

Patient Name : Mr. ARYAN RAI	Visit No : CHA250040242
Age/Gender : 11 Y/M	Registration ON : 06/Mar/2025 09:11AM
Lab No : 10137537	Sample Collected ON : 06/Mar/2025 09:12AM
Referred By : Dr. SAMIR GUPTA	Sample Received ON : 06/Mar/2025 09:27AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 06/Mar/2025 10:32AM
Doctor Advice : USG UPPER ABDOMEN, TSH, LFT, CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	10.9	g/dl	11 - 15	Non Cyanide
R.B.C. COUNT	4.50	mil/cmm	4 - 5.1	Electrical Impedence
PCV	36.0	%	31 - 43	Pulse height detection
MCV	79.5	fL	76 - 87	calculated
MCH	24.1	pg	26 - 28	Calculated
MCHC	30.3	g/dL	33 - 35	Calculated
RDW	17.9	%	11 - 15	RBC histogram derivation
RETIC	1.2 %	%	0.3 - 1	Microscopy
TOTAL LEUCOCYTES COUNT	9840	/cmm	4500 - 13500	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	65	%	40 - 70	Flowcytometry
LYMPHOCYTES	30	%	30 - 50	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	4	%	0 - 8	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	375,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	375000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,396	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,952	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	98	/cmm	20-500	Calculated
Absolute Monocytes Count	394	/cmm	200-1000	Calculated
Mentzer Index	18			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with few microcytic hypochromic. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



Sham

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

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Lab No : 10137537	Sample Collected ON : 06/Mar/2025 09:12AM
Referred By : Dr. SAMIR GUPTA	Sample Received ON : 06/Mar/2025 09:35AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 06/Mar/2025 10:50AM
Doctor Advice : USG UPPER ABDOMEN, TSH, LFT, CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.42	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.06	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.36	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	258.80	U/L	129 - 417	PNPP, AMP Buffer
SGPT	34.0	U/L	5 - 40	UV without P5P
SGOT	75.0	U/L	5 - 40	UV without P5P

TSH				
TSH	2.20	uIU/ml	0.7 - 6.4	ECLIA

Note

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- (2) Patients having low T3 & T4 levels but high TSH levels suffer from grave's disease, toxic adenoma or sub-acute thyroiditis.
- (3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- (4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- (5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.
- (6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- (7) There are many drugs for eg. Glucocorticoids, dopamine, Lithium, iodides, oral radiographic dyes, etc. Which may affect the thyroid function tests.
- (8) Generally when total T3 & T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with

(1 Beckman Dxi-600 2. ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYSYS -E411)

*** End Of Report ***



[Checked By]



Sham

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

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ULTRASOUND STUDY OF UPPER ABDOMEN

- **Liver** is mildly enlarged in size, and shows 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** 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 98 x 40 mm in size. Left kidney measures 102 x 42 mm in size.

IMPRESSION:

- **Mild hepatomegaly with fatty infiltration of liver grade-I.**

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]

Transcribed By: Purvi

*** End Of Report ***

