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CMO Reg. No. RMEE 2445133 NABLReg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms.SHIFALI Age/Gender : 29 Y/F

Lab No : 10140945 Referred By : Dr.BP VERMA Refer Lab/Hosp : CHARAK NA

P.R.

Doctor Advice : CHEST PA,CBC (WHOLE BLOOD)

Visit No : CHA250043650

: 11/Mar/2025 10:36AM Registration ON Sample Collected ON : 11/Mar/2025 10:38AM : 11/Mar/2025 10:51AM Sample Received ON

Report Generated ON : 11/Mar/2025 12:05PM

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	13.2	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.90	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	39.3	%	36 - 45	Pulse hieght
				detection
MCV	101.3	fL	80 - 96	calculated
MCH	34.0	pg	27 - 33	Calculated
MCHC	33.6	g/dL	30 - 36	Calculated
RDW	15.9	%	11 - 15	RBC histogram
				derivation
RETIC	1.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	11140	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	86	%	40 - 75	Flowcytrometry
LYMPHOCYTES	13	%	25 - 45	Flowcytrometry
EOSINOPHIL	0	%	1 - 6	Flowcytrometry
MONOCYTE	1	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	353,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	353000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	9,580	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,448	/cmm	1000-3000	Calculated
Absolute Monocytes Count	111	/cmm	200-1000	Calculated
Mentzer Index	26			
Peripheral Blood Picture	:			

Red blood cells show macrocytes with anisocytosis+. WBCs show neutrophilic leucocytosis. Platelets are adequate. No immature cells or parasite seen.

\*\*\* End Of Report \*\*\*





Patient Name Age/Gender : Ms.SHIFALI

: Dr.BP VERMA

: CHARAK NA

: MS.SHIFF : 29 Y/F Visit No Registration ON : CHA250043650 : 11/Mar/2025 10:36AM

**Lab No**Referred By

Refer Lab/Hosp

: 10140945

Sample Collected ON : 11/Mar/2025 10:36AM

Sample Received ON

Report Generated ON : 11/Mar/2025 12:42PM

## SKIAGRAM CHEST PA VIEW

• Both lung fields are clear.

- Bilateral hilar shadows are normal.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and body cage are seen normally.
- Both domes of diaphragm are sharply defined.

## **OPINION**

• NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

\*\*\* End Of Report \*\*\*

