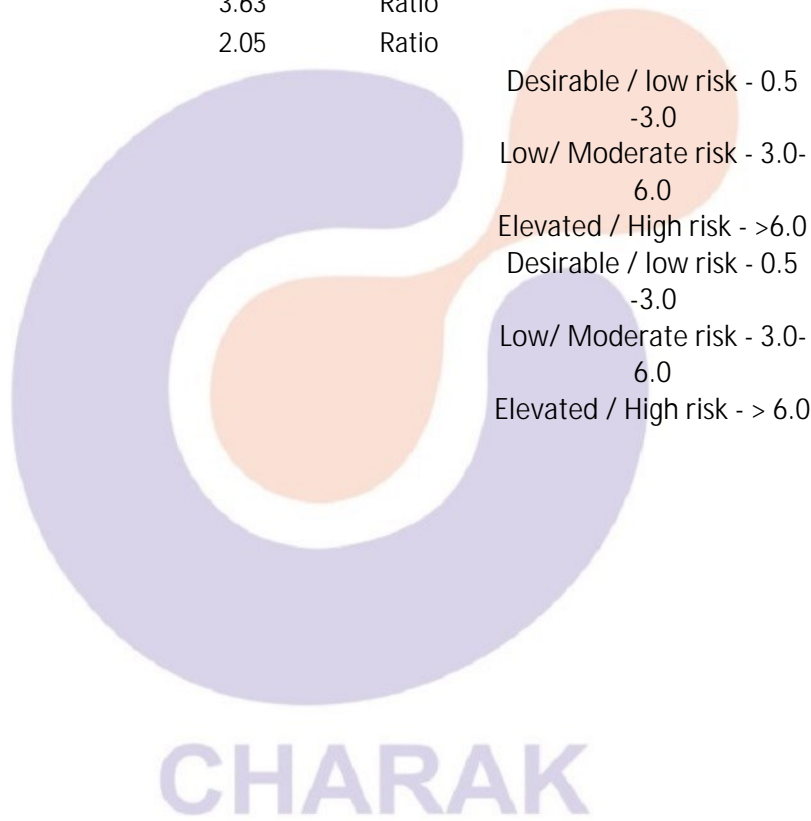


Patient Name : Ms.ASKARI HUSAIN PARVEZ	Visit No : CHA250036646
Age/Gender : 60 Y/F	Registration ON : 01/Mar/2025 07:49AM
Lab No : 10133942	Sample Collected ON : 01/Mar/2025 07:51AM
Referred By : Dr.SHUBHCHINTAK MEDICAL CHEC	Sample Received ON : 01/Mar/2025 09:31AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 01/Mar/2025 11:05AM
Doctor Advice : USG UPPER ABDOMEN,CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH	



MASTER HEALTH CHECKUP 1				
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
Cholesterol/HDL Ratio	3.63	Ratio		Calculated
LDL / HDL RATIO	2.05	Ratio		Calculated



Desirable / low risk - 0.5
-3.0
Low/ Moderate risk - 3.0-
6.0
Elevated / High risk - >6.0
Desirable / low risk - 0.5
-3.0
Low/ Moderate risk - 3.0-
6.0
Elevated / High risk - > 6.0

[Checked By]

Print.Date/Time: 01-03-2025 12:15:26

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

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Lab No : 10133942	Sample Collected ON : 01/Mar/2025 07:51AM
Referred By : Dr.SHUBHCHINTAK MEDICAL CHEC	Sample Received ON : 01/Mar/2025 09:24AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 01/Mar/2025 10:32AM
Doctor Advice : USG UPPER ABDOMEN,CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH	



MASTER HEALTH CHECKUP 1

Test Name	Result	Unit	Bio. Ref. Range	Method
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CBC (COMPLETE BLOOD COUNT)				
Hb	12.5	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	38.7	%	36 - 45	Pulse hieght detection
MCV	81.0	fL	80 - 96	calculated
MCH	26.2	pg	27 - 33	Calculated
MCHC	32.3	g/dL	30 - 36	Calculated
RDW	14.6	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	4470	/cmm	4000 - 10000	Floctometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	48	%	40 - 75	Flowcytometry
LYMPHOCYTES	45	%	25 - 45	Flowcytometry
EOSINOPHIL	3	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	181,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	181000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	2,146	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,012	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	134	/cmm	20-500	Calculated
Absolute Monocytes Count	179	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

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



[Checked By]



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MASTER HEALTH CHECKUP 1

Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	140.2	mg/dl	70 - 110	Hexokinase
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.1	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	23.60	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	1.00	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.74	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.18	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.56	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	198.10	U/L	30 - 120	PNPP, AMP Buffer
SGPT	34.0	U/L	5 - 40	UV without P5P
SGOT	29.0	U/L	5 - 40	UV without P5P

CHARAK



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MASTER HEALTH CHECKUP 1				
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	221.50	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	177.20	mg/dL	Normal: <150 mg/dl Borderline-high:150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>=500 mg/dl	Serum, Enzymatic, endpoint
H D L CHOLESTEROL	61.00	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	125.06	mg/dL	Optimal:<100 mg/dl Near Optimal:100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High:>= 190 mg/dl	CO-PAP
VLDL	35.44	mg/dL	10 - 40	Calculated

CHARAK



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MASTER HEALTH CHECKUP 1				
Test Name	Result	Unit	Bio. Ref. Range	Method

T3T4TSH				
T3	2.25	nmol/L	1.49-2.96	ECLIA
T4	141.30	n mol/l	63 - 177	ECLIA
TSH	3.24	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 TECHNIQUE BY ELECSYSYS -E411)

*** End Of Report ***



[Checked By]



Sham

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PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Referred By	: Dr.SHUBHCHINTAK MEDICAL CHECKU	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 08:51AM

ULTRASOUND STUDY OF UPPER ABDOMEN

- **Liver** 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.
- **Gall bladder** is not visualized (pot 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.
- **Right kidney** is 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 91 x 39 mm in size.
- **Left kidney** is normal in size and position. No hydronephrosis is seen. A simple cortical cyst (Bosniak type-I) is seen at mid pole measuring approx 28 x 25mm. A small calculus is seen at mid pole measuring approx 4.8mm. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Left kidney measures 105 x 44 mm in size.

OPINION:

- MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.
- SIMPLE LEFT RENAL CORTICAL CYST WITH SMALL CALCULUS.

Clinical correlation is necessary.

(DR. R.K. SINGH, MD)

Transcribed by Gausiya

*** End Of Report ***

