

Patient Name : MasterABHAY	Visit No : CHA250042809
Age/Gender : 5 Y 9 M/M	Registration ON : 10/Mar/2025 10:24AM
Lab No : 10140104	Sample Collected ON : 10/Mar/2025 10:28AM
Referred By : Dr.ANOOP GARG	Sample Received ON : 10/Mar/2025 10:28AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 02:01PM
Doctor Advice : USG WHOLE ABDOMEN, URINE COM. EXMAMINATION, CBC (WHOLE BLOOD), CHEST PA	



Test Name	Result	Unit	Bio. Ref. Range	Method
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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	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	

CHARAK

[Checked By]



Print.Date/Time: 10-03-2025 14:39:18

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 12:47PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	11.6	g/dl	11 - 15	Non Cyanide
R.B.C. COUNT	4.10	mil/cmm	3.8 - 5.2	Electrical Impedence
PCV	34.8	%	31 - 43	Pulse hieght detection
MCV	84.9	fL	78 - 81	calculated
MCH	28.3	pg	26 - 28	Calculated
MCHC	33.3	g/dL	33 - 35	Calculated
RDW	14.1	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.3 - 1	Microscopy
TOTAL LEUCOCYTES COUNT	7000	/cmm	5000 - 15000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	56	%	40 - 70	Flowcytometry
LYMPHOCYTES	38	%	25 - 55	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	0 - 8	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	282,000	/cmm	150000 - 500000	Elect Imped..
PLATELET COUNT (MANUAL)	282000	/cmm	150000 - 500000	Microscopy .
Absolute Neutrophils Count	3,920	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,660	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	140	/cmm	20-500	Calculated
Absolute Monocytes Count	280	/cmm	200-1000	Calculated
Mentzer Index	21			
Peripheral Blood Picture	:			

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

*** End Of Report ***



[Checked By]



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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is normal in size, 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** Head & body of pancreas appear grossly normal. *Rest of the pancreas is obscured due to 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. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 77 x 35 mm in size. Left kidney measures 80 x 30 mm in size.
- **Urinary bladder** is distended and shows subtle asymmetric circumferential mural thickening measuring approx 4.8mm in maximum thickness. Mild intra-luminal echoes are also seen in lumen - ? cystitis.
- Prostate is normal for child age group.

OPINION:

- **SUBTLE ASYMMETRIC CIRCUMFERENTIAL MURAL THICKENING OF URINARY BLADDER WALL WITH MILD INTRA-LUMINAL ECHOES IN LUMEN - ? CYSTITIS (ADV: URINE R/M).**

Clinical correlation is necessary.

(DR. JAYENDRA KUMAR, MD)

Transcribed by Gausiya



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SKIAGRAM CHEST PA VIEW

- Rotation +.
- Both lung fields are clear.
- Right hilar shadow is prominent.
- 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 Gausiya

*** End Of Report ***

