

Patient Name	: Mr. SHAHID ALI	Visit No	: CHA250043095
Age/Gender	: 35 Y/M	Registration ON	: 10/Mar/2025 01:30PM
Lab No	: 10140390	Sample Collected ON	: 10/Mar/2025 01:35PM
Referred By	: Dr. PARVEZ NADEEM	Sample Received ON	: 10/Mar/2025 01:35PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 10/Mar/2025 03:44PM
Doctor Advice	: BLOOD GROUP,BTCT,CREATININE,DLC,GBP,HB,HBsAg (QUANTITATIVE),HCV,LFT,NA+K+,PLAT COUNT,PT/PC/INR,TLC,UREA,RANDOM,HIV,ECG,DIGITAL 1,USG WHOLE ABDOMEN		



PRE SURGICAL (RD1)

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP				
Blood Group	"B"			
Rh (Anti -D)	POSITIVE			

PT/PC/INR				
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay
Prothrombin concentration	100 %		100 %	
INR (International Normalized Ratio)	1.00		1.0	

HBsAg (HEPATITIS B SURFACE ANTIGEN)				
HEPATITIS B SURFACE ANTIGEN	NON REACTIVE		< 1.0 : NON REACTIVE-> (Sandwich Assay)	
			1.0 : REACTIVE	

HIV				
HIV-SEROLOGY	NON REACTIVE		<1.0 : NON REACTIVE	
			>1.0 : REACTIVE	

HCV				
Anti-Hepatitis C Virus Antibodies.	NON REACTIVE		< 1.0 : NON REACTIVE	Sandwich Assay
			> 1.0 : REACTIVE	

BT/CT				
BLEEDING TIME (BT)	3 mint 15 sec	mins	2 - 8	
CLOTTING TIME (CT)	6 mint 30 sec		3 - 10 MINS.	

[Checked By]

Print.Date/Time: 10-03-2025 17:22:18

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

DR. ADITI D AGARWAL
PATHOLOGIST

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Doctor Advice : BLOOD GROUP, BTCT, CREATININE, DLC, GBP, HB, HBsAg (QUANTITATIVE), HCV, LFT, NA+K+, PLAT COUNT, PT/PC/INR, TLC, UREA, RANDOM, HIV, ECG, DIGITAL 1, USG WHOLE ABDOMEN	



PRE SURGICAL (RD1)

Test Name	Result	Unit	Bio. Ref. Range	Method
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HAEMOGLOBIN

Hb	13.2	g/dl	12 - 15	Non Cyanide
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Comment:
Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

TLC

TOTAL LEUCOCYTES COUNT	8400	/cmm	4000 - 10000	Flocytometry
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DLC

NEUTROPHIL	71	%	40 - 75	Flowcytometry
LYMPHOCYTE	22	%	20-40	Flowcytometry
EOSINOPHIL	5	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry

PLATELET COUNT

PLATELET COUNT	280,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	280000	/cmm	150000 - 450000	Microscopy .

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

GENERAL BLOOD PICTURE (GBP)

Peripheral Blood Picture :

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

BLOOD SUGAR RANDOM

BLOOD SUGAR RANDOM	105.3	mg/dl	70 - 170	Hexokinase
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NA+K+

SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.0	MEq/L	3.5 - 5.5	ISE Direct

BLOOD UREA

BLOOD UREA	18.40	mg/dl	15 - 45	Urease, UV, Serum
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[Checked By]



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

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PRE SURGICAL (RD1)

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

LIVER FUNCTION TEST

TOTAL BILIRUBIN	1.43	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.24	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	1.19	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	83.60	U/L	30 - 120	PNPP, AMP Buffer
SGPT	12.0	U/L	5 - 40	UV without P5P
SGOT	29.0	U/L	5 - 40	UV without P5P

*** End Of Report ***

CHARAK



[Checked By]



Sham

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

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ECG -REPORT

RATE : 90 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: ECG WITH IN NORMAL LIMITS
(FINDING TO BE CORRELATED CLINICALLY)

[DR. RAJIV RASTOGI, MD, DM]



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ULTRASOUND STUDY OF WHOLE ABDOMEN

Excessive gaseous abdomen

- **Liver** is mildly enlarged in size (~147mm) 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 tiny echogenic foci of size upto 5.2mm in fundal region with mild sludge. No 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 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 89 x 37 mm in size. Left kidney measures 87 x 42 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 33 x 30 x 27 mm with weight of 15gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

OPINION:

- MILD HEPATOMEGALY.
- SOFT CALCULUS (MICRO-CHOLELITHIASIS) WITH MILD GB SLUDGE.

(Possibility of acid peptic disease could not be ruled out).

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Gausiya



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SKIAGRAM CHEST PA VIEW

- Fibro-calcific opacities are seen in right lower and left mid zone.
- Emphysematous bullae are seen in right mid and both lower zones.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Tenting of both domes of diaphragm is seen .

OPINION:

- **FUC KOCH'S EMPHYSEMATOUS BULLAE.**

Please compare with previous skiagram.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed By: Priyanka

*** End Of Report ***

