


## NEESHA KUMARI VERMA

	<b>BEFORE</b>	<b>AFTER GRAD</b>
<b>Hospital Name</b>	Hospital in Delhi	SEVYAM HIIMS
<b>Medical condition</b>	<b>Chronic Kidney Disease, advised Dialysis</b>	<b>Never Started</b>
<b>Medicine taken</b>	Moxilong, Tab unicer XL 25, Tab Tarsed Plus	GRAD THERAPY (HWI, HDT), DIP Diet, Tab Cilacar
<b>Physical discomfort / Symptoms</b>	Facial Oedema, Constipation, weakness, nausea/vomiting, anorexia	Nil
<b>Frequency of Dialysis</b>	Advised Dialysis on 24th December 2022	Never Started
<b>Investigations</b>	KFT, ULTRASOUND Creatinine - 4.33, Hb - 11.4, Uric Acid - 10.20, Kt - 5.60, sonography - left kidney not visible, Large cystic lesion about (11.7*8.3)	KFT, ULTRASOUND Creatinine - 0.89, Hb - 11.5, Uric Acid - 6, eGFR - 92, Sonography, Left Kidney Visible (68*35mm)

**Patient Report**

**Name :-** Ms. NISHA KUMARI  
**Sex / Age :-** Female 22 Yrs  
**Doctor :-**  
**Client Name :-** SEVYAM SERVING HANDS, CARING LIVES -AJMER ROAD  
**Sample Type :-** EDTA

**Patient ID / CCL No :-** 202274085  
**Sample Collected :-** 29/12/2022 18:38:34  
**Sample Received on:** 29/12/2022 18:39:46  
**Report Released on:** 29/12/2022 20:00:43  
**Barcode** 

<u>TEST NAME</u>	<u>VALUE</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
Hb (HAEMOGLOBIN) Tech: Automated Cell Counter	11.3	gm/dL	11.0 - 15.0
TLC (TOTAL LEUCOCYTE COUNT) Tech: Automated Cell Counter	6.0	$\times 10^3/uL$	4.0 - 11.0
<u>DIFFERENTIAL LEUCOCYTE COUNT</u>			
NEUTROPHIL Flow Cytometry	71	%	45 - 75
LYMPHOCYTE Flow Cytometry	22	%	20 - 45
EOSINOPHIL Flow Cytometry	02	%	01 - 06
MONOCYTE Flow Cytometry	05	%	01 - 10
BASOPHIL Flow Cytometry	00	%	00 - 01
RBC (TOTAL RED BLOOD CELLS) Tech: Automated Cell Counter	4.63	millions/cumm	3.80 - 4.80
PCV/HCT (HEMATOCRIT) Tech: Automated Cell Counter	35.1 L	%	36.0 - 50.0
MCV (MEAN CORP VOLUME) Tech: Automated Cell Counter	75.8 L	fL	80.0 - 99.9
MCH (MEAN CORP HB) Tech: Automated Cell Counter	24.4 L	pg	26.0 - 32.0
MCHC (MEAN CORP HB CONC) Tech: Automated Cell Counter	32.2	g/dL	30.0 - 36.0
PLATELET COUNT Tech: Automated Cell Counter	2.86	Lakhs/Cumm	1.40 - 4.40
RDW	13.0	%	11.0 - 15.0
ESR	45 H	mm/1st hr.	0 - 20

*Nisha*

Technologist

DR. NISHA SINGH  
 D.C.P.  
 RMC No.54778/24157

*Mani Agarwal*


DR. Mani Agarwal  
 MD. (Path.)  
 RMC No.5167/15233

DR. ASHISH SETHI  
 Consultant Biochemist





**Patient Report**

Name :- **Ms. NISHA KUMARI**  
Sex / Age :- Female 22 Yrs  
Doctor :-  
Client Name :- SEVYAM SERVING HANDS, CARING LIVES -AJMER ROAD  
Sample Type :- PLAIN

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<u>TEST NAME</u>	<u>VALUE</u> <u>RFT. WITH ELECTROLYTE</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
BUN (BLOOD UREA NITROGEN)	<b>49.00</b> H	mg/dl	7.00 - 18.00
CREATININE (Tech.: - Jaffes Kinetic)	<b>3.65</b> H	mg/dl	0.60 - 1.30
BUN / CREATININE Ratio (Method :- Calculated )	13.42	Ratio	9.00 - 23.00
URIC ACID (Tech.: - Enzymatic)	<b>9.00</b> H	mg/dl	2.60 - 6.20
CALCIUM TOTAL (Tech.: Arsenazo)	<b>8.30</b> L	mg/dl	8.40 - 10.20
SODIUM (NA +)	<b>132.00</b> L	mmol/L	135.00 - 148.00
POTASSIUM (K+)	5.38	mmol/L	3.50 - 5.50
CHLORIDE (CL)	<b>93.00</b> L	mmol/L	98.00 - 107.00

  
Technologist **DR. NISHA SINGH**  
D.C.P.  
RMC No.54778/24157

  
**DR. Mani Agarwal**  
MD. (Path.)  
RMC No.5167/15233

**DR. ASHISH SETHI**  
Consultant Biochemist



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Name :- **Ms. NISHA KUMARI**

Sex / Age :- Female 22 Yrs

Doctor :-

Client Name :- SEVYAM SERVING HANDS, CARING LIVES -AJMER ROAD

Sample Type :- PLAIN

	<b>LFT</b>		
SERUM BILIRUBIN (TOTAL) (Tech:- Jendrassik Grof)	0.56	mg/dl	0.00 - 1.00
SERUM BILIRUBIN (DIRECT)	0.21	mg/dl	0.00 - 0.50
SERUM BILIRUBIN (INDIRECT)	0.35	mg/dl	0.00 - 0.80
SGOT / AST (Tech:- UV Kinetic)	24.00	U/L	15.00 - 37.00
SGPT / ALT (Tech:- UV Kinetic)	16.00	U/L	16.00 - 63.00
TOTAL PROTEIN (Tech:- Biuret)	7.30	gm/dl	6.40 - 8.30
ALBUMIN (Tech:- BCG)	3.98	gm/dl	3.20 - 4.60
GLOBULIN CALCULATION	3.30	gm/dl	3.20 - 4.00
A/G RATIO (Tech:- Calculated)	1.21		1.00 - 2.50
ALKALINE PHOSPHATASE (Tech:- DGKC)	207.00	U/L	10.00 - 240.00

*Nisha*

Technologist DR. NISHA SINGH  
D.C.P.  
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*Mani Agarwal*

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# CARE N CURE LABORATORIES AND INVITRO ALLERGY TESTING

68, Gangwal Park, Behind J. K. Lone Hospital, J. L. N. Marg, Jaipur - 302 004 (Raj.)  
Mob. : +91-9001617333, 9001618333 • E-mail : help.cclabs@gmail.com • Website : www.cclabs.in

# CCL<sup>®</sup>

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## Patient Report

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Sex / Age :- Female 22 Yrs

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Barcode



TSH. (Ultra Sensitive)  
(Tech.:- Chemiluminescent)

2.21

uIU/ml

0.35 - 5.50

- End of Report

Technologist DR. NISHA SINGH  
D.C.P.  
RMC No.54778/24157

DR. Mani Agarwal  
MD. (Path.)  
RMC No.5167/15233

DR. ASHISH SETHI  
Consultant Biochemist



Sample Collection : 9001617333 "Please Correlate with Clinical Conditions. Any Discrepancy Subject to Jaipur Jurisdiction only.

Reporting : 9001618333



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## Patient Report

Name :- Mrs. NISHA KUMAR VERMA

Sex / Age :- Female 22 Yrs

Doctor :-

Client Name :- SEVYAM SERVING HANDS, CARING LIVES -AJMER ROAD

Sample Type :- EDTA

Patient ID / CCL No :- 2023268

Sample Collected :- 02/04/2023 12:39:13

Sample Received on: 02/04/2023 12:40:36

Report Released on: 02/04/2023 16:14:03

Barcode



<u>TEST NAME</u>	<u>VALUE</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
<b>CBC WITH ESR</b>			
Hb (HAEMOGLOBIN) Tech: Automated Cell Counter	11.1	gm/dL	11.0 - 15.0
TLC (TOTAL LEUCOCYTE COUNT) Tech: Automated Cell Counter	6.1	x 10 <sup>3</sup> /uL	4.0 - 11.0
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL Flow Cytometry	72	%	45 - 75
LYMPHOCYTE Flow Cytometry	23	%	20 - 45
EOSINOPHIL Flow Cytometry	01	%	01 - 06
MONOCYTE Flow Cytometry	04	%	01 - 10
BASOPHIL Flow Cytometry	00	%	00 - 01
RBC (TOTAL RED BLOOD CELLS) Tech: Automated Cell Counter	4.69	millions/cumm	3.80 - 4.80
PCV/HCT (HEMATOCRIT) Tech: Automated Cell Counter	<b>35.2</b> L	%	36.0 - 50.0
MCV (MEAN CORP VOLUME) Tech: Automated Cell Counter	<b>75.1</b> L	fL	80.0 - 99.9
MCH (MEAN CORP HB) Tech: Automated Cell Counter	<b>23.7</b> L	pg	26.0 - 32.0
MCHC (MEAN CORP HB CONC) Tech: Automated Cell Counter	31.5	g/dL	30.0 - 36.0
PLATELET COUNT Tech: Automated Cell Counter	2.15	Lakhs/Cumm	1.40 - 4.40
RDW	14.7	%	11.0 - 15.0
ESR	16	mm/1st hr.	0 - 20

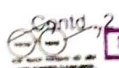
Collected Sample Received

Technologist

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RMC No.5167/15233

DR. ASHISH SETHI  
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**Sex / Age :-** Female 22 Yrs  
**Doctor :-**  
**Client Name :-** SEVYAM SERVING HANDS, CARING LIVES -AJMER ROAD  
**Sample Type :-** PLAIN

**Patient ID / CCL No :-** 2023268  
**Sample Collected :-** 02/04/2023 12:39:13  
**Sample Received on:** 02/04/2023 12:40:36  
**Report Released on:** 02/04/2023 16:14:03  
**Barcode** 

<u>TEST NAME</u>	<u>VALUE</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
BUN (BLOOD UREA NITROGEN)	13.10	mg/dl	7.00 - 18.00
CREATININE (Tech.:- Jaffes Kinetic)	<b>1.35</b> H	mg/dl	0.60 - 1.30
BUN / CREATININE Ratio ( Method :- Calculated )	9.70	Ratio	9.00 - 23.00
URIC ACID (Tech.:- Enzymatic)	<b>6.60</b> H	mg/dl	2.60 - 6.20
CALCIUM TOTAL (Tech.:- Arsenazo)	8.60	mg/dl	8.40 - 10.20
SODIUM (NA +)	145.00	mmol/L	135.00 - 148.00
POTASSIUM (K+)	<b>5.52</b> H	mmol/L	3.50 - 5.50
CHLORIDE (CL)	106.00	mmol/L	98.00 - 107.00

Collected Sample Received

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Sex / Age :- Female 22 Yrs

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### LFT

SERUM BILIRUBIN (TOTAL) (Tech:- Jendrassik Grof)	0.70	mg/dl	0.00 - 1.00
SERUM BILIRUBIN (DIRECT)	0.31	mg/dl	0.00 - 0.50
SERUM BILIRUBIN (INDIRECT)	0.39	mg/dl	0.00 - 0.80
SGOT / AST (Tech:- UV Kinetic)	28.00	U/L	15.00 - 37.00
SGPT / ALT (Tech:- UV Kinetic)	20.00	U/L	16.00 - 63.00
TOTAL PROTEIN (Tech:- Biuret)	7.50	gm/dl	6.40 - 8.30
ALBUMIN (Tech.:BCG)	4.20	gm/dl	3.20 - 4.60
GLOBULIN CALCULATION	3.30	gm/dl	3.20 - 4.00
A/G RATIO (Tech:- Calculated)	1.27		1.00 - 2.50
ALKALINE PHOSPHATASE (Tech:- DGKC)	292.00 <sup>H</sup>	U/L	10.00 - 240.00

Collected Sample Received

Technologist

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RMC No.54778/24157

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RMC No.5167/15233

DR. ASHISH SETHI  
Consultant Biochemist



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Reporting : 9001618333





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## Patient Report

Name :- **Mrs. NISHA KUMAR VERMA**

Sex / Age :- Female 22 Yrs

Doctor :-

Client Name :- SEVYAM SERVING HANDS,CARING LIVES -AJMER ROAD

Sample Type :- PLAIN

Patient ID / CCL No :-2023268

Sample Collected :- 02/04/2023 12:39:13

Sample Received on:02/04/2023 12:40:36

Report Released on: 02/04/2023 16:14:03

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TSH. (Ultra Sensitive)  
(Tech.:- Chemiluminescent)

2.81

uIU/ml

0.35 - 5.50

- End of Report

Collected Sample Received

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DR. NISHA SINGH

D.C.P.

RMC No.54778/24157

DR. Mani Agarwal

MD. (Path.)

RMC No.5167/15233

DR. ASHISH SETHI

Consultant Biochemist



Sample Collection : 9001617333 "Please Correlate with Clinical Conditions. Any Discrepancy Subject to Jaipur Jurisdiction only.

Reporting : 9001618333



**SUPERSAN SONO CENTRE**  
Laddha Clinic, Chittorgarh  
Ph:9414272793



**Patient**

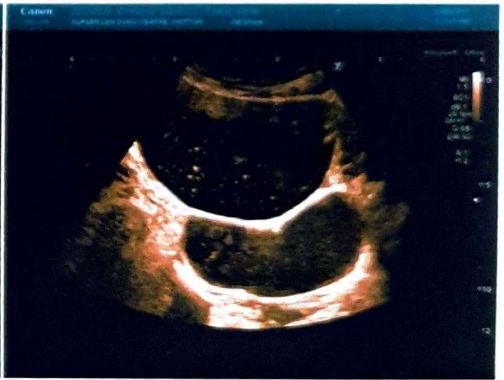
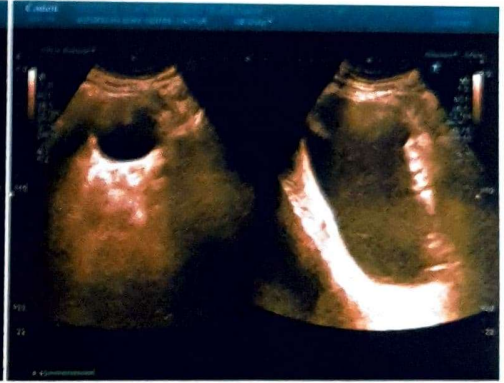
**Study**

Patient ID

20230222.151458.ID

Date

22/02/2023





# SUPERSCAN SONO CENTRE

Laddha Clinic, Meera Nagar, Chittorgarh (Raj.) Mobile : 9414272793

3D, 4D Sonography & Color Doppler Centre



NAME:	MRS. NISHA KUMARI	AGE:		YRS	SEX:	F
CONSULT:	DR. DL LADDHA Sb	DATE:	22 February 2023			

## U.S.G.OF ABDOMEN & PELVIS

### LIVER :

Liver is normal in size. The echotexture of the liver is normal. Margins are regular and smooth. No sonolucent or hyperechoic mass lesion seen. Portal vein diameter less than 13 mm, its lumen is echo free. I.H.B.R. are not dilated. Hepatic veins are not dilated.

### GALL BLADDER:

Gallbladder is normal physiologically distended. Wall is smooth, regular and of normal thickness. No calculus seen in the lumen. No Intra luminal mass seen. Murphy's sign is negative. Common bile duct not dilated. No evidence of pericholecystic collection.

### PANCREAS:

Pancreatic substance shows normal echotexture and is normal in size. No mass lesion is seen in the pancreatic parenchyma. Pancreatic contour is normal.

### SPLEEN:

The spleen is of normal size and position with normal echotexture. No mass lesion is seen. Splenic vein is of normal caliber.

### KIDNEYS:

LEFT KIDNEY is SMALL in size & normal in position. Cortical thickness reduced. Pelvi calyces are severely dilated.No calculus or mass seen. Size: 68 x 35 mm

RIGHT KIDNEY is normal in size(83 x 55 mm) & position. Cortical & sinus echoes are normal. Cortical thickness is normal. Pelvi calyces are not dilated. No calculus or mass is seen.

### URINARY BLADDER:

Urinary bladder filling is normal, no intraluminal calculus or mass seen. Bladder capacity appeared normal. Walls thickness is normal

### UTERUS:

Uterus is normal in size. Endometrial echo complex thickness in normal limit, and is central. Myometrial echopattern is homogenous. The outline of uterus is smooth. No sonolucent mass is seen within the uterine cavity or wall. Parametrium is normal. No free fluid is seen in the cul-de-sac.

### OVARIES:

Both ovaries are normal in size. No cystic or solid mass lesion seen.

## FINAL IMPRESSION:

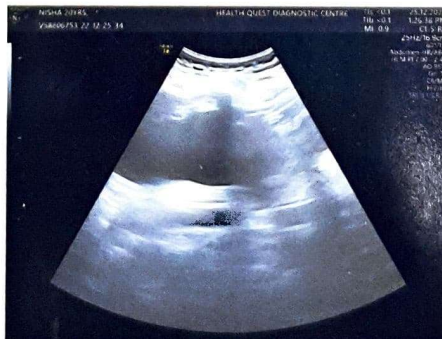
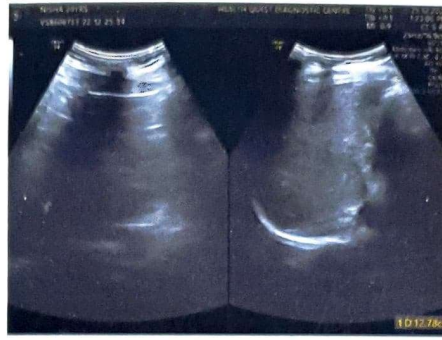
- SMALL LEFT KIDNEY WITH SEVERE HYDRONEPHROSIS
- LARGE THIN WALL SIPHON SHAPE FLUID FILLED STRUCTURE SEEN EXTENDING FROM LEFT RENAL FOSSA REGION TO LEFT SIDE PELVIS, MAX DIAMETER OF >120 MM. POSSIBLY MASSIVELY ENLARGED DILATED TORTUOUS LEFT URETER WITH UVJ OBSTRUCTION OR ? CAUSE.
- ADV CT SCAN/MRI SCAN.
- NORMAL SCAN OF LIVER, SPLEEN, GALL BLADDER, PANCREAS, RT KIDNEY, URINARY BLADDER, UTERUS & BOTH OVARIES.
- NO ABDOMINAL LYMPHADENOPATHY & ASCITES SEEN

Dr. Prakash C. Garwal  
MD. Radiodiagnosis  
Reg. No. 016040/006501

"गर्भधारण पूर्व या बाद लिंग चयन या भ्रूण के लिंग का पता लगाना दण्डनीय अपराध है। लिंग परीक्षण को शिकायत 104 व 108 पर निःशुल्क दर्ज की जा सकती है"

Note: 1. No. Ultrasonography finding is pathognomic, all finding are only suggestive, hence they should be reviewed with the relevant clinical history and relevant investigations before embarking upon the final diagnosis and proceeding for management (Medical or Surgical). 2. This is a professional opinion only and not the final Diagnosis. 3. Not all gross & Major Congenital anomalies of fetus are apparent during scanning due to difficult and variable position attained by the fetus. Hence this report does not exclude all gross and major congenital fetal anomalies or Chromosomal Anomalies specially dawn's Syndrome which could be visible, if scanned later or at any other time. Fetal cardiac anomalies are not included. Adv-Fetal echocardiography whenever suspicion is there. 4. Whenever suspect of congenital anomalies ask for targeted scan along with serum alpha foetoprotein estimation/ Triple marker test correlation. 5. In case of disparity between clinical and sonographic findings, please send patient again for review free of cost. 6. Any typing error or unintentional clerical reporting of removed organs needs immediate correction and it, not feasible correlation and self correction 7. Even major abnormalities can be missed due to overlying gaseous shadows, patient's obesity or patient's condition. The same could be visualized, at some other time, if visualization window improves. 8. This report is not valid for medicolegal purposes. 9. Subject to Chittorgarh Jurisdiction only.

गर्भवती महिलाएँ सोनोग्राफी के लिए अपने साथ डॉक्टर की पर्ची एवं आधार कार्ड या अन्य कोई परिचय पत्र की फोटो प्रति साथ लावें।





**Patient Name** : Mrs. NISHA KUMARI  
**Age Sex** : 20 Y/Female  
**Patient ID** : 012212250030  
**Barcode** : 10033735  
**Ref. By** :  
**SRF No.** :

**Registration No** : 30934  
**Registered** : 25/Dec/2022 12:37PM  
**Collection** : 25/Dec/2022 12:37PM  
**Received** :  
**Reported** : 25/Dec/2022 02:40PM  
**Panel** : Walk in Manesar

**WHOLE ABDOMEN FEMALE**

**REFERRED BY**

**SINGHANIA UNIVERSITY**

**LIVER** is normal in size (12.8 cm) and echotexture. No evidence of any focal lesion or IHBR dilation is present. Portal vein and CBD are normal in caliber at porta.

**GALL BLADDER** is well distended, and lumen is echofree. Wall thickness is normal. No pericholecystic fluid is seen.

**SPLEEN** is normal in size (10.6 cm) and echotexture. No focal lesion is seen.

**PANCREAS:** Visualized pancreas is normal in size and echotexture. Peripancreatic fat planes are clear. MPD is not dilated.

**Right Kidney:** is normal in size and position and outline. Corticomedullary differentiation is maintained. There is no evidence of any focal lesion / backpressure changes.  
Right kidney measures 9.5 x 4.4 cm

**Left Kidney is not visualized in the left renal fossa.**

**Urinary Bladder** is well distended, and lumen is echo free. Wall thickness is normal. No evidence of any focal lesion.

**Uterus:** Anteverted in position and normal in size. Myometrial echotexture is normal. There is no focal lesion. Endometrial thickness is 10.5 mm.

**Ovaries:** Right ovary is normal in size and echotexture.

**There is evidence of large anechoic cystic lesion measuring about 17.7 x 8.3 cm is noted in the left adnexa. It is seen extending upto the left renal fossa.**

Cul D Sac is clear

Dr. Namit Garg  
MD. MBBS. Consultant Radiologist  
HMC Regd No. 015032



Patient Name : Mrs. NISHA KUMARI  
Age/Sex : 20 Y/Female  
Patient ID : 012212250030  
Barcode : 10033735  
Ref. By :  
SRF No. :

Registration No : 30934  
Registered : 25/Dec/2022 12:37PM  
Collection : 25/Dec/2022 12:37PM  
Received :  
Reported : 25/Dec/2022 02:40PM  
Panel : Walk in Manesar

**Impression:**

- Large anechoic cystic lesion in the left adnexa and it is seen extending upto the left renal fossa -? nature.

**Advice:** CECT Whole abdomen for further evaluation.

Dr. Namit Garg  
MD, MBBS, Consultant Radiologist  
HMC Regd No-015032



## TEST REPORT

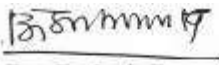
Lab Serial No. : <b>1422309001198</b>	SIN No., Date : <b>142026112</b> 19-Sep-23 10:29 AM
Patient Name : <b>Mrs. NEESHA KUMARI VERMA</b>	Sample collection date : 19-Sep-2023 10:33AM
Referred by : <b>DR.</b>	SRA Date : 19-Sep-2023 10:51AM
Age/Gender : 22 YRS / F	Report Date : 19-Sep-2023 01:11PM
Source By : J.J.HOSPITAL	Report printed on : 19-Sep-2023 01:48PM
Collected at : Dr.B Lal Clinical Laboratory - Chittorgarh-142	Document No. : HIS ID-1

### CLINICAL-BIOCHEMISTRY

Test Name	Observation	Unit	Biological Ref. interval
<b><u>KFT-KIDNEY FUNCTION TEST</u></b>			
Creatinine, Serum by Alkaline Picrate	0.89	mg/dl	0.5-1.2
Creatinine eGFR	92		
Urea by Urease	38.7	mg/dL	14.98-40.01
Uric Acid, Serum by Uricase	6.00	mg/dl	2.6-6.0
<b><u>ELECTROLYTES</u></b>			
Sodium, Serum by ISE	139.2	mmol/L	135-145
Potassium, Serum by ISE	4.49	mmol/L	3.5-5.3
Chloride, Serum by ISE	106.2	mmol/L	97-110

#### Remarks:-

**eGFR unit : ml/min./1.73m<sup>2</sup>**  
**eGFR < 60 for ≥ 3 months : Indicative of renal impairment.**  
 eGFR is inaccurate for Hemodynamically unstable patients.  
 For Individuals of 19 years or more this calculator is used.  
 eGFR for less than 19 years of age is not applicable.

  
 Dr. B. Lal Gupta  
 MD Microbiology  
 RMC.9236/11112

Vipin Upadhyay  
 Technologist



#### Condition of Reporting:

The reported results are for information and for interpretation of the referring doctor only and should not be treated as conclusive proof of the disease. Results specifically relate to the sample received in the lab and are presumed to have been generated and transported as per instructions given by physician/laboratory. Report delivery may be delayed due to unforeseen circumstances which may be beyond the control of Dr. B. Lal Lab. If the result(s) of the test(s) is alarming or unexpected the patient is advised to contact the laboratory immediately for possible remedial advice/reconfirm. This report is not valid for Medico-Legal purposes.

## TEST REPORT

Lab Serial No. : <b>1422309001198</b>	SIN No., Date : <b>142026112</b> 19-Sep-23 10:29 AM
Patient Name : <b>Mrs. NEESHA KUMARI VERMA</b>	Sample collection date : 19-Sep-2023 10:33AM
Referred by : <b>DR.</b>	SRA Date : 19-Sep-2023 10:51AM
Age/Gender : 22 YRS / F	Report Date : 19-Sep-2023 01:12PM
Source By : J.J.HOSPITAL	Report printed on : 19-Sep-2023 01:48PM
Collected at : Dr.B Lal Clinical Laboratory - Chittorgarh-142	Document No. : HIS ID-1

### HAEMATOLOGY

Test Name	Observation	Unit	Biological Ref. interval
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#### COMPLETE BLOOD COUNT(CBC/HAEMOGRAM) (EDTA Blood)

Haemoglobin <i>by SLS method</i>	<b>11.5</b>	g/dL	12.0-15.0
Haematocrit (HCT) <i>by RBC Pulse High detection method</i>	<b>38.0</b>	%	37-46
Red Blood Cell Count (RBC) <i>by DC detection method</i>	<b>4.94</b>	million/mm <sup>3</sup>	3.8-4.8
Mean Corpuscular Volume (MCV) <i>by Calculated method</i>	<b>76.9</b>	fL	83-101
Mean Corpuscular Haemoglobin (MCH) <i>by Calculated method</i>	<b>23.3</b>	pg	27-32
Mean Corpuscular Haemoglobin Conc.(MCHC) <i>by Calculated method</i>	<b>30.3</b>	g/dL	31.5-34.5
Red Cell Distribution Width (RDWcv) <i>by Calculated method</i>	<b>15.3</b>	%	12.2-16.1
Total Leucocyte Count (TLC) <i>by Flow Cytometry method</i>	<b>11.38</b>	1000/mm <sup>3</sup>	4.0-10.0

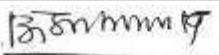
#### Differential Leucocyte Count

Segmented Neutrophils <i>by Flow Cytometry method</i>	<b>74.6</b>	%	42-72
Lymphocytes <i>by Flow Cytometry method</i>	<b>17.0</b>	%	25-45
Eosinophils <i>by Flow Cytometry method</i>	<b>1.8</b>	%	1-6
Monocytes <i>by Flow Cytometry method</i>	<b>6.4</b>	%	2-10
Basophils <i>by Flow Cytometry method</i>	<b>0.2</b>	%	0-2

#### Absolute Leucocyte Count

Neutrophils <i>by Flow Cytometry method</i>	<b>8.48</b>	1000/mm <sup>3</sup>	2.0-7.0
Lymphocytes. <i>by Flow Cytometry method</i>	<b>1.94</b>	1000/mm <sup>3</sup>	1.0-3.0
Eosinophils. <i>by Flow Cytometry method</i>	<b>0.21</b>	1000/mm <sup>3</sup>	0.05-0.50
Monocytes. <i>by Flow Cytometry method</i>	<b>0.73</b>	1000/mm <sup>3</sup>	0.2-1.0
Basophils. <i>by Flow Cytometry method</i>	<b>0.02</b>	1000/mm <sup>3</sup>	0.02-0.2
Platelet count <i>by DC detection method</i>	<b>2.69</b>	Lakhs/cumm	1.5-4.0
Mean Platelet Volume (MPV) <i>by Calculated method</i>	<b>11.0</b>	fL	7.8-11.0

**Remark:** As per the recommendation of International Council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.

  
 Dr. B. Lal Gupta  
 MD Microbiology  
 RMC.9236/11112

Vipin Upadhyay  
 Technologist



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NAME:	MRS. NISHA KUMARI	AGE:		YRS	SEX:	F
CONSULT:	SEVYAM HIIMS JP	DATE:	19 September 2023			

### U.S.G.OF ABDOMEN & PELVIS

#### LIVER :

Liver is normal in size. The echotexture of the liver is normal. Margins are regular and smooth. No sonolucent or hyperechoic mass lesion seen. Portal vein diameter less than 13 mm, its lumen is echo free. I.H.B.R. are not dilated. Hepatic veins are not dilated.

#### GALL BLADDER:

Gallbladder is normal physiologically distended. Wall is smooth, regular and of normal thickness. No calculus seen in the lumen. No Intra luminal mass seen. Murphy's sign is negative. Common bile duct not dilated. No evidence of pericholecystic collection.

#### PANCREAS:

Pancreatic substance shows normal echotexture and is normal in size. No mass lesion is seen in the pancreatic parenchyma. Pancreatic contour is normal.

#### SPLEEN:

The spleen is of normal size and position with normal echotexture. No mass lesion is seen. Splenic vein is of normal caliber.

#### KIDNEYS:

LEFT KIDNEY is SMALL in size & normal in position. Cortical thickness reduced. Pelvi calyces are severely dilated.No calculus or mass seen. Size: 64 x 33 mm

RIGHT KIDNEY is normal in size(100 X 53 mm) & position. Cortical & sinus echoes are normal. Cortical thickness is normal. Pelvi calyces are not dilated. No calculus or mass is seen.

#### URINARY BLADDER:

Urinary bladder filling is normal, no intraluminal calculus or mass seen. Bladder capacity appeared normal. Walls thickness is normal

#### UTERUS:

Uterus is normal in size. Endometrial echo complex thickness in normal limit, and is central. Myometrial echopattern is homogenous. The outline of uterus is smooth. No sonolucent mass is seen within the uterine cavity or wall. Parametrium is normal. No free fluid is seen in the cul-de-sac.

#### OVARIES:

Both ovaries are normal in size. No cystic or solid mass lesion seen.

#### FINAL IMPRESSION:

- SMALL LEFT KIDNEY WITH SEVERE HYDRONEPHROSIS
- LARGE THIN WALL SIPHON SHAPE FLUID FILLED STRUCTURE SEEN EXTENDING FROM LEFT RENAL FOSSA REGION TO LEFT SIDE PELVIS, MAX DIAMETER OF >119 MM. POSSIBLY MASSIVELY ENLARGED DILATED TORTUOUS LEFT URETER WITH UVJ OBSTRUCTION OR ? CAUSE.
- ADV CT SCAN/MRI SCAN.
- NORMAL SCAN OF LIVER, SPLEEN, GALL BLADDER, PANCREAS, RT KIDNEY, URINARY BLADDER, UTERUS & BOTH OVARIES.
- NO ABDOMINAL LYMPHADENOPATHY & ASCITES SEEN.

Dr. Prakash C. Garwal  
MD. Radiodiagnosis  
Reg. No. 016040/006501

धारण पूर्व या बाद लिंग चयन या भ्रूण के लिंग का पता लगाना दण्डनीय अपराध है। लिंग परीक्षण को शिकायत 104 व 108 पर निःशुल्क दर्ज की जा सकती है।

1. No. Ultrasonography finding is pathognomic, all finding are only suggestive, hence they should be reviewed with the relevant clinical history and relevant investigations embarking upon the final diagnosis and proceeding for management (Medical or Surgical). 2. This is a professional opinion only and not the final Diagnosis. 3. Not all gross & Congenital anomalies of fetus are apparent during scanning due to difficult and variable position attained by the fetus. Hence this report does not exclude all gross and major fetal anomalies or Chromosomal Anomalies specially dawn's Syndrome which could be visible, if scanned later or at any other time. Fetal cardiac anomalies are not id. Adv-Fetal echocardiography whenever suspicion is there. 4. Whenever suspect of congenital anomalies ask for targeted scan along with serum alpha foetoprotein tional clerical reporting of removed organs needs immediate correction and it, not feasible correlation and self correction 7. Even major abnormalities can be missed due to gaseous shadows, patient's obesity or patient's condition. The same could be visualized, at some other time, if visualization window improves. 8. This report is not valid for legal purposes. 9. Subject to Chittorgarh Jurisdiction only.

भरती महिलाएँ सोनोग्राफी के लिए अपने साथ डॉक्टर की पर्ची एवं आधार कार्ड या अन्य कोई परिचय पत्र की फोटो प्रति साथ लावें।

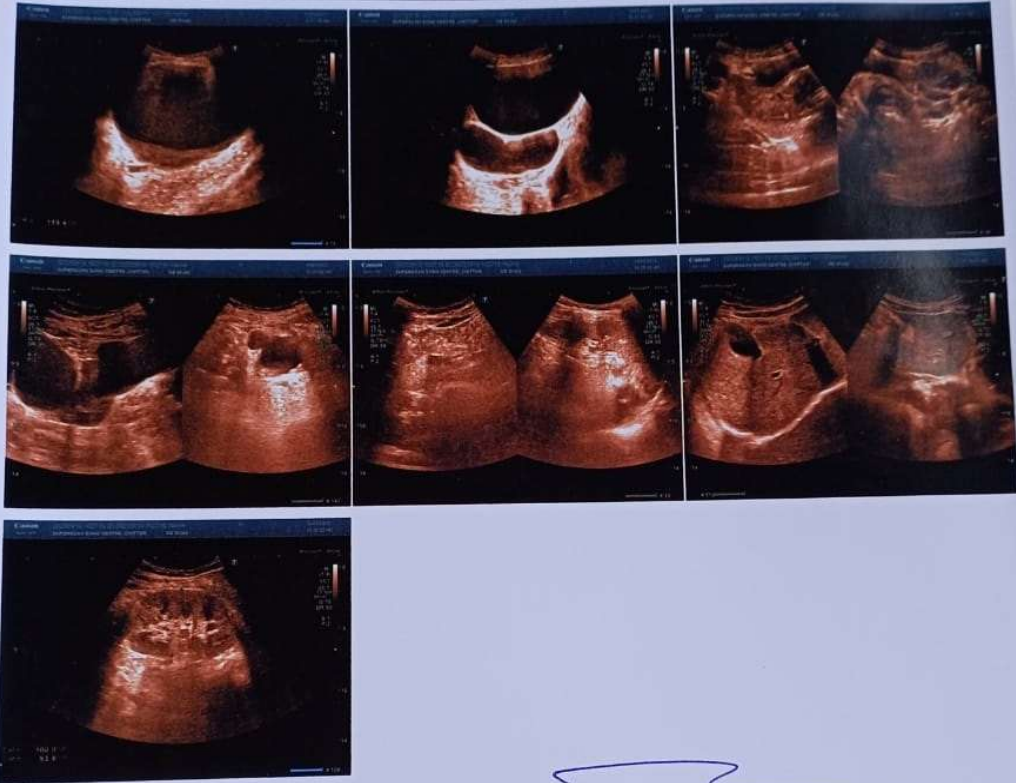


SuperScan Sono Centre



Patient ID 20230919.102719.ID GA (LMP)  
Patient Name 20230919.102719.Nafid (LMP)  
Age

Date 19/09/2023  
Operator Physician



*[Handwritten signature]*