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	: Ms.PREM GOEL	Visit No	: CHA250034513
Age/Gender	: 55 Y/F	Registration ON	: 26/Feb/2025 09:31AM
Lab No	**: 10131809**	Sample Collected ON	: 26/Feb/2025 09:33AM
Referred By	: Dr.ANOOP GARG	Sample Received ON	: 26/Feb/2025 09:33AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 26/Feb/2025 02:18PM
Doctor Advice	: URINE COM. EXMAMINATION,TSH,CREATININE,WIDAL,CBC (WHOLE BLOOD),CHEST PA,USG WHOLE ABDOMEN		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
WIDAL				
Sample Type : SERUM				
SALMONELLA TYPHI O	1/40			
SALMONELLA TYPHI H	1/40			
NOTE:	Negative			
URINE EXAMINATION REPORT				
Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	**1.015**		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	1-2	/hpf	< 5/hpf	
Epithelial Cells	2-3	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

[Checked By]

Print.Date/Time: 26-02-2025 14:51:01
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Lab No	**: 10131809**	Sample Collected ON	: 26/Feb/2025 09:33AM
Referred By	: Dr.ANOOP GARG	Sample Received ON	: 26/Feb/2025 09:42AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 26/Feb/2025 11:44AM
Doctor Advice	: URINE COM. EXMAMINATION,TSH,CREATININE,WIDAL,CBC (WHOLE BLOOD),CHEST PA,USG WHOLE ABDOMEN		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	**11.6**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	**5.10**	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	37.2	%	36 - 45	Pulse hieght detection
MCV	**72.9**	fL	80 - 96	calculated
MCH	**22.7**	pg	27 - 33	Calculated
MCHC	31.2	g/dL	30 - 36	Calculated
RDW	**15.9**	%	11 - 15	RBC histogram derivation
RETIC	1.2 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5400	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	66	%	40 - 75	Flowcytrometry
LYMPHOCYTES	28	%	25 - 45	Flowcytrometry
EOSINOPHIL	2	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	235,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	235000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,564	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,512	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	108	/cmm	20-500	Calculated
Absolute Monocytes Count	216	/cmm	200-1000	Calculated
Mentzer Index	14			
Peripheral Blood Picture	:			

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

MC-2491

[Checked By]

Print.Date/Time: 26-02-2025 14:51:06

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Referred By	: Dr.ANOOP GARG	Sample Received ON	: 26/Feb/2025 09:42AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 26/Feb/2025 10:48AM
Doctor Advice	: URINE COM. EXMAMINATION,TSH,CREATININE,WIDAL,CBC (WHOLE BLOOD),CHEST PA,USG WHOLE ABDOMEN		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	1.00	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
TSH				
TSH	1.07	uIU/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 *****

MC-2491

[Checked By]

Print.Date/Time: 26-02-2025 14:51:08

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DR. NISHANT SHARMA
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Dr. SYED SAIF AHMAD
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PR.

ULTRASOUND STUDY OF WHOLE ABDOMEN

Excessive gaseous abdomen

- **Liver** is **mildly enlarged in size (~156mm) and shows increased 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 *not visualized (history of surgery)*.
- **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 89 x 41 mm in size. Left kidney measures 91 x 43 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 *not visualized (history of surgery)*.
- No adnexal mass lesion is seen.
- **A defect of size 15.0mm in anterior abdominal wall of umbilical region through which bowel as content-- umbilical hernia.**
- **Post void residual urine volume – Nil.**

OPINION:

- **MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.**
- **UMBILICAL HERNIA**.

(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 CHEST PA VIEW

- Increased reticular markings are seen in both lower zones.
- Bilateral hilar shadows are prominent.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

IMPRESSION:

- **? EARLY INTERSTITIAL LUNG DISEASE.**

Adv: HRCT lung.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

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