

Patient Name : Ms.FARUKH JAHAN	Visit No : CHA250038894
Age/Gender : 75 Y/F	Registration ON : 04/Mar/2025 12:17PM
<b>Lab No : 10136189</b>	Sample Collected ON : 04/Mar/2025 01:01PM
Referred By : Dr.M RAFIQ	Sample Received ON : 04/Mar/2025 01:10PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 02:48PM
Doctor Advice : USG WHOLE ABDOMEN,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	8.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.20	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	24.6	%	36 - 45	Pulse height detection
MCV	77.6	fL	80 - 96	calculated
MCH	26.2	pg	27 - 33	Calculated
MCHC	33.7	g/dL	30 - 36	Calculated
RDW	22.1	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	22740	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	89	%	40 - 75	Flowcytometry
LYMPHOCYTES	7	%	25 - 45	Flowcytometry
EOSINOPHIL	0	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	524,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	524000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	20,239	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,592	/cmm	1000-3000	Calculated
Absolute Monocytes Count	910	/cmm	200-1000	Calculated
Mentzer Index	24			
Peripheral Blood Picture	:			

Red blood cells show cytopenia with microcytic hypochromic, anisocytosis. WBCs show neutrophilic leucocytosis. Platelets are increased. No parasite seen.

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



[Checked By]



*Sham*

DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

Dr. SYED SAIF AHMAD  
MD (MICROBIOLOGY)

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## ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is mildly enlarged in size, and shows homogenous echotexture of liver parenchyma. **Mild central intrahepatic biliary radicle dilatation is seen.** No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is *partially distended* and shows multiple intraluminal calculi upto approx 9.4mm. **GB wall is irregularly thickened an ill defined heterogeneous suspicious area / lesion of size approx 57 x 52mm seen in right lobe of liver involving to GB & likely compressing to proximal CBD leading to bilateral intrahepatic biliary radicle dilatation – s/o ? GB mass.**
- **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 retroperitoneal / peri-portal lymphnodes are seen measuring upto approx 14 x 9.6mm (non specific).**
- 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 83 x 35 mm in size. Left kidney measures 85 x 42 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is *inadequate distended*.
- **Right side minimal pleural effusion is seen measuring approx 40 x 28 x 27mm with volume 16cc.**

### OPINION:

- **MILD HEPATOMEGALY WITH BILATERAL CENTRAL I.H.B.R.D.**
- **CHOLELITHIASIS WITH IRREGULARLY THICKENED GB WALL WITH AN ILL DEFINED HETEROGENEOUS SUSPICIOUS AREA / LESION IN RIGHT LOBE OF LIVER INVOLVING TO GB & LIKELY COMPRESSING TO PROXIMAL CBD LEADING TO BILATERAL I.H.B.R.D – S/O ? GB MASS (ADV: CECT ABDOMEN FOR FURTHER EVALUATION).**
- **FEW RETROPERITONEAL / PERI-PORTAL LYMPHNODES (NON SPECIFIC).**
- **MINIMAL RIGHT PLEURAL EFFUSION.**

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Gausiya

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



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