

Patient Name : Mr.MOHD RASHEED	Visit No : CHA250043816
Age/Gender : 60 Y/M	Registration ON : 11/Mar/2025 12: 34PM
<b>Lab No : 10141111</b>	Sample Collected ON : 11/Mar/2025 12: 37PM
Referred By : Dr.MOHD RIZWANUL HAQUE	Sample Received ON : 11/Mar/2025 12: 47PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 01: 45PM
Doctor Advice : USG WHOLE WITH CP ANGLE,LFT,HBA1C (EDTA),RANDOM,NA+K+,CREATININE,BUN,ESR,CBC (WHOLE BLOOD),CHEST PA	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>ESR</b>				
Erythrocyte Sedimentation Rate ESR	17.00		0 - 20	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.

<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c )	<b>6.3</b>	%	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

<b>BLOOD UREA NITROGEN</b>				
Blood Urea Nitrogen (BUN)	17.2	mg/dL	7-21	calculated

[Checked By]

Print.Date/Time: 11-03-2025 15:16:16

\*Patient Identity Has Not Been Verified. Not For Medicolegal



*Sharma*

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	13.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.40	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	40.7	%	36 - 45	Pulse hieght detection
MCV	93.1	fL	80 - 96	calculated
MCH	29.7	pg	27 - 33	Calculated
MCHC	31.9	g/dL	30 - 36	Calculated
RDW	13.8	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	<b>10610</b>	/cmm	4000 - 10000	Flocytrometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	<b>88</b>	%	40 - 75	Flowcytometry
LYMPHOCYTES	<b>9</b>	%	25 - 45	Flowcytometry
EOSINOPHIL	<b>0</b>	%	1 - 6	Flowcytometry
MONOCYTE	<b>3</b>	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	182,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	182000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	<b>9,337</b>	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	955	/cmm	1000-3000	Calculated
Absolute Monocytes Count	318	/cmm	200-1000	Calculated
Mentzer Index	21			
Peripheral Blood Picture	:			

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



[Checked By]



*Sham*

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD SUGAR RANDOM</b>				
BLOOD SUGAR RANDOM	156.8	mg/dl	70 - 170	Hexokinase
<b>NA+K+</b>				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	3.8	MEq/L	3.5 - 5.5	ISE Direct
<b>SERUM CREATININE</b>				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.60	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.12	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.48	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	92.10	U/L	30 - 120	PNPP, AMP Buffer
SGPT	32.0	U/L	5 - 40	UV without P5P
SGOT	29.0	U/L	5 - 40	UV without P5P

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

CHARAK



[Checked By]



*Sharma*

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PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

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MD (MICROBIOLOGY)

PR.

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### ULTRASOUND STUDY OF WHOLE ABDOMEN

#### *Excessive gaseous abdomen*

- **Liver** is mildly enlarged in size (~154mm) and shows 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 few calculi in GB lumen measuring upto approx 13mm. 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. **Bilateral renal medullary complexes are prominent.** No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 90 x 43 mm in size. Left kidney measures 103 x 45 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 enlarged in size, measures 37 x 35 x 30 mm with weight of 21gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- **Few defect of size 14.9 mm & 11 mm are seen in midline anterior abdominal wall epigastric region omentum as a content - incisional hernia.**
- **Another defect of size 14.9mm in anterior abdominal wall of umbilical region through which omentum as content-- umbilical hernia.**
- **Bilateral CP angles are clear.**
- **Post void residual urine volume - Nil.**

#### OPINION:

- **MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE -I.**
- **CHOLELITHIASIS.**
- **BILATERAL PROMINENT RENAL MEDULLARY COMPLEXES (ADV: RBS CORRELATION).**
- **PROSTATOMEGALY GRADE -I.**
- **INCISIONAL AND UMBILICAL HERNIAS.**

(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**

- Both lung fields are clear.
- Bilateral hilar shadows are normal.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Sternotomy sutures present.
- Both domes of diaphragm are sharply defined.

**OPINION**

- NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.

Please compare with previous skiagram.

[DR. RAJESH KUMAR SHARMA, MD]

*Transcribed by Gausiya*

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

