

10871835

mrs simta

3/25/2023 1:14:23 PM

37 Years

Female

Rate 66 . Sinus rhythm.....normal P axis, V-rate 50- 99
. Low voltage, precordial leads.....precordial leads <1.0mV

PR 143

QRSD 91

QT 394

QTc 413

--AXIS--

P 58

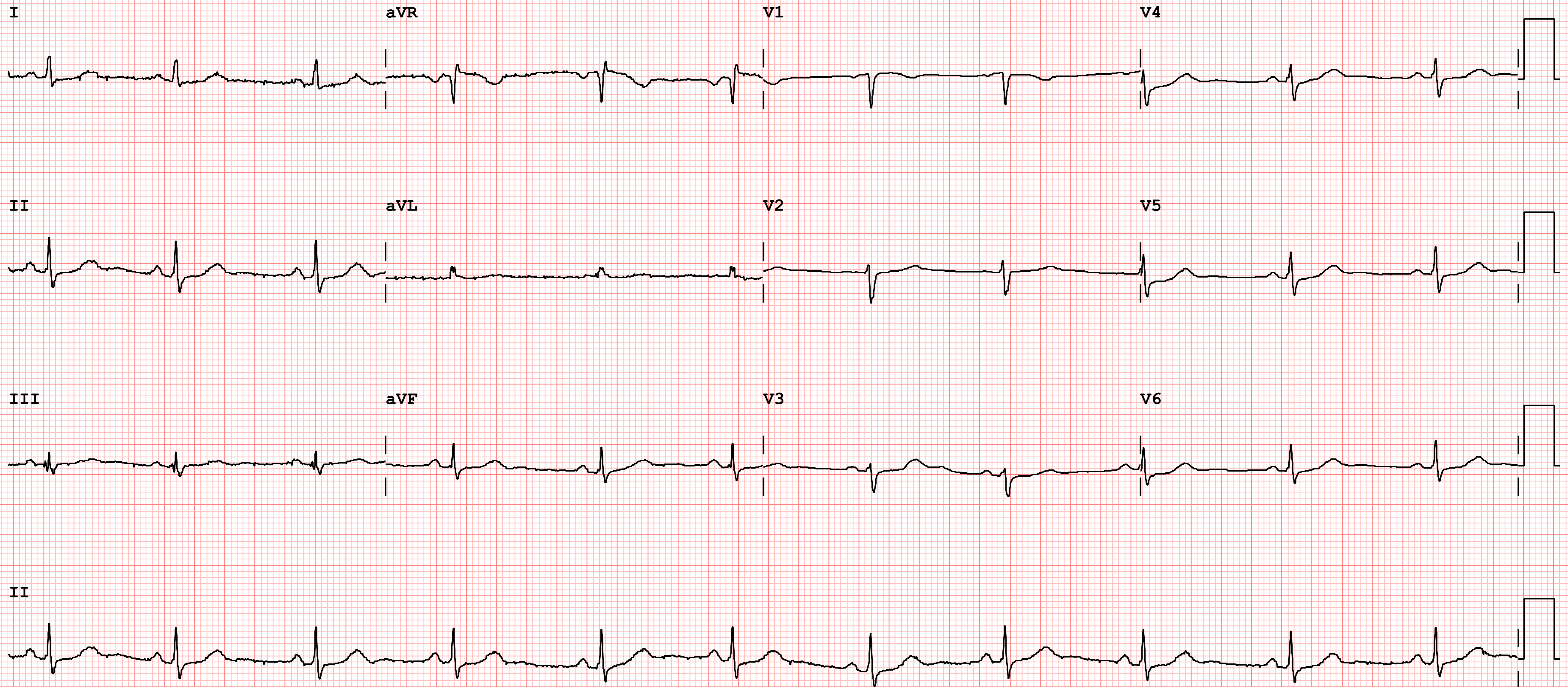
QRS 21

T 58

- OTHERWISE NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

100B CL

P?



Name : MRS SIMTA **Age** : 37 Yr(s) Sex :Female
Registration No : MH010871835 **Lab No** : 31230301252
Patient Episode : H03000053368 **Collection Date** : 25 Mar 2023 10:24
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 13:16
Receiving Date : 25 Mar 2023 11:18

Department of Transfusion Medicine (Blood Bank)

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)
Specimen-Blood

Blood Group & Rh Typing (Agglutination by gel/tube technique)

Blood Group & Rh typing O Rh(D) Positive

Antibody Screening (Microtyping in gel cards using reagent red cells)

Cell Panel I NEGATIVE
Cell Panel II NEGATIVE
Cell Panel III NEGATIVE
Autocontrol NEGATIVE

Final Antibody Screen Result Negative

Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

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-----END OF REPORT-----

Dr Himanshu Lamba



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Name : MRS SIMTA **Age** : 37 Yr(s) Sex :Female
Registration No : MH010871835 **Lab No** : 32230309759
Patient Episode : H03000053368 **Collection Date** : 25 Mar 2023 10:24
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 13:07
Receiving Date : 25 Mar 2023 10:47

BIOCHEMISTRY

Glycosylated Hemoglobin

Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin) 5.2

As per American Diabetes Association (ADA)
% [4.0-6.5] HbA1c in %
Non diabetic adults \geq 18years $<$ 5.7
Prediabetes (At Risk) 5.7-6.4
Diagnosing Diabetes \geq 6.5

Methodology (HPLC)

Estimated Average Glucose (eAG) 103 mg/dl

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

Specimen Type : Serum

THYROID PROFILE, Serum

| | | | |
|-------------------------------------|-------|-------------|---------------|
| T3 - Triiodothyronine (ECLIA) | 1.19 | ng/ml | [0.70-2.04] |
| T4 - Thyroxine (ECLIA) | 7.86 | micg/dl | [4.60-12.00] |
| Thyroid Stimulating Hormone (ECLIA) | 1.960 | μ IU/mL | [0.340-4.250] |

1st Trimester:0.6 - 3.4 micIU/mL
2nd Trimester:0.37 - 3.6 micIU/mL
3rd Trimester:0.38 - 4.04 micIU/mL

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness



Name : MRS SIMTA **Age** : 37 Yr(s) Sex :Female
Registration No : MH010871835 **Lab No** : 32230309759
Patient Episode : H03000053368 **Collection Date** : 25 Mar 2023 10:24
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 14:18
Receiving Date : 25 Mar 2023 10:44

BIOCHEMISTRY

affect TSH results.

* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

| Test Name | Result | Unit | Biological Ref. Interval |
|---------------------------------|--------|-------|--|
| Lipid Profile (Serum) | | | |
| TOTAL CHOLESTEROL (CHOD/POD) | 160 | mg/dl | [<200] Moderate risk:200-239 High risk:>240 |
| TRIGLYCERIDES (GPO/POD) | 78 | mg/dl | [<150] Borderline high:151-199 High: 200 - 499 Very high:>500 |
| HDL - CHOLESTEROL (Direct) | 45 | mg/dl | [30-60] |
| VLDL - Cholesterol (Calculated) | 16 | mg/dl | [10-40] |
| LDL- CHOLESTEROL | 99 | mg/dl | [<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189 |
| T.Chol/HDL.Chol ratio | 3.6 | | <4.0 Optimal 4.0-5.0 Borderline >6 High Risk |
| LDL.CHOL/HDL.CHOL Ratio | 2.2 | | <3 Optimal 3-4 Borderline >6 High Risk |

Note:
 Reference ranges based on ATP III Classifications.
 Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.



Name : MRS SIMTA **Age** : 37 Yr(s) Sex :Female
Registration No : MH010871835 **Lab No** : 32230309759
Patient Episode : H03000053368 **Collection Date** : 25 Mar 2023 10:24
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 12:07
Receiving Date : 25 Mar 2023 10:44

BIOCHEMISTRY

| Test Name | Result | Unit | Biological Ref. Interval |
|---|---------------|--------------|--------------------------|
| LIVER FUNCTION TEST (Serum) | | | |
| BILIRUBIN-TOTAL (mod.J Groff)** | 0.96 | mg/dl | [0.10-1.20] |
| BILIRUBIN - DIRECT (mod.J Groff) | 0.39 # | mg/dl | [<0.2] |
| BILIRUBIN - INDIRECT (mod.J Groff) | 0.57 | mg/dl | [0.20-1.00] |
| SGOT/ AST (P5P, IFCC) | 21.70 | IU/L | [5.00-37.00] |
| SGPT/ ALT (P5P, IFCC) | 20.80 | IU/L | [10.00-50.00] |
| ALP (p-NPP, kinetic)* | 59 | IU/L | [37-98] |
| TOTAL PROTEIN (mod.Biuret) | 7.5 | g/dl | [6.0-8.2] |
| SERUM ALBUMIN (BCG-dye) | 4.4 | g/dl | [3.5-5.0] |
| SERUM GLOBULIN (Calculated) | 3.1 | g/dl | [1.8-3.4] |
| ALB/GLOB (A/G) Ratio | 1.42 | | [1.10-1.80] |

Note:

**NEW BORN: Vary according to age (days), body wt & gestation of baby
 *New born: 4 times the adult value



Name : MRS SIMTA **Age** : 37 Yr(s) Sex :Female
Registration No : MH010871835 **Lab No** : 32230309759
Patient Episode : H03000053368 **Collection Date** : 25 Mar 2023 10:24
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 12:08
Receiving Date : 25 Mar 2023 10:44

BIOCHEMISTRY

| Test Name | Result | Unit | Biological Ref. Interval |
|-----------------------------------|----------------|-----------------|--------------------------|
| KIDNEY PROFILE (Serum) | | | |
| BUN (Urease/GLDH) | 7.00 # | mg/dl | [8.00-23.00] |
| SERUM CREATININE (mod.Jaffe) | 0.79 | mg/dl | [0.60-1.40] |
| SERUM URIC ACID (mod.Uricase) | 3.8 | mg/dl | [2.6-6.0] |
| SERUM CALCIUM (NM-BAPTA) | 9.5 | mg/dl | [8.6-10.0] |
| SERUM PHOSPHORUS (Molybdate, UV) | 3.3 | mg/dl | [2.3-4.7] |
| SERUM SODIUM (ISE) | 140.0 | mmol/l | [134.0-145.0] |
| SERUM POTASSIUM (ISE) | 4.29 | mmol/l | [3.50-5.20] |
| SERUM CHLORIDE (ISE / IMT) | 105.4 # | mmol/l | [95.0-105.0] |
| eGFR | 95.9 | ml/min/1.73sq.m | [>60.0] |

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

-----END OF REPORT-----

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



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Name : MRS SIMTA **Age** : 37 Yr(s) Sex :Female
Registration No : MH010871835 **Lab No** : 32230309760
Patient Episode : H03000053368 **Collection Date** : 25 Mar 2023 14:35
Referred By : HEALTH CHECK MHD **Reporting Date** : 26 Mar 2023 07:27
Receiving Date : 25 Mar 2023 15:13

BIOCHEMISTRY

Specimen Type : Plasma

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 114 mg/dl [70-140]

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Specimen Type : Serum/Plasma

Plasma GLUCOSE-Fasting (Hexokinase) 93 mg/dl [70-100]

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-----END OF REPORT-----

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



Name : MRS SIMTA **Age** : 37 Yr(s) Sex :Female
Registration No : MH010871835 **Lab No** : 33230305796
Patient Episode : H03000053368 **Collection Date** : 25 Mar 2023 10:23
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 13:33
Receiving Date : 25 Mar 2023 10:47

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR 11.0 /1sthour [0.0-20.0]

Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

| Test Name | Result | Unit | Biological Ref. Interval |
|---|---------------|---------------|--------------------------|
| COMPLETE BLOOD COUNT (EDTA Blood) | | | |
| WBC Count (Flow cytometry) | 6240 | /cu.mm | [4000-10000] |
| RBC Count (Impedence) | 4.55 | million/cu.mm | [3.80-4.80] |
| Haemoglobin (SLS Method) | 11.9 # | g/dL | [12.0-15.0] |
| Haematocrit (PCV) (RBC Pulse Height Detector Method) | 37.5 | % | [36.0-46.0] |
| MCV (Calculated) | 82.4 # | fL | [83.0-101.0] |
| MCH (Calculated) | 26.2 | pg | [25.0-32.0] |
| MCHC (Calculated) | 31.7 | g/dL | [31.5-34.5] |
| Platelet Count (Impedence) | 253000 | /cu.mm | [150000-410000] |
| RDW-CV (Calculated) | 16.2 # | % | [11.6-14.0] |
| DIFFERENTIAL COUNT | | | |
| Neutrophils (Flowcytometry) | 66.0 | % | [40.0-80.0] |
| Lymphocytes (Flowcytometry) | 23.9 | % | [20.0-40.0] |



Name : MRS SIMTA **Age** : 37 Yr(s) Sex :Female
Registration No : MH010871835 **Lab No** : 33230305796
Patient Episode : H03000053368 **Collection Date** : 25 Mar 2023 10:23
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 13:33
Receiving Date : 25 Mar 2023 10:47

HAEMATOLOGY

| | | | |
|--|--------------|--------|---------------------------|
| Monocytes (Flowcytometry) | 9.3 | % | [2.0-10.0] |
| Eosinophils (Flowcytometry) | 0.6 # | % | [1.0-6.0] |
| Basophils (Flowcytometry) | 0.2 # | % | [1.0-2.0] |
| IG | 0.30 | % | |
| Neutrophil Absolute(Flourescence flow cytometry) | 4.1 | /cu mm | [2.0-7.0]x10 ³ |
| Lymphocyte Absolute(Flourescence flow cytometry) | 1.5 | /cu mm | [1.0-3.0]x10 ³ |
| Monocyte Absolute(Flourescence flow cytometry) | 0.6 | /cu mm | [0.2-1.2]x10 ³ |
| Eosinophil Absolute(Flourescence flow cytometry) | 0.0 | /cu mm | [0.0-0.5]x10 ³ |
| Basophil Absolute(Flourescence flow cytometry) | 0.0 | /cu mm | [0.0-0.1]x10 ³ |

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

-----END OF REPORT-----

Soma Pradhan

Dr. Soma Pradhan



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| | | | |
|------------------------|---------------------|------------------------|------------------------|
| Name | : MRS SIMTA | Age | : 37 Yr(s) Sex :Female |
| Registration No | : MH010871835 | Lab No | : 38230301988 |
| Patient Episode | : H03000053368 | Collection Date | : 25 Mar 2023 10:24 |
| Referred By | : HEALTH CHECK MHD | Reporting Date | : 25 Mar 2023 16:05 |
| Receiving Date | : 25 Mar 2023 11:07 | | |

CLINICAL PATHOLOGY

| Test Name | Result | Biological Ref. Interval |
|--|--|--------------------------|
| ROUTINE URINE ANALYSIS | | |
| MACROSCOPIC DESCRIPTION | | |
| Colour (Visual) | PALE YELLOW | (Pale Yellow - Yellow) |
| Appearance (Visual) | SLIGHTLY TURBID | |
| CHEMICAL EXAMINATION | | |
| Reaction[pH] | 7.0 | (5.0-9.0) |
| (Reflectancephotometry(Indicator Method)) | | |
| Specific Gravity | 1.010 | (1.003-1.035) |
| (Reflectancephotometry(Indicator Method)) | | |
| Bilirubin | Negative | NEGATIVE |
| Protein/Albumin | Negative | (NEGATIVE-TRACE) |
| (Reflectance photometry(Indicator Method)/Manual SSA) | | |
| Glucose | NOT DETECTED | (NEGATIVE) |
| (Reflectance photometry (GOD-POD/Benedict Method)) | | |
| Ketone Bodies | NOT DETECTED | (NEGATIVE) |
| (Reflectance photometry(Legal's Test)/Manual Rotheras) | | |
| Urobilinogen | NORMAL | (NORMAL) |
| Reflectance photometry/Diazonium salt reaction | | |
| Nitrite | NEGATIVE | NEGATIVE |
| Reflectance photometry/Griess test | | |
| Leukocytes | +++ | NEGATIVE |
| Reflectance photometry/Action of Esterase | | |
| BLOOD | NIL | NEGATIVE |
| (Reflectance photometry(peroxidase)) | | |
| MICROSCOPIC EXAMINATION (Manual) | Method: Light microscopy on centrifuged urine | |
| WBC/Pus Cells | 10-15 /hpf | (4-6) |
| Red Blood Cells | NIL | (1-2) |
| Epithelial Cells | 10-15 /hpf | (2-4) |
| Casts | NIL | (NIL) |
| Crystals | NIL | (NIL) |
| Bacteria | NIL | |
| Yeast cells | NIL | |

Interpretation:



Name : MRS SIMTA **Age** : 37 Yr(s) Sex :Female
Registration No : MH010871835 **Lab No** : 38230301988
Patient Episode : H03000053368 **Collection Date** : 25 Mar 2023 10:24
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 16:05
Receiving Date : 25 Mar 2023 11:07

CLINICAL PATHOLOGY

URINALYSIS--Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.

Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.

Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most Common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

-----END OF REPORT-----

Soma Pradhan

Dr. Soma Pradhan



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Name : MRS SIMTA **Age** : 37 Yr(s) Sex :Female
Registration No : MH010871835 **Lab No** : 39230300274
Patient Episode : H03000053368 **Collection Date** : 25 Mar 2023 13:13
Referred By : HEALTH CHECK MHD **Reporting Date** : 28 Mar 2023 11:27
Receiving Date : 28 Mar 2023 11:27

CYTOPATHOLOGY

CYTOLOGY NUMBER: C-677/23

SPECIMEN TYPE: Conventional pap smear

SMEAR SITE: Ectocervix and Endocervix

CLINICAL HISTORY: P2L2, PS; Cervix unhealthy, mild erosion present, touch to bleed, cervicitis

REPORTING SYSTEM: Bethesda System for reporting Cervical Cytology

SPECIMEN ADEQUACY: Adequate

MICROSCOPY: Smears show superficial and intermediate squamous epithelial cells with fair number of polymorphs. Endocervical cells present. No evidence of trichomonas vaginalis or fungi is seen. No evidence of intraepithelial lesion or Malignancy is seen.

IMPRESSION: Inflammatory smear.
Negative for Intraepithelial lesion or Malignancy.

Disclaimer: Gynecological Cytology is a screening test that aids in the detection of cervical cancer precursors. Both false Positive & Negative results can occur. The



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Receiving Date : 28 Mar 2023 11:27

CYTOPATHOLOGY

test should be used at regular intervals & positive results should be confirmed before definitive therapy.

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-----END OF REPORT-----

Dr. Asha Preethi V.S.
CONSULTANT PATHOLOGY



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| | | | |
|-------------|-----------------------------|--------------|-------------------|
| Name: | SIMTA | Hospital No: | MH010871835 |
| Age: | 37 | Sex: | F |
| Episode No: | | Episode No: | H03000053368 |
| Doctor: | Health Check MHD | Result Date: | 27 Mar 2023 11:05 |
| Order: | Ultrasound abdomen n pelvis | | |

USG WHOLE ABDOMEN

Results:

Liver is normal in size (13.8cm) and shows grade I fatty changes. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder appears echofree with normal wall thickness. Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

Spleen is normal in size (9.3cm) and echopattern.

Both kidneys are normal in position, size (RK = 104x32mm and LK =101x34mm) and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

Uterus is retroverted. Myometrial echogenicity appears uniform. Endometrium is thickened and measures 13.8mm.

Right ovary is normal in size and shows a cyst of size 21x12mm.

Left ovary is normal.

No significant free fluid is detected.

IMPRESSION:

- Grade I fatty liver.
- Thickened endometrium.

Name: **SIMTA**

Hospital No: MH010871835

Age: 37 Sex: F

Episode No: H03000053368

Doctor: Health Check MHD

Result Date: 27 Mar 2023 11:05

Order: Ultrasound abdomen n pelvis

Suggested clinical, hormonal and TVS correlation

Dr. Kumar Raju
ASSOCIATE CONSULTANT

| | | | |
|-------------|-----------------------------|--------------|-------------------|
| Name: | SIMTA | Hospital No: | MH010871835 |
| Age: | 37 | Sex: | F |
| Episode No: | | Episode No: | H03000053368 |
| Doctor: | Health Check MHD | Result Date: | 27 Mar 2023 11:05 |
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Name: **SIMTA**

Hospital No: MH010871835

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Doctor: Health Check MHD

Result Date: 27 Mar 2023 11:05

Order: Ultrasound abdomen n pelvis

Suggested clinical, hormonal and TVS correlation

Dr. Kumar Raju
ASSOCIATE CONSULTANT

| | | | |
|----------------|---------------------|--------------------|-------------------------|
| NAME | SIMTA | STUDY DATE | 25-03-2023 11:14:20 |
| AGE / SEX | 037Yrs / F | HOSPITAL NO. | MH010871835 |
| REFERRING DEPT | OPD | MODALITY/Procedure | CR /Xray chest PA (CXR) |
| REPORTED ON | 26-03-2023 16:47:51 | REFERRED BY | Dr. Health Check MHD |

X-RAY CHEST - PA VIEW

Findings:

Prominent bronchovascular markings are seen.

Both hilar shadows appear prominent –likely vascular.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

Kindly correlate clinically.



Dr. Kumar Raju DMRD, DNB
DMC No. 106585
Associate Consultant, Radiology

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

| | | | |
|----------------|----------------------------|--------------------|--------------------------------|
| NAME | SIMTA | STUDY DATE | 25-03-2023 11:14:20 |
| AGE / SEX | 037Yrs / F | HOSPITAL NO. | MH010871835 |
| REFERRING DEPT | OPD | MODALITY/Procedure | CR /Xray chest PA (CXR) |
| REPORTED ON | 26-03-2023 16:47:51 | REFERRED BY | Dr. Health Check MHD |

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.