Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms.KISWAR JAHAN	Visit No	: CHA250036041
Age/Gender	: 90 Y/F	Registration ON	: 28/Feb/2025 10:47AM
Lab No	**: 10133337**	Sample Collected ON	: 28/Feb/2025 10:50AM
Referred By	: Dr.PUNEET MEHROTRA**	Sample Received ON	: 28/Feb/2025 11:11AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 28/Feb/2025 12:45PM
Doctor Advice	: USG WHOLE ABDOMEN,TSH,HBA1C (EDTA),CREATININE,CRP (Quantitative),LFT,CBC (WHOLE BLOOD)		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	**5.8**	%	4 - 5.7	HPLC (EDTA)

NOTE:-
Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby the Gold Standard Reference method,ie:HPLC Technology(High performance Liquid Chromatography D10) from Bio-Rad Laboratories.USA.

EXPECTED (RESULT) RANGE :

Bio system	Degree of normal
4.0 - 5.7 %	Normal Value (OR) Non Diabetic
5.8 - 6.4 %	Pre Diabetic Stage
> 6.5 %	Diabetic (or) Diabetic stage
6.5 - 7.0 %	Well Controlled Diabet
7.1 - 8.0 %	Unsatisfactory Control
> 8.0 %	Poor Control and needs treatment

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DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
CRP-QUANTITATIVE				
CRP-QUANTITATIVE TEST	3.6	MG/L	0.1 - 6	

Method: Immunoturbidimetric

(Method: Immunoturbidimetric on photometry system)

SUMMARY : C - reactive protien (CRP) is the best known among the acute phase protiens, a group of protien whose concentration increases in blood as a response to inflammatory disorders.CRP is normally present in low concentration in blood of healthy individuals (< 1mg/L). It is elevated up to 500 mg/L in acute inflammatory processes associated with bacterial infections, post operative conditions tissue damage already after 6 hours reaching a peak at 48 hours.. The measurment of CRP represents a useful aboratory test for detection of acute infection as well as for monitoring inflammtory proceses also in acute rheumatic & gastrointestinal disease. In recent studies it has been shows that in apparrently healthy subjects there is a direct orrelation between CRP concentrations & the risk of developing oronary heart disease (CHD).

hsCRP cut off for risk assessment as per CDC/AHA

Level	Risk
<1.0	Low
1.0-3.0	Average
>3.0	High

All reports to be clinically corelated

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	**9.6**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	**3.60**	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	**32.5**	%	36 - 45	Pulse hieght detection
MCV	90.3	fL	80 - 96	calculated
MCH	**26.7**	pg	27 - 33	Calculated
MCHC	**29.5**	g/dL	30 - 36	Calculated
RDW	**15.9**	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	4560	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	66	%	40 - 75	Flowcytrometry
LYMPHOCYTES	28	%	25 - 45	Flowcytrometry
EOSINOPHIL	2	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	173,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	173000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,010	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,277	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	91	/cmm	20-500	Calculated
Absolute Monocytes Count	182	/cmm	200-1000	Calculated
Mentzer Index	25			
Peripheral Blood Picture	:			

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

MC-2491

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Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.60	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.10	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.50	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	**167.50**	U/L	30 - 120	PNPP, AMP Buffer
SGPT	21.0	U/L	5 - 40	UV without P5P
SGOT	22.0	U/L	5 - 40	UV without P5P
TSH				
TSH	**6.37**	ulU/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 DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

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

MC-2491

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PR.

ULTRASOUND STUDY OF WHOLE ABDOMEN

Excessive gaseous abdomen

- **Liver** is **mildly enlarged in size (~149mm)** 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 *not visualized (post operative)*.
- **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. **A simple cortical cyst is seen at mid pole of left kidney measuring approx 63 x 48mm.** No calculus is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 87 x 41 mm in size. Left kidney measures 100 x 49 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 *atrophic*.
- No adnexal mass lesion is seen.

OPINION:

- **MILD HEPATOMEGALY.**
- **SIMPLE LEFT RENAL CORTICAL CYST.**

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

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Report typed by GAUSIYA

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