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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

| | | | |
|---|---|---|---|
| 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 11:58AM |
| Refer Lab/Hosp | : CHARAK NA | Report Generated ON | : 08/Mar/2025 03:59PM |
| Doctor Advice | : CHEST PA,USG WHOLE ABDOMEN,URINE COM. EXMAMINATION,Iron,FERRITIN,TRANSFERRIN SATURATION,TIBC,PROLACTIN,T3T4TSH,CRP (Quantitative),URIC ACID,ALK PHOS,BILIRUBIN,BLOOD GROUP,BTCT,CREATININE,DLC,HB,HBsAg | | |

PR.

**PRE SURGICAL (U1)**

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **BLOOD GROUP** | | | | |
| Blood Group | ''O'' | | | |
| Rh (Anti -D) | **POSITIVE** | | | |
| **CRP-QUANTITATIVE** | | | | |
| CRP-QUANTITATIVE TEST | 2.7 | MG/L | 0.1 - 6 | |

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 apparrently 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

| | | | | |
|---|---|---|---|---|
| **URIC ACID** | | | | |
| **Sample Type : SERUM** | | | | |
| SERUM URIC ACID | 4.2 | mg/dL | 2.40 - 5.70 | Uricase,Colorimetric |

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

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**PRE SURGICAL (U1)**

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **IRON** | | | | |
| IRON | 83.50 | ug/ dl | 59 - 148 | Ferrozine-no deproteinization |

**Interpretation:**

| 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 | Low | Normal/High |
| Hemolytic Anemia | 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 | 274.00 | ug/ml | 265 - 497 | calculated |
| **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** | | | | |
| FERRITIN | 45.9 | ng/mL | 13 - 150 | CLIA |

**INTERPRETATION:**
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.

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**PRE SURGICAL (U1)**

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **PT/PC/INR** | | | | |
| PROTHROMBIN TIME | 13 Second | | 13 Second | Clotting Assay |
| Protrhromin concentration | 100 % | | 100 % | |
| INR (International Normalized Ratio) | 1.00 | | 1.0 | |
| **HBsAg (HEPATITIS B SURFACE ANTIGEN)** | | | | |
| HEPATITIS B SURFACE ANTIGEN | NON REACTIVE | | < 1.0 : NON REACTIVE~> 1.0 : REACTIVE | ( Sandwich Assay) |
| **HIV** | | | | |
| HIV-SEROLOGY | NON REACTIVE | | <1.0 : NON REACTIVE >1.0 : REACTIVE | |
| **HCV** | | | | |
| Anti-Hepatitis C Virus Antibodies. | NON REACTIVE | | < 1.0 : NON REACTIVE > 1.0 : REACTIVE | Sandwich Assay |
| **URINE EXAMINATION REPORT** | | | | |
| Colour-U | YELLOW | | Light Yellow | |
| Appearance (Urine) | CLEAR | | Clear | |
| Specific Gravity | **1.015** | | 1.005 - 1.025 | |
| pH-Urine | Acidic (6.0) | | 4.5 - 8.0 | |
| PROTEIN | Absent | mg/dl | ABSENT | Dipstick |
| Glucose | Absent | | | |
| Ketones | Absent | | Absent | |
| Bilirubin-U | Absent | | Absent | |
| Blood-U | Absent | | Absent | |
| Urobilinogen-U | 0.20 | EU/dL | 0.2 - 1.0 | |
| Leukocytes-U | Absent | | Absent | |
| NITRITE | Absent | | Absent | |
| **MICROSCOPIC EXAMINATION** | | | | |
| Pus cells / hpf | Occasional | /hpf | < 5/hpf | |
| Epithelial Cells | Occasional | /hpf | 0 - 5 | |
| RBC / hpf | Nil | | < 3/hpf | |
| **BT/CT** | | | | |
| BLEEDING TIME (BT) | 3 mint 15 sec | mins | 2 - 8 | |
| CLOTTING TIME (CT) | 6 mint 30 sec | | 3 - 10 MINS. | |

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PR.

**PRE SURGICAL (U1)**

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **HAEMOGLOBIN** | | | | |
| Hb | **11.6** | g/dl | 12 - 15 | Non Cyanide |

**Comment:**
Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

| | | | | |
|---|---|---|---|---|
| **TLC** | | | | |
| TOTAL LEUCOCYTES COUNT | 6700 | /cmm | 4000 - 10000 | Flocytrometry |
| **DLC** | | | | |
| NEUTROPHIL | 45 | % | 40 - 75 | Flowcytrometry |
| LYMPHOCYTE | **47** | % | 20-40 | Flowcytrometry |
| EOSINOPHIL | 6 | % | 1 - 6 | Flowcytrometry |
| MONOCYTE | 2 | % | 2 - 10 | Flowcytrometry |
| BASOPHIL | **0** | % | 00 - 01 | Flowcytrometry |
| **PLATELET COUNT** | | | | |
| PLATELET COUNT | 401,000 | /cmm | 150000 - 450000 | Elect Imped.. |
| PLATELET COUNT (MANUAL) | 401000 | /cmm | 150000 - 450000 | Microscopy . |

**COMMENTS:**
Platelet counts vary in various disorders; acquired, (infections-bacterial and viral), inherited, post blood transfusion, autoimmune and idiopathic disorders.

| | | | | |
|---|---|---|---|---|
| **BLOOD SUGAR RANDOM** | | | | |
| BLOOD SUGAR RANDOM | 83.7 | mg/dl | 70 - 170 | Hexokinase |
| **BLOOD UREA** | | | | |
| BLOOD UREA | 21.10 | mg/dl | 15 - 45 | Urease, UV, Serum |
| **SERUM CREATININE** | | | | |
| CREATININE | 0.60 | mg/dl | 0.50 - 1.40 | Alkaline picrate-kinetic |
| **BILIRUBIN** | | | | |
| TOTAL BILIRUBIN | 0.40 | mg/dl | 0.4 - 1.1 | Diazonium Ion |

MC-2491

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**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.

| | | | | |
|---|---|---|---|---|
| **SGPT** | | | | |
| SGPT | 28.3 | U/L | 5 - 40 | UV without P5P |



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PR.

| 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 | 63 - 177 | ECLIA |
| TSH | 3.80 | ulU/ml | 0.47 - 4.52 | 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 )



MC-2491

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **PROLACTIN** | | | | |
| PROLACTIN Serum | 10.9 | ng/ml | 2.64 - 13.130 | CLIA |

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



MC-2491

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## ULTRASOUND STUDY OF WHOLE ABDOMEN

***Excessive gaseous abdomen***

- **Liver** 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.
- **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 92 x 40 mm in size. Left kidney measures 101 x 43 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 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.
- **Cervix** is normal.
- **Both ovaries** 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.**

**[DR. R. K. SINGH, MD]**

*Transcribed by Gausiya*

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PR.

## 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 *****