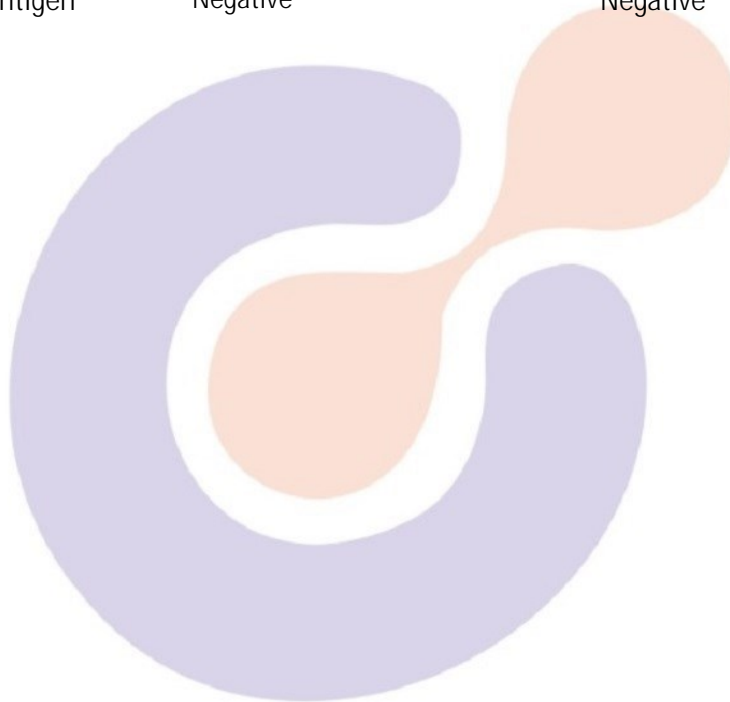


Patient Name : Mr.MANJESH KUMAR	Visit No : CHA250040199
Age/Gender : 52 Y/M	Registration ON : 06/Mar/2025 08:14AM
Lab No : 10137494	Sample Collected ON : 06/Mar/2025 08:18AM
Referred By : Dr.SAURABH AGARWAL	Sample Received ON : 06/Mar/2025 09:21AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 06/Mar/2025 12:41PM
Doctor Advice : CHEST PA,USG WHOLE ABDOMEN,URINE C/S,MP BY CARD,TYPHOID IGG& IGM,WIDAL,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
MP BY CARD				
Plasmodium vivax	Negative			
Plasmodium falciparum antigen	Negative		Negative	



CHARAK

[Checked By]

Print.Date/Time: 06-03-2025 14:00:10

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

Patient Name : Mr.MANJESH KUMAR	Visit No : CHA250040199
Age/Gender : 52 Y/M	Registration ON : 06/Mar/2025 08:14AM
Lab No : 10137494	Sample Collected ON : 06/Mar/2025 08:18AM
Referred By : Dr.SAURABH AGARWAL	Sample Received ON : 06/Mar/2025 09:20AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 06/Mar/2025 11:29AM
Doctor Advice : CHEST PA,USG WHOLE ABDOMEN,URINE C/S,MP BY CARD,TYPHOID IGG& IGM,WIDAL,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
TYPHOID IGG& IGM				
TYPHOID IgG	Negative		NEGATIVE	
TYPHOID IGM	Negative		NEGATIVE	



CHARAK

[Checked By]

Print.Date/Time: 06-03-2025 14:00:12

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

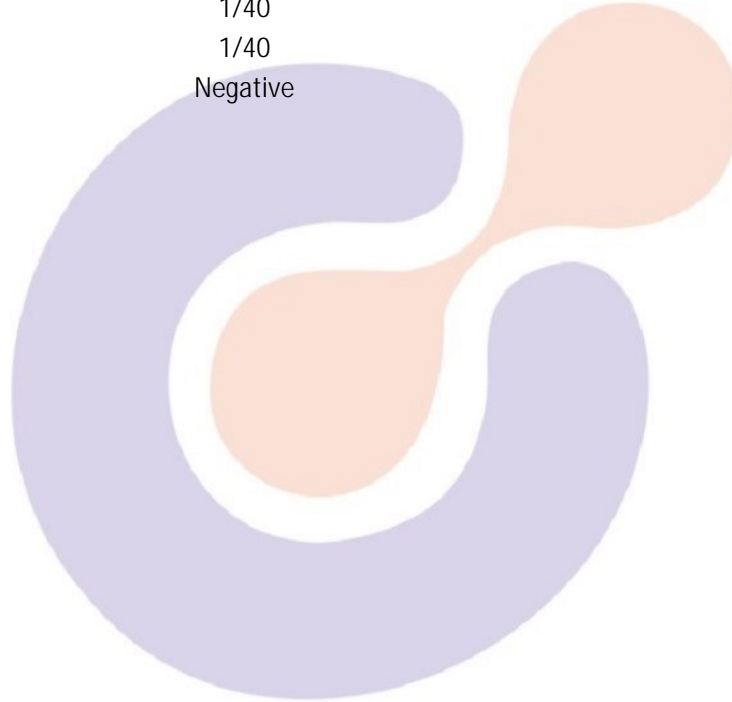
DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

Patient Name : Mr.MANJESH KUMAR	Visit No : CHA250040199
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Test Name	Result	Unit	Bio. Ref. Range	Method
WIDAL				
Sample Type : SERUM				

SALMONELLA TYPHI O	1/40
SALMONELLA TYPHI H	1/40
NOTE:	Negative



CHARAK

[Checked By]

Print.Date/Time: 06-03-2025 14:00:14

*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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Referred By : Dr.SAURABH AGARWAL	Sample Received ON : 06/Mar/2025 09:21AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 06/Mar/2025 01:15PM
Doctor Advice : CHEST PA,USG WHOLE ABDOMEN,URINE C/S,MP BY CARD,TYPHOID IGG& IGM,WIDAL,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	10.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.90	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	32.4	%	36 - 45	Pulse hieght detection
MCV	83.1	fL	80 - 96	calculated
MCH	25.6	pg	27 - 33	Calculated
MCHC	30.9	g/dL	30 - 36	Calculated
RDW	15.7	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	16830	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	84	%	40 - 75	Flowcytometry
LYMPHOCYTES	12	%	25 - 45	Flowcytometry
EOSINOPHIL	0	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	230,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	230,000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	14,137	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,020	/cmm	1000-3000	Calculated
Absolute Monocytes Count	673	/cmm	200-1000	Calculated
Mentzer Index	21			
Peripheral Blood Picture	:			

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

*** End Of Report ***



[Checked By]



Sham

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

Patient Name	: Mr.MANJESH KUMAR	Visit No	: CHA250040199
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ULTRASOUND STUDY OF WHOLE 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** : Left kidney is lower limits of normal in size. Right kidney is normal in size and both are normal in position. No hydronephrosis is seen. Prominent bilateral renal medullary complex .No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 80 x 41 mm in size. Left kidney measures 110 x 52 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is partially distended with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is borderline enlarged in size measures 26 x 41 x 36 mm with weight of 21 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.
- PROMINENT BILATERAL RENAL MEDULLARY COMPLEX.....ADV: RBS.
- BORDERLINE PROSTATOMEGALY .

Clinical correlation is necessary.

[DR. R.K SINGH , MD]

transcribed by: anup



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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 06/Mar/2025 01:26PM

SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are prominent.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

IMPRESSION:

- NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Purvi

*** End Of Report ***

