Charak dhar DIAGNOSTICS Pvt. Ltd.		Phone : 0522-406 9415577933, 933	292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003 Phone : 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360 E-mail : charak1984@gmail.com CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218		
		NABL Reg. No.			
Patient Name	: Ms.ANJALI SRIVASTAVA	Visit No	: CHA250040933		
Age/Gender	: 23 Y/F	Registration ON	: 07/Mar/2025 08:48AM		
Lab No	: 10138228	Sample Collected ON	: 07/Mar/2025 08:49AM		
Referred By	: Dr.OM PRAKASH **	Sample Received ON	: 07/Mar/2025 08:49AM		
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 07/Mar/2025 10:18AM		
Doctor Advice	STOOL R/M,USG WHOLE ABDOMEN,CREATINI	INE,UREA,ALK PHOS,SGPT,SGOT,BILIRUBIN	TDI		

Result	Unit	Die Def Demme	
	onit	Bio. Ref. Range	Method
Brown		Brown	
SOLID		Semi Solid	
Acidic (6.5)			
Absent		Absent	
Absent		Absent	
Absent		Absent	
Absent			
Absent		Absent	
No ova or cyst seen.			
	SOLID Acidic (6.5) Absent Absent Absent Absent No ova or cyst	SOLID Acidic (6.5) Absent Absent Absent Absent No ova or cyst	SOLIDSemi SolidAcidic (6.5)AbsentAbsentAbsentAbsentAbsentAbsentAbsentAbsentAbsentAbsentAbsentNo ova or cystAbsent

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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 1 of 2

[Checked By]

Print.Date/Time: 07-03-2025 18:16:02 *Patient Identity Has Not Been Verified. Not For Medicolegal

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OSTICS Pvt. Ltd.			NABLReg. No.	MC-2491		
: Ms.ANJALI SRIVASTAVA	Λ	v	Visit No	: CHA250	040933	
: 23 Y/F		Ι	Registration ON	: 07/Mar/	2025 08:48AM	
: 10138228		5	Sample Collected ON	: 07/Mar/	2025 08:49AM	
: Dr.OM PRAKASH **		5	Sample Received ON	: 07/Mar/	2025 09:04AM	
: CHARAK NA : STOOL R/M,USG WHOLE ABDOM	MEN,CREATININE,U				2025 10:17AM	
Test Name	Result	Unit	Bio Ref R	ange	Method	
	OSTICS Pvt. Ltd. Ms. ANJALI SRIVASTAVA 23 Y/F 10138228 Dr.OM PRAKASH ** CHARAK NA STOOL R/M,USG WHOLE ABDOM	 MS.ANJALI SRIVASTAVA 23 Y/F 10138228 Dr.OM PRAKASH ** CHARAK NA STOOL R/M,USG WHOLE ABDOMEN, CREATININE, L 	MS.ANJALI SRIVASTAVA 23 Y/F 10138228 Dr.OM PRAKASH ** CHARAK NA STOOL R/M,USG WHOLE ABDOMEN,CREATININE,UREA,ALK PHOS	Phone : 0522-406 9415577933, 933 E-mail : charak19 CMO Reg. No. F NABL Reg. No. T CMO Reg. No. T CMO Reg. No. T NABL Reg. No. T CHOR Reg. No. T Nable Reg. No. T CHOR Reg. No. T CHOR Reg. No. T Nable Reg. No. T CHOR REG. NO. T CHARAK NA STOOL R/M,USG WHOLE ABDOMEN, CREATININE, UREA, ALK PHOS, SGPT, SGOT, BILLIRUBIN T	Phone: 0522-4062223,9305548 9415577933,9336154100,Tollf E-mail: E-mail: charak1984@gmail.com CMO Reg. No. RMEE 244513 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218 Certificate No. MIS-2023-0218 : MS.ANJALI SRIVASTAVA Visit No : CHA250 : 23 Y/F Registration ON : 07/Mar/. : 10138228 Sample Collected ON : 07/Mar/. : Dr. OM PRAKASH ** Sample Received ON : 07/Mar/. : CHARAK NA Report Generated ON : 07/Mar/. : STOOL R/M,USG WHOLE ABDOMEN,CREATININE,UREA,ALK PHOS,SGPT,SGOT,BILIRUBIN TDI IIIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	

BLOOD UREA	15.40	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate- kinetic
BILIRUBIN TDI			A I I	
TOTAL BILIRUBIN	1.30	mg/dl	0.4 - 1.1	Diazonium Ion
DIRECT BILIRUBIN	0.26	mg/dL	0-0.3	DIAZOTIZATION
BILIRUBIN (INDIRECT)	1.04	mg/dl	0.1 - 1.00	CALCULATED
ALK PHOS				
ALK PHOS	<mark>80.50</mark>	U/L	30 - 120	PNPP, AMP Buffer
INTERPRETATION:				

• Alkaline phosphatase is an enzyme found in your bloodstream. ALP helps break down proteins in the body and exists in different forms, depending on where it originates. Liver is one of the main sources of ALP, but some is also made in bones, intestines, pancreas, and kidneys. In pregnant women, ALP is made in the placenta.

• Higher than normal levels of ALP in blood may indicate a problem with liver or gallbladder. This could include hepatitis (liver inflammation), cirrhosis (liver scarring), liver cancer, gallstones, or a blockage in bile ducts. High levels may also indicate an issue related to the bones such as rickets, Paget's disease, bone cancer, or an overactive parathyroid gland. In rare cases, high ALP levels can indicate heart failure, kidney cancer, other cancer, mononucleosis, or bacterial infection. Having lower than normal ALP levels in blood is rare, but can indicate malnutrition, which could be caused by celiac disease or a deficiency in certain vitamins and minerals.

SGPT	C.H.A			
SGPT	19.0	U/L	5 - 40	UV without P5P
SGOT				
SGOT	24.0	U/L	5 - 40	UV without P5P

*** End Of Report ***



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 2 of 2

MC-2491 Print.Date/Time: 07-03-2025 18:16:06 *Patient Identity Has Not Been Verified. Not For Medicolegal

[Checked By]

Patient Name	: Ms.ANJALI SRIVASTAVA	Visit No	: CHA250040933
Age/Gender	: 23 Y/F	Registration ON	: 07/Mar/2025 08:48AM
Lab No	: 10138228	Sample Collected ON	: 07/Mar/2025 08:48AM
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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 07/Mar/2025 10:23AM

ULTRASOUND STUDY OF WHOLE ABDOMEN

Compromised assessment due to excessive bowel gases.

- <u>Liver</u> is mildly enlarged in size, 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.
- <u>**Gall bladder**</u> is normal in size and shows an echoic lumen. No calculus / mass lesion is seen. GB walls are not thickened
- **<u>CBD</u>** is normal at porta. No obstructive lesion is seen.
- **<u>Portal vein</u>** 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.
- **<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.

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- <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 96 x 42 mm in size. Left kidney measures 102 x 46 mm in size.
- **<u>Ureters</u>** Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- <u>Uterus</u> is normal in size, measures $72 \times 33 \times 40$ mm and shows homogenous myometrial echotexture. Endometrial thickness measures 5.0 mm. No endometrial collection is seen. No mass lesion is seen.
- **<u>Cervix</u>** is normal.
- **<u>Both ovaries</u>** are normal in size 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.

(Possibility of acid peptic disease could not be ruled out). Clinical correlation is necessary.

[DR. R.K. SINGH, MD]

Transcribed By: Purvi

