Charak dhar DIAGNOSTICS Pvt. Ltd.

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E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Mr.MISHRI LAL	Visit No	: CHA250038899
Age/Gender	: 57 Y/M	Registration ON	: 04/Mar/2025 12:21PM
Lab No	**: 10136194**	Sample Collected ON	: 04/Mar/2025 12:26PM
Referred By	: Dr.MANISH TANDON	Sample Received ON	: 04/Mar/2025 12:26PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 02:01PM
Doctor Advice	: USG WHOLE ABDOMEN,URINE C/S,URINE COM. EXMAMINATION,HCV,HBSAg,HIV,T3T4TSH,RANDOM,CREATININE,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD),ABDOMEN ERECT AP		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	13.00		0 - 20	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.

CRP-QUANTITATIVE			
CRP-QUANTITATIVE TEST	2.14	MG/L	0.1 - 6

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. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
HEPATITIS B SURFACE ANTIGEN (HBsAg)				
Sample Type : SERUM				
HEPATITIS B SURFACE ANTIGEN	NON REACTIVE		<1 - Non Reactive >1 - Reactive	CMIA

Note: This is only a Screening test. Confirmation of the result (Non Reactive/Reactive)should be done by performing a PCR based test.

COMMENTS:

-HBsAg is the first serological marker after infection with Hepatitis B Virus appearing one to ten weeks after exposure and two to eight weeks before the onset of clinical symptoms. HBsAg persists during the acute phase and clears late in the convalescence phase. Failure to clear HBsAg within six months indicates a chronic HBsAg carrier state. HBsAg assays are used to identify the persons infected with HBV and to prevent transmission of the virus by blood and blood products as well as to monitor the status of infected individuals in combination with other hepatitis B serological markers.
-Borderline cases must be confirmed with confirmatory neutralizing assay.

LIMITATIONS:

-Results should be used in conjunction with patient history and other hepatitis markers for diagnosis of acute and chronic infections.
-Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA) which may produce anomalous values when tested with assay kits that employs mouse monoclonal antibodies.
-Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or animal serum products can be prone to this interference and anomalous results may be observed.
-Cross reactivity for specimens from individual with medical conditions (Pregnancy, HIV etc) has been observed.
-HBsAg mutations may result in a false negative result in some HBsAg assays.
-If HBsAg results are inconsistent with clinical evidence, additional testing is suggested to confirm the result.

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

Done by: Vitros ECI (Sandwich Assay)
Note:-Elisa test is a screening method for HIV.It is known to give false Positive & Negative result.
Hence confirmation:"Western Blot" method is advised.

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Test Name	Result	Unit	Bio. Ref. Range	Method
HEPATITIS C VIRUS (HCV) ANTIBODIES				
HEPATITIS C VIRUS (HCV) ANTIBODIES	NON REACTIVE		Non Reactive	
(TRIO DOT ASSAY)				
Note:This is only a Screening test. Confirmation of the result (Non Reactive/Reactive)should be done by performing a PCR based test.				
URINE EXAMINATION REPORT				
Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	**1.015**		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	10 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	12-15	/hpf	< 5/hpf	
Epithelial Cells	Nil	/hpf	0 - 5	
RBC / hpf	1+2		< 3/hpf	

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Referred By	: Dr.MANISH TANDON	Sample Received ON	: 04/Mar/2025 12:49PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 02:48PM
Doctor Advice	: USG WHOLE ABDOMEN,URINE C/S,URINE COM. EXMAMINATION,HCV,HBSAg,HIV,T3T4TSH,RANDOM,CREATININE,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD),ABDOMEN ERECT AP		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	**15.2**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	**5.10**	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	44.8	%	36 - 45	Pulse hieght detection
MCV	88.4	fL	80 - 96	calculated
MCH	30.0	pg	27 - 33	Calculated
MCHC	33.9	g/dL	30 - 36	Calculated
RDW	13.1	%	11 - 15	RBC histogram derivation
RETIC	0.5 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8730	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	74	%	40 - 75	Flowcytrometry
LYMPHOCYTES	**20**	%	25 - 45	Flowcytrometry
EOSINOPHIL	4	%	1 - 6	Flowcytrometry
MONOCYTE	2	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	**108,000**	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	**140,000**	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,460	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,746	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	349	/cmm	20-500	Calculated
Absolute Monocytes Count	175	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

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

MC-2491

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Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Lab No	**: 10136194**	Sample Collected ON	: 04/Mar/2025 12:26PM
Referred By	: Dr.MANISH TANDON	Sample Received ON	: 04/Mar/2025 12:46PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 01:32PM
Doctor Advice	: USG WHOLE ABDOMEN,URINE C/S,URINE COM. EXMAMINATION,HCV,HBSAg,HIV,T3T4TSH,RANDOM,CREATININE,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD),ABDOMEN ERECT AP		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	98.4	mg/dl	70 - 170	Hexokinase
SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	1.03	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.18	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.85	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	87.60	U/L	30 - 120	PNPP, AMP Buffer
SGPT	26.0	U/L	5 - 40	UV without P5P
SGOT	28.0	U/L	5 - 40	UV without P5P

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Doctor Advice	: USG WHOLE ABDOMEN,URINE C/S,URINE COM. EXMAMINATION,HCV,HBSAg,HIV,T3T4TSH,RANDOM,CREATININE,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD),ABDOMEN ERECT AP		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.21	nmol/L	1.49-2.96	ECLIA
T4	145.37	n mol/l	63 - 177	ECLIA
TSH	1.86	uIU/ml	0.47 - 4.52	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 homogenously 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 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.
- No retroperitoneal adenopathy is seen.
- 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 82 x 39 mm in size. Left kidney measures 79 x 35 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is mildly enlarged in size measures 36 x 44 x 30 mm with weight of 25 gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- **Post void residual urine volume is nil.**

OPINION:

- **MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.**
- **PROSTATOMEGALY GRADE I .**

Clinical correlation is necessary.

[DR. R.K SINGH , MD]

transcribed by: anup

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PR.

SKIAGRAM ABDOMEN (ERECT) AP VIEW

- No free gas is seen under both dome of diaphragm.
- No abnormal air fluid levels are seen.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

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