SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

PHYSICAL EXAMINATION REPORT

Patient Name	Ruchika	Sex/Age	F/33
Date	8/3/25	Location	Thane

History and Complaints

NIL

EXAMINATION FINDINGS:

Height (cms):	146	Temp (0c):	Afeb
Weight (kg):	49.9	Skin:	} NAD
Blood Pressure	110/70	Nails:	
Pulse	84/-	Lymph Node:	NP

Systems :

Cardiovascular:	} NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression:

Date:- 8/3/21

Name:- Ruchika

CID: 1308.

Sex / Age: F 33.

EYE CHECK UP

Chief complaints: RCV

Systemic Diseases: Nil

Past history: Nil. BE Lasik done

Unaided Vision: BE 6/6 c/Vision N6

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / ~~Abnormal~~

Remark: Good Vision.

MR. PRAKASH KUDVA
SR. OPTOMETRIST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Name	: Ms. RUCHIKA		
Lab No.	: 394387631	Age	: 33 Years
Ref By	: SELF	Gender	: Female
Collected	: 8/3/2025 9:23:00AM	Reported	: 8/3/2025 5:31:39PM
A/c Status	: P	Report Status	: Final
Collected at	: WALKIN - G B ROAD LAB, THANE WEST Ground Floor, Shop No. 1, 2, 3, Pride Park, Near R-Mall Opp. Lawkim Company, Ghodbunder Road, Thane West, Maharashtra - 400607	Processed at	: G B ROAD LAB, THANE WEST

Aerfocami Healthcare Below 40 Male/Female
CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	12.4	12.0 - 15.0 g/dL	Spectrophotometric
RBC	4.5	3.8 - 4.8 mil/cmm	Elect. Impedance
PCV	39.6	36.0 - 46.0 %	Calculated
MCV	88.5	81.0 - 101.0 fL	Measured
MCH	27.6	27.0 - 32.0 pg	Calculated
MCHC	31.2	31.5 - 34.5 g/dL	Calculated
RDW	13.0	11.6 - 14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5130	4000 - 10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	23.3	20.0 - 40.0 %	
Absolute Lymphocytes	1195.3	1000.0 - 3000.0 /cmm	Calculated
Monocytes	7.8	2.0 - 10.0 %	
Absolute Monocytes	400.1	200.0 - 1000.0 /cmm	Calculated
Neutrophils	63.4	40.0 - 80.0 %	
Absolute Neutrophils	3252.4	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	5.4	1.0 - 6.0 %	
Absolute Eosinophils	277.0	20.0 - 500.0 /cmm	Calculated
Basophils	0.1	0.1 - 2.0 %	
Absolute Basophils	5.1	20.0 - 100.0 /cmm	Calculated
Immature Leukocytes	--		

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Aerfocami Healthcare Below 40 Male/Female
CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PLATELET PARAMETERS			
Platelet Count	219000	150000 - 410000 /cmm	Elect. Impedance
MPV	9.9	6.0 - 11.0 fL	Measured
PDW	17.1	11.0 - 18.0 %	Calculated
RBC MORPHOLOGY			
Others	Normocytic Normochromic		
COMMENT	--		

Specimen: EDTA whole blood

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Aerfocami Healthcare Below 40 Male/Female
ERYTHROCYTE SEDIMENTATION RATE (ESR)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
ESR, EDTA WB	6.00	2.00 - 20.00 mm/hr	Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy,Anemia
Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

SUBURBAN DIAGNOSTICS
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Aerfocami Healthcare Below 40 Male/Female

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	92.73	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase

Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition

GLUCOSE (SUGAR) PP, Fluoride Plasma PP	89.72	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition

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Aerfocami Healthcare Below 40 Male/Female
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
Glycosylated Hemoglobin (HbA1c) ,EDTA WB	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG),EDTA WB	105.4	mg/dL	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, plenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.
Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies
Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)
References: ADA recommendations, AACC, Wallach□s interpretation of diagnostic tests 10th edition.

SUBURBAN DIAGNOSTICS
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Aerfocami Healthcare Below 40 Male/Female
FUS and KETONES

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
Urine Sugar (Fasting)	Sample Not Received		

SUBURBAN DIAGNOSTICS
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Aerfocami Healthcare Below 40 Male/Female

Glucose & Ketones, Urine

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
Urine Sugar (PP)	Sample Not Received		

SUBURBAN DIAGNOSTICS
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Aerfocami Healthcare Below 40 Male/Female
EXAMINATION OF FAECES

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
EXAMINATION OF FAECES	Sample Not Received		
CHEMICAL EXAMINATION			
MICROSCOPIC EXAMINATION			

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Aerfocami Healthcare Below 40 Male/Female

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	O
Rh Typing	Positive

Note: This sample has also been tested for Bombay group/Bombay phenotype/Oh using anti H lectin

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia

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URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
MICROSCOPIC EXAMINATION			
URINE EXAMINATION REPORT	Not To Be Resulted	0-5/hpf	

Dr. Vandana Kulkarni
MD Pathology
Consultant Pathologist

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Aerfocami Healthcare Below 40 Male/Female

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.60	0.30 - 1.20 mg/dL	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.20	0.00 - 0.30 mg/dL	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.40	<1.20 mg/dL	Calculated
SGOT (AST), Serum	22.20	<34.00 U/L	Modified IFCC
SGPT (ALT), Serum	21.50	10.00 - 49.00 U/L	Modified IFCC
GAMMA GT, Serum	14.50	<38.00 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	67.60	46.00 - 116.00 U/L	Modified IFCC
BLOOD UREA,Serum	**15.00**	19.29 - 49.28 mg/dL	Calculated
BUN, Serum	**7.01**	9.00 - 23.00 mg/dL	Urease with GLDH
URIC ACID, Serum	**3.00**	3.10 - 7.80 mg/dL	Uricase/Peroxidase
TOTAL PROTEINS, Serum	6.90	5.70 - 8.20 g/dL	Biuret
Albumin Serum	4.70	3.20 - 4.80 g/dL	BCG
GLOBULIN Serum	**2.20**	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	**2.14**	1.00 - 2.00	Calculated

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Aerfocami Healthcare Below 40 Male/Female

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
CREATININE, Serum	0.51	0.55 - 1.02 mg/dL	Enzymatic
eGFR, Serum	125.83	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease:30-44 Severe decrease: 15-29 Kidney failure:<15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

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Aerfocami Healthcare Below 40 Male/Female

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
CHOLESTEROL, Serum	138	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	101	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL Serum	40	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	98	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	78	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL Serum	20	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2	0-3.5 Ratio	Calculated

Reference:

1) Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III).

2) Pack Insert.

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THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
Free T3, Serum	5.40	3.50 - 6.50 pmol/L	CLIA
Free T4 Serum	13.10	11.50 - 22.70 pmol/L	CLIA
sensitiveTSH Serum	0.91	0.55-4.78 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CLIA

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

1. TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
2. TSH values may be trasiently altered becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone recovery phase of nonthyroidal illness, TSH Resistance
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis,post radio iodine Rx, post thyroidectomy,anti thyroid drugs, tyrosine kinase inhibitors & amiodarone amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease,toxic multinodular goiter,toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism,recent Rx for hyperthyroidism, drugs like steroids & dopamine, Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies,Drug interference: Amiodarone,Heparin, Beta Blockers, steroids & anti epileptics.

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THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results.this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1. O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3. Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

Dr Leena Salunkhe
DPB
HOD

Dr Namrata Raul
MD, Biochemistry
Consultant Biochemist

Dr Vrushali Shroff
MD Pathology
Sr. Pathologist

----------End of report ----------

SUBURBAN DIAGNOSTICS
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Aerfocami Healthcare Below 40 Male/Female

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD

IMPORTANT INSTRUCTIONS

The published test results relate to the submitted specimen. All test results are dependent on the quality of the sample received by the laboratory. Laboratory tests should be clinically correlated by a physician and are merely a tool to help arrive at a diagnosis. Unforeseen circumstances may cause a delay in the delivery of the report. Inconvenience is regretted. Certain tests may require further testing at an additional cost for derivation of exact value. Kindly submit the request within 72 hours post-reporting. The Court/Forum at Mumbai shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of the test(s). Test results are not valid for medico-legal purposes. This computer-generated medical diagnostic report has been verified by a doctor or an authorized medical professional. A physical signature is not required for this report.
(#) sample drawn from an external source.
If test results are alarming or unexpected, the client is advised to contact customer care immediately for possible remedial action.
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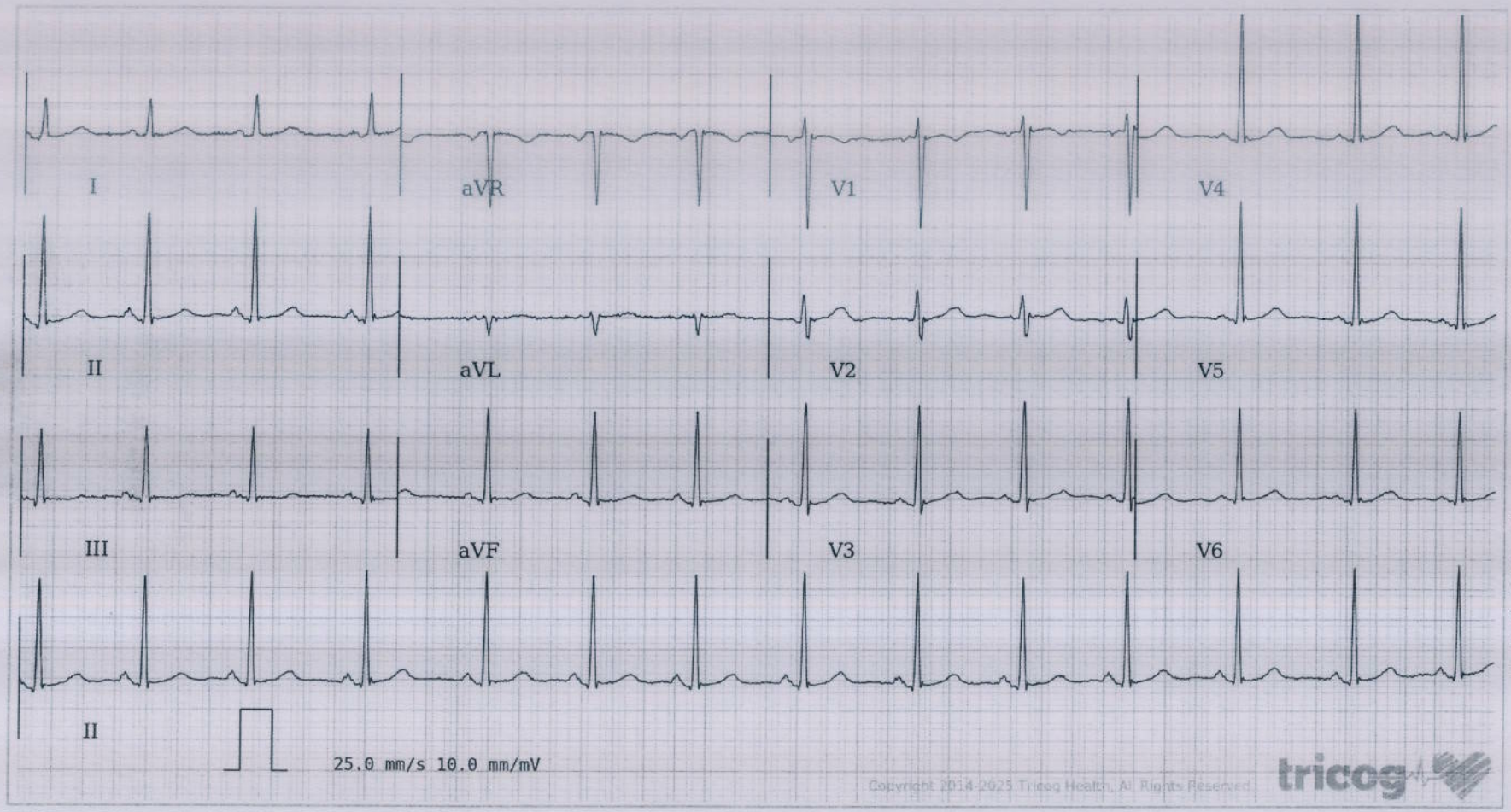
SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Patient Name: RUCHIKA
Patient ID: 394387631

Date and Time: 8th Mar 25 11:56 AM



tricog

Age 33 years NA months NA days

Gender **Female**

Heart Rate **84bpm**

Patient Vitals

BP:	NA
Weight:	NA
Height:	NA
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	86ms
QT:	370ms
QTcB:	437ms
PR:	118ms
P-R-T:	58° 69° 50°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physican
MD Physican
49972

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

CID	**: 394387631**		
Name	**: Ms. RUCHIKA**		
Age / Sex	**: 33 Years/Female**		
Ref. Dr	**: self**	**Reg. Date**	**: 08-Mar-2025**
Reg. Location	**: G B Road, Thane West Main Centre**	**Reported**	**: 08-Mar-2025 / 16:43**

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

----------End of Report----------

G. R. Fartade
Dr.GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | **CIN No.:** L74899DL1995PLC065388
MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Lab. No. : 394387631	Sex : FEMALE
Name : MRS. RUCHIKA	Age : 33 YRS
Ref. By : ----------	Date : 08.03.2025

2D ECHOCARDIOGRAPHY

M – MODE FINDINGS :

LEFT VENTRICLE :

LVIDD	41.8	mm
LVIDS	28.5	mm
LVEF	60	%
FS	31	%
IVS	8.5	mm
PW	9.5	mm

AORTIC VALVE :

LADd	22.3	mm
AODd	28	mm
ACS	10.4	mm

Pulmanary valve study : Normal

1. RA.RV.LA.LV. Sizes are :Normal
2. Left ventricular contractility : Normal
   Regional wall motion abnormality : Absent.
   Systolic thickening : Normal
3. Mitral, tricuspid , aortic , pulmonary valves are : Normal
   No significant mitral valve prolapse.
4. Great arteries : Aorta and pulmonary artery are : Normal
5. Inter – artrial and inter – ventricular septum are intact normal.
6. Pulmonary veins , IVC , hepatic veins are normal.
7. No pericardial effusion . No intracardiac clots or vegetation.
8. No evidence of pulmonary hypertension.
9. CD/PWd/CWd studies : 1. Normal Flow and gradiant across all the valves.
   2. No shunt / coarctation.
   3. No pulmonary hypertension.

IMPRESSION :

- **ALL CHAMBER DIMANSIONS ARE NORMAL.**
- **NO REGIONAL WALL MOTION ABNORMALITY AT REST.**
- **NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.LVEF= 60 %**
- **NORMAL RV SYSTOLIC FUNCTION.**
- **NO PULMONARY HYPERTENSION.**
- **ALL VALVES ARE NORMAL.**

DR. S.C. DEY
M.D, D.M.
(CARDIOLOGIST)

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

CID	**: 394387631**		
Name	**: Ms. RUCHIKA**		
Age / Sex	**: 33 Years/Female**		
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Reg. Location	**: G B Road, Thane West Main Centre**	**Reported**	**: 08-Mar-2025 / 15:56**

USG WHOLE ABDOMEN

LIVER:Liver appears enlarged in size (16.5 cm)and shows normal echotexture. There is no intra -hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 10.1 x 3.4 cm. Left kidney measures 10.1 x 4.3 cm.
Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

UTERUS: Uterus is retroverted and measures 6.7 x 4.0 x 3.6 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 5 mm. Cervix appears normal.

OVARIES: Both ovaries are normal.

The right ovary measures 2.5 x 2.1 cm .

The left ovary measures 2.7 x 2.0 cm.

No free fluid or significant lymphadenopathy is seen.

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IMPRESSION:

MILD HEPATOMEGALY.

Note:Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

----------End of Report----------

G. R. Fartade

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Reg No -2014/04/1786
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