

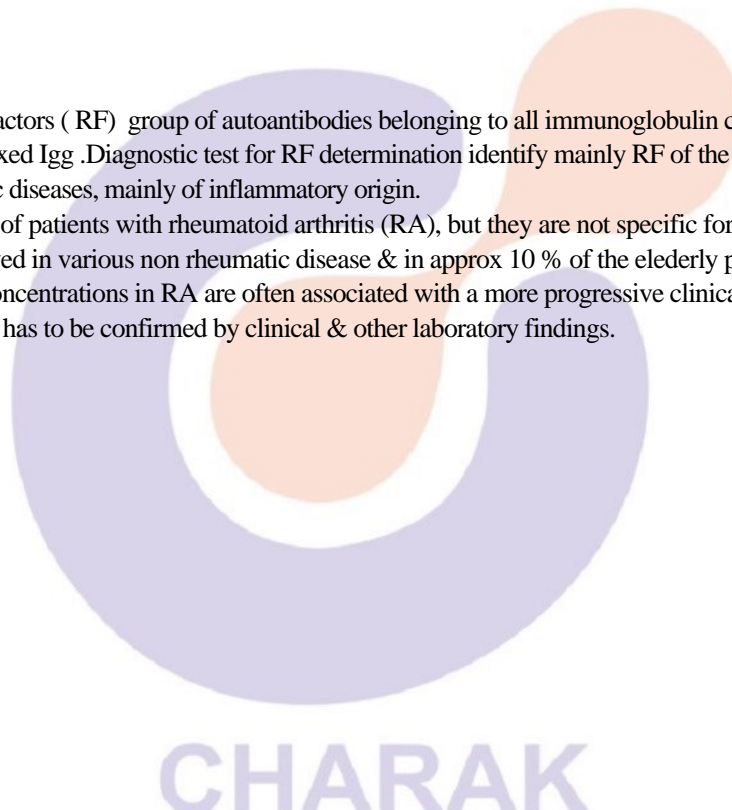
Patient Name : Ms.SANJANA	Visit No : CHA250033748
Age/Gender : 34 Y/F	Registration ON : 25/Feb/2025 10:01AM
Lab No : 10131044	Sample Collected ON : 25/Feb/2025 10:05AM
Referred By : Dr.VISHAL SINGH NEGI	Sample Received ON : 25/Feb/2025 10:27AM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 25/Feb/2025 12:09PM
Doctor Advice : KIDNEY FUNCTION TEST - I,CALCIUM,URIC ACID,RF FACTOR,T3T4TSH,LFT,USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
RF FACTOR				
RHEUMATOID FACTOR	7.17	IU/ml	0 - 14	

SUMMARY : Rheumatoid factors (RF) group of autoantibodies belonging to all immunoglobulin classes directed against the FC fragment of altered or complexed Igg .Diagnostic test for RF determination identify mainly RF of the IgM class which are detectable in several rheumatic diseases, mainly of inflammatory origin.

RF occur in approx 70 -80 % of patients with rheumatoid arthritis (RA), but they are not specific for RA as elevated concentrations are also observed in various non rheumatic disease & in approx 10 % of the elderly population without clinical symptoms of RA. High RF concentrations in RA are often associated with a more progressive clinical course of the disease .However,a positive RF value has to be confirmed by clinical & other laboratory findings.



CHARAK

[Checked By]

Print.Date/Time: 25-02-2025 14:50:26

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

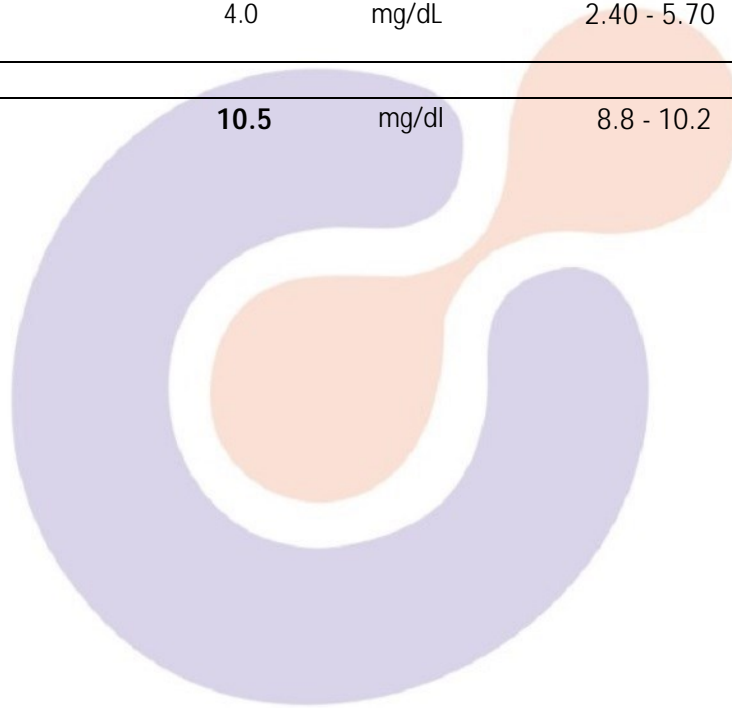
DR. SHADAB
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Dr. Aditi D Agarwal
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Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 25/Feb/2025 11:33AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	4.0	mg/dL	2.40 - 5.70	Uricase,Colorimetric
SERUM CALCIUM				
CALCIUM	10.5	mg/dl	8.8 - 10.2	dapta / arsenazo III



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Print.Date/Time: 25-02-2025 14:50:29

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Referred By : Dr. VISHAL SINGH NEGI Sample Received ON : 25/Feb/2025 10:27AM
Refer Lab/Hosp : CGHS (DEBIT) Report Generated ON : 25/Feb/2025 02:18PM
Doctor Advice : KIDNEY FUNCTION TEST - I, CALCIUM, URIC ACID, RF FACTOR, T3T4TSH, LFT, USG WHOLE ABDOMEN



Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.59	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.14	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.45	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	115.90	U/L	30 - 120	PNPP, AMP Buffer
SGPT	44.0	U/L	5 - 40	UV without P5P
SGOT	28.0	U/L	5 - 40	UV without P5P

KIDNEY FUNCTION TEST - I

Sample Type : SERUM

BLOOD UREA	18.20	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	138.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.1	MEq/L	3.5 - 5.5	ISE Direct

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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.12	nmol/L	1.49-2.96	ECLIA
T4	155.41	n mol/l	63 - 177	ECLIA
TSH	2.98	uIU/ml	0.47 - 4.52	ECLIA

Note

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- (2) Patients having low T3 & T4 levels but high TSH levels suffer from grave's disease, toxic adenoma or sub-acute thyroiditis.
- (3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- (4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- (5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.
- (6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- (7) There are many drugs for eg. Glucocorticoids, dopamine, Lithium, iodides, oral radiographic dyes, etc. Which may affect the thyroid function tests.
- (8) Generally when total T3 & T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with

(1 Beckman Dxi-600 2. ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411)

*** End Of Report ***

CHARAK



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Refer Lab/Hosp : CGHS (DEBIT) Report Generated ON : 25/Feb/2025 11:57AM

ULTRASOUND STUDY OF WHOLE ABDOMEN

Excessive gaseous abdomen

- **Liver** is mildly enlarged in size, and shows homogenously increased echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is normal in size with anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen .
- **Both kidneys** are normal in size and position. No hydronephrosis is seen. No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 130 x 44 mm in size. Left kidney measures 97 x 39 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is normal in size, measures 82x 29 x 33 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 5.8mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- Both ovaries show tiny multiple (>10) cystic areas measuring approx. 4-5mm. Right ovary measuring 29 x 21 x 21mm with volume of 6.99 cc. Left ovary measures 26 x 21 x 26mm with volume of 7.7cc.
- No adnexal mass lesion is seen.

OPINION:

**MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.
BILATERAL POLYCYSTIC OVARIAN PATTERNADV: HORMONAL CORRELATION .**

(Possibility of acid peptic disease could not be ruled out).

[DR. R.K SINGH , MD]

transcribed by: anup

*** End Of Report ***

