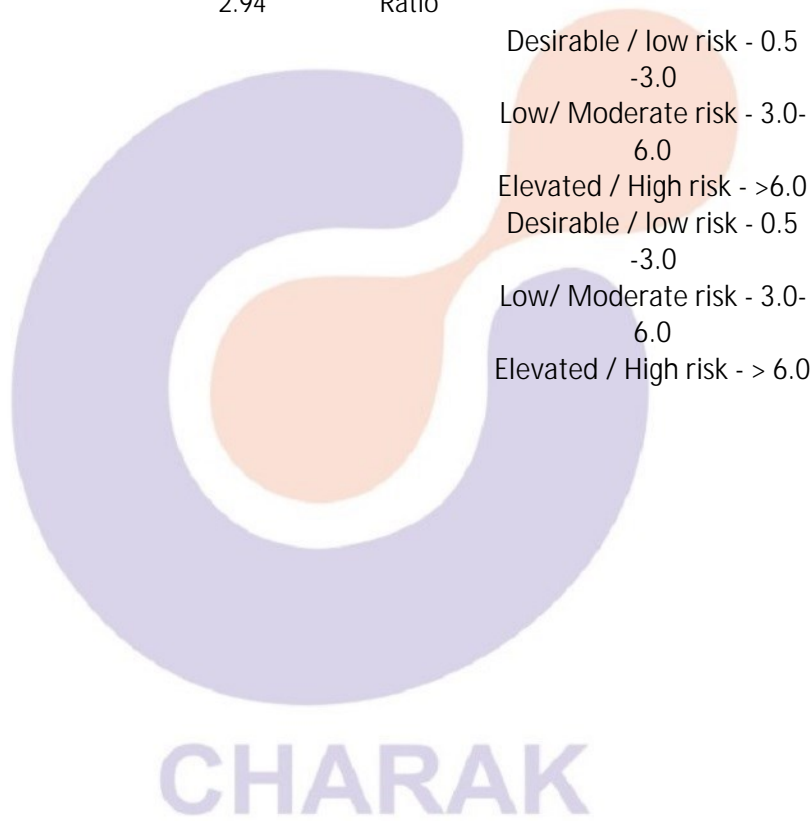


Patient Name : Mr.NOOR MOHAMMAD	Visit No : CHA250045536
Age/Gender : 33 Y/M	Registration ON : 14/Mar/2025 07: 55PM
<b>Lab No : 10142831</b>	Sample Collected ON : 14/Mar/2025 08: 00PM
Referred By : Dr.MANISH TANDON	Sample Received ON : 14/Mar/2025 08: 26PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 15/Mar/2025 09: 48AM
Doctor Advice : LIPID-PROFILE,USG WHOLE ABDOMEN,T3T4TSH,RANDOM,NA+K+,CREATININE,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID-PROFILE</b>				
Cholesterol/HDL Ratio	5.08	Ratio		Calculated
LDL / HDL RATIO	2.94	Ratio		Calculated



**CHARAK**

[Checked By]

Print.Date/Time: 15-03-2025 14:10:35

\*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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Referred By : Dr.MANISH TANDON	Sample Received ON : 14/Mar/2025 11:07PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 15/Mar/2025 09:48AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	15.8	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.20	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	46.7	%	36 - 45	Pulse hieght detection
MCV	90.2	fL	80 - 96	calculated
MCH	30.5	pg	27 - 33	Calculated
MCHC	33.8	g/dL	30 - 36	Calculated
RDW	12.7	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	9480	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	57	%	40 - 75	Flowcytometry
LYMPHOCYTES	33	%	25 - 45	Flowcytometry
EOSINOPHIL	8	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	130,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	130000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,404	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	3,128	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	758	/cmm	20-500	Calculated
Absolute Monocytes Count	190	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. Platelets are reduced. 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	111.4	mg/dl	70 - 170	Hexokinase
<b>NA+K+</b>				
SODIUM Serum	139.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.4	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	0.86	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.11	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.75	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	57.40	U/L	30 - 120	PNPP, AMP Buffer
SGPT	<b>64.0</b>	U/L	5 - 40	UV without P5P
SGOT	36.0	U/L	5 - 40	UV without P5P

CHARAK



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Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIPID-PROFILE**

TOTAL CHOLESTEROL	198.50	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	<b>221.40</b>	mg/dL	Normal: <150 mg/dl Borderline-high:150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Serum, Enzymatic, endpoint
H D L CHOLESTEROL	39.10	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	<b>115.12</b>	mg/dL	Optimal:<100 mg/dl Near Optimal:100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High:>/= 190 mg/dl	CO-PAP
VLDL	<b>44.28</b>	mg/dL	10 - 40	Calculated

**CHARAK**



[Checked By]



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	2.10	nmol/L	1.49-2.96	ECLIA
T4	147.08	n mol/l	63 - 177	ECLIA
TSH	1.46	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



[Checked By]



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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 15/Mar/2025 01:07PM

### 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 enlarged in size [ 130mm] 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 106x 44 mm in size. Left kidney measures 110 x 50 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 35 mm with weight of 20 gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

#### OPINION:

**MILD HEPATO-SPLENOMEGALY WITH FATTY INFILTRATION LIVER GRADE I .**

Possibility of acid peptic disease could not be ruled out .

transcribed by: anup

[DR. R.K SINGH , MD]

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

