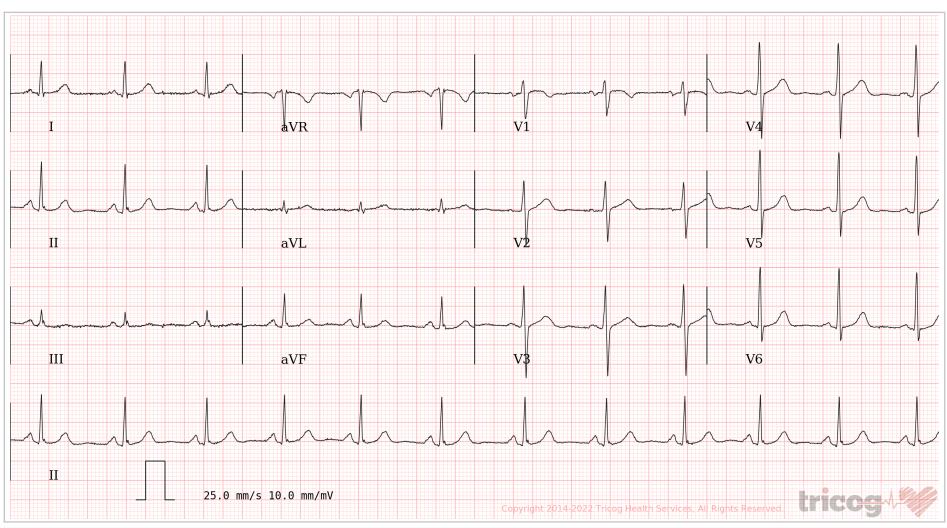
# SUBURBAN DIAGNOSTICS

# SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Patient Name: RUBI SINGH Date and Time: 12th Mar 22 11:13 AM

Patient ID: 2207126874



Age 43 2 8 years months days

Gender Female

Heart Rate 73bpm

### **Patient Vitals**

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others:

#### Measurements

QSRD: 84ms

QT: 384ms

QTc: 423ms

PR: 138ms

P-R-T: 69° 49° 37°

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

REPORTED BY

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

Cardiologist 2012082483

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



CID#

E

R

SID# : 177800115579

Name : MRS.RUBI SINGH Registered : 12-Mar-2022 / 09:52

Age / Gender : 43 Years/Female Collected : 12-Mar-2022 / 09:52

Consulting Dr. : - Reported : 13-Mar-2022 / 11:19

Reg.Location : Kandivali East (Main Centre) Printed : 13-Mar-2022 / 11:27

# PHYSICAL EXAMINATION REPORT

# **History and Complaints:**

: 2207126874

Hypothyroid since 6 yrs.

# **EXAMINATION FINDINGS:**

Height (cms):162 cmsWeight (kg):70 kgsTemp (0c):AfebrileSkin:NormalBlood Pressure (mm/hg):110/80Nails:Normal

Pulse: 72/min Lymph Node: Not palpable

# **Systems**

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

#### **IMPRESSION:**

### ADVICE:

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CID# SID# : 2207126874 : 177800115579

Name : MRS.RUBI SINGH Registered : 12-Mar-2022 / 09:52

Age / Gender : 43 Years/Female Collected : 12-Mar-2022 / 09:52

Consulting Dr. : -Reported : 13-Mar-2022 / 11:19

Printed Reg.Location : Kandivali East (Main Centre) : 13-Mar-2022 / 11:27

# **CHIEF COMPLAINTS:**

1) No **Hypertension:** 

2) **IHD** No

3) Arrhythmia No

4) Diabetes Mellitus No

**Tuberculosis** No 5)

6) Asthama No

7) Pulmonary Disease No

**Thyroid/ Endocrine disorders** No

**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 Lap cholecystectomy 3 yrs ago, T.L 2001

17) Musculoskeletal System No

# **PERSONAL HISTORY:**

1) Alcohol No 2) **Smoking** No Diet Mixed 3) Medication Yes

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

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Name : MRS.RUBI SINGH

Age / Gender : 43 Years / Female

Consulting Dr. : -

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Collected

Reported

: 12-Mar-2022 / 09:59

:12-Mar-2022 / 14:09

# MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood				
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>	
RBC PARAMETERS				
Haemoglobin	12.1	12.0-15.0 g/dL	Spectrophotometric	
RBC	4.25	3.8-4.8 mil/cmm	Elect. Impedance	
PCV	37.6	36-46 %	Measured	
MCV	88	80-100 fl	Calculated	
MCH	28.5	27-32 pg	Calculated	
MCHC	32.2	31.5-34.5 g/dL	Calculated	
RDW	15.8	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	7500	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND ABSO	DLUTE COUNTS			
Lymphocytes	31.6	20-40 %		
Absolute Lymphocytes	2370.0	1000-3000 /cmm	Calculated	
Monocytes	7.1	2-10 %		
Absolute Monocytes	532.5	200-1000 /cmm	Calculated	
Neutrophils	56.6	40-80 %		
Absolute Neutrophils	4245.0	2000-7000 /cmm	Calculated	
Eosinophils	4.4	1-6 %		
Absolute Eosinophils	330.0	20-500 /cmm	Calculated	
Basophils	0.3	0.1-2 %		
Absolute Basophils	22.5	20-100 /cmm	Calculated	

WBC Differential Count by Absorbance & Impedance method/Microscopy.

# **PLATELET PARAMETERS**

Platelet Count	186000	150000-400000 /cmm	Elect. Impedance
MPV	13.4	6-11 fl	Calculated
PDW	36.4	11-18 %	Calculated

**RBC MORPHOLOGY** 

Immature Leukocytes

Hypochromia Microcytosis -

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:43 Years / Female Age / Gender

Consulting Dr. Collected Reported

: Kandivali East (Main Centre) Reg. Location

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:12-Mar-2022 / 13:42

Macrocytosis

Anisocytosis

Poikilocytosis

Polychromasia

**Target Cells** 

Basophilic Stippling

Normoblasts

Others Normocytic, Normochromic

**WBC MORPHOLOGY** 

PLATELET MORPHOLOGY Megaplatelets seen on smear

COMMENT

Specimen: EDTA Whole Blood

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

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Age / Gender : 43 Years / Female

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: 12-Mar-2022 / 09:59 :12-Mar-2022 / 18:36

Hexokinase

Hexokinase

# MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

**BIOLOGICAL REF RANGE PARAMETER RESULTS METHOD** 

GLUCOSE (SUGAR) FASTING. 105.4 Non-Diabetic: < 100 mg/dl Fluoride Plasma Impaired Fasting Glucose:

100-125 mg/dl

Diabetic: >/= 126 mg/dl

Collected

Reported

Non-Diabetic: < 140 mg/dl

GLUCOSE (SUGAR) PP, Fluoride 131.0

Plasma PP/R Impaired Glucose Tolerance:

140-199 mg/dl

Diabetic: >/= 200 mg/dl

Urine Sugar (Fasting) Absent Absent Urine Ketones (Fasting) **Absent Absent** 

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

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Name : MRS.RUBI SINGH

Age / Gender : 43 Years / Female

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# MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT **GLYCOSYLATED HEMOGLOBIN (HbA1c)**

#### **BIOLOGICAL REF RANGE PARAMETER RESULTS** METHOD Glycosylated Hemoglobin **HPLC** 6.3 Non-Diabetic Level: < 5.7 %

(HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

Estimated Average Glucose 134.1 mg/dl Calculated

(eAG), EDTA WB - CC

#### 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.

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

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# MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT **EXAMINATION OF FAECES**

#### **RESULTS BIOLOGICAL REF RANGE PARAMETER**

# PHYSICAL EXAMINATION

Colour Brown Brown Form and Consistency Semi Solid Semi Solid Mucus Absent Absent Blood Absent Absent

**CHEMICAL EXAMINATION** 

Reaction (pH) Acidic (6.0)

Occult Blood Absent Absent

#### **MICROSCOPIC EXAMINATION**

Protozoa Absent Absent Flagellates **Absent** Absent Ciliates Absent Absent **Parasites** Absent Absent Macrophages Absent Absent Mucus Strands Absent Absent Fat Globules Absent Absent RBC/hpf Absent Absent WBC/hpf Absent Absent Yeast Cells Absent **Absent Undigested Particles** Present + Concentration Method (for ova) No ova detected Absent Reducing Substances Absent



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**Dr.SHASHIKANT DIGHADE** M.D. (PATH) **Pathologist** 

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:12-Mar-2022 / 17:34

# MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT **URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<b>RESULTS</b>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b>CHEMICAL EXAMINATION</b>			
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







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

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# MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT **BLOOD GROUPING & Rh TYPING**

**RESULTS PARAMETER** 

**ABO GROUP** 0

Rh TYPING **POSITIVE** 

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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.

#### Refernces:

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

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Name : MRS.RUBI SINGH

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Consulting Dr. :

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# MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	194.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	135.9	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	42.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	152.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	125.0	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	27.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  $^{***}$  End Of Report  $^{***}$ 









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Name : MRS.RUBI SINGH

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# MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT **KIDNEY FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BLOOD UREA, Serum	18.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.69	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	99	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
URIC ACID, Serum	5.4	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.1	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.0	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	4.8	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	107	98-107 mmol/l	ISE

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Name : MRS.RUBI SINGH

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# MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.0	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	3.76	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



Name : MRS.RUBI SINGH

Age / Gender : 43 Years / Female

Consulting Dr. : - Collected :12-Mar-2022 / 09:59

Reg. Location : Kandivali East (Main Centre) Reported :12-Mar-2022 / 13:39

#### Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

#### Clinical Significance:

- 1)TSH Values between 5.5 to 15 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 trasiently altered becuase 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:** 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.

#### 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)







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

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Name : MRS.RUBI SINGH

Age / Gender : 43 Years / Female

Consulting Dr.

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# MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT **LIVER FUNCTION TESTS**

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.52	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.33	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	20.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	19.7	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	19.3	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	93.1	35-105 U/L	Colorimetric

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
\*\*\* End Of Report \*\*\*







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

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For Feedback - customerservice@suburbandiagnostics.com | www.suburbandiagnostics.com

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: Mrs RUBI SINGH Name

: 43 Years/Female Age / Sex

Reg. Location : Kandivali East Main Centre

Ref. Dr Reg. Date Reported

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: 12-Mar-2022 / 15:12

# 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.

En	nd of Report	

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

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

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Name : Mrs RUBI SINGH

**Age / Sex** : 43 Years/Female

Ref. Dr :

Reg. Location : Kandivali East Main Centre

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# **USG WHOLE ABDOMEN**

Reg. Date

# **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 not seen (post operative status).

### **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 10.0 x 4.0 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 7.1 x 4.3 x 4.1 cm in size.

The endometrial thickness is 7.9 mm.

# **OVARIES:**

Both the ovaries are well visualised and appears normal.

There is no evidence of any ovarian or adnexal mass seen.

Right ovary =  $2.6 \times 2.2 \times 2.2 \text{ cm}$  (volume - 6.5 cc) Left ovary =  $2.2 \times 2.2 \times 2.1 \text{ cm}$  (volume - 5.6 cc)

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Name : Mrs RUBI SINGH

Age / Sex : 43 Years/Female

Ref. Dr :

Reg. Location : Kandivali East Main Centre

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Reg. Date

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# **IMPRESSION:**-

Early sign of 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.

KLIM FRA

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

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