

Patient Name : Mr.MOHD ANEES	Visit No : CHA250035156
Age/Gender : 44 Y/M	Registration ON : 27/Feb/2025 08: 48AM
Lab No : 10132452	Sample Collected ON : 27/Feb/2025 08: 50AM
Referred By : Dr.WAQAR AHMAD	Sample Received ON : 27/Feb/2025 09: 02AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 11: 01AM
Doctor Advice : PP,FASTING,CBC (WHOLE BLOOD),25 OH vit. D,LIPID-PROFILE,USG WHOLE ABDOMEN,CHEST PA	



Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
Cholesterol/HDL Ratio	3.31	Ratio		Calculated
LDL / HDL RATIO	1.77	Ratio		Calculated

Desirable / low risk - 0.5 -3.0
Low/ Moderate risk - 3.0- 6.0
Elevated / High risk - >6.0
Desirable / low risk - 0.5 -3.0
Low/ Moderate risk - 3.0- 6.0
Elevated / High risk - > 6.0

25 OH vit. D				
25 Hydroxy Vitamin D	12.46	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

[Checked By]

Print.Date/Time: 27-02-2025 13:40:20

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 10: 52AM
Doctor Advice : PP,FASTING,CBC (WHOLE BLOOD),25 OH vit. D,LIPID-PROFILE,USG WHOLE ABDOMEN,CHEST PA	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	13.5	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.30	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	45.7	%	36 - 45	Pulse hieght detection
MCV	85.7	fL	80 - 96	calculated
MCH	25.3	pg	27 - 33	Calculated
MCHC	29.5	g/dL	30 - 36	Calculated
RDW	15.6	%	11 - 15	RBC histogram derivation
RETIC	1.2 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7220	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	59	%	40 - 75	Flowcytometry
LYMPHOCYTES	31	%	25 - 45	Flowcytometry
EOSINOPHIL	3	%	1 - 6	Flowcytometry
MONOCYTE	7	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	115,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	140000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,260	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,238	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	217	/cmm	20-500	Calculated
Absolute Monocytes Count	505	/cmm	200-1000	Calculated
Mentzer Index	16			
Peripheral Blood Picture	:			

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



[Checked By]



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

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Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	117.5	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	135.0	mg/dl	up to - 170	Hexokinase
LIPID-PROFILE				
TOTAL CHOLESTEROL	144.20	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	117.40	mg/dL	Normal: <150 mg/dl Borderline-high:150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>=500 mg/dl	Serum, Enzymatic, endpoint
H D L CHOLESTEROL	43.60	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	77.12	mg/dL	Optimal:<100 mg/dl Near Optimal:100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High:>= 190 mg/dl	CO-PAP
VLDL	23.48	mg/dL	10 - 40	Calculated

*** End Of Report ***



[Checked By]



Sham

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

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ULTRASOUND STUDY OF WHOLE ABDOMEN

Compromised assessment due to excessive bowel gases and patient's fatty body habitus

- **Liver** is moderately 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 95 x 45 mm in size. Left kidney measures 99 x 44mm 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.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is normal in size and shows homogenous echotexture of parenchyma. No mass lesion is seen.

OPINION:

- **Moderate hepatomegaly with fatty infiltration of liver grade-II.**

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]

Transcribed By: Purvi



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SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are normal.
- 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:

- NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

transcribed by: anup

*** End Of Report ***

