Charak.			Phone : 0522-4062223, 93	), Tollfree No.: 8688360360
DIAGNOSTICS PVI. Lt	d.		CMO Reg. No. RMEE 24 NABL Reg. No. MC-2491 Certificate No. MIS-2023	
Patient Name: Ms. JAWARIYA ZAHEERVisit NoAge/Gender: 45 Y O M O D /FRegistrationLab No: 10139635Sample ColReferred By: Dr.KALYAN MULLICKSample Refered			egistration ON : 09/ mple Collected ON : 09/ mple Received ON : 09/ eport Generated ON : 09/	A250042340 Mar/2025 10:47AM Mar/2025 10:56AM Mar/2025 11:09AM Mar/2025 11:47AM DOMEN
Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				
	CH		١K	



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 1 of 3

[Checked By]

Print.Date/Time: 09-03-2025 14:35:40 \*Patient Identity Has Not Been Verified. Not For Medicolegal

PR.

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
sit No : CHA250042340 gistration ON : 09/Mar/2025 10:47AM
mple Collected ON : 09/Mar/2025 10:56AM
mple Received ON : 09/Mar/2025 11:09AM
port Generated ON : 09/Mar/2025 12:39PM
MAMINATION, USG WHOLE ABDOMEN
Bio. Ref. Range Method
NEGATIVE
NEGATIVE



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 2 of 3

[Checked By]

Print.Date/Time: 09-03-2025 14:35:42 \*Patient Identity Has Not Been Verified. Not For Medicolegal

PR.

Charak dhar		Phone : 0522-406 9415577933, 933	292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003 <b>Phone</b> : 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, <b>Tollfree No.</b> : 8688360360 <b>E-mail</b> : charak1984@gmail.com		
DIAGN	OSTICS Pvt. Ltd.	CMO Reg. No. I NABL Reg. No. I Certificate No. M	MC-2491		
Patient Name	: Ms. JAWARIYA ZAHEER	Visit No	: CHA250042340		
Age/Gender	: 45 Y O M O D /F	Registration ON	: 09/Mar/2025 10:47AM		
Lab No	: 10139635	Sample Collected ON	: 09/Mar/2025 10:56AM		
Referred By	: Dr.KALYAN MULLICK	Sample Received ON	: 09/Mar/2025 10:56AM		
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 09/Mar/2025 02:00PM		
Doctor Advice	. TYPHOID IGG& IGM,URIC ACID,CHEST PA,UF	RINE C/S,URINE COM. EXMAMINATION,USG W	HOLE ABDOMEN		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE EXAMINATION REPORT				
Colour-U	STRAW	Light Yellow		
Appearance (Urine)	CLEAR	Clear		
Specific Gravity	1.010		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	30 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		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	Nil	/hpf	< 5/hpf	
Epithelial Cells	1-2	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

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





DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 3 of 3

[Checked By]

Print.Date/Time: 09-03-2025 14:35:46 \*Patient Identity Has Not Been Verified. Not For Medicolegal

Patient Name	: Ms. JAWARIYA ZAHEER	Visit No	: CHA250042340
Age/Gender	: 45 Y O M O D /F	Registration ON	: 09/Mar/2025 10:47AM
Lab No	: 10139635	Sample Collected ON	: 09/Mar/2025 10:47AM
Referred By	: Dr.KALYAN MULLICK	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 09/Mar/2025 12:57PM

## ULTRASOUND STUDY OF WHOLE ABDOMEN

- Liver is mildly enlarged in size, and shows homogenously 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. Few tiny echogenic foci with comet tail artifacts are seen in gall bladder wall at fundus region . No calculus is seen.
- <u>CBD</u> is normal at porta. No obstructive lesion is seen.
- **<u>Portal vein</u>** Portal vein is normal at porta.
- <u>Pancreas</u> 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 enlarged in size [ 129mm] and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen. No ascites is seen.
- <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 83 x 36 mm in size. Left kidney measures 98 x 38 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 mildly bulky in size, measures 88 x 45 x 42 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 8.8 mm. No endometrial collection is seen. No mass lesion is seen.
- <u>Cervix</u> is normal.
- <u>Both ovaries</u> : Left ovary is normal in size and echotexture. A well defined cystic lesion of size 28x26x31mm with volume of 12.18cc is seen in right ovary.
- No free fluid is seen in Cul-de-Sac.

**OPINION:** 

РR

- MILD HEPATO-SPLENOMEGALY WITH FATTY INFILTRATION LIVER GRADE I .
- FEW TINY ECHOGENIC FOCI WITH COMET TAIL ARTIFACTS IN GALL BLADDER WALL AT FUNBDUS REGION --? CHOLESTEROLOSIS CHANGES/EARLY CHANGES OF ADENOMYOMATOSIS. ADV: FOLLOW UP.
- MILDLY BULKY UTERUS
- RIGHT OVARIAN CYST ...... ? HAEMORRHAGIC .

Clinical correlation is necessary.

transcribed by: anup

[DR. R. K. SINGH, MD]



Patient Name	: Ms. JAWARIYA ZAHEER	Visit No	: CHA250042340
Age/Gender	: 45 Y O M O D /F	Registration ON	: 09/Mar/2025 10:47AM
Lab No	: 10139635	Sample Collected ON	: 09/Mar/2025 10:47AM
Referred By	: Dr.KALYAN MULLICK	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 09/Mar/2025 02:00PM

## 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.
- Dorsal vertebrae show lateral osteophytes.
- Both domes of diaphragm are sharply defined. **OPINION**
- NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.

## Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

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

