



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. MUNISH
 MR No : 32427
 Age/Sex : 42 Years / Male
 Type : OPD
 TPA/Corporate : MEDIWHEEL
 IP No. :
 Current Bed no. :

Bill Date : 26/08/2023
 Reporting Date : 26/08/2023
 Sample ID : 163672
 Bill/Req. No. : 23310435
 Ref Doctor : Dr. EMO

Test	Result	Bio. Ref. Interval	Units
BLOOD GLUCOSE FASTING AND PP			
PLASMA GLUCOSE (FASTING)	90	70 - 110	mg/dl
PLASMA POST-GLUCOSE	169 H	80 - 150	mg/dL

BLOOD GROUP

BLOOD GROUP " B " RH POSITIVE

COMPLETE HAEMOGRAM

CBC			
HAEMOGLOBIN	13.3	12.0 - 16.5	g/dL
TOTAL LEUCOCYTE COUNT	12100 H	4000 - 11000	/cumm
RED BLOOD CELL COUNT	4.37	4.0 - 6.0	millions/cumm
PCV (HAEMATOCRIT)	40.9	40.0 - 54.0	%
MEAN CORPUSCULAR VOLUME	93.5	78 - 98	fL
MEAN CORPUSCULAR HAEMOGLOBIN	30.4	26.5 - 32.5	Picograms
MEAN CORPUSCULAR HB CONC	32.5	32 - 37	g/dL
PLATELET COUNT	2.62	1.50 - 4.50	Lakh/cumm
NEUTROPHILS	52	40 - 73.0	%
LYMPHOCYTES	35	20 - 40	%
EOSINOPHILS	03	0.0 - 6.0	%
MONOCYTES	07	2.0 - 10.0	%
BASOPHILS	00	0.0 - 1.0	%
ABSOLUTE NEUTROPHIL	6292	2000 - 7000	cells/cumm
ABSOLUTE LYMPHOCYTE	4235 H	1000 - 3000	cells/cumm
ABSOLUTE EOSINOPHIL	363	20 - 500	cells/cumm
ABSOLUTE MONOCYTES	847	200 - 1000	cells/cumm
ABSOLUTE BASOPHILS	0 L	20 - 100	cells/cumm

Checked By:

Dr. Pradip Kumar
 (Consultant Microbiologist)

Dr. Nisha Rana
 (Consultant Pathologist)



DEPARTMENT OF HAEMATOLOGY

Patient Name : Mr. MUNISH
MR No : 32427
Age/Sex : 42 Years / Male
Type : OPD
TPA/Corporate : MEDIWHEEL
IP No. :
Current Bed no. :

Bill Date : 26/08/2023
Reporting Date : 26/08/2023
Sample ID : 163672
Bill/Req. No. : 23310435
Ref Doctor : Dr. EMO

Test	Result	Bio. Ref. Interval	Units
RDW-CV	12.2	11.5 - 14.5	%
E.S.R.	35 H	0 - 15	mm/hr

HBA1C

HBA1C	5.7		%
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Note : HBA1c result is suggestive of Diabetes/ higher than glycemic goal in a known Diabetic patient.

Please note, glycemic goal should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycaemia unawareness, and individual patient considerations.

Please Correlate Clinically.

KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

SERUM UREA	18	13.0 - 45.0	mg/dL
SERUM CREATININE	1.2	0.5 - 1.4	mg/dL
SERUM URIC ACID	5.0	3.6 - 7.2	mg/dL
SERUM SODIUM	135	130 - 149	mmol/L
SERUM POTASSIUM	4.5	3.5 - 5.5	mmol/L

LFT(LIVER FUNCTION TEST)

LFT	Result	Bio. Ref. Interval	Units
TOTAL BILIRUBIN	0.5	0.1 - 1.2	mg/dL
DIRECT BILIRUBIN	0.2	0.00 - 0.30	mg/dL
INDIRECT BILIRUBIN	0.3	Adult: 0 - 0.8	mg/dL
SGOT (AST)	44	0.0 - 45	IU/L
SGPT (ALT)	75 H	00 - 45.00	IU/L
ALP	118	41 - 137	U/L
TOTAL PROTEINS	6.9	6.0 - 8.2	g/dL

Checked By :



Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. MUNISH

MR No : 32427

Age/Sex : 42 Years / Male

Type : OPD

TPA/Corporate : MEDIWHEEL

IP No. :

Current Bed no. :

Bill Date : 26/08/2023

Reporting Date : 26/08/2023

Sample ID : 163672

Bill/Req. No. : 23310435

Ref Doctor : Dr. EMO

Test	Result	Bio. Ref. Interval	Units
ALBUMIN	4.2	3.20 - 5.00	g/dL
GLOBULIN	2.7	2.0 - 3.50	g/dL
A/G RATIO	1.56		

LIPID PROFILE

Test	Result	Reference	Units
SERUM CHOLESTROL	185	0 - 200	mg/dl
SERUM TRIGLYCERIDES	186 H	Up to 150	mg/dl
HDL CHOLESTEROL	38	30 - 60	mg/dl
VLDL CHOLESTEROL	37.2	*Less than 30	mg/dL
LDL CHOLESTEROL	109.8	Optimal <100, Above Opt. 100-129 -high 160-189	mg/dl
LDL CHOLESTEROL/HDL RATIO	2.89	Desirable Level : 0.5 - 3.0 Borderline Risk : 3.0 - 6.0 High Risk : > 6.0	

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

VOLUME	20		ml
COLOUR	Pale Yellow	Pale Yellow	
APPEARANCE	Clear	Clear	
SPECIFIC GRAVITY	1.020		

CHEMICAL EXAMINATION

REACTION	Acidic		
BLOOD	NIL		
ALBUMIN	NIL	NIL	
GLUCOSE	NIL	NIL	
PH	6.0		

MICROSCOPIC EXAMINATION

PUS CELL	2-3	2-4	/HPF
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Checked By :

Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)



DEPARTMENT OF CLINICAL PATHOLOGY

Patient Name : Mr. MUNISH
MR No : 32427
Age/Sex : 42 Years / Male
Type : OPD
TPA/Corporate : MEDIWHEEL
IP No. :
Current Bed no. :

Bill Date : 26/08/2023
Reporting Date : 26/08/2023
Sample ID : 163672
Bill/Req. No. : 23310435
Ref Doctor : Dr. EMO

Test	Result	Bio. Ref. Interval	Units
RED BLOOD CELLS	Nil	NIL	/HPF
EPITHELIAL CELLS	1-2	2-4	/HPF
CASTS	NIL	NIL	
CRYSTALS	NIL	NIL	

Note : Albumin test positive by Multistrip Method is confirmed by Sulphosalicylic acid method.

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

Checked By :



Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)



Prognosis Laboratories

National Reference Lab.: 515-516, Sector-19, D.D.A. Plotted Development, Dwarka, New Delhi-110075

8130192290 www.prlworld.com care@prlworld.com

Lab No.	012308260825	Age/Gender	42 YRS/MALE	Coll. On	26/Aug/2023 06:39PM
Name	Mr. MUNISH 32427			Reg. On	26/Aug/2023
Ref. Dr.	NIDAAN PARK HOSPITAL			Approved On	26/Aug/2023 09:08PM
Rpt. Centre	Dr. OTHER			Printed On	02/Sep/2023 03:32PM

Test Name	Value	Unit	Biological Reference Interval
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Thyroid profile, Total (T3,T4,TSH)

T3 (Triiodothyronine) , serum Method: ECLIA	1.42	ng/mL	0.80 - 2.0
T4 (Thyroxine) , serum Method: ECLIA	7.06	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum Method: ECLIA	7.13	uIU/ml	0.27 - 4.2

Interpretation:

- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

Note: Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding proteins.

The following ranges are recommended for pregnant females:

Gestation period	TSH (uIU/ml)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

PSA Total, serum
Method: ECLIA

0.43 ng/mL 0 - 2.0

Interpretation:

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.

In patients with previously diagnosed prostate cancer, PSA testing is advocated as an early indicator of tumor recurrence and as an indicator of response to therapy.

The test is also useful for initial screening for prostate cancer:

Total PSA levels < 2 ng/ml almost rule out the possibility of prostatic malignancy.

Total PSA levels between 2 and 10 ng/ml lie in the grey zone. Such values may be obtained in prostatitis, benign hyperplasia and malignancy. Further testing including a free PSA/PSA ratio and prostate biopsy is recommended for these patients for confirmation of the diagnosis.

Total PSA values >10 ng/ml are highly suspicious for prostate cancer but further testing, such as prostate biopsy, is needed to diagnose the exact pathology.

***Disclaimer: This is an electronically validated report, if any discrepancy found should be confirmed by user.**

*** End Of Report ***



Dr. Smita Sadwani
MD(Biochemistry)
Technical Director

Dr. Mayank Gupta
MD, DNB Pthology
Consultant Pathologist

Dr. Deepak Sadwani
MD(Pathology)
Lab Director

Dr. Moushmi Mukherjee
MBBS,MD (Pathology)
Consultant Pathologist

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Page 1 of 1

OUR FOOTPRINT

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DEPARTMENT OF RADIOLOGY

Patient Name	Mr MUNISH	Billed Date	: 26/08/2023	9.52 AM
Reg No	32427	Reported Date	: 26/08/2023	
Age/Sex	42 Years 7 Months 26Days / Male	Req. No.	: 23310435	
Ref. Doctor	Self	Consultant Doctor	: Dr. EMO	
Type	OPD			

X RAY CHEST AP

OBSERVATION:

Both lung fields appears normal.

Both costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Both domes of diaphragm appear normal.

Thoracic soft tissue and skeletal system appear unremarkable.

IMPRESSION:

- **No Significant abnormality is noted.**

ADVICE: Please Correlate Clinically.



Dr. Harleen Singh Pabla
MBBS, MD, DNB
Consultant Radiologist



DEPARTMENT OF RADIOLOGY

Patient Name	Mr MUNISH	Billed Date	: 26/08/2023	9.52 AM
Reg No	32427	Reported Date	: 26/08/2023	
Age/Sex	42 Years 7 Months 26Days / Male	Req. No.	: 23310435	
Ref. Doctor	Self	Consultant Doctor	: Dr. EMO	
Type	OPD			

USG WHOLE ABDOMEN/KUB

FINDINGS:

LIVER is normal in size (13.2 cm) and **shows grade I fatty infiltration**. No evidence of any focal lesion or IHBR dilation is present. Portal and hepatic veins are normal in caliber at porta.

GALL BLADDER is partially distended.
CBD is normal in course and caliber.

SPLEEN is normal in size (8.0 cm) and echotexture. No focal lesion is seen.

PANCREAS: Head and body of pancreas are normal in size and echotexture. Tail of pancreas is obscured by bowel gas shadows.

RIGHT KIDNEY: is normal in size and position and outline. Corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus. **Right pelvicalyceal system appears mildly prominent.**

LEFT KIDNEY: is normal in size and position and outline. Corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.

URINARY BLADDER is well distended and lumen is echofree. Wall thickness is normal. No evidence of any focal lesion.

PROSTATE is normal in size [Vol: ~ 12 cc]. It has normal echotexture.

No free fluid is seen in the abdomen.

IMPRESSION: Grade I fatty liver

To be correlate clinically

Dr. Harleen Singh Pabla
MBBS, MD, DNB
Consultant Radiologist



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. MADHU
MR No : 32429
Age/Sex : 39 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL
IP No. :
Current Bed no. :

Bill Date : 26/08/2023
Reporting Date : 26/08/2023
Sample ID : 163675
Bill/Req. No. : 23310436
Ref Doctor : Dr. EMO

Test	Result	Bio. Ref. Interval	Units
BLOOD GLUCOSE FASTING AND PP			
PLASMA GLUCOSE(FASTING)	88	70 - 110	mg/dl
PLASMA POST-GLUCOSE	82	80 - 150	mg/dL

BLOOD GROUP

BLOOD GROUP " O " RH POSITIVE

COMPLETE HAEMOGRAM

CBC			
HAEMOGLOBIN	11.6	L	12.0 - 16.5 g/dL
TOTAL LEUCOCYTE COUNT	6700		4000 - 11000 /cumm
RED BLOOD CELL COUNT	4.07		4.0 - 6.0 millions/cumm
PCV (HAEMATOCRIT)	37.1		35.0 - 47.0 %
MEAN CORPUSCULAR VOLUME	91.2		78 - 98 fL
MEAN CORPUSCULAR HAEMOGLOBIN	28.5		26.5 - 32.5 Picogrames
MEAN CORPUSCULAR HB CONC	32.3		32 - 37 g/dL
PLATELET COUNT	3.07		1.50 - 4.50 Lakh/cumm
NEUTROPHILS	58		40 - 73.0 %
LYMPHOCYTES	35		20 - 40 %
EOSINOPHILS	02		0.0 - 6.0 %
MONOCYTES	05		2.0 - 10.0 %
BASOPHILS	00		0.0 - 1.0 %
ABSOLUTE NEUTROPHIL	3886		2000 - 7000 cells/cumm
ABSOLUTE LYMPHOCYTE	2345		1000 - 3000 cells/cumm
ABSOLUTE EOSINOPHIL	134		20 - 500 cells/cumm
ABSOLUTE MONOCYTES	335		200 - 1000 cells/cumm
ABSOLUTE BASOPHILS	0	L	20 - 100 cells/cumm

Checked By :



Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)



DEPARTMENT OF HAEMATOLOGY

Patient Name : Mrs. MADHU
MR No : 32429
Age/Sex : 39 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL
IP No. :
Current Bed no. :

Bill Date : 26/08/2023
Reporting Date : 26/08/2023
Sample ID : 163675
Bill/Req. No. : 23310436
Ref Doctor : Dr. EMO

Test	Result	Bio. Ref. Interval	Units
RDW-CV	12.8	11.5 - 14.5	%
E.S.R.	25 H	0 - 15	mm/hr

HBA1C

HBA1C	5.6		%
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Note : HBA1c result is suggestive of Diabetes/ higher than glycemic goal in a known Diabetic patient.

Please note, glycemic goal should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycaemia unawareness, and individual patient considerations.

Please Correlate Clinically.

KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

SERUM UREA	21	13.0 - 45.0	mg/dL
SERUM CREATININE	1.0	0.5 - 1.2	mg/dL
SERUM URIC ACID	4.5	2.5 - 6.8	mg/dL
SERUM SODIUM	138	130 - 149	mmol/L
SERUM POTASSIUM	4.0	3.5 - 5.5	mmol/L

LFT(LIVER FUNCTION TEST)

LFT	Result	Bio. Ref. Interval	Units
TOTAL BILIRUBIN	0.5	0.1 - 1.2	mg/dL
DIRECT BILIRUBIN	0.2	0.00 - 0.30	mg/dL
INDIRECT BILIRUBIN	0.3	Adult: 0 - 0.8	mg/dL
SGOT (AST)	28	0.0 - 45	IU/L
SGPT (ALT)	30	00 - 45.00	IU/L
ALP	68	41 - 137	U/L
TOTAL PROTEINS	6.7	6.0 - 8.2	g/dL

Checked By :

Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. MADHU
MR No : 32429
Age/Sex : 39 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL
IP No. :
Current Bed no. :

Bill Date : 26/08/2023
Reporting Date : 26/08/2023
Sample ID : 163675
Bill/Req. No. : 23310436
Ref Doctor : Dr. EMO

Test	Result	Bio. Ref. Interval	Units
ALBUMIN	4.2	3.20 - 5.00	g/dL
GLOBULIN	2.5	2.0 - 3.50	g/dL
A/G RATIO	1.68		

LIPID PROFILE

Test	Result	Reference	Units
SERUM CHOLESTROL	206 <i>H</i>	0 - 200	mg/dl
SERUM TRIGLYCERIDES	120	Up to 150	mg/dl
HDL CHOLESTEROL	43	30 - 60	mg/dl
VLDL CHOLESTEROL	24	*Less than 30	mg/dL
LDL CHOLESTEROL	139	Optimal <100, Above Opt. 100-129 -high 160-189	mg/dl
LDL CHOLESTEROL/HDL RATIO	3.23	Desirable Level : 0.5 - 3.0 Borderline Risk : 3.0 - 6.0 High Risk : > 6.0	

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

VOLUME	20		ml
COLOUR	Pale Yellow	Pale Yellow	
APPEARANCE	Clear	Clear	
SPECIFIC GRAVITY	1.010		

CHEMICAL EXAMINATION

REACTION	Alkaline		
BLOOD	Moderate		
ALBUMIN	NIL	NIL	
GLUCOSE	NIL	NIL	
PH	7.0		

MICROSCOPIC EXAMINATION

PUS CELL	12-15	2-4	/HPF
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Checked By :


Dr. Pradip Kumar
 (Consultant Microbiologist)

Dr. Nisha Rana
 (Consultant Pathologist)



DEPARTMENT CLINICAL PATHOLOGY

Patient Name : Mrs. MADHU

MR No : 32429

Age/Sex : 39 Years / Female

Type : OPD

TPA/Corporate : MEDIWHEEL

IP No. :

Current Bed no. :

Bill Date : 26/08/2023

Reporting Date : 26/08/2023

Sample ID : 163675

Bill/Req. No. : 23310436

Ref Doctor : Dr. EMO

Test	Result	Bio. Ref. Interval	Units
RED BLOOD CELLS	6-8	NIL	/HPF
EPITHELIAL CELLS	15-20	2-4	/HPF
CASTS	NIL	NIL	
CRYSTALS	NIL	NIL	

Note : Albumin test positive by Multistrip Method is confirmed by Sulphosalicylic acid method.

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

Checked By :



Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)



Prognosis Laboratories

National Reference Lab.: 515-516, Sector-19, D.D.A. Plotted Development, Dwarka, New Delhi-110075

8130192290 www.prlworld.com care@prlworld.com

Lab No.	012308260826	Age/Gender	39 YRS/FEMALE	Coll. On	26/Aug/2023 06:39PM
Name	Ms. MADHU 32429			Reg. On	26/Aug/2023
Ref. Dr.	NIDAAN PARK HOSPITAL			Approved On	26/Aug/2023 08:25PM
Rpt. Centre	Dr. OTHER			Printed On	02/Sep/2023 03:34PM

Test Name	Value	Unit	Biological Reference Interval
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Thyroid profile, Total (T3,T4,TSH)

T3 (Triiodothyronine) , serum Method : ECLIA	0.94	ng/mL	0.80 - 2.0
T4 (Thyroxine) , serum Method : ECLIA	6.42	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum Method : ECLIA	2.19	uIU/ml	0.27 - 4.2

Interpretation:

- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

Note: Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding proteins.

The following ranges are recommended for pregnant females:

Gestation period	TSH (uIU/ml)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

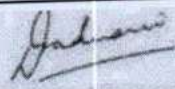
***Disclaimer:** This is an electronically validated report, if any discrepancy found should be confirmed by user.

*** End Of Report ***



Dr. Smita Sadwani
MD(Biochemistry)
Technical Director

Dr. Mayank Gupta
MD, DNB Pthology
Consultant Pathologist


Dr. Deepak Sadwani
MD(Pathology)
Lab Director

Dr. Moushmi Mukherjee
MBBS,MD (Pathology)
Consultant Pathologist

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DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. MADHU	Billed Date	: 26/08/2023	9.57 AM
Reg No	32429	Reported Date	: 26/08/2023	
Age/Sex	39 Years 7 Months 26Days / Female	Req. No.	: 23310436	
Ref. Doctor	Self	Consultant Doctor	: Dr. EMO	
Type	OPD			

X RAY CHEST AP

OBSERVATION:

Hilar shadow prominent in bilateral.

Both lung fields appear clear.

Both costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Both domes of diaphragm appear normal.

Thoracic soft tissue and skeletal system appear unremarkable.

ADVICE: Please Correlate Clinically.



Dr. Hareem Singh Pabla
MBBS, MD, DNB
Consultant Radiologist



DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. MADHU	Billed Date	: 26/08/2023	9.57 AM
Reg No	32429	Reported Date	: 26/08/2023	
Age/Sex	39 Years 7 Months 26Days / Female	Req. No.	: 23310436	
Ref. Doctor	Self	Consultant Doctor	: Dr. EMO	
Type	OPD			

USG WHOLE ABDOMEN/KUB

FINDINGS:-

LIVER is normal in size (13.7 cm) and echotexture. No evidence of any focal lesion or IHBR dilation is present. Portal vein and CBD are normal in caliber at porta.

GALL BLADDER is partially distended.

SPLEEN is normal in size (8.2 cm) and echotexture. No focal lesion is seen.

PANCREAS: Head and body of pancreas are normal in size and echotexture. Tail of pancreas is obscured by bowel gas shadows.

RIGHT KIDNEY is normal in size and position and outline. Corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.

LEFT KIDNEY is normal in size and position and outline. Corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus. **Left pelvicalyceal system appears mildly prominent.**

URINARY BLADDER is well distended and lumen is echofree. Wall thickness is normal. No evidence of any focal lesion.

UTERUS is anteverted in position and normal in size (6.9x4.7 cm). Myometrial echotexture is normal. There is no focal lesion. Endometrial thickness is 9.6 mm, within normal limits.

OVARIES: Both ovaries are normal in size and **show multiple peripherally arranged follicles with central echogenic stroma.**

Right ovary measures ~ 2.4x1.4 cm.

Left ovary measures ~ 2.7x2.0 cm.

Minimal fluid is noted in POD.

IMPRESSION: Bilateral polycystic appearance of ovaries

To be correlate clinically

Dr. Harleen Singh Pabla
MBBS, MD, DNB
Consultant Radiologist