

Patient Name : Mr.HIMANSHU YADAV	Visit No : CHA250041041
Age/Gender : 14 Y/M	Registration ON : 07/Mar/2025 10:43AM
Lab No : 10138336	Sample Collected ON : 07/Mar/2025 10:48AM
Referred By : Dr.ANUPAM SINHA **	Sample Received ON : 07/Mar/2025 10:59AM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 07/Mar/2025 12:03PM
Doctor Advice : LDH,ABDOMEM KUB,USG WHOLE ABDOMEN,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	16.00		0 - 15	Westergreen



[Checked By]

Print.Date/Time: 07-03-2025 13:35:15

*Patient Identity Has Not Been Verified. Not For Medicolegal

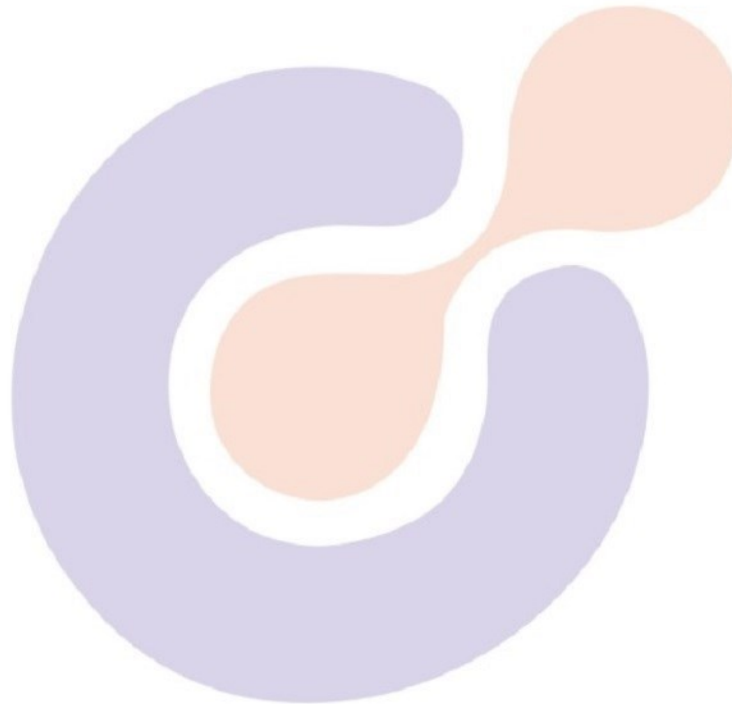
Sharma

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
LDH				
LDH Lactate Dehydrogenase	267.00	U/L	140-280	Pyruvate to lactate



CHARAK

[Checked By]

Print.Date/Time: 07-03-2025 13:35:17

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	13.5	g/dl	11 - 15	Non Cyanide
R.B.C. COUNT	5.30	mil/cmm	4 - 5.1	Electrical Impedence
PCV	42.3	%	31 - 43	Pulse hieght detection
MCV	79.5	fL	76 - 87	calculated
MCH	25.4	pg	26 - 28	Calculated
MCHC	31.9	g/dL	33 - 35	Calculated
RDW	14.3	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5550	/cmm	4500 - 13500	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	54	%	40 - 70	Flowcytometry
LYMPHOCYTE	37	%	20-40	Flowcytometry
EOSINOPHIL	5	%	1 - 6	Flowcytometry
MONOCYTE	4	%	0 - 8	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	190,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	190000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	15			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic . Platelets are adequate. No immature cells or parasite seen.

*** End Of Report ***



[Checked By]



Sham

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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is mildly enlarged in size measures **157 mm** and shows homogenous 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 **borderline enlarged in size measures 122 mm** and shows homogenous echotexture of parenchyma. No SOL is seen.
- **Few prominent mesenteric lymphnodes are seen, size upto 12 x 9 mm.**
- 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 40 mm in size. Left kidney measures 103 x 33 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 and shows homogenous echotexture of parenchyma. No mass lesion is seen.

OPINION:

- **Mild hepatomegaly.**
- **Borderline splenomegaly.**
- **Few prominent mesenteric lymphnodes.**

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Rachna



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SKIAGRAM ABDOMEN (KUB) AP VIEW

- Poor bowel preparation is seen.
- No abnormal radio opaque shadow suggestive of calculus is seen in KUB region.
- Lumbar vertebrae are normal.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by R R...

*** End Of Report ***

