

Patient Name : Ms. ZAINAB	Visit No : CHA250036842
Age/Gender : 25 Y/F	Registration ON : 01/Mar/2025 11:06AM
Lab No : 10134138	Sample Collected ON : 01/Mar/2025 11:08AM
Referred By : Dr. NEHA MAINI GUPTA**	Sample Received ON : 01/Mar/2025 11:08AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 01/Mar/2025 11:44AM
Doctor Advice : USG TVS, BLOOD GROUP, BTCT, CREATININE, DLC, HB, HBsAg (QUANTITATIVE), HCV, LFT, PLAT COUNT, TLC, HIV, RANDOM, URINE R/M (DR.RNS)	



MINOR SURGICAL WORKUP

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP

Blood Group	"O"			
Rh (Anti -D)	POSITIVE			

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	

URINE R/M (DR.RNS)

Color	LIGHT YELLOW			
Appearance	CLEAR		Clear	
Specific Gravity	1.010		1.005 - 1.025	
Reaction (pH)	Acidic (6.0)		4.5-8.0	
Urine Protein	Absent		Absent	
Sugar	Absent		Absent	
Ketones	Absent		Absent	
Bilirubin	Absent	mg/dl	ABSENT	
Blood	Absent		Absent	
Urobilinogen	0.20		0.2-1.0 EU/dl	
Leukocytes	Absent		Absent	
Nitrite	Absent		Absent	
MICROSCOPIC EXAMINATION				
Leukocytes (Pus Cells)/hpf	Nil		<5/hpf	by an azo-coupling reaction
Epithelial Cells	3-4	/hpf	0 - 5	
Red Blood Cells / hpf	Nil	/hpf	<3/hpf	



Sharma

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

[Checked By]

Print.Date/Time: 01-03-2025 16:10:12

*Patient Identity Has Not Been Verified. Not For Medicolegal

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BT/CT				
BLEEDING TIME (BT)	3 mint 15 sec	mins	2 - 8	
CLOTTING TIME (CT)	6 mint 30 sec		3 - 10 MINS.	



CHARAK

[Checked By]



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Sharma

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

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Referred By : Dr. NEHA MAINI GUPTA**	Sample Received ON : 01/Mar/2025 11:30AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 01/Mar/2025 12:47PM
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HAEMOGLOBIN

Hb	10.8	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	10500	/cmm	4000 - 10000	Flocytometry
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DLC

NEUTROPHIL	71	%	40 - 75	Flowcytometry
LYMPHOCYTE	22	%	20-40	Flowcytometry
EOSINOPHIL	02	%	1 - 6	Flowcytometry
MONOCYTE	05	%	2 - 10	Flowcytometry
BASOPHIL	00	%	00 - 01	Flowcytometry

PLATELET COUNT

PLATELET COUNT	314,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	314000	/cmm	150000 - 450000	Microscopy .

COMMENTS:

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

BLOOD SUGAR RANDOM

BLOOD SUGAR RANDOM	98	mg/dl	70 - 170	Hexokinase
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SERUM CREATININE

CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
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[Checked By]



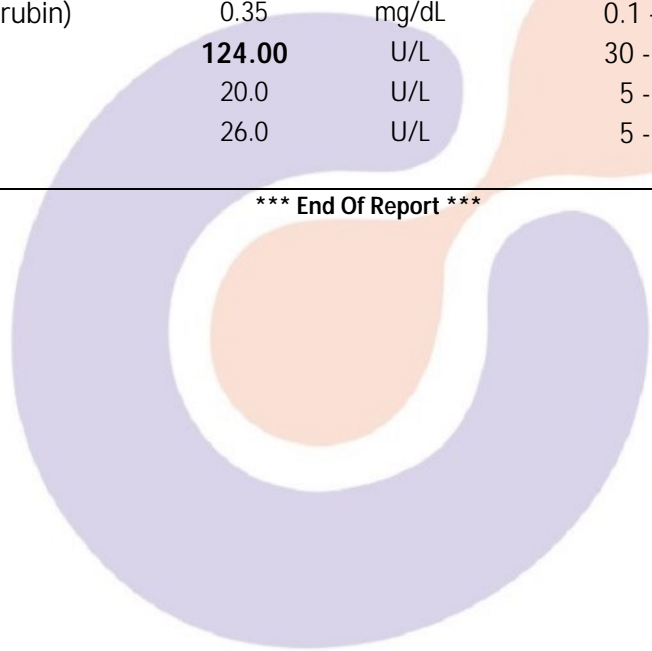
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LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.42	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.07	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.35	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	124.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	20.0	U/L	5 - 40	UV without P5P
SGOT	26.0	U/L	5 - 40	UV without P5P

*** End Of Report ***



CHARAK



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ULTRASOUND STUDY FOR FETAL WELL BEING (NOT ANOMALY SCAN)

- LMP is 16/01/2025 EGA by LMP is 6 weeks + 2 days.
- Single intrauterine gestational sac is seen.
- CRL measures 2.1 mm corresponding to POG of 5 weeks + 5 days.
- **Foetal cardiac activity is perceptible but cannot be measured.**
- Decidual reaction is normal. No perigestational collection is seen.
- Cervical OS is closed.
- Cervical length (measures 3.3 cm) and width is normal.
- **A corpus luteal cyst of size 16 x 17 mm is seen in left ovary.** Right ovary is normal in size and echotexture.

IMPRESSION:

- **EARLY INTRAUTERINE PREGNANCY OF 5 WEEKS + 5 DAYS (± 7 DAYS) WITH PERCEPTIBLE FETAL CARDIAC ACTIVITY.**

Note:- I Dr. Nisma Waheed, declare that while conducting ultrasound study of Mrs. Zainab, I have neither detected nor disclosed the sex of her foetus to any body in any manner. All congenital anomalies can't be excluded on ultrasound.

Clinical correlation is necessary.

**DR. NISMA WAHEED
MD, RADIODIAGNOSIS**

(Transcribed by Rachna)

*** End Of Report ***

