

Patient Name : Ms.AFSAR JAHAN	Visit No : CHA250036249
Age/Gender : 45 Y/F	Registration ON : 28/Feb/2025 01:36PM
Lab No : 10133545	Sample Collected ON : 28/Feb/2025 01:39PM
Referred By : Dr.LUCKNOW HOSPITAL	Sample Received ON : 28/Feb/2025 01:39PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 02:07PM
Doctor Advice : 2D ECHO,ECG,USG WHOLE ABDOMEN,URINE COM. EXMAMINATION,T3T4TSH,URIC ACID,ESR,BLOOD GROUP,BTCT,CREATININE,DLC,GBP,HB,HBsAg (QUANTITATIVE),HCV,LFT,NA+K+,PLAT COUNT,PT/PC/INR,TLC,UREA,RANDOM,HIV	



PRE SURGICAL (RD1)				
Test Name	Result	Unit	Bio. Ref. Range	Method

BLOOD GROUP				
Blood Group	"B"			
Rh (Anti -D)	POSITIVE			

ESR				
Erythrocyte Sedimentation Rate ESR	24.00		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.

URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	6.0	mg/dL	2.40 - 5.70	Uricase,Colorimetric

PT/PC/INR				
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay
Prothromin concentration	100 %		100 %	
INR (International Normalized Ratio)	1.00		1.0	

HBsAg (HEPATITIS B SURFACE ANTIGEN)				
HEPATITIS B SURFACE ANTIGEN	NON REACTIVE		< 1.0 : NON REACTIVE~> (Sandwich Assay)	
			1.0 : REACTIVE	

HIV				
HIV-SEROLOGY	NON REACTIVE		<1.0 : NON REACTIVE	
			>1.0 : REACTIVE	

HCV				
Anti-Hepatitis C Virus Antibodies.	NON REACTIVE		< 1.0 : NON REACTIVE	Sandwich Assay
			> 1.0 : REACTIVE	



Sham

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

[Checked By]

Print.Date/Time: 28-02-2025 19:00:18

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PRE SURGICAL (RD1)				
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE EXAMINATION REPORT				
Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.010		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	Occasional	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	
BT/CT				
BLEEDING TIME (BT)	3 mint 15 sec	mins	2 - 8	
CLOTTING TIME (CT)	6 mint 30 sec		3 - 10 MINS.	

CHARAK

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Referred By	: Dr.LUCKNOW HOSPITAL	Sample Received ON	: 28/Feb/2025 01:57PM
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PRE SURGICAL (RD1)				
Test Name	Result	Unit	Bio. Ref. Range	Method

HAEMOGLOBIN

Hb	11.4	g/dl	12 - 15	Non Cyanide
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Comment:

Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

TLC

TOTAL LEUCOCYTES COUNT	10980	/cmm	4000 - 10000	Flocytometry
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DLC

NEUTROPHIL	61	%	40 - 75	Flowcytometry
LYMPHOCYTE	34	%	20-40	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry

PLATELET COUNT

PLATELET COUNT	339,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	339000	/cmm	150000 - 450000	Microscopy .

COMMENTS:

Platelet counts vary in various disorders; acquired, (infections-bacterial and viral), inherited, post blood transfusion, autoimmune and idiopathic disorders.

GENERAL BLOOD PICTURE (GBP)

Peripheral Blood Picture :

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

BLOOD SUGAR RANDOM

BLOOD SUGAR RANDOM	100.5	mg/dl	70 - 170	Hexokinase
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NA+K+

SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.8	MEq/L	3.5 - 5.5	ISE Direct

BLOOD UREA

BLOOD UREA	38.70	mg/dl	15 - 45	Urease, UV, Serum
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[Checked By]



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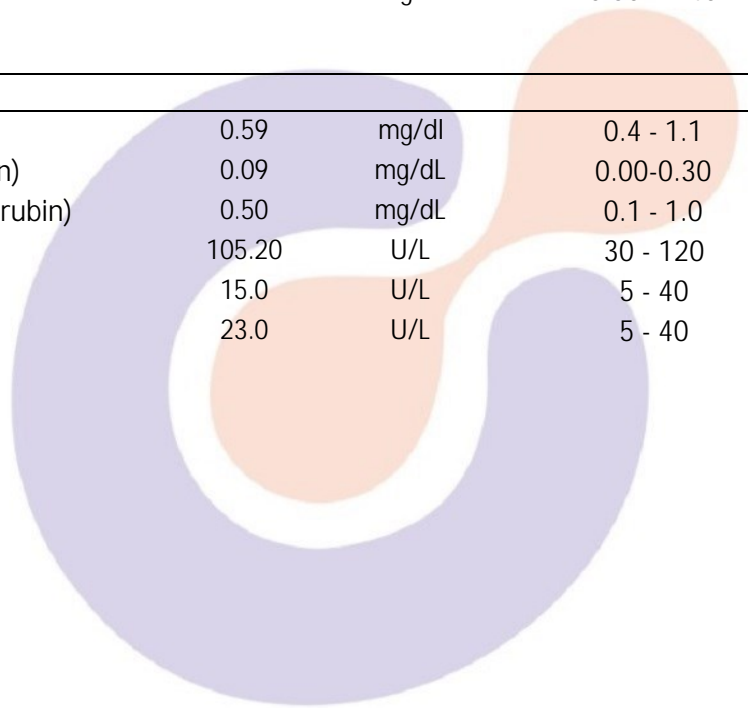
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PRE SURGICAL (RD1)				
Test Name	Result	Unit	Bio. Ref. Range	Method

SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.59	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.09	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.50	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	105.20	U/L	30 - 120	PNPP, AMP Buffer
SGPT	15.0	U/L	5 - 40	UV without P5P
SGOT	23.0	U/L	5 - 40	UV without P5P



CHARAK



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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.89	nmol/L	1.49-2.96	ECLIA
T4	172.73	n mol/l	63 - 177	ECLIA
TSH	3.10	uIU/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 ***

CHARAK



[Checked By]

MC-2491

Print.Date/Time: 28-02-2025 19:00:29

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

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ECG -REPORT

RATE : 92 bpm

* RHYTHM : Normal

* P wave : Normal

* PR interval : Normal

* QRS Axis : Normal

Duration : Normal

Configuration : Normal

* ST-T Changes : None

* QT interval :

* QTc interval : Sec.

* Other :

OPINION: ECG WITH IN NORMAL LIMITS

(FINDING TO BE CORRELATED CLINICALLY)

[DR. RAJIV RASTOGI, MD, DM]



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2D- ECHO & COLOR DOPPLER REPORT

1. **MITRAL VALVE STUDY** : MVOA - Normal (perimetry) cm² (PHT)

Anterior Mitral Leaflet:

- (a) **Motion:** Normal (b) **Thickness :** Normal (c) **DE : 1.0 cm.**
- (d) **EF 50 mm/sec** (e) **EPSS : 06 mm** (f) **Vegetation : -**
- (g) **Calcium : -**

Posterior mitral leaflet : Normal

- (a). **Motion :** Normal (b) **Calcium:** - (c) **Vegetation : -**

Valve Score : Mobility /4 Thickness /4 SVA /4
Calcium /4 Total /16

2. **AORTIC VALVE STUDY**

- (a) **Aortic root :2.9cms** (b) **Aortic Opening :1.9cms** (c) **Closure: Central**
- (d) **Calcium : -** (e) **Eccentricity Index : 1** (f) **Vegetation : -**

(g) **Valve Structure :** Tricuspid,

3. **PULMONARY VALVE STUDY** Normal

- (a) **EF Slope : -** (b) **A Wave : +** (c) **MSN : -**

(D) **Thickness :** (e) **Others :**

4. **TRICUSPID VALVE :** Normal

5. **SEPTAL AORTIC CONTINUITY** 6. **AORTIC MITRAL CONTINUITY**

Left Atrium : 2.9 cms

Clot : -

Others :

Right Atrium : Normal

Clot : -

Others : -

Contd.....



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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)

RVOT

LEFT VENTRICLE :

LVIVS (D) 0.9 cm (s) 1.4 cm

Motion : normal

LVPW (D) 0.9cm (s) 1.5 cm

Motion : Normal

LVID (D) 4.7 cm (s)2.9 cm

Ejection Fraction :68%

Fractional Shortening :38 %

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

NORMAL LV RV DIMENSION
GOOD LV CONTRACTILITY.

Short axis view

Aortic valve level :

AOV - NORMAL
PV - NORMAL
TV - NORMAL

Mitral valve level :

MV - NORMAL

Papillary Muscle Level :

NO RWMA

Apical 4 chamber View :

No LV CLOT



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PERICARDIUM

Normal

DOPPLER STUDIES

	Velocity (m/sec)	Flow pattern (/4)	Regurgitation	Gradient (mm Hg)	Valve area (cm 2)
MITRAL	e = 0.6 a = 0.8	a > e	-	-	-
AORTIC	1.3	Normal	-	-	-
TRICUSPID	0.3	Normal	-	-	-
PULMONARY	0.8	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 68 %
- NO RWMA
- a > e
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

DR. RAJIV RASTOGI, MD,DM



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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is enlarged in size measures 155 mm 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 not visualized (Post operative).
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** Visualized part of pancreas shows diffusely raised echogenicity.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No ascites is seen.
- **Both kidneys** are normal in size and position. **Minimal to mild left pelvicalyceal system fullness is seen.** Left ureter is obscured by bowel gases. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 100 x 34 mm in size. Left kidney measures 100 x 44 mm in size.
- **Urinary bladder** is minimally distended (Patient is unwilling to hold additional urine). Pre void urine volume - 14 cc.
- **Uterus** is not visualized (Post operative).
- **Both ovaries** are not visualized.
- No adnexal mass lesion is seen.

OPINION:

- HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE I.
- DIFFUSE FATTY INFILTRATION OF PANCREAS / ?? SIGNIFICANCE (ADV : SERUM LIPASE & AMYLASE CORRELATION).
- MINIMAL TO MILD LEFT PELVICALYCEAL SYSTEM FULLNESS - ? CAUSE.

SUGGESTED : CECT ABDOMEN.

Clinical correlation is necessary.

(DR. JAYENDRA KUMAR, MD)

Transcribed by Rachna

*** End Of Report ***

