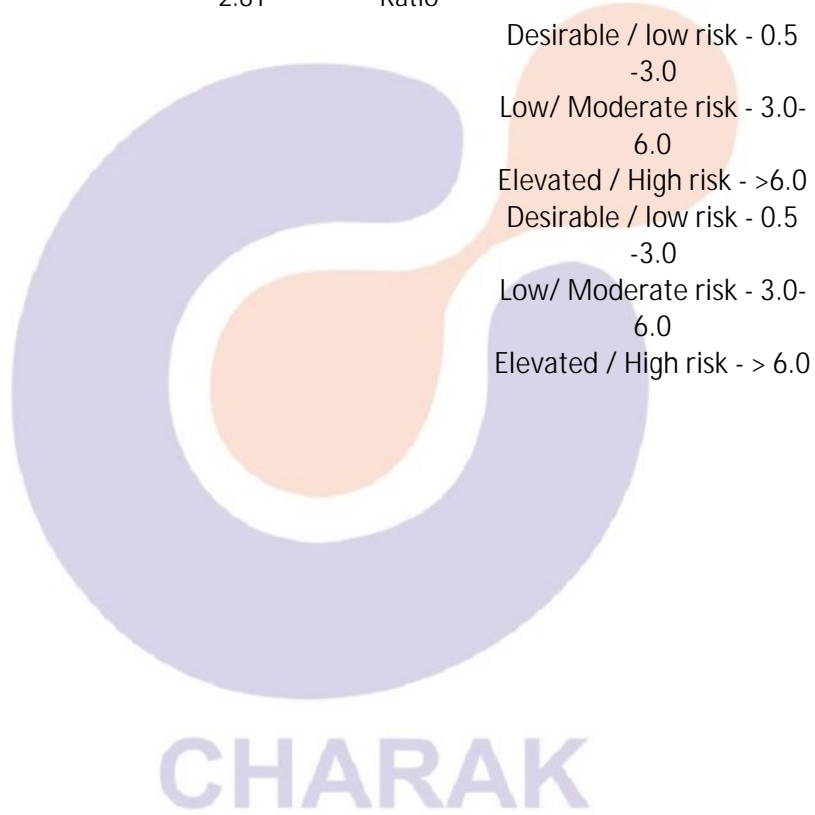


Patient Name : Mr.SURAJ KUMAR	Visit No : CHA250042718
Age/Gender : 38 Y/M	Registration ON : 10/Mar/2025 08: 38AM
Lab No : 10140013	Sample Collected ON : 10/Mar/2025 08: 42AM
Referred By : Dr.LALTA PRASAD	Sample Received ON : 10/Mar/2025 09: 05AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 10: 41AM
Doctor Advice : FASTING,USG WHOLE ABDOMEN,TSH,LIPID-PROFILE,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
Cholesterol/HDL Ratio	4.83	Ratio		Calculated
LDL / HDL RATIO	2.81	Ratio		Calculated



[Checked By]

Print.Date/Time: 10-03-2025 11:55:08

*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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Lab No : 10140013	Sample Collected ON : 10/Mar/2025 08:42AM
Referred By : Dr.LALTA PRASAD	Sample Received ON : 10/Mar/2025 09:21AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 11:19AM
Doctor Advice : FASTING,USG WHOLE ABDOMEN,TSH,LIPID-PROFILE,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	14.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.70	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	43.4	%	36 - 45	Pulse hieght detection
MCV	92.3	fL	80 - 96	calculated
MCH	29.8	pg	27 - 33	Calculated
MCHC	32.3	g/dL	30 - 36	Calculated
RDW	12.5	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5760	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	53	%	40 - 75	Flowcytometry
LYMPHOCYTES	41	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	159,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	159000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,053	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,362	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	115	/cmm	20-500	Calculated
Absolute Monocytes Count	230	/cmm	200-1000	Calculated
Mentzer Index	20			
Peripheral Blood Picture	:			

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



[Checked By]



Sham

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Age/Gender : 38 Y/M	Registration ON : 10/Mar/2025 08:38AM
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Referred By : Dr.LALTA PRASAD	Sample Received ON : 10/Mar/2025 09:05AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 10:41AM
Doctor Advice : FASTING,USG WHOLE ABDOMEN,TSH,LIPID-PROFILE,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
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FASTING

Blood Sugar Fasting	192.2	mg/dl	70 - 110	Hexokinase
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LIVER FUNCTION TEST

TOTAL BILIRUBIN	0.42	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.09	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.33	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	92.30	U/L	30 - 120	PNPP, AMP Buffer
SGPT	34.0	U/L	5 - 40	UV without P5P
SGOT	41.0	U/L	5 - 40	UV without P5P

LIPID-PROFILE

TOTAL CHOLESTEROL	154.10	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	162.30	mg/dL	Normal: <150 mg/dl Borderline-high:150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Serum, Enzymatic, endpoint
H D L CHOLESTEROL	31.90	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	89.74	mg/dL	Optimal:<100 mg/dl Near Optimal:100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High:>/= 190 mg/dl	CO-PAP
VLDL	32.46	mg/dL	10 - 40	Calculated



[Checked By]



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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
TSH				
TSH	1.09	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 ***

CHARAK



[Checked By]



Sham

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

Patient Name	: Mr.SURAJ KUMAR	Visit No	: CHA250042718
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ULTRASOUND STUDY OF WHOLE ABDOMEN

Excessive gaseous bowel shadow (poor bowel preparation).

- **Liver** is mildly enlarged in size (~ 161 mm) 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 severely contracted. Adv: Review after 3 days after over night fasting & fat free diet.
- **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 91 x 46 mm in size. Left kidney measures 87 x 44 mm in size.
- **Ureters** Both ureters are not dilated.
- **Urinary bladder** is inadequately distended (Patient is unable to wait for full bladder on persistent request).

OPINION:

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

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]

Transcribed By: Priyanka

*** End Of Report ***

