

MULTI-SPECIALITY HOSPITAL

PATIENT NAME	ANCHI IZUMANA		
	ANSHU KUMARI	DATE	1 April 2024
REF. BY DR.	self	ACEICEN	
INVESTIGATION	LICC OF WHOLE THE	AGE/SEX	28 YEARS/FEMALE
LIVED	USG OF WHOLE ABDOMEN	UHID NO	12677

LIVER: -

Liver is normal in size (137 mm), appearance and echo texture. No focal

lesion seen. No IHBR dilatation seen.

CBD: -

CBD (2.0 mm) and portal vein appear normal. No calculi or thrombosis seen.

GB: -

Gall bladder is well distended and appears normal. No calculi seen. No

pericholecystic fluid seen.

SPLEEN: -

Spleen measures 95 mm in long axis and appears normal. Splenic veins appear

normal. No focal lesion seen.

PANCREAS: -

Pancreas and Para-aortic region appear normal. Pancreatic duct appears

Normal. No focal lesion noted.

R. KIDNEY: -

Right kidney is normal in size and echo texture. Cortico-medullary

differentiation is well preserved. Evidence of tiny concretions, measuring approx. 3.2 mm seen in mid calyx region. No hydronephrosis seen.

Rt. Kidney: - 110 x 40 mm.

L. KIDNEY: -

Left kidney is normal in size and echo texture. Cortico-medullary differentiation is well preserved. No calculi or hydronephrosis seen.

Lt. Kidney: - 119 x 59 mm.

URETERS: -

Both ureters are normal. No dilatation or calculi seen.

UB: -

Urinary bladder is well distended and normal. Wall thickness is normal. Lumen is echo free

UTERUS: -

Uterus is anteverted and measuring 80 x 43 x 44 mm. Endometrial and Myometrium appears normal. Endometrial thickness measuring up to 05 mm There is no evidence of Focal lesion.

CERVIX: -

Cervix is normal

ADNEXA: -

Both ovaries are normal in size and shape. Evidence of a well-defined rounded hyperechoic lesion measuring approx. 15 x 14 mm seen in right ovary possibility of dermoid cyst.

Right ovary measuring about 24 x 18 mm Left ovary measuring about 27 x 18 mm

OTHER: -

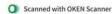
- No enlarged lymph nodes are seen.
- No free fluid seen in peritoneal cavity.
- No free fluid collection seen in P.O.D.

IMPRESSION

- Right renal concretions.
- Right side ovarian ?dermoid cyst. Follow-up scan after 4 months.
- Excessive bowel gasses are seen.

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UHID No / Reg No :- UD-24250012677 / 24250012677

Receipt No

Address

Patient Name :- Mrs ANSHU KUMARI Husband BANK OF BARODA

> :- 24250000002 / 01 Apr 2024 :- , Madhubani

Referred By

Print Date: 01-Apr-2024 06:17 PM

Mobile :- 8409122272

Final Report

Age :- 28 Y/F

	- Topole		
Investigations	Observations	Biological Ref. Interval	
Sample No:242514 Type of Sample :- Blood,		Biological Ref. Interval	Unit
HAEMATOLOGY			
CBC			
нв			
TLC	12.1	11.00 - 16.00	gm/dl
DLC DIFFERENTIAL LEUCOCYTE COUNT	5,000	4000.00 - 11000.00	Cells/cumm.
NEUTROPHILS			
LYMPHOCYTES	60	40.00 - 75.00	%
EOSINOPHILS	34	20.00 - 45.00	%
Management of the second of th	04	1.00 - 6.00	%
MONOCYTES	02	2.00 - 10.00	%
BASOPHILS	00	<1-2	
BLASTS	00	_	%
RBC	4.52	3.50 - 4.50	%
ICT	34.9	35.00 - 50.00	million/cumm
ICV(MEAN CELL VOLUME)	77.21	83.00 - 101.00	%
ICH(MEAN CELL HAEMOGLOBIN)	26.9		fl
CHC	34.8	27.00 - 32.00	pg
LATELET COUNT	1.32	31.50 - 35.00	gm%
emarks:- S D	I D I T 7	1.50 - 4.10	lacs /cumm
	Y LC Y 1	UHEA	L

* END OF REPORT *

Dr E Haque

MBBS.MD **Pathologist**

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HAEMATOLOGY			
ESR	05	0.00	
BLOOD GROUP		0.00 - 20.00	mm at 1 hr
ABO BLOOD GROUP	"AB"		
RH. FACTOR	POSITIVE		
Remarks :-			

* END OF REPORT *

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Pathologist

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Unit
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Remarks :-

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4.0

Lab Teennician

Dr E Haque MBBS.MD **Pathologist**

* END OF REPORT *

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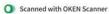
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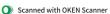
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Sample No:242514 Type of Sample :- Blood,		3 12 2 1401	Unit
BIOCHEMISTRY			
RFT (RENAL FUNCTION TESTS)			
UREA	18.0		
CREATNINE		13.00 - 43.00	mg/dl
URIC ACID	0.79	0.60 - 1.10	mg/dl
SERUM SODIUM NA+	3.8	2.50 - 6.00	mg/dl
	137.0	135.00 - 145.00	mEq/Ltr
SERUM POTASSIUM K+	4.3	3.50 - 5.20	mEq/Ltr
SERUM CHLORIDE CL-	106.1	98.00 - 110.00	mEq/Ltr
CALCIUM	9.0	8.80 - 10.20	mg/dl
PHOSPHORUS	4.1	2.50 - 5.00	-70
TOTAL PROTIENS	7.2	6.60 - 8.70	mg/dl
ALBUMIN	4.0	100000000000000000000000000000000000000	g/dl
GLOBULIN		3.50 - 5.20	gm%
ALBUMIN/GLOBULIN RATIO	3.20	1.50 - 3.60	gms/dl
	1.25	1.00 - 1.80	g/dl
Remarks :-			

Dr E Haque MBBS.MD **Pathologist**

* END OF REPORT *

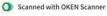
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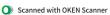
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Investigations	Observations	Biological Ref. Interval	Unit
Sample No:242514 Type of Sample :- Blood,			Onic
BIOCHEMISTRY			
LFT (LIVER FUNCTION TESTS)			
TOTAL BILIRUBIN	0.89	0.00 - 1.20	mg/dl
DIRECT BILIRUBIN	0.24	0.00 - 0.30	mg/dl
INDIRECT BILIRUBIN	0.65	0.20 - 0.70	mg/dl
SGOT	26.0	2.00 - 31.00	U/L
SGPT	17.0	0.00 - 45.00	U/L
ALKALINE PHOSPHATASE	81.0	56.00-119.00	U/L
TOTAL PROTIENS	7.2	6.60 - 8.70	g/dI
ALBUMIN GLOBULIN	4.0	3.50 - 5.20	gm%
A/G RATIO	3.20	1.50 - 3.60	gms/dl
AA KAITO	1.25	2:1	RATIO
Remarks :-			

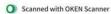
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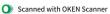
Dr E Haque MBBS.MD **Pathologist**

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Investigations	Observations	Biological Ref. Interval	The state of the s
Sample No:242514 Type of Sample :- Blood,		The great Ref. Interval	Unit
BIOCHEMISTRY			
LIPID PROFILE			
TOTAL CHOLESTROL			
	178.0	Desirable: - < 200 mg/dL Borderline: - 200 - 239 mg/dL	mg/dl
TRIGLYCERIDES		High : - > 240mg/dL	
HDL CHOLESTROL	139.0	35.00 - 160.00	mg/dl
LDL CHOLESTROL	48.0	42.00 - 88.00	mg/dl
VLDL CHOLESTROL	102.20	<130	mg/dl
5.000 M	27.80	<40	mg/dl
CHOLESTROL/ HDL RATIO	3.71	<3.0 LOW RISK, 3.0-5.0 AVG	ratio
LDL/HDL RATIO		RISK, >5.0 HIGH RISK	Tatio
	2.13	<3	ratio
emarks :-	ALC: NO		1725-706-70

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Pathologist

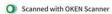
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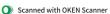
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Investigations	Observations	Di-L : L- :	
Sample No:242514 Type of Sample :- Blood,	Observations	Biological Ref. Interval	Unit
BIOCHEMISTRY			
GAMMA-GLUTAMYL TRANSFERASE (GGT)	28.0	0.00 - 55.00	7110
Remarks :-			IU/L

Lab Pechnician

* END OF REPORT *

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SPIRIT TO HEAL

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Final Report

Age :- 28 Y/F

Investigations Observations Biological Ref. Interval Sample No:242514 Type of Sample :- Blood, **URINE EXAMINATION URINE SUGAR** URINE SUGAR FASTING :- NIL **BIOCHEMISTRY BLOOD SUGAR FASTING** 82.0 70.00 - 110.00 mg/dl

Remarks :-

* END OF REPORT *

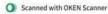
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Pathologist

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Final Report

Age :- 28 Y/F

The state of the s	-	mai Keport		
Investigations		Observations	Biological Ref. Interval	Unit
Sample No:242515 Type of Sample URINE EXAMINATION URINE ROUTINE EXAMINATION PHYSICAL EXAMINATION	e:- Urine,			- Olik
QUANTITY COLOR APPEARANCE CHEMICAL EXAMINATION		30 STRAW CLEAR	CLEAR YELLOW CLEAR	ml
SPECIFIC GRAVITY PH GLUCOSE PROTEIN- MICROSCOPIC EXAMINATION		1.005 6.0 NIL NIL	1.01 - 1.03 4.60 - 7.50	
PUS CELLS RBCS (RED BLOOD CELLS) EPITHELIAL CELLS CASTS CRYSTALS BACTERIA	E (4-6 NIL 6-8 ABSENT ABSENT (++)	2.00 - 3.00 3.50 - 4.50 ABSENT ABSENT ABSENT	/HPF /HPF /HPF
YEAST CELLS OTHERS Remarks:-		ABSENT NIL	ABSENT	

Lab fechnician

* END OF REPORT *

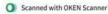
Dr E Haque

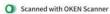
MBBS.MD **Pathologist**

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Final Report

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Interval (Hart	
zincervar (Unit	
15 ng	ng/ml	
70 uc	ug/dl	
	ıIU/ml	
2.	2.70	

Total T3 (Triiodothyronine)

Clinical Significance:

Thyroid hormones, T3 and T4, which are secreted by the thyroid gland, regulate a number of developmental, metabolic, and neural activities throughout the body. The thyroid gland synthesizes 2 hormones - T3 and T4. T3 production in the thyroid gland constitutes approximately 20% of the total circulating T3, 80% being produced by peripheral conversion from T4. T3 is more potent biologically. Total T3 comprises of Free T3 and bound T3. Bound T3 remains bound to carrier proteins like thyroid-binding globulin, prealbumin, and albumin). Only the free forms are metabolically active. In hyperthyroidism, both T4 and T3 levels are usually elevated, but in some rare cases, only T3 elevation is also seen. In hypothyroidism T4 and T3 levels are both low. T3 levels are frequently low in sick or hospitalized euthyroid patients.

Total T4 (Thyroxine)

Clinical Significance:

Total T4 is synthesized in the thyroid gland. About 0.05% of circulating T4 is in the free or biologically active form. The remainder is bound to thyroxine-binding globulin (TBG), prealbumin, and albumin, High levels of T4 (and FT4) causes hyperthroidism and low levels lead to

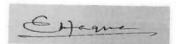
TSH 3rd Generation

Clinical Significance:

TSH levels are elevated in primary hypothyroidism and low in primary hyperthyroidism. Evaluation of TSH is useful in the differential diagnosis of primary from secondary and tertiary hypothyroidism. In primary hypothyroidism. TSH levels are elevated, while secondary and tertiary hypothyroidism, TSH levels are levated, while secondary and tertiary hypothyroidism, TSH levels are low or normal. High TSH level in the presence of normal FT4 is subclinical hypothyroidism and low TSH with normal FT4 is called subclinical hyperthyroidism. Sick, hospitalized patients may have falsely low or transiently elevated TSH. Significant diurnal

Remarks :-

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Dr E Haque MBBS.MD

Pathologist ڈی ورلڈ ملٹ



