

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	Method
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BLOOD GROUP

Blood Group	"B"			
Rh (Anti -D)	POSITIVE			

PT/PC/INR

PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay
Prothrombin concentration	100 %		100 %	
INR (International Normalized Ratio)	1.00		1.0	

HBsAg (HEPATITIS B SURFACE ANTIGEN)

HEPATITIS B SURFACE ANTIGEN	NON REACTIVE		< 1.0 : NON REACTIVE-> (Sandwich Assay) 1.0 : REACTIVE	
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HIV

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

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

BLEEDING TIME (BT)	3 mint 15 sec	mins	2 - 8	
CLOTTING TIME (CT)	6 mint 30 sec		3 - 10 MINS.	

[Checked By]

Print.Date/Time: 05-03-2025 11:35:14

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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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				
TOTAL LEUCOCYTES COUNT	13000	/cmm	4000 - 10000	Flocytometry

DLC				
NEUTROPHIL	79	%	40 - 75	Flowcytometry
LYMPHOCYTE	18	%	20-40	Flowcytometry
EOSINOPHIL	00	%	1 - 6	Flowcytometry
MONOCYTE	03	%	2 - 10	Flowcytometry
BASOPHIL	00	%	00 - 01	Flowcytometry

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)				
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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

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



[Checked By]



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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



[Checked By]



Sharma

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CT STUDY OF HEAD

Infratentorial

- 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 ***

