

Patient Name : Ms.NAND RANI	Visit No : CHA250034894
Age/Gender : 35 Y/F	Registration ON : 26/Feb/2025 02: 58PM
<b>Lab No : 10132190</b>	Sample Collected ON : 26/Feb/2025 03: 00PM
Referred By : Dr.AFTAB ALAM KHAN	Sample Received ON : 26/Feb/2025 03: 23PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 05: 30PM
Doctor Advice : USG WHOLE ABDOMEN,TYPHOID IGM,URINE C/S,URINE COM. EXMAMINATION,CREATININE,PROLACTIN,T3T4TSH,RANDOM,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
TYPHOID IGM	POSITIVE		NEGATIVE	



[Checked By]

Print.Date/Time: 26-02-2025 19:45:26

\*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADABKHAN  
PATHOLOGIST

Dr. SYED SAIF AHMAD  
MD (MICROBIOLOGY)

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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 07: 10PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
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**URINE EXAMINATION REPORT**

Colour-U	<b>Light yellow</b>		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	<b>1.015</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	Occasional	/hpf	< 5/hpf	
Epithelial Cells	4-6	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

**CHARAK**

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	11.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.90	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	36.5	%	36 - 45	Pulse hieght detection
MCV	92.9	fL	80 - 96	calculated
MCH	28.2	pg	27 - 33	Calculated
MCHC	30.4	g/dL	30 - 36	Calculated
RDW	15.3	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6490	/cmm	4000 - 10000	Flocytrometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	63	%	40 - 75	Flowcytometry
LYMPHOCYTES	29	%	25 - 45	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	71,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	87000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,089	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,882	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	260	/cmm	20-500	Calculated
Absolute Monocytes Count	260	/cmm	200-1000	Calculated
Mentzer Index	24			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with anisocytosis+. Platelet are reduced with gaint form. No immature cells or parasite seen.



[Checked By]

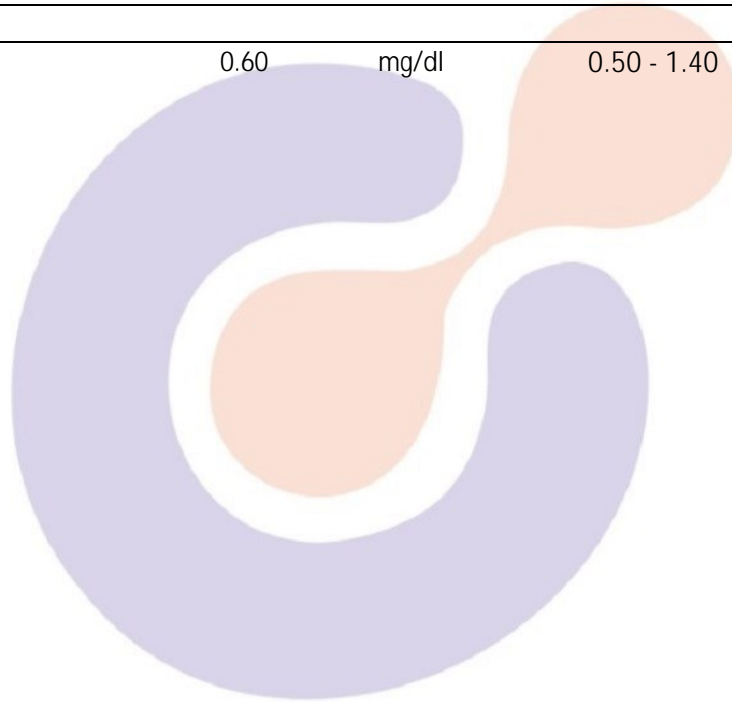


*Shadab Khan*

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD SUGAR RANDOM</b>				
BLOOD SUGAR RANDOM	86.9	mg/dl	70 - 170	Hexokinase
<b>SERUM CREATININE</b>				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic



**CHARAK**



[Checked By]



MC-2491

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	1.90	nmol/L	1.49-2.96	ECLIA
T4	123.01	n mol/l	63 - 177	ECLIA
TSH	3.70	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-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411 )

CHARAK



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*Signature*

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>PROLACTIN</b>				
PROLACTIN Serum	10.8	ng/ml	2.64 - 13.130	CLIA

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



CHARAK



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## **ULTRASOUND STUDY OF WHOLE ABDOMEN**

- **Liver is mildly enlarged in size, 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 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 94 x 43 mm in size. Left kidney measures 101 x 42 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 79 x 37 x 36mm and shows homogenous myometrial echotexture. Endometrial thickness measures 6 mm. No endometrial collection is seen. No mass lesion is seen. *I.U.C.D is seen in situ.*
- **Cervix** is normal.
- **Both ovaries** are normal in size and echotexture.
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.

### **OPINION:**

- **Mild hepatomegaly with fatty infiltration of liver grade-I.**

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

**Clinical correlation is necessary.**

**[DR. R.K. SINGH, MD]**

Transcribed By: Purvi

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

