

Patient Name : Mr.CHOTE PANDIT	Visit No : CHA250042982
Age/Gender : 40 Y/M	Registration ON : 10/Mar/2025 12: 37PM
Lab No : 10140277	Sample Collected ON : 10/Mar/2025 12: 40PM
Referred By : Dr.MANISH TANDON	Sample Received ON : 10/Mar/2025 12: 40PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 02: 39PM
Doctor Advice : URINE COM. EXMAMINATION,T3T4TSH,RANDOM,CREATININE,ABDOMEN ERECT AP,Albumin,GAMA GT,LFT,CBC (WHOLE BLOOD) USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
GAMA GT				
GAMA GT	52	U/L	2 - 38	G-glutamyl-carboxy-nitroanilide

SERUM ALBUMIN				
ALBUMIN	4.8	gm/dl	3.20 - 5.50	Bromcresol Green (BCG)

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	10 mg/dl	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	

[Checked By]



Sharma

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

Print.Date/Time: 10-03-2025 15:15:21

*Patient Identity Has Not Been Verified. Not For Medicolegal

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	15.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	46.0	%	36 - 45	Pulse hieght detection
MCV	96.8	fL	80 - 96	calculated
MCH	32.2	pg	27 - 33	Calculated
MCHC	33.3	g/dL	30 - 36	Calculated
RDW	13.1	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	9570	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	65	%	40 - 75	Flowcytometry
LYMPHOCYTES	28	%	25 - 45	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	242,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	242000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,220	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,680	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	383	/cmm	20-500	Calculated
Absolute Monocytes Count	287	/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

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
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	92.6	mg/dl	70 - 170	Hexokinase
SERUM CREATININE				
CREATININE	0.90	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.98	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.16	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.82	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	70.60	U/L	30 - 120	PNPP, AMP Buffer
SGPT	43.0	U/L	5 - 40	UV without P5P
SGOT	31.0	U/L	5 - 40	UV without P5P

CHARAK



[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.92	nmol/L	1.49-2.96	ECLIA
T4	150.41	n mol/l	63 - 177	ECLIA
TSH	2.80	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 Dxl-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

*** End Of Report ***

CHARAK



[Checked By]



Sharma

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

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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver is moderately enlarged in size 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 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** 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. **Left kidney shows a concretion measuring approx. 3.4mm at lower pole.** No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 87 x 40 mm in size. Left kidney measures 92 x 44mm 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.
- **Prostrate** is normal in size and shows homogenous echotexture of parenchyma. No mass lesion is seen.

OPINION:

- **MODERATE HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-II WITH BORDERLINE SPLENOMEGALY.**
- **LEFT RENAL CONCRETION.**

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]

Transcribed By: Purvi



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SKIAGRAM ABDOMEN (ERECT) AP VIEW

- No free gas is seen under both dome of diaphragm.
- No abnormal air fluid levels are seen.
- Soft tissue shadow of liver appears enlarged? Hepatomegaly.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

*** End Of Report ***

