

Health Check up Booking Confirmed Request(22S56927), Package Code-, Beneficiary Code-311922

From Mediwheel <wellness@mediwheel.in>
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To PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>
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Hi **Manipal Hospital,**

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

Hospital
Package Name : Mediwheel Full Body Health Checkup Female Below 40

Patient Package
Name : Mediwheel Full Body Health Checkup Female Below 40

Contact Details : 7383554477

Appointment
Date : 08-03-2025

Confirmation
Status : Booking Confirmed

Preferred Time : 09:00 AM - 09:30 AM

| Member Information | | |
|--------------------|---------|--------|
| Booked Member Name | Age | Gender |
| Kritika Singh | 32 year | Female |

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team
Please Download Mediwheel App



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बैंक ऑफ बड़ौदा
Bank of Baroda



नाम **KRITIKA SINGH**
Name

कर्मचारी कूट क्र.
E.C. No. **111067**

जारीकर्ता प्राधिकारी **आर. एच. रते**
Issuing Authority **मुख्य प्रबंधक (आर. डी. डी. एच.)**

Kritika Singh
धारक के हस्ताक्षर
Signature of Holder

दि./Di. **03-08-2015**

मिलने पर, निम्नलिखित को लौटाएं
मुख्य प्रबंधक (सुरक्षा)
बैंक ऑफ बड़ौदा, उत्तर गुजरात अंचल
चौथा तल, बैंक ऑफ बड़ौदा टावर्स, लॉ गार्डन के पास, एलिसब्रिज,
अहमदाबाद - 380 006. गुजरात, भारत.
: फोन 91 079 26473041 फैक्स 91 079 26467816

No. 385

If found, please return to
Chief Manager (Security)
Bank of Baroda, North Gujarat Zone
4th Floor, Bank of Baroda Towers, Nr. Law Garden, Ellisbridge,
Ahmedabad - 380 006. Gujarat, India.
Phone : 91 079 26473041 Fax : 91 079 26467816

रक्त समूह / Blood Group **B+**
पहचान चिह्न / Identification Marks

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

KRIKA SINGH

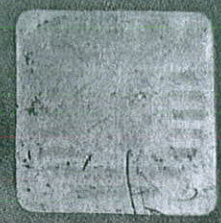
GURBACHAN SHIVRAM SINGH

07/02/1993

Permanent Account Number

GDDPS5997E

Kritika Singh
Signature



Kritika Singh
Female
(32 Years)

Vital Signs™

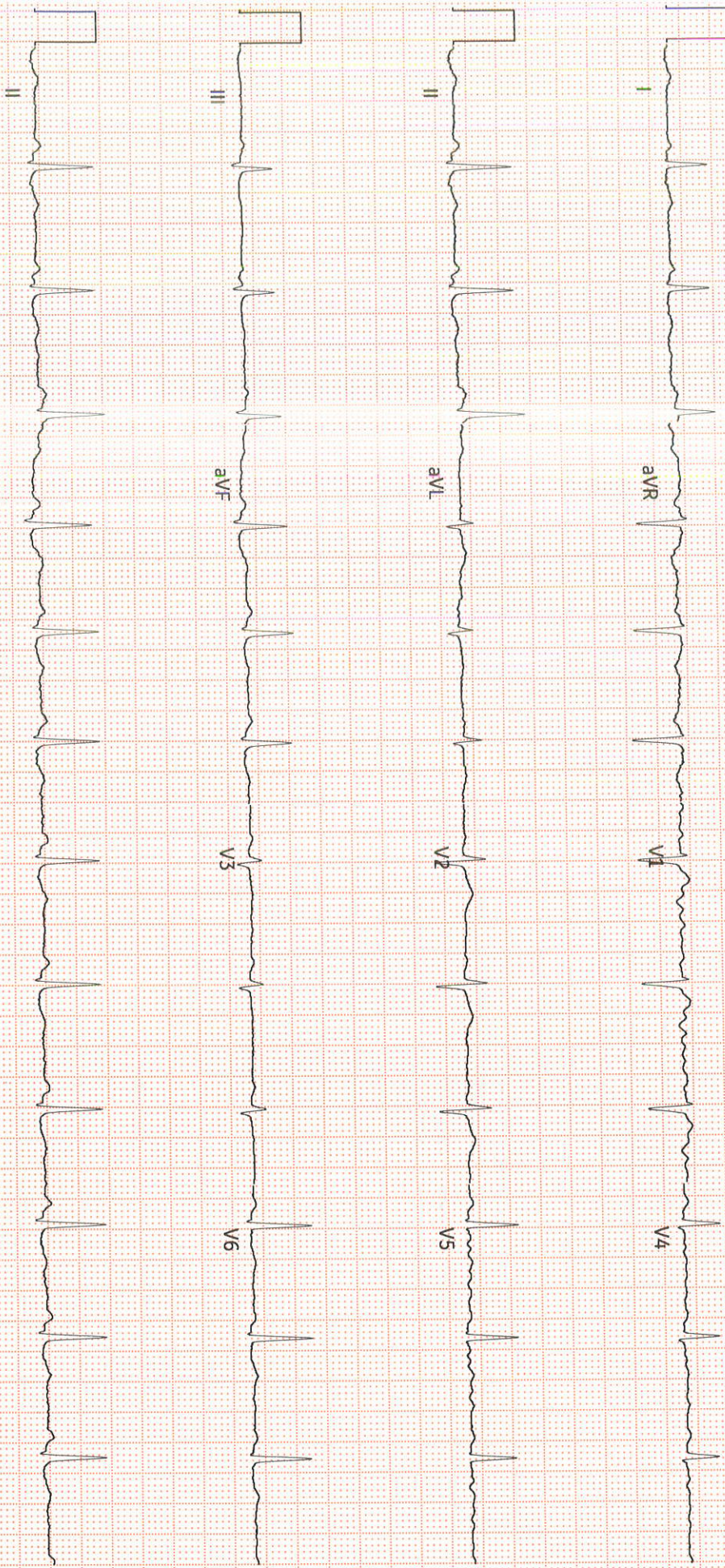
226 166 05

Vent. rate
PR Interval
QRS duration
QT/QTc-Baz
P-R-T axes

78 BPM
152 ms
68 ms
364/414 ms
55 53 34

H/C

08/03/2025 01:25:09 PM
Manipal Hospital



25mm/s 100mm/mV 0.56-20 Hz ZPD 50 Hz MAC™ 5 101 SP01 12SL V24 4 by 2.5s + 1 rhythm Id Page 1 of 1

Unconfirmed



| | | | |
|--------------|-------------------|-------------|----------------------|
| Patient Name | MRS KRITIKA SINGH | Location | Ghaziabad |
| Age/Sex | 32Year(s)/Female | Visit No | : V00000000001-GHZZB |
| MRN No | MH015983718 | Order Date | :08/03/2025 |
| Ref.Doctor | H/C | Report Date | :08/03/2025 |

Echocardiography

Final Interpretation

1. No RWMA, LVEF=60%.
2. Normal CCD.
3. Normal MIP.
4. Trace MR, No AR.
5. Trace TR, Normal PASP.
6. No intracardiac clot/vegetation/pericardial pathology.
7. IVC normal

Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It is normal sized.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal, Trace MR.
- **Tricuspid Valve:** Trace TR.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

- LV is normal size with normal contractility.

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300E info@manipalhospitals.com www.manipalhospitals.com



LABORATORY REPORT

| | | | |
|-----------------|---------------------|-----------------|------------------------|
| Name | : MRS KRITIKA SINGH | Age | : 32 Yr(s) Sex :Female |
| Registration No | : MH015983718 | Lab No | : 202503001293 |
| Patient Episode | : H18000003917 | Collection Date | : 08 Mar 2025 11:16 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 09 Mar 2025 10:14 |
| Receiving Date | : 08 Mar 2025 11:16 | | |

BLOOD BANK

BIOLOGICAL REFERENCE INTERVAL

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|------------------|------|-------------------------------|
| Blood Group & Rh Typing (Agglutination by gel/tube technique) | B Rh(D) Positive | | Specimen-Blood |

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

Page 1 of 1

NOTE:

- Abnormal Values

-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MRS KRITIKA SINGH
Registration No : MH015983718
Patient Episode : H18000003917
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 14:30

Age : 32 Yr(s) Sex :Female
Lab No : 202503001295
Collection Date : 08 Mar 2025 14:30
Reporting Date : 09 Mar 2025 09:39

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

TEST

RESULT

UNIT

PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

97.6

mg/dl

[80.0-140.0]

Method: Hexokinase

Note:

Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption, post exercise

Page 1 of 1

-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist

Printed On : 10 Mar 2025 12:24



LABORATORY REPORT

| | | | |
|-----------------|---------------------|-----------------|------------------------|
| Name | : MRS KRITIKA SINGH | Age | : 32 Yr(s) Sex :Female |
| Registration No | : MH015983718 | Lab No | : 202503001293 |
| Patient Episode | : H18000003917 | Collection Date | : 08 Mar 2025 11:16 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 08 Mar 2025 15:33 |
| Receiving Date | : 08 Mar 2025 11:16 | | |

BIOCHEMISTRY

BIOLOGICAL REFERENCE INTERVAL

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|-------------------------------|---------|--------|-------------------------------|
| Specimen Type : Serum | | | |
| THYROID PROFILE, Serum | | | |
| T3 - Triiodothyronine (ELFA) | 0.930 | ng/ml | [0.610-1.630] |
| T4 - Thyroxine (ELFA) | 5.950 | ug/ dl | [4.680-9.360] |
| Thyroid Stimulating Hormone | 6.060 # | μIU/mL | [0.250-5.000] |

NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect. In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low. The TSH assay aids in diagnosing thyroid or hypophysial disorders. The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.

NOTE:

- Abnormal Values

-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MRS KRITIKA SINGH
Registration No : MH015983718
Patient Episode : H18000003917
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 11:16

Age : 32 Yr(s) Sex :Female
Lab No : 202503001293
Collection Date : 08 Mar 2025 11:16
Reporting Date : 08 Mar 2025 15:27

HAEMATOLOGY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|---------------|----------------------------------|-------------------------------|
| COMPLETE BLOOD COUNT (AUTOMATED) | | SPECIMEN-EDTA Whole Blood | |
| RBC COUNT (IMPEDENCE) | 4.45 | millions/cumm | [3.80-4.80] |
| HEMOGLOBIN | 13.2 | g/dl | [12.0-15.0] |
| Method:cyanide free SLS-colorimetry | | | |
| HEMATOCRIT (CALCULATED) | 40.0 | % | [36.0-46.0] |
| MCV (DERIVED) | 89.9 | fL | [83.0-101.0] |
| MCH (CALCULATED) | 29.7 | pg | [25.0-32.0] |
| MCHC (CALCULATED) | 33.0 | g/dl | [31.5-34.5] |
| RDW CV% (Calculated) | 13.1 | % | [11.6-14.0] |
| Platelet count | 232 | x 10 ³ cells/cumm | [150-410] |
| Method: Electrical Impedance | | | |
| MPV (DERIVED) | 11.40 | fL | |
| WBC COUNT (TC) (Flow Cytometry/ Manual) | 4.07 | x 10 ³ cells/ | |
| cumm | [4.00-10.00] | | |
| DIFFERENTIAL COUNT | | | |
| (VCS TECHNOLOGY/MICROSCOPY) | | | |
| Neutrophils | 50.0 | % | [40.0-80.0] |
| Lymphocytes | 42.0 # | % | [20.0-40.0] |
| Monocytes | 6.0 | % | [2.0-10.0] |
| Eosinophils | 2.0 | % | [1.0-6.0] |
| Basophils | 0.0 | % | [0.0-2.0] |
| ESR | 25.0 # | mm/1sthour | [0.0-20.0] |



LABORATORY REPORT

Name : MRS KRITIKA SINGH
Registration No : MH015983718
Patient Episode : H18000003917
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 11:48

Age : 32 Yr(s) Sex :Female
Lab No : 202503001293
Collection Date : 08 Mar 2025 11:48
Reporting Date : 08 Mar 2025 15:46

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

| | | |
|------------------|----------|-----------|
| Pus Cells | 0-1 /hpf | (0-5/hpf) |
| RBC | NIL | (0-2/hpf) |
| Epithelial Cells | 0-1 /hpf | |
| CASTS | NIL | |
| Crystals | NIL | |
| Bacteria | NIL | |
| OTHERS | NIL | |

Serum LIPID PROFILE

| | | | |
|---------------------------------------|--------------|--------------|--|
| Serum TOTAL CHOLESTEROL | 183 | mg/dl | [<200] Moderate risk:200-239 High risk:>240 |
| Method:Oxidase,esterase, peroxide | | | |
| TRIGLYCERIDES (GPO/POD) | 216 # | mg/dl | [<150] Borderline high:151-199 High: 200 - 499 Very high:>500 |
| HDL- CHOLESTEROL | 40 | mg/dl | [35-65] |
| Method : Enzymatic Immunoimhibition | | | |
| VLDL- CHOLESTEROL (Calculated) | 43 # | mg/dl | [0-35] |
| CHOLESTEROL, LDL, CALCULATED | 100.0 | mg/dl | [<120.0] Near/ Borderline High:130-159 High Risk:160-189 |
| Above optimal-100-129 | | | <4.0 Optimal 4.0-5.0 Borderline >6 High Risk |
| T.Chol/HDL.Chol ratio (Calculated) | 4.6 | | |
| LDL.CHOL/HDL.CHOL Ratio (Calculated) | 2.5 | | <3 Optimal 3-4 Borderline >6 High Risk |



LABORATORY REPORT

Name : MRS KRITIKA SINGH
Registration No : MH015983718
Patient Episode : H18000003917
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 11:16

Age : 32 Yr(s) Sex :Female
Lab No : 202503001293
Collection Date : 08 Mar 2025 11:16
Reporting Date : 08 Mar 2025 15:32

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|--------|-----------------|-------------------------------|
| <i>Note:</i> <i>Reference ranges based on ATP III Classifications.</i> | | | |
| Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases | | | |
| KIDNEY PROFILE | | | |
| Specimen: Serum | | | |
| UREA | 13.6 # | mg/dl | [15.0-40.0] |
| <i>Method: GLDH, Kinatic assay</i> | | | |
| BUN, BLOOD UREA NITROGEN | 6.4 # | mg/dl | [8.0-20.0] |
| <i>Method: Calculated</i> | | | |
| CREATININE, SERUM | 0.74 | mg/dl | [0.70-1.20] |
| <i>Method: Jaffe rate-IDMS Standardization</i> | | | |
| URIC ACID | 5.3 | mg/dl | [4.0-8.5] |
| <i>Method:uricase PAP</i> | | | |
| SODIUM, SERUM | 136.70 | mmol/L | [136.00-144.00] |
| POTASSIUM, SERUM | 4.41 | mmol/L | [3.60-5.10] |
| SERUM CHLORIDE | 103.3 | mmol/L | [101.0-111.0] |
| <i>Method: ISE Indirect</i> | | | |
| eGFR (calculated) | 107.5 | ml/min/1.73sq.m | [>60.0] |

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.



LABORATORY REPORT

Name : MRS KRITIKA SINGH
Registration No : MH015983718
Patient Episode : H18000003917
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 11:16

Age : 32 Yr(s) Sex :Female
Lab No : 202503001293
Collection Date : 08 Mar 2025 11:16
Reporting Date : 08 Mar 2025 15:32

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|--|--------|-------|-------------------------------|
| LIVER FUNCTION TEST | | | |
| BILIRUBIN - TOTAL Method: D P D | 0.53 | mg/dl | [0.30-1.20] |
| BILIRUBIN - DIRECT Method: DPD | 0.08 | mg/dl | [0.00-0.30] |
| INDIRECT BILIRUBIN (SERUM) Method: Calculation | 0.45 | mg/dl | [0.10-0.90] |
| TOTAL PROTEINS (SERUM) Method: BIURET | 7.90 | gm/dl | [6.60-8.70] |
| ALBUMIN (SERUM) Method: BCG | 4.71 | g/dl | [3.50-5.20] |
| GLOBULINS (SERUM) Method: Calculation | 3.20 | gm/dl | [1.80-3.40] |
| PROTEIN SERUM (A-G) RATIO Method: Calculation | 1.48 | | [1.00-2.50] |
| AST (SGOT) (SERUM) Method: IFCC W/O P5P | 27.84 | U/L | [0.00-40.00] |
| ALT (SGPT) (SERUM) Method: IFCC W/O P5P | 32.80 | U/L | [14.00-54.00] |
| Serum Alkaline Phosphatase Method: AMP BUFFER IFCC) | 74.3 | IU/L | [32.0-91.0] |
| GGT | 40.5 | U/L | [7.0-50.0] |



LABORATORY REPORT

Name : MRS KRITIKA SINGH
Registration No : MH015983718
Patient Episode : H18000003917
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 11:16

Age : 32 Yr(s) Sex :Female
Lab No : 202503001293
Collection Date : 08 Mar 2025 11:16
Reporting Date : 08 Mar 2025 15:32

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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-----END OF REPORT-----

Patient Episode : H18000003917

Collection Date : 08 Mar 2025 11:16

Dr. Charu Agarwal
Consultant Pathologist

Printed On : 09 Mar 2025 05:35



LABORATORY REPORT

Name : MRS KRITIKA SINGH
Registration No : MH015983718
Patient Episode : H18000003917
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 11:16

Age : 32 Yr(s) Sex :Female
Lab No : 202503001294
Collection Date : 08 Mar 2025 11:16
Reporting Date : 08 Mar 2025 15:33

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|--|--------|-------|-------------------------------|
| GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase | 99.8 | mg/dl | [70.0-110.0] |

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonyleureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist

Printed On : 09 Mar 2025 05:35



RADIOLOGY REPORT

| | | | |
|---------------|--------------------|--------------|--------------------|
| NAME | Kritika SINGH | STUDY DATE | 08/03/2025 11:33AM |
| AGE / SEX | 32 y / F | HOSPITAL NO. | MH015983718 |
| ACCESSION NO. | R9498651 | MODALITY | CR |
| REPORTED ON | 08/03/2025 11:51AM | REFERRED BY | HEALTH CHECK MGD |

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Normal.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
HEART: Normal.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Normal.
THORACIC SPINE: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

No significant abnormality noted.
Recommend clinical correlation.

Monica

Dr. Monica Shekhawat
MBBS, DNB, CCFRG, ACFRG (Reg No MCI 11-10887)
CONSULTANT RADIOLOGIST

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

RADIOLOGY REPORT

| | | | |
|---------------|-------------------|--------------|--------------------|
| NAME | Kritika SINGH | STUDY DATE | 08/03/2025 11:33AM |
| AGE / SEX | 32 y / F | HOSPITAL NO. | MH015983718 |
| ACCESSION NO. | R9498652 | MODALITY | US |
| REPORTED ON | 08/03/2025 5:18PM | REFERRED BY | HEALTH CHECK MGD |

ULTRA SOUND – WHOLE ABDOMEN

CHEST: There is no evidence of basal pleural effusion on either side. Both hemi diaphragms show normal symmetrical diaphragmatic excursions. There is no pericardial effusion seen.

LIVER- Liver is normal in size and shows diffuse grade II fatty changes; normal in shape, outline and echotexture with smooth surface. There is no abnormal focal intrahepatic solid or cystic mass seen. There is no liver abscess seen. Intra hepatic biliary radicals are normal. **Portal vein** is normal in course and caliber. **Hepatic veins and IVC** are normal.

GALL BLADDER- GB is normal, distended and shows echofree lumen. There is no intra luminal calculus or mass lesion seen. Gall bladder wall is normal in thickness.

CBD is normal in course and caliber. There is no IHBRD seen.

PANCREAS - Pancreas is normal in size, shape, outline and echotexture. There is no focal mass, calcification, cyst or abscess seen. PD is not dilated. Peripancreatic fat is normal.

NODES: There are no significantly enlarged lymph nodes seen. Major abdominal vessels are normal.

SPLEEN - Spleen is normal in size and echotexture. There is no abnormal cyst, abscess, calcification or solid mass lesion seen. Splenic vessels are normal.

KIDNEYS - Both kidneys are normal in size, shape, position, outline and echotexture with maintained cortico-medullary differentiation. There is no focal solid mass seen. There is no renal cortical cyst noted. There is no obstructive hydronephrosis or any large renal calculus seen on either side. (Tiny renal concretions cannot be ruled out). **Ureters** are not seen dilated on either side.

URINARY BLADDER: is partially distended with echo-free lumen. There is no intra-luminal mass lesion or calculus seen. Bladder wall thickness is normal.

BOWEL: Bowel loops are unremarkable & show normal bowel wall thickness. There is no abnormal bowel mass seen. There are no features suggesting intestinal obstruction or perforation.

UTERUS: is normal in size, shape, outline and echotexture. There is no focal fibroid or mass lesion seen. Endometrial thickness is 8 mms. Uterine cavity is empty. Cervix is normal.

**RADIOLOGY REPORT**

| | | | |
|---------------|-------------------|--------------|--------------------|
| NAME | Kritika SINGH | STUDY DATE | 08/03/2025 11:33AM |
| AGE / SEX | 32 y / F | HOSPITAL NO. | MH015983718 |
| ACCESSION NO. | R9498652 | MODALITY | US |
| REPORTED ON | 08/03/2025 5:18PM | REFERRED BY | HEALTH CHECK MGD |

OVARIES: Both ovaries are normal in size and echopattern, showing few small follicles. There is no abnormal adnexal / pelvic mass lesion noted. **FLUID:** There is no free fluid noted in the pelvis.

IMPRESSION- USG findings reveal diffuse grade II fatty changes in liver; otherwise no significant sonological abnormality and normal study of rest abdominal viscera.

Bowel mucosal pathology cannot be ruled out (Gastritis / IBS)

ADVISED – clinical correlation, lab investigations and follow up



Dr. Jai Hari Agarwal

MD

CONSULTANT RADIOLOGIST

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