

Patient Name : Mr. NIYAZ AHMAD	Visit No : CHA250038883
Age/Gender : 52 Y O M O D /M	Registration ON : 04/Mar/2025 12:02PM
Lab No : 10136178	Sample Collected ON : 04/Mar/2025 12:04PM
Referred By : Dr. WE CARE HOSPITAL	Sample Received ON : 04/Mar/2025 12:04PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 01:57PM
Doctor Advice : ABDOMEN ERECT AP,CT KUB(plain),HBA1C (EDTA),URINE C/S,URINE COM. EXMAMINATION,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	11.6	%	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

URINE EXAMINATION REPORT

Colour-U	YELLOW	Light Yellow		
Appearance (Urine)	Turbid	Clear		
Specific Gravity	1.015	1.005 - 1.025		
pH-Urine	Acidic (6.0)	4.5 - 8.0		
PROTEIN	800 mg/dl	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	PRESENT		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	PRESENT		Absent	
NITRITE	Absent		Absent	

MICROSCOPIC EXAMINATION

Pus cells / hpf	35-40	/hpf	< 5/hpf
Epithelial Cells	Nil	/hpf	0 - 5
RBC / hpf	Occasional		< 3/hpf



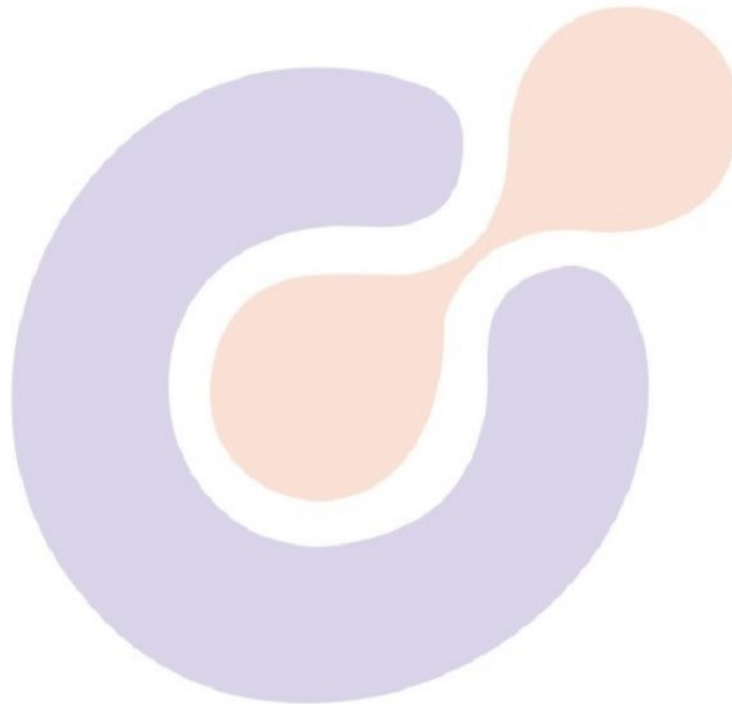
Sharma

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
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CHARAK

[Checked By]

Print.Date/Time: 04-03-2025 16:15:11

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
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Referred By : Dr. WE CARE HOSPITAL	Sample Received ON : 04/Mar/2025 12:11PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 01:26PM
Doctor Advice : ABDOMEN ERECT AP,CT KUB(plain),HBA1C (EDTA),URINE C/S,URINE COM. EXMAMINATION,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	8.2	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	24.9	%	36 - 45	Pulse hieght detection
MCV	83.6	fL	80 - 96	calculated
MCH	27.5	pg	27 - 33	Calculated
MCHC	32.9	g/dL	30 - 36	Calculated
RDW	15.4	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	14910	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	89	%	40 - 75	Flowcytometry
LYMPHOCYTES	5	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	200,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	200000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	13,270	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	746	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	298	/cmm	20-500	Calculated
Absolute Monocytes Count	596	/cmm	200-1000	Calculated
Mentzer Index	28			
Peripheral Blood Picture	:			

Red blood cells show cypopenia+, normocytic normochromic with anisocytosis+. WBCs show neutrophilic leucocytosis. Platelets are adequate. No parasite seen.

*** End Of Report ***



[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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SKIAGRAM ABDOMEN (ERECT) AP VIEW

- No free gas is seen under both dome of diaphragm.
- No abnormal air fluid levels are seen.
- Soft tissue shadow of liver appears enlarged? Hepatomegaly

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP



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NCCT STUDY OF KUB

- **Right kidney** is normal in size and position. No hydronephrosis is seen. Multiple air foci are seen in pelvicalyceal system, proximal ureter as well as renal parenchyma. Moderate perinephric fat stranding is seen with thickening of anterior, posterior pararenal and lateral conal fascia. No hyperdense calculus or mass lesion is seen on non contrast study. Right kidney measures 105 x 52mm.
- **Left kidney** is normal in size and position. No hydronephrosis is seen. Multiple air foci are seen in pelvicalyceal system. Few tiny foci of vascular calcification/concretions are seen at mid and lower pole. Mild perinephric fat stranding is seen. No mass lesion is seen on non contrast study. Left kidney measures 98 x 49mm.
- **Urinary bladder** is minimally distended and shows air fluid level within. No calculus or mass lesion is seen. UB walls are not thickened
- Bilateral seminal vesicles are seen normally.
- **Prostate** is normal in size and shows normal density of parenchyma. No mass lesion is seen.
- Few subcentimeteric to centimeteric retroperitoneal lymphnodes are seen, largest measuring approx. 11mm in MSAD seen at left para-aortic/perinephric region.

IMPRESSION:

- **MULTIPLE PELVICALYCEAL AND PARENCHYMAL AIR FOCI IN BILATERAL KIDNEYS WITH ADJACENT INFLAMMATORY CHANGES -- POSSIBILITY OF EMPHYSEMATOUS PYLONEPHRITIS CANNOT BE RULED OUT.**

Note: History of any surgery/intervention was denied by the patient.

Clinical correlation is necessary.

[DR. JAYENDRA KR. ARYA, MD]

Transcribed by R R...

*** End Of Report ***

