

Patient Name : Mrs.JYOTHIR MAYI
Age/Gender : 55 Y 4 M 17 D/F
UHID/MR No : SALW.0000143896
Visit ID : SALWOPV223269
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 35ES7672.

Collected : 11/Oct/2024 08:42AM
Received : 11/Oct/2024 09:34AM
Reported : 11/Oct/2024 10:19AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY: MICROSCOPIC


RBC : Predominantly Normocytic Normochromic RBCS.

WBC : Normal in count and distribution. No abnormal cells seen..

PLATELET : Adequate on smear.

PARASITES : No haemoparasites seen.

COMMENTS : Kindly correlate clinically.


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
SIN No:BED240237298

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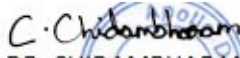
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.4	g/dL	12.5-15	Spectrophotometer
PCV	34.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.3	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	11.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,160	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.6	%	40-80	Electrical Impedance
LYMPHOCYTES	27.8	%	20-40	Electrical Impedance
EOSINOPHILS	6.0	%	1-6	Electrical Impedance
MONOCYTES	3.7	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3178.56	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1434.48	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	309.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	190.92	Cells/cu.mm	200-1000	Calculated
BASOPHILS	46.44	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.22		0.78- 3.53	Calculated
PLATELET COUNT	236000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	26	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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Patient Name : Mrs.JYOTHIR MAYI	Collected : 11/Oct/2024 08:42AM
Age/Gender : 55 Y 4 M 17 D/F	Received : 11/Oct/2024 11:26AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	Positive			Forward & Reverse Grouping with Slide/Tube Agglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY.

Veena Singh

Dr.Veena Singh,
M.D(Pathology)
Consultant Pathologist

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SIN No:HA07822716

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly Known as Nova Specialty Hospitals Private Limited)

CIN : U85100TG2009PTC099414

Registered Office:No.7-1-617A,615&616, Imperial Towers, 7th Floor, Opp.Ameerpet Metro Station Ameerpet, Hyderabad, Telangana-500 038.

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Age/Gender : 55 Y 4 M 17 D/F	Received : 11/Oct/2024 09:55AM
UHID/MR No : SALW.0000143896	Reported : 11/Oct/2024 10:05AM
Visit ID : SALWOPV223269	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	92	mg/dL	60-100	Oxidase & Peroxidase-reflectance spectrophotometry


Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:PLF02209515



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL		Calculated


Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1c values is a better indicator of Glycemic control than a single test.
- Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:EDT240092619

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

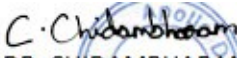
Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	195	mg/dl	150-219	CHE-COD-POD - colorimetric, reflectance Spectropho
TRIGLYCERIDES	89	mg/dl	50-149	LPL -GPO-POD Colorimetric, reflectance Spectropho
HDL CHOLESTEROL	35	mg/dL	40-71	CHE-COD-POD - colorimetric, reflectance Spectropho
NON-HDL CHOLESTEROL	160	mg/dL	<130	Calculated
LDL CHOLESTEROL	142.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.57		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.05		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:SE04834615




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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324


DR. CHIDAMBHARAM C
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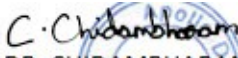
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	Diazo Dye Formation - reflectance spectrophotometr
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	4-44	Peroxidase oxidation of Diarylimidazole Leuco Dye
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	8-38	Peroxidase oxidation of Diarylimidazole Leuco Dye
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.3		<1.15	Calculated
ALKALINE PHOSPHATASE	80.00	U/L	32-111	P-Nitro Phenol Phosphate-reflectance spectrophoto
PROTEIN, TOTAL	6.70	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.00	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324


1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.


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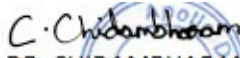
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.6-1.1	Ammonia Concentration Measurement - color change o
UREA	31.24	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	14.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.40	mg/dL	3-5.5	Uricase Peroxidase - colorimetric, reflectance spe
CALCIUM	8.40	mg/dL	8.4-10.2	Calcium - CLIII Complex - reflectance spectrophot
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.6-4.4	PNP-XOD-POD - Colorimetric, reflectance spectroph
SODIUM	145	mmol/L	136-149	Ion Selective Electrode-potentiometric
POTASSIUM	4.3	mmol/L	3.8-5	Ion Selective Electrode-potentiometric
CHLORIDE	103	mmol/L	98-106	Ion Selective Electrode-potentiometric
PROTEIN, TOTAL	6.70	g/dl	6.7-8.3	Biuret reaction(copper based)-colorimetric, refle
ALBUMIN	4.00	g/dL	3.8-5	Albumin-BCG Complex Colorimetric, reflectance spe
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		0.9-2.0	Calculated

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	10.00	U/L	16-73	catalytic activity- reflectance spectrophotometry


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Patient Name	: Mrs.JYOTHIR MAYI	Collected	: 11/Oct/2024 08:42AM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.15	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.25	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.611	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy



DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24143306

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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DEPARTMENT OF CLINICAL PATHOLOGY

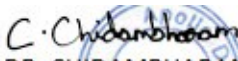
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Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modifed Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

Page 16 of 17


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UR2416090




Patient Name : Mrs.JYOTHIR MAYI
Age/Gender : 55 Y 4 M 17 D/F
UHID/MR No : SALW.0000143896
Visit ID : SALWOPV223269
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 35ES7672.

Collected : 11/Oct/2024 08:42AM
Received : 11/Oct/2024 09:49AM
Reported : 11/Oct/2024 10:21AM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UR2416090

Page 17 of 17




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TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UR2416090

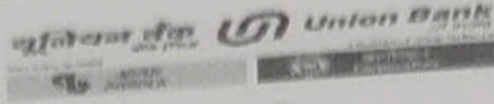


Mammography and Pap-smear report will be upload after 3-4 days

Mammography and Pap-smear report will be upload after 3-4 days

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India
RO - CHENNAI NORTH
139, BROADWAY, . . , Chennai- 44

To,
The Chief Medical Officer
M/S Mediwheel
<https://mediwheel.in/signup011-41195959>(A brand name of
Arcofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup

Executive M

Shri/Smt./Kum. NAGESH KUMAR,E

P.F. No. 618788

Designation : CHIEF MANAGER

Checkup for Financial Year 2024-2025

Approved Charges Rs.

The above mentioned staff member of our Branch/Office desires to undergo Health Check Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank

Please send the receipt of the above payment and the relevant reports to our above a

Thanking you,

Yours Faithfully,

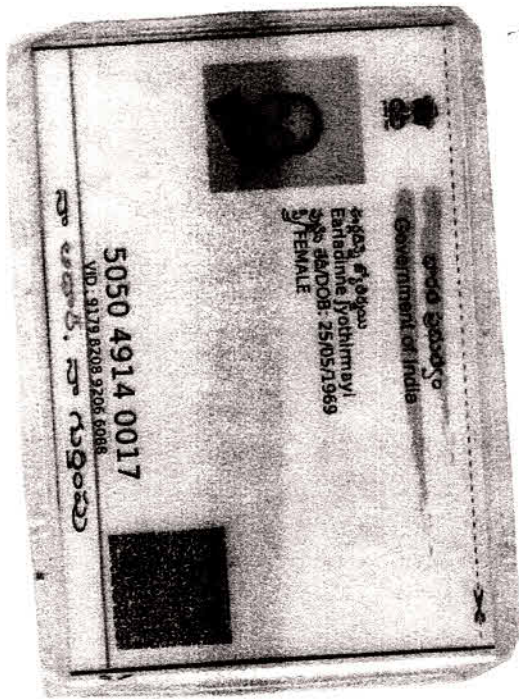
(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER

PS. : Status of the application- Sanctioned

View Worklist

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter



Government of India

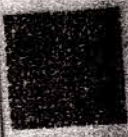


Eatinne Jothimayal
Sex: FEMALE
DOB: 25/05/1969

5050 4914 0017

RD. 9179, B208, 9206, 6008

റേഷൻ കാർഡ് നമ്പർ: 5050 4914 0017



143896
55Years

MRS. JYOTHIR MAYI,
Female

10/11/24 9:03 AM

APOLLO SPECTRA HOSPITALS(SALW)

ALMERPET(OPD)

Rate: 60 . Sinus rhythm.....normal P axis, V-rate 50- 99

PR 162
QRS 71
QT 418
QTcB 419

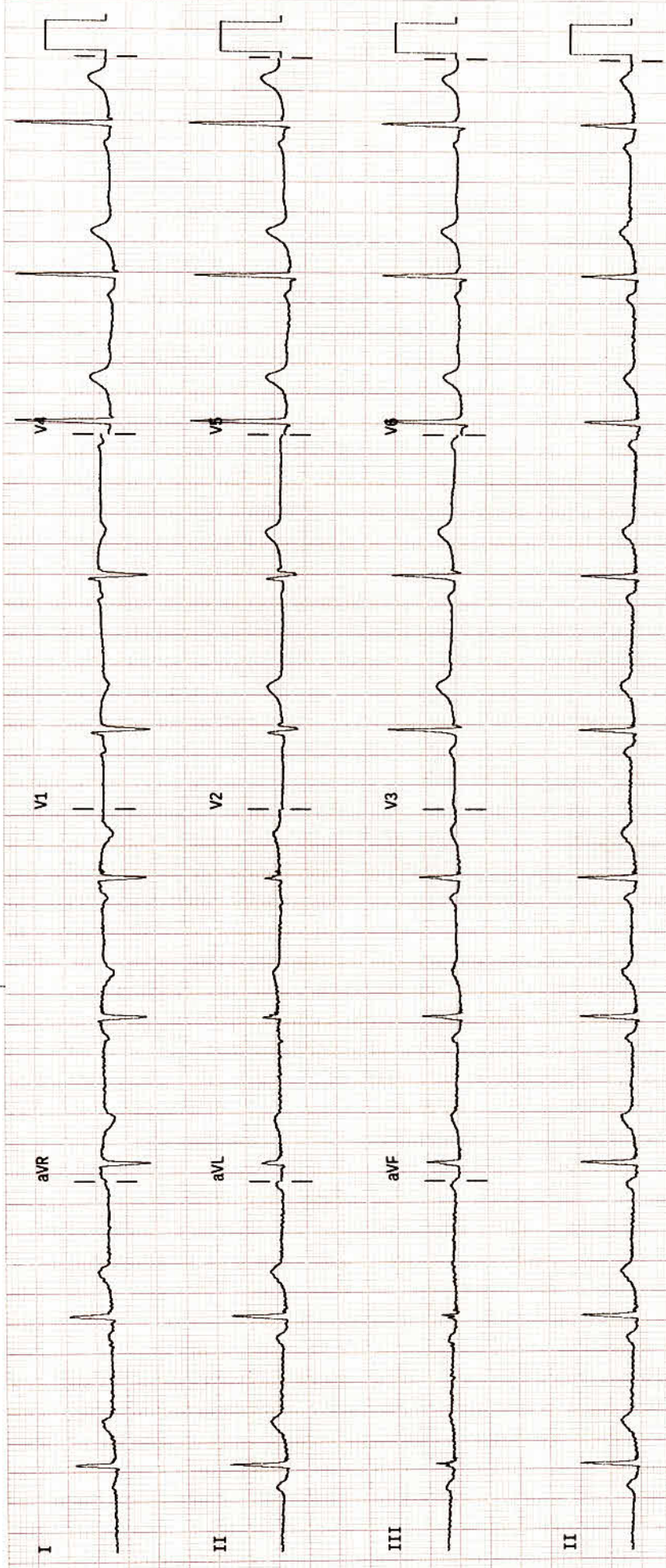
--AXIS--

P 69
QRS 43
T 32

12 Leads; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25mm/sec

Limb: 10.0mm/mv

Chest: 10.00mm/mv

F 50- 0.15-100 HZ

110C CL

P?

PHILIPS

REORDER M3700A

Patient Name	: Mrs. Jyothir Mayi	Age/Gender	: 55 Y/F
UHID/MR No.	: SALW.0000143896	OP Visit No	: SALWOPV223269
Sample Collected on	:	Reported on	: 11-10-2024 13:10
LRN#	: RAD2424790	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 35ES7672.		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.
Wall thickness appear normal.

Pancreas appears normal.

Spleen measures 6.6 cm and shows normal echotexture.

Visualised aorta and IVC are normal.
No evidence of ascites or lymphadenopathy.

Right kidney measures 10.6 x 4.1cm.

Left kidney measures 9.5 x 4.7cm.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Uterus - Atretic.

Both ovaries - Atretic.

Bladder is normal in contour.

IMPRESSION:

No significant abnormality detected.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable).

Patient Name : Mrs. Jyothir Mayi

Age/Gender : 55 Y/F



Dr. ARUN KUMAR S
MBBS, DMRD, DNB
Radiology