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|---|---|
| Patient Name : Mr. IMRAN | Visit No : CHA250043540 |
| Age/Gender : 50 Y/M | Registration ON : 11/Mar/2025 09:13AM |
| Lab No : 10140835 | Sample Collected ON : 11/Mar/2025 09:15AM |
| Referred By : Dr. RAMAN POLI CLINIC | Sample Received ON : 11/Mar/2025 09:27AM |
| Refer Lab/Hosp : CHARAK NA | Report Generated ON : 11/Mar/2025 12:00PM |
| Doctor Advice : CRP (Quantitative),RANDOM,NA+K+,UREA,CREATININE,LFT,CBC (WHOLE BLOOD),USG WHOLE ABDOMEN | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------|-------------|------|-----------------|--------|
| CRP-QUANTITATIVE | | | | |
| CRP-QUANTITATIVE TEST | 6.99 | MG/L | 0.1 - 6 | |

Method: Immunoturbidimetric

(Method: Immunoturbidimetric on photometry system)

SUMMARY : C - reactive protien (CRP) is the best known among the acute phase protiens, a group of protien whose concentration increases in blood as a response to inflammatory disorders. CRP is normally present in low concentration in blood of healthy individuals (< 1mg/L). It is elevated up to 500 mg/L in acute inflammatory processes associated with bacterial infections, post operative conditions tissue damage already after 6 hours reaching a peak at 48 hours. . The measurement of CRP represents a useful laboratory test for detection of acute infection as well as for monitoring inflammtory proceses also in acute rheumatic & gastrointestinal disease. In recent studies it has been shows that in apparently healthy subjects there is a direct orrelation between CRP concentrations & the risk of developing oronary heart disease (CHD).

hsCRP cut off for risk assessment as per CDC/AHA

| | |
|---------|---------|
| Level | Risk |
| <1.0 | Low |
| 1.0-3.0 | Average |
| >3.0 | High |

All reports to be clinically corelated

CHARAK

[Checked By]

Print.Date/Time: 11-03-2025 12:36:27

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

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| Lab No : 10140835 | Sample Collected ON : 11/Mar/2025 09:15AM |
| Referred By : Dr. RAMAN POLI CLINIC | Sample Received ON : 11/Mar/2025 09:32AM |
| Refer Lab/Hosp : CHARAK NA | Report Generated ON : 11/Mar/2025 11:14AM |
| Doctor Advice : CRP (Quantitative),RANDOM,NA+K+,UREA,CREATININE,LFT,CBC (WHOLE BLOOD),USG WHOLE ABDOMEN | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------------|---------|---------|-----------------|--------------------------|
| CBC (COMPLETE BLOOD COUNT) | | | | |
| Hb | 7.6 | g/dl | 12 - 15 | Non Cyanide |
| R.B.C. COUNT | 2.50 | mil/cmm | 3.8 - 4.8 | Electrical Impedence |
| PCV | 23.1 | % | 36 - 45 | Pulse hieght detection |
| MCV | 91.7 | fL | 80 - 96 | calculated |
| MCH | 30.2 | pg | 27 - 33 | Calculated |
| MCHC | 32.9 | g/dL | 30 - 36 | Calculated |
| RDW | 13.6 | % | 11 - 15 | RBC histogram derivation |
| RETIC | 1.0 % | % | 0.5 - 2.5 | Microscopy |
| TOTAL LEUCOCYTES COUNT | 10490 | /cmm | 4000 - 10000 | Flocytometry |
| DIFFERENTIAL LEUCOCYTE COUNT | | | | |
| NEUTROPHIL | 91 | % | 40 - 75 | Flowcytometry |
| LYMPHOCYTES | 7 | % | 25 - 45 | Flowcytometry |
| EOSINOPHIL | 0 | % | 1 - 6 | Flowcytometry |
| MONOCYTE | 2 | % | 2 - 10 | Flowcytometry |
| BASOPHIL | 0 | % | 00 - 01 | Flowcytometry |
| PLATELET COUNT | 203,000 | /cmm | 150000 - 450000 | Elect Imped.. |
| PLATELET COUNT (MANUAL) | 203000 | /cmm | 150000 - 450000 | Microscopy . |
| Absolute Neutrophils Count | 9,546 | /cmm | 2000 - 7000 | Calculated |
| Absolute Lymphocytes Count | 734 | /cmm | 1000-3000 | Calculated |
| Absolute Monocytes Count | 210 | /cmm | 200-1000 | Calculated |
| Mentzer Index | 37 | | | |
| Peripheral Blood Picture | : | | | |

Red blood cells shwo cytopenia ++ with normocytic normochromic. WBCs show neutrophilia. 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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Lab No : 10140835 Sample Collected ON : 11/Mar/2025 09:15AM
Referred By : Dr. RAMAN POLI CLINIC Sample Received ON : 11/Mar/2025 09:27AM
Refer Lab/Hosp : CHARAK NA Report Generated ON : 11/Mar/2025 10:58AM
Doctor Advice : CRP (Quantitative),RANDOM,NA+K+,UREA,CREATININE,LFT,CBC (WHOLE BLOOD),USG WHOLE ABDOMEN



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------|--------|-------|-----------------|------------|
| BLOOD SUGAR RANDOM | | | | |
| BLOOD SUGAR RANDOM | 145.4 | mg/dl | 70 - 170 | Hexokinase |

| NA+K+ | | | | |
|-----------------|-------|-------|-----------|------------|
| SODIUM Serum | 138.0 | MEq/L | 135 - 155 | ISE Direct |
| POTASSIUM Serum | 4.9 | MEq/L | 3.5 - 5.5 | ISE Direct |

| BLOOD UREA | | | | |
|---|---------------|-------|---------|-------------------|
| BLOOD UREA | 204.10 | mg/dl | 15 - 45 | Urease, UV, Serum |
| FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY | | | | |

| SERUM CREATININE | | | | |
|---|-------------|-------|-------------|--------------------------|
| CREATININE | 9.60 | mg/dl | 0.50 - 1.40 | Alkaline picrate-kinetic |
| FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY | | | | |

| LIVER FUNCTION TEST | | | | |
|--------------------------------|--------|-------|-----------|------------------|
| TOTAL BILIRUBIN | 0.64 | mg/dl | 0.4 - 1.1 | Diazonium Ion |
| CONJUGATED (D. Bilirubin) | 0.11 | mg/dL | 0.00-0.30 | Diazotization |
| UNCONJUGATED (I.D. Bilirubin) | 0.53 | mg/dL | 0.1 - 1.0 | Calculated |
| ALK PHOS | 109.10 | U/L | 30 - 120 | PNPP, AMP Buffer |
| SGPT | 18.0 | U/L | 5 - 40 | UV without P5P |
| SGOT | 21.0 | U/L | 5 - 40 | UV without P5P |

*** End Of Report ***



[Checked By]



Sharma

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

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Age/Gender : 50 Y/M Registration ON : 11/Mar/2025 09:13AM
Lab No : 10140835 Sample Collected ON : 11/Mar/2025 09:13AM
Referred By : Dr.RAMAN POLI CLINIC Sample Received ON :
Refer Lab/Hosp : CHARAK NA Report Generated ON : 11/Mar/2025 10:50AM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is mildly enlarged in size (~162mm) and shows heterogeneous 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 few calculi in GB lumen, largest measuring approx 6.7mm & 4.7mm. 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. **Mild left hydronephrosis is seen. Bilateral renal parenchymal echogenicity is increased. A cortical cyst is seen at mid pole of right kidney measuring approx 14 x 11mm.** No calculus is seen. Cortico-medullary differentiation is well maintained. No scarring is seen. Right kidney measures 100 x 45 mm in size. Left kidney measures 111 x 58 mm in size.
- **Ureters** Left ureter is mildly dilated. Right ureter is 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 41 x 32 x 29 mm with weight of 20gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- **Right side pleural effusion is seen.**

OPINION:

- **MILD HEPATOMEGALY WITH HETEROGENEOUS ECHOTEXTURE OF LIVER PARENCHYMA - ? LIVER PARENCHYMAL DISEASE (ADV: LFT & FIBRO SCAN).**
- **CHOLELITHIASIS.**
- **BILATERAL INCREASED RENAL PARENCHYMAL ECHOGENICITY (ADV: RFT CORRELATION).**
- **MILD LEFT HYDROURETERONEPHROSIS.**
- **RIGHT RENAL CORTICAL CYST.**
- **RIGHT SIDE PLEURAL EFFUSION.**

Clinical correlation is necessary.

([DR. R. K. SINGH, MD])

Transcribed by Gausiya



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