

Patient Name : Ms.RUQAYYA BANO	Visit No : CHA250033895
Age/Gender : 22 Y/F	Registration ON : 25/Feb/2025 11:43AM
Lab No : 10131191	Sample Collected ON : 25/Feb/2025 11:45AM
Referred By : Dr.CHARAK RUDAULI	Sample Received ON : 25/Feb/2025 12:18PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 25/Feb/2025 02:15PM
Doctor Advice : WIDAL,CBC (WHOLE BLOOD),USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
WIDAL				
Sample Type : SERUM				

SALMONELLA TYPHI O	1/40
SALMONELLA TYPHI H	1/40
NOTE:	Negative



CHARAK

[Checked By]

Print.Date/Time: 25-02-2025 14:50:56

*Patient Identity Has Not Been Verified. Not For Medicolegal



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

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Lab No : 10131191	Sample Collected ON : 25/Feb/2025 11:45AM
Referred By : Dr.CHARAK RUDAULI	Sample Received ON : 25/Feb/2025 12:28PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 25/Feb/2025 01:55PM
Doctor Advice : WIDAL,CBC (WHOLE BLOOD),USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	11.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	34.1	%	36 - 45	Pulse height detection
MCV	88.8	fL	80 - 96	calculated
MCH	28.6	pg	27 - 33	Calculated
MCHC	32.3	g/dL	30 - 36	Calculated
RDW	13.5	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8180	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	59	%	40 - 75	Flowcytometry
LYMPHOCYTES	35	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	250,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	250000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,826	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,863	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	164	/cmm	20-500	Calculated
Absolute Monocytes Count	327	/cmm	200-1000	Calculated
Mentzer Index	23			
Peripheral Blood Picture	:			

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

*** End Of Report ***



[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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ULTRASOUND STUDY OF WHOLE ABDOMEN

Excessive gaseous abdomen

- **Liver** is mildly enlarged in size (~147mm) and shows homogenous 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.
- No retroperitoneal adenopathy is seen.
- 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 88 x 42 mm in size. Left kidney measures 83 x 39 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is normal in size, measures 74 x 37 x 33 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 8.8 mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- **Both ovaries** A well defined anechoic cystic lesion of size approx 19 x 13mm is seen in left ovary. Right ovary is normal in size and echotexture.
- No free fluid is seen in Cul-de-Sac.

OPINION:

- MILD HEPATOMEGALY.
- LEFT OVARIAN CYST - ? HEMORRHAGIC.

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

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Gausiya

*** End Of Report ***



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