

**PATIENT NAME** : MRS BRIJ BALA TIWARI

**AGE / SEX**: 47YRS / F

**UHID** : 4020

**DATE**: 25, MAR, 2023

## 2-D ECHO & M-MODE EXAMINATION VALVES

### 1. MITRAL VALVES STUDY:

a) **Motion**: Normal      b) **Thickness**: Normal      c) **Calcium**- none

### 2. AORTIC VALVE STUDY

a) **Aortic root** 2.8 cm.      b) **Aortic Opening** 1.8 cm.      c) **Closure**: Central  
d) **Calcium**- none      e) **Eccentricity Index** 1      f) **Vegetation**- none  
g) **Valve Structure** : Trileaflet

### 3. PULMONARY VALVE STUDY      Normal

a) **EF Slope**      Normal      b) **A Wave** +  
c) **Thickness**      Normal      d) **Others** --

### 4. TRICUSPID VALVE      Normal.

### 6. AORTIC MITRAL CONTINUITY: maintained

**Left Atrium**      3.7x3.1 cm.      **Clot** : none      **Others**:  
**Right Atrium**      Normal      **Clot** none      **I.A.S.**: intact

(Cont .....2)

(...2)

### VENTRICLES

**RIGHT VENTRICLE:** Normal

Ejection fraction: 56%

**LEFT VENTRICLE :**

Fractional Shortening 29%

IVS (D) 0.8cm.(S) 1.1 cm.

LV mass:113g

LVID(D) 4.17cm.(S) 2.95 cm.

PW (D) 0.9cm (S) 1.2 cm

RWMA: None

### **TOMOGRAPHIC VIEWS**

**PARASTERNAL LONG AXIS VIEW:** Normal

Good LV contractility

**SHORT AXIS VIEWS:**

Aortic Valve Level

AOV- Normal

MV-Normal

PV-Normal

TV-Normal

Mitral Valve Level

Papillary Muscle Level: Normal

**APICAL 4 CHAMBER VIEW** No clot / vegetation

**OTHER SPECIAL VIEWS:**

(Cont.....3)

(.....3)

**PERICARDIUM**  
Normal  
**DOPPLER STUDIES**

	Velocity (m/ sec)	Flow Pattern	Regurgitation
<b>MITRAL</b>	E=0.80:A=0.73 E/A=1.0	Normal	Nil
<b>AORTIC</b>	1.1	Normal	Nil
<b>TRICUSPID</b>	Normal	Normal	Nil
<b>PULMONARY</b>	1.1	Normal	Nil

**CONCLUSIONS:**

- No RWMA
- LVEF = 56%
- IAS/IVS intact
- No significant MR/AR/TR
- No clot / vegetation.
- No pericardial effusion.
- No diastolic dysfunction.

  
**DR. S.KUMAR**  
MD,DM (Cardiology)

**Licensee: TECHNO MEDICALS INDIA**

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TO BOOK AN APPOINTMENT



<b>Patient Name-</b> Mrs. Brig Bala Tiwari	<b>Date-</b> 25/03/23
<b>Age-</b> 47	<b>Sex-</b> female
<b>B P - Systolic</b> 160 <b>Diastolic</b> 99 mmHg.	<b>R.B.S.-</b>
<b>Pulse-</b> 114/min	<b>SPO2-</b> 97.1.
<b>Temp-</b> 97.4°F	<b>Height-</b>
<b>Weight-</b> 101 kgs.	<b>BMI-</b>
<b>Consultant-</b> Dr. Saurabh Agarwal.	<b>Fat-</b>

- HTN
- Hepatomegaly i grade I fatty liver
- Prediabetic

- Rx:
- ① Tab Telma 40 mg 1-0-0 X 10 days
  - ② Tab Heptagon 1-0-1 X 1 month

Advice : Avoid oily spicy food  
Diet modification  
Avoid sugary things  
Exercise 30 min/day  
Monitor B.P

Inv : USG Abdomen } after  
HbA1C } 3 months



**Dr. Saurabh Agarwal**  
MBBS, MD, FIDM (UK), FAGE  
Reg. No. 68395  
Apollo Clinic Hazratganj

Valid for 7 Days

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Briy Bala Tiwari on 25/03/23.

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>HTN</u></p> <p>2. <u>Hepatomegaly c grade I fatty liver</u></p> <p>3. <u>Prediabetic</u></p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after <u>3 months</u></p>	✓
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> <li>• Unfit</li> </ul>	<input type="checkbox"/>

Dr. Saurabh Agarwal  
 Medical Officer  
 Apollo Clinic,

Dr. Saurabh Agarwal  
 MRS. MD, FIDM (UK), FAGE  
 No. 68295  
 Hazratganj

*This certificate is not meant for medico-legal purposes*

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TO BOOK AN APPOINTMENT


7897 123 777

Patient Name	: MRS. BRIJ BALA TIWARI
Age/ Gender	: 47 Y/F
UHID/ MR No	: FHAZ.0000004020
Ref Doctor	: ARCHOFEMI-NEDIWHEEL

Reported	: 25.mar.2023
Status	:
Client Name	:
Patient Location	: LUCKNOW

### X-RAY CHEST PA

- Trachea is central in position.
- Bilateral lung fields are normally aerated.
- Both hilar shadows are normal.
- Both C.P angles are clear.
- Cardiac shadow is within normal limits.
- Bony cage appears normal.

OPINION: **NORMAL STUDY.**

*Please correlate clinically*



Dr. PRIYANK CHAUDHARY  
(RADIOLOGIST)

Discrepancies due to technical or typing error should be reported for correction seven days. No compensation ability stands

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<b>DATE</b>	: 25.MAR.2023	<b>AGE</b>	: 47 Y
<b>REFERRED BY</b>	: PAN INDIA	<b>SEX</b>	: F

### SONOMAMMOGRAPHY OF BOTH BREASTS

- Bilateral breast parenchyma shows normal echotexture in all quadrants. No evidence of architectural distortion seen.
- Retroareolar region appears normal.
- No evidence of any dilated ducts noted.
- No soft tissue edema.
- No axillary lymphadenopathy

### IMPRESSION:

➤ **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY DETECTED.**

*ADV: Please correlate clinically and with other investigations*

Note:- discrepancies due to technical or typing errors should be reported for correction for seven days. No compensation liability stands.

  
MChB, DMRD (Radiodiagnosis)  
Reg. No. - 70108  
Apollo Clinic Hazratganj

Typed by  
Poonam Tiwari

Dr. Priyank K.S. Chaudhary  
MBBS, DMRD, DNB( Radiodiagnosis)

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Report Doc No.: **4653**  
Name : **Mrs. Brij Bala Tiwari / 47 Year / Female**  
Referred By : **ARCOFEMI HEALTHCARE LIMITED**

Patient No.: **3535-3525**  
Collected On : **25-03-2023**  
Report On: **25-03-2023 07:32 PM**

### CBC (Complete Blood Count)

<b>Hemoglobin</b> Method : (Cyanmethemoglobin)	12.4 gm%	Normal 12-15 gm%
<b>Hematocrit (PCV)</b> Method : (Calculated parameter)	35.5 %	Normal 36-45 %
<b>RBC Count</b> Method : (Electrical Impedance)	4.29 million/cmm	Normal 3.7-5 million/cmm
<b>MCV</b> Method : (Calculated parameter)	82.8 fl	Normal 83-101 fl
<b>MCH</b> Method : (Calculated parameter)	28.9 pg	Normal 27-32 pg
<b>MCHC</b> Method : (Calculated parameter)	34.9 g/dl	Normal 31-37 g/dl
<b>RDW-CV</b> Method : (Electrical Impedance)	14.0 %	Normal 11.6-14 %
<b>TLC (Total Leucocyte Count)</b> Method : (Electrical Impedance)	6800 cells/cu.mm	Normal 4000-10000 cells/cu.mm
<b>DLC (Differential Leucocyte Count)</b> Method : (Electrical Impedance)		
Neutrophil	61 %	40-80
Lymphocyte	31 %	20-40
Eosinophil	03 %	1-6
Monocyte	05 %	2-10
Basophil	00 %	0-1
<b>ABSOLUTE LEUCOCYTE COUNT</b> Method : (Electrical Impedance)		
NEUTROPHILS	4148 cells/cu.mm	2000-7000
LYMPHOCYTES	2108 cells/cu.mm	1000-3000
EOSINOPHILS	204 cells/cu.mm	20-500
MONOCYTES	340 cells/cu.mm	200-1000
<b>Platelet Count</b> Method : (Electrical Impedance)	211 thousand/mm <sup>3</sup>	Normal 150-450 thousand/mm <sup>3</sup>

**GBP (Peripheral Blood smear)**  
RBC : Normocytic normochromic

WBC : Total leucocyte count is within normal limit with normal distribution of cells

Platelets : Platelets are adequate in number.

No hemoparasite or immature cells seen .

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Collected On : **25-03-2023**

Report On: **25-03-2023 07:32 PM**

**ESR ( Wintrobs )**

18 mm/h

Normal 0-20 mm/h

**Blood Grouping/ABO RH Typing**

Blood Group

:

**"O"**

Rh Factor

:

**POSITIVE**

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Collected On : 25-03-2023

Report On: 25-03-2023 07:32 PM

### Kidney Function Test (KFT)

<b>Serum Urea</b> Method : (UREASE)	21 mg/dl	Normal 10-50 mg/dl
<b>Serum Creatinine</b> Method : (Creatinine amidohydrolase)	0.6 mg/dl	Normal 0.6-1.4 mg/dl
<b>Serum Sodium</b> Method : (Direct ISE)	140 mmol/L	Normal 135-146 mmol/L
<b>Serum Potassium</b> Method : (Direct ISE)	4.1 mmol/L	Normal 3.5-5.1 mmol/L

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Collected On : **25-03-2023**  
Report On: **25-03-2023 07:32 PM**

### Liver Function Test (LFT)

<b>Serum Bilirubin - Total</b> Method : <i>(Diazo sulfanilic)</i>	0.5 mg/dl	Normal 0.2-1.2 mg/dl
<b>Serum Bilirubin - Direct</b> Method : <i>(Diazo sulfanilic)</i>	0.2 mg/dl	Normal 0-0.3 mg/dl
<b>Serum Bilirubin-Indirect</b> Method : <i>(Calculated parameter)</i>	0.3 mg/dl	Normal 0.3-1 mg/dl
<b>Serum SGOT/AST</b> Method : <i>(UV with P-5-P)</i>	23 U/L	Normal 10-46 U/L
<b>Serum SGPT/ALT</b> Method : <i>(UV with P-5-P)</i>	25 U/L	Normal 10-49 U/L
<b>Serum Alkaline Phosphatase (SALP)</b> Method : <i>(p-nitrophenyl phosphate)</i>	116 U/L	Normal 35-104 U/L
<b>Serum Gamma-Glutamyltransferase (GGT)</b> Method : <i>(IFCC)</i>	31 U/L	Normal 0-38 U/L

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Patient No.: 3535-3525

Collected On : 25-03-2023

Report On: 25-03-2023 07:32 PM

### Lipid Profile

<b>Serum Cholesterol -Total</b> Method : <i>(CHE/CHO/POD)</i>	162 mg/dl	Normal < 200
<b>Serum Triglyceride</b> Method : <i>(Enzymatic)</i>	82 mg/dl	Normal < 150
<b>Serum Cholesterol VLDL</b> Method : <i>(Calculated parameter)</i>	16.4 mg/dl	Normal < 30
<b>Serum Cholesterol HDL</b> Method : <i>(Polymer-Detergent)</i>	40 mg/dl	Normal > 40
<b>Serum Cholesterol LDL</b> Method : <i>(Calculated parameter)</i>	106 mg/dl	Normal < 100
<b>Total Cholesterol/HDL Ratio</b> Method : <i>(Calculated parameter)</i>	4.05	Normal 0-4.5
<b>LDL/HDL Ratio</b> Method : <i>(Calculated parameter)</i>	3.55	Normal 0-3

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Collected On : **25-03-2023**  
Report On: **25-03-2023 07:32 PM**

**HbA1c**

TEST NAME	RESULT	UNIT	BIO. REF. RANGE	METHOD
<b>HBA1C, GLYCATE HEAMOGLOBIN,</b> <i>WHOLE BLOOD EDTA</i>	6.4	%		TURBIDIMETRIC

Comment:

Reference range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS > 18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7-6.4
DIAGNOSING DIABETES	≥6.5
DIABETICS	
EXCELENT CONTROL	6-7
FAIR TO GOOD CONTROL	7-8
UNSATISFACTORY CONTROL	8-10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control.

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Report On: **25-03-2023 07:32 PM**

**SUGAR**

**Blood Sugar (Fasting)**

Method : *(GOD-POD)*

87 mg/dl

Normal 70-110 mg/dl

**Blood Sugar (PP)**

Method : *(GOD-POD)*

121 mg/dl

Normal 80-160 mg/dl

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Urine R/M

DEPARTMENT OF CLINICAL PATHOLOGY			
URINE EXAMINATION REPORT			
TEST NAME	VALUE	UNIT	NORMAL VALUE
<b>PSYSICAL EXAMINATION:-</b>			
Urine Color	Pale Yellow		Pale yellow
Reaction	Acidic		Acidic/Alkaline
Appearance	Clear		Clear
Specific Gravity	1.010		1.010-1.025
<b>CHEMICAL EXAMINATION:-</b>			
Albumin	Absent		Trace/Nil
Glucose	Absent		Absent
Ketone	Absent		Absent
Blood	Absent		Absent
Bilirubin	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite	Absent		Absent
<b>MICROSCOPIC EXMINATION:-</b>			
Pus Cells(WBC)	1-2	Cells/hpf	
Red Blood Cells (RBC)	Nil	Cells/hpf	
Epithelial Cell	2-3	Cells/hpf	
Casts	Nil	Nil	
Bacteria	Nil		
Crystals	Nil	Nil	

End of Report



Checked By

  
**Dr. Divya Mehdiratta**  
MBBS, MD (Pathologist)

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Brijbala Tiwari 47/Female

c/c - regular dental checkup

o/e - stains +  
calculus +

caries  $\frac{1 \mid 1 \ 2}{8 \ 5 \mid 7 \ 8}$

root stump  $\frac{5 \mid 7}{\phantom{8 \ 5 \mid 7 \ 8}}$

missing  $\frac{7.6 \mid 6}{\phantom{8 \ 5 \mid 7 \ 8}}$

Adv - ① oral prophylaxis

② extraction 5/3

③ restoration

④ rehabilitation by prosthesis

Gate

**Dr. ROHIT MADAN**  
MDS (Periodontist & Oral Implantologist)  
Consultant Dentist  
DCI Reg. No. 002259  
Apollo Clinic, Hazratganj

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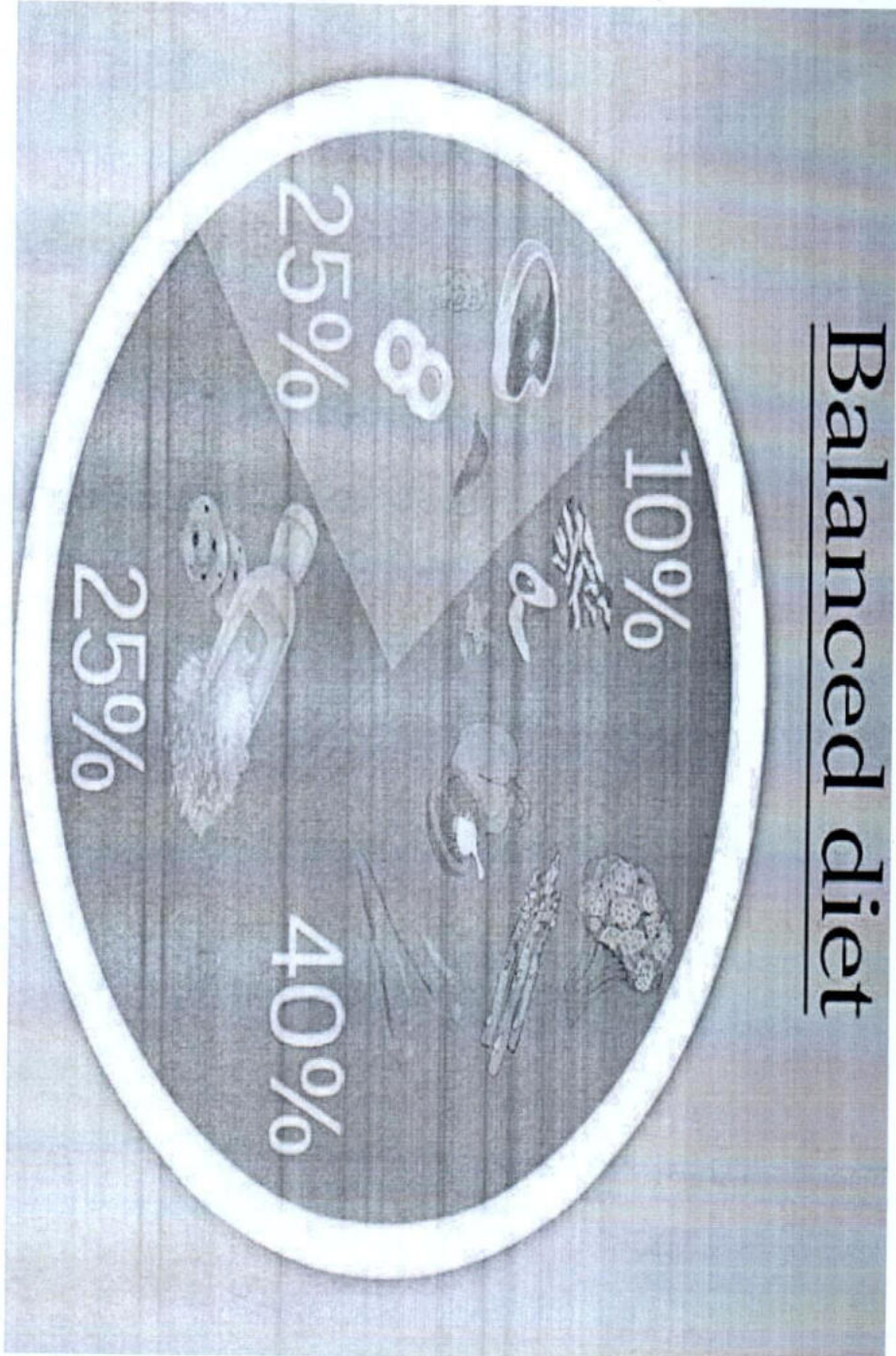
 **7897 123 777**



Ashita Gupta

9935091250

# Balanced diet



- Fruits and vegetables
- Fibre-rich carbohydrates
- Protein
- Fats

**WEEK 1**

<p>Early morning (7:00 am) ✓</p>	<p>Flax Seeds (roasted)(1tsp) + 1/4<sup>th</sup> Lemon + 1 glass Luke warm water / Apple cider vinegar (1<del>2</del><sup>2</sup> tsp) + a pinch of cinnamon powder in a glass of luke warm water ✓</p>
<p>Breakfast (9:30 to 10:00 am) ✓</p>	<p>Open paner sandwich with mint chutney / 2-3 idlis (sautéed with veggies) / 2 egg omelette with 2 whole grain bread slices / 2 small multigrain mixed vegetable or Dal stuffed parathas / Oats porridge with nuts (1 bowl) / Dalia Veg Poha (1 bowl)  <del>Roasties + Fig (etc)</del></p>
<p>Mid-Noon (12:00 pm)</p>	<p>Matha (butter milk) (150ml) / A fruit (papaya, Guava, Apple, orange, Pear, kiwi)</p>
<p>Lunch (2:00 pm)</p>	<p>2 multigrain roti + 1 bowl vegetable subji / non-veg subji + 1 bowl boiled pulse (rajma, kadhi, chana, black chana, green moong etc) / 1 bowl brown rice + 1 bowl mixed vegetable subji with dal (1 bowl)</p>
<p>Evening tea (5:00 pm)</p>	<p>2 multigrain flour khakras / mixed seeds / Roasted makhana (25gm) + Tea / green tea ✓</p>
<p>Dinner (8:00 Pm)</p>	<p>Lauki Curry / Turai / Matar Mushroom / matar nutrella chunks + 2 multigrain chapati + Salad / Lemon rice with Coconut chutney + Fruit Yogurt</p>
<p>Post-dinner (if you are up late) ✓</p>	<p>1 cup turmeric milk</p>

## WEEK 2

Early morning (7:00)

10 ml aloe vera + wheatgrass juice / luke warm water

Breakfast (9:30 – 10:00pm)

2 medium vegetable uthappam / 1 bowl vegetable upma + chutney / 2 medium paneer, oats and ragi cheela with green chutney/ 1 bowl fruit, flaxseed and oats porridge

Mid-Noon (12:00 pm)

Yakult (sugar Free) / a fruit + multiseeds (10gms)

Lunch (2:00 pm)

Dosa (1) + sambhar (1 bowl) / missi roti (2) + paneer curry / veg pulao + tomato chutney / dal Bada (2) chokha

Evening Tea (5:00 pm)

Tea + Marigold biscuits / Roasted Chana, laiyya

Dinner (8:00pm)

Bhelpuri (150-200gm) / Chickpea salad / Veg salad (paneer broccoli, bell pepper, beans) / egg salad + Soup

Post-dinner (if you are up late)

1 glass turmeric milk



**WEEK 3**

Early morning (7:00 am)

1 tsp Chia seeds (soaked in 1 cup water) + Luke warm water (1 glass) + ½ lemon

Breakfast (9:30am to 10:00am)

Paneer prantha with curd (1) / Moong dal veggie cheela / cucumber, tomato, onion club sandwich / Egg poached (2) + nuts (1 walnut, 5 almonds)

Mid-Noon (12:00pm)

fistful of Assorted nuts + 100ml coconut water

Lunch (2:00 pm)

2 multigrain roti + 1 bowl veg or non-veg (seafood, fish, chicken) subji of choice + 1 bowl of thick dal / 1 bowl brown rice + 1 bowl mixed vegetable sambhar + 1 bowl subji + 1 bowl low-fat curd

Evening tea (5:00pm)

2-3 dhokla / 2 Atta mathhi (homemade) + tea

Dinner (8:00 pm)

1 bowl fruit and veggie mixed salad of choice + 2 bran rotis (wheat roti or oat bran) + 1 bowl of subji / Palak dal / idli Sambhar

Post-dinner (if you are up late)

1 cup turmeric milk

**WEEK 4**

Early morning (7:00 am)	10 ml Amla juice + 1 glass luke warm water / 3-4 walnuts and almonds + water.
Breakfast (9:30 – 10:00am)	2 medium dal paranthas (less oil) (made from leftover dal if any) + 1 bowl low-fat curd / Steamed sprouts (100gm) with a papaya / apple, almond smoothie (150ml)
Mid-Noon (12:00pm)	Granola bar / Mattha (butter milk) (150ml) / A fruit (papaya, Guava, Apple, orange, Pear, kiwi)
Lunch (2:00 pm)	1 bowl millet and dal khichdi + 1 bowl mixed vegetable kadhai / 2 multigrain roti + 1 bowl non-veg subji or egg bhurji or paneer bhurji / 2 vegetable millet uttapams + 1 bowl sambhar / kalbi chana with wheat kulcha
Evening Tea (5:00 pm)	Tea with rusk (1) / roasted peanut makhana + tea
Dinner (8:00 pm)	Veg pasta (wheat) (150gm) / paneer tikka with bell peppers (200gm) / veg frankie (2) / soy Manchurian + veg pulao (150gm)

Post-dinner (if you are up late) *d*

1 glass warm milk / fruit pudding

## Do's

1. Have plenty of water throughout the day.
2. 15 minutes of breathing exercise is advisable (specially deep breathing and anulom vilom)
3. Try to include more fibre in ur diet. (green veggies and fruits and whole grains)
4. Chew your food properly, eat slowly.
5. Take sound sleep, stress less.
6. Be more active throughout the day.
7. Include ,Aam panna
8. Make fix time for eating.
9. Avoid meal gaping.
10. Prefer cooked food.
11. Have fresh, hot, home cooked meals.
12. Have small portion of meals in frequent intervals.
13. Have more fermented food items.

## Don't

1. Avoid raw foods. (pulses, beans, sprouts, salads)
2. Avoid excessive coffee and tea.
3. Avoid banana, cheeku, and custard apple
4. don't sleep just after having meals.
5. Avoid bakery, packed, processed and canned foods.
6. Avoid pickle, papad, and tomato ketchup, mayonnaise etc.
7. Reduce juices carbonated drinks and sodas.
8. Avoid stale food.
9. Avoid sweets and salty foods, (all junk)
10. Avoid fatty and fried food

### Notes:

- Go for Daily Exercise (60 mins - 90 mins.)
- Avoid extra salt and salted foods like Papad, Pickle, Sauce, ketchup,
- Salted snacks and namkeens.
- 100 gm. of any leafy vegetables (Coriander leaves, Meethi, Bathua, and Spinach) include in diet daily.
- Avoid all fried foods, bakery foods, Rusk, Biscuits, and Ready to eat
- Cornflakes, masala oats, Maggie, food made of Maida, Sweets, Ice cream, Cake, Pastries, Pizza, Burger, Soft drinks, Soda water ,Chips,
- Pao, Bhatura, Paratha, White Bread, Maida noodles, Samosa, Patties,
- Package snacks.
- Oil -Use Mustard oil, Olive oil, Rice bran oil, and Ground nut oil. (Cold Pressed).
- Have 4 varieties of fruits daily. (Prefer Seasonal, Citrus fruits)
- Drink 2.5-3.5 litre of water per day. Prefer warm water.
- Take small bites and chew the foods properly.
- Prefer low sodium iodized salt. Avoid Extra salt and salted Foods.





### Weight loss tips to consider while following the above diet chart

- Superfoods are the biggest key to quick and healthy weight loss. **Superfoods** are nothing but regular foods that have concentrated with nutrients. They could be millets, seeds, certain grass varieties, or even fiber-rich foods. Consume them in measured amounts every day and see your weight melting.
- Always drink enough water. Many times thirst is masked as hunger. So when you are hungry, try drinking water first. It is a proven natural way to fill up the stomach and preventing yourself from gorging later.
- Always preclude lunch with salads or chewy soups. You will be tempted to eat less rice or roti or whatever is for lunch.

**NAME** : MRS. BRIJBALA TIWARI  
**DATE** : 25.MAR.2023  
**REFERRED BY** : PAN INDIA  
**RT NO** : 4020  
**AGE** : 47 Y  
**SEX** : F

### ULTRASOUND OF WHOLE ABDOMEN

- **LIVER:** is enlarged in size (16.2 cms) with normal shape & increased echogenicity. Biliary radicals are not dilated. No obvious focal lesion. Portal & hepatic veins are normal in caliber.
- **GALL BLADDER:** is partially distended. Wall thickness is normal. No pericholecystic fluid collection noted. CBD is not dilated.
- **PANCREAS:** is normal in size and contour. Parenchyma shows normal echotexture. No pancreatic duct dilatation is seen. No peri-pancreatic fluid collection seen.
- **SPLEEN:** is normal in size ( cms), shape & position. Parenchyma shows normal echotexture. Splenic veins are not dilated.
- **B/L KIDNEYS:**
- Both kidneys are normal in size, site, shape, position. Cortical echoes are normal. Cortico-medullary differentiation is maintained. Pelvicalyceal system are not dilated. No obvious calculus / mass / cyst seen.
- **URINARY BLADDER:** is well distended with normal contour. Wall appears regular. No evidence of any calculus /mass lesion is seen.
- **UTERUS:** It is anteverted with normal size measuring 89x38x26 mm. Myometrial & endometrial echoes are normal. Endometrial stripe measures 4.6 mm is normal. No obvious fluid collection seen with in endometrial canal. No focal mass lesion seen. Cervix appears normal.
- **ADNEXA:** B/L adnexal region appears unremarkable.
- No fluid in POD.

### IMPRESSION:

➤ **HEPATOMEGALY WITH GRADE I FATTY LIVER.**

ADV: Please correlate clinically

Note:- discrepancies due to technical or typing errors should be reported for correction for seven days. No compensation liability stands.

Typed by

Poonam Tiwari

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Dr. Priyank K.S. Chaudhary

MBBS, DMRD, DNB( Radiodiagnosis)

TO BOOK AN APPOINTMENT

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