPRETATION:

hsCRP	Cardiovascular risk
<1.0 mg/L	Low
1.0-3.0	Average
3.1-10.0	High
>10.0	Other Inflammatory Processes

COMMENTS:
The high-sensitivity C-reactive protein (hsCRP) assay is a quantitative analysis test of very low levels of C-reactive protein (CRP) in the blood. The hsCRP assay is being increasingly used as a marker for cardiac risk assessment and as a prognostic tool in heart disease. The CRP test, in addition to lipid evaluation and global risk scoring systems, helps in the evaluation of cardiovascular disease risk in an individual.
Risk Stratification: hsCRP is used to determine the probability of recurrence of cardiac events in patients with stable coronary heart disease and ACS.
Risk Assessment: The hsCRP assay has been recommended in patients with intermediate risk of coronary heart disease (CHD) in order to determine the need for further evaluation and therapy.

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	**6.2**	mg/dL	2.40 - 5.70	Uricase,Colorimetric
MAGNESIUM				
SERUM MAGNESIUM	2.20	mg/dl	1.70 - 2.70	Xylidyl blue

COMMENTS:

-Magnesium is primarily an intracellular ion associated with gastrointestinal (GI) absorption and renal excretion. It is the fourth most abundant cation in the body and is second to potassium within cell. It is stored in bones, skeletal muscles and other cells and only a part in extracellular fluid. Mg^{2+} is a cofactor of many enzyme system concerned with cell respiration, glycolysis, transmembrane transport of other cations such as calcium and sodium. The activity of Na-K-ATPase pump depends on magnesium.
-Assessment of magnesium level is used for the diagnosis and monitoring of hypomagnesemia or hypermagnesemia.
-Magnesium deficiency leads to impairment of neuromuscular functions resulting in hyperirritability, tetany, convulsion or electrocardiographic changes. It is also associated with cardiovascular diseases such as hypertension, myocardial infarction, cardiac dysrhythmias, coronary vasopasm & premature atherosclerosis. Diabetic ketoacidosis, chronic alcoholism, malnutrition, lactation malabsorption are other conditions linked with it.
-Increased serum magnesium concentration has been observed in dehydration, Addison's disease, rhabdomyolysis or acute or chronic renal failure.

LIPID-PROFILE				
Cholesterol/HDL Ratio	4.32	Ratio		Calculated
LDL / HDL RATIO	2.08	Ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0-6.0 Elevated / High risk - >6.0	Calculated
			Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0-6.0 Elevated / High risk - > 6.0	
IRON				
IRON	113.00	ug/ dl	59 - 148	Ferrozine-no deproteinization
TIBC				
TIBC	**239.00**	ug/ml	265 - 497	calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
25 OH vit. D				
25 Hydroxy Vitamin D	17.34	ng/ml		ECLIA

Deficiency < 10
Insufficiency 10 - 30
Sufficiency 30 - 100
Toxicity > 100

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY(Cobas e 411,Unicel DxI600,vitros ECI)

VITAMIN B12				
VITAMIN B12	**100**	pg/mL	180 - 814 Normal 145 - 180 Intermediate 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.

FERRITIN				
FERRITIN	71.3	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.

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Referred By	: Dr.BM RAI	Sample Received ON	: 17/Mar/2025 12:44PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 17/Mar/2025 02:17PM
Doctor Advice	: LIPID-PROFILE,URIC ACID,RF FACTOR,URINE C/S,TIBC,25 OH vit. D,VIT B12,FASTING,HBA1C (EDTA),T3T4TSH,ESR,HS-CRP,FERRITIN,Iron,MAGNESIUM,USG UPPER ABDOMEN,NA+K+,CREATININE,UREA,CBC (WHOLE BLOOD),LFT		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	**15.5**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.60	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	**46.8**	%	36 - 45	Pulse hieght detection
MCV	**101.5**	fL	80 - 96	calculated
MCH	**33.6**	pg	27 - 33	Calculated
MCHC	33.1	g/dL	30 - 36	Calculated
RDW	**15.8**	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6910	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	54	%	40 - 75	Flowcytrometry
LYMPHOCYTES	41	%	25 - 45	Flowcytrometry
EOSINOPHIL	2	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	160,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	160000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,731	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,833	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	138	/cmm	20-500	Calculated
Absolute Monocytes Count	207	/cmm	200-1000	Calculated
Mentzer Index	22			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with macrocytes. Platelets are adequate. No immature cells or parasite seen.

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	102.1	mg/dl	70 - 110	Hexokinase
NA+K+				
SODIUM Serum	138.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.1	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	22.20	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	1.00	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	**0.40**	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.60	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	115.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	24.2	U/L	5 - 40	UV without P5P
SGOT	24.0	U/L	5 - 40	UV without P5P

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	164.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	**235.00**	mg/dL	Normal: <150 mg/dl Borderline-high:150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Serum, Enzymatic, endpoint
H D L CHOLESTEROL	38.00	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	79.00	mg/dL	Optimal:<100 mg/dl Near Optimal:100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High:>/= 190 mg/dl	CO-PAP
VLDL	**47.00**	mg/dL	10 - 40	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.80	nmol/L	1.49-2.96	ECLIA
T4	88.60	n mol/l	63 - 177	ECLIA
TSH	**5.40**	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 *****

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