

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

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CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Mr.RAJU Visit No : CHA250039854

Age/Gender : 62 Y/M Registration ON : 05/Mar/2025 01:55PM Lab No : 10137149 Sample Collected ON 05/Mar/2025 01:57PM Referred By : Dr.MANISH TANDON Sample Received ON : 05/Mar/2025 02:17PM Refer Lab/Hosp : CHARAK NA Report Generated ON : 05/Mar/2025 03:50PM

Doctor Advice HCV-RNA QUANTITATIVE (EDTA PLASMA), CHEST PA, RANDOM, ASCITIC FLUID CYTOLOGY, ASCITIC FLUID C/S, ASCITIC FLUID ADA, AFB, FLUID

PROTEIN, ALBUMIN (FLUID), Sugar (Fluid), TLC Fluid, DLC (Fluid), GRAM S STAIN, Albu

	<u>ASCITIO</u>	FLUIF R/M		
Test Name	Result	Unit	Bio. Ref. Range	Method
TLC Fluid				
TLC (Fluid)	78	/cmm.	Adult: 0-5/cumm,	
			~Neonates: 0-30/cumm	
DLC (Fluid)				
DLC (Fluid)	05%-		Neonates: Polymorphs 0-	8
	Polymorphs,		%,Lymphocytes 05 -35	
	95%-		%, Monocytes 50-90 %	
	Lymphocytes		Adult: Polymorphs 0-6	
			%,Lymphocytes40-80	
			%,Monocytes 15-45 %	
Sugar (Fluid)		7		
Sugar (Fluid)	138	mg/dl	Adult : 40-70 mg/dl,	
			Newborn: 60-80 mg/dl	
SERUM ALBUMIN				
ALBUMIN	2.9	gm/dl	3.20 - 5.50	Bromcresol Green (BCG)
PROTEIN (Fluid)			4	
PROTEIN Fluid	1.06	g/dl		

Albumin (fluid)

O.32

Bromcresol Green (BCG)







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HCV-RNA QUANTITATIVE (EDTA PLASMA), CHEST PA, RANDOM, ASCITIC FLUID CYTOLOGY, ASCITIC FLUID C/S, ASCITIC FLUID ADA, AFB, FLUID Doctor Advice

 $PROTEIN, ALBUMIN\ (FLUID), Sugar\ (\ Fluid), TLC\ Fluid, DLC\ (\ Fluid\), GRAM\ S\ STAIN, AlbuMIN\ (FLUID), Sugar\ (\ Fluid\), TLC\ Fluid\), GRAM\ S\ STAIN, AlbuMIN\ (FLUID\), Sugar\ (\ Fluid\), TLC\ Fluid\), GRAM\ S\ STAIN\ AlbuMIN\ (FLUID\), Sugar\ (\ Fluid\), TLC\ Fluid\), GRAM\ S\ STAIN\ AlbuMIN\ (FLUID\), Sugar\ (\ Fluid\), TLC\ Fluid\), GRAM\ S\ STAIN\ AlbuMIN\ (\ Fluid\), GRAM\ S\ STAIN\ AlbuMIN\ AlbuMIN\ (\ Fluid\), GRAM\ S\ STAIN\ AlbuMIN\ Al$

ASCITIC FLUIF R/M				
Test Name	Result	Unit	Bio. Ref. Range	Method
ASCITIC FLUID ADA				

Serum, Plasma and Body ADENOSINE DEAMINASE (ADA) 2.20 u/l

fluid; Normal: < 20 U/L ~Suspect: 20 -23 U/L~Positive More than 23 U/L

REMARK:-

1. High values may be found in various forms of tuberculosis. It may also be increased in kidney disorders, infections mononucleosis, typhoid, viral hepatitis & malignant tumours.

2. ADA is reported to be stable in serum for 3 days and in biological fluids for 2 days at 2 - 8 degree C

AFB			
ACID FAST BACILLI	Negative	NEGATIVE	
GRAM S STIAN			
Grams Stain	No	NEGATIVE	
	microorganism		



PATHOLOGIST



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PROTEIN, ALBUMIN (FLUID), Sugar (Fluid), TLC Fluid, DLC (Fluid), GRAM S STAIN, Albu



l est Name	Result	Unit	Bio. Ref. Range	Ivietnoa	
BLOOD SUGAR RANDOM					
BLOOD SUGAR RANDOM	147.3	mg/dl	70 - 170	Hexokinase	







Patient Name

: Mr.RAJU

Visit No

: CHA250039854

Age/Gender

: 62 Y/M

: CHARAK NA

Registration ON

: 05/Mar/2025 01:55PM

Lab No

: 10137149

Sample Collected ON

: 05/Mar/2025 01:55PM

Referred By Refer Lab/Hosp : Dr.MANISH TANDON

Sample Received ON Report Generated ON

: 05/Mar/2025 03:02PM

SKIAGRAM CHEST PA VIEW

- Thin opacity is seen along left lateral chest wall .
- Bilateral hilar shadows are prominent.
- Cardiac shadow is within normal limits.
- Left CP angle is obliterated.
- Multiple dense radio opaque shadows [foreign body] is seen in the tissue right shoulder region .
- Old fracture right clavicle is seen .
- Both domes of diaphragm are sharply defined.

IMPRESSION:

• ? PLEURAL EFFUSION LEFT.

To be correlated with previous records.

TRANSCRIBED BY: ANUP

[DR. RAJESH KUMAR SHARMA, MD]

*** End Of Report ***

