

Patient Name : Ms. ISMA	Visit No : CHA250043200
Age/Gender : 28 Y/F	Registration ON : 10/Mar/2025 03:02PM
Lab No : 10140495	Sample Collected ON : 10/Mar/2025 03:04PM
Referred By : Dr. ANANT SHEEL CHAUDHARY	Sample Received ON : 10/Mar/2025 03:22PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 04:53PM
Doctor Advice : LFT, MRI BRAIN, CREATININE, CT THORAX	



Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.72	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.18	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.54	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	91.40	U/L	30 - 120	PNPP, AMP Buffer
SGPT	17.0	U/L	5 - 40	UV without P5P
SGOT	26.0	U/L	5 - 40	UV without P5P

*** End Of Report ***

CHARAK



[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
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PATHOLOGIST

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CEMRI: BRAIN

IMAGING SEQUENCES (CEMR)

AXIAL: DIFF, T1, TIRM & TSE T2 Wis. SAGITTAL: T2 Wis. CORONAL: TIRM Wis.

Post Contrast: T1 sagittal, axial & coronal

Few small thick walled ring enhancing conglomerated lesions are seen in left fronto-parietal lobes, largest measuring approx 22x 19mm. Mild to moderate perifocal edema is seen with effacement of adjacent cortical sulci.

Rest of the cerebral hemispheres show normal MR morphology, signal intensity and gray - white matter differentiation. The basal nuclei, thalami and corpus callosum are showing normal signal intensity pattern. Both lateral ventricles and third ventricle are normal in size shape and outline. Septum pellucidum and falx cerebri are in midline. No midline shift is seen.

Brain stem and cerebellar hemispheres are showing normal morphology, signal intensity and outline. Fourth ventricle is normal in size and midline in position.

Major intracranial dural venous sinuses are showing normal outline and flow void.

Sella, supra-sellar and para-sellar structures are normally visualized.

IMPRESSION:

- **Inflammatory granulomas in left fronto-parietal lobes with perifocal edema – ? tuberculomas.**

Please correlate clinically.

DR. RAVENDRA SINGH
MD

Typed by Ranjeet



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CT THORAX**CECT STUDY OF THORAX**

- **Few solid nodular opacities (upto 7 mm in maximum size) are seen in bilateral lungs predominantly in upper lobes. Few of them are showing soft calcification. Few patchy areas of fibro-atelectatic changes are also seen in bilateral lungs.** Rest of the lung fields are clear and show normal pulmonary architecture.
- No pleural effusion is seen on either side.
- *Few subcentimeteric mediastinal & bilateral axillary (right > left) lymphnodes are seen with the largest measuring approx. 7 mm in MSAD seen in right axilla.*
- Trachea is central.
- Heart size is normal.
- Esophagus is seen normally.

OPINION:

- **NODULAR OPACITY IN BILATERAL LUNGS AS DESCRIBED - ? INFECTIVE / POST INFECTIVE / ?? NATURE.**

Correlation with previous imaging (if any) and records is recommended).

Clinical correlation is necessary.

(DR. JAYENDRA KUMAR, MD)

Transcribed by Rachna

*** End Of Report ***

