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NAME : Mrs. JYOTI SODHI
AGE/ GENDER : 53 YRS/FEMALE
COLLECTED BY : SURJESH
REFERRED BY :
BARCODE NO. : 01523242
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1712580
REG. NO./LAB NO. : 012412310009
REGISTRATION DATE : 31/Dec/2024 09:55 AM
COLLECTION DATE : 31/Dec/2024 10:09AM
REPORTING DATE : 31/Dec/2024 12:32PM

Test Name	Value	Unit	Biological Reference interval
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CLINICAL CHEMISTRY/BIOCHEMISTRY

FERRITIN

FERRITIN: SERUM	44.89	ng/mL	4.63 - 204.0
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by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

INTERPRETATION:

Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin concentration. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

DECREASED:

1. Iron depletion appears to be the only condition associated with reduced serum ferritin concentrations.
2. Hypothyroidism.
3. Vitamin-C deficiency.

INCREASED FERRITIN DUE TO IRON OVERLOAD (PRIMARY):

1. Hemochromatosis or hemosiderosis.
2. Wilson Disease.

INCREASED FERRITIN DUE TO IRON OVERLOAD (SECONDARY):

1. Transfusion overload
2. Excess dietary Iron
3. Porphyria Cutanea tarda
4. Ineffective erythropoiesis.

INCREASED FERRITIN WITHOUT IRON OVERLOAD:

1. Liver disorders (NASH) or viral hepatitis (B/C).
2. Inflammatory conditions (Ferritin is a acute phase reactant) both acute and chronic.
3. Leukaemia, hodgekin's disease.
4. Alcohol excess.
5. Other malignancies in which increases probably reflect the escape of ferritin from damaged liver cells, impaired clearance from the plasma, synthesis of ferritin by tumour cells.
6. Ferritin levels below 10 ng/ml have been reported as indicative of iron deficiency anemia.

NOTE:

1. As Ferritin is an acute phase reactant, it is often raised in both acute and chronic inflammatory condition of the body such as infections leading to false positive results. It can therefore mask a diagnostically low result. In such Cases serum ferritin levels should always be correlated with C-Reactive proteins to rule out any inflammatory conditions.
2. Patients with iron deficiency anaemia may occasionally have elevated or normal ferritin levels. This is usually seen in patients already receiving iron therapy or in patients with concomitant hepatocellular injury.

*** End Of Report ***



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