CHANDAN DIAGNOSTIC CENTRE

Add: Godavari Complex,Near K.V.M Public School Heera nagar,Haldwani
Ph: 7705023379,-
CIN: U85110UP2003PLC193493

Patient Name	: Mrs.REENA KUMARI	Registered On	: 08/Mar/2025 11:10:53
Age/Gender	: 40 Y 0 M 0 D /F	Collected	: 08/Mar/2025 11:19:33
UHID/MR NO	: CHL2.0000194263	Received	: 08/Mar/2025 12:41:07
Visit ID	: CHL20445542425	Reported	: 08/Mar/2025 16:30:33
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) , *Blood*				
Blood Group	A			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) , *EDTA Whole Blood*				
Haemoglobin	12.80	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	COLORIMETRIC METHOD (CYANIDE-FREE REAGENT)
TLC (WBC)	6,400.00	/Cu mm	4000-10000	IMPEDANCE METHOD
DLC				
Polymorphs (Neutrophils)	53.00	%	40-80	FLOW CYTOMETRY
Lymphocytes	40.00	%	20-40	FLOW CYTOMETRY
Monocytes	5.00	%	2-10	FLOW CYTOMETRY
Eosinophils	2.00	%	1-6	FLOW CYTOMETRY
Basophils	0.00	%	< 1-2	FLOW CYTOMETRY
ESR				
Observed	20.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8	

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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Pregnancy Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic)	
Corrected	16.00	Mm for 1st hr.	< 20	
PCV (HCT)	40.00	%	40-54	CALCULATED
Platelet count				
Platelet Count	1.90	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	**20.90**	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	54.20	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.27	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	**14.10**	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.31	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	92.10	fl	80-100	CALCULATED PARAMETER
MCH	29.70	pg	27-32	CALCULATED PARAMETER
MCHC	32.20	%	30-38	CALCULATED PARAMETER
RDW-CV	14.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	50.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,392.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	128.00	/cu mm	40-440	

Dr.Pankaj Punetha DNB(Pathology)

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING , *Plasma*				
Glucose Fasting	89.20	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
c) I.G.T = Impaired Glucose Tolerance.

CLINICAL SIGNIFICANCE:- Glucose is the major source of energy in the body . Lack of insulin or resistance to it section at the cellular level causes diabetes. Therefore, the blood glucose levels are very high. Elevated serum glucose levels are observed in diabetes mellitus and may be associated with pancreatitis, pituitary or thyroid dysfunction and liver disease. Hypoglycaemia occurs most frequently due to over dosage of insulin.

Glucose PP *Sample:Plasma After Meal*	107.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

Interpretation:
a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
c) I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) , *EDTA Whole Blood*			
Glycosylated Haemoglobin (HbA1c)	6.00	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	42.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	126	mg/dl	

Interpretation:
NOTE:-

CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.
**Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.
N.B. : Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

Clinical Implications:
*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.
*With optimal control, the HbA 1c moves toward normal levels.
*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy c. Alcohol toxicity d. Lead toxicity
*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss
*Pregnancy d. chronic renal failure. Interfering Factors:
*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

BUN (Blood Urea Nitrogen)	12.25	mg/dL	7.0-23.0	CALCULATED
Sample:Serum				

Interpretation:
Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestimal (GI) bleeding.

Low BUN levels can be seen in the following:

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

Low-protein diet, overhydration, Liver disease.

Creatinine *Sample:Serum*	0.66	mg/dL	Female- 0.6-1.1 Newborn 0.3-1.0 Infent 0.2-0.4 Child 0.3-0.7 Adolescent 0.5- 1.0	MODIFIED JAFFES

Interpretation:
The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

Uric Acid *Sample:Serum*	4.19	mg/dL	2.6-6.0	URICASE

Interpretation:
Note:-
Elevated uric acid levels can be seen in the following:

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

LFT (WITH GAMMA GT) , *Serum*

SGOT / Aspartate Aminotransferase (AST)	**45.80**	U/L	< 31	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	**49.20**	U/L	< 34	IFCC WITHOUT P5P
Gamma GT (GGT)	12.90	U/L	0-38	IFCC, KINETIC
Protein	7.88	g/dL	6.2-8.0	BIURET
Albumin	4.17	g/dL	3.4-5.4	B.C.G.
Globulin	**3.71**	gm/dL	1.8-3.6	CALCULATED
A:G Ratio	1.12		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	60.09	U/L	42-98	IFCC AMP KINETIC
Bilirubin (Total)	0.86	mg/dL	Adult 0-2.0	DIAZO

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Bilirubin (Direct)	0.20	mg/dL	< 0.20	DIAZO
Bilirubin (Indirect)	0.66	mg/dL	< 1.8	CALCULATED
LIPID PROFILE , *Serum*				
Cholesterol (Total)	142.00	mg/dL	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	46.70	mg/dL	35.0-79.5	DIRECT ENZYMATIC
Non-HDL Cholesterol	95.30	mg/dl	0-130	CALCULATED
LDL Cholesterol (Bad Cholesterol)	73	mg/dL	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	22.06	mg/dL	10-33	CALCULATED
TC / HDL Cholesterol Ratio	3.04		3-5	CALCULATED
LDL / HDL Ratio	1.57		< 3.0	CALCULATED
Triglycerides	110.30	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Interpretation:

Note:-

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for Atherosclerotic Cardiovascular Disease (ASCVD) risk factors especially lipid profile. This should be done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk factors
3. Triglycerides levels >150 mg/dL in fasting or >175 mg/dL in non-fasting are considered risk modifier for ASCVD risk

Treatment Goals for Lipid lowering therapy (as per Lipid Association of India 2023)

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

ASCVD RISK CATEGORY	TREATMENT GOAL LDL-C in mg/dL (Primary target)	NON HDL-C in mg/dL (Co-Primary target)
Low	<100	<130
Moderate	<100	<130
High	<70	<100
Very High	<50	<80
Extreme (A)	<50 (<30 Optional)	<80 (< 60 optional)
Extreme (B)	<30	<60

ASCVD Risk Stratification & Treatment goals in Indian population

Indians are at very high risk of developing ASCVD, they usually get the disease at an early age, have a more severe form of the disease and have poorer outcome as compared to the western populations. Many individuals remain asymptomatic before they get heart attack, ASCVD risk helps to identify high risk individuals even when there is no symptom related to heart disease. Risk stratification is important to guide lipid lowering therapy and to identify treatment goals.
CSI Clinical Practice guidelines (2024) recommends in the absence of formal risk calculator for Indian population, only risk factors can be used for risk assessment. Standard Risk factors are:

1. Smoking/tobacco use
2. Hypertension
3. Diabetes
4. Family h/o Premature CAD (Men <55 years and women <60 years

Risk Assessment*

Low	Moderate Risk	High Risk	Very High Risk	Extremely High Risk
		Presence of 2 or more standard factors with no manifest ASCVD	ASCVD-CAD/PVD/CeVD	ASCVD with recurrent vascular events

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name		Result	Unit	Bio. Ref. Interval	Method
No standard risk factor	Presence of any one standard risk factor	DM with 1 or more risk factor	Imaging->50%lesion in any two major vessels	ASCVD with HeFH & High Lp(a)	
		Heterozygous Familial Hypercholesterole- mia (HeFH) with no risk factor	DM>20 years or multiple risk factors, TOD		
		Hypertension with one or more risk factor or with Target organ damage (TOD)	HeFH-with ASCVD or RF		
		CKD- eGFR 30-59 ml/min	CKD-eGFR <30 ml/min		

* A more formal risk assessment may be used by clinicians according to their personal preferences and familiarity with the risk scores.

Dr Vinod Ojha
MD Pathologist

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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE , *Urine*				
Color	YELLOW		Pale Yellow	VISUAL EXAMINATION
Specific Gravity	1.025		1.001-1.030	PRE-TREATED POLYMERIC ION EXCHANGE RESIN
Reaction PH	Acidic (5.0)		5.0-8.0	METHYL RED BROMOTHYMOLBLUE
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	TETRA BROMOPHENOL BLUE METHYLRED
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	GLUCOSE OXIDASE PEROXIDASE CHROMOGEN REACTION
Ketone	ABSENT	mg/dl	Serum-0.1-3.0 Urine-0.0-14.0	SODIUM NITROPRUSSIDE
Bile Salts	ABSENT		ABSENT	SULPHUR GRANULE
Bile Pigments	ABSENT		ABSENT	FOUCHET TEST
Bilirubin	ABSENT		ABSENT	DIAZONIUM SALT
Leucocyte Esterase	ABSENT		ABSENT	CARBOXYLIC ACID ESTER DIAZONIUM SALT
Urobilinogen(1:20 dilution)	ABSENT		ABSENT	DIAZONIUM SALT
Nitrite	ABSENT		ABSENT	SULFANANIC ACID TETRAHYDRO BENZOL
Blood	ABSENT		ABSENT	TETRA METHYL BENZIDINE
Microscopic Examination:				
Epithelial cells	1-2/h.p.f	cells/hpf	0.0-5.0	MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f	WBC/hpf	0.0-5.0	MICROSCOPIC
RBCs	ABSENT	RBC/hpf	0.0-2.0	MICROSCOPY
Cast	ABSENT		ABSENT	MICROSCOPY

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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Crystals	ABSENT		ABSENT	MICROSCOPY
Others	ABSENT			

SUGAR, FASTING STAGE , *Urine*

Sugar, Fasting stage	ABSENT	gms%	

Interpretation:

(+) < 0.5
(++) 0.5-1.0
(+++) 1-2
(++++) > 2

SUGAR, PP STAGE , *Urine*

Sugar, PP Stage	ABSENT		

Interpretation:

(+) < 0.5 gms%
(++) 0.5-1.0 gms%
(+++) 1-2 gms%
(++++) > 2 gms%

Dr.Pankaj Punetha DNB(Pathology)

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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL , *Serum*				
T3, Total (tri-iodothyronine)	**244.00**	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	11.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	**5.060**	µIU/mL	0.4 - 4.5	CLIA

Interpretation:

0.7-27	µIU/mL	Premature	28-36 Week
2.3-13.2	µIU/mL	Cord Blood	> 37Week
1.0-39.0	µIU/mL	Child	Birth 4 Days
1.7-9.1	µIU/mL	Child	2-20 Week
0.7-6.4	µIU/mL	Child (21 wk - 20 Yrs.)	
0.4-4.5	µIU/mL	Adults	21-54 Years
0.4-4.5	µIU/mL	Adults	55-87 Years

Pregnancy

0.3-4.5	µIU/mL	First trimester
0.5-4.6	µIU/mL	Second trimester
0.8-5.2	µIU/mL	Third trimester

Whole blood heel puncture

<20.0	µIU/mL	Newborn screen

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.

2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.

3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.

5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.

7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.

8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Note :-
TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

Dr Vinod Ojha
MD Pathologist

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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW:-

- Bilateral lung fields appear grossly unremarkable.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Bilateral hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Soft tissue shadow appears normal.

IMPRESSION:-

No significant abnormality is seen.

Adv:-Clinico-pathological correlation.

Note:-

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- **Discrepancy of laterality/side can be seen in 0.08% cases therefore review is advised before any operative procedure.**

DR AZIM ILYAS
(MD.RADIODIAGNOSIS)

Patient Name	: Mrs.REENA KUMARI	Registered On	: 08/Mar/2025 11:10:58
Age/Gender	: 40 Y 0 M 0 D /F	Collected	: 2025-03-08 13:04:56
UHID/MR NO	: CHL2.0000194263	Received	: 2025-03-08 13:04:56
Visit ID	: CHL20445542425	Reported	: 08/Mar/2025 13:20:02
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- **The liver is mildly enlarged in size (~17.6cms), its echogenicity is homogeneously increased.** No focal lesion is seen. (Note: - Small isoechoic focal lesion cannot be ruled out).

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is not dilated.
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS (Note- CT is more sensitive to detect renal calculi).

- **Right kidney:-**
  - Right kidney is measuring ~9.2x2.6 cms.
  - Cortical echogenicity is normal.
  - Pelvicalyceal system is not dilated.
  - Cortico-medullary demarcation is maintained.
  - Parenchymal thickness appear normal.
- **Left kidney:-**
  - Left kidney is measuring ~9.0x4.0 cms.
  - Cortical echogenicity is normal.
  - Pelvicalyceal system is not dilated.
  - Cortico-medullary demarcation is maintained.
  - Parenchymal thickness appear normal.

SPLEEN

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- The spleen is normal in size (~9.8 cms) and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or large mass.
- No free fluid is noted in peritoneal cavity.

URETERS

- The upper parts of both the ureters are normal.
- Bilateral vesicoureteric junctions are normal.

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and is regular.

UTERUS & CERVIX

- The uterus is anteverted and normal in size & shape and homogenous myometrial echotexture. **Coper-T seen in situ.**
- The endometrial echo is not thickened and seen in mid line.
- Cervix is normal.

ADNEXA (Note:- TVS/MRI is better for uterine and adnexal lesions).

- No adnexal lesion is seen.

FINAL IMPRESSION:-

- ***Grade I fatty liver causing mild hepatomegaly.***

Adv : Clinico-pathological & CT Abdomen correlation for further evaluation.

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

CHANDAN DIAGNOSTIC CENTRE

Add: Godavari Complex,Near K.V.M Public School Heera nagar,Haldwani
Ph: 7705023379,-
CIN: U85110UP2003PLC193493

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MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Result/s to Follow:
STOOL, ROUTINE EXAMINATION, ECG / EKG, Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EXAMINATION

DR AZIM ILYAS
(MD RADIODIAGNOSIS)