



)		MEDICAL S	UMMARY	VASHI
1	NAME:	Mas Ruchiber Com	UHID:	
1	AGE:	34	DATE OF HEALTHCHECK:	30212020
1	GENDER:	Π,		
		**************************************		
	HEIGHT:	157	MARITAL STATUS:	w
	WEIGHT:	# 52.5	NO OF CHILDREN:	1
l	BMI:	21.3		
		calurass, totyle		· ~ No.
	P/M/H: *	- Rage Perusition, Dry.	P/S/H: -MO	
	ALLERGY:	- No		
	PHYSICAL	ACTIVITY: Active/ Moderate/ Sedenta	ry	
	H/A: SMO	KING:	FAMILY HISTORY FATHE	ER:
	ALCC	OHOL:	МОТН	HER: -DM
	TOBA	ACCO/PAN		
	O/E:		LYMPHADENOPATHY:	
	BP: 10	80 PULSE: - Folim	PALLOR/ICTERUS/CYNC	DSIS/CLUBBING: MAD
		TURE: H SCARS:	OEDEMA:	
	S/E: RS:	10 Ac536	P/A:	1 hos
	cvs: S	IBA	Extremities & Spine:	Cran-
	CNS: Co	some one	Skin:	

#### Vision:

	Without Glass		With Glass		
9	Right Eye	Left Eye	Right Eye	Left Eye	
FAR:					
NEAR:					
COLOUR VISION:					

## Findings and Recommendation:

Findings:-

NJ D- 3-12

## Recommendation:-

- Delequere sur exposure

(60,000) (60,000)

1/6 oncepner × grune

Signature:

Consultant -

DR MAYUR GARG MBBS, MD MEDICINE REG NO: 2017020378





## **OPHTHALMIC EVALUATION**

UHID No.:							D	ate :	30 7	123
Name : 1	que ch	ilan	Gor	219.		Age	34	Gend	er : Male	Female
Without Corre	ction :							,		
Distance: Right Eye				Left Eye CGP						
Without Correction:  Distance: Right Eye  Near : Right Eye										
With Correction										
Distance: Right	t Eye	150				Left E	ye		_	
ear : Righر	t Eye		_			Left E	ye			
								LEET		
	SPH	CYL	RIGHT	PRISM	VA	SPH	CYL	LEFT	PRISM	VA
Distance	JFII	0.2	AAIO	TRIOIII	,				2	
Near										
Colour Vision Anterior Segm			0	LA?	7116	don	e 13	ister.	eyer,	
Pupils :										
Fundus :			>	work	S.					
Intraocular Pr										
Diagnosis :										
Advice :										
Re-Check on					•					very year)
						DR. SHE M. Regn	THNIKE B.BS C	FPRAS OMS	HANT pmthalmol	ogist)



# Apollo Cli

Ruchika. Gaeg. 344 F.

30/03/23

- patient come for fourine, hearth check up.

No fresh. complaints.

BIL TM 1 Intact.
Rinne's K | tve

NOSE-

DNS to R

ACD to C

ppw crear

ENT examination within normal Limit at present

Dr. AMOL S. HEKARE MBBS, MS, DNB (ENT) Reg. No. 2013/05/1403 Contact- 8446941033

ANDHERI • COLABA • NASHIK • VASHI

Name : Mus l	Perchika Garg Age: 34 Sex: F	UHID No.: Date : 30 /3/23
	A manied : Typas	
NO Comp will	lans ling for PAP Forcan	
Cme- 6	13/23. mother pm (	D
U	0/1	R
	4c faur	CAMBIO Crean
	4c Fail	CAMBIO Crean
	P- 78 min.	
	PA- MJONT.	
<u>.</u>	Vulval Kandidranis (	
	Pls. 40 16	
	Plu: utans	- Runt
	MV BII for	Dr. De Dugst Shinde
	Apollo	inic



■ Consultation

■ Diagnostics

■ Health Check-Ups

■ Dentistry





## **DENTAL CHECKUP**

Name: Ruchik	a Clara		MR NO:	
Age/Gender:	a larg		Date:	30   3   2023.
Medical history: □ D		ertension 🗆 _		
EXAMINATION	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Calculus& Stains		_		
Mobility				
Caries (Cavities)				
a)Class 1 (Occlusal)				
b)Class 2 (Proximal)		V	Design of the second se	
c)Class 5 (Cervical)				
Faulty Restoration				
Faulty Crown				
Fractured Tooth				
Root Pieces				
Impacted Tooth				
Missing Tooth				
Existing Denture				J. Comments of the Comments of
TREATMENT ADVIC	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Restoration / Filling	OTTER RIGHT	OT ERCES A		
Root Canal Therapy				
Crown				
Extraction				
Oral Prophylaxis: Orthodontic Advice for Prosthetic Advice to Tobal Tobal Advice Tobal Advice Findings:	or Braces:  Y Replace Missing acco  Cigaret rice to quit any	es /□ No g Teeth: □ De te □ Others	since yes	ars
	1 ,, , , ,	, #~m	9	
- Scaling an	al polishing	- 1500	6 °	
- Filling z	161	1200 X 2		

• ANDHERI • COLABA • NASHIK • VASHI

Agen.





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Name

: Mrs. Ruchika Garg

Gender

: Female

Age

: 34 Years

**UHID** 

: FVAH 18688

Bill No

Lab No

: V-3742-23

Ref. by

: SELF

Sample Col.Dt : 30/03/2023 8:50

Barcode No

: 756

Reported On

: 30/03/2023 20:09

**TEST** 

**RESULTS** 

**BIOLOGICAL REFERENCE INTERVAL** 

HAEMOGRAM(CBC,ESR,P/S)-WB (EDTA)

Haemoglobin(Colorimetric method)	13	g/dl	11.5 - 15
RBC Count (Impedance)	4.27	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	38.5	%	35 - 55
MCV:(Calculated)	90.1	fl	78 - 98
MCH:(Calculated)	30.5	pg	26 - 34
MCHC:(Calculated)	33.8	gm/dl	30 - 36
RDW-CV:	14.1	%	10 - 16
Total Leucocyte count(Impedance)	6020	/cumm.	4000 - 10500
Neutrophils:	61	%	40 - 75
Lymphocytes:	32	%	20 - 40
Eosinophils:	02	%	0 - 6
Monocytes:	05	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	2.27	Lakhs/c.mm	1.5 - 4.5
MPV	10.6	fl	6.0 - 11.0
ESR(Westergren Method)	17	mm/1st hr	0 - 20

Peripheral Smear (Microscopic examination)

RBCs:

Normochromic, Normocytic

WBCs:

Normal

**Platelets** 

Adequate

Note:

Test Run on 5 part cell counter. Manual diff performed.

Alsaba Shaikh **Entered By** 

Ms Kaveri Gaonkar Verified By Page 6 of Pp Milind Patwardhan M.D(Path) **Chief Pathologist** 

End of Report Results are to be correlated clinically





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**TEST** 

**RESULTS** 

Blood Grouping (ABO & Rh)-WB(EDTA) Serum

ABO Group:

:0:

Rh Type:

**Positive** 

Method:

Tube Agglutination (forward and reverse)

-----

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Shweta Unavane **Entered By** 

Ms Kaveri Gaonkar Verified By

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TEST

RESULTS

UNITS

**BIOLOGICAL REFERENCE INTERVAL** 

PLASMA GLUCOSE

Fasting Plasma Glucose:

92

mg/dL

Normal < 100 mg/dL

Impaired Fasting glucose: 101 to 125 mg/dL

Diabetes Mellitus : >= 126 mg/dL

(on more than one occasion)

(American diabetes association guidlines 2016)

Post Prandial Plasma Glucose:

108

mg/dL

Normal < 140 mg/dL

Impaired Post Prandial glucose: 140 to 199 mg/dL

Diabetes Mellitus : >= 200 mg/dL (on more than one occasion)

(American diabetes association guidlines 2016)

Method:

Hexokinase

Vasanti Gondal **Entered By** 

Ms Kaveri Gaonkar Verified By

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Dr. Milind Patwardhan MAD(Path) Page 1 of Chief Pathologist





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**TEST** 

**RESULTS** 

BIOLOGICAL REFERENCE INTERVAL

#### HbA1c(Glycosylated Haemoglobin )WB-EDTA

%

(HbA1C) Glycosylated Haemoglobin:

5.3

Normal

<5.7 %

Pre Diabetic

5.7 - 6.5 %

Diabetic

>6.5 %

Target for Diabetes on therapy < 7.0 % Re-evalution of therapy > 8.0 %

Mean Blood Glucose:

105.41

mg/dL

#### Corelation of A1C with average glucose

A1C (%)	Mean Blood Glucose (mg/dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

Method

High Performance Liquid Chromatography (HPLC).

#### INTERPRETATION

\* The HbA1c levels corelate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose.

This Methodology is better then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints and uremia does not INTERFERE with the results in this methodology.

\* It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled daibetics.

Mean blood glucose (MBG) in first 30 days ( 0-30 )before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

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Ms Kaveri Gaonkar Verified By

nd Patwardhan Page 3 of M2D(Path) **Chief Pathologist** 

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**TEST** 

**RESULTS** 

UNITS

**BIOLOGICAL REFERENCE INTERVAL** 

#### LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	7.43	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.42	g/dL	3.5 - 5.2
S.Globulin (Calculated)	3.01	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.47		0.9 - 2
S.Total Bilirubin (DPD):	0.44	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.16	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.28	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	17	U/L	5 - 32
S.ALT (SGPT) (IFCC Kinetic with P5P):	12	U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic):	109	U/L	35 - 105
S.GGT(IFCC Kinetic):	18	U/L	07 - 32

Mrunal Gurav **Entered By** 

Ms Kaveri Gaonkar Verified By

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TEST

**RESULTS** 

UNITS

**BIOLOGICAL REFERENCE INTERVAL** 

Lipid Profile- Serum

S. Cholesterol(Oxidase)

181

mg/dL

Desirable < 200

Borderline:>200-<240

Undesirable:>240

S. Triglyceride(GPO-POD)

135

mg/dL

Desirable < 150

Borderline: > 150 - < 499

Undesirable: > 500

S. VLDL:(Calculated)

27

mg/dL

Desirable < 30

S. HDL-Cholesterol(Direct)

44.8

mg/dL

Desirable > 60

Borderline:>40-<59

Undesirable: <40

S. LDL:(calculated)

109.2

mg/dL

Desirable < 130

Borderline: > 130 - < 159

Undesirable:>160

Ratio Cholesterol/HDL

Ratio of LDL/HDL

3.5 - 5

2.4

2.5 - 3.5

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End of Report Results are to be correlated clinically Dr. Milind Patwardhan M.D(Path) **Chief Pathologist** 

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**TEST** 

**RESULTS** 

UNITS

**BIOLOGICAL REFERENCE INTERVAL** 

Thyroid (T3,T4,TSH)- Serum

Total T3 (Tri-iodo Thyronine) (ECLIA)

1.89

nmol/L

1.3 - 3.1 nmol/L

Total T4 (Thyroxine) (ECLIA)

(Thyroid-stimulating hormone)

85.85

nmol/L

66 - 181 nmol/L

TSH-Ultrasensitive

2.25

□IU/mI

Euthyroid :0.35 - 5.50 □IU/ml

Hyperthyroid : < 0.35 □IU/ml

Hypothyroid: > 5.50 □IU/ml

Method: ECLIA

Grey zone values observed in physiological/therapeutic effect.

#### Note:

1. Decreased values of T3 (T4 and TSH normal) have minimal Clinical significance and not recommended for diagnosis of hypothyrodism.

2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites ,Pregnancy, Drugs (Androgens,Estrogens,O C pills, Phenytoin) etc. In such cases Free T3 and free T4 give corrected Values.

3. Total T3 may decrease by < 25 percent in healthy older individuals

#### T4:

1. Total T3 and T4 Values may also be altered in other condition due to changes in serum proteins or binding sites, Pregnancy Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nerphrosis etc. In such cases Free T3 and Free T4 give Corrected values.

#### TSH:

1. TSH Values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart failure. Severe burns, trauma and surgery etc.

2. Drugs that decrease TSH values e,g L dopa, Glucocorticoids.

3. Drugs that increase TSH values e.g. lodine, Lithium, Amiodarone

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Milind Patwardhan M.D(Path) Page 7 of Qhief Pathologist





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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
	RFT - Ren	al Profile-seru	m
S.Urea(Urease-GLDH)	13.4	mg/dL	10.0 - 45.0
S. Urea Nitrogen( Calculated)	6.25	mg/dL	5 - 20
S.Creatinine(Jaffe's Kinetic)	0.69	mg/dL	0.50 - 1.1
S.Uric Acid(Uricase-POD)	3.8	mg/dL	2.4 - 5.7
S.Total Protein(Biuret)	7.43	g/dL	6.6 - 8.7
S.Albumin(BCG)	4.42	g/dL	3.5 - 5.2
S.Globulin(Calculated)	3.01	g/dL	2 - 3.5
A/G Ratio(Calculated)	1.47		0.9 - 2
S.Sodium(Na) (ISE-Direct)	135	mmol/L	135 - 145
S.Potassium(K) (ISE-Direct)	4.3	mmol/L	3.5 - 5.3
S.Chloride(CI) (ISE-Direct)	98	mmol/L	95 - 106
S.Calcium(NM-BAPTA)	9.42	mg/dL	8.6 - 10.0
S.Phosphorus(UV Phosphomolybdat	e) 2.54	mg/dL	2.5 - 4.5

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End of Report Results are to be correlated clinically

Dr. Milind Patwardhan M.D(Path) **Chief Pathologist** 

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**TEST** 

RESULTS

BIOLOGICAL REFERENCE INTERVAL

SERUM VITAMIN B12

S. VITAMIN B12 by ECLIA:

291.6

pg/mL

211 - 946 pg/ml

- 1. Vit B12 levels are decreased in megaloblastic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia and treated epilepsy.
- 2. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.
- 3. HoloTranscobalamin II levels are a more accurate marker of active Vit B12 component.
- 4. Increased Vit B12 levels are seen in renal failure, liver disease and myeloproliferative diseases. Increased levels are also noted in patients who have taken B12 injections or oral medication.

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RESULTS

BIOLOGICAL REFERENCE INTERVAL

#### Vitamin D(25-OH Cholecalciferol)-Serum

25 Hydroxy (OH) vit D by ECLIA

<u>7.57</u>

ng/ml

Deficiency : Less then 12

insufficiency :12 - 30 Sufficiency : 30 - 70

Toxicity: More then 70

Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol (vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (vitamin D2) present mainly in dietary sources. Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin D in liver. Testing for 25(OH)vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake. For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase. During monitoring of oral vitamin D therapy - suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 mths of treatment. However, the required dosage of vitamin D supplements & time to achieve sufficient vitamin D levels show significant seasonal (especially winter) & individual variability depending on age, body fat, sun exposure, physical activity, genetic factors (especially variable vitamin D receptor responses), associated liver or renal disease, malabsorption syndromes and calcium or magnesium deficiency influencing the vitamin D metabolism. Vitamin D toxicity is known but very rare. Kindly correlate clinically, repeat with fresh sample if indicated.

**Mrunal Gurav Entered By** 

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BIOLOGICAL REFERENCE INTERVAL

#### URINE REPORT

#### **PHYSICAL EXAMINATION**

QUANTITY

10

mL

**COLOUR APPEARANCE**  Pale Yellow

Clear

Clear

**SEDIMENT** 

Absent

Absent

#### CHEMICAL EXAMINATION(Strip Method)

REACTION(PH)

5.0

4.6 - 8.0

SPECIFIC GRAVITY

1.010

1.005 - 1.030

URINE ALBUMIN

Absent

Absent

URINE SUGAR(Qualitative)

Absent

Absent

**KETONES** 

Absent

Absent

**BILE SALTS** 

Absent

Absent

**BILE PIGMENTS** 

Absent

Absent

**UROBILINOGEN** OCCULT BLOOD

Normal(<1 mg/dl) Absent

Normal Absent

**Nitrites** 

Absent

Absent

#### **MICROSCOPIC EXAMINATION**

**PUS CELLS** 

1 - 2/hpf

0 - 3/hpf

**RED BLOOD CELLS** 

Nil /HPF

Absent

**EPITHELIAL CELLS** 

4-5/hpf

3 - 4/hpf

**CASTS** 

Absent

Absent

**CRYSTALS** BACTERIA

Absent Absent Absent Absent

Ms Kaveri Gaonkar **Entered By** 

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Dr. Milind Patwardhan M.D(Path) Page 4 of dRief Pathologist

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### CYTOPATHOLOGY REPORT

Specimen No:

AP-682-23

Specimen Adequacy:

**ADEQUATE** 

**CELLS** 

**ENDOCERVICAL:** 

Absent

**ENDOMETRIAL:** 

Absent

SQUAMOUS:

SUPERFICIAL(+++) AND INTERMEDIATE(++) SQUAMOUS CELLS

HISTIOCYTES:

Absent

RBCs:

**Present** 

POLYMORPHS:

Present(+++)

LYMPHOCYTES:

Absent

**FLORA** 

TRICHOMONAS VAGINALIS: Absent

MONILIA:

Absent

BACTERIA:

Absent

DODERLEIN BACILLI:

Absent

LEPTOTHRIX:

Absent

**CELLULAR CHANGES** 

METAPLASIA:

Absent

DYSPLASIA:

Absent

MALIGNANT CELL:

Absent

COMMENTS:

**INFLAMMATORY SMEAR** 

IMPRESSION:

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Anushka Chavan **Entered By** 

Ms Kaveri Gaonkar Verified By

End of Report Results are to be correlated clinically

Dr. Milind Patwardhan M.D(Path) Page 12 of hief Pathologist

34 Years

Female

Ξ

50 Hz

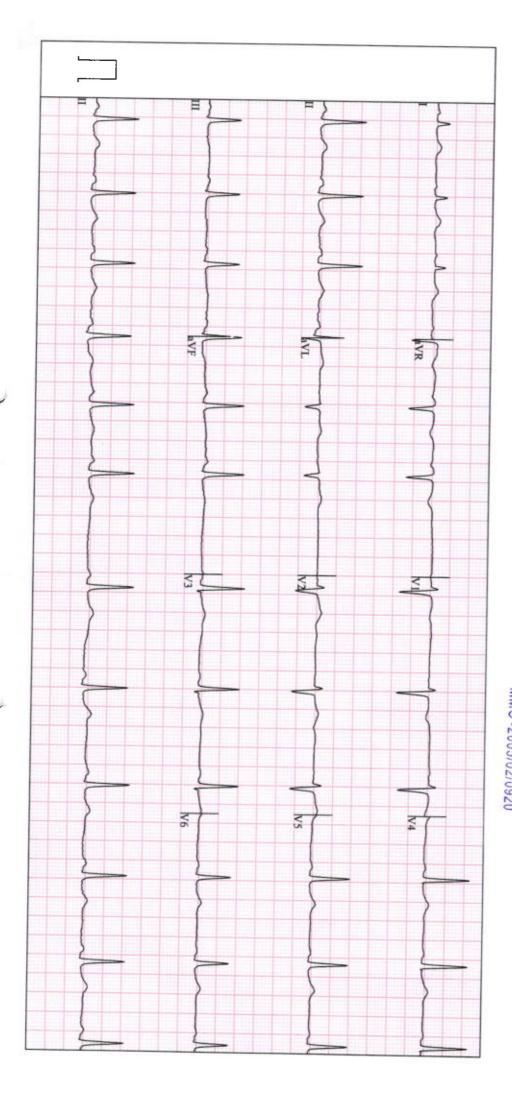
30.03.2023 9;54:03 Apollo Clinic 1st FIr,The Emerald,Sector-12, Vashi, Mumbai-400703.

QRS : 82 ms
QT / QTcBaz : 412 / 438 ms
PR : 140 ms
P : 100 ms
RR / PP : 882 / 882 ms
P / QRS / T : 63 / 74 / 43 degrees

Sinus rhythm with marked sinus arrhythmia Otherwise normal ECG

Siry Andythna

Dr. ANIRBAN DASGUPTA
M.B.B.S. D.N.B Medicine
Diploma Cardiology
MMC-2005/02/0920







:- 34 Y/F	RUCHIKA GARG	PATIENT'S NAME
E :- 30-03-23	18688	UHID
	18086	UHID

#### 2D Echo and Colour doppler report

- All cardiac chambers are normal in dimension.
- No obvious resting regional wall motion abnormalities (RWMA).
- Interatrial and Interventricular septum Appears Normal
- Valves Structurally normal.
- Good biventricular function.
- IVC is normal.
- Pericardium is normal.
- Great vessels Origin and visualized proximal part are normal.
- No coarctation of aorta.

#### Doppler study

- Normal flow across all the valves.
- No pulmonary hypertension.
- PASP 16 mmHg.
- No diastolic dysfunction.
- Peak systolic gradients across LVOT/AV 08mmHg.





#### Measurements

Aorta annulus	17 mm
Left Atrium	24 mm
LVID(Systole)	24 mm
LVID(Diastole)	37 mm
IVS(Diastole)	11 mm
PW(Diastole)	11 mm
LV ejection fraction.	55-60%

#### **Conclusion**

- > Good biventricular function
- > No RWMA
- ➤ Valves Structurally normal
- > No diastolic dysfunction
- No PAH.

DR. RISHI BHARGAVA

MD DM

CONSULTANT INTERVENTIONAL CARDIOLOGIST





PATIENT'S NAME	RUCHIKA GARG	AGE :- 34y/F
UHID	18688	DATE :30 Mar. 23

#### X-RAY CHEST PA VEIW

#### **OBSERVATION:**

Bilateral lung fields are clear.

Both hila are normal.

Bilateral cardiophrenic and costophrenic angles are normal.

The trachea is central.

Aorta appears normal.

The mediastinal and cardiac silhouette are normal.

Soft tissues of the chest wall are normal.

Bony thorax is normal.

#### **IMPRESSION:**

> No significant abnormality seen.

DR.CHHAYA S. SANGANI

**CONSULTANT SONOLOGIST** 

Reg No. 073826





PATIENT'S NAME	RUCHIKA GARG	AGE :- 34 Y/F
UHID	18688	30 Mar 2023

#### **USG WHOLE ABDOMEN (TAS)**

LIVER is normal in size, shape and echotexture. No evidence of any focal lesion. The portal vein appears normal & shows normal hepato-petal flow. No evidence of intrahepatic biliary duct dilatation.

Gall Bladder appears well distended with normal wall thickness. There is no calculus or pericholecystic collection. CBD appears normal.

Visualised parts of head & body of PANCREAS appear normal.

SPLEEN is normal in size and echotexture. No focal lesion seen. Splenic vein is normal.

Both kidneys are normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation. No hydronephrosis or calculi or mass seen.

RIGHT KIDNEY measures 8.4 x 3.1cm. LEFT KIDNEY measures 8.7 x 4.1 cm.

URINARY BLADDER is well distended; no e/o wall thickening or mass or calculi seen.

UTERUS is anteverted and is normal in size, shape and echotexture; No focal lesion seen. ET measures 10.3 mm.

Both ovaries are normal in size, shape and position.

Visualised BOWEL LOOPS appear normal. There is no free fluid seen.

Defect of size measuring approx. 8.7 mm is seen at umbilicus through which there is herniation of fat. No e/o any obstruction / strangulation seen at present scan.

#### **IMPRESSION** –

- Umbilical hernia.
- No other significant abnormality detected.

THIS REPORT IS NOT TO BE USED FOR MEDICOLEGAL PURPOSE. THE CONTENTS OF THIS REPORT REQURE CLINICAL CO-RELATION BEFORE ANY APPLICATION.

Mall

DR. NITESH PATEL DMRE (RADIOLOGIST)

ANDHERI
 COLABA
 NASHIK
 VASHI