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

Patient Name : Ms.SHAMEENA FATIMA

Age/Gender : 28 Y/F

Lab No : 10131726
Referred By : Dr. KALYAN MULLICK

Refer Lab/Hosp : CHARAK NA

Doctor Advice : USG WHOLE ABDOMEN,LFT,TSH,HB

Visit No : CHA250034430

Registration ON : 26/Feb/2025 08:01AM

Sample Collected ON : 26/Feb/2025 08:03AM

Sample Received ON : 26/Feb/2025 08:35AM

Report Generated ON : 26/Feb/2025 10:07AM



Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN				
Hb	12.5	g/dl	12 - 15	Non Cyanide

Comment:

PR

Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.49	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.17	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.32	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	149.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	21.1	U/L	5 - 40	UV without P5P
SGOT	27.1	U/L	5 - 40	UV without P5P
TSH		N. O.		
TSH	4.50	ulU/ml	0.47 - 4.52	ECLIA

Note

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile mysedema 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 cacabolic state and may revert tonormal when the patient recovers.
- (7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.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-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

*** End Of Report ***





Mhang SHABMA

DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST

Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

Page 1 of 1

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Referred By : Dr.KALYAN MULLICK Sample Received ON :

Refer Lab/Hosp : CHARAK NA Report Generated ON : 26/Feb/2025 09:55AM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- <u>Liver</u> is mildly enlarged in size, and shows homogenous echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- <u>Gall bladder</u> is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- ullet <u>CBD</u> is normal at porta. No obstructive lesion is seen.
- Portal vein is normal at porta.
- <u>Pancreas</u> is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- <u>Spleen</u> is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- <u>Both kidneys</u> are normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 83 x 36 mm in size. Left kidney measures 98 x 38 mm in size.
- <u>Ureters</u> Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> is partially distended with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- <u>Uterus</u> is normal in size, measures 79 x 43 x 48 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 11.9 mm. No endometrial collection is seen. No mass lesion is seen.
- Cervix is normal.
- Both ovaries are normal in size and echotexture.
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.

OPINION:

• MILD HEPATOMEGALY .

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

[DR. R. K. SINGH, MD]

TRANSCRIBED BY: ANUP



*** End Of Report ***