

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

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

Patient Name : Mr. SHRAVAN KUMAR

Age/Gender : 39 Y O M O D /M Lab No : 10143926

Referred By : Dr.KGMU

P.R.

Refer Lab/Hosp : IIM ROAD (CHARAK)

USG WHOLE ABDOMEN, LFT, CBC (WHOLE BLOOD) Doctor Advice :

Visit No : CHA250046631

Registration ON : 17/Mar/2025 08:48AM Sample Collected ON : 17/Mar/2025 08:51AM

Sample Received ON : 17/Mar/2025 08:56AM

Report Generated ON : 17/Mar/2025 10:25AM



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	14.2	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.90	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	46.0	%	36 - 45	Pulse hieght
				detection
MCV	93.9	fL	80 - 96	calculated
MCH	29.0	pg	27 - 33	Calculated
MCHC	30.9	g/dL	30 - 36	Calculated
RDW	14.1	%	11 - 15	RBC histogram
				derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	9190	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	76	%	40 - 75	Flowcytrometry
LYMPHOCYTES	17	%	25 - 45	Flowcytrometry
EOSINOPHIL	5	%	1 - 6	Flowcytrometry
MONOCYTE	2	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	177,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	177000	/cmm	150000 - 450000	Microscopy.
Absolute Neutrophils Count	6,984	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,562	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	460	/cmm	20-500	Calculated
Absolute Monocytes Count	184	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

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







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Visit No : CHA250046631

Registration ON : 17/Mar/2025 08:48AM Sample Collected ON : 17/Mar/2025 08:51AM

Sample Received ON : 17/Mar/2025 09:01AM

Report Generated ON : 17/Mar/2025 10:48AM



Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.41	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.07	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.34	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	144.10	U/L	30 - 120	PNPP, AMP Buffer
SGPT	114.0	U/L	5 - 40	UV without P5P
SGOT	118.0	U/L	5 - 40	UV without P5P

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







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 : 17/Mar/2025 08: 48AM

 Lab No
 : 10143926
 Sample Collected ON
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Referred By : Dr.KGMU Sample Received ON

Refer Lab/Hosp : IIM ROAD (CHARAK) Report Generated ON : 17/Mar/2025 09:44AM

## ULTRASOUND STUDY OF WHOLE ABDOMEN

- <u>Liver</u> is mildly enlarged in size, and shows an ill defined lesion of size 24x24x28mm with volume of 8.65cc in right lobe with no anechoic component..No intrahepatic biliary radicle dilatation is seen. Hepatic veins and IVC are seen normally.
- <u>Gall bladder</u> is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- ullet <u>CBD</u> is normal at porta. No obstructive lesion is seen.
- Portal vein is normal at porta.
- <u>Pancreas</u> is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- <u>Spleen</u> is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- <u>Both kidneys</u> 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 91x 39 mm in size. Left kidney measures 89 x 46 mm in size.
- <u>Ureters</u> Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> 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 28 x 30 x 26 mm with weight of 13 gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

## OPINION:

H.

RESOLVING PHASE RIGHT LOBE HEPATIC ABSCESS . Clinical correlation is necessary.

[DR. R.K SINGH , MD]

transcribed by: anup

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

