

Patient Name : Ms.SONAKSHI	Visit No : CHA250037509
Age/Gender : 37 Y/F	Registration ON : 02/Mar/2025 09:57AM
Lab No : 10134804	Sample Collected ON : 02/Mar/2025 10:00AM
Referred By : Dr.ANOOP GARG	Sample Received ON : 02/Mar/2025 10:00AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 01:42PM
Doctor Advice : URINE COM. EXMAMINATION,TSH,FASTING,CBC (WHOLE BLOOD),USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
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URINE EXAMINATION REPORT

Colour-U	YELLOW		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	7-8	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

CHARAK

[Checked By]



Print.Date/Time: 02-03-2025 14:15:33

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
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PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	11.6	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.20	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	37.4	%	36 - 45	Pulse hieght detection
MCV	88.4	fL	80 - 96	calculated
MCH	27.4	pg	27 - 33	Calculated
MCHC	31	g/dL	30 - 36	Calculated
RDW	13.6	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	4520	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	67	%	40 - 75	Flowcytometry
LYMPHOCYTES	29	%	25 - 45	Flowcytometry
EOSINOPHIL	0	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	292,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	292000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,028	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,311	/cmm	1000-3000	Calculated
Absolute Monocytes Count	181	/cmm	200-1000	Calculated
Mentzer Index	21			
Peripheral Blood Picture	:			

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



[Checked By]



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

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Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	97.2	mg/dl	70 - 110	Hexokinase

TSH				
TSH	0.85	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 ***



[Checked By]



Sharma

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

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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is mildly enlarged in size (~154mm) 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 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.
- **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. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 90 x 39 mm in size. Left kidney measures 104 x 41 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 bulky in size, measures 104 x 60 x 38 mm and shows few well defined hypoechoic lesions in anterior and posterior wall, measuring upto approx 67 x 70mm in anterior wall & 32 x 39mm in posterior wall. Endometrial thickness measures 8.4 mm. No endometrial collection is seen.
- **Cervix** is normal.
- **Both ovaries** are normal in size and echotexture. Right ovary measuring 25 x 21 x 21mm with volume 5.8cc. Left ovary measuring 30 x 25 x 20mm with volume 8.2cc.
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.

OPINION:

- **MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.**
- **BULKY UTERUS WITH ANTERIOR AND POSTERIOR WALL UTERINE FIBROIDS.**

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]

Transcribed By: GAUSIYA

*** End Of Report ***

