Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Baby.KISHA FATIMA	Visit No	: CHA250038877
Age/Gender	: 11 Y/F	Registration ON	: 04/Mar/2025 11:58AM
Lab No	**: 10136172**	Sample Collected ON	: 04/Mar/2025 12:00PM
Referred By	: Dr.MANISH TANDON	Sample Received ON	: 04/Mar/2025 11:59AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 04:03PM
Doctor Advice	: STOOL R/M,USG WHOLE ABDOMEN,T3T4TSH,RANDOM,CREATININE,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	9.00		0 - 15	Westergreen

Note:

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.

Test Name	Result	Unit	Bio. Ref. Range	Method
CRP-QUANTITATIVE				
CRP-QUANTITATIVE TEST	2.6	MG/L	0.10 - 2.80	

Method: Immunoturbidimetric

(Method: Immunoturbidimetric on photometry system)

SUMMARY : C - reactive protien (CRP) is the best known among the acute phase protiens, a group of protien whose concentration increases in blood as a response to inflammatory disorders.CRP is normally present in low concentration in blood of healthy individuals (< 1mg/L). It is elevated up to 500 mg/L in acute inflammatory processes associated with bacterial infections, post operative conditions tissue damage already after 6 hours reaching a peak at 48 hours.. The measurment of CRP represents a useful aboratory test for detection of acute infection as well as for monitoring inflammtory proceses also in acute rheumatic & gastrointestinal disease. In recent studies it has been shows that in apparrently healthy subjects there is a direct orrelation between CRP concentrations & the risk of developing oronary heart disease (CHD).

hsCRP cut off for risk assessment as per CDC/AHA

Level	Risk
<1.0	Low
1.0-3.0	Average
>3.0	High

All reports to be clinically corelated

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DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
STOOL R/M				
STOOL EXAMINATION				
Colour (Stool)	Brown		Brown	
FORM & CONSISTENCY	Loose		Semi Solid	
pH-Stool	Acidic (6.5)			
MUCUS	Absent		Absent	
BLOOD	Absent		Absent	
Parasites	Absent		Absent	
CHEMICAL EXAMINATION				
Reducing Substance	Absent			
Occult blood (Stool)	Absent		Absent	
Microscopic	No ova or cyst seen.			

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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 01:26PM
Doctor Advice	: STOOL R/M,USG WHOLE ABDOMEN,T3T4TSH,RANDOM,CREATININE,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.9	g/dl	11 - 15	Non Cyanide
R.B.C. COUNT	4.80	mil/cmm	4 - 5.1	Electrical Impedence
PCV	40.2	%	31 - 43	Pulse hieght detection
MCV	83.2	fL	76 - 87	calculated
MCH	26.7	pg	26 - 28	Calculated
MCHC	**32.1**	g/dL	33 - 35	Calculated
RDW	13.4	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.3 - 1	Microscopy
TOTAL LEUCOCYTES COUNT	12620	/cmm	4500 - 13500	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	68	%	40 - 70	Flowcytrometry
LYMPHOCYTES	**28**	%	30 - 50	Flowcytrometry
EOSINOPHIL	2	%	1 - 6	Flowcytrometry
MONOCYTE	2	%	0 - 8	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	263,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	263000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	**8,582**	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	3,534	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	252	/cmm	20-500	Calculated
Absolute Monocytes Count	252	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

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

MC-2491

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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 01:32PM
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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	84.5	mg/dl	70 - 170	Hexokinase
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.40	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.20	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.20	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	359.00	U/L	129 - 417	PNPP, AMP Buffer
SGPT	13.9	U/L	5 - 40	UV without P5P
SGOT	26.7	U/L	5 - 40	UV without P5P

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Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.15	nmol/L	1.49-2.96	ECLIA
T4	138.67	n mol/l	63 - 177	ECLIA
TSH	1.20	uIU/ml	0.7 - 6.4	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 *****

MC-2491

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PR.

ULTRASOUND STUDY OF WHOLE ABDOMEN

Excessive gaseous abdomen

- **Liver** is mildly enlarged in size, and shows homogenous 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.
- Few prominent mesenteric lymphnodes are seen up to 16x7mm with maintained hilum .
- 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 79 x 30 mm in size. Left kidney measures 78 x 30 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is not distended .

OPINION:

- **MILD HEPATOMEGALY.**
- **FEW PROMINENT MESENTERIC LYMPHNODES**

(Possibility of acid peptic disease could not be ruled out).

[DR. R. K. SINGH, MD]

transcribed by: anup

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