

Patient Name : Ms.UZMA	Visit No : CHA250039647
Age/Gender : 20 Y/F	Registration ON : 05/Mar/2025 11:49AM
Lab No : 10136942	Sample Collected ON : 05/Mar/2025 11:51AM
Referred By : Dr.BNK HOSPITAL	Sample Received ON : 05/Mar/2025 12:03PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 05/Mar/2025 12:35PM
Doctor Advice : USG WHOLE ABDOMEN,LFT,URIC ACID,TSH,NA+K+,UREA,CREATININE	



Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	4.8	mg/dL	2.40 - 5.70	Uricase,Colorimetric



CHARAK

[Checked By]

Print.Date/Time: 05-03-2025 14:00:39

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
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Test Name	Result	Unit	Bio. Ref. Range	Method
NA+K+				
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.1	MEq/L	3.5 - 5.5	ISE Direct

BLOOD UREA				
BLOOD UREA	50.40	mg/dl	15 - 45	Urease, UV, Serum

NOTE – Findings checked twice. Please correlate clinically..

SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.42	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.06	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.36	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	62.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	133.0	U/L	5 - 40	UV without P5P
SGOT	40.0	U/L	5 - 40	UV without P5P

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[Checked By]



MC-2491 Print.Date/Time: 05-03-2025 14:00:44
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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	2.35	uIU/ml	0.7 - 6.4	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 ***

CHARAK



[Checked By]

DR. NISHANT SHARMA DR. SHADAB DR. ADITI D AGARWAL
PATHOLOGIST PATHOLOGIST PATHOLOGIST

Signature

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ULTRASOUND STUDY OF WHOLE ABDOMEN

Excessive gaseous abdomen

- **Liver** is mildly enlarged in size measures 161 mm and shows 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 and shows 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. **A tiny concretion of size 2.4 mm is seen at mid pole of left kidney.** No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 99 x 41 mm in size. Left kidney measures 104 x 48 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is partially distended with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is normal in size, measures 69 x 32 x 38 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 5.5 mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal in size, shape and echotexture.
- **Both ovaries** are normal in size, shape and echotexture.
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.

OPINION:

- **Mild hepatomegaly with fatty infiltration of liver grade-I.**
- **Tiny left renal concretion.**

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

Clinical correlation is necessary.

(DR. R.K. SINGH, MD)

Transcribed by Rachna

*** End Of Report ***

