

Patient Name : Mrs.MANU KUMARI
Age/Gender : 45 Y 6 M 16 D/F
Lab No : 10131866
Referred By : Dr.PUSHPLATA YADAV
Refer Lab/Hosp : CGHS (DEBIT)
Doctor Advice : CREATININE,IVP,MRI C SPINE

Visit No : CHA250034570
Registration ON : 26/Feb/2025 10:17AM
Sample Collected ON : 26/Feb/2025 10:21AM
Sample Received ON : 26/Feb/2025 10:51AM
Report Generated ON : 26/Feb/2025 12:05PM



Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

*** End Of Report ***



CHARAK



MC-2491

Print.Date/Time: 26-02-2025 20:20:07

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sham

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Referred By : Dr.PUSHPLATA YADAV Sample Received ON :
Refer Lab/Hosp : CGHS (DEBIT) Report Generated ON : 26/Feb/2025 04:17PM

INTRAVENOUS PYELOGRAPHY
CONTROL

- A radio opaque shadow is seen in left renal region.
IVP
- Both kidneys are normal in size, shape, position, axis and outline and show prompt and simultaneous excretion of contrast.
- Right renal pelvis is prominent and extra-renal. Cupping is well maintained. Right ureter is normal in course and caliber.
- Left pelvi calyceal system mildly dilated. Cupping is well maintained. Left ureter is normal in course and caliber.
- Urinary bladder is normal in contour. No calculus or mass lesion is seen.
- Post void residue is insignificant.

IMPRESSION:

- **LEFT RENAL PELVIS CALCULUS WITH MILD HYDRONEPHROSIS.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]



Patient Name	: Mrs.MANU KUMARI	Visit No	: CHA250034570
Age/Gender	: 45 Y 6 M 16 D/F	Registration ON	: 26/Feb/2025 03:02PM
Lab No	: 10131866	Sample Collected ON	: 26/Feb/2025 03:02PM
Referred By	: Dr.PUSHPLATA YADAV	Sample Received ON	:
Refer Lab/Hosp	: CGHS (DEBIT)	Report Generated ON	: 26/Feb/2025 07:44PM

PR.



Patient Name	: Mrs.MANU KUMARI	Visit No	: CHA250034570
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MRI: CERVICO-DORSAL SPINE

IMAGING SEQUENCES (NMR)

AXIAL: T1 & T2 Wis. **SAGITTAL:** T1 & TSE T2 Wis. **CORONAL:** T2 Wis

Cervico-dorsal spine is straightened with loss of usual spinal curvature. There is evidence of early degenerative changes affecting cervico-dorsal spine. All the visualized intervertebral discs are dessicated. Vertebrae are also showing early degenerative changes in form of anterior osteophytosis at multiple levels.

Mild posterior disc bulges are seen at C4-5 & C5-6 levels causing mild indentation over thecal sac without significant compromise of lateral recess and neural foramina (AP thecal sac diameter 11mm & 11.2mm).

No significant disc bulge or herniation is seen at other levels. Neural foramina with exiting nerve roots at other levels are normally visualized.

Rest of the thecal sac with rest of the spinal cord is normal in signal intensity and configuration. Cord CSF interface is normally visualized. No intramedullary or intradural pathology is seen.

No evidence of any osseous or soft tissue anomaly at cranio-vertebral junction.

Pre and para-vertebral soft tissues are normal.

Bilateral sacroiliac joints appear normal in the visualized sections.

Screening of rest of the spine was done which reveals degenerative changes with disc bulges at L3-4, L4-5 levels.

Incidental note : T2 hypointense filling defect is seen in left renal pelvis - ? calculus. Adv: USG correlation.

IMPRESSION

Early degenerative changes affecting cervico-dorsal spine with disc bulges at C4-5, C5-6 levels.

Please correlate clinically.

DR. RAVENDRA SINGH
MD

Typed by Ranjeet

*** End Of Report ***



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