



Mediwheel
...Your wellness partner

Dear Mr **MAKHIJA GAURAV ASHOKKUMAR**,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Health Checkup Female Below 40
Name of Diagnostic/Hospital : Aashka Multispeciality Hospital
Address of Diagnostic/Hospital- : Between Sargassan & Reliance Cross Road, Gandhi Nagar, Gujarat -
City : Gandhi Nagar
State : Gujarat
Pincode :
Appointment Date : 08-03-2025
Confirmation Status : Booking Confirmed
Preferred Time : 08:30 AM - 09:00 AM
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Anushka	35 year	Female

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.



Amulka
Age 36
2024 08/01/25
C/O Condy health center.

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6/6
6/6

Correct vision report

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Prescription Prescription Prescription



DR.KHUSHBOO PATEL
MS (OBS & GYN)
REG. NO. G-31287

UHID:		Date: 8/3/25	Time:
Patient Name: Anushka		Age: 35 yr	Mobile No:
Complaint and duration: Irregular menses			
History:			
Menstrual history:	DOT		
Cycles	Flow	Duration of Bleeding	Presence of pain
LMP: 28/2/23			
H/O Associated illnesses:			
HTN:		DM:	
Thyroid disorder: /		Others:	
Family History:			
Medication history:			
Obstetric History : P L 1 FET / FET / 1 yr			
No of deliveries :		Last child:	
Allergy History:			
Nutritional Screening: Well-Nourished / Malnourished / Obese			
General Examination: ✓			
CVS	BP:	Oedema of ft	
RS	Wt:	Tongue	
Breast examination:			

Prescription

P/ P118
 A |
 L/E P118
 P/S- cervix
 P/V


Provisional Diagnosis:

Investigation: Prof's surgery

Plan of care:

Rx						
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
		Clonidine		V gel	LA	BD
		T. PARSON	SL		1-200 x 300	

Follow-up:

Consultant's Sign: 



DR. FENIL KALARIYA
M.B.B.S, E.MD/MRCEM
CT/IDCCM
EMERGENCY PHYSICIAN &
CONSULTANT INTENSIVIST
REG.NO-G71225, 22/K-1562

UHID:		Date: <u>35/ff 08/2/25</u> Time: <u>3:30PM</u>
Patient Name: <u>Anushka Makhija</u>		Height: _____
Age / Sex: <u>35y/f</u>	LMP: _____	Weight: _____
History:		
C/C/O:	History:	
<u>- No any fresh complaints</u>	_____	
Allergy History: _____	Addiction: _____	
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Vitals & Examination:		
Temperature: <u>Afebrile</u>		
Pulse: <u>80bpm</u>		
BP: <u>106/60 mmHg</u>		
SPO2: <u>98%</u>		
Provisional Diagnosis: _____		


Prescription

Advice:

-pre diabetic

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
	-	life style modification				
	-	diet control control				
(1)	Tab.	liraglutide (1-0-0)				(15) days
	R					
(1)	Tab.	BENFDOPAMINE (1-0-0)				(1) month
(2)	cap.	UPRISIV (600) once a week Rx (6 week)				
(3)	Tab.	SHALICAT (1tab) (0-1-0)				(15) days

Insulin Scale	RBS- hourly	Diet Advice:	
< 150 -	300-350 -	Follow-up:	
150-200 -	350-400 -		
200-250 -	400-450 -	Sign:	
250-300 -	> 450 -		



LABORATORY REPORT



Name : ANUSHKA MAKHIJA	Sex/Age : Female/ 35 Years	Case ID : 50302200372
Ref.By :	Dis. At :	Pt. ID : 5647957
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 08-Mar-2025 09:38	Sample Type :	Mobile No. :
Sample Date and Time :	Sample Coll. By :	Ref Id1 : OSP36187
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O24259732

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Glyco Hemoglobin (HbA1c)			
HbA1C	6.16	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
Haemoglobin	9.8	G%	12.0 - 15.0
PCV(Calc)	30.20	%	36.00 - 46.00
MCV (RBC histogram)	64.4	fL	83 - 101
MCH (Calc)	20.9	pg	27.00 - 32.00
Eosinophil	9.0	%	1.00 - 6.00
Eosinophil	705	/μL	20.00 - 500.00
Lipid Profile			
LDL Cholesterol	115.80	mg/dL	0.00 - 100.00

Abnormal Result(s) Summary End

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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 Bill. Loc. : **Aashka hospital** Pt. Loc. :

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TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L 9.8	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.69	millions/cumm	3.80 - 4.80
PCV(Calc)	L 30.20	%	36.00 - 46.00
MCV (RBC histogram)	L 64.4	fL	83 - 101
MCH (Calc)	L 20.9	pg	27.00 - 32.00
MCHC (Calc)	32.5	gm/dL	31.50 - 34.50
RDW (RBC histogram)	15.90	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	7830	/μL	4000.00 - 10000.00
Neutrophil	[%] 50.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 3915 /μL EXPECTED VALUES 2000.00 - 7000.00
Lymphocyte	35.0	%	20.00 - 40.00 2741 /μL 1000.00 - 3000.00
Eosinophil	H 9.0	%	1.00 - 6.00 H 705 /μL 20.00 - 500.00
Monocytes	6.0	%	2.00 - 10.00 470 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00 0 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	409000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.43		0.78 - 3.53

SMEAR STUDY

RBC Morphology : Microcytic hypochromic RBCS.
 WBC Morphology : Eosinophilia
 Platelet : Platelets are adequate in number.
 Parasite : Malarial Parasite not seen on smear.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

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Ref.By : Dis. At : Pt. ID : 5647957
Bill. Loc. : Aashka hospital Pt. Loc :

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Report Date and Time : 08-Mar-2025 11:15	Acc. Remarks : Normal	Ref Id2 : O24259732

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	08	mm after 1hr	3 - 20	

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Sample Date and Time : 08-Mar-2025 09:38	Sample Coll. By :	Ref Id1 : OSP36187
Report Date and Time : 08-Mar-2025 10:00	Acc. Remarks : Normal	Ref Id2 : O24259732

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS

BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group)

ABO Type	O
Rh Type	POSITIVE

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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LABORATORY REPORT



Name : **ANUSHKA MAKHIJA** Sex/Age : **Female/ 35 Years** Case ID : **50302200372**
 Ref.By : Dis. At : Pt. ID : **5647957**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **08-Mar-2025 09:38** Sample Type : **Plasma Fluoride F,Plasma Fluoride PP,Serum** Mobile No :
 Sample Date and Time : **08-Mar-2025 09:38** Sample Coll. By : Ref Id1 : **OSP36187**
 Report Date and Time : **08-Mar-2025 12:10** Acc. Remarks : **Normal** Ref Id2 : **O24259732**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>Photometric,Hexokinase</i>	97.20	mg/dL	70 - 100	
Plasma Glucose - PP <i>Photometric,Hexokinase</i>	104.74	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <i>GLDH</i>	7.8	mg/dL	7.00 - 18.70	
Uric Acid <i>Uricase-Peroxidase method</i>	3.75	mg/dL	2.3 - 6.1	
Creatinine <i>Enzymatic</i>	0.60	mg/dL	0.55 - 1.02	

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 Ref.By : Dis. At : Pt. ID : 5647957
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:38	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Mar-2025 09:38	Sample Coll. By :	Ref Id1 : OSP36187
Report Date and Time : 08-Mar-2025 14:00	Acc. Remarks : Normal	Ref Id2 : O24259732

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C <i>Immunoturbidimetric</i>	H 6.16	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	130.09	mg/dL	Not available

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.
 Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
 Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
 Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
 In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
 The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 08-Mar-2025 09:38 Sample Type : Serum Mobile No :
 Sample Date and Time : 08-Mar-2025 09:38 Sample Coll. By : Ref Id1 : OSP36187
 Report Date and Time : 08-Mar-2025 11:15 Acc. Remarks : Normal Ref Id2 : O24259732

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	178.8	mg/dL	110 - 200	
HDL Cholesterol	50.2	mg/dL	40 - 60	
Triglyceride <i>GPO-POD</i>	64.01	mg/dL	40 - 200	
VLDL <i>Calculated</i>	12.80	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	3.56		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	H 115.80	mg/dL	0.00 - 100.00	

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value
Risk assesment from HDL and Triglycende has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Sample Date and Time : 08-Mar-2025 09:38	Sample Coll. By :	Ref Id1 : OSP36187
Report Date and Time : 08-Mar-2025 12:10	Acc. Remarks : Normal	Ref Id2 : O24259732

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>IIFC method without pyridoxal phosphate activation</i>	17.19	U/L	0.0 - 34.0
S.G.O.T. <i>IIFC method without pyridoxal phosphate activation</i>	21.74	U/L	0.0 - 35.0
Alkaline Phosphatase <i>PNPP-AMP Buffer</i>	77.59	U/L	46.0 - 122.0
Gamma Glutamyl Transferase <i>IFCC</i>	18.3	U/L	0.0 - 38.0
Proteins (Total) <i>Biuret</i>	7.48	g/dL	6.4 - 8.2
Albumin <i>Bromo Cresol Green</i>	4.61	g/dL	3.4 - 5.0
Globulin <i>Calculated</i>	2.87	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.61		1.0 - 2.1
Bilirubin Total <i>Diazotized Sulfanilic Acid Method</i>	0.67	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	0.19	mg/dL	0.0 - 0.3
Bilirubin Unconjugated <i>Calculated</i>	0.48	mg/dL	0 - 0.8

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Triiodothyronine (T3)	112.37	ng/dL	70 - 204	
Thyroxine (T4) <i>CMA</i>	8.66	ng/dL	4.87 - 11.72	
TSH <i>CMA</i>	1.79	μIU/mL	0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 μIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 μIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy Reference range (microIU/ml)

First trimester 0.24 - 2.00

Second trimester 0.43-2.2

Third trimester 0.8-2.5

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Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi, Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099

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LABORATORY REPORT



Name : **ANUSHKA MAKHIJA** Sex/Age : **Female/ 35 Years** Case ID : **50302200372**
 Ref.By : Dis. At : Pt. ID : **5647957**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **08-Mar-2025 09:38** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **08-Mar-2025 09:38** Sample Coll. By : Ref Id1 : **OSP36187**
 Report Date and Time : **08-Mar-2025 11:15** Acc. Remarks : **Normal** Ref Id2 : **O24259732**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

URINE EXAMINATION

Physical Examination

Colour : **Yellow**
 Transparency : **Clear**

Chemical Examination

Sp.Gravity	1.010		1.005 - 1.030
pH	5.5		5 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Negative		Negative
Nitrite	Negative		Negative

Microscopic Examination

Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Nil	/µL	Nil
Yeast	Nil	/µL	Nil
Cast	Nil	/HPF	Nil
Crystals	Nil	/HPF	Nil

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

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Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

----- End Of Report -----

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

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PATIENT NAME: ANUSHKA MAKHIJA
GENDER/AGE: Female / 35 Years
DOCTOR: DR. HASIT JOSHI
OPDNO: OSP36187

DATE: 08/03/25

2D-ECHO

MITRAL VALVE	: GRADE II MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 30mm	
LEFT ATRIUM	: 36mm	
LV Dd / Ds	: 41/29mm	EF 57%
IVS / LVPW / D	: 10.6/10mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1.3/0.8m/s	
AORTIC	: 1.66m/s	
PULMONARY	: 1.2m/s	
COLOUR DOPPLER	: MILD MR (20%), MILD TR/ NO PAH	
RVSP	: 32mmHg	
CONCLUSION	: MILD MR, GRADE II MVP; NORMAL LV SIZE / FUNCTION FUNCTION.	

CARDIOLOGIST
DR. HASIT JOSHI (9825012235)



REPORT REPORT REPORT REPORT REPORT



PATIENT NAME: ANUSHKA MAKHIJA

GENDER/AGE: Female / 35 Years

DATE: 08/03/25

DOCTOR:

OPDNO: OSP36187

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and normal parenchymal echoes. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals appear normal. No evidence of solid or cystic mass lesion is seen.

GALL BLADDER: Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

PANCREAS: Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

SPLEEN: Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

KIDNEYS: Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, renal hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.4 x 4.1 cms in size.

Left kidney measures about 10.2 x 4.0 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

BLADDER: Bladder is normally distended and normal wall thickening. No evidence of bladder calculus, diverticulum or mass lesion is seen.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 8 mm. No evidence of uterine mass lesion is seen.

COMMENT: Normal sonographic appearance of liver, GB, pancreas, spleen, kidneys, para aortic region, bladder, uterus

RADIOLOGIST

DR. MEHUL PATELIYA

REPORT

08.03.2025 11:11:30 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

Location: 1
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

81 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 74 ms
QT / QTcBaz : 362 / 420 ms
PR : 114 ms
P : 60 ms
RR / PP : 738 / 740 ms
P / QRS / T : -6 / 69 / 47 degrees

Normal sinus rhythm
Minimal voltage criteria for LVH, may be normal variant
Borderline ECG

