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|--|---|
| Patient Name : Ms.MANTASHA | Visit No : CHA250038741 |
| Age/Gender : 22 Y/F | Registration ON : 04/Mar/2025 10:05AM |
| Lab No : 10136036 | Sample Collected ON : 04/Mar/2025 10:06AM |
| Referred By : Dr.RANJANA RASTOGI | Sample Received ON : 04/Mar/2025 10:18AM |
| Refer Lab/Hosp : CHARAK NA | Report Generated ON : 04/Mar/2025 11:05AM |
| Doctor Advice : LFT,CBC (WHOLE BLOOD),USG OBSTETRICS | |



| 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 | 3.90 | mil/cmm | 3.8 - 4.8 | Electrical Impedence |
| PCV | 35.5 | % | 36 - 45 | Pulse hieght detection |
| MCV | 90.1 | fL | 80 - 96 | calculated |
| MCH | 29.4 | pg | 27 - 33 | Calculated |
| MCHC | 32.7 | g/dL | 30 - 36 | Calculated |
| RDW | 13.7 | % | 11 - 15 | RBC histogram derivation |
| RETIC | 0.7 % | % | 0.5 - 2.5 | Microscopy |
| TOTAL LEUCOCYTES COUNT | 8090 | /cmm | 4000 - 10000 | Flocytrometry |
| DIFFERENTIAL LEUCOCYTE COUNT | | | | |
| NEUTROPHIL | 65 | % | 40 - 75 | Flowcytometry |
| LYMPHOCYTES | 28 | % | 25 - 45 | Flowcytometry |
| EOSINOPHIL | 2 | % | 1 - 6 | Flowcytometry |
| MONOCYTE | 5 | % | 2 - 10 | Flowcytometry |
| BASOPHIL | 0 | % | 00 - 01 | Flowcytometry |
| PLATELET COUNT | 238,000 | /cmm | 150000 - 450000 | Elect Imped.. |
| PLATELET COUNT (MANUAL) | 238000 | /cmm | 150000 - 450000 | Microscopy . |
| Absolute Neutrophils Count | 5,258 | /cmm | 2000 - 7000 | Calculated |
| Absolute Lymphocytes Count | 2,265 | /cmm | 1000-3000 | Calculated |
| Absolute Eosinophils Count | 162 | /cmm | 20-500 | Calculated |
| Absolute Monocytes Count | 404 | /cmm | 200-1000 | Calculated |
| Mentzer Index | 23 | | | |
| Peripheral Blood Picture | : | | | |

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



[Checked By]



Sham

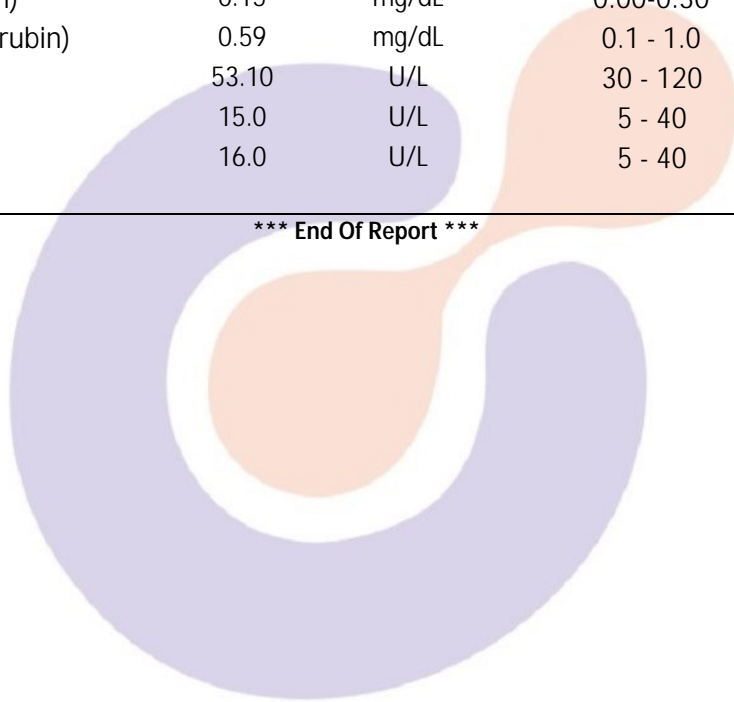
DR. NISHANT SHARMA PATHOLOGIST DR. SHADAB PATHOLOGIST Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

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| Lab No : 10136036 | Sample Collected ON : 04/Mar/2025 10:06AM |
| Referred By : Dr.RANJANA RASTOGI | Sample Received ON : 04/Mar/2025 10:34AM |
| Refer Lab/Hosp : CHARAK NA | Report Generated ON : 04/Mar/2025 11:32AM |
| Doctor Advice : LFT,CBC (WHOLE BLOOD),USG OBSTETRICS | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--------------------------------|--------|-------|-----------------|------------------|
| LIVER FUNCTION TEST | | | | |
| TOTAL BILIRUBIN | 0.74 | mg/dl | 0.4 - 1.1 | Diazonium Ion |
| CONJUGATED (D. Bilirubin) | 0.15 | mg/dL | 0.00-0.30 | Diazotization |
| UNCONJUGATED (I.D. Bilirubin) | 0.59 | mg/dL | 0.1 - 1.0 | Calculated |
| ALK PHOS | 53.10 | U/L | 30 - 120 | PNPP, AMP Buffer |
| SGPT | 15.0 | U/L | 5 - 40 | UV without P5P |
| SGOT | 16.0 | U/L | 5 - 40 | UV without P5P |

*** End Of Report ***



CHARAK



[Checked By]



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

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| Refer Lab/Hosp | : CHARAK NA | Report Generated ON | : 04/Mar/2025 10:56AM |

ULTRASOUND STUDY FOR FETAL WELL BEING (NOT ANOMALY SCAN)

- LMP is 19/01/2025 EGA by LMP is 6 weeks + 2 days.
- Single gestation sac with single live foetus is seen in uterine cavity.
- CRL measures 5.7 mm corresponding to POG of 6 weeks + 2 days.
- Foetal heart rate is 156/minute.
- Decidual reaction is normal. No perigestational collection is seen.
- Cervical OS is closed.
- Cervical length (measures 3.2 cm) and width is normal.
- Both ovaries are normal in size and echotexture.
- No adnexal mass lesion is seen.
- EDD is approximately 26/10/2025.

IMPRESSION:

- **EARLY LIVE INTRAUTERINE PREGNANCY OF 6 WEEKS + 2 DAYS (± 7 DAYS).**

**ADV : NT-NB scan between 12-13 weeks 6 days with double marker
TIFFA scan between 18-21 weeks with quadruple marker between 16-21 weeks.**

Note:-- I Dr. Nisma Waheed, declare that while conducting ultrasound study of Mrs. Mantasha, 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 ***

