Age-Gender       23 Y/F       Registration ON       ::::::::::::::::::::::::::::::::::::		arak				9415577933, E-mail : chara	9336154100, k1984@gmail.		0
Partient Name       MS. BUSHRA       Visit No       :: CHA250041753         Age/Cender       : 23 Y/F       Registration ON       :: 08/Mar/2025       11: 53AM         Lab No       :: 10139048       Sample Collected ON       :: 08/Mar/2025       11: 58AM         Kefered By       :: D.:ZPNITH HOSPITAL       Sample Received ON       :: 08/Mar/2025       11: 58AM         Kefered By       :: CHARAK NA       Kepot Generated ON       :: 08/Mar/2025       11: 58AM         Doctor Advice       :: CHARAK NA       Kepot Generated ON       :: 08/Mar/2025       11: 58AM         Doctor Advice       :: CHARAK NA       Result       Unit       Bio. Ref. Range       Method         Doctor Advice       :: CHARAK NA       Result       Unit       Bio. Ref. Range       Method         R0000 GROUP       ''O''       Result       Unit       Bio. Ref. Range       Method         Blood Group       'O''       'O''       Result       Unit       Bio. Ref. Range       Method         SUMMARY : C - reactive protein (CRP) is the best known among the acute phase proteins, a group of protein whose concentration increases in blood as a reagonation of blood sar reagonation appeared biodords. REf Proteoms as useful abordship documentary system)       SUMMARY : C - reactive protein (CRP) is the best known among the acute phase proteins, a group of protein whose concentra	IAGN	IOSTICS P	vt. Ltd.			NABLReg. N	o.MC-2491		
Age-Gender : 23 Y/F Registration ON : 08/Mar/2025 11:53AM Eab No : 10139048 Sample Collected ON : 08/Mar/2025 11:53AM Referred By : Dr ZENITH HOSPITAL Sample Received ON : 08/Mar/2025 11:53AM Referred Pri : Dr ZENITH HOSPITAL Sample Received ON : 08/Mar/2025 11:53AM Referred IN : 08/Mar/2025 11:53AM CHEST PAUSG WHOLE ABDOMENUERIE COM EXMANINATION Iron, FERETINI, TRANSFEREN SANTUATION, TIBC-PROLACTIN, 13'M (quantitative, URIC ACID ALK PHOS, BILLRUBIN, BLOOD CROUP BYTC, CREAT NIN, TRANSFEREN SANTUATION, TIBC-PROLACTIN, 13'M (quantitative, URIC ACID ALK PHOS, BILLRUBIN, BLOOD CROUP BYTC, CREAT NIN, TRANSFEREN SANTUATION, TIBC-PROLACTIN, 13'M (quantitative, URIC ACID ALK PHOS, BILLRUBIN, BLOOD CROUP BYTC, CREAT NIN, TRANSFEREN SANTUATION, TIBC-PROLACTIN, 13'M (Rood Group ''O'' RI (Anti-D) POSITIVE CRP-QUANTITATIVE CRP-QUANTITATIVE TEST 2.7 MG/L 0.1 - 6 Method: Immunoturbidimetric on photometry system) SUMMARY : C - reactive protein (CRP) is the best known among the acute phase protions, a group of protion whose concentration increases in blood as a response to inflammatory disprders, CRP is normally present in low concentration increases in blood as a response to inflammatory disprders, CRP is normally present in low concentration increases in blood as a response to inflammatory disprders, CRP is normally present in low concentration increases in blood as a response to inflammatory disprders, CRP is normally present in low concentration increases in blood as a response to inflammatory disprders, CRP is normally present in low concentration in the admage already at re o hours reaching a pack at 48 hours. The measurement of CRP represents a useful aboratory test for detection of acute inferentiation several for for risk assessment as per CDC/AHA Lever (Risk 10'G) Lever (10'G) Kerk 10'G) Leve (10'G) Kerk 10'G) Lever (10'G) Kerk 10'G) Le	Patient Name	: Ms.BUSHRA							
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Dector Advie       : CHEST PAUSC WHOLE ABDOMENUERINE COME EXMAMINATION.TIME/ERENTITY TRANSFERENTY INSTURATION.TBC/EROLACTINTSTAT (Quantitative),URIC ACIDALE PHOS.BILLIRUBIN,BLOOD GROUP BTCT,CREATINNEDLCHB/HBASg         Image: Comparison of the state o	Referred By	: Dr.ZENITH HOSPITAL	L			Sample Received Of	N : 08/N	1ar/2025 11:58AM	
PRE SURGICAL (U1)         Test Name       Result       Unit       Bio. Ref. Range       Method         SLOOD GROUP       "O"       POSITIVE       POSITIVE       POSITIVE         Blood Group       "O"       Rh (Anti -D)       POSITIVE       POSITIVE         CRP-QUANTITATIVE       CRP-QUANTITATIVE TEST       2.7       MG/L       0.1 - 6         Wethod:       Immunoturbulatimetric       Immunoturbulatimetric       Immunoturbulatimetric         (Method:       Immunoturbulatimetric       O,1 - 6       Immunoturbulatimetric         SUMMARY : C - reactive protlen (CRP) is the best known among the acute phase protlens, a group of protlen whose concentration increases in blood as a response to inflammatory disorders. CRP is normally present in low concentration in blood of healthy individuals (< immunoturbulation in 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 molitoring inflammatory processes associan acute humantal: & gastronitestinal disease. In accent studies it has been shows that in apparrently healthy subjects there is a direct orrelation between CRP concentrations & the risk of developing oronary heart disease (CHD).		. CHEST PA,USG WHOLE	ABDOMEN,U	RINE COM.	EXMAMINATION	,Iron,FERRITIN,TRANS	SFERRIN SATU		,T3T41
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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST Degenne .

DR. ADITI D AGARWAL PATHOLOGIST Page 1 of 7

PLACENOSTICS       Pri. Ltd.         CMOR Reg. No. RME-2441333       Sale Reg. No. RME-2441333         Patient Name:       Mis. BUSHRA         Age/Cender:       23 Y/F         Lab No:       10139048         Sage/Cender:       23 Y/F         Lab No:       10139048         Sample Received ON:       08/Mar/2025 11: 53AM         Refered By:       D:         Dictor Advice:       CHEST PAUS0 WHOLE ABDOMENUEINE COM EXAMINATION from FERRITIN TRANSFERENT SATURATION, TIBE/FEROLACTIN, TBS/FEROLACTIN, TBS/FEROLACT	<b>Sha</b>					Phone : 05 941557793 E-mail : ch	22-4062223, 93055 3, 9336154100, <b>To</b> arak1984@gmail.co		
Age/Gender :: 23 Y/F Registration ON :: 08/Mar/2025 11:53AM Lab No :: 10139048 Sample Collected ON :: 08/Mar/2025 11:53AM Referred By :: Dr.ZENITH HOSPITAL Sample Received ON :: 08/Mar/2025 11:53AM Refer Lab New :: CHARAK NA Report Generated ON :: 08/Mar/2025 11:53AM Doctor Advice :: CHEST PAUSC WHOLE ABDOMEN URINE COM EXMAMINATION Iron-FERRITIN TRANSFERRIN SATURATION.TIBC.PROLACTIN.T3*F (quantitative).URIC ACID, ALK PHOS.BILLRUBIN, BLOOD GROUP.BTCT.CRFATININE.DLC.H.B.HBSAg <b>PRE SURGICAL (U1)</b> <b>Test Name Result Unit Bio. Ref. Range Method</b> <b>RON</b> RON 83.50 ug/ dl 59 - 148 Ferrozine-no deproteinization <b>Interpretation:</b> <b>Disease Iron TTBC UIBC */ATransferrin Saturation Ferritin</b> <b>Iron Deficiency Low High Low Low High High</b> Chronic Illness Low Low Low Normal Low Normal/High Hemochromatosis High Low Low Wingh High Chronic Illness Low Low Low Normal High High Sideroblastic Anemia High Normal/Low Low/Normal High Normal/High Normal/Low Low/Normal High Normal/High Normal Low High Normal Low High High Chronic Illness Low Low Low Low/Normal Low Normal High Sideroblastic Anemia Normal/High Normal/Low Low/Normal High Normal Low High Normal Low High High Normal Low High Normal Low High High Normal Low High Normal Low Romal Low Normal High Normal Low High Normal Low High Normal Low Romal Low Normal High Normal Low High Normal Low High Normal Low High High Normal Low High Normal Low High Normal Low Romal Low Romal Low Normal High Normal Low State for nordered State Chronic High Normal Low High Normal Low High Normal Low Romal Low Normal Low Normal Low Normal Low Romal Romal Low Romal Low Romal Low Romal Romal Low Romal Low Romal Low Romal Low Romal Romal Low Romal Low	IAGNOS	STICS	Pvt. Ltd.			NABLReg	. No. MC-2491		
Lab No       : 10139048       Sample Collected ON       : 08/Mar/2025 11:58AM         Refered By       : Dr.ZENITH HOSPITAL       Sample Received ON       : 08/Mar/2025 11:58AM         Refer LabHop       : CHARAK NA       Report Generated ON       : 08/Mar/2025 03:59PM         Dector Advice       : CHARAK NA       Report Generated ON       : 08/Mar/2025 03:59PM         Dector Advice       : CHARAK NA       Report Generated ON       : 08/Mar/2025 03:59PM         Dector Advice       : CHARAK NA       Report Generated ON       : 08/Mar/2025 03:59PM         Dector Advice       : CHARAK NA       Report Generated ON       : 08/Mar/2025 03:59PM         Image: Collected ON       : 08/Mar/2025 03:59PM       : 08/Mar/2025 03:59PM         Image: Collected ON       : 08/Mar/2025 03:59PM       : 08/Mar/2025 03:59PM         Image: Collected ON       : 08/Mar/2025 03:59PM       : 08/Mar/2025 03:59PM         Image: Collected ON       : 08/Mar/2025 03:59PM       : 08/Mar/2025 03:59PM         Image: Collected ON       : 08/Mar/2025 03:59PM       : 08/Mar/2025 03:59PM         IRON       : 08:30       ug/ dl       59 - 148       Ferrozine-no         IRON       : 08:30       ug/ dl       59 - 148       Ferrozine-no         isease       Iron       Image: Collected Variance	Patient Name : Ms.	BUSHRA			Vi	sit No	: CHA25	50041753	
Referred By       : Dr.ZENITH HOSPITAL       Sample Received ON       : 08/Mar/2025 11:58AM         Refer Lab/Hosp       : CHEST PALISC WHOLE ABDOMENURINE COM_EXMAMINATION_mon_FERENTNI TRANSFERENT SATURATION.TIGE PROLACTIN.TTST of Quantitative),URC ACIDALK PHOSBILLRUBIN,BLOOD GROUP.HTCT.CREATININE.DLC.HB.HBSAg         Image: Chest Pality of Comparison of the	Age/Gender : 23	Y/F			Re	gistration ON	: 08/Ma	r/2025 11:53AM	
Refer LabiNosp       : CHARAK NA       Report Generated ON       : 08/Mar/2025 03: 59PM         Doctor Advice       : CHEST PAJSG WHOLE ABDOMENURINE COM EXMAMINATION.Imon.FERRITIN.TRANSFERRIN SATURATION.TIBC.PROLACTIN.TS*T         Quantitative), URIC ACIDALK PHOSBILIRUBIN, BLOOD CROUP BTCT.CREATININE DLS.CHB.HSAG       Image: Character Comparison of Comparison of Comparison of Comparison of CROUP BTCT.CREATININE DLS.CHB.HSAG         Image: Comparison of Croin of Croin of Croin of Comparison of Compari	Lab No : 10	139048			Sa	mple Collected	I ON : 08/Ma	r/2025 11:58AM	
Doctor Advice       : (HEST PALISE WHOLE ABDOMEN URINE COM EXMAMINATION LIND, FERRITIN TRANSPERRIN SATURATION, TIBC, PROLACTIN, T3T 4"         Quantitative), URIC ACIDALK PHOSBILLIRUBIN, BLOOD GROUP, BTCT, CREATINNICAL, HB, HBSAg       Image: Comparison of the	Referred By : Dr.Z	ENITH HOSPI	ΓAL		Sa	mple Received	ION : 08/Ma	r/2025 11:58AM	
Image: Constraint of the product of					Re	eport Generated	d ON : 08/Ma		
Test Name     Result     Unit     Bio. Ref. Range     Method       IRON     83.50     ug/ dl     59 - 148     Ferrozine-no deproteinization       Interpretation:     Image: Constraint of the second secon	Doctor Advice : CHE: (Qua	ST PA,USG WHO Intitative),URIC	LE ABDOMEN,U ACID,ALK PHOS,	RINE COM. EXM BILIRUBIN,BLO	IAMINATION,Iro OOD GROUP,BTC	n,FERRITIN,TR F,CREATININE,I	ANSFERRIN SATURA DLC,HB,HBsAg	ATION, TIBC, PROLACTI	N,T3T4TSH,C
Test Name     Result     Unit     Bio. Ref. Range     Method       IRON     83.50     ug/ dl     59 - 148     Ferrozine-no deproteinization       Interpretation:     Image: Constraint of the second secon									
IRON       83.50       ug/ dl       59 - 148       Ferrozine-no deproteinization         IRON       83.50       ug/ dl       59 - 148       Ferrozine-no deproteinization         Interpretation:       Image: status and sta				<u>PRE SI</u>	<u>URGICAL (U1)</u>				
IRON       83.50       ug/ dl       59 - 148       Ferrozine-no deproteinization         Interpretation:       Viscource       Viscource       Ferritin         Disease       Iron       TIBC       UIBC       % Transferrin Saturation       Ferritin         Iron Deficiency       Low       High       High       Low       Low         Hemochromatosis       High       Low       Low       High       High         Chronic Illness       Low       Low       Low/Normal       High       High         Hemolytic Anemia       High       Normal/Low       Low/Normal       High       High         Sideroblastic Anemia       Normal/Liph       Normal/Low       Low/Normal       High       Normal         Iron Poisoning       High       Normal/Low       Low       High       Normal       Normal         IrBC       Iron Poisoning       High       Normal       Low       Normal       Normal         TIBC       IransFerrin Saturation       30.47       %       22 - 45       Immunoturbidimetry         Interpretation:       -       -       High       Normal/Low       Low       High       Normal         Ired       274.00       ug/ml       265 - 49	Test	Name		Result	Unit	Bio. F	Ref. Range	Method	
Interpretation:         Disease       Iron       TIBC       VIBC       % Transferrin Saturation       Ferritin         Iron Deficiency       Low       High       High       Low       Low         Hemochromatosis       High       Low       Low       Low         Hemochromatosis       High       Low       Low       Normal/High         Chronic Illness       Low       Low       Normal/Low       Normal/High         Hemolytic Anemia       High       Normal/Low       Low/Normal       High       High         Sideroblastic Anemia       Normal/Low       Low/Normal       High       High       High         Sideroblastic Anemia       Normal/Low       Low/Normal       High       Normal       High         Sideroblastic Anemia       Normal/Low       Low/Normal       High       Normal       High         Sideroblastic Anemia       Normal/Low       Low/Normal       Normal       Normal       Normal         TIBC									
Interpretation:         Disease       Iron       IBC       VIBC       % Transferrin Saturation       Ferritin         Iron Deficiency       Low       High       High       Low       Low         Hemochromatosis       High       Low       Low       High         Chronic Illness       Low       Low       Normal/High         Hemolytic Anemia       High       Normal/Low       Low/Norma       High         Sideroblastic Anemia       Normal/Low       Low/Norma       High       High         Sideroblastic Anemia       Normal/Low       Low/Norma       High       Normal         TiBC       Z04.00       ug/ml       265 - 497       calculated         TMSFERRIN SATURATION       30.47       22 - 45       Inmunoturbidimetry         Instrumentation       Inon overload       Normal       Index overload         Ansterret Toton       Solard       22 - 45       Inmunoturbidimetry         Implatues in Iron deficiency       Normal undicator of Iron accumulation in Genetic Haemochromatosis.       Immunoturbidimetry         Payabues in Iron overload       Solard       Solard       Immunoturbidimetry         High Values in Iron overload       Solard       Solard       Immunoturbidimetry	IRON		83.5	50 ug/	/ dl	59 - 148			
Disease       Iron       TIBC       UBC       % Transferrin Saturation       Ferritin         Iron Deficiency       Low       High       High       Low       Low         Hemochromatosis       High       Low       Low       High       High         Chronic Illness       Low       Low       Low       Normal/High         Chronic Illness       Low       Low       Normal/Low       Normal/High         Hemochronatosis       High       Normal/Low       Low/Normal       High       High         Sideroblastic Anemia       Normal/Low       Low/Normal       High       High       Normal/Normal         Sideroblastic Anemia       Normal/Low       Low/Normal       High       Normal       High         Iron Poisoning       High       Normal/Low       Low       High       Normal         IrBC       Iron Poisoning       High       Normal       Normal       Normal         TIBC       Iron Poisoning       30.47       %       22 - 45       Immunoturbidimetry         IrterPRETATION:       Iron deficiency       Immunoturbidimetry       High Values In Iron deficiency       Immunoturbidimetry         Pasked transfermin saturation Is an earty Indicator of Iron accumulation In Genetitc Haemochromatosis.<							deproteir	nization	
Image: Second	-				1				
Hemochromatosis       High       Low       High       High         Chronic Illness       Low       Low       Low/Normal       Low       Normal/High         Hemolytic Anemia       High       Normal/Low       Low/Normal       High       High         Sideroblastic Anemia       Normal/High       Normal/Low       Low/Normal       High       High         Sideroblastic Anemia       Normal/High       Normal/Low       Low/Normal       High       High         Iron Poisoning       High       Normal/Low       Low       High       Normal         IBC       IBC       IBC       Immunoturbidimetry       Calculated         TRANSFERRIN SATURATION       30.47       22 - 45       Immunoturbidimetry         INTERPRETATION:       Immunoturbidimetry       Immunoturbidimetry         - Low Values in iron officiency       - High values in iron officiency       - High values in iron officiency         - High values in iron officiency       - High values in iron officiency       - High values in iron officiency         - High values in iron officiency       - High values in iron officiency       - High values in iron officiency         - High values in iron officiency       - High values in iron officiency       - High values in iron officiency         FERRITIN	Disease	Iron	TIBC	UIBC	%Transferri	n Saturation	Ferritin		
Hemochromatosis       High       Low       High       High         Chronic Illness       Low       Low       Low/Normal       Low       Normal/High         Hemolytic Anemia       High       Normal/Low       Low/Normal       High       High         Sideroblastic Anemia       Normal/High       Normal/Low       Low/Normal       High       High         Sideroblastic Anemia       Normal/High       Normal/Low       Low/Normal       High       High         Iron Poisoning       High       Normal/Low       Low       High       Normal         IBC       IBC       IBC       Immunoturbidimetry       Calculated         TRANSFERRIN SATURATION       30.47       22 - 45       Immunoturbidimetry         INTERPRETATION:       Immunoturbidimetry       Immunoturbidimetry         - Low Values in iron officiency       - High values in iron officiency       - High values in iron officiency         - High values in iron officiency       - High values in iron officiency       - High values in iron officiency         - High values in iron officiency       - High values in iron officiency       - High values in iron officiency         - High values in iron officiency       - High values in iron officiency       - High values in iron officiency         FERRITIN									
Chronic Illness       Low       Low       Normal       Normal/High         Hemolytic Anemia       High       Normal/Low       Low/Normal       High       High         Sideroblastic Anemia       Normal/High       Normal/Low       Low/Normal       High       High         Sideroblastic Anemia       Normal/High       Normal/Low       Low/Normal       High       High         Iron Poisoning       High       Normal       Low       High       Normal         TIBC              TIBC        265 - 497       calculated         TRANSFERRIN SATURATION       30.47       22 - 45       Immunoturbidimetry         INTERPRETATION:             - Low Values in Iron officiency        +           - Balsed transferrin saturation is an early indicator of Iron accumulation in Genetic Haemochromatosis.           FERRITIN       45.9       ng/ml       13 - 150       CLIA									
Hemolytic Anemia       High       Normal/Low       Low/Normal       High       High         Sideroblastic Anemia       Normal/High       Normal/Low       Low/Normal       High       High         Iron Poisoning       High       Normal/Low       Low/Normal       High       High         Iron Poisoning       High       Normal       Low       High       Normal         TIBC         TIBC         TRANSFERRIN SATURATION         TRANSFERRIN SATURATION       30.47       %       22 - 45       Immunoturbidimetry         Interpretation:         - Low Values in Iron deficiency       -       -       -         + High Values in Iron overload       -       -       -         - Raised transferrin saturation is an early indicator of Iron accumulation in Genetic Haemochromatosis.       -       -         FERRITIN       45.9       ng/ml       13 - 150       CLIA			1						
Sideroblastic Anemia       Normal/High       Normal/Low       Low/Normal       High       High         Iron Poisoning       High       Normal       Low       High       Normal         TIBC       Image: State									
Iron Poisoning       High       Normal         TIBC       TIBC         TIBC       274.00       ug/ml       265 - 497       calculated         TRANSFERRIN SATURATION       30.47       %       22 - 45       Immunoturbidimetry         INTERPRETATION:       .       .       .       .       .         - Low Values in iron overload       .       .       .       .       .         - Raised transferrin saturation is an early indicator of Iron accumulation in Genetic Haemochromatosis.       .       .       .       .         FERRITIN       45.9       ng/mL       13 - 150       CLIA       .	-		1						
TIBC       Image: Constraint of the second sec			1						
TIBC274.00ug/ml265 - 497calculatedTRANSFERRIN SATURATIONTRANSFERRIN SATURATION30.47%22 - 45ImmunoturbidimetryINTERPRETATION: - Low Values in iron overload - Raised transferrin saturation is an early indicator of Iron accumulation in Genetic Haemochromatosis.FERRITIN45.9ng/mL13 - 150CLIA	Iron Poisoning	High	Normal	Low	High		Normal		
TIBC274.00ug/ml265 - 497calculatedTRANSFERRIN SATURATIONTRANSFERRIN SATURATION30.47%22 - 45ImmunoturbidimetryINTERPRETATION: - Low Values in iron overload - Raised transferrin saturation is an early indicator of Iron accumulation in Genetic Haemochromatosis.FERRITIN45.9ng/mL13 - 150CLIA									
TRANSFERRIN SATURATION         TRANSFERRIN SATURATION       30.47       %       22 - 45       Immunoturbidimetry         INTERPRETATION:         - Low Values in iron overload         - Raised transferrin saturation is an early indicator of Iron accumulation in Genetic Haemochromatosis.         FERRITIN         FERRITIN         May method with the same colspan="3">A 13 - 150         CLIA									
TRANSFERRIN SATURATION30.47%22 - 45ImmunoturbidimetryINTERPRETATION: - Low Values in iron overload - Raised transferrin saturation is an early indicator of Iron accumulation in Genetic Haemochromatosis.ImmunoturbidimetryFERRITIN45.9ng/mL13 - 150CLIA	TIBC		274.	.00 ug,	/ml	265 - 497	calculated	d	
INTERPRETATION:         - Low Values in iron deficiency         - High Values in iron overload         - Raised transferrin saturation is an early indicator of Iron accumulation in Genetic Haemochromatosis.         FERRITIN         FERRITIN         45.9       ng/mL       13 - 150       CLIA	TRANSFERRIN SATURA	ΓΙΟΝ							
<ul> <li>Low Values in iron deficiency</li> <li>High Values in iron overload</li> <li>Raised transferrin saturation is an early indicator of Iron accumulation in Genetic Haemochromatosis.</li> </ul> FERRITIN FERRITIN 45.9 ng/mL 13 - 150 CLIA	TRANSFERRIN SATU	RATION	30.4	7 %	, )	22 - 45	Immunotu	Irbidimetry	
FERRITIN         45.9         ng/mL         13 - 150         CLIA	<ul> <li>Low Values in iron defic</li> <li>High Values in iron over</li> </ul>	rload	indicator of Iron	accumulation in	n Genetic Haemoo	chromatosis.			
FERRITIN 45.9 ng/mL 13 - 150 CLIA	FERRITIN		(					]	
			45.	.9 na/	/mL	13 - 150	CLIA		
INTERFRETATION.	INTERPRETATION:			5					

Ferritin is a high-molecular weight iron containing protein that functions in the body as an iron Storage compound. Ferritin provides a more sensitive, specific and reliable measurement for determining iron deficiency at an early stage. The combined use of serum ferritin levels and mean corpuscular volume (MCV) has made differentiation between iron deficiency, beta-thalassemia trait and normal subjects possible at a very high level of accuracy. Serum ferritin measurements provide important clinical parameters for assessing the response to treatment with deferoxamine, in the treatment of thalassemia. Elevated levels are seen in malignant diseases such as leukemia, Hodgkins disease, breast cancer, head and neck cancer and ovarian cancer.

#### LIMITATIONS:

Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may show either false positive or depressed values.

For diagnostic purposes the ferritin result should be used in conjunction with other data, e.g.: symptoms, results of other tests, clinical impressions, etc.



[Checked By]

DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST



DR. ADITI D AGARWAL PATHOLOGIST Page 2 of 7

			9415577933, 93 E-mail : charak19 CMO Reg. No. I NABL Reg. No. Certificate No. N	RMEE 2445133 MC-2491	10.: 8688360360
Patient Name : Ms.BUSHRA			Visit No	: CHA250041	753
Age/Gender : 23 Y/F			Registration ON	: 08/Mar/202	
Lab No : 10139048			Sample Collected ON	: 08/Mar/202	
Referred By : Dr.ZENITH HOSPITA	1		Sample Received ON	: 08/Mar/202	
Refer Lab/Hosp : CHARAK NA	iL.		Report Generated ON	: 08/Mar/202	
Doctor Advice CHEST PA, USG WHOLE	ABDOMEN,URINE CO ID,ALK PHOS,BILIRUE	M. EXMAMINA BIN,BLOOD GR	ATION,Iron,FERRITIN,TRANSFE OUP,BTCT,CREATININE,DLC,HE	RRIN SATURATION, T	IBC,PROLACTIN,T3T4TSH,
		PRE SURGIC			
Test Name	Resul	t U	Init Bio. Ref. R	Range	Method
PT/PC/INR	10.0				
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay	
Protrhromin concentration	100 %		100 %		
INR (International Normalized Ratio	o) 1.00		1.0		
HBsAg (HEPATITIS B SURFACE ANTIGEN)					
HEPATITIS B SURFACE ANTIGEN	NON REACTIVE		< 1.0 : NON REACTIVE~> 1.0 : REACTIVE	• (Sandwich Assa	ay)
HIV					
HIV-SEROLOGY	NON REACTIVE		<1.0 : NON REACTIVE >1.0 : REACTIVE		
HCV					
HCV Anti-Hepatitis C Virus Antibodies.	NON REACTIVE		< 1.0 : NON REACTIVE > 1.0 : REACTIVE	Sandwich Assay	 /
	NON REACTIVE			Sandwich Assay	 /
Anti-Hepatitis C Virus Antibodies.	NON REACTIVE YELLOW			Sandwich Assay	 '
Anti-Hepatitis C Virus Antibodies.		_	> 1.0 : REACTIVE	Sandwich Assay	, ,
Anti-Hepatitis C Virus Antibodies. URINE EXAMINATION REPORT Colour-U	YELLOW	_	> 1.0 : REACTIVE	Sandwich Assay	
Anti-Hepatitis C Virus Antibodies. URINE EXAMINATION REPORT Colour-U Appearance (Urine)	YELLOW CLEAR	_	> 1.0 : REACTIVE Light Yellow Clear	Sandwich Assay	· ·
Anti-Hepatitis C Virus Antibodies. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity	YELLOW CLEAR <b>1.015</b>	mg/dl	> 1.0 : REACTIVE Light Yellow Clear 1.005 - 1.025	Sandwich Assay	
Anti-Hepatitis C Virus Antibodies. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine	YELLOW CLEAR <b>1.015</b> Acidic (6.0)	mg/dl	> 1.0 : REACTIVE Light Yellow Clear 1.005 - 1.025 4.5 - 8.0		
Anti-Hepatitis C Virus Antibodies. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN	YELLOW CLEAR <b>1.015</b> Acidic (6.0) Absent	mg/dl	> 1.0 : REACTIVE Light Yellow Clear 1.005 - 1.025 4.5 - 8.0		
Anti-Hepatitis C Virus Antibodies. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN Glucose	YELLOW CLEAR <b>1.015</b> Acidic (6.0) Absent Absent	mg/dl	> 1.0 : REACTIVE Light Yellow Clear 1.005 - 1.025 4.5 - 8.0 ABSENT		
Anti-Hepatitis C Virus Antibodies. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN Glucose Ketones	YELLOW CLEAR <b>1.015</b> Acidic (6.0) Absent Absent Absent	mg/dl	> 1.0 : REACTIVE Light Yellow Clear 1.005 - 1.025 4.5 - 8.0 ABSENT Absent		
Anti-Hepatitis C Virus Antibodies. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN Glucose Ketones Bilirubin-U Blood-U	YELLOW CLEAR <b>1.015</b> Acidic (6.0) Absent Absent Absent Absent Absent	mg/dl	> 1.0 : REACTIVE Light Yellow Clear 1.005 - 1.025 4.5 - 8.0 ABSENT Absent Absent Absent		
Anti-Hepatitis C Virus Antibodies. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN Glucose Ketones Bilirubin-U Blood-U Urobilinogen-U	YELLOW CLEAR <b>1.015</b> Acidic (6.0) Absent Absent Absent Absent Absent 0.20	IAI	> 1.0 : REACTIVE Light Yellow Clear 1.005 - 1.025 4.5 - 8.0 ABSENT Absent Absent Absent 0.2 - 1.0		
Anti-Hepatitis C Virus Antibodies. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN Glucose Ketones Bilirubin-U Blood-U Urobilinogen-U Leukocytes-U NITRITE	YELLOW CLEAR <b>1.015</b> Acidic (6.0) Absent Absent Absent Absent Absent	IAI	> 1.0 : REACTIVE Light Yellow Clear 1.005 - 1.025 4.5 - 8.0 ABSENT Absent Absent Absent		
Anti-Hepatitis C Virus Antibodies. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN Glucose Ketones Bilirubin-U Blood-U Urobilinogen-U Leukocytes-U NITRITE MICROSCOPIC EXAMINATION	YELLOW CLEAR <b>1.015</b> Acidic (6.0) Absent Absent Absent Absent 0.20 Absent Absent	EU/dL	> 1.0 : REACTIVE Light Yellow Clear 1.005 - 1.025 4.5 - 8.0 ABSENT Absent Absent Absent 0.2 - 1.0 Absent Absent Absent Absent		
Anti-Hepatitis C Virus Antibodies. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN Glucose Ketones Bilirubin-U Blood-U Urobilinogen-U Leukocytes-U NITRITE MICROSCOPIC EXAMINATION Pus cells / hpf	YELLOW CLEAR <b>1.015</b> Acidic (6.0) Absent Absent Absent Absent 0.20 Absent Absent Absent Occasional	EU/dL	> 1.0 : REACTIVE Light Yellow Clear 1.005 - 1.025 4.5 - 8.0 ABSENT Absent Absent Absent 0.2 - 1.0 Absent Absent Absent Absent Absent Absent Absent		
Anti-Hepatitis C Virus Antibodies. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN Glucose Ketones Bilirubin-U Blood-U Urobilinogen-U Leukocytes-U NITRITE MICROSCOPIC EXAMINATION Pus cells / hpf Epithelial Cells	YELLOW CLEAR <b>1.015</b> Acidic (6.0) Absent Absent Absent Absent 0.20 Absent Absent Occasional Occasional	EU/dL	> 1.0 : REACTIVE Light Yellow Clear 1.005 - 1.025 4.5 - 8.0 ABSENT Absent Absent Absent 0.2 - 1.0 Absent Absent Sent Absent - 5/hpf 0 - 5		
Anti-Hepatitis C Virus Antibodies. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN Glucose Ketones Bilirubin-U Blood-U Urobilinogen-U Leukocytes-U NITRITE MICROSCOPIC EXAMINATION Pus cells / hpf Epithelial Cells RBC / hpf	YELLOW CLEAR <b>1.015</b> Acidic (6.0) Absent Absent Absent Absent 0.20 Absent Absent Absent Occasional	EU/dL	> 1.0 : REACTIVE Light Yellow Clear 1.005 - 1.025 4.5 - 8.0 ABSENT Absent Absent Absent 0.2 - 1.0 Absent Absent Absent Absent Absent Absent Absent		
Anti-Hepatitis C Virus Antibodies. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN Glucose Ketones Bilirubin-U Blood-U Urobilinogen-U Leukocytes-U NITRITE MICROSCOPIC EXAMINATION Pus cells / hpf Epithelial Cells RBC / hpf	YELLOW CLEAR <b>1.015</b> Acidic (6.0) Absent Absent Absent Absent 0.20 Absent Absent Occasional Occasional Nil	EU/dL /hpf /hpf	> 1.0 : REACTIVE Light Yellow Clear 1.005 - 1.025 4.5 - 8.0 ABSENT Absent Absent Absent 0.2 - 1.0 Absent Absent Absent Shpf 0 - 5 < 3/hpf		
Anti-Hepatitis C Virus Antibodies. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN Glucose Ketones Bilirubin-U Blood-U Urobilinogen-U Leukocytes-U NITRITE MICROSCOPIC EXAMINATION Pus cells / hpf Epithelial Cells RBC / hpf	YELLOW CLEAR <b>1.015</b> Acidic (6.0) Absent Absent Absent Absent 0.20 Absent Absent Occasional Occasional	EU/dL	> 1.0 : REACTIVE Light Yellow Clear 1.005 - 1.025 4.5 - 8.0 ABSENT Absent Absent Absent 0.2 - 1.0 Absent Absent Sent Absent - 5/hpf 0 - 5		

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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST

DR. ADITI D AGARWAL PATHOLOGIST

Page 3 of 7

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Print.Date/Time: 08-03-2025 16:36:38 \*Patient Identity Has Not Been Verified. Not For Medicolegal

Charak dia			292/05, Tulsidas Marg, Base Phone : 0522-4062223, 930 9415577933, 9336154100, E-mail : charak1984@gmail. CMO Reg. No. RMEE 244 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0	Tollfree No.: 8688360360 com 45133
Patient Name : Ms.BUSHRA		Visi	it No : CHA	250041753
Age/Gender : 23 Y/F		Reg	sistration ON : 08/N	1ar/2025 11:53AM
Lab No : 10139048		San	nple Collected ON : 08/M	1ar/2025 11:58AM
Referred By : Dr.ZENITH HOSPITAL		San	nple Received ON : 08/N	1ar/2025 12:22PM
Refer Lab/Hosp : CHARAK NA Doctor Advice : CHEST PA,USG WHOLE ABDO (Quantitative),URIC ACID,AL	OMEN,URINE COM. EXM K PHOS,BILIRUBIN,BL(	AMINATION, Iron	FERRITIN, TRANSFERRIN SATU	1ar/2025 01:39PM RATION,TIBC,PROLACTIN,T3T4T
	PRE S	URGICAL (U1)		
Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN				
НЬ	11.6	g/dl	12 - 15	Non Cyanide
Hemoglobin screening helps to diagnose TLC TOTAL LEUCOCYTES COUNT	6700	/cmm	4000 - 10000	Flocytrometry
DLC NEUTROPHIL	45	%	40 - 75	Flowcytrometry
LYMPHOCYTE	43	%	20-40	Flowcytrometry
EOSINOPHIL	6	%	1 - 6	Flowcytrometry
LOSINOFTIL	2	%	2 - 10	Flowcytrometry
MONOCVIE	Z	%	00 - 01	Flowcytrometry
MONOCYTE	0		(N) = (N)	
MONOCYTE BASOPHIL	0	10	00 01	
BASOPHIL PLATELET COUNT				
BASOPHIL PLATELET COUNT PLATELET COUNT	401,000	/cmm	150000 - 450000	Elect Imped
BASOPHIL PLATELET COUNT				
BASOPHIL  PLATELET COUNT  PLATELET COUNT (MANUAL)  COMMENTS:  Platelet counts vary in various disorders; acq idiopathic disorders.  BLOOD SUGAR RANDOM	401,000 401000 uired, (infections-bac	/cmm /cmm :terial and viral),	150000 - 450000 150000 - 450000 inherited, post blood transfusi	Elect Imped Microscopy . on, autoimmune and
BASOPHIL PLATELET COUNT PLATELET COUNT (MANUAL) COMMENTS: Platelet counts vary in various disorders; acquidiopathic disorders.	401,000 401000	/cmm /cmm	150000 - 450000 150000 - 450000	Elect Imped Microscopy .
BASOPHIL  PLATELET COUNT  PLATELET COUNT (MANUAL)  COMMENTS:  Platelet counts vary in various disorders; acq idiopathic disorders.  BLOOD SUGAR RANDOM BLOOD UREA	401,000 401000 uired, (infections-bac 83.7	/cmm /cmm :terial and viral), mg/dl	150000 - 450000 150000 - 450000 inherited, post blood transfusi 70 - 170	Elect Imped Microscopy . on, autoimmune and Hexokinase
BASOPHIL PLATELET COUNT PLATELET COUNT PLATELET COUNT (MANUAL) COMMENTS: Platelet counts vary in various disorders; acq idiopathic disorders. BLOOD SUGAR RANDOM BLOOD SUGAR RANDOM	401,000 401000 uired, (infections-bac	/cmm /cmm :terial and viral),	150000 - 450000 150000 - 450000 inherited, post blood transfusi	Elect Imped Microscopy . on, autoimmune and
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BASOPHIL  PLATELET COUNT  PLATELET COUNT (MANUAL)  COMMENTS:  Platelet counts vary in various disorders; acq idiopathic disorders.  BLOOD SUGAR RANDOM  BLOOD SUGAR RANDOM  BLOOD UREA  BLOOD UREA  SERUM CREATININE	401,000 401000 uired, (infections-bac 83.7 21.10	/cmm /cmm :terial and viral), mg/dl mg/dl	150000 - 450000 150000 - 450000 inherited, post blood transfusi 70 - 170 15 - 45	Elect Imped Microscopy . on, autoimmune and Hexokinase Urease, UV, Serum Alkaline picrate-



[Checked By]

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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST



DR. ADITI D AGARWAL

PATHOLOGIST

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	arak dhar OSTICS Pvt. Ltd.	Phone : 0522-406	RMEE 2445133 MC-2491
Patient Name	: Ms.BUSHRA	Visit No	: CHA250041753
Age/Gender	: 23 Y/F	Registration ON	: 08/Mar/2025 11:53AM
Lab No	: 10139048	Sample Collected ON	: 08/Mar/2025 11:58AM
Referred By	: Dr.ZENITH HOSPITAL	Sample Received ON	: 08/Mar/2025 12:22PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 08/Mar/2025 01:39PM
Doctor Advice	. CHEST PA,USG WHOLE ABDOMEN,URINE COM. EXMA (Quantitative),URIC ACID,ALK PHOS,BILIRUBIN,BLOC		

PRE SURGICAL (U1)							
Test Name	Result	Unit	Bio. Ref. Range	Method			
ALK PHOS							
ALK PHOS	84.00	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.

	Sec. 1	6			
SGPT					
SGPT		28.3	U/L	5 - 40	UV without P5P
				1.7	





DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST

DR. ADITI D AGARWAL PATHOLOGIST Page 5 of 7

MC-2491 Print.Date/Time: 08-03-2025 16:36:44 \*Patient Identity Has Not Been Verified. Not For Medicolegal

[Checked By]

	arak ostics Pvt. Ltd.	Phone : 0522-406	RMEE 2445133 MC-2491
Patient Name	: Ms.BUSHRA	Visit No	: CHA250041753
Age/Gender	: 23 Y/F	Registration ON	: 08/Mar/2025 11:53AM
Lab No	: 10139048	Sample Collected ON	: 08/Mar/2025 11:58AM
Referred By	: Dr.ZENITH HOSPITAL	Sample Received ON	: 08/Mar/2025 12:22PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 08/Mar/2025 02:03PM
Doctor Advice	CHEST PA,USG WHOLE ABDOMEN,URINE COM. EXMAMIN (Quantitative),URIC ACID,ALK PHOS,BILIRUBIN,BLOOD G		

	Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH					
T3		2.50	nmol/L	1.49-2.96	ECLIA
T4		132.00	n mol/l	<u>63 - 1</u> 77	ECLIA
TSH		3.80	ulU/ml	0.47 - 4.52	ECLIA

Note

PR.

(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

CHARAK

(1 Beckman DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)





DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST



DR. ADITI D AGARWAL PATHOLOGIST Page 6 of 7

MC-2491 Print.Date/Time: 08-03-2025 16:36:47 \*Patient Identity Has Not Been Verified. Not For Medicolegal

[Checked By]

Charak dhar IAGNOSTICS Pvt. Ltd.			Phone : 0522-4062223, 93 9415577933, 933615410 E-mail : charak1984@gma CMO Reg. No. RMEE 2	0, Tollfree No.: 8688360360 ail.com 445133
AGNOSTICS Pvt. Ltd.			NABL Reg. No. MC-249 Certificate No. MIS-2023	
Patient Name : Ms. BUSHRA		Visi	t No : CH	A250041753
Age/Gender : 23 Y/F		Reg	istration ON : 08	/Mar/2025 11:53AM
Lab No : 10139048		Sam	ple Collected ON : 08,	/Mar/2025 11:58AM
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Refer Lab/Hosp : CHARAK NA Doctor Advice : CHEST PA,USG WHOLE ABDOM (Quantitative),URIC ACID,ALK F	EN,URINE COM. EXN PHOS,BILIRUBIN,BLC	AMINATION, Iron	FERRITIN, TRANSFERRIN SAT	/Mar/2025 02:03PM furation,tibc,prolactin,t3t4
Test Name	Result	Unit	Bio. Ref. Range	Method
PROLACTIN				
PROLACTIN Serum	10.9	ng/ml	2.64 - 13.130	CLIA



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST Degennel .

DR. ADITI D AGARWAL PATHOLOGIST Page 7 of 7

MC-2491 Print.Date/Time: 08-03-2025 16:36:49 \*Patient Identity Has Not Been Verified. Not For Medicolegal

[Checked By]

Patient Name	: Ms.BUSHRA	Visit No	: CHA250041753
Age/Gender	: 23 Y/F	Registration ON	: 08/Mar/2025 11:53AM
Lab No	: 10139048	Sample Collected ON	: 08/Mar/2025 11:53AM
Referred By	: Dr.ZENITH HOSPITAL	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 08/Mar/2025 01:31PM

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Patient Name	: Ms.BUSHRA	Visit No	: CHA250041753
Age/Gender	: 23 Y/F	Registration ON	: 08/Mar/2025 11:53AM
Lab No	: 10139048	Sample Collected ON	: 08/Mar/2025 11:53AM
Referred By	: Dr.ZENITH HOSPITAL	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 08/Mar/2025 01:31PM

# **ULTRASOUND STUDY OF WHOLE ABDOMEN**

## Excessive gaseous abdomen

- <u>Liver</u> is mildly enlarged in size (~163mm) and shows mild inhomogenous 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 anechoic 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.
- **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 92 x 40 mm in size. Left kidney measures 101 x 43 mm in size.
- **<u>Ureters</u>** Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> is *partially distended* with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- <u>Uterus</u> is normal in size, measures 63 x 35 x 33 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 6.6 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 **show multiple small peripheral arranged follicles with central echogenic stroma**. Right ovary measuring 29 x 17 x 16mm with volume 4.4cc. Left ovary measuring 28 x 22 x 17mm with volume 6.0cc.
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.

## **OPINION:**

- MILD HEPATOMEGALY WITH MILD INHOMOGENOUS ECHOTEXTURE OF LIVER PARENCHYMA.
- BILATERAL POLYCYSTIC PATTERN OVARIES (ADV: HORMONAL CORRELATION).

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

## Clinical correlation is necessary.

Transcribed by Gausiya

[DR. R. K. SINGH, MD]



Patient Name	: Ms.BUSHRA	Visit No	: CHA250041753
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Patient Name	: Ms.BUSHRA	Visit No	: CHA250041753
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Referred By	: Dr.ZENITH HOSPITAL	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 08/Mar/2025 01:43PM

#### SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are normal.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined. **IMPRESSION:**
- NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.

#### Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

transcribed by: anup

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

