

Patient Name : Ms.VIBHA SINGH Visit No : CHA250034010
Age/Gender : 32 Y 6 D/F Registration ON : 25/Feb/2025 01:02PM
Lab No : 10131306 Sample Collected ON : 25/Feb/2025 01:13PM
Referred By : Dr.NIRUPAM PRAKASH Sample Received ON : 25/Feb/2025 01:41PM
Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 25/Feb/2025 02:41PM
Doctor Advice : NA+K+,25 OH vit. D,CALCIUM,KIDNEY FUNCTION TEST - ILFT,CBC+ESR,USG HIGH RESOLUTION,C SPINE AP /LAT



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	28.00		0 - 15	Westergreen



CHARAK

[Checked By]

Print.Date/Time: 25-02-2025 21:35:08

*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 : 10131306	Sample Collected ON : 25/Feb/2025 01:13PM
Referred By : Dr.NIRUPAM PRAKASH	Sample Received ON : 25/Feb/2025 01:43PM
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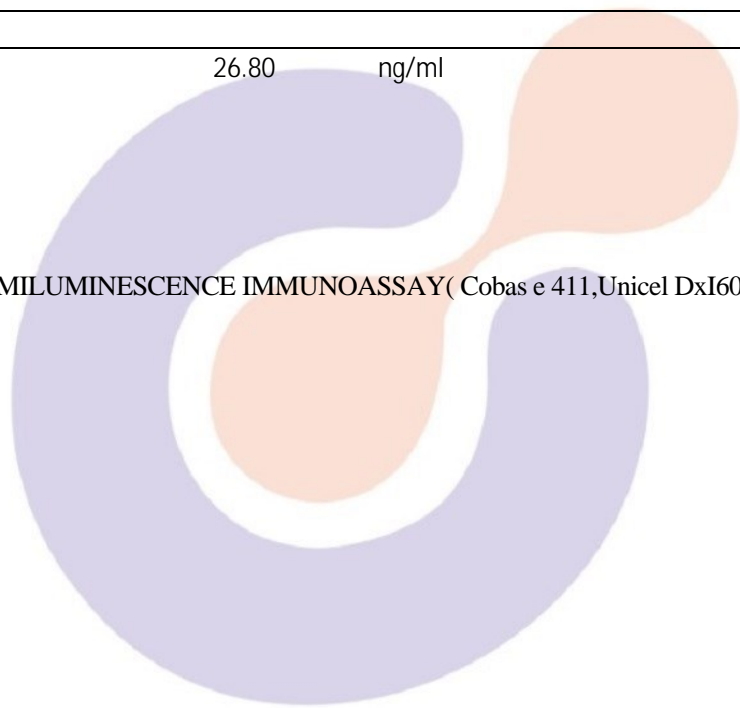


Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CALCIUM				
CALCIUM	10.1	mg/dl	8.8 - 10.2	dapta / arsenazo III

25 OH vit. D

25 Hydroxy Vitamin D	26.80	ng/ml	ECLIA
Deficiency < 10			
Insufficiency 10 - 30			
Sufficiency 30 - 100			
Toxicity > 100			

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



CHARAK



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

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	12.6	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.30	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	38.6	%	36 - 45	Pulse hieght detection
MCV	89.1	fL	80 - 96	calculated
MCH	29.1	pg	27 - 33	Calculated
MCHC	32.6	g/dL	30 - 36	Calculated
RDW	13.8	%	11 - 15	RBC histogram derivation
RETIC	0.4 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	10840	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	58	%	40 - 75	Flowcytometry
LYMPHOCYTE	36	%	20-40	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	384,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	384000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	21			
Peripheral Blood Picture	:			

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
NA+K+				
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.4	MEq/L	3.5 - 5.5	ISE Direct
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.41	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.06	mg/dl	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.35	mg/dl	0.1 - 1.0	Calculated
ALK PHOS	76.60	U/L	30 - 120	PNPP, AMP Buffer
SGPT	20.0	U/L	5 - 40	UV without P5P
SGOT	24.0	U/L	5 - 40	UV without P5P
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	24.90	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.4	MEq/L	3.5 - 5.5	ISE Direct

*** End Of Report ***

CHARAK



[Checked By]



Shadab Khan

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HIGH RESOLUTION ULTRASOUND STUDY OF RIGHT SHOULDER JOINT

Study performed with 10.0MHz high frequency linear probe

- Right rotator cuff shows mild edematous and heterogenous echogenicity with normal continuity & no evidence of any tear.
- No free fluid is seen in inferior recess of shoulder joint.
- Bony surface of right shoulder joint and adjacent bones show no evidence of any breach.
- Right shoulder joint space and joint capsule show no abnormal findings.
- Muscle mass and tendons of biceps, deltoid and teres muscles show normal echotexture.

OPINION:

- **POSSIBILITY OF RIGHT FROZEN SHOULDER.**

Clinical correlation is necessary.

[DR. K K SINGH , RADIOLOGIST]

[DR. R.K SINGH , MD]



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SKIAGRAM CERVICAL SPINE AP AND LATERAL VIEW

- Hypertrophy of transverse process of C7 vertebra is seen .
- Shape and size of bodies of cervical vertebrae are normal.
- Intervertebral disc spaces are maintained.
- Posterior elements are seen normally.
- Loss of normal cervical curvature is seen .
- No CVJ anomaly is seen.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

*** End Of Report ***

