DH vit. D,T3T4 esult Negative Negative	Ri Si Si Ri	NABL Reg Certificate	: 16/N N : 16/N N : 16/N DN : 16/N	)1
esult Negative	Ri Sa Sa ITSH,LIPASE,A	egistration ON ample Collected O ample Received O eport Generated C MYLASE,URIC ACII Bio. Re	: 16/N N : 16/N N : 16/N DN : 16/N DN : 16/N DN : 16/N F. Range	1ar/2025 09:09AM 1ar/2025 09:16AM 1ar/2025 09:37AM 1ar/2025 11:20AM CARD,KIDNEY FUNCTION TEST
Negative	Unit			Method
Negative	Unit			Method
•		N	egative	
5.6	mg/dL	2.4	0 - 5.70	Uricase,Colorimetri
110.1	11/1	20	0.00.00	<b>F</b>
112.1	U/L	20.	0-80.00	Enzymatic
earance or b but is not p vith milder e is of pancre normal activ ppression of	ooth, Serum A roportional to dematous for as or Pseudoo ity, Hyperlip f Amylase ac	Amylase rises wi o the severity of the rm of the disease. cyst formation. A emic patients witt tivity by triglycen	thin 6 to 48 h the disease. A Values persis opproximately h Pancreatitis tide. Low Am	ours activity sting y 20% s also
	ΛD	ΛK		
34.4	U/L		pto 60	colorimetric
	112.1 f the elevative earance or b but is not p vith milder e is of pancre normal active ppression or ve Heart fail 34.4 c pancreatiti ut 7 - 10 day	112.1 U/L   f the elevation in serum i   earance or both. Serum A   but is not proportional to   vith milder edematous for   is of pancreas or Pseudoo   normal activity. Hyperlip   ppression of Amylase ac   ve Heart failure, 2nd & 3r   34.4 U/L   c pancreatitis, and obstruct   ut 7 - 10 days .Increased	112.1 U/L 20.   f the elevation in serum is due to increase earance or both. Serum Amylase rises wi but is not proportional to the severity of twith milder edematous form of the disease. Is of pancreas or Pseudocyst formation. Anormal activity. Hyperlipemic patients with ppression of Amylase activity by triglycer we Heart failure, 2nd & 3rd trimesters of pancreatitis, and obstruction of the pancreut 7 - 10 days . Increased lipase activity rate	<b>112.1</b> U/L 20.0-80.00 f the elevation in serum is due to increased rate of Amy earance or both. Serum Amylase rises within 6 to 48 h but is not proportional to the severity of the disease. A with milder edematous form of the disease. Values persi is of pancreas or Pseudocyst formation. Approximately normal activity. Hyperlipemic patients with Pancreatitis ppression of Amylase activity by triglyceride. Low Am we Heart failure, 2nd & 3rd trimesters of pregnancy,

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......



DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 1 of 6

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Print.Date/Time: 16-03-2025 13:01:01 \*Patient Identity Has Not Been Verified. Not For Medicolegal

PR.

			Phone : 0522-4 9415577933, 9 E-mail : charak CMO Reg. No	062223, 930 0336154100, 1984@gmail.	
AGINOSTICS Pvt	. Ltd.		NABL Reg. No Certificate No		0218
Patient Name : Ms. VINISHA Age/Gender : 30 Y/F Lab No : 10143434 Referred By : Dr. KRISHNA KUMAR MITH Refer Lab/Hosp : CGHS (DEBIT) Doctor Advice : USG WHOLE ABDOMEN, W		Samp Samp Repo	No stration ON ble Collected ON ble Received ON rt Generated ON	: CHA25 : 16/Mar : 16/Mar : 16/Mar : 16/Mar	0046139 7/2025 09:09AM 7/2025 09:16AM 7/2025 09:37AM 7/2025 11:20AM RD,KIDNEY FUNCTION TEST
I,LFT,TYPHOID IGM					
Test Name	Result	Unit	Bio. Ref. R	ange	Method
25 OH vit. D	Result	Unit	2101 1011 11		
25 Hydroxy Vitamin D	9.17	ng/ml			ECLIA
Sufficiency 30 - 100 Toxicity > 100 DONE BY: ELECTROCHEMILUM	INESCENCE IMMU	JNOASSAY( Co	obas e 411,Unice	l DxI600,vit	ros ECI)
VITAMIN B12	201	pg/mL			CLIA
			180 - 814		
Summary :- Nutritional & macrocytic anemia This deficiency can result from c alcoholism or from structural / fu processes. Malabsorption is the p	liets devoid of meat & inctional damage to d	& bacterial produ ligestive or absor	icts, from		7
Nutritional & macrocytic anemia This deficiency can result from c alcoholism or from structural / fu	liets devoid of meat & inctional damage to d	& bacterial produ ligestive or absor	145.0 Defic amin B12. acts, from		Ţ
Nutritional & macrocytic anemia This deficiency can result from c alcoholism or from structural / fu	liets devoid of meat & inctional damage to d major cause of this de	& bacterial produ ligestive or absor	145.0 Defic camin B12. acts, from pative		
Nutritional & macrocytic anemia This deficiency can result from c alcoholism or from structural / fu	liets devoid of meat & inctional damage to d major cause of this de	& bacterial produ ligestive or absor eficiency.	145.0 Defic camin B12. acts, from pative		
Nutritional & macrocytic anemia This deficiency can result from c alcoholism or from structural / fu	liets devoid of meat & inctional damage to d major cause of this de	& bacterial produ ligestive or absor eficiency.	145.0 Defic camin B12. acts, from pative		
Nutritional & macrocytic anemia This deficiency can result from c alcoholism or from structural / fu	liets devoid of meat & inctional damage to d major cause of this de	& bacterial produ ligestive or absor eficiency.	145.0 Defic camin B12. acts, from pative		



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 2 of 6

[Checked By]

Charak dhar DIAGNOSTICS PVL. Ltd			Phone : 9415577 E-mail : CMO R NABLR	Tulsidas Marg, 0522-4062223, 933, 9336154 charak1984@g eg. No. RMEE eg. No. MC-2	93055482 100, <b>Tollfre</b> mail.com 2445133 491	77, 84008888 ee No.: 86883	44
				ate No. MIS-20		100	
Patient Name : Ms.VINISHA Age/Gender : 30 Y/F			Visit No Registration ON		A250046	5 09:09AN	1
Lab No : 10143434			Sample Collected			25 09:09AN 25 09:16AN	
Referred By : Dr.KRISHNA KUMAR MITRA (	CGHS		Sample Received			25 09:37AN	
Refer Lab/Hosp : CGHS (DEBIT) Doctor Advice : USG WHOLE ABDOMEN,VIT B I,LFT,TYPHOID IGM		T4TSH,LIPA	Report Generate	ION : 16/	′Mar/202	25 12:24PM	
		i					
Test Name	Result	Unit	Bio. I	lef. Range		Method	
TYPHOID IGM	POSITIVE			NEGATIVE			



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Print.Date/Time: 16-03-2025 13:01:03 \*Patient Identity Has Not Been Verified. Not For Medicolegal DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST Placement .

DR. ADITI D AGARWAL PATHOLOGIST Page 3 of 6

Charak		Phone : 0522-4062	
DIAGNOSTICS	Pvt. Ltd.	CMO Reg. No. R NABL Reg. No. M Certificate No. M	C-2491
atient Name : Ms.VINISHA .ge/Gender : 30 Y/F			CHA250046139 16/Mar/2025 09:09AM
ab No : 10143434		Sample Collected ON :	16/Mar/2025 09:16AM
eferred By : Dr.KRISHNA KUMAR M efer Lab/Hosp : CGHS (DEBIT) octor Advice : USG WHOLE ABDOME I,LFT,TYPHOID IGM	·	Report Generated ON :	16/Mar/2025 09: 37AM 16/Mar/2025 12: 24PM MP BY CARD,KIDNEY FUNCTION TEST
Test Name	Result	Unit Bio. Ref. Rang	e Method
WIDAL			
Sample Type : SERUM	1.440		
SALMONELLA TYPHI O SALMONELLA TYPHI H	1/40 1/40		
NOTE:	Negative		
	СНА	RAK	



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST

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DR. ADITI D AGARWAL PATHOLOGIST Page 4 of 6

PATHOLOGIST

			292/05, Tulsidas Marg, Basement Chowk, Lucknow-22 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.VINISHA		Visit N	No : CHA	250046139		
Age/Gender : 30 Y/F	: 30 Y/F		tration ON : 16/N	Mar/2025 09:09AM		
Lab No : 10143434	ab No : 10143434		le Collected ON : 16/N	Mar/2025 09:16AM		
eferred By : Dr.KRISHNA KUMAR MITRA (CGHS			le Received ON : 16/	Mar/2025 09:37AM		
DIARIONAR WITRA	Refer Lab/Hosp : CGHS (DEBIT) Doctor Advice : USG WHOLE ABDOMEN,VIT B12,25 OH vit. D,T3T4TSH,LIP/ I,LFT,TYPHOID IGM					
Refer Lab/Hosp : CGHS (DEBIT) Doctor Advice USG WHOLE ABDOMEN,VIT	B12,25 OH vit. D,T3T4			Mar/2025 12: 24PM Y CARD,KIDNEY FUNCTION TEST		
Refer Lab/Hosp : CGHS (DEBIT) Doctor Advice USG WHOLE ABDOMEN,VIT	B12,25 OH vit. D,T3T4					
efer Lab/Hosp : CGHS (DEBIT) Doctor Advice USG WHOLE ABDOMEN,VIT	B12,25 OH vit. D,T3T4					
efer Lab/Hosp : CGHS (DEBIT) Ooctor Advice : USG WHOLE ABDOMEN,VIT I,LFT,TYPHOID IGM	1 1	4TSH,LIPASE,AMYL	ASE,URIC ACID,WIDAL,MP B	Y CARD, KIDNEY FUNCTION TEST		
efer Lab/Hosp : CGHS (DEBIT) Doctor Advice : USG WHOLE ABDOMEN,VIT I,LFT,TYPHOID IGM	1 1	4TSH,LIPASE,AMYL	ASE,URIC ACID,WIDAL,MP B	Y CARD, KIDNEY FUNCTION TEST		
CGHS (DEBIT) Ooctor Advice : CGHS (DEBIT) USG WHOLE ABDOMEN,VIT I,LFT,TYPHOID IGM Test Name LIVER FUNCTION TEST	Result	4TSH,LIPASE,AMYL Unit	ASE,URIC ACID,WIDAL,MP B	Y CARD, KIDNEY FUNCTION TEST		
CGHS (DEBIT) Doctor Advice : USG WHOLE ABDOMEN,VIT I,LFT,TYPHOID IGM Test Name LIVER FUNCTION TEST TOTAL BILIRUBIN	<b>Result</b>	4TSH,LIPASE,AMYL Unit mg/dl	ASE,URIC ACID,WIDAL,MP B Bio. Ref. Range 0.4 - 1.1	Y CARD, KIDNEY FUNCTION TES		
efer Lab/Hosp : CGHS (DEBIT) Doctor Advice : USG WHOLE ABDOMEN,VIT I,LFT,TYPHOID IGM Test Name LIVER FUNCTION TEST TOTAL BILIRUBIN CONJUGATED ( D. Bilirubin)	<b>Result</b> 0.72 0.13	4TSH,LIPASE,AMYL Unit mg/dl mg/dL	ASE,URIC ACID,WIDAL,MP B Bio. Ref. Range 0.4 - 1.1 0.00-0.30	Y CARD, KIDNEY FUNCTION TES		
efer Lab/Hosp : CGHS (DEBIT) Doctor Advice : USG WHOLE ABDOMEN,VIT I,LFT,TYPHOID IGM Test Name LIVER FUNCTION TEST TOTAL BILIRUBIN CONJUGATED ( D. Bilirubin) UNCONJUGATED ( I.D. Bilirubin)	Result     0.72     0.13     0.59	4TSH,LIPASE,AMYL Unit mg/dl mg/dL mg/dL	ASE,URIC ACID,WIDAL,MP B Bio. Ref. Range 0.4 - 1.1 0.00-0.30 0.1 - 1.0	Y CARD, KIDNEY FUNCTION TES Method Diazonium Ion Diazotization Calculated		

Sample Type : SERUM				
BLOOD UREA	1 <mark>6.4</mark> 0	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate- kinetic
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct

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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST



DR. ADITI D AGARWAL PATHOLOGIST Page 5 of 6

MC-2491 Print.Date/Time: 16-03-2025 13:01:08 \*Patient Identity Has Not Been Verified. Not For Medicolegal

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## 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.VINISHA	Visit No	: CHA250046139
Age/Gender	: 30 Y/F	Registration ON	: 16/Mar/2025 09:09AM
Lab No	: 10143434	Sample Collected ON	: 16/Mar/2025 09:16AM
Referred By	: Dr.KRISHNA KUMAR MITRA (CGHS	Sample Received ON	: 16/Mar/2025 09:37AM
Refer Lab/Hosp Doctor Advice	: CGHS (DEBIT) USG WHOLE ABDOMEN,VIT B12,25 OH vit. D,T3T4TSH,LIPA I,LFT,TYPHOID IGM	Report Generated ON SE,AMYLASE,URIC ACID,WI	: 16/Mar/2025 11:12AM IDAL,MP BY CARD,KIDNEY FUNCTION TEST

Ъ.

Test Name	Result	Unit	Bio. Ref. Range	Method	
T3T4TSH					
Т3	2.29	nmol/L	1.49-2.96	ECLIA	
Τ4	136.75	n mol/l	63 - 177	ECLIA	
TSH	2.43	ulU/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)









DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 6 of 6

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