

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

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CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Mr.FARZAN Age/Gender : 17 Y/M

Lab No: 10133508Referred By: Dr.AP MISHRARefer Lab/Hosp: CHARAK NA

Doctor Advice : CBC (WHOLE BLOOD),LFT,USG WHOLE ABDOMEN

Visit No : CHA250036212

 Registration ON
 : 28/Feb/2025 01:02PM

 Sample Collected ON
 : 28/Feb/2025 01:03PM

 Sample Received ON
 : 28/Feb/2025 01:21PM

Report Generated ON : 28/Feb/2025 02:42PM

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	14.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.40	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	42.2	%	36 - 45	Pulse hieght
				detection
MCV	94.8	fL	80 - 96	calculated
MCH	31.5	pg	27 - 33	Calculated
MCHC	33.2	g/dL	30 - 36	Calculated
RDW	13.8	%	11 - 15	RBC histogram
				derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	13530	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	84	%	40 - 75	Flowcytrometry
LYMPHOCYTES	12	%	25 - 45	Flowcytrometry
EOSINOPHIL	0	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	226,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	226000	/cmm	150000 - 450000	Microscopy.
Absolute Neutrophils Count	11,365	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,624	/cmm	1000-3000	Calculated
Absolute Monocytes Count	541	/cmm	200-1000	Calculated
Mentzer Index	22			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. WBCs show neutrophilic leucocytosis. Platelets are adequate. No immature cells or parasite seen.





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PR.

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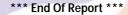
Registration ON : 28/Feb/2025 01:02PM

Sample Collected ON : 28/Feb/2025 01:03PM : 28/Feb/2025 01:19PM Sample Received ON

Report Generated ON : 28/Feb/2025 02:28PM



Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.68	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.16	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.52	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	159.10	U/L	55 - 149	PNPP, AMP Buffer
SGPT	48.0	U/L	5 - 40	UV without P5P
SGOT	52.0	U/L	5 - 40	UV without P5P









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Referred By : Dr AP MISHRA Sample Received ON :

Refer Lab/Hosp : CHARAK NA Report Generated ON : 28/Feb/2025 03:21PM

ULTRASOUND STUDY OF WHOLE ABDOMEN

Excessive gaseous abdomen

PR

- <u>Liver</u> is mildly enlarged in size (~156mm) 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.
- <u>Gall bladder</u> 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.
- <u>Pancreas</u> is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- <u>Spleen</u> is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- Few prominent mesenteric lymphnodes are seen measuring upto approx 14 x 6.6mm with maintained hilum.
- No ascites is seen.
- <u>Both kidneys</u> 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 89 x 40 mm in size. Left kidney measures 92 x 46 mm in size.
- <u>Ureters</u> Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> 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.
- Post void residual urine volume approx 37cc.

OPINION:

- MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.
- FEW PROMINENT MESENTERIC LYMPHNODES.

(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 ***