Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
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.ARBUNNISHA	Visit No	: CHA250042885
Age/Gender	: 60 Y/F	Registration ON	: 10/Mar/2025 11:28AM
Lab No	**: 10140180**	Sample Collected ON	: 10/Mar/2025 11:31AM
Referred By	: Dr.M SIDDIQUI	Sample Received ON	: 10/Mar/2025 11:37AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 10/Mar/2025 12:48PM
Doctor Advice	: CREATININE,CT WhOLE ABDOMEN,LIPID-PROFILE,TSH,FT4,PT/PC/INR,HBA1C (EDTA),LIPASE,AMYLASE		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.7	%	4 - 5.7	HPLC (EDTA)

NOTE:-
Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby the Gold Standard Reference method,ie:HPLC Technology(High performance Liquid Chromatography D10) from Bio-Rad Laboratories.USA.

EXPECTED (RESULT) RANGE :

Bio system	Degree of normal
4.0 - 5.7 %	Normal Value (OR) Non Diabetic
5.8 - 6.4 %	Pre Diabetic Stage
> 6.5 %	Diabetic (or) Diabetic stage
6.5 - 7.0 %	Well Controlled Diabet
7.1 - 8.0 %	Unsatisfactory Control
> 8.0 %	Poor Control and needs treatment

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
Cholesterol/HDL Ratio	3.42	Ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0-6.0 Elevated / High risk - >6.0	Calculated
LDL / HDL RATIO	1.92	Ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0-6.0 Elevated / High risk - > 6.0	Calculated

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
AMYLASE				
SERUM AMYLASE	34.9	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

LIPASE				
LIPASE	42.4	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.....

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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 10/Mar/2025 04:44PM
Doctor Advice	: CREATININE,CT WhOLE ABDOMEN,LIPID-PROFILE,TSH,FT4,PT/PC/INR,HBA1C (EDTA),LIPASE,AMYLASE		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
FT4				
FT4	**15.2**	pmol/L	7.86 - 14.42	CLIA

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 TSH levels.

(ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -2010)

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Doctor Advice	: CREATININE,CT WhOLE ABDOMEN,LIPID-PROFILE,TSH,FT4,PT/PC/INR,HBA1C (EDTA),LIPASE,AMYLASE		

PR.

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	

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DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIPID-PROFILE				
TOTAL CHOLESTEROL	**204.00**	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	149.40	mg/dL	Normal: <150 mg/dl Borderline-high:150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Serum, Enzymatic, endpoint
H D L CHOLESTEROL	59.60	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	**114.52**	mg/dL	Optimal:<100 mg/dl Near Optimal:100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High:>/= 190 mg/dl	CO-PAP
VLDL	29.88	mg/dL	10 - 40	Calculated

MC-2491

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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	2.30	uIU/ml	0.47 - 4.52	ECLIA

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

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

MC-2491

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PR.

CT WhOLE ABDOMEN

CECT STUDY OF WHOLE ABDOMEN (ORAL, RECTAL & IV CONTRAST)

CT study performed before and after injecting (intravenous) 60ml of non ionic contrast media and oral administration of 20ml contrast media diluted with water.

- **Liver** is enlarged in size (Span 160mm) and shows reduced density of parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is absent (history of surgery).
- **CBD** is prominent measuring upto 11mm at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous density of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous density of parenchyma. No SOL is seen.
- **Both Kidneys** are normal in size and position. No hydronephrosis is seen. No calculus is seen. Left kidney shows tiny cortical cyst in mid polar region, measuring 6 x 6m.
- **Both** ureters are normal in course and calibre.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Urinary Bladder** is normal in contour with normal lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is normal for age and shows homogenous myometrial density. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.
- Opacified bowel loops are seen normally. No abnormally thickened / edematous bowel loop is seen. No collection is seen. No bowel origin mass lesion is seen.

IMPRESSION:

- **MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER.**
- **PROMINENT C.B.D (POST CHOLECYSTECTOMY).**
- **TINY LEFT RENAL CORTICAL CYST (BOSNIAK TYPE-I).**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

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