

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 : Mr.MOHD SAHIL Visit No : CHA250039387

Age/Gender : 17 Y/M Registration ON 05/Mar/2025 01:15AM Lab No : 10136682 Sample Collected ON 05/Mar/2025 01:18AM Referred By : Dr.LUCKNOW HOSPITAL Sample Received ON : 05/Mar/2025 01:18AM Refer Lab/Hosp : CHARAK NA Report Generated ON : 05/Mar/2025 10:25AM

Doctor Advice : CT HEAD,BLOOD GROUP,BTCT,CREATININE,DLC,GBP,HB,HBsAg (QUANTITATIVE),HCV,LFT,NA+K+,PLAT

COUNT, PT/PC/INR, TLC, UREA, RANDOM, HIV

PRE SURGICAL (RD1)									
Test Name	Result	Unit	Bio. Ref. Range	e Method					
BLOOD GROUP									
Blood Group	''B''								
Rh (Anti -D)	POSITIVE								
PT/PC/INR									
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay					
FROTTINOWIDIN TIME	13 Second		13 Second	Ciotting Assay					

PROTHROMBIN TIME	13 Second	13 Second	Clotting Assay
Protrhromin concentration	100 %	100 %	
INR (International Normalized Rati	o) 1.00	1.0	

HBsAg (HEPATITIS B SURFACE ANTIGEN)			
HEPATITIS B SURFACE ANTIGEN	NON R <mark>EACTIVE</mark>	< 1.0 : NON REACTIVE~> (Sandwich Assay)

1.0: REACTIVE

3 - 10 MINS.

HIV		
HIV-SEROLOGY	NON REACTIVE	<1.0 : NON REACTIVE

>1.0 : REACTIVE

6 mint 30 sec

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

BT/CT
BLEEDING TIME (BT) 3 mint 15 sec mins 2 - 8



Tham

HCV

CLOTTING TIME (CT)



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. CT HEAD,BLOOD GROUP,BTCT,CREATININE,DLC,GBP,HB,HBsAg (QUANTITATIVE),HCV,LFT,NA+K+,PLAT Doctor Advice

COUNT,PT/PC/INR,TLC,UREA,RANDOM,HIV



PRE SURGICAL (RD1)											
Test Name Result Unit Bio. Ref. Range Method											
HAEMOGLOBIN											
Hb	13.5	g/dl	12 - 15	Non Cyanide							

Comment:

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

TLC	A Comment of the Comm			
TOTAL LEUCOCYTES COUNT	13000	/cmm	4000 - 10000	Flocytrometry
	The state of			, , , , , , , , , , , , , , , , , , ,
DLC				
NEUTROPHIL	79	%	40 - 75	Flowcytrometry
LYMPHOCYTE	18	%	20-40	Flowcytrometry
EOSINOPHIL	00	%	1 - 6	Flowcytrometry
MONOCYTE	03	%	2 - 10	Flowcytrometry
BASOPHIL	00	%	00 - 01	Flowcytrometry
PLATELET COUNT				
PLATELET COUNT	246,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	246000	/cmm	150000 - 450000	Microscopy.

COMMENTS:

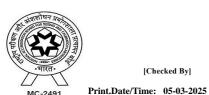
Platelet counts vary in various disorders; acquired, (infections-bacterial and viral), inherited, post blood transfusion, autoimmune and idiopathic disorders

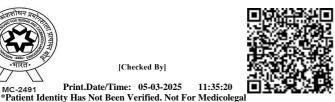
GENERAL BLOOD PICTURE (GBP)

Peripheral Blood Picture

Red blood cells are normocytic normochromic. WBCs show neutrophilic leucocytosis. Platelets are adequate. No immature cells or parasite seen.

BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	94.5	mg/dl	70 - 170	Hexokinase
1				
NA+K+				
SODIUM Serum	131.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.0	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	26.50	mg/dl	15 - 45	Urease, UV, Serum





11:35:20

DR. NISHANT SHARMA DR. SHADAB **PATHOLOGIST PATHOLOGIST**



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PRE SURGICAL (RD1)										
Test Name	Result	Unit	Bio. Ref. Range	Method						
SERUM CREATININE										
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-						
				kinetic						
LIVER FUNCTION TEST										
TOTAL BILIRUBIN	0.63	mg/dl	0.4 - 1.1	Diazonium Ion						
CONJUGATED (D. Bilirubin)	0.16	mg/dL	0.00-0.30	Diazotization						
UNCONJUGATED (I.D. Bilirubin)	0.47	mg/dL	0.1 - 1.0	Calculated						
ALK PHOS	133.20	U/L	55 - 149	PNPP, AMP Buffer						
SGPT	17.0	U/L	5 - 40	UV without P5P						
SGOT	33.0	U/L	5 - 40	UV without P5P						

*** End Of Report

CHARAK





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CT STUDY OF HEAD

<u>Infratentorial</u>

- Cerebellopontine angle and prepontine cisterns are seen normally.
- Fourth ventricle is normal in size and midline in location.
- Cerebellar parenchyma and brain stem appears to be normal.

Supratentorial

- Bilateral cerebral parenchyma shows normal gray and white matter differentiation.
- No subdural or extradural collection is seen.
- Third and both lateral ventricles are normal in size.
- Basal cisterns are clear.
- No midline shift is seen.

Bony architecture

• No obvious fracture is seen.

IMPRESSION:

• NO POST TRAUMATIC INTRACRANIAL PATHOLOGY IS SEEN.

Clinical correlation is necessary.

TRANSCRIBED BY: ANUP

[DR. JAYENDRA K. ARYA, M.D.]

*** End Of Report ***

