

Patient Name : Ms.KUMARI AASHI YADAV	Visit No : CHA250035205
Age/Gender : 13 Y/F	Registration ON : 27/Feb/2025 09:36AM
Lab No : 10132501	Sample Collected ON : 27/Feb/2025 09:41AM
Referred By : Dr.DEEP SHIKHA GUPTA	Sample Received ON : 27/Feb/2025 10:05AM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 27/Feb/2025 11:24AM
Doctor Advice : LFT,VIT B12,USG WHOLE ABDOMEN,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	20.00		0 - 15	Westergreen



CHARAK

[Checked By]

Print.Date/Time: 27-02-2025 12:00:26

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

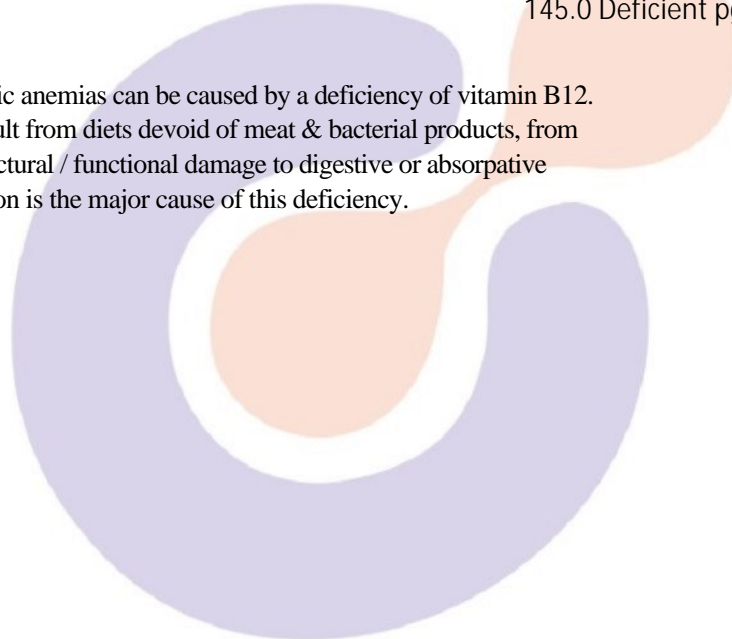
Patient Name : Ms.KUMARI AASHI YADAV	Visit No : CHA250035205
Age/Gender : 13 Y/F	Registration ON : 27/Feb/2025 09:36AM
Lab No : 10132501	Sample Collected ON : 27/Feb/2025 09:41AM
Referred By : Dr. DEEP SHIKHA GUPTA	Sample Received ON : 27/Feb/2025 10:05AM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 27/Feb/2025 11:22AM
Doctor Advice : LFT,VIT B12,USG WHOLE ABDOMEN,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
VITAMIN B12	100	pg/mL	180 - 814 Normal 145 - 180 Intermediate 145.0 Deficient pg/ml	CLIA

Summary :-

Nutritional & macrocytic anemias can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat & bacterial products, from alcoholism or from structural / functional damage to digestive or absorptive processes. Malabsorption is the major cause of this deficiency.



CHARAK

[Checked By]

Print.Date/Time: 27-02-2025 12:00:28

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

Patient Name : Ms.KUMARI AASHI YADAV	Visit No : CHA250035205
Age/Gender : 13 Y/F	Registration ON : 27/Feb/2025 09:36AM
Lab No : 10132501	Sample Collected ON : 27/Feb/2025 09:41AM
Referred By : Dr.DEEP SHIKHA GUPTA	Sample Received ON : 27/Feb/2025 10:05AM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 27/Feb/2025 11:24AM
Doctor Advice : LFT,VIT B12,USG WHOLE ABDOMEN,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	11.6	g/dl	11 - 15	Non Cyanide
R.B.C. COUNT	4.10	mil/cmm	4 - 5.1	Electrical Impedence
PCV	36.9	%	31 - 43	Pulse height detection
MCV	90.7	fL	76 - 87	calculated
MCH	28.5	pg	26 - 28	Calculated
MCHC	31.4	g/dL	33 - 35	Calculated
RDW	14.3	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6720	/cmm	4500 - 13500	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	55	%	40 - 70	Flowcytometry
LYMPHOCYTE	40	%	20-40	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	3	%	0 - 8	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	257,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	257000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	22			
Peripheral Blood Picture	:			

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



[Checked By]



Sham

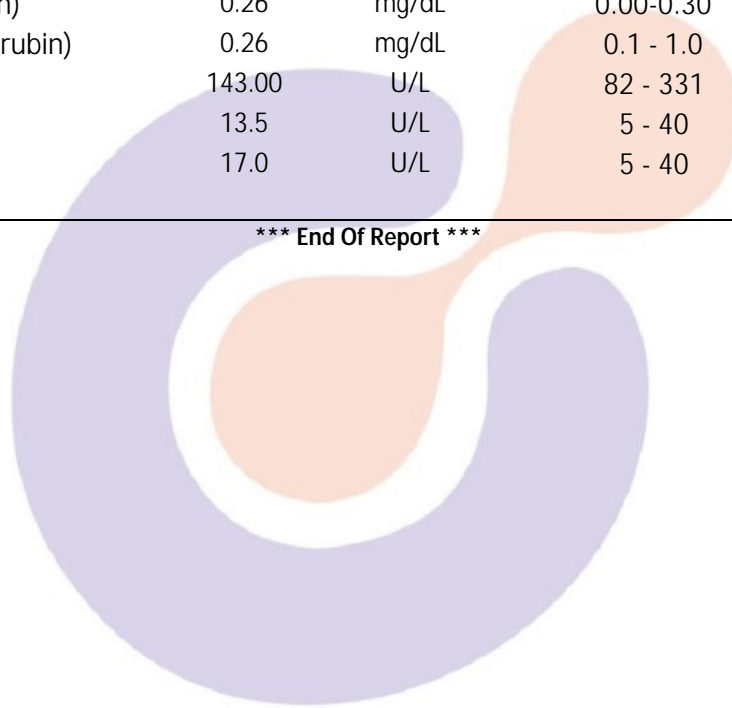
DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

Patient Name : Ms.KUMARI AASHI YADAV	Visit No : CHA250035205
Age/Gender : 13 Y/F	Registration ON : 27/Feb/2025 09:36AM
Lab No : 10132501	Sample Collected ON : 27/Feb/2025 09:41AM
Referred By : Dr.DEEP SHIKHA GUPTA	Sample Received ON : 27/Feb/2025 10:07AM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 27/Feb/2025 11:22AM
Doctor Advice : LFT,VIT B12,USG WHOLE ABDOMEN,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.52	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.26	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.26	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	143.00	U/L	82 - 331	PNPP, AMP Buffer
SGPT	13.5	U/L	5 - 40	UV without P5P
SGOT	17.0	U/L	5 - 40	UV without P5P

*** End Of Report ***



CHARAK



[Checked By]



Sham

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

Patient Name : Ms.KUMARI AASHI YADAV Visit No : CHA250035205
Age/Gender : 13 Y/F Registration ON : 27/Feb/2025 09:36AM
Lab No : 10132501 Sample Collected ON : 27/Feb/2025 09:36AM
Referred By : Dr.DEEP SHIKHA GUPTA Sample Received ON :
Refer Lab/Hosp : CGHS (DEBIT) Report Generated ON : 27/Feb/2025 10:29AM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is normal in size (~126mm) 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 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.
- **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 97 x 35 mm in size. Left kidney measures 94 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 normal in size, measures 57 x 26 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 5.4 mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- **Both ovaries** are normal in size and echotexture.
- No adnexal mass lesion is seen.
- **Mild free fluid is seen in pouch Douglas.**

OPINION:

- **MILD FREE FLUID IN POUCH DOUGLAS.**

Clinical correlation is necessary.

**DR. NISMA WAHEED
MD, RADIODIAGNOSIS**

Transcribed By: Gausiya

*** End Of Report ***

