

Patient Name : Mr.NAVIN KUMAR	Visit No : CHA250043126
Age/Gender : 40 Y/M	Registration ON : 10/Mar/2025 01:56PM
Lab No : 10140421	Sample Collected ON : 10/Mar/2025 01:59PM
Referred By : Dr.KGMU	Sample Received ON : 10/Mar/2025 02:21PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 05:07PM
Doctor Advice : USG WHOLE ABDOMEN,TSH,HBA1C (EDTA),NA+K+,CREATININE,UREA,LFT,RANDOM,ESR,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	10.00		0 - 15	Westergreen

Note:

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.

HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.1	%	4 - 5.7	HPLC (EDTA)

NOTE:-

Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby the Gold Standard Reference method,ie:HPLC Technology(High performance Liquid Chromatography D10) from Bio-Rad Laboratories.USA.

EXPECTED (RESULT) RANGE :

Bio system	Degree of normal
4.0 - 5.7 %	Normal Value (OR) Non Diabetic
5.8 - 6.4 %	Pre Diabetic Stage
> 6.5 %	Diabetic (or) Diabetic stage
6.5 - 7.0 %	Well Controlled Diabet
7.1 - 8.0 %	Unsatisfactory Control
> 8.0 %	Poor Control and needs treatment

[Checked By]

Print.Date/Time: 10-03-2025 18:17:09

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 03:47PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	13.8	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.60	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	42.0	%	36 - 45	Pulse hieght detection
MCV	92.1	fL	80 - 96	calculated
MCH	30.3	pg	27 - 33	Calculated
MCHC	32.9	g/dL	30 - 36	Calculated
RDW	15.5	%	11 - 15	RBC histogram derivation
RETIC	0.4 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6690	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	60	%	40 - 75	Flowcytometry
LYMPHOCYTES	34	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	158,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	158000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,014	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,275	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	134	/cmm	20-500	Calculated
Absolute Monocytes Count	268	/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]



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Aditi D Agarwal
DR. ADITI D AGARWAL
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Doctor Advice : USG WHOLE ABDOMEN,TSH,HBA1C (EDTA),NA+K+,CREATININE,UREA,LFT,RANDOM,ESR,CBC (WHOLE BLOOD)



Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	90.1	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	139.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.7	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	22.50	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.93	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.15	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.78	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	91.90	U/L	30 - 120	PNPP, AMP Buffer
SGPT	66.0	U/L	5 - 40	UV without P5P
SGOT	40.0	U/L	5 - 40	UV without P5P

CHARAK



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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH	1.98	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 DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

*** End Of Report ***

CHARAK



Signature

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ULTRASOUND STUDY OF WHOLE ABDOMEN

EXCESSIVE GASEOUS BOWEL SHADOW

- **Liver** is mildly enlarged in size, and shows homogenously 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 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 95 x 42 mm in size. Left kidney measures 100 x 47 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 32 x 32 x 30 mm with weight of 17 gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

OPINION:

MILD HEPATOMEGALY WITH FATTY INFILTRATION LIVER GRADE I .

Possibility of acid peptic disease could not be ruled out .

[DR. R.K SINGH , MD]

transcribed by: anup

*** End Of Report ***

