

Patient Name : Ms.AYESHA	Visit No : CHA250035621
Age/Gender : 50 Y/F	Registration ON : 27/Feb/2025 03: 49PM
<b>Lab No : 10132917</b>	Sample Collected ON : 27/Feb/2025 03: 51PM
Referred By : Dr.MOHD RIZWANUL HAQUE	Sample Received ON : 27/Feb/2025 03: 59PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 04: 43PM
Doctor Advice : BUN,CREATININE,LFT,NA+K+,ESR,CBC (WHOLE BLOOD),CHEST PA	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>ESR</b>				
Erythrocyte Sedimentation Rate ESR	<b>56.00</b>		0 - 15	Westergreen

**Note:**

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.

<b>BLOOD UREA NITROGEN</b>				
Blood Urea Nitrogen (BUN)	<b>30.79</b>	mg/dL	7-21	calculated

**CHARAK**



[Checked By]

Print.Date/Time: 27-02-2025 19:05:14

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

DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Aditi D Agarwal*  
DR. ADITI D AGARWAL  
PATHOLOGIST

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Referred By : Dr.MOHD RIZWANUL HAQUE	Sample Received ON : 27/Feb/2025 03:58PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 05:25PM
Doctor Advice : BUN,CREATININE,LFT,NA+K+,ESR,CBC (WHOLE BLOOD),CHEST PA	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	<b>10.8</b>	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.40	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	<b>33.3</b>	%	36 - 45	Pulse hieght detection
MCV	<b>75.9</b>	fL	80 - 96	calculated
MCH	<b>24.6</b>	pg	27 - 33	Calculated
MCHC	32.4	g/dL	30 - 36	Calculated
RDW	<b>15.8</b>	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	<b>11180</b>	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	<b>85</b>	%	40 - 75	Flowcytometry
LYMPHOCYTES	<b>10</b>	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	184,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	184000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	<b>9,503</b>	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,118	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	112	/cmm	20-500	Calculated
Absolute Monocytes Count	447	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

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



[Checked By]



*Shadab Khan*

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>NA+K+</b>				
SODIUM Serum	<b>133.0</b>	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.0	MEq/L	3.5 - 5.5	ISE Direct
<b>SERUM CREATININE</b>				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	<b>2.94</b>	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	<b>1.73</b>	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	<b>1.21</b>	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	66.60	U/L	30 - 120	PNPP, AMP Buffer
SGPT	<b>134.0</b>	U/L	5 - 40	UV without P5P
SGOT	<b>672.0</b>	U/L	5 - 40	UV without P5P

NOTE – Findings checked twice. Please correlate clinically.

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

CHARAK



[Checked By]



MC-2491

Print.Date/Time: 27-02-2025 19:05:23

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DR. NISHANT SHARMA  
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**SKIAGRAM CHEST PA VIEW**

- Rotation + .
- Trach3a is shifted to right .
- Heterogenous radio opacities are seen in both lung fields.
- A large thick walled cavity is seen in left mid zone .
- 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:**

- **INFECTIVE .....? KOCH'S CHEST.**

Adv: Sputum for AFB & Hematological examination.

**Clinical correlation is necessary.**

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

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

