



Pre - op

Post- op

Health Check-up

Date : 14-10-23

Patient Name : Kaishuaben Thakar

Patient Reg. No. : \_\_\_\_\_

Address : Swat Age / Sex : 43 / F

**Complaints :**

Pain : \_\_\_\_\_

Bleeding gums : \_\_\_\_\_

Sensitivity : \_\_\_\_\_

Swelling : \_\_\_\_\_

Pus Discharge : \_\_\_\_\_

**Medical History :**

Hypertension : -

DM - Acidity -

Pregnancy : \_\_\_\_\_

Bleeding Disorders : \_\_\_\_\_

Asthma : \_\_\_\_\_ Allergy : \_\_\_\_\_

Past Surgical Intervention : \_\_\_\_\_

**Any Medication :**

**On Examination :**

Abscess : \_\_\_\_\_ Food lodgement : \_\_\_\_\_

Periodontitis : \_\_\_\_\_ Gingivitis : \_\_\_\_\_

Missing Teeth : 16 Mobility : \_\_\_\_\_

**Treatment Advised :**

Scaling : Sitzings 1  2  3  Deep  Perio Surgery : \_\_\_\_\_

Restoration : \_\_\_\_\_ Class V Fillings : \_\_\_\_\_

RCT : \_\_\_\_\_ Extraction : \_\_\_\_\_

Dentures : \_\_\_\_\_ Partial Denture : \_\_\_\_\_

Implants : \_\_\_\_\_ Crown & Bridge : \_\_\_\_\_

Present : \_\_\_\_\_

Crown / Bridge Replacement :

Advised Crown / Bridge :

Advised X - Ray / O.P.G. :


**Some Golden Rules :**

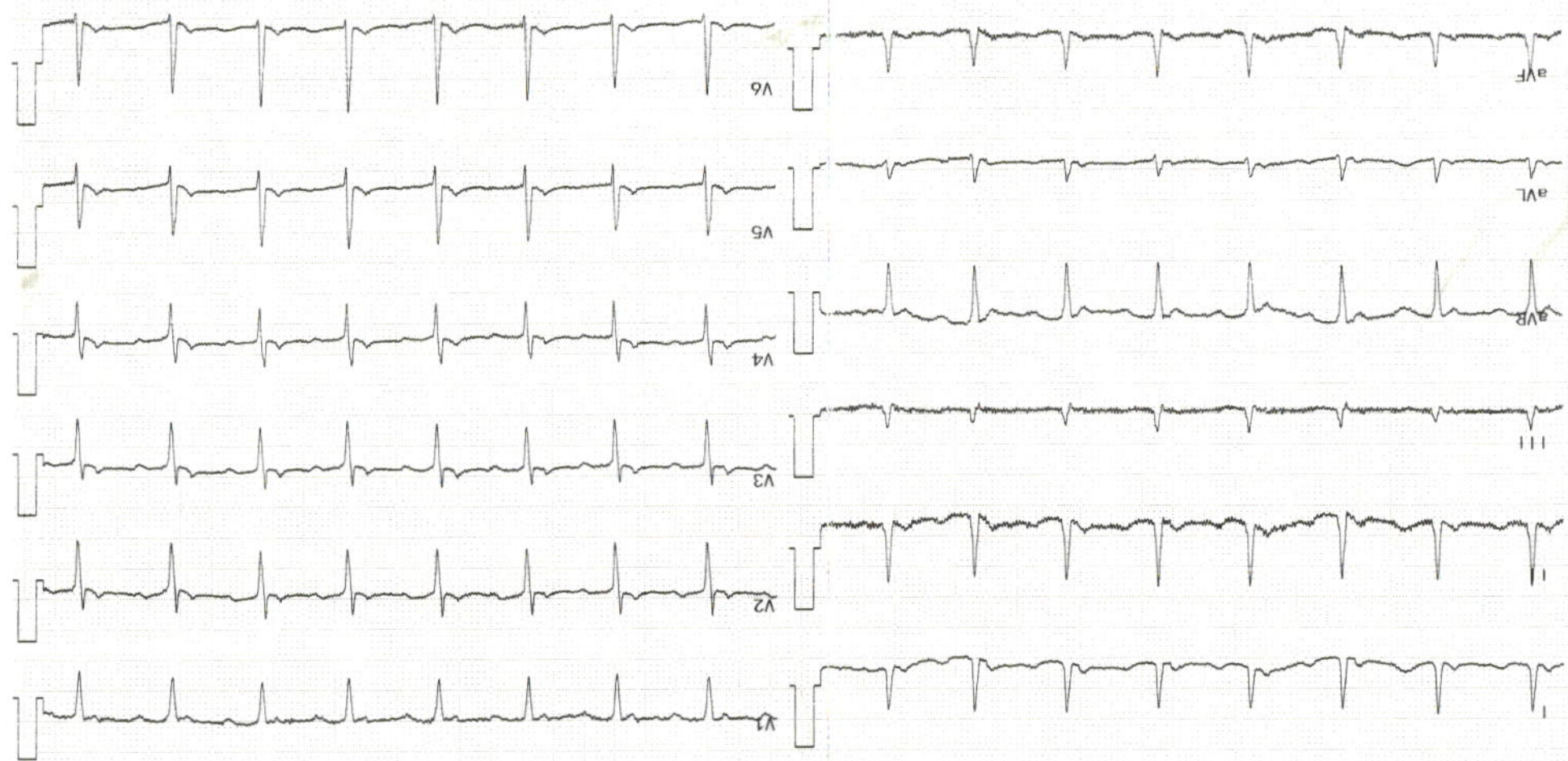
1. Brush your teeth twice a day.
2. Floss your teeth daily.
3. Gargle forcefully after each meal.
4. Visit your dentist twice a year.
5. Any dental treatment should be per formed in an well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

Adv : Bridge + 500.

**Dr. Darshini V. Shah**  
(Consultant Dental Surgeon)



ID: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Sex: M  
 cm  
 kg  
 Birth date: \_\_\_\_\_ / \_\_\_\_\_ mmHg  
 years  
 Indication: \_\_\_\_\_  
 Symptoms: \_\_\_\_\_  
 History: \_\_\_\_\_  
 Vent. rate: 102 bpm  
 PR int: 122 ms  
 PRS dur: 78 ms  
 QT/QTc(E) int: 302/361 ms  
 P/QRS/T axis: 35/41/26 °  
 RV5/SV1 amp: 0.86/0.69 mV  
 RV6+SV1 amp: 1.55 mV

Unconfirmed Report  
 Reviewed by: \_\_\_\_\_

1120 Sinus tachycardia  
 4068 Nonspecific Twave abnormality  
 9140 \*\* abnormal rhythm ECG \*\*

*12-10-2023 AM8:14:15*

### Consultant Physician Clinic

Patient Name:- *Krishnakumar Thakkar*

Age / Sex :- *47 yrs 1 Female*

Chief Complaints:-

*f - no symptoms*

OPR NO:

Date: *14/10/23*

Weight:- *79 kg*

Height:- *152 cm*

BMI:- *34.2*

Nutritional assessment:-

- Obese  
 Well nourished  
 Mild-moderate nourished  
 Severely mal-nourished

Drug / Food Allergy:-

*- w*

Past History :-

*- w*

Family History:-

Systemic Examination:-

*- 24  
in 1 min*

Provisional Diagnosis:

Pulse:- *106 bpm*

BP:- *140/80 mmHg*

SpO2:- *99.4*

**SHALBY HOSPITAL, SURAT**

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CIN: L85110GJ2004PLC044667

Investigation :-

Treatment and further advices:-  
(Write in Capital Letters)

Rx

f Paracetamol DCA 1-07-2days  
f Paracetamol (200) 1-07-2days

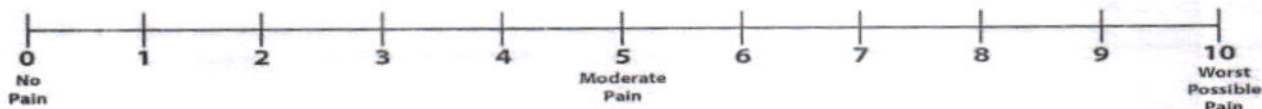
f Paracetamol (neurobion forte)  
(100) - 15days  
(1000) - 15days

Follow Up Date:- \_\_\_\_\_

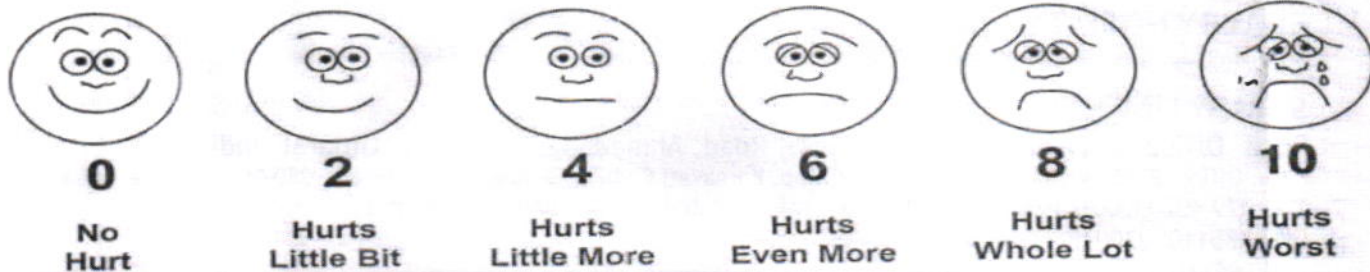
બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

Incase of emergency Please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660096

### Numeric Rating Scale



### Wong-Baker FACES® Pain Rating Scale




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PID : SUR0000351914 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Krishnaben S Thakor /	Registered On : 14-Oct-2023 09:38 AM
Lab ID : 310901092	Collected On : 14-Oct-2023 09:50 AM
Gender/Age : Female / 43 Years DOB : 11-Jul-1980	Received On : 14-Oct-2023 09:57 AM
Ref. By : Dr. Health Check Up . Shalby	Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
<b>BLOOD COUNT AND INDICIES</b>			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	14.3 ✓	g/dL	12.0 - 15.0
RBC COUNT <i>Electrical Impedance</i>	4.69	mill/cmm	3.8 - 4.8
HCT <i>Calculated</i>	43.6	%	36 - 46
MCV <i>Calculated based on the RBC histogram</i>	92.9	fL	83 - 101
MCH <i>Calculated</i>	30.5	pg	27 - 32
MCHC <i>Calculated</i>	32.8	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	11.9	%	11.6 - 14.0

**TOTAL LEUCOCYTE COUNT**
 Total WBC Count *Electrical Impedance* **11720** ✓ cells/cmm 4000 - 10000
**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS <i>Flow Cytometry</i>	78	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	13	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	4	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	5	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

**PLATELET INDICES**

PLATELET COUNT <i>Electrical Impedance</i>	334000 ✓	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	8.1	fL	7.5 - 12.0

**PERIPHERAL SMEAR EXAMINATION**

RBCs Normochromic and Normocytic.  
 PLATELETS Adequate in number and normal in morphology.  
 MALARIAL PARASITE Malarial parasites are not seen on smear examination.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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*Dr Pankaj Agrawal*

**Dr Pankaj Agrawal**

M.B., D.C.P  
 Consulting Pathologist

Generated On : 14-Oct-2023 01:04 PM

Approved On : 14-Oct-2023 12:59 PM

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**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

ABO Type	"B"
RH Type	POSITIVE

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<b>ESR 1st hour *</b> <i>Modified Westergren Method</i>	3	mm in 1 hour	0 - 20
<b>HBA1C</b> <b>HbA1c - Glycated Haemoglobin *</b> <i>Boronate Affinity Assay</i>	5.5 ✓	%	Non-diabetic: $\leq 5.6$ Pre-diabetic: 5.7-6.4 Diabetic: $\geq 6.5$ Therapeutic goals for glycemc control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

<b>Estimated Average Glucose (eAG) (mg/dL) *</b> <i>Calculated</i>	111 ✓	mg/dL
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 Gender/Age : Female / 43 Years DOB : 11-Jul-1980 Received On : 14-Oct-2023 09:58 AM  
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum, Urine (PP),  
 Fluoride PP, Urine (F),S

Parameter	Result	Unit	Biological Ref. Interval
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### PLASMA GLUCOSE LEVEL

#### FASTING PLASMA GLUCOSE

##### Plasma Glucose (F)

*GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric*

94

mg/dL

74 - 106

##### Urine Sugar (F)

*Glucose-oxidase/peroxidase reaction*

ABSENT

mg/dL

Absent

#### POST PRANDIAL PLASMA GLUCOSE

##### Plasma Glucose (PP)

*GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric*

134

mg/dL

 Normal: 100-140 Impaired: 140  
 -199 Diabetic :=>200

##### Urine Sugar (PP)

*Glucose-oxidase/peroxidase reaction*

ABSENT

mg/dL

Absent

### Liver Function Test

#### Liver Function Test

##### SGPT (ALTV)

*Multi Point Rate with P-5-P*

45

U/L

9 - 52

##### SGOT (AST)

*Multi Point Rate with P-5-P*

28

U/L

14 - 36

##### Alkaline Phosphatase

*PNPP, AMP Buffer*

84

U/L

 20-50 yrs.: 42 - 98  
 4-19 yr : 54 - 369  
 >=51 yr : 56 - 119

##### GGT \*

*L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic*

15

U/L

12 - 43

##### S. PROTEIN

*Biuret (Alkaline cupric sulfate). End Point*

7.1

g/dL

6.3 - 8.2

##### Albumin

*Bromocresol Green (BCG), Colorimetric*

4.1

g/dL

3.5 - 5.0

##### S. GLOBULIN

*Calculated*

3.0

g/dL

2.3 - 3.6

##### A/G Ratio

*Calculated*

1.4

Ratio

1.0 - 2.3

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 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum, Urine (PP),  
 Fluoride PP, Urine (F),S

**Liver Function Test**

<b>Bilirubin Total</b>	0.6	mg/dL	0-1 day (premature) 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0
<i>Azobilirubin/Dyphylline/Diazonium Salt</i>			
<b>Bilirubin Unconjugated</b>	0.5	mg/dL	Adult : 0.2 - 1.3 Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
<i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>			
<b>Bilirubin Direct</b>	0.1	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4
<i>Calculated</i>			

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 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>LIPID PROFILE</b>			
<b>LIPID PROFILE</b>			
<b>Cholesterol</b> <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	194	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	163	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
<b>HDL CHOLESTEROL DIRECT *</b> <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	62	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	132	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>LDL Cholesterol</b> <i>Calculated</i>	99	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129  Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
<b>VLDL</b> <i>Calculated</i>	33	mg/dL	6 - 38
<b>LDL/dHDL *</b> <i>Calculated</i>	1.6		2.5 - 3.5
<b>Chol/dHDL *</b> <i>Calculated</i>	3.1	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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**RENAL FUNCTION TEST****RENAL FUNCTION TEST****Urea Nitrogen (BUN)**

10 mg/dL 7 - 17

Urease, colorimetric

**UREA**

21 mg/dL 15 - 36

Calculated

**Creatinine**

0.55 mg/dL 0.52 - 1.04

Enzymatic - Creatinine amidohydrolase

**S. URIC ACID**

4.9 mg/dL 2.5 - 6.2

Uricase/Peroxidase, Colorimetric

**Calcium**

9.1 mg/dL 8.4 - 10.2

Arsenazo III dye

**Phosphorus \***

3.3 mg/dL 2.5 - 4.5

Phosphomolybdate reduction (PMA Phenol)

**Sodium**

139 mmol/L 137 - 145

Direct Ion Selective Electrode

**S. POTASSIUM**

4.84 mmol/L 3.5 - 5.1

Direct Ion Selective Electrode

**Chloride**

104 mmol/L 98 - 107

Direct Ion Selective Electrode

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Parameter	Result	Unit	Biological Ref. Interval
<b>THYROID PROFILE (TFT)</b>			
<b>Total T3 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	130	ng/dL	87 - 178
<b>Total T4 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	11.46	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
<b>TSH *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	2.813 ✓	µIU/mL	Non Pregnant Females: 0.38-5.33 µIU/mL Pregnant Females (1st trimester): 0.05-3.70 µIU/mL Pregnant Females (2nd trimester): 0.31-4.35 µIU/mL Pregnant Females (3rd trimester): 0.41-5.18 µIU/mL

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	Sample Type : Urine

## URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
<b>Physical Examination</b>			
Colour *	Pale Yellow		Pale yellow
Transparency	Slightly Turbid		Clear
<b>Chemical Examination</b>			
Glucose	<i>Glucose-oxidase/peroxidase reaction</i>	Negative	Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	Negative	Negative
Ketone	<i>Sodium Nitroprusside reation</i>	Negative	Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.020	S.G. value 1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i>	Negative	Negative
pH	<i>Double Indicator principle</i>	5.5	PH value 4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i>	Negative	Negative
Urobilinogen *	<i>Modified Ehrlich reaction</i>	0.2	EU/dL Upto 1.0 mg/dL (EU/dL)
Nitrite *	<i>Diazotization reaction of nitrite with an aromatic amine</i>	Negative	Negative
Leucocyte	<i>Leucocyte Esterase Test</i>	Negative	Negative
<b>Microscopic Examination</b>			
Pus cells	0-2/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	0-2/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	Nil		Nil
Cast *	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil

----- End of Report -----

This is an Electronically Authenticated Report.

Generated On : 14-Oct-2023 01:04 PM

Approved On : 14-Oct-2023 12:59 PM

Dr Pankaj Agrawal

M.B., D.C.P  
Consulting Pathologist
 Regd. Office: Shalby Limited, Opp. Karnavati Club, S.G. Road, Ahmedabad, Gujarat, India.  
 Tel.: 079 40203000 | Fax: 079 40203109 | Email: info.sg@shalby.org | Web: www.shalby.org

We are open 24 x 7 &amp; 365 days

Patient ID:	SUR000012318	Patient Name:	KRISHNABEN S THAKOR
Age:	43 Years	Sex:	F
Accession Number:	12318	Modality:	DX
Referring Physician:	SHALBY HOSPITAL	Study:	CHEST PA
Study Date:	14-Oct-2023		

**CHEST X-RAY (PA)**

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

**IMPRESSION:**

- No significant abnormality seen.

Thanks for referral.



**DR. ASHUTOSH GANDHI**

DMRD (Radiodiagnosis)

G-14916

**SHALBY HOSPITAL, SURAT**

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org  
CIN: L85110GJ2004PLC044667

**DR. HIMANI THAKER (VYAS)**

M.S (Gynec)  
Consultant Obstetrician & Gynecologist  
Laparoscopic Surgeon  
Infertility Specialist  
Email-ID:- thaker.himani@gmail.com  
Register No. G-31062

Age - 43/2

**Shalby Women's Health Clinic**

Name:- *Konshae*  
Chief Complaints:-

Date: *14/10/23*  
Weight:-  
Height:-  
OPR NO:-

Nutritional Assessment:-

- Obese
- Well Nourished
- Mild-Moderate Nourished
- Severely Mal-Nourished

LMP:-

*elo-nil.*

M/H:- *0/H-*

*PL*

O/H:- *1 FTMB | 08 | 234 m | 4*

P/H:-  
F/H  
Examination:-

*PH - TCH done before 1 1/2 yrs  
(Dlc - Adenomyosis)*

*PLA - soft*

Provisional Diagnosis:-

*PAP smear not taken*

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org  
CIN: L85110GJ2004PLC044667



Treatment & Further Advices:-  
(Write in Capital Letters)

Investigaion Advised:-

Rx. \_\_\_\_\_

- TAB PRIMA SA  
100mg - (30)  
1-0-0. / do  
2 months.

5

Follow Up:

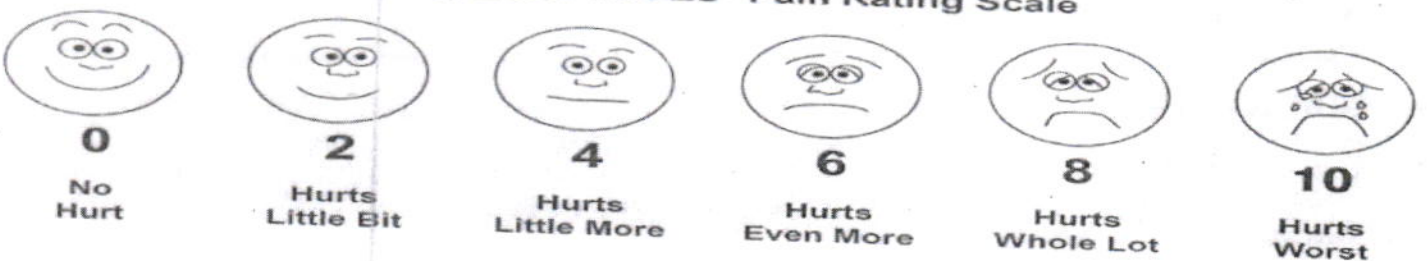
Date: \_\_\_\_\_

Incase of emergency Please report to Emeregy Department of Hospital OR Call:- 0261-7190000 / 9512660096

Numeric Rating Scale



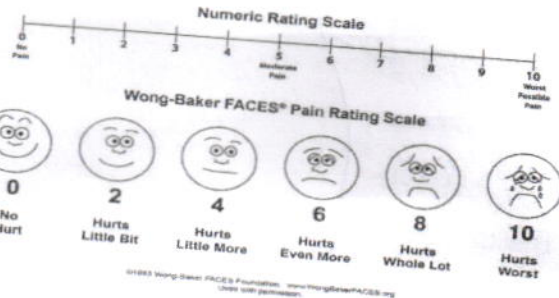
Wong-Baker FACES® Pain Rating Scale



Name :- KRISHNABEN S THAKOR

Date:- 14/10/2023

Chief Complaints:- medical check up



Pain Assessment:-

Past History:-

Family History:-

Personal History:- **Habits:-** Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

Allergy:- NO DRUGS ALLERGY

General Examination:-

BP:- Pulse:- Temp:-

Systemic Examination:-

HT:- *nm* WT:-

Visual Acuity:-  $\left\{ \begin{array}{l} 6/60 \\ 6/36p \end{array} \right.$

PH Vision:-  $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$

NCT  $\left\{ \begin{array}{l} 12 \\ 12 \end{array} \right.$

SR - 0.75 / -4.50 x 05 6/6  
- 0.75 / -3.25 x 170 6/6 Add +1.50 m

ON Examination

Ant. Segment

Both Eye

*nm.*

NAME  
OCT 14 2022 10:4

VD=10  
<R>

SPH	CYL	AX
-0.75	-4.25	5
-0.75	-4.75	4
-0.50	-6.00	5
-0.75	-4.75	4

Anterior Chamber

Rt. EYE

Lt. EYE

<L>

SPH	CYL
-0.75	-3.50
-1.00	-3.50
-1.00	
-1.00	

Investigation:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

*Refractive Error & Presbyopia*

Treatment:-

*Glasses*

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

*2 months*

Signature of the Consultant

*RPS*

Patient's Name: Krishna Thaker

Age: 43 yrs/ Female

Date: 14 / 10 / 2023

## ECHOCARDIOGRAPHY REPORT

### Valves:-

Mitral valve :Normal, No MR

Aortic valve :Normal, No AR

Tricuspid valve :Normal, No TR

Pulmonary valve:Normal, No PR

### Chambers:-

Left Atrium:Normal

Right Atrium:Normal

Right Ventricle:Normal size cavity,Good RV systolic function With TAPSE:21

Left Ventricle: Normal size cardiac chambers, No Regional wall Motion abnormality.  
Normal LV systolic function  
with Ejection Fraction 60 %.  
**Normal Diastolic Flow Pattern.**

### Septae:-

IVS: Intact. No residual VSD.

IAS :Intact.

Pericardium:Normal.

IVC:14 mm with more than 50% collapsibility.

**OTHER FINDINGS :- Bilateral lung angle clear**

### CONCLUSION:-

- Normal LV Systolic function
- No RWMA
- EF 60 %



**DR.SUSHIL YADAV**  
Consultant Clinical cardiologist

**Note : Normal echo study does not rule out underlying Coronary artery disease**

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CIN: L85110GJ2004PLC044667

Patient Name: KRISHNA BEN S. THAKER		UHID:	
Age / Sex: 43 Yrs. / Female		Study:	USG Abdomen + Pelvis
Referred By:	DR. at shalby hospital	Date: 14/10/2023	

**ULTRASOUND OF ABDOMEN AND PELVIS (TAS)**

**Liver** is normal in size shows grade II fatty changes. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R. **Portal vein** appears normal.

**Gall bladder** is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

**Pancreas** appears normal in size and echotexture.

**Spleen** appears normal in size and appearance. No focal lesion seen.

**Right kidney** it shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Left kidney** it shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Urinary bladder** well distended and appears normal. No evidence of any intraluminal mass or calculi.

**Uterus** is not seen, H/o Post-Hysterectomy status.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

**IMPRESSION:**

- Grade II fatty liver.
- No other significant abnormality detected.

Thanks for referrals.

**DR. ASHUTOSH GANDHI**DMRD (Radiodiagnosis)  
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