



CID : 2236519632
Name : MRS.RAKHI KUMARI
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 31-Dec-2022 / 09:12
Reported : 31-Dec-2022 / 13:01

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.65	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.3	36-46 %	Measured
MCV	82	80-100 fl	Calculated
MCH	27.5	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	13.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7210	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	24.4	20-40 %	
Absolute Lymphocytes	1759.2	1000-3000 /cmm	Calculated
Monocytes	4.9	2-10 %	
Absolute Monocytes	353.3	200-1000 /cmm	Calculated
Neutrophils	67.6	40-80 %	
Absolute Neutrophils	4874.0	2000-7000 /cmm	Calculated
Eosinophils	2.3	1-6 %	
Absolute Eosinophils	165.8	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	57.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	230000	150000-400000 /cmm	Elect. Impedance
MPV	9.7	6-11 fl	Calculated
PDW	18.2	11-18 %	Calculated



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RBC MORPHOLOGY

Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 14 2-20 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



Bmhaskar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Reg. Location : Kandivali East (Main Centre)

Collected : 31-Dec-2022 / 09:12
Reported : 31-Dec-2022 / 13:51

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	86.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	130.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.67	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.43	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	20.6	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	27.6	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			



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Collected : 31-Dec-2022 / 12:38
Reported : 31-Dec-2022 / 21:02

GAMMA GT, Serum	15.8	<38 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	81.1	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	18.3	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	8.5	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.59	0.50-0.80 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	121	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.5	3.1-7.8 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



MC-2111

Bmhaskar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Reported : 31-Dec-2022 / 15:03

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	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, Splenectomy, 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.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***



Bmhaskar

**Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist**



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Reported : 31-Dec-2022 / 14:07

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ ~25 mg/dl, 2+ ~75 mg/dl, 3+ ~ 150 mg/dl, 4+ ~ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone:(1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

Reference: Pack insert



MC-2111

Bmhaskar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Reported : 31-Dec-2022 / 14:07

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Reg. Location : Kandivali East (Main Centre)

Collected : 31-Dec-2022 / 09:12
Reported : 31-Dec-2022 / 16:21

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

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.

References:

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. Leena Salunkhe
Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



CID : 2236519632
Name : MRS.RAKHI KUMARI
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 31-Dec-2022 / 09:12
Reported : 31-Dec-2022 / 14:33

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	150.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	90.4	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	42.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	108.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	90.1	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	18.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***



Namrata Raul
Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



CID : 2236519632
Name : MRS.RAKHI KUMARI
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 31-Dec-2022 / 09:12
Reported : 31-Dec-2022 / 13:57

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.1	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	13.3	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	3.114	0.55-4.78 microIU/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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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 transiently altered because 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 non-thyroidal 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.

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)

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*** End Of Report ***



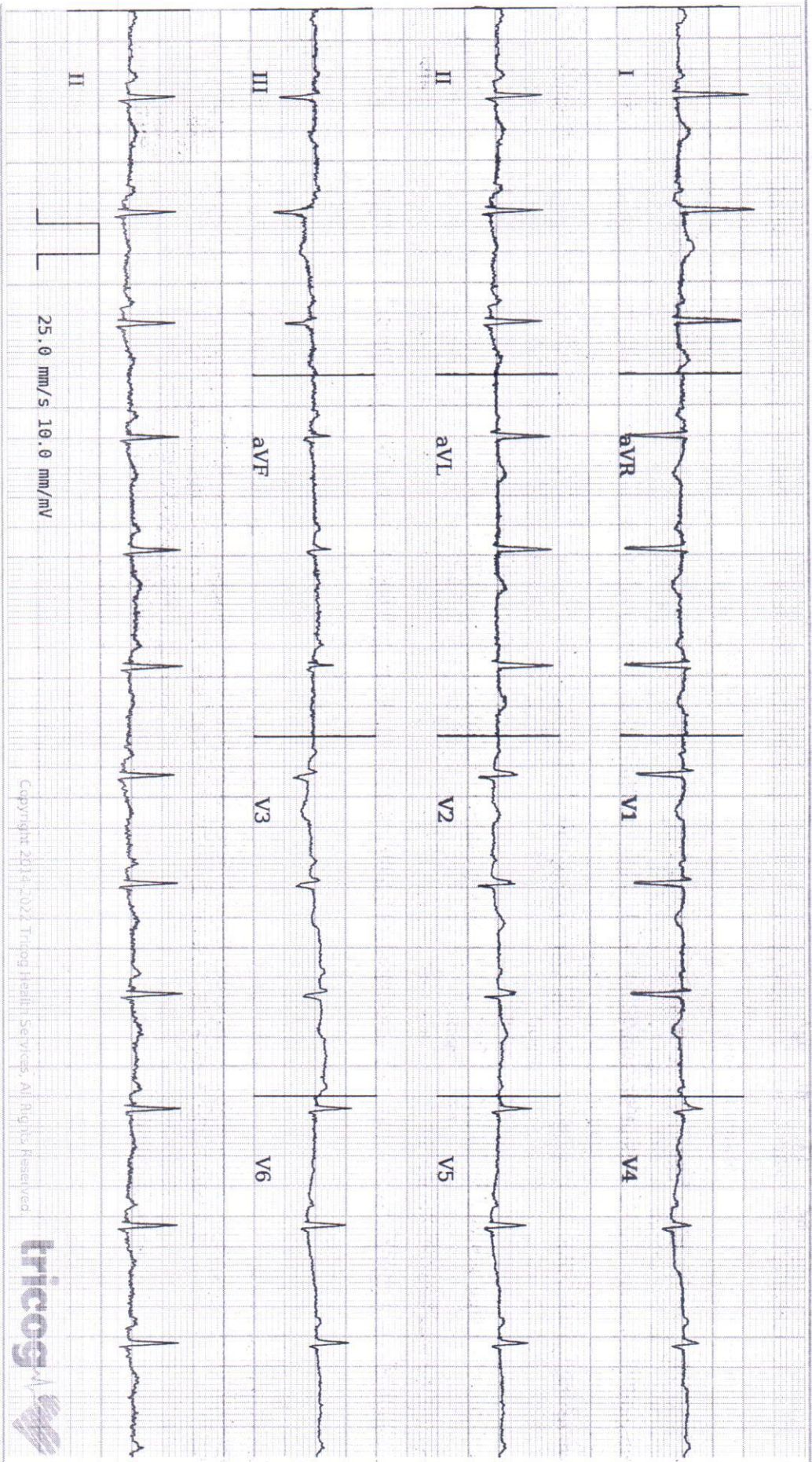
Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab
Director

Patient Name: **RAKHI KUMARI**

Date and Time: **31st Dec 22 10:55 AM**

Patient ID: **2236519632**



Age **38** 11 30
years months days

Gender **Female**

Heart Rate **79bpm**

Patient Vitals

BP: **110/70 mmHg**

Weight: **93 kg**

Height: **158 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **70ms**

QT: **386ms**

QTc: **442ms**

PR: **144ms**

P-R-T: **55° 7° 22°**

REPORTED BY

DR AKHIL PARULEKAR
MBBS,MD MEDICINE, DNB Cardiology
Cardiologist
2012082483

ECG Within Normal Limits: Sinus Rhythm, Normal Axis, Low Voltage QRS. Please correlate clinically.

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

Date:- 31/12/22

CID: 2236519632

Name:- Mrs. Rakhi Kumari

Sex / Age: F / 38

EYE CHECK UP

Chief complaints: Routine ch-up

Systemic Diseases: NO H/O ST

Past history: NO H/O Ocular symptoms H/O gl. not using

Unaided Vision: 6/6b, 6/6c 6/6b, 6/6c

Aided Vision: - -

Refraction:

Eoms: Normal

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance		/				/		
Near		/				/		

Colour Vision: Normal / Abnormal

Remark: vn within normal limit

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 Mumbai - 400101.
 Tel : 61700000

Rajal H.
 Optometrist

DENTAL CHECK - UP

Name:- Rakhi Kumari CID : 2236519632 Sex / Age : F / 38
 Occupation:- Date: 31/12/2022
 Chief complaints:- No complaints
 Medical / dental history:- No relevant history

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: Normal movements
- b) Facial Symmetry: Bilateral symmetrical

2) Intra Oral Examination:

- a) Soft Tissue Examination: Normal
- b) Hard Tissue Examination: \neq Carious
- c) Calculus:
- Stains: H/O:- Trauma & RCT/Union done in upper anteriors

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

○	Missing	#	Fractured
○	Filled/Restored	RCT	Root Canal Treatment
○	Cavity/Caries	RP	Root Piece

Advised: a) \neq Xray & evaluate for extraction.

Provisional Diagnosis:-

- Pulpitis \neq -

DR. BHUMIK PATEL
(B.D.S) A - 23378

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 Row House No. 3, Aangan,
 Thakur Village, Kandivall (east),
 Mumbai - 400101.
 Tel : 61700800

DR. Bhumik Patel




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Name : Mrs Rakhi Kumari
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Reg. Location : Kandivali East Main Centre
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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 9.2 x 3.8 cm. Left kidney measures 10.0 x 5.0 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal. It measures 7.7 x 3.1 x 2.9 cm in size.
The endometrial thickness is 7 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.3 x 2.0 x 2.4 cm and volume is 6.0 cc
Left ovary = 2.2 x 2.0 x 1.9 cm and volume is 5.5 cc

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IMPRESSION:-

Grade I fatty liver.

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. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.

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

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

Khilji Faizur

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

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Reg. Location : Kandivali East Main Centre
Reg. Date : 31-Dec-2022
Reported : 31-Dec-2022 / 12:43

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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-----

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

Dr. Faizur Khilji

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

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CID# : 2236519632
Name : MRS.RAKHI KUMARI
Age / Gender : 38 Years/Female
Consulting Dr. :- Collected : 31-Dec-2022 / 09:07
Reg.Location : Kandivali East (Main Centre) Reported : 01-Jan-2023 / 09:06

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):	158 cms	Weight (kg):	93 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/70	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not Plapable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

*overweight
usg - fatty liver
- ECG - low voltage QRS*

ADVICE:

*- Low fatty diet
• Reg exercise
• Cardiologist o/pms*

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CHIEF COMPLAINTS:

- | | |
|--|----------------------------|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | LSCS-2010,2020,D & c -2017 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Veg |
| 4) Medication | No |

*** End Of Report ***

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