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| Patient Name : Ms.ASHTHA MISHRA | Visit No : CHA250041886 |
| Age/Gender : 36 Y/F | Registration ON : 08/Mar/2025 01:21PM |
| Lab No : 10139181 | Sample Collected ON : 08/Mar/2025 01:51PM |
| Referred By : SELF | Sample Received ON : 08/Mar/2025 01:51PM |
| Refer Lab/Hosp : CHARAK NA | Report Generated ON : 08/Mar/2025 03:53PM |
| Doctor Advice : USG WHOLE ABDOMEN, URINE COM. EXMAMINATION, HB, GFR, NA+K+, CREATININE, UREA | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------------|--------|-----------------|------------|
| Glomerular filtration rate (GFR) | | | | |
| Glomerular filtration rate (GFR) | 14.00 | ml/min | 60 - 89 | calculated |

INTERPRETATION:

NOTE:

- National Kidney Disease Education program recommends the use of MDRD equation to estimate or predict GFR in adults (≥20 years) with Chronic Kidney Disease (CKD).
- MDRD equation is most accurate for GFR ≤60 mL/min/1.73m².

| CKD stage | Description | GFR | Associated findings |
|-----------|---------------------------------------|-------|---|
| 0 | Normal kidney function | >90 | No proteinuria |
| 1 | Kidney damage with normal or high GFR | >90 | Presence of Protein, albumin, cells or casts in urine |
| 2 | Mild decrease in GFR | 60-89 | - |
| 3 | Moderate decrease in GFR | 30-59 | - |
| 4 | Severe decrease in GFR | 15-29 | - |
| 5 | Kidney failure | <15 | - |

URINE EXAMINATION REPORT

| | | | | |
|--------------------|---------------|---------------|-----------|----------|
| Colour-U | STRAW | Light Yellow | | |
| Appearance (Urine) | CLEAR | Clear | | |
| Specific Gravity | 1.005 | 1.005 - 1.025 | | |
| pH-Urine | Neutral (7.0) | 4.5 - 8.0 | | |
| PROTEIN | 20 mg/dl | 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 |

[Checked By]



Print.Date/Time: 08-03-2025 16:27:37

*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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| Lab No : 10139181 | Sample Collected ON : 08/Mar/2025 01:51PM |
| Referred By : SELF | Sample Received ON : 08/Mar/2025 02:12PM |
| Refer Lab/Hosp : CHARAK NA | Report Generated ON : 08/Mar/2025 02:52PM |
| Doctor Advice : USG WHOLE ABDOMEN, URINE COM. EXMAMINATION, HB, GFR, NA+K+, CREATININE, UREA | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|--------------------------|
| HAEMOGLOBIN | | | | |
| Hb | 7.7 | g/dl | 12 - 15 | Non Cyanide |
| Comment: Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia. | | | | |
| NA+K+ | | | | |
| SODIUM Serum | 137.0 | MEq/L | 135 - 155 | ISE Direct |
| POTASSIUM Serum | 4.5 | MEq/L | 3.5 - 5.5 | ISE Direct |
| BLOOD UREA | | | | |
| BLOOD UREA | 95.10 | mg/dl | 15 - 45 | Urease, UV, Serum |
| SERUM CREATININE | | | | |
| CREATININE | 4.10 | mg/dl | 0.50 - 1.40 | Alkaline picrate-kinetic |

FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY

*** End Of Report ***

CHARAK



[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

Patient Name : Ms.ASHTHA MISHRA Visit No : CHA250041886
Age/Gender : 36 Y/F Registration ON : 08/Mar/2025 01:21PM
Lab No : 10139181 Sample Collected ON : 08/Mar/2025 01:21PM
Referred By : Dr.SELF Sample Received ON :
Refer Lab/Hosp : CHARAK NA Report Generated ON : 08/Mar/2025 02:10PM

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is mildly enlarged in size (~159mm) 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 partially distended (post prandial) visualized part appear normal.
- **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.
- **Minimal ascites is seen.**
- **Both kidneys** are mildly contracted in size and normal in position with loss of cortico-medullary differentiation. No hydronephrosis is seen. No calculus or mass lesion is seen. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 77 x 34 mm in size. Left kidney measures 77 x 32 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is normal in size, measures 75 x 46 x 35 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 8.4 mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- **Both ovaries** are normal in size and echotexture.
- No adnexal mass lesion is seen.

OPINION:

- MILD HEPATOMEGALY WITH MILD INHOMOGENOUS ECHOTEXTURE OF LIVER PARENCHYMA.
- BILATERAL GRADE-III MEDICAL RENAL DISEASE (ADV: RFT CORRELATION).
- MINIMAL ASCITES.

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Gausiya

*** End Of Report ***

