DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40004977 (8748)	RISNo./Status :	4009157/
Patient Name :	Mrs. JYOTI JAIN	Age/Gender :	34 Y/F
Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	26/08/2023 8:51AM/ OPSCR23- 24/4281	Scan Date :	
Report Date :	26/08/2023 11:42AM	Company Name:	Final

REFERRAL REASON: - HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

			No	rmal				Normal
IVSD	9.5		6-12mm		LVIDS	22.2	20-40mm	
LVIDD	34.0		32-	57mm		LVPWS	15.0	mm
LVPWD	9.5		6-1	l2mm		AO	25.4	19-37mm
IVSS	14.5]	mm		LA	27.6	19-40mm
LVEF	62-64		>	55%		RA	-	mm
	DOPPLE	R MEA	ASUREN	AENTS &	& CALC	ULATIONS	:	
STRUCTURE	MORPHOLOGY	VELOCITY (m/s)		GRADIENT		REGURGITATION		
				(mmHg)				
MITRAL	NORMAL	Е	0.90	e'		-		NIL
VALVE			0.67					
		Α	0.67	E/e'				
TRICUSPID	NORMAL		E	0.	50	-		NIL
VALVE						_		
			Α	0.	39			
AORTIC	NORMAL	1.25		-		NIL		
VALVE								
PULMONARY	NORMAL	0.62				NIL		
VALVE						-		

COMMENTS & CONCLUSION: -

- ALL CARDIAC CHAMBERS ARE NORMAL
- NO RWMA, LVEF 62-64%
- NORMAL LV SYSTOLIC FUNCTION
- NORMAL LV DIASTOLIC FUNCTION
- ALL CARDIAC VALVES ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

IMPRESSION: - NORMAL BI VENTRICULAR FUNCTIONS

DR SUPRIY JAIN MBBS, M.D., D.M. (CARDIOLOGY) INCHARGE & SR. CONSULTANT INTERVENTIONAL CARDIOLOGY DR ROOPAM SHARMA MBBS, PGDCC, FIAE CONSULTANT & INCHARGE EMERGENCY, PREVENTIVE CARDIOLOGY AND WELLNESS CENTRE

Patient Name	Mrs. JYOTI JAIN	Lab No	519654	असमाधन प्रमाय
UHID	317885	Collection Date	26/08/2023 11:41AM	
Age/Gender	34 Yrs/Female	Receiving Date	26/08/2023 11:44AM	HERE'S
IP/OP Location	O-OPD	Report Date	26/08/2023 12:34PM	MC-2561
Referred By	Dr. EHCC Consultant	Report Status	Final	110 2502
Mobile No.	9773349797			
BIOCHEMISTRY				

Test Name	Result	Unit	Biological Ref. Range
			Sample: WHOLE BLOOD EDTA
HBA1C	5.6	%	< 5.7% Nondiabetic 5.7-6.4% Pre-diabetic > 6.4% Indicate Diabetes
			Known Diabetic Patients< 7 %

Method : - High - performance liquid chromatography HPLC Interpretation:-Monitoring long term glycemic control, testing every 3 to 4 months is generally sufficient. The approximate relationship between HbAlC and mean blood glucose values during the preceding 2 to 3 months.

End Of Report

RESULT ENTERED BY : Mr. MAHENDRA KUMAR

Sundan Sign .

Dr. SURENDRA SINGH **CONSULTANT & HOD** MBBS | MD | PATHOLOGY

Dr. ASHISH SHARMA **CONSULTANT & INCHARGE PATHOLOGY** MBBS | MD | PATHOLOGY

Page: 1 Of 1

Patient Name UHID	Mrs. JYOTI JAIN 40004977			Lab No Collection Date	4009157 26/08/2023 9:12	2AM
Age/Gender	34 Yrs/Female			Receiving Date	26/08/2023 9:20	MAC
IP/OP Location	O-OPD			Report Date	26/08/2023 2:33	3PM
Referred By	EHS CONSULTANT			Report Status	Final	
Mobile No.	8619620144					
			BIOCHEMISTR	RY		
Test Name		Result	Unit	Biolog	ical Ref. Range	
BLOOD GLUCOSE (F	ASTING)					Sample: Fl. Plasma
BLOOD GLUCOSE (F	ASTING)	92.2	mg/dl	74 - 106		
Method: Hexokinase Interpretation:-D various diseases.	e assay. iagnosis and monitoring	of treatment in (diabetes mellitus	and evaluation of c	arbohydrate metabol	ism in
BLOOD GLUCOSE (P	P <u>)</u>					Sample: PLASMA
BLOOD GLUCOSE (P	Р)	104.2	mg/dl		tic: - < 140 mg/dl ic: - 140-199 mg/dl =200 mg/dl	
Method: Hexokinase Interpretation:-D: various diseases.	e assay. iagnosis and monitoring	of treatment in (diabetes mellitus	and evaluation of c	arbohydrate metabol	ism in

THYROID T3 T4 TSH				Sample: Serum
ТЗ	1.550	ng/mL	0.970 - 1.690	
Τ4	8.76	ug/dl	5.53 - 11.00	
TSH	1.306	μIU/mL	0.40 - 4.05	

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

Patient Name	Mrs. JYOTI JAIN
UHID	40004977
Age/Gender	34 Yrs/Female
IP/OP Location	O-OPD
Referred By	EHS CONSULTANT
Mobile No.	8619620144

Lab No Collection Date Receiving Date Report Date Report Status 4009157 26/08/2023 9:12AM 26/08/2023 9:20AM 26/08/2023 2:33PM Final

BIOCHEMISTRY

T3:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T4 assay employs acompetitive test principle with an antibody specifically directed against T4.

TSH - THYROID STIMULATING HORMONE :- ElectroChemiLuminescenceImmunoAssay - ECLIA

Interpretation:-The determination of TSH serves as theinitial test in thyroid diagnostics. Even very slight changes in theconcentrations of the free thyroid hormones bring about much greater oppositechanges in the TSH levels.

LFT (LIVER FUNCTION TEST)

BILIRUBIN TOTAL	0.56	mg/dl	0.00 - 1.20
BILIRUBIN INDIRECT	0.46	mg/dl	0.20 - 1.00
BILIRUBIN DIRECT	0.10	mg/dl	0.00 - 0.40
SGOT	21.1	U/L	0.0 - 40.0
SGPT	23.6	U/L	0.0 - 40.0
TOTAL PROTEIN	7.0	g/dl	6.6 - 8.7
ALBUMIN	4.9	g/dl	3.5 - 5.2
GLOBULIN	2.1		1.8 - 3.6
ALKALINE PHOSPHATASE	51.9	U/L	42 - 98
A/G RATIO	2.3	Ratio	1.5 - 2.5
GGTP	21.1	U/L	6.0 - 38.0

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS | MD | INCHARGE PATHOLOGY

Sample: Serum

Patient Name	Mrs. JYOTI JAIN	Lab No	4009157
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Mobile No.	8619620144		

BIOCHEMISTRY

BILIRUBIN TOTAL :- Method: DPD assay. Interpretation:-Total Bilirubin measurements are used in the diagnosis and treatment of various liver diseases, and of haemolytic and metabolic disorders in adults and newborns. Both obstruction damage to hepatocellular structive.

BILIRUBIN DIRECT :- Method: Diazo method Interpretation:-Determinations of direct bilirubin measure mainly conjugated, water soluble bilirubin.

SGOT - AST :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGOT(AST) measurements are used in the diagnosis and treatment of certain types of liver and heart disease.

SGPT - ALT :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGPT(ALT) Ratio Is Used For Differential Diagnosis In Liver Diseases.

TOTAL PROTEINS :- Method: Biuret colorimetric assay. Interpretation:-Total protein measurements are used in the diagnosis and treatment of a variety of liver and kidney diseases and bone marrow as well as metabolic and nutritional disorder. ALBUMIN :- Method: Colorimetric (BCP) assay. Interpretation:-For Diagnosis and monitoring of liver diseases, e.g. liver cirrhosis, nutritional status.

ALKALINE PHOSPHATASE :- Method: Colorimetric assay according to IFCC. Interpretation:-Elevated serum ALT is found in hepatitis, cirrhosis, obstructive jaundice, carcinoma of the liver, and chronic alcohol abuse. ALT is only slightly elevated in patients who have an uncomplicated myocardial infarction. GCTP-GAMMA GLUTAWIL TRANSPEPTIDASE :- Method: Enzymetic colorimetric assay. Interpretation:-y-glutamyltransferase is used in the diagnosis and monitoring of hepatobiliary disease. Enzymatic activity of GGT is often the only parameter with increased values when testing for such diseases and is one of the most sensitive indicator known.

LIPID PROFILE

TOTAL CHOLESTEROL	242		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	62.8		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	160.5		Optimal :- <100 mg/dl Near or Above Optimal :- 100-129 mg/dl Borderline :- 130-159 mg/dl High :- 160-189 mg/dl Very High :- >190 mg/dl
CHOLESTERO VLDL	22	mg/dl	10 - 50
TRIGLYCERIDES	108.9		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	3.9	%	

RESULT ENTERED BY : SUNIL EHS

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Dr. ABHINAY VERMA

Patient Name	Mrs. JYOTI JAIN	Lab No	4009157
UHID	40004977	Collection Date	26/08/2023 9:12AM
Age/Gender	34 Yrs/Female	Receiving Date	26/08/2023 9:20AM
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BIOCHEMISTRY

CHOLESTEROL TOTAL :- Method: CHOD-PAP enzymatic colorimetric assay.

interpretation:-The determination of the individual total cholesterol (TC) level is used for screening purposes while for a better risk assessment it is necessary to measure additionally lipid & lipoprotein metabolic disorders. HDL CHOLESTEROL :- Method:-Homogenous enzymetic colorimetric method.

Interpretation:-HDL-cholesterol has a protective against coronary heart disease, while reduced HDL-cholesterol concentrations, particularly in conjunction with elevated triglycerides, increase the cardiovascular disease. LDL CHOLESTEROL :- Method: Homogenous enzymatic colorimetric assay.

Interpretation:-LDL play a key role in causing and influencing the progression of atherosclerosis and in particular coronary sclerosis. The LDL are derived form VLDL rich in TG by the action of various lipolytic enzymes and are

Synthesized in the liver. CHOLESTEROL VLDL :- Method: VLDL Calculative

Interpretation:-High triglycerde levels also occur in various diseases of liver, kidneys and pancreas.

DM, nephrosis, liver obstruction.

CHOLESTEROL/HDL RATIO :- Method: Cholesterol/HDL Ratio Calculative

RENAL PROFILE TEST

UREA	3.40 L	mg/dl	16.60 - 48.50
BUN	3.4 L	mg/dl	6 - 20
CREATININE	0.55	mg/dl	0.50 - 0.90
SODIUM	136.0	mmol/L	136 - 145
POTASSIUM	3.80	mmol/L	3.50 - 5.50
CHLORIDE	97.7 L	mmol/L	98 - 107
URIC ACID	2.9	mg/dl	2.6 - 6.0
CALCIUM	10.37 H	mg/dl	8.60 - 10.30

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS | MD | INCHARGE PATHOLOGY

Sample: Serum

Patient Name	Mrs. JYOTI JAIN	Lab No	4009157
UHID	40004977	Collection Date	26/08/2023 9:12AM
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CREATININE - SERUM :- Method:-Jaffe method, Interpretation:-To differentiate acute and chronic kidneydisease. **URIC ACID** :- Method: Enzymatic colorimetric assay. Interpretation:- Elevated blood concentrations of uricacid are renal diseases with decreased excretion of waste products, starvation, drug abuse and increased alcohol consume.

SODIUM:- Method: ISE electrode. Interpretation:-Decrease: Prolonged vomiting or diarrhea, diminished reabsorption in the kidney and excessive fluid retention. Increase: excessive fluid loss, high salt intake andkidney reabsorption. POTASSIUM :- Method: ISE electrode. Intrpretation:-Low level: Intake excessive loss formbodydue to diarrhea, vomiting

chabitat in Refinition: Refinition: Refinition: Refinition: Refinition and Construction Refinition, Refinition, Shock severe burns, DKA, renalfailure. CHLORIDE - SERUM :- Method: ISE electrode. Interpretation:-Decrease: reduced dietary intake, prolonged vomiting and reduced

renal reabsorption as well as forms of acidosisand alkalosis. Increase: dehydration, kidney failure, some form ofacidosis, high dietary or parenteral chloride intake, and salicylate

poisoning. UREA:- Method: Urease/GLDH kinetic assay. Interpretation:-Elevations in blood urea nitrogenconcentration are seen in inadequate renal perfusion, shock, diminished bloodvolume, chronic nephritis, nephrosclerosis, tubular necrosis, glomerularnephritis and UTI.

CALCIUM TOTAL :- Method: O-Cresolphthaleine complexone. Interpretation:-Increase in serum PTH or vit-D are

usuallyassociated with hypercalcemia. Increased serum calcium levels may also beobserved in multiple myeloma and other neoplastic diseases. Hypocalcemia may

beobserved in hypoparathyroidism, nephrosis, and pancreatitis.

RESULT ENTERED BY : SUNIL EHS

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BLOOD BANK INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range

BLOOD GROUPING

"O" Rh Positive

Note :

Both forward and reverse grouping performed.
Test conducted on EDTA whole blood.

RESULT ENTERED BY : SUNIL EHS

AllineyVana

Dr. ABHINAY VERMA

Patient Name UHID	Mrs. JYOTI JAIN 40004977	Lab No Collection Date	4009157 26/08/2023 9:12AM
Age/Gender	34 Yrs/Female O-OPD	Receiving Date Report Date	26/08/2023 9:20AM
IP/OP Location Referred By	EHS CONSULTANT	Report Status	26/08/2023 2:33PM Final
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CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	
URINE SUGAR (POST PRANDIAL)				Sample: Urine
URINE SUGAR (POST PRANDIAL)	NEGATIVE		NEGATIVE	
URINE SUGAR (RANDOM)				Sample: Urine
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE	
ROUTINE EXAMINATION - URINE				Sample: Urine
PHYSICAL EXAMINATION				
VOLUME	15	ml		
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	HAZY		CLEAR	
CHEMICAL EXAMINATION				
РН	6.0		5.5 - 7.0	
SPECIFIC GRAVITY	1.000		1.016-1.022	
PROTEIN	NEGATIVE		NEGATIVE	
SUGAR	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
BLOOD	NEGATIVE			
KETONES	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
UROBILINOGEN	NEGATIVE		NEGATIVE	
LEUCOCYTE	++		NEGATIVE	
MICROSCOPIC EXAMINATION				
WBCS/HPF	20-30	/hpf	0 - 3	
RBCS/HPF	0-0	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	7-8	/hpf	0 - 1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	

RESULT ENTERED BY : SUNIL EHS

AlbunayVana

Dr. ABHINAY VERMA

Patient Name	Mrs. JYOTI JAIN	Lab No	4009157
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CLINICAL PATHOLOGY

BACTERIA	NIL	NIL
OHTERS	NIL	NIL

Methodology:-

Methodology:-Glucose: GOD-POD, Bilirubin: Diazo-Azo-coupling reaction with a diazonium, Ketone: Nitro Pruside reaction, Specific Gravity: Proton re;ease from ions, Blood: Psuedo-Peroxidase activity oh Haem moiety, pH: Methye Red-Bromothymol Blue (Double indicator system), Protein: H+ Release by buffer, microscopic & chemical method. interpretation: Diagnosis of Kidney function, UTI, Presence of Protein, Glucoses, Blood. Vocubulary syntax: Kit insert

RESULT ENTERED BY : SUNIL EHS

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Dr. ABHINAY VERMA

Patient Name	Mrs. JYOTI JAIN	Lab No	4009157
UHID	40004977	Collection Date	26/08/2023 9:12AM
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Mobile No.	8619620144		

HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Ra	nge
CBC (COMPLETE BLOOD COUNT)				Sample: WHOLE BLOOD EDTA
HAEMOGLOBIN	11.9 L	g/dl	12.0 - 15.0	
PACKED CELL VOLUME(PCV)	39.6	%	36.0 - 46.0	
MCV	87.4	fl	82 - 92	
МСН	26.3 L	pg	27 - 32	
MCHC	30.1 L	g/dl	32 - 36	
RBC COUNT	4.53	millions/cu.mm	3.80 - 4.80	
TLC (TOTAL WBC COUNT)	6.09	10^3/ uL	4 - 10	
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHILS	46.9	%	40 - 80	
LYMPHOCYTE	42.7 H	%	20 - 40	
EOSINOPHILS	3.0	%	1 - 6	
MONOCYTES	6.7	%	2 - 10	
BASOPHIL	0.7 L	%	1 - 2	
PLATELET COUNT	2.93	lakh/cumm	1.500 - 4.500	

HAEMOGLOBIN :- Method:-SLS HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia. MCV :- Method:- Calculation bysysmex. MCH :- Method:- Calculation bysysmex. MCHC :- Method:- Calculation bysysmex.

RBC COUNT :- Method:-Hydrodynamicfocusing.Interpretation:-Low-Anemia,High-Polycythemia. TLC (TOTAL WBC COUNT) :- Method:-Optical Detectorblock based on Flowcytometry.Interpretation:-High-Leucocytosis, Low-

Leucopenia.

NEUTROPHILS :- Method: Optical detectorblock based on Flowcytometry

LYMPHOCYTS :- Method: Optical detectorblock based on Flowcytometry

EOSINOPHILS :- Method: Optical detectorblock based on Flowcytometry

MONOCYTES :- Method: Optical detectorblock based on Flowcytometry

BASOPHIL :- Method: Optical detectorblock based on Flowcytometry

PLATELET COUNT :- Method:-Hydrodynamicfocusing method.Interpretation:-Low-Thrombocytopenia, High-Thrombocytosis.

HCT: Method:- Pulse Height Detection. Interpretation:-Low-Anemia, High-Polycythemia. NOTE: CH- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

ESR (ERYTHROCYTE SEDIMENTATION RATE)

10

mm/1st hr 0 - 15

RESULT ENTERED BY : SUNIL EHS

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Dr. ABHINAY VERMA

Patient Name	Mrs. JYOTI JAIN	Lab No	4009157
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Method:-Modified Westergrens. Interpretation:-Increased in infections, sepsis, and malignancy.

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Unit

Test Name

Result

Biological Ref. Range

USG REPORT - ABDOMEN AND PELVIS

LIVER:

Is normal in normal size **and shows diffuse increased echogenicity**. No obvious focal lesion seen. No intra - Hepatic biliary radical dilatation seen.

GALL BLADDER:

Adequately distended and shows multiple calculi within, largest 6.7 mm. No obvious wall thickening/pericholecystic fat stranding/fluid.

PANCREAS:

Appears normal in size and it shows uniform echo texture.

SPLEEN:

Is normal in size and shows uniform echogenicity.

RIGHTKIDNEY:

The shape, size and contour of the right kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

One calculus size of 4.2 mm in interpolar calyx.

LEFT KIDNEY:

The shape, size and contour of the left kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

RESULT ENTERED BY : SUNIL EHS

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USG

No calculi seen.

BLADDER:

Is normal contour. No intra luminal echoes are seen.

UTERUS:

Uterus measures ~ 35 x 54 x 82 mm, anteverted.

Endometrial thickness measures ~ 7.8 mm.

No focal lesion noted.

OVARIES:

Both ovaries are normal in size and echoes.

Right ovary measures ~24 x 15 mm.

Left ovary measures \sim 37 x 24 mm.

Small free fluid in P.O.D.

IMPRESSION:

Diffuse grade I fatty liver.

Cholelithiasis. No sonographic evidence of acute cholecystitis.

Right renal calculus.

Small free fluid in P.O.D. -? PID.

RESULT ENTERED BY : SUNIL EHS

Rundad

Dr. RENU JADIYA MBBS, DNB RADIOLOGIST

Patient Name UHID	Mrs. JYOTI JAIN 40004977	Lab No Collection Date	4009157 26/08/2023 9:12AM
Age/Gender IP/OP Location	34 Yrs/Female O-OPD	Receiving Date Report Date	26/08/2023 9:20AM 26/08/2023 2:33PM
Referred By	EHS CONSULTANT	Report Status	Final
Mobile No.	8619620144		
X Ray			

X Ray

Unit

Test Name

Result

Biological Ref. Range

X-RAY - CHEST PA VIEW

OBSERVATION:

Patient is rotated to the right.

The mediastinal and cardiac silhouette are normal.

Cardiothoracic ratio is normal.

Cardiophrenic and costophrenic angles are normal.

Both hila are normal.

The lung fields are clear.

Bones of the thoracic cage are normal.

End Of Report

RESULT ENTERED BY : SUNIL EHS

Rundad

Dr. RENU JADIYA MBBS, DNB RADIOLOGIST