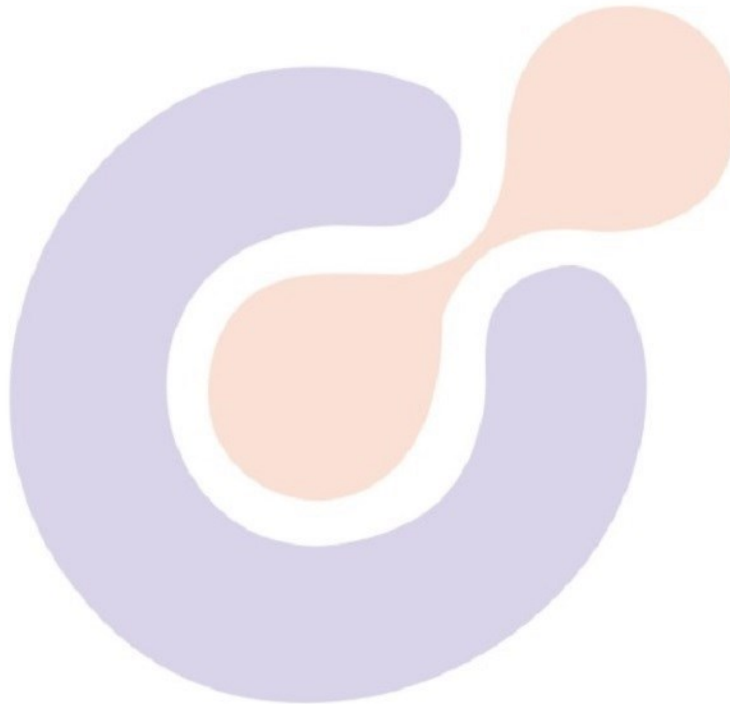


Patient Name : Ms.PUSHPA DEVI	Visit No : CHA250040393
Age/Gender : 74 Y/F	Registration ON : 06/Mar/2025 11:31AM
<b>Lab No : 10137688</b>	Sample Collected ON : 06/Mar/2025 11:33AM
Referred By : Dr.NIRUPAM PRAKASH	Sample Received ON : 06/Mar/2025 11:54AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 06/Mar/2025 01:35PM
Doctor Advice : PP,FASTING,USG WHOLE ABDOMEN,LIPASE,AMYLASE,CBC+ESR,KIDNEY FUNCTION TEST - I,LFT	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Erythrocyte Sedimentation Rate ESR	16.00		0 - 20	Westergreen



**CHARAK**

[Checked By]

Print.Date/Time: 06-03-2025 16:05:20

\*Patient Identity Has Not Been Verified. Not For Medicolegal



*Sharma*

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD  
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 06/Mar/2025 12:26PM
Doctor Advice : PP,FASTING,USG WHOLE ABDOMEN,LIPASE,AMYLASE,CBC+ESR,KIDNEY FUNCTION TEST - I,LFT	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>AMYLASE</b>				
SERUM AMYLASE	74.6	U/L	20.0-80.00	Enzymatic

**Comments:**

Amylase is produced in the Pancreas and most of the elevation in serum is due to increased rate of Amylase entry into the blood stream / decreased rate of clearance or both. Serum Amylase rises within 6 to 48 hours of onset of Acute pancreatitis in 80% of patients, but is not proportional to the severity of the disease. Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease. Values persisting longer than this period suggest continuing necrosis of pancreas or Pseudocyst formation. Approximately 20% of patients with Pancreatitis have normal or near normal activity. Hyperlipemic patients with Pancreatitis also show spuriously normal Amylase levels due to suppression of Amylase activity by triglyceride. Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimesters of pregnancy, Gastrointestinal cancer & bone fractures.  
amylase amylase amylase

<b>LIPASE</b>				
LIPASE	40.9	U/L	Upto 60	colorimetric

**COMMENTS:**as, such as acute pancreatitis, chronic pancreatitis, and obstruction of the pancreatic duct. In acute pancreatitis serum lipase activity tends to become elevated & remains for about 7 - 10 days .Increased lipase activity rarely lasts longer than 14 days, and prolonged increases suggest a poor prognosis or the presence of a cyst. Serum lipase may also be elevated in patients with chronic pancreatitis, obstruction of the pancreatic duct and non pancreatic conditions including renal diseases, various abdominal diseases such as acute cholecystitis, intestinal obstruction or infarction, duodenal ulcer, and liver disease, as well as alcoholism & diabetic keto-acidosis & in patients who have undergone endoscopic r

Lipase measurements are used in the diagnosis and treatment of diseases of the pancre

etrograde cholangiopancreatography. Elevation of serum lipase activity in patients with mumps strongly suggests significant pancreatic as well as salivary gland involvement by the disease.....

[Checked By]

Print.Date/Time: 06-03-2025 16:05:22

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PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Hb	15.8	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	50.3	%	36 - 45	Pulse hieght detection
MCV	86.0	fL	80 - 96	calculated
MCH	27.0	pg	27 - 33	Calculated
MCHC	31.4	g/dL	30 - 36	Calculated
RDW	13.7	%	11 - 15	RBC histogram derivation
RETIC	0.5 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8790	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	61	%	40 - 75	Flowcytometry
LYMPHOCYTE	30	%	20-40	Flowcytometry
EOSINOPHIL	3	%	1 - 6	Flowcytometry
MONOCYTE	6	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	199,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	199000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	15			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



*Sham*

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD  
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 06/Mar/2025 12:41PM  
Doctor Advice : PP,FASTING,USG WHOLE ABDOMEN,LIPASE,AMYLASE,CBC+ESR,KIDNEY FUNCTION TEST - I,LFT



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	<b>266.7</b>	mg/dl	70 - 110	Hexokinase
<b>PP</b>				
Blood Sugar PP	<b>399.4</b>	mg/dl	up to - 170	Hexokinase
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.90	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	<b>0.40</b>	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.50	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	<b>286.00</b>	U/L	30 - 120	PNPP, AMP Buffer
SGPT	38.7	U/L	5 - 40	UV without P5P
SGOT	<b>73.4</b>	U/L	5 - 40	UV without P5P
<b>KIDNEY FUNCTION TEST - I</b>				
<b>Sample Type : SERUM</b>				
BLOOD UREA	16.00	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	4.6	MEq/L	3.5 - 5.5	ISE Direct

\*\*\* End Of Report \*\*\*

CHARAK



[Checked By]



MC-2491 Print.Date/Time: 06-03-2025 16:05:30  
\*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Dr. Aditi D Agarwal*  
DR. ADITI D AGARWAL  
PATHOLOGIST

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### ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is mildly enlarged in size, and shows altered hypoechoic echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. Multiple small / tiny hypoechoic areas are seen in liver parenchyma up to 5.5x6.5mm in both lobe . Hepatic veins and IVC are seen normally.
- **Gall bladder** is not visualized [ post operative ] .
- **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 simple cortical cyst measuring 11x10mm is seen in upper pole of left kidney . No calculus is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 95 x 44 mm in size. Left kidney measures 97 x 41 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is inadequately distended [ patient unable to wait for full bladder persistent request ] .
- **Uterus** is atrophic .
- No adnexal mass lesion is seen.

### OPINION:

- **MILD HEPATOMEGALY WITH ALTERED LIVER ECHOTEXTURE WITH MULTIPLE SMALL/ TINY HYPOECHOIC AREAS IN BILATERAL LOBE ....? NATURE..ADV: FURTHER EVALUATION .**
- **LEFT RENAL SIMPLE CORTICAL CYST.**

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

[DR. R. K. SINGH, MD]

transcribed by: anup

\*\*\* End Of Report \*\*\*

