

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 NABLReg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Mr.SHAHID ALI Visit No : CHA250043095

Registration ON Age/Gender : 35 Y/M 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

BLOOD GROUP,BTCT,CREATININE,DLC,GBP,HB,HBsAg (QUANTITATIVE),HCV,LFT,NA+K+,PLAT Doctor Advice

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		
BLOOD GROUP						
Blood Group	''B''					
Rh (Anti -D)	POSITIVE					
PT/PC/INR						
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay		
Protrhromin 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 REACTIV	E		
			>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 2 - 8 mins 6 mint 30 sec **CLOTTING TIME (CT)** 3 - 10 MINS.







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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	
HAEMOGLOBIN					
Hb	13.2	g/dl	12 - 15	Non Cyanide	

#### Comment:

Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

8400	/cmm	4000 - 10000	Flocytrometry
The state of the s			
71	%	40 - 75	Flowcytrometry
22	%	20-40	Flowcytrometry
5	%	1 - 6	Flowcytrometry
2	%	2 - 10	Flowcytrometry
0	%	00 - 01	Flowcytrometry
280,000	/cmm	150000 - 450000	Elect Imped
280000	/cmm	150000 - 450000	Microscopy.
	71 22 5 2	71 % 22 % 5 % 2 % 0 %	71 % 40 - 75 22 % 20-40 5 % 1 - 6 2 % 2 - 10 0 % 00 - 01

#### **COMMENTS:**

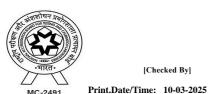
Platelet counts vary in various disorders; acquired, (infections-bacterial and viral), inherited, post blood transfusion, autoimmune and idiopathic disorders

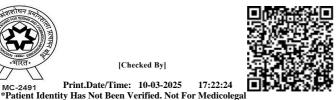
### **GENERAL BLOOD PICTURE (GBP)**

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
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





17:22:24

DR. NISHANT SHARMA DR. SHADAB **PATHOLOGIST 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	
LINES ELINOTION TEST				1	
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







Patient Name

: Mr.SHAHID ALI

Age/Gender

: 35 Y/M

Lab No

PR.

: 10140390

Referred By

: Dr.PARVEZ NADEEM

Refer Lab/Hosp

: CHARAK NA

Visit No

: CHA250043095

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: 10/Mar/2025 01:30PM

Sample Collected ON

: 10/Mar/2025 01:30PM

Sample Received ON

Report Generated ON

: 10/Mar/2025 04:36PM

# **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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Refer Lab/Hosp : CHARAK NA Report Generated ON : 10/Mar/2025 03:25PM

## ULTRASOUND STUDY OF WHOLE ABDOMEN

### Excessive gaseous abdomen

PR

- <u>Liver</u> 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.
- <u>Gall bladder</u> 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 is normal at porta.
- <u>Pancreas</u> is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- <u>Spleen</u> is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- <u>Both kidneys</u> 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.
- <u>Ureters</u> Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> 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.
- ullet **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 \*\*\*

