

Patient Name : MasterMOHD ATIF	Visit No : CHA250041934
Age/Gender : 11 Y/M	Registration ON : 08/Mar/2025 02:10PM
<b>Lab No : 10139229</b>	Sample Collected ON : 08/Mar/2025 02:12PM
Referred By : Dr. MOHD ISLAM	Sample Received ON : 08/Mar/2025 02:25PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 08/Mar/2025 03:05PM
Doctor Advice : USG WHOLE ABDOMEN,RANDOM,LIPASE,AMYLASE,LFT,TYPHOID IGG& IGM,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>AMYLASE</b>				
SERUM AMYLASE	<b>87.7</b>	U/L	20.0-80.00	Enzymatic

**Comments:**

Amylase is produced in the Pancreas and most of the elevation in serum is due to increased rate of Amylase entry into the blood stream / decreased rate of clearance or both. Serum Amylase rises within 6 to 48 hours of onset of Acute pancreatitis in 80% of patients, but is not proportional to the severity of the disease. Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease. Values persisting longer than this period suggest continuing necrosis of pancreas or Pseudocyst formation. Approximately 20% of patients with Pancreatitis have normal or near normal activity. Hyperlipemic patients with Pancreatitis also show spuriously normal Amylase levels due to suppression of Amylase activity by triglyceride. Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimesters of pregnancy, Gastrointestinal cancer & bone fractures.  
amylase amylase amylase

<b>LIPASE</b>				
LIPASE	25	U/L	Upto 60	colorimetric

**COMMENTS:**as, such as acute pancreatitis, chronic pancreatitis, and obstruction of the pancreatic duct. In acute pancreatitis serum lipase activity tends to become elevated & remains for about 7 - 10 days .Increased lipase activity rarely lasts longer than 14 days, and prolonged increases suggest a poor prognosis or the presence of a cyst. Serum lipase may also be elevated in patients with chronic pancreatitis, obstruction of the pancreatic duct and non pancreatic conditions including renal diseases, various abdominal diseases such as acute cholecystitis, intestinal obstruction or infarction, duodenal ulcer, and liver disease, as well as alcoholism & diabetic keto-acidosis & in patients who have undergone endoscopic r

Lipase measurements are used in the diagnosis and treatment of diseases of the pancre

etrograde cholangiopancreatography. Elevation of serum lipase activity in patients with mumps strongly suggests significant pancreatic as well as salivary gland involvement by the disease.....



[Checked By]

Print.Date/Time: 08-03-2025 16:11:40

\*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA  
PATHOLOGIST

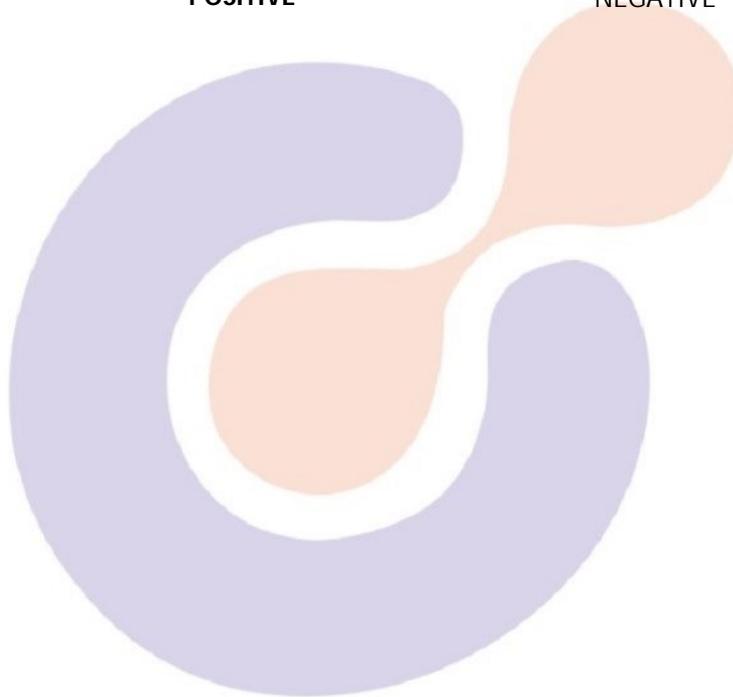
DR. SHADAB  
PATHOLOGIST

*Aditi D Agarwal*  
DR. ADITI D AGARWAL  
PATHOLOGIST

Patient Name : MasterMOHD ATIF	Visit No : CHA250041934
Age/Gender : 11 Y/M	Registration ON : 08/Mar/2025 02:10PM
<b>Lab No : 10139229</b>	Sample Collected ON : 08/Mar/2025 02:12PM
Referred By : Dr. MOHD ISLAM	Sample Received ON : 08/Mar/2025 02:25PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 08/Mar/2025 03:14PM
Doctor Advice : USG WHOLE ABDOMEN,RANDOM,LIPASE,AMYLASE,LFT,TYPHOID IGG& IGM,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TYPHOID IGG&amp; IGM</b>				
TYPHOID IgG	POSITIVE		NEGATIVE	
TYPHOID IGM	POSITIVE		NEGATIVE	



**CHARAK**

[Checked By]



Print.Date/Time: 08-03-2025 16:11:42

\*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

Patient Name : MasterMOHD ATIF	Visit No : CHA250041934
Age/Gender : 11 Y/M	Registration ON : 08/Mar/2025 02:10PM
<b>Lab No : 10139229</b>	Sample Collected ON : 08/Mar/2025 02:12PM
Referred By : Dr. MOHD ISLAM	Sample Received ON : 08/Mar/2025 02:25PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 08/Mar/2025 03:14PM
Doctor Advice : USG WHOLE ABDOMEN,RANDOM,LIPASE,AMYLASE,LFT,TYPHOID IGG& IGM,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	12.9	g/dl	11 - 15	Non Cyanide
R.B.C. COUNT	4.60	mil/cmm	4 - 5.1	Electrical Impedence
PCV	39.1	%	31 - 43	Pulse hieght detection
MCV	84.8	fL	76 - 87	calculated
MCH	28.0	pg	26 - 28	Calculated
MCHC	33	g/dL	33 - 35	Calculated
RDW	13.4	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.3 - 1	Microscopy
TOTAL LEUCOCYTES COUNT	5340	/cmm	4500 - 13500	Flocytrometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	<b>76</b>	%	40 - 70	Flowcytometry
LYMPHOCYTES	<b>22</b>	%	30 - 50	Flowcytometry
EOSINOPHIL	<b>0</b>	%	1 - 6	Flowcytometry
MONOCYTE	<b>2</b>	%	0 - 8	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	228,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	228000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,058	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,175	/cmm	1000-3000	Calculated
Absolute Monocytes Count	107	/cmm	200-1000	Calculated
Mentzer Index	18			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



Patient Name : MasterMOHD ATIF Visit No : CHA250041934  
Age/Gender : 11 Y/M Registration ON : 08/Mar/2025 02:10PM  
**Lab No : 10139229** Sample Collected ON : 08/Mar/2025 02:12PM  
Referred By : Dr. MOHD ISLAM Sample Received ON : 08/Mar/2025 02:25PM  
Refer Lab/Hosp : CHARAK NA Report Generated ON : 08/Mar/2025 03:05PM  
Doctor Advice : USG WHOLE ABDOMEN,RANDOM,LIPASE,AMYLASE,LFT,TYPHOID IGG& IGM,CBC (WHOLE BLOOD)



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD SUGAR RANDOM</b>				
BLOOD SUGAR RANDOM	105	mg/dl	70 - 170	Hexokinase

<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.40	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.20	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.20	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	356.00	U/L	129 - 417	PNPP, AMP Buffer
SGPT	22.9	U/L	5 - 40	UV without P5P
SGOT	38.7	U/L	5 - 40	UV without P5P

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

CHARAK



[Checked By]



MC-2491 Print.Date/Time: 08-03-2025 16:11:50  
\*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

---

Patient Name	: MasterMOHD ATIF	Visit No	: CHA250041934
Age/Gender	: 11 Y/M	Registration ON	: 08/Mar/2025 02:10PM
<b>Lab No</b>	<b>: 10139229</b>	Sample Collected ON	: 08/Mar/2025 02:10PM
Referred By	: Dr.MOHD ISLAM	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 08/Mar/2025 03:29PM

---

### **ULTRASOUND STUDY OF WHOLE ABDOMEN**

- **Liver** is mildly enlarged in size (~134mm) and shows homogenous 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.
- **Few peri-portal & mesenteric lymphnodes are seen measuring upto approx 17 x 8.2mm & 6.9 x 6.2mm.**
- **Minimal 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 89 x 37 mm in size. Left kidney measures 90 x 41 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.
- Prostate is normal for child age group.

#### **OPINION:**

- **MILD HEPATOMEGALY WITH FEW PERI-PORTAL & MESENTERIC LYMPHNODES WITH MINIMAL ASCITES - ? VIRAL HEPATITIS (ADV: LFT CORRELATION).**

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Gausiya

---

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

