

Patient Name : Ms.RAJ KUMARI	Visit No : CHA250038872
Age/Gender : 51 Y/F	Registration ON : 04/Mar/2025 11:53AM
<b>Lab No : 10136167</b>	Sample Collected ON : 04/Mar/2025 11:58AM
Referred By : Dr.AFTAB ALAM KHAN	Sample Received ON : 04/Mar/2025 11:58AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 01:32PM
Doctor Advice : USG WHOLE ABDOMEN,CHEST PA,ECG,BLOOD GROUP,BTCT,CREATININE,DLC,GBP,HB,HBsAg (QUANTITATIVE),HCV,LFT,NA+K+,FLAT COUNT,PT/PC/INR,TLC,UREA,RANDOM,HIV	



**PRE SURGICAL (RD1)**

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

Blood Group	"A"			
Rh (Anti -D)	<b>POSITIVE</b>			

**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	
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**HIV**

HIV-SEROLOGY	NON REACTIVE		<1.0 : NON REACTIVE >1.0 : REACTIVE	
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**HCV**

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

[Checked By]



*Sharma*

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

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**HAEMOGLOBIN**

Hb **9.4** g/dl 12 - 15 Non Cyanide

**Comment:**

Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

**TLC**

TOTAL LEUCOCYTES COUNT **6600** /cmm 4000 - 10000 Floctometry

**DLC**

NEUTROPHIL	<b>76</b>	%	40 - 75	Flowcytometry
LYMPHOCYTE	20	%	20-40	Flowcytometry
EOSINOPHIL	<b>0</b>	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry

**PLATELET COUNT**

PLATELET COUNT **25,000** /cmm 150000 - 450000 Elect Imped..  
PLATELET COUNT (MANUAL) **40000** /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 show cytopenia+ with normocytic normochromic. Platelets are reduced. No immature cells or parasite seen.

**BLOOD SUGAR RANDOM**

BLOOD SUGAR RANDOM **95.5** mg/dl 70 - 170 Hexokinase

**NA+K+**

SODIUM Serum **140.0** MEq/L 135 - 155 ISE Direct  
POTASSIUM Serum **5.3** MEq/L 3.5 - 5.5 ISE Direct

**BLOOD UREA**

BLOOD UREA **67.10** mg/dl 15 - 45 Urease, UV, Serum



[Checked By]



*Sham*

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PRE SURGICAL (RD1)				
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SERUM CREATININE				
CREATININE	2.00	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.50	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.10	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.40	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	127.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	19.4	U/L	5 - 40	UV without P5P
SGOT	24.6	U/L	5 - 40	UV without P5P

\*\*\* End Of Report \*\*\*

CHARAK



[Checked By]



*Sham*

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

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### **ECG -REPORT**

RATE : 72 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 mildly enlarged in size (~164mm) 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 few calculi in GB lumen measuring upto approx 11.9mm. 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 mildly enlarged in size (~133mm) and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Both kidneys** are mildly contracted in size and normal in position. No hydronephrosis is seen. Bilateral renal parenchymal echogenicity is increased (Grade-II) with partially maintained cortico-medullary differentiation. A simple cortical cyst (Bosniak type-I) is seen at mid pole of right kidney measuring approx 28 x 23mm. No calculus is seen. No scarring is seen. Right kidney measures 79 x 33 mm in size. Left kidney measures 82 x 34 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is partially distended with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is atrophic.
- No adnexal mass lesion is seen.
- Post void residual urine volume - Nil.

#### OPINION:

- MILD HEPATO-SPLENOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.
- CHOLELITHIASIS.
- BILATERAL GRADE-II MEDICAL RENAL DISEASE (ADV: RFT CORRELATION).
- SIMPLE RIGHT RENAL CORTICAL CYST.

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Gausiya



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**SKIAGRAM CHEST PA VIEW**

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

**IMPRESSION:**

- **MILD CARDIOMEGALY.**

Clinical correlation and Cardiac evaluation is needed.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

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\*\*\* End Of Report \*\*\*

