

Patient Name Mr. Laxmi Prasad Samal MRN : 159691 Age 45 Sex F Date/Time 09/01/23

**Investigations : (Please Tick)**

Mob No. ....

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- HbA1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

Hypothyroidism

on T. Eltoxin 100 mg of P/S

H - 148

W - 61

BP - 112/72

P - 78

6 folate  
Control

Repeat thyroid profile after 2 months,  
Review in med. OPD

**Vitals**

- B.P.
- P.R.
- PO2
- Temp

Adm

**Medical Illness**

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

gynecologist opinion for yellowish brown

Dr. C. Manu su for

**Next Appointment/Follow up**

UB Signature



Patient NAME : Mrs.SANGHAMITRA SAMAL  
Age/Gender : 45 Y 0 M 0 D /F  
UHID/MR NO : ILK.00019666  
Visit ID : ILK.108651  
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED

Collected : 09/Jan/2024 10:48AM  
Received : 09/Jan/2024 10:49AM  
Reported : 09/Jan/2024 11:42AM  
Status : Final Report  
Client Name : INSTA

**DEPARTMENT OF HEMATOLOGY**

**COMPLETE BLOOD COUNT- CBC / HAEMOGRAM , WHOLE BLOOD EDTA**

Haemoglobin (Hb%)	12.8	gm%	11.5-16.0	Cyanmeth
P.C.V (Hematocrit)	39.0	%	35-49	Cell Counter
RBC Count	4.4	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	87.6	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	28.7	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	32.7	g/dl	30.0-35.0	Calculated
RDW	14.1	%	11-16	Calculated
Total WBC count (TLC)	6,300	/cu mm	4000-11000	Cell Counter

**Differential Count by Flowcytometry/Microscopy**

Neutrophils	66.1	%	50-70	Cell Counter
Lymphocytes	21.8	%	20-40	
Monocytes	8.2	%	01-10	Cell Counter
Eosinophils	3.4	%	01-06	Cell Counter
Basophils	0.5	%	00-01	Cell Counter

**Absolute Leucocyte Count**

Neutrophil (Abs.)	4,140	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1362	per cumm	600-4000	Calculated
Monocyte (Abs.)	516	per cumm	0-600	Calculated
Eosinophil (Abs.)	211	per cumm	40-440	Calculated
Basophils (Abs.)	32	per cumm	0-110	Calculated
Platelet Count	2.80	Lac/cmm	1.50-4.00	Cell Counter

**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

Erythrocyte Sedimentation Rate (ESR)	48	mm 1st hr.	0-20	Wester Green
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SIN NO : 10426702,

*A.K. Fajana*

**DR. ASHOK KUMAR**  
M.D. (PATH)

Patient NAME : Mrs.SANGHAMITRA SAMAL  
Age/Gender : 45 Y 0 M 0 D /F  
UHID/MR NO : ILK.00019666  
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**DEPARTMENT OF HEMATOLOGY**

**BLOOD GROUPING(A,B,O) AND RH FACTOR , WHOLE BLOOD EDTA**

Blood Grouping	B			Slide/Tube Agglutination
Rh (D) Type	POSITIVE			Slide/Tube Agglutination

**BLOOD PICTURE - PERIPHERAL SMEAR EXAMINATION , WHOLE BLOOD EDTA**

**RBC'S** : Normocytic Normochromic RBC's.  
No cytoplasmic inclusions or hemoparasite seen.

**WBC'S** : Normal in number , morphology and distribution. No toxic granules seen.  
No abnormal cell see

**PLATELETS** : Adequate on smear .

**IMPRESSION ;** NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



SIN NO :10426702,

*A.K. Rajong*

**DR. ASHOK KUMAR**  
M.D. (PATH)



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Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**GLUCOSE - FASTING (FBS) , NAF PLASMA**

Fasting Glucose	85.0	mg/dL	65-110	God - Pod
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.

**GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) , FLUORIDE PLASMA**

Post Prandial Glucose	101.0	mg/dL	90-140	2hrs. after...gm glucose/lunch
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.



SIN NO :10426702,

*A.K. Rajan*

**DR. ASHOK KUMAR**  
M.D. (PATH)

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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**GLYCOSYLATED HAEMOGLOBIN (GHB/HBA1C) , WHOLE BLOOD EDTA**

Glycosylated Haemoglobin HbA1c	5.6	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	112.87			Calculated

Ref.for Biological Reference Intervals: American Diabetes Association.

**INTERPRETATION:**

The A1C test measures your average blood glucose for the past 2 to 3 months. Diabetes is diagnosed at an A1C of greater than or equal to 6.5%.

Therapeutic goals for glycemic control (ADA)

-Adults:

- Goal of therapy: <7.0% HbA1c
- Action suggested: >8.0% HbA1c

-Pediatric patients:

- Toddlers and preschoolers: <8.5% (but >7.5%)
- School age (6-12 years): <8%
- Adolescents and young adults (13-19 years): <7.5%

Page 4 of 9



SIN NO :10426702,

*A.K. Rajong*

**DR. ASHOK KUMAR**  
M.D. (PATH)

**RJN Apollo Spectra Hospitals**

18, Vikas Nagar, Near Sai Baba Temple, Gwalior - 474009 (M.P.) Ph.: 0751-2454600, Mob. : 8269663137, Email: ipc.rjn@gmail.com

• Results may vary from lab to lab and from time to time for the same parameter for the same patient • Assays are performed in accordance with standard procedures.  
• In case of disparity test may be repeated immediately. • This report is not valid for medico legal purpose.



Patient NAME : Mrs.SANGHAMITRA SAMAL  
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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM</b>				
Urea	13.59	mg/dL	13.0-43.0	Urease
Creatinine	0.6	mg/dL	0.5-1.3	Enzymatic
Uric Acid	3.5	mg/dL	2.6-6.0	Urease
Sodium	140.0	Meq/L	135-155	Direct ISE
Potassium	4.5	Meq/L	3.5-5.5	Direct ISE
Chloride	<b>107.0</b>	mmol/L	96-106	Direct ISE
Calcium	9.8	mg/dL	8.6-10.0	OCPC
Phosphorous	2.6	mg/dL	2.5-5.6	PMA Phenol
BUN	6.35	mg/dL	6.0-20.0	Reflect Spectrothoto



SIN NO : 10426702,

*A.K. Jayong*

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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
Type OF Sample	SERUM - F			
Total Cholesterol	212	mg/dl	up to 200	End Point
Total Triglycerides	74	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	50	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	162	mg/dL	<130	
LDL Cholesterol	147.2	mg/dL	63-167	Reflect Spectrothoto
VLDL Cholesterol	14.8	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	4.24		Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0	CALCULATED



SIN NO : 10426702,

*A.K. Rajan*

**DR. ASHOK KUMAR**  
M.D. (PATH)



Patient NAME : Mrs.SANGHAMITRA SAMAL  
Age/Gender : 45 Y 0 M 0 D /F  
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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) WITH GGT , SERUM</b>				
Total Bilirubin	0.8	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.1	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.7	mg/dL	0.0-0.9	Calculated
SGOT / AST	24.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	17.0	U/L	1-34	UV Kinetic (IFCC)
Alkaline Phosphatase	50.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	10.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	7.9	g/dl	6.4-8.3	Biuret
Albumin	4.5	g/dL	3.5-5.2	BCG
Globulin	3.4	g.dl	2.0-3.5	Calculated
A/G Ratio	1.32	%	1.0-2.3	Calculated



SIN NO :10426702,

*A.K. Jayaram*

**DR. ASHOK KUMAR**  
M.D. (PATH)



Patient NAME : Mrs.SANGHAMITRA SAMAL	Collected : 09/Jan/2024 10:48AM
Age/Gender : 45 Y 0 M 0 D /F	Received : 09/Jan/2024 02:08PM
UHID/MR NO : ILK.00019666	Reported : 09/Jan/2024 02:44PM
Visit ID : ILK.108651	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

**DEPARTMENT OF BIOCHEMISTRY-SPECIAL**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE-I , SERUM**

Trilodothyronine Total (TT3)	0.81	ng/dL	0.6-1.8	Chemilluminisence
Thyroxine (TT4)	10.75	µg/dL	4.5-10.9	Chemilluminisence
Thyroid Stimulating Hormone (TSH)	<b>7.925</b>	µIU/ml	0.35-5.50	Chemilluminisence

COMMENT :- Above mentioned reference ranges are standard reference ranges.

**AGE RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH**

TSH	NEW BORN	INFANT	CHILD	ADULT
(u lu/ml)	0.52-38.9	1.7-9.1	0.7-6.4	0.3-5.6

**PREGNENCY RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH**

TSH	1st Trimester	2nd & 3rd Trimester
(u lu/ml)	0.2 - 2.5	0.3 - 3.0

**NOTE :** TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM. Dose and time of drug intake also influence the test result.

**Ultrasensitive kits used.**

Serum T3/ FT3 , T4/FT4 and TSH measurements form three components of thyroid screening panel.

- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values alongwith depressed TSH level.
- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values & elevated serum TSH level.
- Normal T3 &T4 levels with high TSH indicate mild / subclinical HYPOTHYROIDISM.
- ,singhtly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol .
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours ( secondary huperthyroidism).



SIN NO :10426702,

*A.K. Rajong*

**DR. ASHOK KUMAR**  
M.D. (PATH)



Patient NAME : Mrs.SANGHAMITRA SAMAL  
Age/Gender : 45 Y 0 M 0 D /F  
UHID/MR NO : ILK.00019666  
Visit ID : ILK.108651  
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED

Collected : 09/Jan/2024 10:48AM  
Received : 09/Jan/2024 10:49AM  
Reported : 09/Jan/2024 01:48PM  
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Client Name : INSTA

**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**CUE - COMPLETE URINE ANALYSIS , URINE**

**Physical Examination**

Colour	STRAW			Visual
Appearance	Clear			Visual
pH	6.0		5.0-7.5	Dipstick
Specific Gravity	1.010		1.002-1.030	Dipstick

**Chemical Examination**

Albumin Urine/ Protein Urine	NIL		NIL	Dipstick/Heat Test
Glucose Urine	NIL		NIL	Dipstick/Benedict
Urobilinogen	NIL		NIL	Dipstick/Ehrlichs
Ketones	NIL		NIL	Dipstick/Rotheras
Bile Salts	ABSENT		ABSENT	Dipstick
Bile Pigments	ABSENT		ABSENT	Dipstick/Fouchets
Nitrite	ABSENT		ABSENT	Dipstick

**Microscopic Examination.**

Pus Cells	1-2	/Hpf	0-5	
Epithelial Cells	2-3	Hpf	<10	
RBC	ABSENT	/Hpf	ABSENT	
Casts	ABSENT		ABSENT	
Crystals	ABSENT		ABSENT	
Bacteria	NORMALLY PRESENT		NORMALLY PRESENT	
Budding Yeast Cells	Absent		Absent	

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



SIN NO : 10426702,

*A.K. Rajong*

**DR. ASHOK KUMAR**  
M.D. (PATH)



Patient Name Mrs. Sanghmitra Senmal MRN : ..... Age ..... Sex 45yrs Date/Time 9/1/24

**Investigations : (Please Tick)**

Mob No. ....

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- HbA1C
- LFT/KFT
- PT
- INR
- R-factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

for health check up

Pap's smear

LMP - 16/12/24

P/A - soft  
NT

PMH - R/ang flow

P/S - ex (2)  
wabo main  
falter at  
g's clock  
position.

O/U - P2L2

ROM FTND

LCB / F / Byss

PR not done

P/v - ut of v; MPS

**Vitals**

- B.P.
- P.R.
- SPO2
- Temp

PM - ROM - HTN  
DM

Mobite, NT  
B/L R's fine

PM - Hypothyroidism  
= 10 yrs

Pap's smear  
taken

Signature: P-F.O.

**Next Appointment/Follow up**

OSA Petrus 9/1/24  
1-1 cm fibroid

Sdx :->

- Ho OSA Petrus  
after 6 months

- Endometrium specimen  
of hypo myometrium

Review of pap's  
linear report

1  
/







# RATAN JYOTI NETRALAYA

OPHTHALMIC INSTITUTE & RESEARCH CENTRE

Hospital Reg. No. : 071



॥ सर्वेन्द्रियाणाम् नयनम् प्रधानम् ॥

18, Vikas Nagar, Near Sai Baba Mandir, Gwalior-2 (M.P.) INDIA Tel. : 2423350/51, Web : www.ratanjyotigroup.org, Email : rjneye@gmail.com  
Opp. Medical College, Gate No. 3 Jhansi-284128 (U.P.) Ph. 0510-2322311 (M) 9109973225

SR.NO. : 1901520 DATE : 09-January-2024  
NAME : MRS SANGHAMITRA SAMAL MRD NO. : R-113441  
AGE/SEX : 45 YRS / FEMALE CITY : GWALIOR

Rx.	EYE	From	To	Instructions
1 LUBREX EYE DROP 10ML/CARBOXYMETHYLCELLULOSE EYE DROPS IP (0.5% W/V) ONE DROP 4 TIMES A DAY FOR 60 DAYS	BOTH EYE	9-Jan-2024	8-Mar-2024	

TREATMENT PLAN : ADV  
GLASSES  
LUBRICATION  
R/W YRLY.

REFERRED TO :

DR. AMOL CHAUDHARI

NEXT REVIEW : 9-Jan-2025 2:04PM OR EARLIER IN CASE OF ANY PROBLEM

NOTE : Kindly continue medications as advised for the period advised.  
In case of redness or allergy please discontinue and inform the doctor.

Nutritional Advice : As per treating physician

Instructions : Patient and Attendant(s) Counselling

Advised medicine may be replaced with a good quality generic medicine.

**Speciality Clinics :** ▪ Comprehensive Ophthalmology Clinic ▪ Cataract & IOL Clinic ▪ Vitreo Retina & Uvea Clinic ▪ Spectacle Removal Clinic (Lasik/Femto Lasik/Phakic Lens) ▪ Cornea Clinic ▪ Glaucoma Clinic ▪ Orbit & Oculoplasty Clinic ▪ Trauma Clinic ▪ Squint Clinic  
▪ Paediatric Ophthalmology Clinic ▪ Low Vision Aid Clinic ▪ Contact Lens Clinic

CONSULTATION TIMINGS : MORNING 9:00 A.M. TO 6:00 P.M. (SUNDAY OFF)

- केन्द्रीय कर्मचारियों के लिए मान्यता प्राप्त ● कौशलैस इंश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध
- For Appointment Please Contact : 9111004046

स्वामी विद्यानंद भारती आई बैंक

**नेत्रदान**

करें और कारायेँ इसे अपने परिवार की परम्परा बनायेँ  
नेत्रदान के लिए सम्पर्क करें : 9111004044



Patient Name Saanghmitra MRN : ..... Age 35 Sex F Date/Time 9/Jan/24

Mob No. ....

**Investigations : (Please Tick)**

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- HbA1C
- FT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

*Heart checkup*

*0/E-*

- Calca m*
- Spm m*
- Can. glucose*

*• FPD  $\frac{21}{7}$*

*• Can's  $\frac{7}{6}$*

*• Imposter (can) (Can)*

**Vitals**

- B.P.
- P.R.
- SpO2
- Temp

**Medical Illness**

*Re.*

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

*• Vantij parts - 1-1-*  
*• + mekashu Gel. ~~1-1-~~*  
*- 1-1-*

*Adm  
Digital  
UPG*

**Next Appointment/Follow up**

Signature :





**PATIENT NAME** - **SANGHAMITRA SAMAL 45Y/F**  
**REFERRED BY** - **HCP**  
**DATE** - **09/01/2024**  
**INVESTIGATION** - **USG BREAST**

USG of both breasts was done using high frequency linear probe.

**IMAGING FINDINGS:**

**Right breast:** Shows homogeneous fibroglandular background echotexture. Shows no mass or large calcification. Nipple and overlying skin are normal.

**Left breast:** Shows homogeneous fibroglandular background echotexture. Shows no mass or large calcification. Nipple and overlying skin are normal.

Both the breast reveals normal echotexture & fibroglandular parenchyma.

No evidence of any focal solid or cystic mass lesion is seen in bilateral breast.

No evidence of duct dilatation, skin thickening is noted in bilateral breast.

No evidence of significant axillary lymphadenopathy.

**OPINION:- Features are suggestive of-**

- **No significant abnormality in sonomammography both breasts.**

Clinical correlation and follow up study is suggested.



**DR. SAKSHI CHAWLA**  
**(MD RADIODIAGNOSIS)**

**Disclaimer: The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes. For any kind of typing error, please intimate us within 7 days of reporting.**



**PATIENT NAME** - SANGHAMITRA SAMAL 45Y/F  
**REFERRED BY** - HCP  
**DATE** - 09/01/2024  
**INVESTIGATION** - USG WHOLE ABDOMEN  
**IMAGING FINDINGS:-**

**Liver** appears normal in size , position, shape, and margin. Parenchyma shows increased echogenecities. The intrahepatic biliary and portal venous radicles appear normal. Hepatic veins and portal vein are normal.

**Gall Bladder** is well distended. Multiple echogenic calculi seen within gall bladder lumen measured upto ~10mm. GB wall appears normal.

**Spleen** appears normal in size (~6.9cm), position, shape, echotexture and margin. No any focal lesion within splenic parenchyma. Splenic vein is normal and undilated.

**Pancreas** is well visualized, appears normal in size, shape and echotexture. Pancreatic duct is not dilated. No USG evidence of obvious measurable focal lesion.

**Both Kidneys:** Measurements are right kidney ~9.8x3.1cm and left kidney ~9.8x5.4cm. Both kidneys are normal in position, size, shape, surface, echotexture and cortico-medullary differentiation. Bilateral PC systems are compact. No significant calculus or hydronephrosis on either side. Ureters are undilated on either side.

**Urinary Bladder** is normal in shape, wall and content.

**Uterus** is anteverted, appears normal in size measures ~8.9x4cm, position Few small hypo echoic lesions seen in anterior and posterior wall of uterus measured upto~11mm ?uterine fibroid Endometrium is linear, regular and normal in thickness (~14mm). No abnormal endometrial collection. **Cervix** is normal. **POD** is clear.

No abnormal measurable mass or cyst in adnexal region.  
No obvious ascites.

**OPINION:-** Features are suggestive of-

- Multiple echogenic calculi within gall bladder lumen (measured upto ~10mm)- S/O Cholelithiasis.
- Grade I fatty liver.
- Few small hypo echoic lesions in anterior and posterior wall of uterus (measured upto~11mm) ?uterine fibroid

**Suggested clinical correlation/Follow up imaging.**

  
**DR. SAKSHI CHAWLA**  
(MD RADIODIAGNOSIS)





1-2





45 Years

mrs. sanghamitra  
Female

09-Jan-24 1:29:58 PM

Rate 67 . Sinus rhythm.....normal P axis, V-rate 50- 99  
 . Borderline T abnormalities, anterior leads.....T flat or neg, V2-V4  
 . Baseline wander in lead(s) V6

PR 159  
 QRSD 86  
 QT 413  
 QTC 436

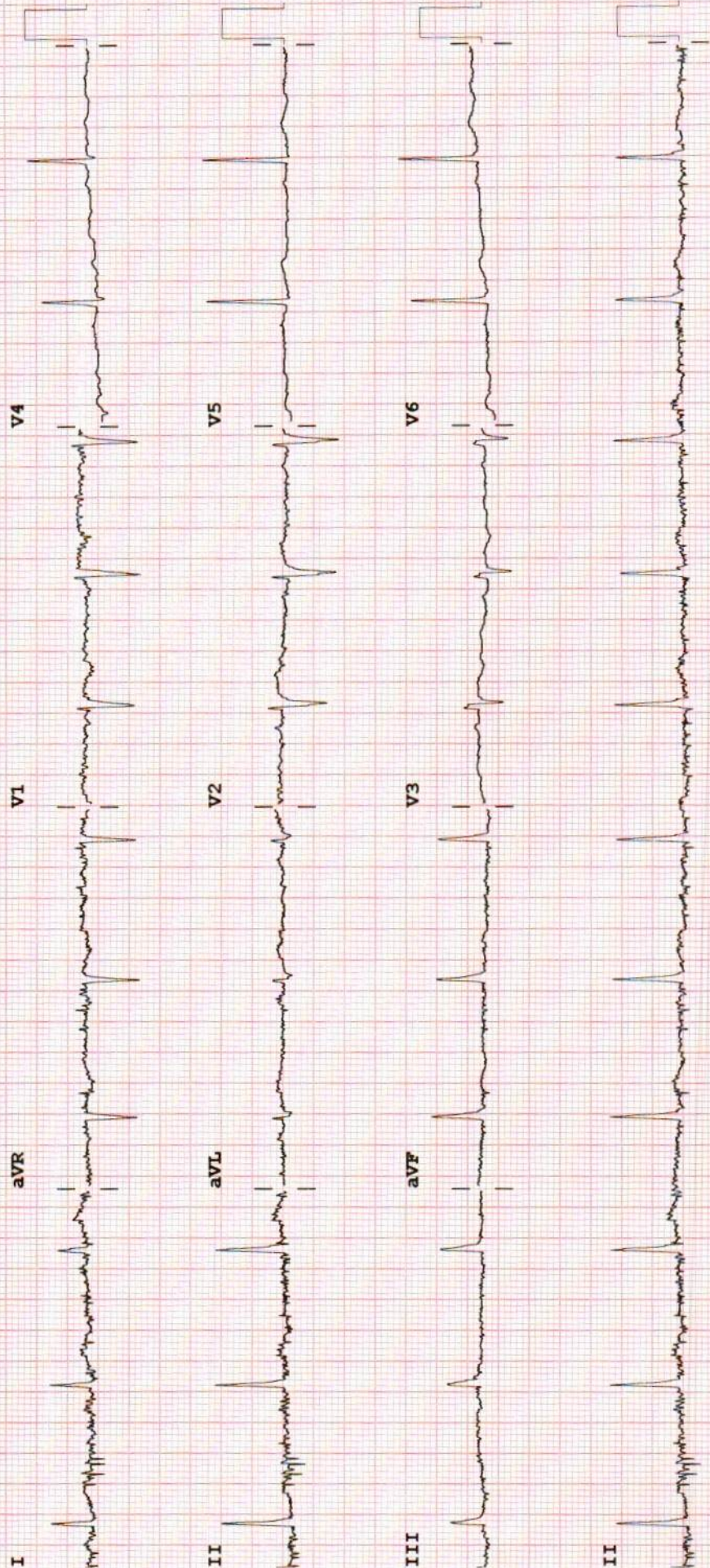
--AXIS--

P -3  
 QRS 62  
 T -1

12 Lead; Standard Placement

- BORDERLINE ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 HZ

PH100B CL

P??



<b>Patient name</b>	<b>MRS. SANGHAMITRA SAMAL</b>	<b>Age/sex</b>	<b>45Y/F</b>
<b>Ref. By</b>	<b>159691</b>	<b>Date</b>	<b>09.01.24</b>

## **XRAY CHEST**

- **Aortic knuckle is prominent**
- The lung fields appear clear.
- Bilateral C.P. angles appear clear.
- Cardiac size within normal limits.
- Soft tissue shadow and bony thoracic cage appears normal.

*Please correlate clinically.*

  
**DR. AKANKSHA MALVIYA**  
**MBBS, MD (RADIODIAGNOSIS)**