

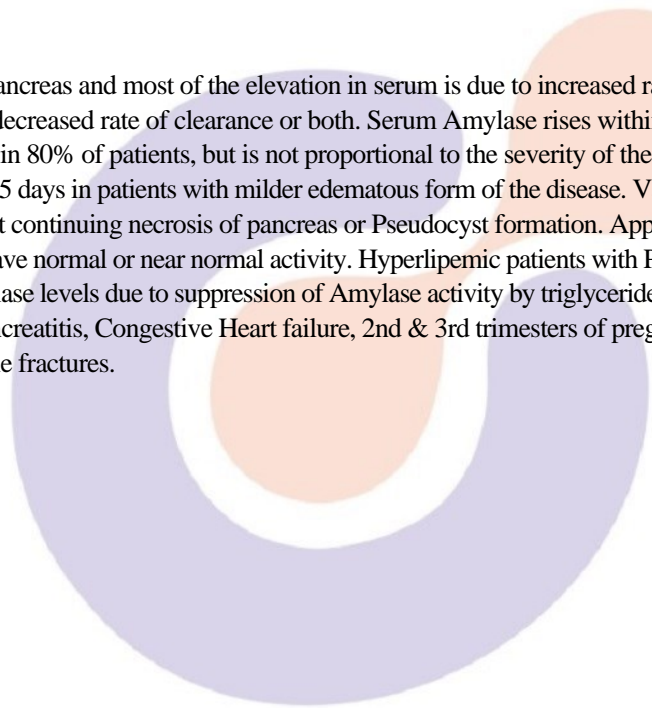
| | |
|---|--|
| Patient Name : Mr.LAL JI TRIVEDI | Visit No : CHA250039724 |
| Age/Gender : 32 Y/M | Registration ON : 05/Mar/2025 12: 32PM |
| Lab No : 10137019 | Sample Collected ON : 05/Mar/2025 12: 34PM |
| Referred By : Dr.MANISH TANDON | Sample Received ON : 05/Mar/2025 12: 44PM |
| Refer Lab/Hosp : CHARAK NA | Report Generated ON : 05/Mar/2025 02: 24PM |
| Doctor Advice : AMYLASE,RANDOM,CREATININE,LFT,CBC (WHOLE BLOOD),DIGITAL 1,USG WHOLE ABDOMEN | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|----------------|--------|------|-----------------|-----------|
| AMYLASE | | | | |
| SERUM AMYLASE | 35.8 | U/L | 20.0-80.00 | Enzymatic |

Comments:

Amylase is produced in the Pancreas and most of the elevation in serum is due to increased rate of Amylase entry into the blood stream / decreased rate of clearance or both. Serum Amylase rises within 6 to 48 hours of onset of Acute pancreatitis in 80% of patients, but is not proportional to the severity of the disease. Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease. Values persisting longer than this period suggest continuing necrosis of pancreas or Pseudocyst formation. Approximately 20% of patients with Pancreatitis have normal or near normal activity. Hyperlipemic patients with Pancreatitis also show spuriously normal Amylase levels due to suppression of Amylase activity by triglyceride. Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimesters of pregnancy, Gastrointestinal cancer & bone fractures.
amylase amylase amylase



CHARAK



[Checked By]

Print.Date/Time: 05-03-2025 15:45:14

*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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| Lab No : 10137019 | Sample Collected ON : 05/Mar/2025 12: 34PM |
| Referred By : Dr.MANISH TANDON | Sample Received ON : 05/Mar/2025 12: 40PM |
| Refer Lab/Hosp : CHARAK NA | Report Generated ON : 05/Mar/2025 02: 22PM |
| Doctor Advice : AMYLASE,RANDOM,CREATININE,LFT,CBC (WHOLE BLOOD),DIGITAL 1,USG WHOLE ABDOMEN | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------------|---------|---------|-----------------|--------------------------|
| CBC (COMPLETE BLOOD COUNT) | | | | |
| Hb | 9.8 | g/dl | 12 - 15 | Non Cyanide |
| R.B.C. COUNT | 3.10 | mil/cmm | 3.8 - 4.8 | Electrical Impedence |
| PCV | 30.2 | % | 36 - 45 | Pulse hieght detection |
| MCV | 97.7 | fL | 80 - 96 | calculated |
| MCH | 31.7 | pg | 27 - 33 | Calculated |
| MCHC | 32.5 | g/dL | 30 - 36 | Calculated |
| RDW | 15.2 | % | 11 - 15 | RBC histogram derivation |
| RETIC | 0.7 % | % | 0.5 - 2.5 | Microscopy |
| TOTAL LEUCOCYTES COUNT | 14910 | /cmm | 4000 - 10000 | Flocytometry |
| DIFFERENTIAL LEUCOCYTE COUNT | | | | |
| NEUTROPHIL | 78 | % | 40 - 75 | Flowcytometry |
| LYMPHOCYTES | 17 | % | 25 - 45 | Flowcytometry |
| EOSINOPHIL | 1 | % | 1 - 6 | Flowcytometry |
| MONOCYTE | 4 | % | 2 - 10 | Flowcytometry |
| BASOPHIL | 0 | % | 00 - 01 | Flowcytometry |
| PLATELET COUNT | 383,000 | /cmm | 150000 - 450000 | Elect Imped.. |
| PLATELET COUNT (MANUAL) | 383000 | /cmm | 150000 - 450000 | Microscopy . |
| Absolute Neutrophils Count | 11,630 | /cmm | 2000 - 7000 | Calculated |
| Absolute Lymphocytes Count | 2,535 | /cmm | 1000-3000 | Calculated |
| Absolute Eosinophils Count | 149 | /cmm | 20-500 | Calculated |
| Absolute Monocytes Count | 596 | /cmm | 200-1000 | Calculated |
| Mentzer Index | 32 | | | |
| Peripheral Blood Picture | : | | | |

Red blood cells show cytopenia, normocytic normochromic with macrocytes. WBCs show neutrophilic leucocytosis. Platelets are adequate. No parasite seen.



[Checked By]



Sham

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

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Lab No : 10137019 Sample Collected ON : 05/Mar/2025 12:34PM
Referred By : Dr.MANISH TANDON Sample Received ON : 05/Mar/2025 12:44PM
Refer Lab/Hosp : CHARAK NA Report Generated ON : 05/Mar/2025 02:24PM
Doctor Advice : AMYLASE,RANDOM,CREATININE,LFT,CBC (WHOLE BLOOD),DIGITAL 1,USG WHOLE ABDOMEN



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--------------------------------|--------|-------|-----------------|--------------------------|
| BLOOD SUGAR RANDOM | | | | |
| BLOOD SUGAR RANDOM | 133.4 | mg/dl | 70 - 170 | Hexokinase |
| SERUM CREATININE | | | | |
| CREATININE | 0.60 | mg/dl | 0.50 - 1.40 | Alkaline picrate-kinetic |
| LIVER FUNCTION TEST | | | | |
| TOTAL BILIRUBIN | 0.57 | mg/dl | 0.4 - 1.1 | Diazonium Ion |
| CONJUGATED (D. Bilirubin) | 0.15 | mg/dL | 0.00-0.30 | Diazotization |
| UNCONJUGATED (I.D. Bilirubin) | 0.42 | mg/dL | 0.1 - 1.0 | Calculated |
| ALK PHOS | 100.60 | U/L | 30 - 120 | PNPP, AMP Buffer |
| SGPT | 13.0 | U/L | 5 - 40 | UV without P5P |
| SGOT | 25.0 | U/L | 5 - 40 | UV without P5P |

*** End Of Report ***

CHARAK



[Checked By]

MC-2491

Print.Date/Time: 05-03-2025 15:45:23

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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| Refer Lab/Hosp | : CHARAK NA | Report Generated ON | : 05/Mar/2025 03:13PM |

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is mildly enlarged in size measures 159 mm and shows mild inhomogenous 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 partially distended 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 bulky in size and shows heterogeneous echotexture of parenchyma. An ill defined heterogeneous pocket of collection of size 187 x 115 x 125 mm vol. 1416 cc is seen involving body & tail of pancreas & extending to left flank. PD is not dilated. No parenchymal calcification is seen.
- **Spleen** is mildly enlarged in size measures 138 mm and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- **Minimal inter bowel fluid 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 100 x 44 mm in size. Left kidney measures 109 x 43 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 normal in size, measures 34 x 35 x 31 mm with weight of 20gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- **Mild left pleural effusion is seen (volume approx. 90 cc).**

OPINION:

- **Mild hepato-splenomegaly with mild inhomogenous echotexture of liver parenchyma.**
- **Bulky, heterogeneous pancreas with an ill defined heterogeneous pocket of collection seen involving body & tail of pancreas & extending to left flank – s/o ? Sequelae of acute necrotizing pancreatitis (ADV : Serum amylase & lipase correlation).**
- **Mild left pleural effusion.**
- **Minimal inter bowel fluid.**

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Rachna



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| Refer Lab/Hosp | : CHARAK NA | Report Generated ON | : 05/Mar/2025 01:52PM |

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 ***

