

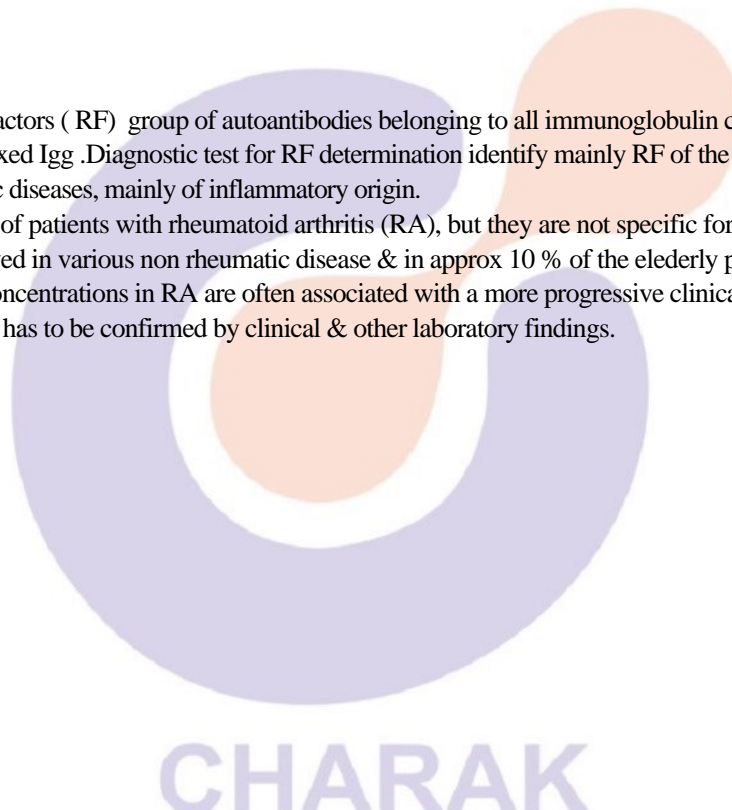
Patient Name : Ms.PRAVEEN BALA	Visit No : CHA250040919
Age/Gender : 68 Y/F	Registration ON : 07/Mar/2025 08:28AM
Lab No : 10138214	Sample Collected ON : 07/Mar/2025 08:30AM
Referred By : Dr.JITENDRA PRASAD	Sample Received ON : 07/Mar/2025 08:53AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 07/Mar/2025 10:43AM
Doctor Advice : ECG,CRP (Quantitative),RF FACTOR,ANTI CCP TITRE,USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
RF FACTOR				
RHEUMATOID FACTOR	3.51	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: 07-03-2025 11:15:35

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

Patient Name : Ms.PRAVEEN BALA	Visit No : CHA250040919
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Doctor Advice : ECG,CRP (Quantitative),RF FACTOR,ANTI CCP TITRE,USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
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CRP-QUANTITATIVE

CRP-QUANTITATIVE TEST	2.75	MG/L	0.1 - 6	
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Method: Immunoturbidimetric

(Method: Immunoturbidimetric on photometry system)

SUMMARY : C - reactive protien (CRP) is the best known among the acute phase protiens, a group of protien whose concentration increases in blood as a response to inflammatory disorders.CRP is normally present in low concentration in blood of healthy individuals (< 1mg/L). It is elevated up to 500 mg/L in acute inflammatory processes associated with bacterial infections, post operative conditions tissue damage already after 6 hours reaching a peak at 48 hours.. The measurment of CRP represents a useful aboratory test for detection of acute infection as well as for monitoring inflammtory proceses also in acute rheumatic & gastrointestinal disease. In recent studies it has been shows that in apparently healthy subjects there is a direct orrelation between CRP concentrations & the risk of developing oronary heart disease (CHD).

hsCRP cut off for risk assessment as per CDC/AHA

Level	Risk
<1.0	Low
1.0-3.0	Average
>3.0	High

All reports to be clinically corelated

ANTI CCP TITRE

Anti CCP TITRE	8.00	U/ML	7 - 17
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*** End Of Report ***

[Checked By]

Print.Date/Time: 07-03-2025 11:15:37

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Sharma

DR. NISHANT SHARMA
PATHOLOGIST

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Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 07/Mar/2025 09:57AM

ECG -REPORT

RATE : 84 bpm

* RHYTHM : Normal

* P wave : Normal

* PR interval : Normal

* QRS Axis : Normal

Duration : Normal

Configuration : Normal

* ST-T Changes : None

* QT interval :

* QTc interval : Sec.

* Other :

OPINION: ECG WITH IN NORMAL LIMITS

(FINDING TO BE CORRELATED CLINICALLY)

[DR. PANKAJ RASTOGI, MD, DM]



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Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 07/Mar/2025 09:03AM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is mildly enlarged in size (~173mm) 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. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 102 x 46 mm in size. Left kidney measures 99 x 54 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is *inadequate distended*.
- **Uterus** is *atrophic*.
- No adnexal mass lesion is seen.

OPINION:

- MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.

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

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Gausiya

*** End Of Report ***

