AA 2061

यत्र योगेश्वरः कृष्णो यत्र पार्थो धनुर्धरः। तत्र श्रीर्विजयो भूतिर्ध्रुवा नीतिर्मतिर्मम:।।

पुरुषोत्तमदास सावित्रीदेवी कैन्सर केयर एण्ड रिसर्च सेन्टर

(पी. एस. सी. आर. सी. - ISO 9001:2008 सर्टिफाइड अस्पताल)

605, नीरव निकुंज, सिकन्दरा एवं गुरुद्वारा गुरु के ताल के बीच में, गुरु का ताल, आगरा - 282007

अत्याधुनिक रेडियोथेरेपी (लीनियर एक्सीलरेटर) द्वारा कैंन्सर का इलाज

डॉ. संदीप अग्रवाल (Reg. No. UP33299)

एम.एस. (गोल्ड मैडलिस्ट), डी.एन.बी., एम.एन.ए.एम.एस., एफ.सी.सी.एस. (कैलीफोर्निया)

कैंसर रोग विशेषज्ञ (सर्जन) एवं लेजर सर्जन, पूर्वतः कार्यरत टाटा मैमोरियल (कैंसर) हॉस्पीटल, मुम्बई

डॉ. पारुल अग्रवाल (Reg. No. UP38035)

एम. बी.बी.एस., एम.डी.

एनेस्थीसियोलौजिस्ट, क्रिटिकल केयर एवं पेन विशेषज्ञ

टाटा मैमोरियल अस्पताल के प्रशिक्षित डाक्टरों द्वारा सभी प्रकार के कैंसर के ऑपरेशन, कीमोथिरैपी, रेडियोथेरेपी : इमरजैन्सी, एक्सीडेन्ट (ट्रोमा) Dialysis, X-ray, Ultrasound, Mamography, CT Scan व Pathology की जाँचें एवं ICU & Ambulance सुविधा 24 घण्टे उपलब्ध।

Mr./Mrs./Miss/Master Anjali Yadav Age 33/F Date: 5/6/2023

R/o

Wt Ht

Blood Group

HbsAG HIV HCV

Bone Scan

FNAC

Biospy

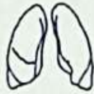
Hb TLC Platelets

DLC S.bil.

B-urea S.cr

B.Sugar

X-ray Chest

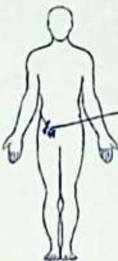


USG

USG 50x48 mm mass (R) IF + ass. caecal dila^n

GC fair

Neck NAD



Abd — lump

Locoregional

Chewing Smoking Alco

Allergies

Past History

Htn

Diab.

Prev. Sx.

- Pain (R) lower 1yr
  off & on.
- vomiting off & on
- ↑ pain - continuous Feb 2023

CT Abd - ST thickening - medial wall caecum with ICJ. Surrounding LN - ilio caecal mesentery

Evaluation for Caecal mass -

Rx

1. Cap Pan-D 1BD
2. Cap Neurobion Gold / Kinon K-6 1OD
3. Cap Nutrolin-B / Central 1OD
4. Tab Central 1BD
5. Syp Aristozyme / Zyme - 2TH BD

Colonoscopy → USG guided FNAC

मुँह में छाला/थूक-पेशाब-टट्टी में खून/स्तन में गाँठें/पीलिया/कमजोरी-भूख मर जाना -लम्बे समय तक दस्त-कब्ज/शरीर पर कहीं भी गाँठ जो तेजी से बढ़ती है/निगलने में परेशानी/आवाज में परिवर्तन आदि कैंसर के प्रारम्भिक लक्षण हो सकते हैं।

Subject to Agra Jurisdiction Only. Helpline No. 9319815530, 9359815531

SCIENTIFIC HOMEOPATHY

Dr. ANKUR PRAKASH
SCIENTIFIC HOMOEOPATHY
KIDNEY, CANCER, THYROID & SKIN CLINIC

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M.D. (Medicine-Homoeo.)
Asstt. Prof. D.E.I., Dayalbagh, Agra

Mrs. Anjali Yadav. Age. - 33/F.

Pain - Rt. lower. Abdomen : 1 yr. off & on for - Gastric. Issue

- H/o Nephrolithiasis (+). Rt Sided (+)
- CECT. 'A' - Medial. Caecal Mass. c̄ Iliocaecal. Mesenteric Nodes Susp.
- Metastatic Evaluation - (+). - ?Colonoscopy -.
- Thirst - -

Rx -
- Sepia
- Colocy.
- ISCADOR M. 910.

Adv
- Colonoscopy. c̄ Biopsy from Caecal Mass

- FNAC done.

Δ - Low grade. Carcinoma

Adv - PET - FDG. for whole Body. for Metastatic ⇒. Evaluation

⇒. Next visit yes ? T' days.
+ 19/06/2023. ? check ? 7 days

Diet: as given.

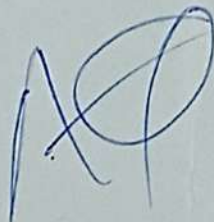
Anjali Gupta
w/o Atul Gupta , M.D.
Assistant Professor
Post Graduate Department of Pathology
S.N.Medical College , Agra

Name : Miss. Anjali Yadav
D/O Mr. K.P. Singh

Specimen : Unstained smears from an ultrasound guided F.N.A.C. of hypoechoic mass in relation to ascending colon (23-F-69).

Microscopic : Cytology is suggestive of low-grade adenocarcinoma. Kindly correlate clinicoradiologically.

One slide enclosed. 08/06/23



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GDIC CT SCAN, ULTRASOUND, COLOUR DOPPLER, DIGITAL X-RAY, OPG, ECG & PATHOLOGY

83, Mohalla Ganj, FIROZABAD-283 203

Date	**21/05/2023**	**Patient ID 262310329**
Name	**MS. ANJALI**	SP Coll.
Sex / Age	**Female / 28 Yrs**	SP Rec.
Ref by	**Dr. A CHATURVEDI**	Auth Dt 21/05/2023 10:55:30
SRF ID		Print Dt. 21/05/2023 10:55:31
Sample	UID : P26100039777	Mobile No - 9012959981

USG WHOLE ABDOMEN

LIVER :
Normal in size (span 129 mm) and shows normal echotexture. No focal lesion is seen.
Intrahepatic biliary radicals are normal. Portal vein is normal.

GALL BLADDER :
Adequately distended. Wall thickness is normal. No calculus / mass lesion is seen.
CBD is normal in caliber with clear lumen.

PANCREAS :
Normal in size and echotexture.

SPLEEN :
Normal in size (span 95 mm) and echotexture.

KIDNEYS :
Both kidneys are normal in size and echotexture. No mass lesion is seen.
Cortical thickness & corticomedullary differentiation is maintained on both sides.
No hydronephrosis is seen.
Tiny concretion seen in Left Kidney.

URINARY BLADDER :
Well distended. Wall thickness is normal. No calculus / mass lesion is seen.

UTERUS & ADNEXA :
Normal

RT. ILIAC REGION:
There is probe guided tenderness present in RIF.
There is Elongated, Non-compressible, Non-peristaltic blind ending Tubular structure measuring Approx. 10.7 mm. in thickness, in Rt. iliac fossa region with mild surrounding fluid and inflammatory changes – suggestive of Acute Appendicitis.
There is associated large cecal dilatation noted forming like a mass lesion measures approx 50x48 mm.

IMPRESSION:

- **Tiny left renal concretion.**
- **Acute Appendicitis with cecal dilatation / Mass as decribed.**

Suggested CECT Abdomen.

*** End of Report ***

Reported By. : DRGANESHCHANDRA Checked By.: DRGANESHCHANDRA Authenticate ByDRGANESHCHANDRA
Printed By.:

Dr. Virendra Shukla
MBBS, DNB
RADIODIAGNOSIS

Dr. G. C. Sharma
MBBS, MD
RADIODIAGNOSIS

www.hisyssoft

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मरीज अपनी पुरानी रिपोर्ट साथ लायें और रिपोर्ट में कोई अन्तर होने पर डॉक्टर को जरूर बतायें, कोई भी बात छिपायें नहीं।

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83, Mohalla Ganj, FIROZABAD-283 203

NAME	MISS ANJALI	STUDY	02-06-202313:42:10
AGE/GENDER	32Y / F	UHID	04.2
ACC NO	GAF.4353063	MOD	CT
REFERER	DR.A.CHATURVEDI	REPORT	02-06-2023 15:07:37

CT- ABDOMEN AND PELVIS WITH IV CONTRAST

FINDINGS:

LIVER: Normal.
SPLEEN: Normal.
PORTAL VENOUS SYSTEM: Normal.
IVC, HEPATIC VEINS: Normal.
AORTA, COELIAC AXIS: Normal.
SMA and SMV: Normal.
BILIARY SYSTEM and GALL BLADDER: Normal.
PANCREAS: Normal.
ADRENALS: Normal.
KIDNEYS: Sow lobulated outlines; otherwise normal.
PELVI-CALYCEAL SYSTEMS: Normal.
VISUALIZED URETERS: Normal.
BLADDER: Normal.
VISUALIZED BOWEL:
Infiltrative appearing homogeneously enhancing soft tissue thickening of medial wall of cecum adjacent ascending colon noted involving the IC junction. Length of the involved segment is 7.2 cm with maximum mural thickening of 2.3 cm. Pericolonic fat appears infiltrated. There is resultant luminal narrowing without any proximal small bowel dilatation.
Appendix is dilated measuring 10 mm secondary to the involvement of the caecal base. Minimal periappendiceal fat stranding noted.
NODES: **Suspicious heterogeneously enhancing nodes noted in ileocecal mesentery extending cranially up to the root of mesentery measuring up to 10 mm.**
PERITONEUM, OMENTUM, MESENTERY: **Thickening of parietal peritoneum adjacent to the growth.**

Dr. Virendra Shukla
MBBS, DNB
RADIODIAGNOSIS

Dr. G. C. Sharma
MBBS, MD
RADIODIAGNOSIS

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AGE/GENDER	32Y / F	UHID	04.2
ACC NO	GAF.4353063	MOD	CT
REFERER	DR.A.CHATURVEDI	REPORT	02-06-2023 15:07:37

FLUID: Nil
UTERUS: Normal.
OVARIES: Normal.
VISUALIZED BONES and JOINTS: Normal.
VISUALIZED LUNGS: **Mosaic attenuation with Fibrocalcified lesions in left superior segment of lower lobe.**
ABDOMINAL WALL: Normal.

IMPRESSION:

CT- ABDOMEN AND PELVIS WITH IV CONTRAST

- **Infiltrative appearing homogeneously enhancing soft tissue thickening of medial wall of cecum adjacent ascending colon noted involving the IC junction. Length of the involved segment is 7.2 cm with maximum mural thickening of 2.3 cm. Pericolonic fat appears infiltrated. There is resultant luminal narrowing without any proximal small bowel dilatation.**

- **Appendix is dilated measuring 10 mm secondary to the involvement of the caecal base. Minimal periappendiceal fat stranding noted.**

- **Suspicious heterogeneously enhancing nodes noted in ileocecal mesentery extending cranially up to the root of mesentery measuring up to 10 mm.**

--------findings are concerning for ileocecal malignancy. Suggested- HPE correlation.

Dr.Ramandeep Singh Sandhu, MBBS MD
Consultant Radiologist, PMC Reg no 44532

Dr. Virendra Shukla
MBBS, DNB
RADIODIAGNOSIS

Dr. G. C. Sharma
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B.H.M.S. (Pune, Gold Medalist)
CCH, CGO, CSD
M.D. (Medicine-Homoeo.)
Asstt. Prof. D.E.I., Dayalbagh, Agra

TO WHOM SO EVER IS MAY CONCERN

This is to certify that Miss Anjali yadav. Age - 32yrs. D/o Sri K.P Singh yadav. is a K/c/o. Adenocarcinoma CAECUM. c̄ Surrounding Adjoining Mets. suggestive of advanced. Carcinomatosis she is presently Under my ISCADOR (IMMUNOTHERAPY) treatment c̄ oral chemotherapy. Regimen (Tab. Capecitabine 500mg TDS) So she demands AMBULATORY Care. c̄ Proper Timely follow up visits So Advisable that Mrs Madhuri yadav must be with her.

With Best Ongoing treatment Wishes.

[signature]

Clinic (1) : U.G. No. 5, Mohan Plaza, Sector - 9, Avas Vikas Colony, Sikandra, AGRA — Timings : 12:30 P.M. to 9:00 P.M.
Clinic (2) : Jain Homoeo Store, Shahzadi Mandi, Sadar Bazar, AGRA — Timings : 10:30 P.M. to 12:30 P.M.
For Appointment Call : 9997846143 E-mail : drankurpsharma@rediffmail.com Website : www.drankurprakash.com

Not Valid For Medicolegal Purposes.

5/06/2023

Dr. Ankur Prakash
B.H.M.S. (Pune, Gold Medalist)
CCH, CGO, CSD
M.D. (Medicine-Homoeo.)
Asstt. Prof. D.E.I., Dayalbagh, Agra

Anjali yadav   Age - 32/♀.

℞
- Iscador inj 0.01mg
- Acid Nit 30 ..
- Haem φ
- Ger
- Turminice plus.   x 28 days.

Adv to continue symptomatic Mgmt- of Allopathic Medicine

[signature]

Timings : 11 A.M. to 7 P.M. Sunday : 11 A.M. to 5 P.M.
Address : Clinic : U.G. No. 5, Mohan Plaza, Sector - 9,
Avas Vikas Colony, Sikandra, AGRA
For Appointment Call : 9997846143
E-mail : drankurpsharma@rediffmail.com Website : www.drankurprakash.com

14/07/2023

Dr. Ankur Prakash

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M.D. (Medicine-Homoeo.)
Asstt. Prof. D.E.I., Dayalbagh, Agra

Dr. ANKUR PRAKASH
SCIENTIFIC HOMOEOPATHY
KIDNEY, CANCER, THYROID & SKIN CLINIC

Anjali yadav Age - 32/F.

Rx. Iscador ..g 0.02 mg. –
15-15-15

Iscador ..g 0.04 mg
(20-20-20).

. Acid Nit 3x.

. Merc cor 30. × 42 days

geranium Mel- φ

. Turminica plus

[signature]

Timings : 11 A.M. to 7 P.M. Sunday : 11 A.M. to 5 P.M.

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1/10/2023

Dr. ANKUR PRAKASH
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KIDNEY, CANCER, THYROID & SKIN CLINIC

Dr. Ankur Prakash

B.H.M.S. (Pune, Gold Medalist)
CCH, CGO, CSD
M.D. (Medicine-Homoeo.)
Asstt. Prof. D.E.I., Dayalbagh, Agra

Anjali yadav Age - 32/f

Rx . Iscador Qu 9 0.11mg.

Iscador . Qu 9 0.12mg.
(Pine).

Acid Nit 30 ×42 days

Merc Cor 6.

Turmeric plus

Dr. Ankur Prakash
B.H.M.S. (Pune,Gold Medalist)
CCH. CGO, CSD, CCM, DPCC(Srilanka)
M.D.(Homoeopathy Medicine)
R.No.-29458/H.M.B.

Timings : 11 A.M. to 7 P.M. Sunday : 11 A.M. to 5 P.M.

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Avas Vikas Colony, Sikandra, AGRA
For Appointment Call : 9997846143
E-mail : drankurpsharma@rediffmail.com Website : www.drankurprakash.com

NAME	ANJALI YADAV	STUDY	19-08-2023 13:31:17
AGE/GENDER	32Y / F	UHID	26238834
ACC NO	GAF.4456609	MOD	CT
REFERER	DR ANKUR PRAKASH	REPORT	19-08-2023 15:37:06

VISUALIZED LUNGS: **Mosaic attenuation with Fibrocalcified lesions in left superior segment of lower lobe.**
ABDOMINAL WALL: Normal.

IMPRESSION:

CT- ABDOMEN AND PELVIS WITH IV CONTRAST
K/c/o Adenocarcinoma of cecum, proximal ascending colon. Present scan shows:

- **Asymmetric, short segment, irregular, heterogeneously enhancing soft tissue thickening of cecum and adjacent ascending colon is noted, involving the IC junction, base of appendix and terminal ileum – in keeping with malignant etiology.**
- **Suspicious heterogeneously enhancing mesenteric nodes in RIF, portacaval, para-aortic and aortocaval lymph nodes.**
- **Nodular omental thickening in RIF and pelvis– New finding.**

In comparison to prior scan dated 02.06.2023, no significant interval change in the size of the lesion. However, there is new finding of nodular omental thickening in RIF and pelvis, which was not seen in prior scan.

G. Kamesh

Dr.Kamesh G MD, DNB.
Consultant KMC Reg NO 113649.

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GDIC

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83, Mohalla Ganj, FIROZABAD-283 203

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AGE/GENDER	32Y / F	UHID	26238834
ACC NO	GAF.4456609	MOD	CT
REFERER	DR ANKUR PRAKASH	REPORT	19-08-2023 15:37:06

CT- ABDOMEN AND PELVIS WITH IV CONTRAST

FINDINGS:

LIVER: Normal. No focal lesions.
SPLEEN: Normal.
PORTAL VENOUS SYSTEM: Normal.
IVC, HEPATIC VEINS: Normal.
AORTA, COELIAC AXIS: Normal.
SMA and SMV: Normal.
BILIARY SYSTEM and GALL BLADDER: Normal.
PANCREAS: Normal.
ADRENALS: Normal.
KIDNEYS: Sow lobulated outlines; otherwise normal.
PELVI-CALYCEAL SYSTEMS: Normal.
VISUALIZED URETERS: Normal.
BLADDER: Normal.

VISUALIZED BOWEL:

Asymmetric, short segment, irregular, heterogeneouslyenhancing soft tissue thickening of cecum and adjacent ascending colon is noted, involving the IC junction, base of appendix and terminal ileum. Length of the involved segment is 7.8 cm with maximum mural thickening of 2.6 cm. Pericolonic fat stranding is noted.There is resultant luminal narrowing without any proximal small bowel dilatation.

Submucosal fatty infiltration of Distal ascending colon is seen - sequelae to prior colitis.

NODES: **Suspicious heterogeneously enhancing mesenteric nodes are seen in RIF, portacaval, para-aortic andaortocaval lymph nodes are seen, largest measuring1.2 cm in short axis diameter in mesenteric group.**

PERITONEUM, OMENTUM, MESENTERY: **Nodular omental thickening is seen in RIF and pelvis. Thickening of parietal peritoneum adjacent to the growth.**
FLUID: **Mild fluid is seen in RIF and pelvis.**
UTERUS: Normal.
OVARIES: Normal.
VISUALIZED BONES and JOINTS: Normal.

Dr. Virendra Shukla
MBBS, DNB
RADIODIAGNOSIS

Dr. G. C. Sharma
MBBS, MD
RADIODIAGNOSIS

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Name : **MS. ANJALI**

Age/Gender	: 33 years / Female	Ref. Doctor	: SELF		
Sample Type	: SERUM	Collected	: 26/11/2023, 07:41 AM	**MEDID**	: **13594**
Sample ID	: AA9063524	Received	: 26/11/2023, 06:15 PM		
Client Name	: 1UPLKO226	Reported	: 29/11/2023, 05:21 PM		

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
Carcino Embryonic Antigen (CEA)			
Carcino Embryonic Antigen-CEA * (Method: CLIA)	**> 1000**	ug/L	Non-smokers : 0 - 2.5 Smokers :0 - 4.9

Interpretation:

Increased Levels are seen in malignant Conditions like Colorectal Cancers ,Gastrointestinal carcinoma ,Carcinoma of lung, breast, liver, pancreas,
prostate, stomach and ovary and can also be seen in benign Conditions like Hepatic diseases,Infections, inflammatory bowel disease ,Trauma, collagen vascular disease, renal
disorders, pancreatitis,Cirrhosis of the liver and peptic ulcer,Hypothyroidism,Chemotheraphy and radiation.

END OF REPORT

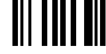
Dr. Aruna Chhikara
(M.D. Pathology)

This is an electronically authenticated report. Report Printed Date: 29/11/2023, 05:29 PM

NOTE: Assay results should be correlated clinically with other clinical findings and the total clinical status of the patient.

Name : **MS. ANJALI**

Age/Gender	: 33 years / Female	Ref. Doctor	: SELF		
Sample Type	: SERUM	Collected	: Nov 26, 2023, 07:41 a.m.	**MEDID**	: **13594**
Sample ID	: AA9063524	Received	: Nov 26, 2023, 09:11 a.m.		
Client Name	: 1UPLKO226	Reported	: Nov 26, 2023, 04:43 p.m.		



SPECIALITY - BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
CA19.9 - Pancreatic Cancer Marker			
CA19.9 (Method: CLIA)	**706.1**	U/mL	<35

Interpretation:

- Potentially useful adjunct for diagnosis and monitoring of pancreatic cancer.
- May be used for differentiating patients with cholangiocarcinoma and primary sclerosing cholangitis (PSC) from those with PSC alone
- Serial monitoring of carbohydrate antigen 19-9 (CA 19-9) should begin prior to therapy to verify post-therapy decreases in CA 19-9 and to establish a baseline for evaluating possible recurrence. Single values of CA 19-9 are less informative.
- Elevated values may be caused by a variety of malignant and nonmalignant conditions including cholangiocarcinoma, pancreatic cancer, and/or colon cancer.
- Do not interpret serum CA 19-9 levels as absolute evidence of the presence or the absence of malignant disease. Use serum CA 19-9 in conjunction with information from the clinical evaluation of the patient and other diagnostic procedures.

Cautions

Twelve hours before this blood test, do not take multivitamins or dietary supplements containing biotin or vitamin B7 that are commonly found in hair, skin and nail supplements and multivitamins.

END OF REPORT

Dr SHOBHA KHANDURI
MD PATHOLOGY

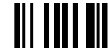
This is an electronically authenticated report. Report Printed Date: Nov 29, 2023, 05:29 p.m.

NOTE: Assay results should be correlated clinically with other clinical findings and the total clinical status of the patient.

Name : **MS. ANJALI**

Age/Gender	: 33 years / Female	Ref. Doctor	: SELF
Sample Type	: SERUM	Collected	: Nov 26, 2023, 07:41 a.m.
Sample ID	: AA9063524	Received	: Nov 26, 2023, 09:11 a.m.
Client Name	: 1UPLKO226	Reported	: Nov 26, 2023, 11:30 a.m.

MEDID : **13594**



CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Liver Function Profile			
Bilirubin Total (Method: Diazo Method)	0.5	mg/dL	0 - 1.0
Bilirubin Direct (Method: Diazo method)	0.2	mg/dL	0 - 0.3
Bilirubin Indirect (Method: Calculated)	0.3	mg/dL	0 - 1.0
Alkaline Phosphatase (ALP) (Method: PNPP, AMP Buffer)	97	U/L	50 - 136
Alanine Transaminase (ALT/SGPT) (Method: UV without pyridoxal -5- phosphate)	14	U/L	Upto 33
Aspartate Aminotransferase(AST/SGOT) (Method: IFCC Without Pyridoxal Phosphate)	21	U/L	Upto 32
Y- Glutamyl Transferase (GGT) (Method: glutamyl-carboxynitroanilide)	23	U/L	5 - 36
Protein Total (Method: Biuret)	7.6	g/dL	6.4 - 8.3
Albumin (Method: Bromcresol Green)	4.5	g/dL	3.5 - 5.4
Globulin (Method: Calculated)	3.10	g/dl	2.5 - 3.5
Albumin/Globulin (Method: Calculated)	1.45	Ratio	1.0 - 2.1

END OF REPORT

Dr SHOBHA KHANDURI
MD PATHOLOGY

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Name : **MS. ANJALI**

Age/Gender	: 33 years / Female	Ref. Doctor	: SELF		
Sample Type	: WB EDTA	Collected	: Nov 26, 2023, 07:41 a.m.	**MEDID**	: **13594**
Sample ID	: AA9063525	Received	: Nov 26, 2023, 09:18 a.m.		
Client Name	: 1UPLKO226	Reported	: Nov 26, 2023, 10:02 a.m.		

HAEMATOLOGY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Complete Blood Count			
Hemoglobin (Hb) (Method: Photometry)	**7.1**	g/dL	13.0 - 17.0
Erythrocyte Count (RBC Count) (Method: Electronic Impedance)	**2.57**	mil/µL	3.8 - 4.8
PCV (Hematocrit) (Method: Calculated)	**25.3**	%	36 - 46
Platelet Count (Method: Electronic Impedance)	3.69	lakh/Cumm	1.5 - 4.0
Red Cell Indices **(Method: Calculated/Automated 5 Part Cell Counter)**	-		
MCV	98.5	fl	83 - 101
MCH	27.7	pg	27 - 32
MCHC	**28.1**	g/dL	31.5 - 34.5
RDW - CV	**25.5**	%	11.5 - 14.5
Total and Differential Count **(Method: Impedance and light scattering/Microscopy)**	-		
WBC Count	5600	cells/Cumm	4000 - 11000
Neutrophils	80	%	40 - 80
Lymphocytes	**15**	%	20 - 40
Eosinophils	02	%	1 - 6
Monocytes	03	%	2 - 10
Basophils	00	%	0 - 1

END OF REPORT

Dr SHOBHA KHANDURI
MD PATHOLOGY

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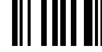
Name : **MS. ANJALI**

Age/Gender : 33 years / Female
Ref. Doctor : SELF
Sample Type : SERUM
Collected : Nov 26, 2023, 07:41 a.m.
MEDID : **13594**
Sample ID : AA9063524
Received : Nov 26, 2023, 09:11 a.m.
Client Name : 1UPLKO226
Reported : Nov 26, 2023, 11:28 a.m.



CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	REFERENCE RANGES
Urea			
Blood Urea (Method: Urease)	20	mg/dL	16.6 - 48.5

Interpretation:

Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis) and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors).

END OF REPORT

Dr SHOBHA KHANDURI
MD PATHOLOGY

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MEDCIS LABORATORY TEST REPORT

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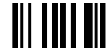
Name : **MS. ANJALI**

Age/Gender : 33 years / Female	Ref. Doctor : SELF		
Sample Type: SERUM	Collected : Nov 26, 2023, 07:41 a.m.	**MEDID**	: **13594**
Sample ID : AA9063524	Received : Nov 26, 2023, 09:11 a.m.		
Client Name : 1UPLKO226	Reported : Nov 26, 2023, 11:38 a.m.		

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Creatinine - Serum			
Creatinine *(Method: Jaffe-Kinetic)*	**1.1**	mg/dL	0.50 - 0.90

Interpretation:

- Serum creatinine and urinary creatinine excretion is a function of lean body mass in normal persons. Serum creatinine and 24 hours urine creatinine excretion can be used to estimate the glomerular filtration ratio.
- Serum creatinine is increased in acute or chronic renal failure urinary tract obstruction shock, dehydration and rhabdomyolysis.
- Causes of low serum creatinine concentration include debilitation and decreased muscle mass.

END OF REPORT

Dr SHOBHA KHANDURI
MD PATHOLOGY

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