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.DEEPAK SONI	Visit No	: CHA250033546
Age/Gender	: 22 Y/M	Registration ON	: 24/Feb/2025 08:04PM
Lab No	**: 10130842**	Sample Collected ON	: 24/Feb/2025 08:08PM
Referred By	: Dr.MANISH TANDON	Sample Received ON	: 24/Feb/2025 08:37PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 10:23AM
Doctor Advice	: RANDOM,NA+K+,CREATININE,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD),USG WHOLE ABDOMEN,DIGITAL 1		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	15.00		0 - 15	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.

Test Name	Result	Unit	Bio. Ref. Range
CRP-QUANTITATIVE			
CRP-QUANTITATIVE TEST	2.6	MG/L	0.1 - 6

Method: Immunoturbidimetric

(Method: Immunoturbidimetric on photometry system)

SUMMARY : C - reactive protien (CRP) is the best known among the acute phase protiens, a group of protien whose concentration increases in blood as a response to inflammatory disorders.CRP is normally present in low concentration in blood of healthy individuals (< 1mg/L). It is elevated up to 500 mg/L in acute inflammatory processes associated with bacterial infections, post operative conditions tissue damage already after 6 hours reaching a peak at 48 hours.. The measurment of CRP represents a useful aboratory test for detection of acute infection as well as for monitoring inflammtory proceses also in acute rheumatic & gastrointestinal disease. In recent studies it has been shows that in apparrently healthy subjects there is a direct orrelation between CRP concentrations & the risk of developing oronary heart disease (CHD).

hsCRP cut off for risk assessment as per CDC/AHA

Level	Risk
<1.0	Low
1.0-3.0	Average
>3.0	High

All reports to be clinically corelated

[Checked By]

Print.Date/Time: 25-02-2025 11:20:44

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DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	14.4	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.60	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	43.5	%	36 - 45	Pulse hieght detection
MCV	95.0	fL	80 - 96	calculated
MCH	31.4	pg	27 - 33	Calculated
MCHC	33.1	g/dL	30 - 36	Calculated
RDW	13.2	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8440	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	68	%	40 - 75	Flowcytrometry
LYMPHOCYTES	**23**	%	25 - 45	Flowcytrometry
EOSINOPHIL	5	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	258,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	258000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,739	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,941	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	422	/cmm	20-500	Calculated
Absolute Monocytes Count	338	/cmm	200-1000	Calculated
Mentzer Index	21			
Peripheral Blood Picture	:			

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

MC-2491

[Checked By]

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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
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	92.1	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	137.3	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.3	MEq/L	3.5 - 5.5	ISE Direct
SERUM CREATININE				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.40	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.10	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.30	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	82.50	U/L	30 - 120	PNPP, AMP Buffer
SGPT	25.2	U/L	5 - 40	UV without P5P
SGOT	**46.4**	U/L	5 - 40	UV without P5P

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

MC-2491

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PR.

ULTRASOUND STUDY OF WHOLE ABDOMEN

Excessive gaseous abdomen

- **Liver** is **mildly enlarged in size (~152mm) and shows mild inhomogenous echotexture of liver parenchyma.** No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- **Few subcentimeteric mesenteric lymphnodes are seen with maintained hilum (non specific)**.
- No ascites is seen.
- **Both kidneys** are normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 91 x 45 mm in size. Left kidney measures 95 x 49 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is *inadequate distended.*

OPINION:

- **MILD HEPATOMEGALY WITH MILD INHOMOGENOUS ECHOTEXTURE OF LIVER PARENCHYMA.**
- **FEW SUBCENTIMETERIC MESENTERIC LYMPHNODES WITH MAINTAINED HILUM (NON SPECIFIC)**.

(Possibility of acid peptic disease could not be ruled out).

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Gausiya

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PR.

SKIAGRAM ABDOMEN (ERECT) AP VIEW

- No free gas is seen under both dome of diaphragm.
- No abnormal air fluid levels are seen.

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed By: Purvi

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