Charak dhar
DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Mr.BANSIDHAR CHAURASIA	Visit No	: CHA250040305
Age/Gender	: 68 Y/M	Registration ON	: 06/Mar/2025 10:27AM
Lab No	**: 10137600**	Sample Collected ON	: 06/Mar/2025 10:29AM
Referred By	: Dr.ABDUL AHMAD**	Sample Received ON	: 06/Mar/2025 10:40AM
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 06/Mar/2025 12:08PM
Doctor Advice	: USG WHOLE ABDOMEN,T3T4TSH,KIDNEY FUNCTION TEST - I,LFT,CBC+ESR		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	4.00		0 - 20	Westergreen

[Checked By]

Print.Date/Time: 06-03-2025 12:45:06
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
Hb	**19.0**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	**6.40**	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	**60.3**	%	36 - 45	Pulse hieght detection
MCV	95.0	fL	80 - 96	calculated
MCH	29.9	pg	27 - 33	Calculated
MCHC	31.5	g/dL	30 - 36	Calculated
RDW	**17.4**	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	9520	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	72	%	40 - 75	Flowcytrometry
LYMPHOCYTE	22	%	20-40	Flowcytrometry
EOSINOPHIL	2	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	258,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	258000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	15			
Peripheral Blood Picture	:			

Red blood cells are incresed, normocytic normochromic with anisocytosis+. Platelets are adequate. No immature cells or parasite seen.

MC-2491

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Lab No	**: 10137600**	Sample Collected ON	: 06/Mar/2025 10:29AM
Referred By	: Dr.ABDUL AHMAD**	Sample Received ON	: 06/Mar/2025 10:50AM
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 06/Mar/2025 12:08PM
Doctor Advice	: USG WHOLE ABDOMEN,T3T4TSH,KIDNEY FUNCTION TEST - I,LFT,CBC+ESR		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.80	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	**0.40**	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.40	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	**156.00**	U/L	30 - 120	PNPP, AMP Buffer
SGPT	23.4	U/L	5 - 40	UV without P5P
SGOT	25.7	U/L	5 - 40	UV without P5P
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	16.90	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	139.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.1	MEq/L	3.5 - 5.5	ISE Direct

MC-2491

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Referred By	: Dr.ABDUL AHMAD**	Sample Received ON	: 06/Mar/2025 10:50AM
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 06/Mar/2025 11:41AM
Doctor Advice	: USG WHOLE ABDOMEN,T3T4TSH,KIDNEY FUNCTION TEST - I,LFT,CBC+ESR		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.50	nmol/L	1.49-2.96	ECLIA
T4	101.00	n mol/l	63 - 177	ECLIA
TSH	1.20	ulU/ml	0.47 - 4.52	ECLIA

Note

(1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism,cretinism,juvenile mysedema 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 cacabolic state and may revert tonormal when the patient recovers.

(7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.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-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

***** End Of Report *****

MC-2491

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PR.

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** i**s 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 mild organized sludge (measuring 8.3 x 3.5mm) at dependant part of 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 94 x 48 mm in size. Left kidney measures 87 x 41mm 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.
- **Prostrate** i**s enlarged in size, measures 32 x 41 x 41 mm with weight of 29gms** and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- Post void residual urine volume – Nil.

OPINION:

- **MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.**
- **MILD ORGANIZED SLUDGE AT DEPENDANT PART OF GALL BLADDER LUMEN...***Adv: follow up*
- **PROSTATOMEGALY GRADE-I**

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]

Transcribed By: Purvi

***** End Of Report *****