

**DEPARTMENT OF HISTOPATHOLOGY AND CYTOLOGY**

Patient Name Mr. Ravinderpal Singh

UHID	703009	Lab No/Manual No.est	629981/
Age/Gender	29 Yrs/Male	Sampling Date	15/10/2019 1:03PM
Bed No/Ward	SURGICAL RECOVERY( SECOND FLOOR)	Receiving Date	15/10/2019 1:39PM
Referred By	Dr. SANDEEP SINGH SIDHU	Report Date	21/10/2019 9:30AM
		Report Status	Final

**HISTOPATHOLOGY**

**SMALL SPECIMEN BIOPSY**

Small Specimen Biopsy

Dept No: S-1511/19

**Specimen I: Omental tissue**

**Specimen II: Peritoneal tissue**

**Specimen III: Mesenteric biopsy**

**CLINICAL HISTORY:** Pain abdomen

**Gross I:** Received in formalin, one fibrofatty tissue piece measuring 1.5 x 1.5 x 1.0 cm. All blocked in A.

**Gross II:** Received in formalin, single grey brown soft tissue piece measuring 1.0 cm. All blocked in B.

**Gross III:** Received in formalin, four grey white tissue piece measuring 1.0 cm, smallest measuring 0.5 cm. All blocked in C.

**MICROSCOPY:** Section studied from all three tissue biopsies shows fibrofatty tissue with moderate chronic inflammatory cell infiltrate comprising of lymphocytes, plasma cells and eosinophils with fibroblastic proliferative. Focal mesothelial hyperplasia is seen. No definite granuloma seen. No evidence of malignancy seen.

Z-N stain for AFB: is negative

**IMPRESSION:** Omentum, peritoneal and mesenteric biopsy - inflammation, chronic

\*\*End Of Report\*\*

  
 Dr. Nidhi Devi A10989  
 MD Pathology

Dr. Bhupinder Kaur MP10911  
 M.B.B.S., MD (Pathology)

Senior Resident

SENIOR CONSULTANT

\* Laboratory investigations only help in arriving at a diagnosis. The results have to be correlated with the clinical findings.

\* Results pertain to the specimen received.

Printed at :21/10/2019 15:30

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\* Test results may show interlaboratory variations.

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**DEPARTMENT OF LABORATORY MEDICINE**

Patient Name Mr. Ravinderpal Singh

UHID	703009	Lab No/Manual No.est	630008/
Age/Gender	29 Yrs/Male	Sample Date	15/10/2019 1:13PM
Bed No/Ward	SURGICAL RECOVERY( SECOND FLOOR)	Receiving Date	15/10/2019 1:43PM
Referred By	Dr. SANDEEP SINGH SIDHU	Report Date	15/10/2019 3:02PM
		Report Status	Final

**MICROBIOLOGY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**AFB STAIN (Z N) / SMEAR EXAM.-BODY FLUID**

Sample Peritoneal fluid

AFB Stain (Z N) / Smear Exam.-Body Fluid

No Acid Fast Bacilli seen.

\*\*End Of Report\*\*

Dr. Seema Singhal 13014  
 MBBS and MD- Microbiology

*Jaspreet*  
 Dr. Jaspreet Kaur A10925  
 M.B.B.S., MD (Microbiology)

Senior Consultant

ASSOCIATE CONSULTANT

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### DEPARTMENT OF LABORATORY SERVICES

Patient Name Mr. Ravinderpal Singh

		Lab No/Manual No.est	630017/
UHID	703009	Sample Date	15/10/2019 1:20PM
Age/Gender	29 Yrs/Male	Receiving Date	15/10/2019 1:45PM
Bed No/Ward	SURGICAL RECOVERY( SECOND FLOOR)	Report Date	15/10/2019 3:17PM
Referred By	Dr. SANDEEP SINGH SIDHU	Report Status	Final

### BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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#### ASCITIC FLUID FOR BIOCHEM. ANALYSIS-FLUID

Glucose-Fluid	104	mg/dl
Protein-Fluid	4.8	gm/dl
Albumin-Fluid	2.6	gm/dl

\*\*End Of Report\*\*

SAAG : 1.6



Dr. Anand Kumar 12820  
 MD Biochemistry

Consultant

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### DEPARTMENT OF LABORTORY SERVICES

Patient Name Mr. Ravinderpal Singh

UHID 703009

Age/Gender 29 Yrs/Male

Bed No/Ward SURGICAL RECOVERY( SECOND FLOOR)

Referred By Dr. SANDEEP SINGH SIDHU

Lab No/Manual No.est 630022/

Sample Date 15/10/2019 1:24PM

Receiving Date 15/10/2019 1:41PM

Report Date 16/10/2019 10:16AM

Report Status Final

### CYTOPATHOLOGY

#### NON GYNÄE CYTOLOGY/ OTHER CELL COUNT

Non Gynae cytology/ Other Cell Count

Dept No; F-309/19

#### Peritoneal fluid; cytology:

**Specimen Description:** - Received 20 ml yellow pleural fluid.

- 3 giemsa and 1 H & E and prepared from centrifuged deposits.

**Microscopy:** Smears from centrifuged deposits of ascitic fluid are cellular and show mesothelial cells and inflammatory cells predominantly lymphocytes and few polymorphs. No definite malignant cells are seen.

**Impression:** Ascitic fluid - Negative for malignant cells

\*\*End Of Report\*\*

Dr. Nidhi Devi A10989  
 MD Pathology

  
 Dr. Bhupinder Kaur MP10911  
 M.B.B.S., MD(Pathology)

Senior Resident

SENIOR CONSULTANT

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## **DEPARTMENT OF LABORATORY MEDICINE**

Patient Name	Mr. Ravinderpal Singh	Lab No/Manual No.est	630005/
UHID	703009	Sample Date	15/10/2019 1:11PM
Age/Gender	29 Yrs/Male	Receiving Date	15/10/2019 1:43PM
Bed No/Ward	SURGICAL RECOVERY( SECOND FLOOR)	Report Date	15/10/2019 3:02PM
Referred By	Dr. SANDEEP SINGH SIDHU	Report Status	Final

MICROBIOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
-----------	--------	------	--------------------------	--------

**GRAM`S STAIN - BODY FLUID**

### Sample Peritoneal fluid

## Gram's Stain - Body Fluid

No microorganisms seen.

\*\*End Of Report\*\*

Dr. Seema Singhal 13014  
MBBS and MD- Microbiology

Dr. Jaspreet Kaur A10925  
M.B.B.S., MD(Microbiology)

## **Senior Consultant**

**ASSOCIATE CONSULTANT**

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**DEPARTMENT OF GASTROENTEROLOGY**
**DISCHARGE SUMMARY**

Name	: Mr. Ravinderpal Singh	UHID	: 703009
Age/Gender	: 29 Yrs/Male	IP No.	: 19/10628
Consultant	: Dr. SANDEEP SINGH SIDHU	DOD	: 15/10/2019
DOA	: 14/10/2019 09:44 AM	Secondary Doctor :	
Address	: RAMDASS NAGAR #757 RAIKOT, RAIKOT, PUNJAB, INDIA, 141109		
BED No.	: 7012		

Allergies – Not Known

**DIAGNOSIS:**

- Pain abdomen -? Abdominal TB

**CHIEF COMPLAINTS:**

Patient presented with complaints of pain abdomen.

**OPERATION/PROCEDURE DONE:**

- Diagnostic laparoscopy + omental biopsy + peritoneal biopsy + mesenteric biopsy was done on 15/10/2019 by Dr. H.R.S Girn.

**GENERAL EXAMINATION:**

Icterus: (-), Pallor: (-), Cyanosis: (-), Clubbing: (-), Oedema feet: (-), Oral cavity: (N), Lymphnodes: (-)

Temp: 98.4degree F, PR: 80/min, BP: 120/80mm of Hg

**SYSTEMIC EXAMINATION:**

CVS	: S1 S2 normal
R/S	: B/L air entry equal
Abdomen	: Soft, non tender, no organomegaly
CNS	: Conscious, oriented

**HOSPITAL COURSE:-** Patient presented with above mentioned complaints. Patient was evaluated clinically and investigated thoroughly. Dr. H.R.S Girn (Liver & Pancreas Institute) consult was sought and Diagnostic laparoscopy + omental biopsy + peritoneal biopsy + mesenteric biopsy was done on 15/10/2019. Following surgery patient made uneventful recovery and gradually built up. Patient is now apyrexial, opening bowels regularly and tolerating soft diet. Post operatively, patient was managed with antibiotics (Monocef, Rifagut), analgesics, antacids and other supportive treatment. Patient's condition has improved and is now being discharged with advice to follow up with biopsy report.

**ADVICE ON DISCHARGE:**

Tab. Cefuroxime (Pulmocef) 500mg Orally 2 times a day x 7 days

Tab. Pantoprazole (Pan) 40mg Orally Once a day (empty stomach)

Tab. Paracetamol (Dolo) 650mg Orally 3 times a day

**SPS HOSPITALS**

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CIN: U70101DL999PLC099892

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Name : Mr. Ravinderpal Singh UHID : 703009

SPECIFIC INSTRUCTIONS:

- Daily dressing.

In case of Emergency (abdominal pain, vomiting), please call (Phone: +91-161-6617111, 6617444) or your doctor immediately.

Diet: As per diet chart provided by dietician.

Physical activity: As advised.

FOLLOW UP:

After 3 days with Dr. Sandeep Singh Sidhu in his Clinic.

After 7 days in Fifth Floor OPD Room No.508 with Dr. Hardev Ramandeep Singh Girm/ in Fifth Floor OPD Room No.525 with Dr. C.S Grewal.

(Mob No.9780633411, 7696530000).

(OPD Days: Thursday / Friday).

Dr. Hardev Ramandeep Singh Girm  
Head SPS Liver & Pancreas Institute  
MBBS,MRCS,MD,FRCS,CCT(UK)

For TnT<sup>Consultant</sup>  
Dr. SANDEEP SINGH SIDHU  
Consultant  
Gastroenterology : Medical

**Dr. Parvinder S. Sandhu**

M.B.B.S, M.D (Radiodiagnosis)

Consultant Radiologist

Formerly at:

Apollo Hospital, Ludhiana

DMC, Ludhiana

PMC Reg. No. 38191



**Medivision  
DIAGNOSTIC CENTRE**

Name	Ravinderpal Singh	Age/ Sex	29yrs/M
Ref By.	Dr. Megh Singh	Date	11/09/19

### ULTRASOUND UPPER ABDOMEN & PELVIS

#### Liver:-

Liver is normal in size, outline and echotexture. No SOL seen. Intra hepatic biliary radicals are not dilated. Portal vein and CBD are normal.

#### Gall bladder:-

It is seen in partially distended state.

#### Pancreas:-

Only head & body seen and is normal in size, shape & echotexture. Rest obscured by gas shadowing.

#### Spleen:-

Spleen is normal in size & outline. No SOL seen. Parenchymal echotexture is normal. Splenic vein is normal.

#### Kidneys:-

Both kidneys are normal in size, outline and echotexture. Corticomedullary differentiation is maintained. No backpressure changes or echogenic focus is seen.

#### Uri. Bladder:-

It is seen in partially distended state.

-Moderate free fluid is seen in the peritoneal cavity.

-No upper retroperitoneal lymphadenopathy is seen.

#### IMPRESSION:

Ascitis

-To be correlated clinically

  
**Dr. Parvinder S. Sandhu**  
 M.D. (Radiodiagnosis)

**Dr. J. Edmund Moses**

D.M. Neuroradiology (AIIMS)  
M.D. Radiology (PGI Chandigarh)  
PMC Reg. No. 40278, (M) 88725-50616  
Senior Consultant Radiologist



**Dr. Navjeet Kaur**

M.D. Radiology  
PMC Reg. No. 44546  
Consultant Radiologist

NAME - Mr. RAVINDER PAL SINGH	AGE/SEX - 29/M
REFF BY - Dr. A.P SINGH	DATED - 13.09.19
UHID - R-1920-05047	

#### **COMPUTED TOMOGRAPHY OF THE WHOLE ABDOMEN**

*CT of the whole abdomen was performed from the level of domes of diaphragm to the pubic symphysis. The study was acquired using oral & non-ionic I/V contrast. No adverse reaction was noted during or after the examination.*

#### **Findings:**

Liver appears normal in size, outline and attenuation. No focal lesion is identified. I.H.B.R are not dilated. Hepatic veins, portal vein & its branches are normal.

Gall bladder is normal in outline. No wall thickening noted. C.B.D is normal in diameter.

Pancreas appears normal in bulk and attenuation. Main pancreatic duct is not dilated.

Spleen appears normal in size and attenuation.

Both the kidneys are normal in shape, size and attenuation. There is no evidence of focal lesion seen in the renal parenchyma. No hydronephrosis seen on either side.  
Bilateral adrenal glands are unremarkable.

The opacified small & large bowel loops are unremarkable with no obstruction. Appendix is normal.

No significant retroperitoneal lymphadenopathy noted.

The abdominal aorta & I.V.C are normal in outline with no aneurysmal dilatation or significant branch vessel stenosis.

Urinary bladder appears normal in outline & wall thickness.

Prostate & bilateral seminal vesicles are normal.

*Mild to moderate free fluid is noted in peritoneal cavity with omental and mesenteric fat stranding, peritoneal thickening and enhancement. Few prominent lymph nodes are seen in right iliac fossa.*

The visualized bones & included lung bases appear unremarkable.

#### **Impression:**

- Mild to moderate free fluid in abdomen with fat stranding, peritoneal thickening and enhancement ? infective (tubercular) ? nature.*

**Advice- Diagnostic ascitic tap.**

  
**Dr. NAVJEEET KAUR**

**Dr. J.Edmund Moses**  
D.M. Neuroradiology (AIIMS)  
M.D. Radiology (PGI Chandigarh)  
PMC Reg. No. 40278, (M) 88725-50616  
Senior Consultant Radiologist



**Dr. Navjeet Kaur**  
M.D. Radiology  
PMC Reg. No. 44546  
Consultant Radiologist

<b>NAME</b> - Mr. RAVINDER PAL SINGH	<b>AGE/SEX</b> - 28/M
<b>UHID</b> - R-1920-05678	<b>DATED</b> - 12.10.19

### ULTRASOUND OF THE WHOLE ABDOMEN

*Liver is mildly enlarged (15.56 cm), normal in outline and echotexture. Intrahepatic biliary radicles are not dilated. No focal lesion is visualized within the hepatic parenchyma. Hepatic veins, main portal vein & its branches are normal in outline.*

**Gall bladder** is moderately distended and does not show any calculus within the lumen.  
**No wall thickening noted.**  
**C.B.D** is within normal limits.

**Pancreas** visualized part is unremarkable.

**Spleen** is normal in size, outline and echotexture.

**Both kidneys** are normal in size, outline and echotexture. No evidence of hydronephrosis / calculus seen on either side. Corticomedullary differentiation is well maintained.

**Urinary bladder** is partially filled, grossly unremarkable.

**Prostate** is normal in size, outline and echotexture. Prostatic capsule is intact. No mass lesion seen.

*Mild amount of free fluid with fine floating echoes is seen in peritoneal cavity with peritoneal thickening mainly in rectovesical pouch (~10 mm).*

#### Impression: -

- **Mild hepatomegaly.**
- **Mild free intra-peritoneal fluid with mild peritoneal thickening as described which appear increased compared to CT abdomen dated 13.09.2019. In view of the interval change, CT guided biopsy from peritoneal thickening is advised to rule out more sinister/neoplastic etiology.**

**Please correlate clinically.**

**Dr. NAVJEET KAUR**

# Dr Lal PathLabs

Lab. 12-C, Sarabha Nagar, Ludhiana-141001-Punjab, Tel: 0161-3988-505, 2455337/38  
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 Tel: +91-11-30244101, 3988-5050, Fax: +91-11-2788-2134, E-mail: lplpathlab@lalpathlabs.com  
 Web: www.lplpathlab.com, CIN No.: U74599DL1995PLC045398



S10 - LPL-LUDHIANA  
 12-C, SARABHA NAGAR, LUDHIANA-141001,  
 PU NJAB  
 LUDHIANA

Name : Mr. RAVINDERPAL SINGH	Collected : 12/10/2019 10:04:00AM
Lab No. : 269509174	Received : 12/10/2019 10:06:20AM
Age: 29 Years	Gender: Male
A/c Status : P	Reported : 12/10/2019 1:19:53PM
Ref By : Dr. MEGH SINGH	Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
C-REACTIVE PROTEIN; CRP, SERUM (Immunoturbidimetry)	50.40	mg/L	<5.00

## Comments

CRP is an acute phase reactant which is used in inflammatory disorders for monitoring course and effect of therapy. It is most useful as an indicator of activity in Rheumatoid arthritis, Rheumatic fever, tissue injury or necrosis and infections. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.

Daaman

Ruchi Gupta

Tejinder

Dr Daaman Sharma  
 MD, Microbiology  
 Consultant Microbiologist  
 Dr Lal PathLabs Ltd

Dr Ruchi Gupta  
 MD, Pathology  
 Consultant Pathologist  
 Dr Lal PathLabs Ltd

Dr Tejinder pal kaur  
 MD, Pathology  
 Chief of Laboratory  
 Dr Lal PathLabs Ltd

-----End of report-----

## IMPORTANT INSTRUCTIONS

\*Test results released pertain to the specimen submitted.\*All test results are dependent on the quality of the sample received by the Laboratory.  
 \*Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.\*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.\*Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.\*Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.\*Test results may show interlaboratory variations.\*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).\*Test results are not valid for medico legal purposes. \*Contact (#) Sample drawn from outside source.

S10 - LPL-LUDHIANA  
 12-C, SARABHA NAGAR, LUDHIANA-141001,  
 PU NJAB  
 LUDHIANA



Name : Mr. RAVINDERPAL SINGH	Collected : 12/10/2019 2:51:00PM
Lab No. : 275022986      Age: 29 Years	Received : 12/10/2019 2:57:35PM
A/c Status : P	Reported : 12/10/2019 5:39:23PM
Ref By : Dr.SANDEEP S SIDHU	Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, RANDOM (R), PLASMA (Hexokinase)	112.20	mg/dL	70.00 - 140.00
CREATININE, SERUM (Compensated Jaffe's reaction, IDMS traceable)	0.85	mg/dL	0.67 - 1.17
UREA, SERUM (Urease UV)	30.24	mg/dL	17.00 - 43.00
HEPATITIS B SURFACE ANTIGEN (HBsAg), RAPID SCREENING TEST, SERUM (ICT)	Non-Reactive		

#### Interpretation

RESULT	REMARKS
Reactive	Indicates presence of Hepatitis B Surface Antigen.
Non-Reactive	Indicates absence of Hepatitis B Surface Antigen.

\* All reactive results should be subjected for confirmatory test which can be requested as Test Code S116.

#### Note

1. This is a screening test and the result should be interpreted in conjunction with clinical findings and other diagnostic tests.
2. This assay is used for qualitative detection of Hepatitis B Surface Antigen (HBsAg) in serum samples and cannot differentiate between the stages of Hepatitis B viral infection. Detection of HBsAg may be observed in Hepatitis B viral infection for transient period of time after HBV vaccination.
3. The Hepatitis B Surface Antigen Rapid Test cannot detect less than 1 ng/mL of HBsAg in specimens. Sensitivity and Specificity of this HBsAg test by Immunochromatography is 99.8% and 99.2% respectively.
4. False negative reaction may be due to processing of sample collected early in the course of disease or presence of mutant forms of HBsAg.
5. For monitoring HBsAg levels, Quantitative HBsAg assay is recommended.
6. Test conducted on serum.

#### Comment

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infections of the liver with variable clinical features. Hepatitis B is transmitted by blood and body fluids, sexually and from mother to fetus. In



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12-C, SARABHA NAGAR, LUDHIANA-141001,  
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LUDHIANA



Name : Mr. RAVINDERPAL SINGH	Collected : 12/10/2019 2:51:00PM		
Lab No. : 275022986	Age: 29 Years	Gender: Male	Received : 12/10/2019 2:57:35PM
A/c Status : P	Ref By : Dr.SANDEEP S SIDHU	Report Status : Final	

Test Name	Results	Units	Bio. Ref. Interval
most cases HBV hepatitis is self limiting, but 1-2% adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. HBsAg is the first serological marker after infection with HBV appearing 1-10 weeks after exposure and 2-8 weeks before the onset of clinical symptoms. HBsAg persists during the acute phase and disappears 12-20 weeks after onset of symptoms late in the convalescence period. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.			

## Uses

- Routine screening of blood and blood products to prevent transmission of Hepatitis B virus (HBV) to recipients
  - To diagnose suspected HBV infection and monitor the status of infected individuals
  - For Prenatal Screening of pregnant women

**HEPATITIS C VIRUS (HCV), RAPID SCREENING** Non-Reactive  
**TEST, SERUM**  
**(ICT)**

### Note

1. Reactive results suggest Asymptomatic / Infective state / Carrier state
  2. Result may be Non reactive if an individual has not seroconverted at the time of testing

# Dr Lal PathLabs

Lab: 12-C, Sarabha Nagar, Ludhiana-141001-Punjab. Tel: 0161-3908-505, 2455337/38  
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 Web: www.lalpathlabs.com, CN No.: L74999DL1995PLC065380

S10 - LPL-LUDHIANA  
 12-C, SARABHA NAGAR, LUDHIANA-141001,  
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 LUDHIANA



Name : Mr. RAVINDERPAL SINGH Collected : 12/10/2019 2:51:00PM  
 Lab No. : 275022986 Age: 29 Years Received : 12/10/2019 2:57:35PM  
 Gender: Male Reported : 12/10/2019 5:39:23PM  
 A/c Status : P Ref By : Dr.SANDEEP S SIDHU Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
<b>COMPLETE BLOOD COUNT;CBC</b> (Electrical Impedance,Flow cytometry & SLS)			
Hemoglobin	11.90	g/dL	13.00 - 17.00
Packed Cell Volume (PCV)	35.80	%	40.00 - 50.00
RBC Count	4.11	mill/mm <sup>3</sup>	4.50 - 5.50
MCV	87.10	fL	80.00 - 100.00
MCH	29.00	pg	27.00 - 32.00
MCHC	33.20	g/dL	32.00 - 35.00
Red Cell Distribution Width (RDW)	12.70	%	11.50 - 14.50
Total Leukocyte Count (TLC)	9.93	thou/mm <sup>3</sup>	4.00 - 10.00
<b>Differential Leucocyte Count (DLC)</b>			
Segmented Neutrophils	70.90	%	40.00 - 80.00
Lymphocytes	22.40	%	20.00 - 40.00
Monocytes	3.40	%	2.00 - 10.00
Eosinophils	3.10	%	1.00 - 6.00
Basophils	0.20	%	<2.00
<b>Absolute Leucocyte Count</b>			
Neutrophils	7.04	thou/mm <sup>3</sup>	2.00 - 7.00
Lymphocytes	2.22	thou/mm <sup>3</sup>	1.00 - 3.00
Monocytes	0.34	thou/mm <sup>3</sup>	0.20 - 1.00
Eosinophils	0.31	thou/mm <sup>3</sup>	0.02 - 0.50
Basophils	0.02	thou/mm <sup>3</sup>	0.01 - 0.10
Platelet Count	277.0	thou/mm <sup>3</sup>	150.00 - 450.00

\* Not in NABL scope

# Dr Lal PathLabs

830 - CPL 4 UHRIENIA  
17-A, SARABHA NADAR, LUDHIANA-141001,  
PUNJAB  
LUDHIANA



Name	Mr. RAVINDERPAL SINGH	Collected	12/10/2019 2:51:00PM
Lab No.	275022986	Received	12/10/2019 2:57:35PM
Age:	29 Years	Gender:	Male
Ref By	Dr.SANDEEP S SIDHU	Reported	12/10/2019 6:39:23PM
A/c Status	P	Report Status	Final

Test Name	Results	Units	Bio. Ref. Interval
Mean Platelet Volume (MPV)	11.70	fL	6.50 - 12.00

#### Note

- 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
- Test conducted on EDTA whole blood

# Dr Lal PathLabs

Lab: 12 C, Sarabha Nagar, Ludhiana-141001-Punjab, Tel: 0161-3985-505, 2455337/38  
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 Web: www.lalpathlabs.com, CIN No: U74899DLI1995PLC065388

S10 - LPL-LUDHIANA  
 12-C, SARABHA NAGAR, LUDHIANA-141001,  
 PU NJAB  
 LUDHIANA



Name : Mr. RAVINDERPAL SINGH	Collected : 12/10/2019 2:51:00PM
Lab No. : 275022986	Received : 12/10/2019 2:57:35PM
Age: 29 Years	Reported : 12/10/2019 5:39:23PM
Gender: Male	
A/c Status : P	Report Status : Final
Ref By : Dr.SANDEEP S SIDHU	

Test Name	Results	Units	Bio. Ref. Interval
<b>ELECTROLYTES, SERUM (Indirect ISE)</b>			
Sodium	140.00	mEq/L	136.00 - 146.00
Potassium	4.34	mEq/L	3.50 - 5.10
Chloride	101.10	mEq/L	101.00 - 109.00



S10 - LPL-LUDHIANA  
 12-C, SARABHA NAGAR, LUDHIANA-141001,  
 PU NJAB  
 LUDHIANA

Name : Mr. RAVINDERPAL SINGH	Collected : 12/10/2019 2:51:00PM
Lab No. : 275022986 Age: 29 Years	Received : 12/10/2019 2:57:35PM
Gender: Male	Reported : 12/10/2019 5:39:23PM
A/c Status : P	Report Status : Final
Ref By : Dr.SANDEEP S SIDHU	

Test Name	Results	Units	Bio. Ref. Interval
HIV 1 & 2 ANTIBODIES SCREENING TEST, SERUM *			
Final Result : Negative			

#### HIV 1/2 BY FLOW THROUGH IMMUNOFILTRATION

Result:	HIV 1	Negative
	HIV 2	Negative

#### Interpretation

Negative result implies that antibodies to HIV 1 & 2 have not been detected in the sample. This means the patient has either not been exposed to HIV 1 & 2 infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Negative result does not exclude the possibility of exposure or infection with HIV 1 & 2.

#### Recommendations

1. Results to be clinically correlated.
2. Rarely false negativity/positivity may occur.
3. Post test counseling available between 9.00 am to 5:00 pm at LPL laboratories

Daaman

Dr Daaman Sharma  
 MD, Microbiology  
 Consultant Microbiologist  
 Dr Lal PathLabs Ltd

Ruchi Gupta

Dr Ruchi Gupta  
 MD, Pathology  
 Consultant Pathologist  
 Dr Lal PathLabs Ltd

Tejinder

Dr Tejinder pal kaur  
 MD, Pathology  
 Chief of Laboratory  
 Dr Lal PathLabs Ltd

-----End of report-----





S10 - LPL-LUDHIANA  
12-C, SARABHA NAGAR, LUDHIANA-141001,  
PU NJAB  
LUDHIANA

Name : Mr. RAVINDERPAL SINGH Collected : 12/10/2019 2:51:00PM  
Lab No. : 275022986 Age: 29 Years Received : 12/10/2019 2:57:35PM  
Gender: Male Reported : 12/10/2019 5:39:23PM  
A/c Status : P Ref By : Dr.SANDEEP S SIDHU Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
<u>IMPORTANT INSTRUCTIONS</u>			
*Test results released pertain to the specimen submitted.*All test results are dependent on the quality of the sample received by the Laboratory. *Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.*Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.*Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.*Test results may show interlaboratory variations.*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).*Test results are not valid for medico legal purposes. *Contact customer care Tel No. +91-11-39885050 for all queries related to test results. (#) Sample drawn from outside source.			



Name	Mr. RAVINDER PAL SINGH	Collected	5/10/2019 10:19:00AM
Lab No.	150709298	Received	5/10/2019 10:35:55AM
A/c Status	P	Gender:	Male
		Reported	11/10/2019 4:41:38PM
		Report Status	Final

Test Name	Results	Units	Bio. Ref. Interval
<b>LIVER PANEL 1; LFT,SERUM (Spectrophotometry)</b>			
AST (SGOT)	39	U/L	<50
ALT (SGPT)	42	U/L	<50
AST:ALT Ratio	0.94		<1.00
GGTP	34	U/L	<55
Alkaline Phosphatase (ALP)	132	U/L	30 - 120
Bilirubin Total	0.44	mg/dL	0.30 - 1.20
Bilirubin Direct	0.09	mg/dL	<0.20
Bilirubin Indirect	0.35	mg/dL	<1.10
Total Protein	7.10	g/dL	6.40 - 8.30
Albumin	4.21	g/dL	3.50 - 5.20
A : G Ratio	1.46		0.90 - 2.00

#### Note

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.



Page 1 of 7

S10 - LPL-LUDHIANA  
 12-C, SARABHA NAGAR, LUDHIANA-141001,  
 PU NJAB  
 LUDHIANA



Name	Mr. RAVINDER PAL SINGH	Collected	5/10/2019 10:19:00AM
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	Ref By : Dr. SANDEEP.S.SIDHU.	Report Status	Final

Test Name	Results	Units	Bio. Ref. Interval
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.			
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.			
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.			



S10 - LPL-LUDHIANA  
 12-C, SARABHA NAGAR, LUDHIANA-141001,  
 PU NJAB  
 LUDHIANA



Name	Mr. RAVINDER PAL SINGH	Collected	5/10/2019 10:19:00AM
Lab No.	150709298	Received	5/10/2019 10:35:55AM
A/c Status	P	Reported	11/10/2019 4:41:38PM

Ref By : Dr. SANDEEP.S.SIDHU, Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
ADENOSINE DEAMINASE(ADA) @ (Spectrophotometry)			
Type of Specimen	ASCITIC FLUID		
ADA	10.40	U/L	

#### Interpretation

TYPE OF SPECIMEN	REFERENCE RANGE IN U/L
Serum / Plasma	<15
Pleural / Pericardial/ Ascitic Fluid	<24
Cerebrospinal Fluid	<5

#### Comments

Adenosine deaminase (ADA) enzyme is seen in high concentrations in T lymphocytes and is significantly increased in tubercular infections. At a level of 50 U/L, the assay is highly sensitive, specific with both positive and negative predictive values for Tuberculosis. However in patients with lymphocyte rich infusions from non-tubercular causes, ADA levels < 40 U/L are seen in approximately 97% cases.

**Increased Serum Levels** - Viral hepatitis, Infectious mononucleosis, Typhoid fever, Cirrhosis of liver and certain malignant tumors, Tuberculosis

**Increased Fluid Levels** - Tuberculosis, Bacterial infections, Lymphoproliferative disorders and Rheumatologic diseases

**Decreased Levels** - Type II Diabetes mellitus & Biliary tract diseases

LDH (LACTATE DEHYDROGENASE), FLUID @  
(IFCC)

Type of Fluid ASCITIC

\* Not in NABL scope



Page 3 of 7

S10 - LPL-LUDHIANA  
 12-C, SARABHA NAGAR, LUDHIANA-141001,  
 PU NJAB  
 LUDHIANA



Name	Mr. RAVINDER PAL SINGH	Collected	5/10/2019 10:19:00AM
Lab No.	150709298	Received	5/10/2019 10:35:55AM
A/c Status	P	Gender:	Male
		Reported	11/10/2019 4:41:38PM
		Report Status	Final

Test Name	Results	Units	Bio. Ref. Interval
LDH	274.00	U/L	Not Established

**Note:** Reference range for LDH is not established for body fluids. Physician to correlate clinically.

**MANTOUX TEST (TUBERCULIN SKIN TEST) \***  
 (Intradermal skin test)

Tuberculin Dose	After 0.1 ml of 1 T.U. PPD.
Induration in mm	Ni <sup>†</sup>
Result	Negative after 48 hours

**Interpretation**

Induration measuring 10 mm or more is considered positive which shows hypersensitivity to tuberculin protein. It indicates past or present infection with Mycobacterium tuberculosis.

\* Not in NABL scope



S10 - LPL-LUDHIANA  
 12-C, SARABHA NAGAR, LUDHIANA-141001,  
 PU NJAB  
 LUDHIANA



Name	Mr. RAVINDER PAL SINGH	Collected	5/10/2019 10:19:00AM
Lab No.	150709298	Received	5/10/2019 10:35:55AM
A/c Status	P	Gender:	Male
		Reported	11/10/2019 4:41:38PM
		Report Status	Final
Ref By :	Dr. SANDEEP.S.SIDHU.		

Test Name	Results	Units	Bio. Ref. Interval
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**CULTURE AEROBIC BODY FLUIDS, RAPID @**  
 (Rapid Automated Aerobic culture, Identification & Sensitivity)  
 Type of Specimen : ASCITIC FLUID.

First interim report

No Aerobic pyogenic organism grown after 24 hrs incubation at 37°C.

Second interim report

No Aerobic pyogenic organism grown after 48 hrs incubation at 37°C.

Please note: Final report will be released on : 11/10/2019

Final report

No Aerobic pyogenic organism grown after 5 days incubation at 37°C.



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S10 - LPL-LUDHIANA  
12-C, SARABHA NAGAR, LUDHIANA-141001,  
PU NJAB  
LUDHIANA

Lab: 12-C, Sarabha Nagar, Ludhiana 141001-Punjab, Tel: 0161-3988-505, 2455337/38  
Regd. Office/National Reference Lab: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rorini, New Delhi - 110085  
Tel: +91-11-30244-100, 3988-5050, Fax: +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com  
Web: www.lalpathlabs.com, CIN No.: L74899DL1995PLC065308



Name	Mr. RAVINDER PAL SINGH	Collected	5/10/2019 10:19:00AM
Lab No.	150709298	Received	5/10/2019 10:35:55AM
A/c Status	P	Reported	11/10/2019 4:41:38PM
	Ref By : Dr. SANDEEP.S.SIDHU.	Report Status	Final

Test Name	Results	Units	Bio. Ref. Interval
<b>FLUID EXAMINATION, ROUTINE, BODY FLUIDS</b> (Biochemical Analysis & Microscopy of Giemsa stained smear)			
Type of Specimen *			
Type of Specimen *	Ascitic Fluid		
Physical Examination			
Volume	50.00	ml	
Colour	Reddish		
Turbidity	(+)		
Coagulum	(+)		
Blood	(+)		
Deposit	(+)		
Chemical Examination			
Glucose	79.10	mg/dL	
Total Protein	5.40	g/dL	
Cytological Examination			
Cell count	Total WBCs Count : - 3150/cumm. Many RBCs noted +		
Neutrophils	33.00	%	
Lymphocytes	67.00	%	
Mesothelial Cells	+		
Many reactive +			

\* Not in NABL scope



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S10 - LPL-LUDHIANA  
 12-C, SARABHA NAGAR, LUDHIANA-141001,  
 PU NJAB  
 LUDHIANA



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	Ref By : Dr. SANDEEP.S.SIDHU.	Reported	11/10/2019 4:41:38PM
		Report Status	Final

Test Name	Results	Units	Bio. Ref. Interval
seen in the Background.			

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 Consultant Microbiologist  
 Dr Lal PathLabs Ltd

Tejinder

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 Chief of Laboratory  
 Dr Lal PathLabs Ltd

Gaurav Arora

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 Chief of Laboratory  
 Dr Lal PathLabs Ltd

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 NRL - Dr Lal PathLabs Ltd

Nimmi Kansal

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 National Head - Clinical Chemistry & Biochemical Genetics  
 NRL - Dr Lal PathLabs Ltd

Ruchi Gupta

Dr Ruchi Gupta  
 MD, Pathology  
 Consultant Pathologist  
 Dr Lal PathLabs Ltd

Shalabh Malik

Dr Shalabh Malik  
 MD, Microbiology  
 National Head - Microbiology & Serology  
 NRL - Dr Lal PathLabs Ltd

-----End of report-----

#### IMPORTANT INSTRUCTIONS

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\* Not in NABL scope



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 12-C, SARABHA NAGAR, LUDHIANA-141001,  
 PU NJAB  
 LUDHIANA



Name : Mr. RAVINDER PAL SINGH Collected : 5/10/2019 10:19:00AM  
 Lab No. : 150709298 Age: 29 Years Received : 5/10/2019 10:35:55AM  
 Gender: Male Reported : 7/10/2019 10:49:02AM  
 A/c Status : P Ref By : Dr. SANDEEP.S.SIDHU. Report Status Interim

Test Name	Results	Units	Bio. Ref. Interval
<b>LIVER PANEL 1; LFT,SERUM (Spectrophotometry)</b>			
AST (SGOT)	39	U/L	<50
ALT (SGPT)	42	U/L	<50
AST:ALT Ratio	0.94		<1.00
GGTP	34	U/L	<55
Alkaline Phosphatase (ALP)	132	U/L	30 - 120
Bilirubin Total	0.44	mg/dL	0.30 - 1.20
Bilirubin Direct	0.09	mg/dL	<0.20
Bilirubin Indirect	0.35	mg/dL	<1.10
Total Protein	7.10	g/dL	6.40 - 8.30
Albumin	4.21	g/dL	3.50 - 5.20
A : G Ratio	1.46		0.90 - 2.00

#### Note

- In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.



S10 - LPL-LUDHIANA

12-C, SARABHA NAGAR, LUDHIANA-141001,  
PU NJAB  
LUDHIANA



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	Age: 29 Years	Reported	: 7/10/2019 10:49:02AM
A/c Status	P	Ref By	: Dr. SANDEEP.S.SIDHU.
		Report Status	: Interim

Test Name	Results	Units	Bio. Ref. Interval
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2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.



Page 2 of 5

S10 - LPL-LUDHIANA  
 12-C, SARABHA NAGAR, LUDHIANA-141001,  
 PU NJAB  
 LUDHIANA



Name	Mr. RAVINDER PAL SINGH	Collected	5/10/2019 10:19:00AM
Lab No.	150709298	Received	5/10/2019 10:35:55AM
A/c Status	P	Reported	7/10/2019 10:49:04AM
	Ref By : Dr. SANDEEP.S.SIDHU.	Report Status	Interim

Test Name	Results	Units	Bio. Ref. Interval
ADENOSINE DEAMINASE(ADA) @ (Spectrophotometry)			
Type of Specimen	ASCITIC FLUID		
ADA	10.40	U/L	

#### Interpretation

TYPE OF SPECIMEN	REFERENCE RANGE IN U/L
Serum / Plasma'	<15
Pleural / Pericardial/ Ascitic Fluid	<24
Cerebrospinal Fluid	<5

#### Comments

Adenosine deaminase (ADA) enzyme is seen in high concentrations in T lymphocytes and is significantly increased in tubercular infections. At a level of 50 U/L, the assay is highly sensitive, specific with both positive and negative predictive values for Tuberculosis. However in patients with lymphocyte rich infusions from non-tubercular causes, ADA levels < 40 U/L are seen in approximately 97% cases.

**Increased Serum Levels** - Viral hepatitis, Infectious mononucleosis, Typhoid fever, Cirrhosis of liver and certain malignant tumors, Tuberculosis

**Increased Fluid Levels** - Tuberculosis, Bacterial infections, Lymphoproliferative disorders and Rheumatologic diseases

**Decreased Levels** - Type II Diabetes mellitus & Biliary tract diseases

LDH (LACTATE DEHYDROGENASE), FLUID @  
(IFCC)

Type of Fluid ASCITIC

\* Not in NABL scope



S10 - LPL-LUDHIANA  
 12-C, SARABHA NAGAR, LUDHIANA-141001,  
 PU NJAB  
 LUDHIANA



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Test Name	Results	Units	Bio. Ref. Interval
LDH	274.00	U/L	Not Established

**Note:** Reference range for LDH is not established for body fluids. Physician to correlate clinically.

**MANTOUX TEST (TUBERCULIN SKIN TEST) \***  
 (Intradermal skin test)

Tuberculin Dose	After 0.1 ml of 1 T.U. PPD.
Induration in mm	Nil
Result	Negative after 48 hours

**Interpretation**

Induration measuring 10 mm or more is considered positive which shows hypersensitivity to tuberculoprotein. It indicates past or present infection with Mycobacterium tuberculosis.

*Daaman*

Dr Daaman Sharma  
MD, Microbiology  
Consultant Microbiologist  
Dr Lal PathLabs Ltd

*Tejinder*

Dr Tejinder pal kaur  
MD, Pathology  
Chief of Laboratory  
Dr Lal PathLabs Ltd

*Gaurav Arora*

Dr Gaurav Arora  
MD, Pathology  
Chief of Laboratory  
Dr Lal PathLabs Ltd

*Himangshu*

Dr Himangshu Mazumdar  
MD, Biochemistry  
Senior Consultant - Clinical Chemistry  
& Biochemical Genetics  
NRL - Dr Lal PathLabs Ltd

*Nimmi Kansal*

Dr Nimmi Kansal  
MD, Biochemistry  
National Head - Clinical Chemistry &  
Biochemical Genetics  
NRL - Dr Lal PathLabs Ltd

*Ruchi Gupta*

Dr Ruchi Gupta  
MD, Pathology  
Consultant Pathologist  
Dr Lal PathLabs Ltd

**Result/s to follow:**

CULTURE AEROBIC BODY FLUIDS, RAPID, FLUID EXAMINATION, ROUTINE, BODY FLUIDS

\* Not in NABL scope



S10 - LPL-LUDHIANA  
 12-C, SARABHA NAGAR, LUDHIANA-141001,  
 PU NJAB  
 LUDHIANA



Name	Mr. RAVINDER PAL SINGH	Collected	: 5/10/2019 10:19:00AM
Lab No.	150709298	Received	: 5/10/2019 10:35:55AM
A/c Status	P	Gender:	Male
		Reported	: 7/10/2019 10:49:04AM
		Ref By :	Dr. SANDEEP.S.SIDHU.
		Report Status	: Interim

Test Name	Results	Units	Bio. Ref. Interval
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 (#) Sample drawn from outside source.

\* Not in NABL scope



Page 5 of 5

**Dr. J.Edmund Moses**  
D.M. Neuroradiology (AIIMS)  
M.D. Radiology (PGI Chandigarh)  
PMC Reg. No. 40278, (M) 88725-50616  
Senior Consultant Radiologist



**Dr. Navjeet Kaur**  
M.D. Radiology  
PMC Reg. No. 44546  
Consultant Radiologist

NAME - Mr. RAVINDER PAL SINGH	AGE/SEX - 28/M
UHID - R-1920-05678	DATED - 05.10.19

**ULTRASOUND GUIDED DIAGNOSTIC ASCITIC TAP**

Under USG guidance and under all aseptic precautions, 60 cc of straw colored fluid aspirated from abdominal cavity. No immediate procedure related complication is seen.

  
**Dr. NAVJEET KAUR**

# GASTROENTEROLOGY DEPARTMENT

GASTROINTESTINAL  
HEPATOBILIARY  
PANCREATIC  
ENDOSCOPY  
COLONOSCOPY  
ERCP

NAME : RAVINDER PAL SINGH  
REF BY: Dr. NJS MALHI  
LOCAL: XYLOCAINE SPRAY 15%/VISCOUS/JELLY 2%

PATIENT ID: 703009

DONE BY Dr.NS Malhi/JS Dhingra

AGE: 29 SEX: MALE

DATE: 8/7/2019

MEDICATION: PROPOFOL

## ENDOSCOPY REPORT

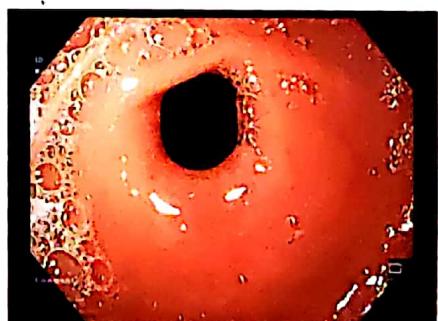
**Cricopharynx :** Shows normal mucosa.



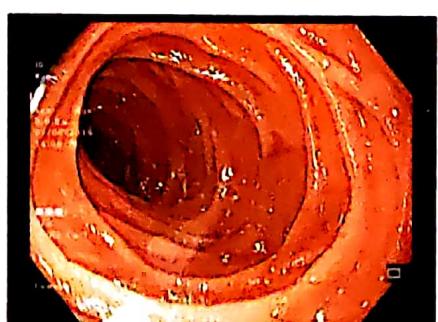
**Esophagus :** Shows normal mucosa. Lumen is normal.  
Z-line is at 40 cm. No hiatus hernia seen.  
There is no evidence of varices / ulceration / nodularity or growth.



**Stomach:** Fundus: shows normal mucosa.  
Body: shows normal mucosa.  
Antrum: shows normal mucosa.  
Pylorus: shows normal mucosa.



**Duodenum:** D-1: shows normal mucosa. Lumen is normal  
D-2: shows normal fold pattern.



**Impression:** NORMAL STUDY

**Biopsy/Procedure:** No

*JS Dhingra*

Dr. NJS MALHI (DM Gastro)

Dr. Jasmeet S. Dhingra (DM Gastro)