Charak dhar DIAGNOSTICS Pvt. Ltd.

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CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms.SUMAN	Visit No	: CHA250043530
Age/Gender	: 43 Y/F	Registration ON	: 11/Mar/2025 09:01AM
Lab No	**: 10140825**	Sample Collected ON	: 11/Mar/2025 09:04AM
Referred By	: Dr.AVINASH CHANDRA SRIVASTAV	Sample Received ON	: 11/Mar/2025 09:27AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 11/Mar/2025 10:53AM
Doctor Advice	: USG UPPER ABDOMEN,LFT,TSH		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.61	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.30	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.31	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	**180.00**	U/L	30 - 120	PNPP, AMP Buffer
SGPT	**73.8**	U/L	5 - 40	UV without P5P
SGOT	**52.4**	U/L	5 - 40	UV without P5P
TSH				
TSH	1.80	uIU/ml	0.47 - 4.52	ECLIA

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

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

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

MC-2491

[Checked By]

Print.Date/Time: 11-03-2025 11:35:28

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 11/Mar/2025 10:10AM

PR.

Patient Name	: Ms.SUMAN	Visit No	: CHA250043530
Age/Gender	: 43 Y/F	Registration ON	: 11/Mar/2025 09:01AM
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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is 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.
- **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.
- No retroperitoneal adenopathy is seen.
- No 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 93 x 45 mm in size. Left kidney measures 94 x 42 mm in size.

OPINION:

MILD HEPATOMEGALY WITH FATTY INFILTRATION LIVER GRADE I .

ADV: LFT AND FIBROSCAN

Clinical correlation is necessary.

[[DR. R. K. SINGH, MD]]

transcribed by: anup

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

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