



Monika 36 yr F.

DR HASIDA

Vitals :

BP 90/60 mm
wt 58.7 kg
HT - 167 cm

Chief Complaints :

90 days value of white discharge
P/O for 1 month

H/O Present Illness :

of H 2 FT - LSCS.
Last child 5 yr.

Past History :

H/H cycles 34/25 regular flow @,
LMP - 20/10.

Investigation :

Drug Allergies : (if any)

No H/O DM, HT, Asthma, thyroid.

Treatment :

ofc - G.C. Jan afekute Paller ⊖

P/A soft Pfenuesled caisson
P/S cr ⊕ no discharge.
P/O ul - AU NS per fo per

Adv - Fluconazole 150 mg stat
Rpt. after 3 days
- Secnidazole 2 tabs
(1 gm.)

PAP Smear taken

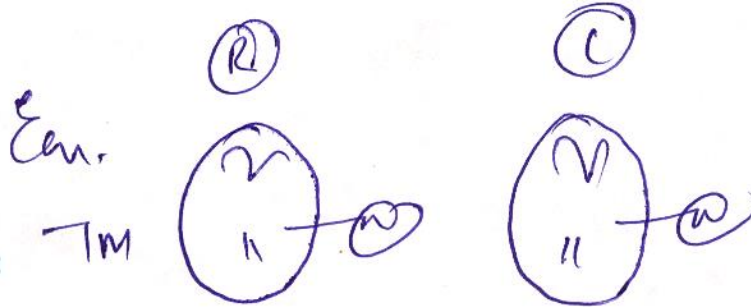




ENT

Vitals :

Chief Complaints :



H/O Present Illness:

oral - NAD

Past History :

Nose - mild DNS ⊕ to ⊙
Rest ~~NAD~~ NAD

Investigation :

Drug Allergies : (if any)

Treatment :



date 6/11/2023



contraception alert-

Mrs. Monika
Age. 36 y/f
Dr. Dermatologist

Vitals :

Chief Complaints :

9 Anti-Aging
200-14mg/dL

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :

Adv:-

→ Photostable
Gold
Sunscreen.

8am - 12pm
x 1 MONTH

→ Sesderma
Retinage
cream.

(4x) _____ (2)
x 1 MONTH

→ ELOVERA
1MF
cream

(4x) _____
x 1 MONTH

→ ENHANCE
serum

(4x) _____ E:-



Gurgaon

Q Block South City 11, Sohna Road, Main Sector-47, Gurgaon, Haryana Ph.: 0124-49000000 Fax : 0124-2218733
E-mail : parkmedicenters@gmail.com

● West Delhi ● South Delhi ● Faridabad ● Panipat ● Karnal



Vitals :

Chief Complaints :

:- Carious upper 34, 45, 47, 26
:- Dislodged filling 46 16

H/O Present Illness :

Adv. Restoration. upper 16, 26, 27

Past History :

TOPAN upper 34, 45, 47.

Investigation :

Drug Allergies : (if any)

Treatment :

Dr. PANKAJ GOYAL
Senior Consultant
Park Hospital, Gurgaon
Reg. No. A12674



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689951

Mrs Manika

36y / F

Vitals :

Chief Complaints :

Routine checkup

H/O Present Illness :

MM 6/6
6/6 unaided

MCT 16
16

Past History :

MM MB
MB

Investigation :

Drug Allergies : (if any)

Treatment :

Colour vision - Normal (SE)

Fundus Examination - Normal



Eyemist erd

3k1day

x8nth.





DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. MONIKA
MR No : 689951
Age/Sex : 36 Years 5 Months 28 Days / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 06/11/2023
Reporting Date : 06/11/2023
Sample ID : 212069
Bill/Req. No. : 24197105
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR FASTING				
PLASMA GLUCOSE FASTING	87	60 - 110	mg/dl	GOD TRINDERS

***** END OF THE REPORT *****



Sample no.

Dr. SONIA KUMARI
MBBS, MD (PATHOLOGY) Gold medalist



Dr. ISHA RASTOGI
MD, MBBS MICROBIOLOGY
CONSULTANT CLINICAL MICROBIOLOGIST

USER NM ARUN



MC - 4830

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Q Block, South City -II, Sohna Road, Sector-47, Gurgaon, Haryana

Ph.: 0124-4900000 (100 Lines), Toll Free No. : 1800-102-6767, Mob.: 62 62 82 82 35, Email: customercare@parkhospital.

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DEPARTMENT OF BIOCHEMISTRY

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Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR 2 HR. PP				
BLOOD SUGAR P.P.	116	80 - 150	mg/dl	

***** END OF THE REPORT *****



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DEPARTMENT OF PATHOLOGY

Patient Name : Mrs. MONIKA
MR No : 689951
Age/Sex : 36 Years 5 Months 28 Days / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD
Bill Date : 06/11/2023
Reporting Date : 06/11/2023
Sample ID : 212135
Bill/Req. No. : 24197105
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
URINE ROUTINE AND MICROSCOPY				
PHYSICAL CHARACTERSTICS				
QUANTITY	30ml	5 - 100	ml	
COLOUR	Pale Yellow	Pale Yellow		Vishal
TURBIDITY	slightly turbid	clear		
SPECIFIC GRAVITY	1.015	1.000-1.030		urinometer
PH - URINE	6.5	5.0 - 9.0		PH PAPER
CHEMICAL EXAMINATION-1				
UROBILINOGEN	Negative	NIL		Ehrlich
URINE PROTEIN	Absent	NIL	mg/dl	Protein error indica
BLOOD	NIL	NIL		
URINE BILIRUBIN	NIL	NIL		
GLUCOSE	NIL	NIL	mg/dL	GOD-POD/Benedic
URINE KETONE	NIL	NIL		SOD.
MICRO.EXAMINATION				
PUS CELL	2-4	0-5	cells/hpf	Microscopic
RED BLOOD CELLS	Not Seen	0-2	cells/hpf	
EPITHELIAL CELLS	1-2	0-5	cells/hpf	
CASTS	NIL	NIL	/lpf	
CRYSTALS	NIL	NIL	/hpf	
OTHER	NIL			

***** END OF THE REPORT *****



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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mrs. MONIKA
MR No : 689951
Age/Sex : 36 Years 5 Months 28 Days / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 06/11/2023
Reporting Date : 06/11/2023
Sample ID : 212033
Bill/Req. No. : 24197105
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD GROUPING AND RH FACTOR				
BLOOD GROUP	" B " RH POSITIVE			ABO/Rh (D) SLIDE

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TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 06/11/2023
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Sample ID : 212069
Bill/Req. No. : 24197105
Ref Doctor : Dr.RMO

Test	Result		Bio. Ref. Interval	Units	Method
CBC					
HAEMOGLOBIN	11.6	L	12 - 15	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	9310		4000-11000	/ μ L	LASER FLOW
DIFFERENTIAL COUNT					
NEUTROPHILS	56		40.0 - 70.0	%	FLOW CYTOMETRY
LYMPHOCYTES	35		20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	07		3.0 - 8.0	%	FLOW CYTOMETRY
EOSINOPHILS	02		0.5 - 5.0	%	FLOW CYTOMETRY
BASOPHILS	00		0.0 - 2.0	%	FLOW CYTOMETRY
RED BLOOD CELL COUNT	4.8		3.5 - 5.5	millions/ μ L	ELECTRICAL
PACKED CELL VOLUME	38.0		35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	78.9	L	83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	24.1	L	27 - 31	Picogrames	CALCULATED
MEAN CORPUSCULAR HB CONC	30.5	L	33 - 37	g/dl	CALCULATED
PLATELET COUNT	291		150 - 450	thou/ μ L	ELECTRICAL
RDW	14.6	H	11.6 - 14.5	%	CALCULATED
SAMPLE TYPE FOR C.B.C	Whole Blood EDTA				

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Sample ID : 212069
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Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
ESR (WESTERGREN)				
E.S.R. - I HR.	15	0 - 20	mm/Hr.	Westergren
SPECIMEN TYPE	SODIUM CITRATE (Plasma)			

Note : Note

1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
2. Test conducted on EDTA whole blood at 37C.
3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values

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DEPARTMENT OF MICROBIOLOGY

Patient Name :	Mrs. MONIKA	Bill Date :	06/11/2023
MR No :	689951	Reporting Date :	08/11/2023
Age/Sex :	36 Years 5 Months 28 Days / Female	Sample ID :	212069
Type :	OPD	Bill/Req. No. :	24197105
TPA/Corporate :	MEDIWHEEL PVT LTD	Ref Doctor :	Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
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URINE C/S

NAME OF SPECIMEN	URINE (Uncentrifuged)	
ORGANISM IDENTIFIED	NO ORGANISM GROWN IN CULTURE AFTER 48HRS OF INCUBATION AT 37 C DEGREE.	Aerobic culture

Method : .

Note : URINE CULTURE :

Presence of >10⁵ cfu/ml (100000) in midstream urine sample is considered clinically significant. However in symptomatic patient urine sample collection from catheter or patients with indwelling catheters, even a smaller count of bacteria may signify infection 10000cfu/ml). Kindly correlate clinically.

***** END OF THE REPORT *****



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USER NM ADITYA



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Ph.: 0124-4900000 (100 Lines), Toll Free No. : 1800-102-6767, Mob.: 62 62 82 82 35, Email: customercare@parkhospital.i

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DEPARTMENT OF IMMUNOLOGY

Patient Name : Mrs. MONIKA
MR No : 689951
Age/Sex : 36 Years 5 Months 28 Days / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD
Bill Date : 06/11/2023
Reporting Date : 06/11/2023
Sample ID : 212069
Bill/Req. No. : 24197105
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
THYROID PROFILE				
TRI-iodothyronine (T3)	1.36	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	10.5	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	1.21	0.5-5.50 ,	µIU/ml	
SPECIMEN TYPE	SERUM			
Method : chemiluminescent immunoassay				

Note : Clinical Significance:
 Thyroid function tests (TFTs) is a collective term for blood tests used to check the function of the thyroid. TFTs may be requested if a patient is thought to suffer from hyperthyroidism (overactive thyroid) or hypothyroidism (underactive thyroid), or to monitor the effectiveness of either thyroid-suppression or hormone replacement therapy. It is also requested routinely in conditions linked to thyroid disease, such as atrial fibrillation and anxiety disorder. A TFT panel typically includes thyroid hormones such as thyroid-stimulating hormone (TSH, thyrotropin) and thyroxine (T4), and triiodothyronine (T3) depending on local laboratory policy.

Note: Please correlate with clinical condition

***** END OF THE REPORT *****



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USER NM DINESH



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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. MONIKA
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Bill Date : 06/11/2023
Reporting Date : 06/11/2023
Sample ID : 212069
Bill/Req. No. : 24197105
Ref Doctor : Dr.RMO

Test	Result	Blo. Ref. Interval	Units	Method
------	--------	--------------------	-------	--------

LFT (LIVER FUNCTION TEST)

LFT

TOTAL BILIRUBIN	0.5	0 - 1.2	mg/dL	DIAZO
DIRECT BILIRUBIN	0.2	0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.3	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	25	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	22	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	69	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	6.3	L 6.4 - 8.0	g/dL	BIURET
ALBUMIN	3.3	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	3.0	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.1	1.1 - 2.2		CALCULATED

SAMPLE TYPE: SERUM

***** END OF THE REPORT *****



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Test	Result	Bio. Ref. Interval	Units	Method
KFT (RENAL PROFILE)				
KFT				
SERUM UREA	19	10 - 45	mg/dL	UREASE-GLDH
SERUM CREATININE	0.9	0.4 - 1.4	mg/dL	MODIFIED JAFFE
SERUM URIC ACID	2.9	2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	138	135 - 150	mmol/L	ISE
SERUM POTASSIUM	4.3	3.5 - 5.5	mmol/L	ISE
SERUM CALCIUM	8.7	8.5 - 10.5	mg/dL	ARSENazo III
SERUM PHOSPHORUS	2.5	2.5 - 4.5	mg/dL	AMMONIUM
SAMPLE TYPE:	SERUM			

***** END OF THE REPORT *****



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Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
LIPID PROFILE				
LIPID PROFILE				
TOTAL CHOLESTEROL	219	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	103	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	52	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	20.6	6 - 32	mg/dL	calculated
LDL	146.4	<i>H</i> 50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	2.82	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	4.21	2.0 - 5.0	mg/dl	calculated
SAMPLE TYPE:	SERUM			

Note : ATP III Guidelines At-A-Glance Quick Desk Reference

Step 1 - Determine lipoprotein levels obtain complete lipoprotein profile after 9- to 12-hour fast.

ATP III Classification of LDL, Total, and HDL Cholesterol (mg/dL):-

LDL Cholesterol Primary Target of Therapy
 <100 Optimal
 130-159 Borderline high
 >190 Very high.

Total Cholesterol
 <200 Desirable
 200-239 Borderline high
 >240 High

HDL Cholesterol
 <40 Low
 >60 High

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Name : Ms . MONIKA
Age/Gender : 36 Y(s) /Female
VID : 061123517
KPID : KP0379981
Referred By : PARK HOSPITAL
Sample Id : 220327618

Location : KPL A43
Registered On : 06-11-2023 16:29
Release Date : 07-Nov-2023 15:59
ClientId :
Histo Id : A23/11010



AW-CYTOLOGY

Test

ResultUnit

Pap Smear

CYTOPATHOLOGY NO.: C-1929/23

SPECIMEN SUBMITTED: 2 Conventional cervical smears.

SPECIMEN ADEQUACY: Satisfactory for evaluation; Endocervical /transformation zone component absent.

MICROSCOPIC EXAMINATION:

Squamous cell population:
Superficial – Few present.
Intermediate – Present.
Inflammation – Mild.
Atypical cells – Not present.
Background bacterial flora – Maintained.

INTERPRETATION:

- Negative for squamous intraepithelial lesion or malignancy.

COMMENT:

1. The smears are reported using the Bethesda system (2014) for reporting cervical cytology.
2. Cervical cytology is a screening test primarily for squamous cancer and its precursors and has associated false-negative and false-positive results. Technologies such as liquid-based preparations may decrease but will not eliminate all false negative results. Follow-up of unexplained clinical signs and symptoms is recommended to minimize false-negative results.
3. In patients with squamous or glandular intraepithelial abnormalities, further diagnostic follow-up procedures, such as HPV testing, colposcopy / biopsy with endocervical sampling are suggested, as clinically indicated.

Print Date : 09-11-2023 11:13

Page:1 of 2



ON PANEL : C.G.H.S., D.G.E.H.S., ECHS, B.H.E.L, INDIAN RAILWAY, E.S.I., NATIONAL BOARD, ONGC, NTPC, SAIL, NIP

1. All reports are for interpretation by the treating doctor only and have to be viewed and correlated with clinical examination and other investigations. 2. All investigations have their limitation which is imposed by the limits to sensitivity and specificity of individual assay procedures as well as the quality of the specimen received by the laboratory. Isolated laboratory investigations never confirm the final diagnosis of the disease. 3. If the result(s) of tests are alarming or unexpected the doctor is advised to contact the lab immediately for needful and necessary action.
This Report is not subject to use for any medico-legal purpose

Name : Ms . MONIKA
Age/Gender : 36 Y(s) /Female
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Location : KPL A43
Registered On : 06-11-2023 16:29
Release Date : 07-Nov-2023 15:59
ClientId :
Histo Id : A23/11010




Dr. Preeti
M.D. DNB. (Pathology)
Consultant Pathologist DMC/R/10909

Print Date : 09-11-2023 11:13

Page:2 of 2

ON PANEL : C.G.H.S., D.G.E.H.S., ECHS, B.H.E.L, INDIAN RAILWAY, E.S.I., NDMC, DELHI JAL BOARD, ONGC, NTPC, SAIL, NIF

1. All reports are for interpretation by the treating doctor only and have to be viewed and correlated with clinical examination and other investigations. 2. All investigations have their limitation which is imposed by the limits to sensitivity and specificity of individual assay procedures as well as the quality of the specimen received by the laboratory. Isolated laboratory investigations never confirm the final diagnosis of the disease. 3. If the result (s) of tests are alarming or unexpected the doctor is advised to contact the lab immediately for needful and necessary action.
This Report is not subject to use for any medico-legal purpose

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A-43, HAUZ KHAS (Near Hauz Khas Police Stn.), New Delhi - 16, C.S. Rana Complex, I block, Sector 22, Noida (UP)
Email : info@pathcareindia.com Website : www.pathcareindia.com

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Vitals :
RBS -

Chief Complaints :

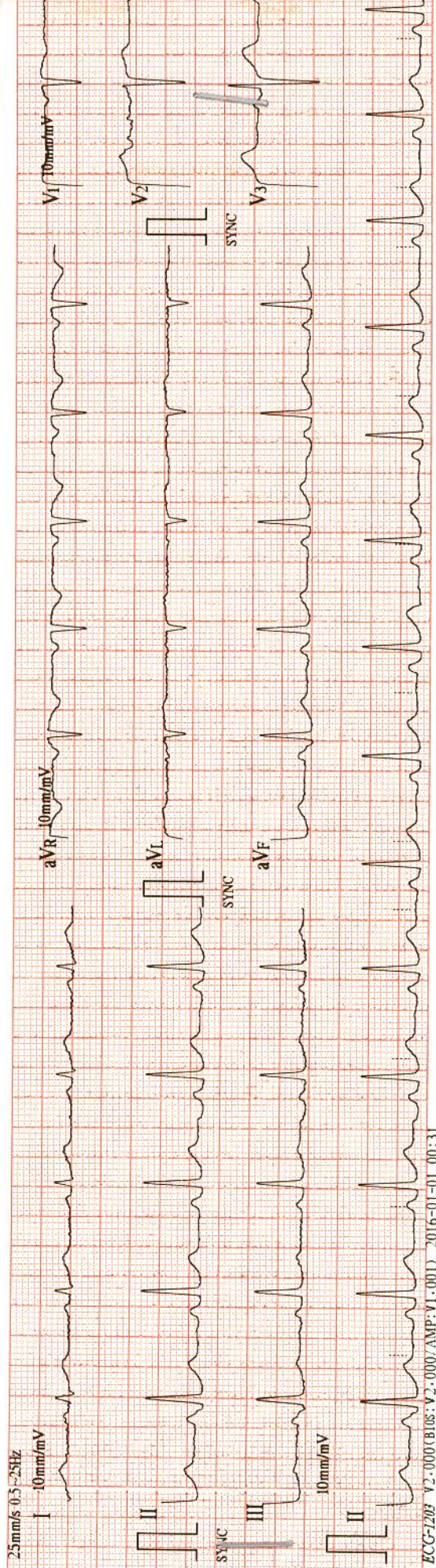
H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :



Gurgaon

Q Block South City 11, Sonna Road, Main Sector 47, Gurgaon, Haryana Pin: 122002
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The endometrial echo is in the midline and measures 6.4 mm.
The ovaries on the either side show normal echotexture.
No adnexal mass is seen.No cyst is seen in ovaries.
No evidence of ascites or interbowel free fluid is seen.
No evidence of obvious retroperitoneal or mesentric lymphadenopathy is seen.
Bowel loop distended with gas.
IMPRESSION- No obvious abnormalities noted.

To be correlated clinically.



Dr. ANSHU K. SHARMA
MBBS, MD
CONSULTANT RADIOLOGIST

Dr. MANJEET SEHRAWAT
MBBS, MD, DGO
CONSULTANT RADIOLOGIST

Dr. NEENA SIKKA
MBBS, DNB
CONSULTANT RADIOLOGIST



H-2016-0369

(This is only professional opinion and not the diagnosis, please correlate clinically)
Q Block, South City -II, Sohna Road, Sector-47, Gurgaon, Haryana

Ph.: 0124-4900000 (100 Lines), Toll Free No. : 1800-102-6767, Mob.: 62 62 82 82 35, Email: customercare@parkhospital.com

PARK GROUP OF HOSPITALS : West Delhi - Gurugram - Faridabad - Sonapat - Sonapat - Karnal - Ambala - Patiala - Mohali - Behror - Jaipur



NAME	: MRS. MONIKA	DATE	: 6 / 11 / 2023
Age Sex	: 36 Years / Female	MR No	: 689951
PERFORMED BY	: Dr. ELA MADAAN	BILL NO.	: 24197105

TRANS THORACIC ECHO CARDIOGRAPHY REPORT

MITRAL VALVE

Morphology AML: Normal / Thickening / Calcification / Flutter / Vegetation / Non significant Prolapse / SAM
PML: Normal / Thickening / Calcification / Prolapse / Paradoxical Motion / Fixed.
Subvalvular deformity: Present / Absent

Doppler Normal / Abnormal
Mitral Stenosis Present / Absent
Mitral Regurgitation; Absent / Normal / Mild / Trace / Moderate / Severe

TRICUSPID VALVE

Morphology Normal / Atresia / Thickening / Calcification / Prolapse / Vegetation / Doming.
Doppler Normal / Abnormal
Tricuspid Stenosis: Present / Absent.
Tricuspid Regurgitation: Absent / Mild / Trace / Moderate

PULMONARY VALVE

Morphology Normal / Atresia / Thickening / Calcified / Doming / Vegetation.
Doppler Normal / Abnormal.
Pulmonary Stenosis: Present / Absent
Pulmonary regurgitation: Present / Absent

AORTIC VALVE

Morphology Normal / Thickened / Mildly / Calcified / Flutter / Vegetation / Restricted / Opening
No. of Cusps 1 / 2 / 3 / 4
Doppler Normal / Abnormal
Aortic Stenosis : Present / Absent
Aortic regurgitation : Present / Absent / Mild / Trace / Moderate / Severe



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DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. MONIKA	Billed Date	: 06/11/2023
Reg No	689951	Reported Date	: 06/11/2023
Age/Sex	36 Years 5 Months 28Days / Female	Req. No.	: 24197105
Type	OPD	Consultant Doctor	: Dr. RMO

X-RAY CHEST AP/PA

X-RAY CHEST P.A. VIEW

Bilateral lungs appears normal.

No focal lung lesion seen.

No evidence of free fluid is seen.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal for patient age and view.

The domes of the diaphragms are normal in position, and show smooth outline.

To be correlated clinically

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Q Block, South City -II, Sohna Road, Sector-47, Gurgaon, Haryana

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Vitals :

RBS-

Chief Complaints :

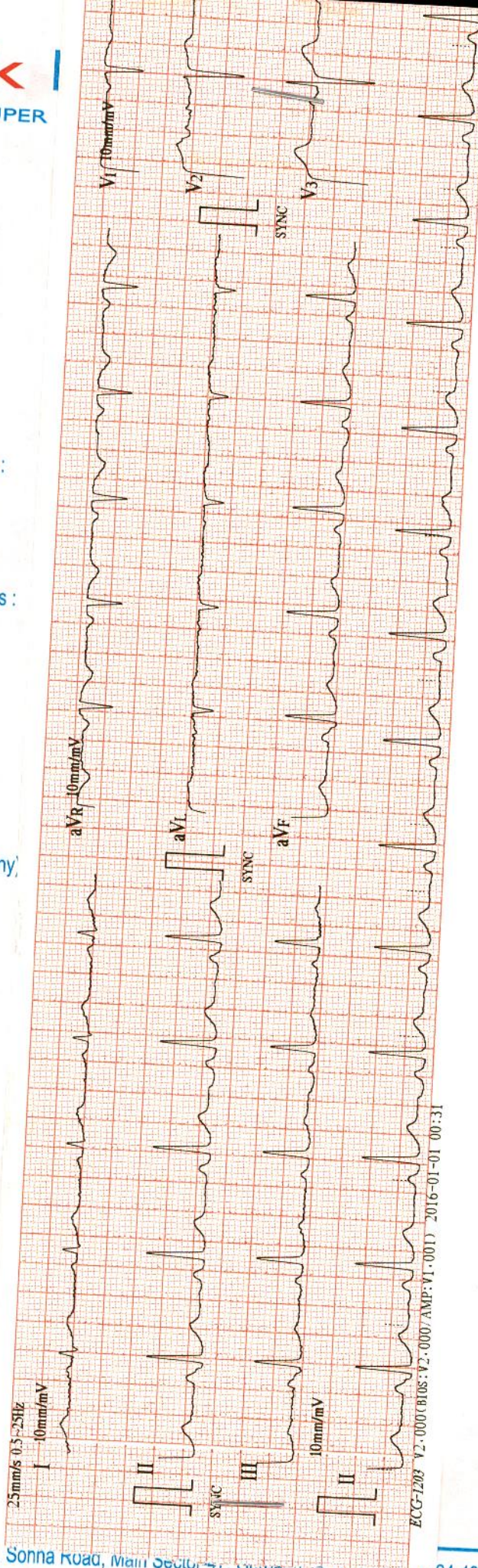
H/O Present Illness :

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Treatment :



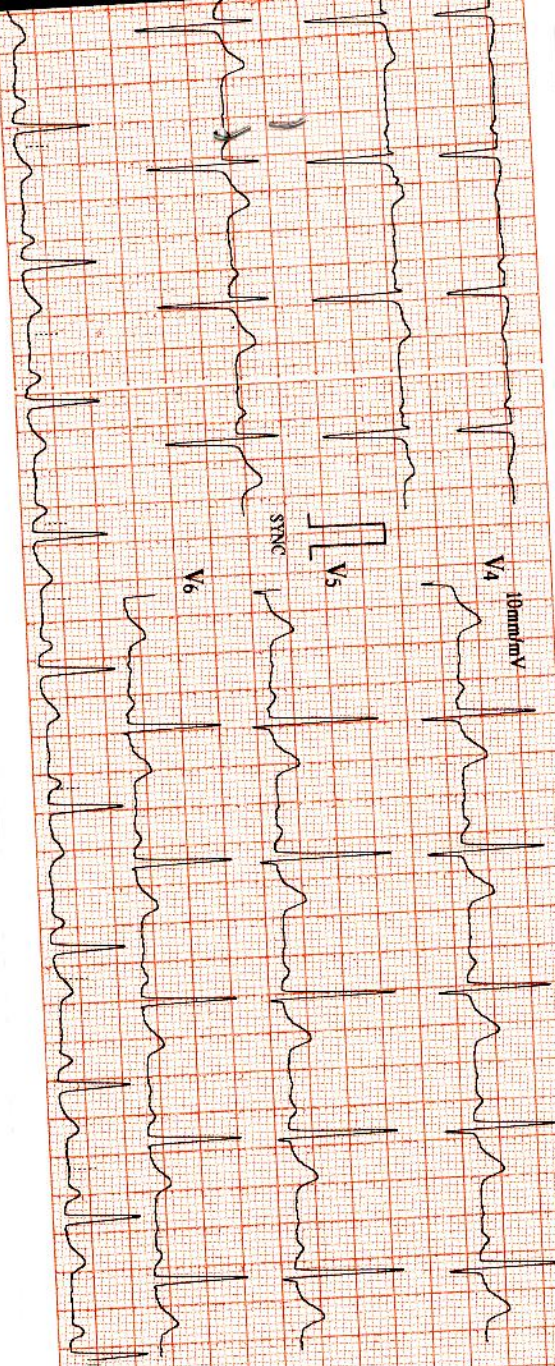
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Q Block South City 11, Sonna Road, Malli Sector 47, Gurgaon, Haryana India. 0124-4900000 Fax : 0124-2218733
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ID : 2077

Name: *Mondra*

Sex : *36 y/f*

Age : *6/11/23*

10:33Am

Unconfirmed report verified by:



HR : 83 bpm

P-R : 156 ms

QRS : 81 ms

QT/QTc : 326/383 ms

P-T/QTST : 63/80/55

RMS/SVL : 1.5/0.0-7.00 mV

RV5-SVL : 2.260 mV





DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. MONIKA	Billed Date	: 06/11/2023
Reg No	689951	Reported Date	: 06/11/2023
Age/Sex	36 Years 5 Months 28Days / Female	Req. No.	: 24197105
Type	OPD	Consultant Doctor	: Dr. RMO

USG WHOLE ABDOMEN

The real time, B mode, gray scale sonography of the abdominal organs was performed.

LIVER : The liver is normal in size (13.4cm), shape and echotexture. No evidence of any focal lesion. IHBR is not dilated.

GALL BLADDER : The gall bladder is well distended. No evidence any calculus or mass seen. GB wall thickness with in normal limits. No evidence of pericholecystic fluid is seen.

BILE DUCT : The common bile duct is normal in caliber. No evidence of calculus is noted in common bile duct.

SPLEEN : The spleen is normal in size (8.6cm) and shape. Its echotexture is homogeneous. No evidence of focal lesion is noted.

PANCREAS : The pancreas is normal in size, shape, contours and echotexture. No evidence of solid or cystic mass lesion is noted. MPD is not dilated. No evidence of peripancreatic collection.

KIDNEYS : Right kidney measures 9.8 x 4.1 cm. Left kidney measures 10.5 x 4.6 cm. The bilateral kidneys are normal in size and echotexture. Cortico-medullary differentiation is maintained. There is no evidence of obvious calculus or hydronephrosis.

URINARY BLADDER : The urinary bladder is partially distended.

UTERUS : The uterus is anteverted. It measures 5.9 x 5.0 x 4.8 cms. in the longitudinal, anteroposterior and transverse dimensions respectively. The uterine margins are smooth and does not reveal any contour abnormalities. The uterine myometrium shows homogeneous echotexture. No evidence of leiomyoma is noted. No solid or cystic mass lesion is noted.



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