

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

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CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Mr. VAIBHAV PRATAP SINGH Visit No : CHA250042733

Age/Gender : 21 Y/M : 10/Mar/2025 08:59AM Registration ON Lab No : 10140028 Sample Collected ON 10/Mar/2025 09:01AM Referred By : Dr.ANAND SINGH Sample Received ON : 10/Mar/2025 09:31AM Refer Lab/Hosp : CHARAK NA Report Generated ON 10/Mar/2025 11:19AM . URINE COM. EXMAMINATION, URINE C/S, TYPHOID IGG& IGM, ESR, CBC (WHOLE BLOOD), USG WHOLE ABDOMEN, CHEST PA Doctor Advice

Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				

Erythrocyte Sedimentation Rate ESR

8.00

0 - 15

Westergreen

Note:

P.R.

- 1. Test conducted on EDTA whole blood at 37°C.
- 2. ESR readings are auto-corrected with respect to Hematocrit (PCV) values.
- 3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.





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Patient Name : Mr. VAIBHAV PRATAP SINGH

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Lab No : 10140028

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: CHARAK NA

Refer Lab/Hosp

PR.

 Visit No
 : CHA250042733

 Registration ON
 : 10/Mar/2025 08:59AM

 Sample Collected ON
 : 10/Mar/2025 09:01AM

 Sample Received ON
 : 10/Mar/2025 09:28AM

Report Generated ON : 10/Mar/2025 12:13PM

Doctor Advice : URINE COM. EXMAMINATION, URINE C/S, TYPHOID IGG& IGM, ESR, CBC (WHOLE BLOOD), USG WHOLE ABDOMEN, CHEST PA

Test Name	Result	Unit	Bio. Ref. Range	Method
TYPHOID IGG& IGM				
TYPHOID IgG	Negative		NEGATIVE	
TYPHOID IGM	Negative		NEGATIVE	





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Test Name	Result	Unit	Bio. Ref. Range	Method
URINE EXAMINATION REPORT				
Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.010		1.005 - 1.025	
pH-Urine	Acidic (6.0)		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	A <mark>bsent</mark>		Absent	
NITRITE	Absent Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	Nil	/hpf	< 5/hpf	
Epithelial Cells	1-2	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

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Test Name	Result	Unit	Bio. Ref. Range	Method		
CBC (COMPLETE BLOOD COUNT)						
Hb	15.6	g/dl	12 - 15	Non Cyanide		
R.B.C. COUNT	5.30	mil/cmm	3.8 - 4.8	Electrical		
				Impedence		
PCV	47.6	%	36 - 45	Pulse hieght		
				detection		
MCV	90.0	fL	80 - 96	calculated		
MCH	29.5	pg	27 - 33	Calculated		
MCHC	32.8	g/dL	30 - 36	Calculated		
RDW	13.5	%	11 - 15	RBC histogram		
				derivation		
RETIC	0.7 %	%	0.5 - 2.5	Microscopy		
TOTAL LEUCOCYTES COUNT	13400	/cmm	4000 - 10000	Flocytrometry		
DIFFERENTIAL LEUCOCYTE COUNT						
NEUTROPHIL	76	%	40 - 75	Flowcytrometry		
LYMPHOCYTES	18	%	25 - 45	Flowcytrometry		
EOSINOPHIL	0	%	1 - 6	Flowcytrometry		
MONOCYTE	6	%	2 - 10	Flowcytrometry		
BASOPHIL	0	%	00 - 01	Flowcytrometry		
PLATELET COUNT	336,000	/cmm	150000 - 450000	Elect Imped		
PLATELET COUNT (MANUAL)	336000	/cmm	150000 - 450000	Microscopy.		
Absolute Neutrophils Count	10,184	/cmm	2000 - 7000	Calculated		
Absolute Lymphocytes Count	2,412	/cmm	1000-3000	Calculated		
Absolute Monocytes Count	804	/cmm	200-1000	Calculated		
Mentzer Index	17					
Peripheral Blood Picture	:					

Red blood cells are normocytic normochromic. WBCs show neutrophilic leucocytosis. Platelets are adequate. No immature cells or parasite seen.

*** End Of Report ***





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Referred By : Dr. ANAND SINGH Sample Received ON :

Refer Lab/Hosp : CHARAK NA Report Generated ON : 10/Mar/2025 09: 46AM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- <u>Liver</u> is mildly enlarged in size (~ 163 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.
- <u>Gall bladder</u> 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 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 106 x 42 mm in size. Left kidney measures 103 x 53 mm in size.
- <u>Ureters</u> Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> is partially distended 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.
- ullet Appendix is distended (maximum wall to wall diameter ~ 5.6 mm) and retrocaecal in position extending upto right lumbar region. Minimal peri-appendiceal inflammation is seen. No peri-appendiceal collection is seen

OPINION:

- Mild hepatomegaly with fatty infiltration of liver grade-I.
- Subacute appendicitis.

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]

Transcribed By: Priyanka



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: Dr.ANAND SINGH

: CHARAK NA

Registration ON : 10/Mar/2025 08:59AM Sample Collected ON : 10/Mar/2025 08:59AM

Sample Received ON

Report Generated ON : 10/Mar/2025 01:41PM

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.

IMPRESSION:

• NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

transcribed by: anup

*** End Of Report ***

