

Patient Name : Mr.NADIR ALI	Visit No : CHA250038269
Age/Gender : 50 Y/M	Registration ON : 03/Mar/2025 02: 13PM
Lab No : 10135564	Sample Collected ON : 03/Mar/2025 02: 17PM
Referred By : Dr.AFTAB ALAM KHAN	Sample Received ON : 03/Mar/2025 02: 17PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 03/Mar/2025 03: 59PM
Doctor Advice : HBA1C (EDTA),USG WHOLE ABDOMEN,CHEST PA,ECG,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	"O"			
Rh (Anti -D)	POSITIVE			

HBA1C				
Glycosylated Hemoglobin (HbA1c)	7.1	%	4 - 5.7	HPLC (EDTA)

NOTE:-

Glycosylated Hemoglobin Test (HbA1c) is performed in this laboratory by the Gold Standard Reference method, ie: HPLC Technology (High performance Liquid Chromatography D10) from Bio-Rad Laboratories, USA.

EXPECTED (RESULT) RANGE :

Bio system	Degree of normal
4.0 - 5.7 %	Normal Value (OR) Non Diabetic
5.8 - 6.4 %	Pre Diabetic Stage
> 6.5 %	Diabetic (or) Diabetic stage
6.5 - 7.0 %	Well Controlled Diabet
7.1 - 8.0 %	Unsatisfactory Control
> 8.0 %	Poor Control and needs treatment

PT/PC/INR				
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay
Prothrombin 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	



[Checked By]

Print.Date/Time: 03-03-2025 17:00:29

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA DR. SHADAB DR. ADITI D AGARWAL
PATHOLOGIST PATHOLOGIST PATHOLOGIST

Signature

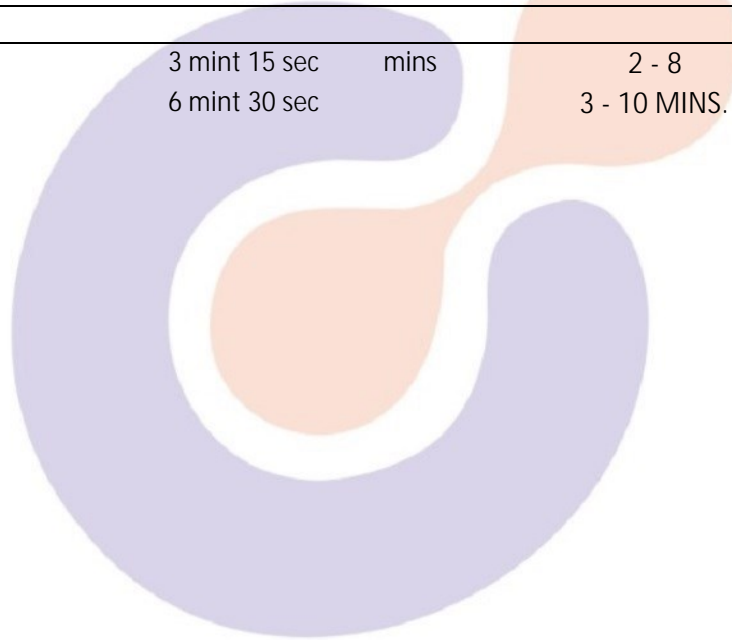
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HCV				
Anti-Hepatitis C Virus Antibodies.	NON REACTIVE		< 1.0 : NON REACTIVE > 1.0 : REACTIVE	Sandwich Assay

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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PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
DR. ADITI D AGARWAL
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Referred By : Dr.AFTAB ALAM KHAN	Sample Received ON : 03/Mar/2025 02: 26PM
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PRE SURGICAL (RD1)

Test Name	Result	Unit	Bio. Ref. Range	Method
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HAEMOGLOBIN

Hb	13.6	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	8000	/cmm	4000 - 10000	Flocytometry
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DLC

NEUTROPHIL	61	%	40 - 75	Flowcytometry
LYMPHOCYTE	32	%	20-40	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry

PLATELET COUNT

PLATELET COUNT	103,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	105000	/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 with few macrocytes. Platelets are reduced. No immature cells or parasite seen.

BLOOD SUGAR RANDOM

BLOOD SUGAR RANDOM	146.2	mg/dl	70 - 170	Hexokinase
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NA+K+

SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct

BLOOD UREA

BLOOD UREA	55.00	mg/dl	15 - 45	Urease, UV, Serum
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[Checked By]



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

SERUM CREATININE				
CREATININE	1.30	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

LIVER FUNCTION TEST				
TOTAL BILIRUBIN	1.10	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.15	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.95	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	137.20	U/L	30 - 120	PNPP, AMP Buffer
SGPT	17.0	U/L	5 - 40	UV without P5P
SGOT	20.0	U/L	5 - 40	UV without P5P

*** End Of Report ***

CHARAK



[Checked By]



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Agarwal
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ECG -REPORT

RATE : 99 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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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is enlarged in size, and shows homogenously 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 contracted and shows few calculi in lumen up to 6.6mm . No 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 87 x 49 mm in size. Left kidney measures 80 x 49 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.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is normal in size measures 33 x 32 x 36 mm with weight of 20.73 gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

OPINION:

- MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.
- CHOLELITHIASIS .

Clinical correlation is necessary.

[[DR. R.K SINGH , MD]]

TRANSCRIBED BY: ANUP



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SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are normal.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and body cage are seen normally.
- Both domes of diaphragm are sharply defined.

OPINION

- **NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

*** End Of Report ***

