

Patient Name : Mr.NASEEM	Visit No : CHA250034549
Age/Gender : 57 Y/M	Registration ON : 26/Feb/2025 09: 57AM
<b>Lab No : 10131845</b>	Sample Collected ON : 26/Feb/2025 10: 03AM
Referred By : Dr.LUCKNOW HOSPITAL	Sample Received ON : 26/Feb/2025 10: 03AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 02: 18PM
Doctor Advice : USG WHOLE ABDOMEN,CHEST PA,ECG,2D ECHO COLOUR,URINE COM. EXMAMINATION,TSH,NA+K+,CREATININE,UREA,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
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**URINE EXAMINATION REPORT**

Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	<b>1.005</b>		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	
<b>MICROSCOPIC EXAMINATION</b>				
Pus cells / hpf	Nil	/hpf	< 5/hpf	
Epithelial Cells	1-2	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

CHARAK

[Checked By]



*Sharma*

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD  
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Referred By : Dr.LUCKNOW HOSPITAL	Sample Received ON : 26/Feb/2025 10:26AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 12:05PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	<b>11.0</b>	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	<b>34.6</b>	%	36 - 45	Pulse hieght detection
MCV	90.8	fL	80 - 96	calculated
MCH	28.9	pg	27 - 33	Calculated
MCHC	31.8	g/dL	30 - 36	Calculated
RDW	14.1	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	<b>17270</b>	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	<b>83</b>	%	40 - 75	Flowcytometry
LYMPHOCYTES	<b>14</b>	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	446,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	446000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	<b>14,334</b>	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,418	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	173	/cmm	20-500	Calculated
Absolute Monocytes Count	345	/cmm	200-1000	Calculated
Mentzer Index	24			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. WBCs show neutrophilic leucocytosis. Platelets are adequate. No parasite seen.



[Checked By]



*Sham*

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>NA+K+</b>				
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct
<b>BLOOD UREA</b>				
BLOOD UREA	33.50	mg/dl	15 - 45	Urease, UV, Serum
<b>SERUM CREATININE</b>				
CREATININE	1.00	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
<b>TSH</b>				
TSH	2.74	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 Dxl-600 2. ELECTRO-CHEMILUMINISCECE TECHINIQUE BY ELECSYSYS -E411 )

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



[Checked By]



*Sham*

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PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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### **ECG -REPORT**

RATE : 78 bpm

\* RHYTHM : Normal

\* P wave : Normal

\* PR interval : Normal

\* QRS Axis : Normal

Duration : Normal

Configuration : Normal

\* ST-T Changes : None

\* QT interval :

\* QTc interval : Sec.

\* Other :

**OPINION: ECG WITH IN NORMAL LIMITS**  
(FINDING TO BE CORRELATED CLINICALLY )

**[DR. PANKAJ RASTOGI, MD, DM]**



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## 2D- ECHO & COLOR DOPPLER REPORT

1. **MITRAL VALVE STUDY** : MVOA - Normal (perimetry) cm2 (PHT)

Anterior Mitral Leaflet:

(a) Motion: Normal (b) Thickness : Normal (c) DE : 1.4 cm.  
 (d) EF :83 mm/sec (e) EPSS : 06 mm (f) Vegetation : -  
 (g) Calcium : -

Posterior mitral leaflet : Normal

(a). Motion : Normal (b) Calcium: - (c) Vegetation : -  
 Valve Score : Mobility /4 Thickness /4 SVA /4  
 Calcium /4 Total /16

2. **AORTIC VALVE STUDY**

(a) Aortic root :2.7cms (b) Aortic Opening :1.7cms (c) Closure: Central  
 (d) Calcium : - (e) Eccentricity Index : 1 (f) Vegetation : -

(g) Valve Structure : Tricuspid,

3. **PULMONARY VALVE STUDY**

Normal  
 (a) EF Slope : - (b) A Wave : + (c) MSN : -  
 (D) Thickness : (e) Others :

4. **TRICUSPID VALVE** : Normal

5. **SEPTAL AORTIC CONTINUITY** 6. **AORTIC MITRAL CONTINUITY**

Left Atrium : 2.9 cms Clot : - Others :  
 Right Atrium : Normal Clot : - Others : -

Contd.....



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### VENTRICLES

**RIGHT VENTRICLE** : Normal

**RVD (D)**  
**RVOT**

**LEFT VENTRICLE** :

**LVIVS (D)** 0.9 cm (s) 1.3cm

**Motion** : normal

**LVPW (D)** 0.8cm (s) 1.5 cm

**Motion** : Normal

**LVID (D)** 4.1 cm (s) 2.6 cm

**Ejection Fraction** :66%

**Fractional Shortening** : 36%

### TOMOGRAPHIC VIEWS

**Parasternal Long axis view** :

NORMAL LV RV DIMENSION  
GOOD LV CONTRACTILITY.

**Short axis view**

**Aortic valve level** :

AOV - NORMAL  
**PV - NORMAL**  
TV - NORMAL

**Mitral valve level** :

MV - NORMAL

**Papillary Muscle Level** :

NO RWMA

**Apical 4 chamber View** :

No LV CLOT



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**PERICARDIUM**  
Normal  
**DOPPLER STUDIES**

	Velocity (m/sec)	Flow pattern ( /4)	Regurgitation	Gradient (mm Hg)	Valve area (cm 2)
MITRAL	e = 0.4 a = 0.6	a > e	-	-	-
<b>AORTIC</b>	<b>0.9</b>	<b>Normal</b>	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	0.8	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

**COLOUR DOPPLER**

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

**CONCLUSIONS** :

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 66 %
- NO RWMA
- a > e
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

DR. PANKAJ RASTOGI MD.DM



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## **ULTRASOUND STUDY OF WHOLE ABDOMEN**

### **Compromised scan due to surgical bandages.**

- **Liver** is normal in size 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 measures 3 mm at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal measures 8 mm 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 91 x 41 mm in size. Left kidney measures 108 x 48 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 wall is diffusely thickened, measures 7 mm and shows trabeculations.**
- Bilateral seminal vesicles are seen normally.
- **Prostate** is normal in size measures 27 x 25 x 39 mm with weight of 14 gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- **Right iliac fossa is not visualized due to surgical bandages.**

### **OPINION:**

- **DIFFUSELY THICKENED URINARY BLADDER WALL WITH TRABECULATIONS - ? CYSTITIS.**

**ADV : URINE R/M.**

**Clinical correlation is necessary.**

**DR. NISMA WAHEED  
MD, RADIODIAGNOSIS**

(Transcribed by Rachna)





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**SKIAGRAM CHEST PA VIEW**

- Fibro-calcific opacities are seen in left upper and mid zone.
- 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 outlined.

**OPINION** : SEQUELAE OF KOCH'S CHEST.

please compare with previous skiagram.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

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

