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.MUSHEER AHMAD	Visit No	: CHA250041734
Age/Gender	: 37 Y/M	Registration ON	: 08/Mar/2025 11:25AM
Lab No	**: 10139029**	Sample Collected ON	: 08/Mar/2025 11:28AM
Referred By	: Dr.LUCKNOW HOSPITAL	Sample Received ON	: 08/Mar/2025 12:00PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 08/Mar/2025 02:10PM
Doctor Advice	: ECG,USG WHOLE ABDOMEN,CHEST PA,URINE COM. EXMAMINATION,DENGUE PROFILE,URIC ACID,T3T4TSH,LFT,ALK PHOS,BILIRUBIN,BLOOD GROUP,BTCT,CREATININE,DLC,HB,HBsAg (QUANTITATIVE),HCV,PLAT COUNT,PT/PC/INR,SGPT,T		

PR.

PRE SURGICAL (U1)

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP				
Blood Group	''B''			
Rh (Anti -D)	**POSITIVE**			
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	5.0	mg/dL	2.40 - 5.70	Uricase,Colorimetric
PT/PC/INR				
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay
Protrhromin concentration	100 %		100 %	
INR (International Normalized Ratio)	1.00		1.0	

[Checked By]

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DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
DENGUE PROFILE				
Dengue (NS1) Antigen	NON REACTIVE		Non Reactive	(Rapid Card Test)
DENGUE IgG	NON REACTIVE		Non Reactive	(Rapid Card Test)
DENGUE IgM	NON REACTIVE		Non Reactive	(Rapid Card Test)

COMMENTS:

-Primary dengue virus infection is characterized by elevation of specific IgM levels 3 to 5 days after the onset of symptoms and persists for 30 to 60 days. IgG levels become elevated 10 to 14 days and remain detectable for many years.
-During secondary infection, IgM levels generally rise more slowly than in primary infection while IgG levels rise rapidly from 1 to 2 days after the onset of symptoms.
-The test detects all four subtypes, DEN1, DEN2, DEN3 & DEN4 of dengue virus.

LIMITATIONS:

-This is only a screening test and will only indicate the presence or absence of dengue antibodies in the specimen. All reactive samples should be confirmed by confirmatory tests.
-The patient clinical history, symptomatology as well as serological data should be considered.
-False positive results can be obtained due to cross-reaction with EBV, RA, Leptospira, malaria, Hepatitis A, Influenza A & B, Salmonella typhi etc.
-Immuno-depressive treatments presumably after the immune response to infection, inducing negative results in dengue patients.

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PR.

PRE SURGICAL (U1)

Test Name	Result	Unit	Bio. Ref. Range	Method
HBsAg (HEPATITIS B SURFACE ANTIGEN)				
HEPATITIS B SURFACE ANTIGEN	NON REACTIVE		< 1.0 : NON REACTIVE~> 1.0 : REACTIVE	(Sandwich Assay)
HIV				
HIV-SEROLOGY	NON REACTIVE		<1.0 : NON REACTIVE >1.0 : REACTIVE	
HCV				
Anti-Hepatitis C Virus Antibodies.	NON REACTIVE		< 1.0 : NON REACTIVE > 1.0 : REACTIVE	Sandwich Assay
URINE EXAMINATION REPORT				
Colour-U	**Light yellow**		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	**1.005**		1.005 - 1.025	
pH-Urine	Alkaline (7.5)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	Occasional	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	
BT/CT				
BLEEDING TIME (BT)	3 mint 15 sec	mins	2 - 8	
CLOTTING TIME (CT)	6 mint 30 sec		3 - 10 MINS.	

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PR.

PRE SURGICAL (U1)

Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN				
Hb	14.7	g/dl	12 - 15	Non Cyanide

Comment:
Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

TLC				
TOTAL LEUCOCYTES COUNT	8500	/cmm	4000 - 10000	Flocytrometry
DLC				
NEUTROPHIL	62	%	40 - 75	Flowcytrometry
LYMPHOCYTE	32	%	20-40	Flowcytrometry
EOSINOPHIL	3	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT				
PLATELET COUNT	**57,000**	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	105000 (Giant form)	/cmm	150000 - 450000	Microscopy .

COMMENTS:
Platelet counts vary in various disorders; acquired, (infections-bacterial and viral), inherited, post blood transfusion, autoimmune and idiopathic disorders.

BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	102.4	mg/dl	70 - 170	Hexokinase
BLOOD UREA				
BLOOD UREA	23.20	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

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PRE SURGICAL (U1)

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.56	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.12	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.44	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	**138.50**	U/L	30 - 120	PNPP, AMP Buffer
SGPT	**145.0**	U/L	5 - 40	UV without P5P
SGOT	**93.0**	U/L	5 - 40	UV without P5P
BILIRUBIN				
TOTAL BILIRUBIN	0.56	mg/dl	0.4 - 1.1	Diazonium Ion
ALK PHOS				
ALK PHOS	**138.50**	U/L	30 - 120	PNPP, AMP Buffer

INTERPRETATION:

- Alkaline phosphatase is an enzyme found in your bloodstream. ALP helps break down proteins in the body and exists in different forms, depending on where it originates. Liver is one of the main sources of ALP, but some is also made in bones, intestines, pancreas, and kidneys. In pregnant women, ALP is made in the placenta.
- Higher than normal levels of ALP in blood may indicate a problem with liver or gallbladder. This could include hepatitis (liver inflammation), cirrhosis (liver scarring), liver cancer, gallstones, or a blockage in bile ducts. High levels may also indicate an issue related to the bones such as rickets, Paget's disease, bone cancer, or an overactive parathyroid gland. In rare cases, high ALP levels can indicate heart failure, kidney cancer, other cancer, mononucleosis, or bacterial infection. Having lower than normal ALP levels in blood is rare, but can indicate malnutrition, which could be caused by celiac disease or a deficiency in certain vitamins and minerals.

SGPT				
SGPT	**145.0**	U/L	5 - 40	UV without P5P

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.21	nmol/L	1.49-2.96	ECLIA
T4	170.12	n mol/l	63 - 177	ECLIA
TSH	4.45	uIU/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.

ECG -REPORT

RATE : 100 bpm

* RHYTHM : Normal

* P wave : Normal

* PR interval : Normal

* QRS Axis : Normal

Duration : Normal

Configuration : Normal

* ST-T Changes : None

* QT interval :

* QTc interval : Sec.

* Other :

OPINION: **SINUS TACHYCARDIA**

(FINDING TO BE CORRELATED CLINICALLY)

[DR. PANKAJ RASTOGI, MD, DM]

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PR.

ULTRASOUND STUDY OF WHOLE ABDOMEN

Compromised scan due to gaseous abdomen.

- **Liver** is normal in size measures 146 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 obscured due to overlying bowel gases.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas & retroperitoneum** is obscured due to overlying bowel gases.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No ascites is seen.
- **Both kidneys** are normal in size and position. No hydronephrosis is seen. **A tiny concretion of size 2 mm is seen in mid lower calyx of right kidney.** No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 88 x 35 mm in size. Left kidney measures 99 x 46 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 measures 31 x 28 x 28 mm with weight of 13 gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

OPINION:

- **TINY RIGHT RENAL CONCRETION.**

Clinical correlation is necessary.

DR. NISMA WAHEED
MD, RADIODIAGNOSIS

(Transcribed by Rachna)

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PR.

SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are normal.
- 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.

OPINION

- **NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed By: Priyanka

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