

Patient Name : Ms.AZMAT JAHAN	Visit No : CHA250038156
Age/Gender : 72 Y/F	Registration ON : 03/Mar/2025 12:46PM
Lab No : 10135451	Sample Collected ON : 03/Mar/2025 12:54PM
Referred By : Dr.MANISH MAURYA	Sample Received ON : 03/Mar/2025 01:01PM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 03/Mar/2025 02:22PM
Doctor Advice : CT THORAX,CHEST PA,KIDNEY FUNCTION TEST - I,LFT,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	22.00		0 - 20	Westergreen



CHARAK

[Checked By]

Print.Date/Time: 03-03-2025 16:50:09

*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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Test Name	Result	Unit	Bio. Ref. Range	Method
Hb	12.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.60	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	40.9	%	36 - 45	Pulse hieght detection
MCV	89.9	fL	80 - 96	calculated
MCH	27.9	pg	27 - 33	Calculated
MCHC	31.1	g/dL	30 - 36	Calculated
RDW	14.6	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	12760	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	77	%	40 - 75	Flowcytometry
LYMPHOCYTE	15	%	20-40	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	275,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	275000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	20			

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



[Checked By]



Sham

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.80	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.12	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.68	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	90.40	U/L	30 - 120	PNPP, AMP Buffer
SGPT	36.0	U/L	5 - 40	UV without P5P
SGOT	85.0	U/L	5 - 40	UV without P5P
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	22.70	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	138.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct

*** End Of Report ***

CHARAK



[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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SKIAGRAM CHEST PA VIEW

- Rotation + .
- Both lung fields are clear.
- Bilateral hilar shadows are prominent.
- Borderline cardiomegaly is present.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

IMPRESSION:

- **BORDERLINE CARDIOMEGALY.**

Clinical correlation and Cardiac evaluation is needed.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP



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CT THORAX

HRCT STUDY OF THORAX

- Mild bilateral apical pleura thickening is seen with few parenchymal and subpleural bands in bilateral lungs.
- Few areas of peribronchial interstitial thickening with bronchial mucous plugging are also seen in bilateral lungs predominantly in lower lobes. Few patchy areas of ground-glass opacity are also seen in bilateral lower lobes with few tiny nodular opacities.
- No pleural effusion is seen on either side.
- *Few subcentimeteric mediastinal lymphnodes are seen.*
- Trachea is central.
- Heart size is normal.
- Esophagus is seen normally.
- *Degenerative changes are seen in visualized parts of spine.*

OPINION:

- PARENCHYMAL AND SUBPLEURAL BANDS IN BILATERAL LUNGS - POST INFECTIVE SEQUELAE ?? SIGNIFICANCE.
- PERIBRONCHIAL INTERSTITIAL THICKENING WITH BRONCHIAL MUCOUS PLUGGING, GROUND-GLASS OPACITIES AND TINY NODULAR OPACITIES - LIKELY ACTIVE INFECTIVE ETIOLOGY.

Clinical correlation is necessary.

(DR. JAYENDRA KUMAR, MD)

Transcribed by Rachna

*** End Of Report ***

