: 26/03/2022 8:53 AM Register On : MED111034451 PID No. Collection On : 26/03/2022 1:22 PM : 222006098 SID No. Report On : 27/03/2022 8:36 AM Age / Sex : 34 Year(s) / Female

**Printed On** 





Type Ref. Dr : MediWheel----

: OP

CORPORATE

| Investigation  | Observed<br>Value | <u>Unit</u> | <u>Biological</u><br><u>Reference Interval</u> |
|--|-------------------|-------------|--|
| Complete Blood Count With - ESR  |                   |             |  |
| Haemoglobin (EDTA Blood'Spectrophotometry)   | 10.7              | g/dL        | 12.5 - 16.0                                    |
| Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)              | 31.4              | 0/0         | 37 - 47  |
| RBC Count (EDTA Blood'Impedance Variation)   | 3.85              | mill/cu.mm  | 4.2 - 5.4                                      |
| Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)                     | 81.4              | fL          | 78 - 100                                       |
| Mean Corpuscular Haemoglobin(MCH) (EDTA Blood'Derived from Impedance)                | 27.7              | pg          | 27 - 32  |
| Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood'Derived from Impedance) | 34.0              | g/dL        | 32 - 36  |
| RDW-CV (EDTA Blood'Derived from Impedance)   | 14.1              | %           | 11.5 - 16.0                                    |
| RDW-SD (EDTA Blood'Derived from Impedance)   | 40.17             | fL          | 39 - 46  |
| Total Leukocyte Count (TC) (EDTA Blood'Impedance Variation)                          | 8800              | cells/cu.mm | 4000 - 11000                                   |
| Neutrophils (EDTA Blood'Impedance Variation & Flow Cytometry)                        | 62.1              | %           | 40 - 75  |
| Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)                        | 32.1              | %           | 20 - 45  |
| Eosinophils (EDTA Blood'Impedance Variation & Flow Cytometry)                        | 0.8               | %           | 01 - 06  |
| Monocytes (EDTA Blood'Impedance Variation & Flow Cytometry)                          | 4.5               | %           | 01 - 10  |

: 02/04/2022 3:19 PM





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The results pertain to sample tested.

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Name : Mrs. GANDHIMATHI K

 PID No.
 : MED111034451
 Register On
 : 26/03/2022 8:53 AM

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 : 222006098
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 : 26/03/2022 1:22 PM

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 : 34 Year(s) / Female
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 : 27/03/2022 8:36 AM

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Type

| COM ONATE   |                       |                             | 5% F 1 1 3                                     |
|---|-----------------------|-----------------------------|--|
| <u>Investigation</u>  | Observed<br>Value     | <u>Unit</u>                 | <u>Biological</u><br><u>Reference Interval</u> |
| Basophils   | 0.5                   | <sup>0</sup> / <sub>0</sub> | 00 - 02  |
| (EDTA Blood Impedance Variation & Flow Cytometry)                                 |                       |                             |  |
| INTERPRETATION: Tests done on Automated   | Five Part cell counte | er. All abnormal results a  |  |
| Absolute Neutrophil count (EDTA Blood Impedance Variation & Flow Cytometry)       | 5.46                  | 10^3 / μΙ                   | 1.5 - 6.6                                      |
| Absolute Lymphocyte Count (EDTA Blood'Impedance Variation & Flow Cytometry)       | 2.82                  | 10^3 / μl                   | 1.5 - 3.5                                      |
| Absolute Eosinophil Count (AEC) (EDTA Blood'Impedance Variation & Flow Cytometry) | 0.07                  | 10^3 / μ1                   | 0.04 - 0.44                                    |
| Absolute Monocyte Count (EDTA Blood'Impedance Variation & Flow Cytometry)         | 0.40                  | 10^3 / μl                   | < 1.0  |
| Absolute Basophil count (EDTA Blood'Impedance Variation & Flow Cytometry)         | 0.04                  | 10^3 / μΙ                   | < 0.2  |
| Platelet Count (EDTA Blood/Impedance Variation)                                   | 366                   | 10^3 / μl                   | 150 - 450                                      |
| MPV (EDTA Blood' <i>Derived from Impedance</i> )                                  | 7.8                   | fL                          | 8.0 - 13.3                                     |
| PCT (EDTA Blood'Automated Blood cell Counter)                                     | 0.29                  | %                           | 0.18 - 0.28                                    |
| ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)        | 9                     | mm/hr                       | < 20   |

02/04/2022 3:19 PM



Dr.E.Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

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-- End of Report --

The results pertain to sample tested.

Page 2 of 2



: MED111034451 PID No.

: 222006098

SID No.

Age / Sex : 34 Year(s) / Female

Investigation

Type Ref. Dr : OP

CORPORATE

: MediWheel----

27/03/2022 8:36 AM

: 26/03/2022 8:53 AM

: 02/04/2022 3:21 PM **Printed On** 

Collection On : 26/03/2022 1:22 PM

Observed

Unit

Biological Reference Interval

Glycosylated Haemoglobin (HbA1c)

HbA1C

(Whole Blood/HPLC)

6.3

Value

Register On

Report On

%

Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4

Diabetic:  $\geq 6.5$ 

INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

Estimated Average Glucose

134.11

mg/dL

(Whole Blood)

**INTERPRETATION: 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 as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbAlC values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbAlc.

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-- End of Report --

The results pertain to sample tested.

Page 1 of 1



Register On : 26/03/2022 8:53 AM PID No. : MED111034451 : 222006098 Collection On : 26/03/2022 1:22 PM SID No.

Age / Sex : 34 Year(s) / Female Report On

: 27/03/2022 8:36 AM 02/04/2022 3:18 PM

Type : OP Printed On Ref. Dr

: MediWheel----CORPORATE

Observed Unit **Biological Value** Reference Interval

BLOOD GROUPING AND Rh 'AB' 'Positive'

**TYPING** 

Investigation

(EDTA Blood/Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

7.16 6.0 - 22.0BUN / Creatinine Ratio

mg/dL Glucose Fasting (FBS) 101.1 Normal: < 100

(Plasma - F/GOD-PAP) Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) Negative Negative

(Urine - F/GOD - POD)

156.3 mg/dL 70 - 140Glucose Postprandial (PPBS)

(Plasma - PP/GOD-PAP)

### INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

| Urine Glucose(PP-2 hours)   | Negative |       | Negative  |
|---|----------|-------|-----------|
| (Urine - PP)  |          |       |           |
| Blood Urea Nitrogen (BUN)<br>(Serum/ <i>Urease UV / derived</i> ) | 6.8      | mg/dL | 7.0 - 21  |
| Creatinine  | 0.67     | mg/dL | 0.6 - 1.1 |

(Serum/Modified Jaffe)

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

4.5 mg/dL 2.6 - 6.0Uric Acid

(Serum/Enzymatic)

**Liver Function Test** 



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M.D(Path) nt Pathologist lo: 73347

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Page 1 of 5

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Name : Mrs. GANDHIMATHI K

: 26/03/2022 8:53 AM PID No. : MED111034451 Register On : 222006098 Collection On : 26/03/2022 1:22 PM SID No. : 34 Year(s) / Female Report On 27/03/2022 8:36 AM Age / Sex

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02/04/2022 3:18 PM





: OP Type

Ref. Dr

: MediWheel----CORPORATE

| Investigation  | Observed<br><u>Value</u> | <u>Unit</u> | <u>Biological</u><br><u>Reference Interval</u>                                  |
|--|--------------------------|-------------|---|
| Bilirubin(Total) (Serum/DCA with ATCS)                                     | 0.52                     | mg/dL       | 0.1 - 1.2   |
| Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)                       | 0.11                     | mg/dL       | 0.0 - 0.3   |
| Bilirubin(Indirect) (Serum/Derived)  | 0.41                     | mg/dL       | 0.1 - 1.0   |
| SGOT/AST (Aspartate<br>Aminotransferase)<br>(Serum/ <i>Modified IFCC</i> ) | 25.9                     | U/L         | 5 - 40  |
| SGPT/ALT (Alanine Aminotransferase) (Serum/ <i>Modified IFCC</i> )         | 21.8                     | U/L         | 5 - 41  |
| GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)                  | 25.8                     | U/L         | < 38  |
| Alkaline Phosphatase (SAP) (Serum/Modified IFCC)                           | 110.1                    | U/L         | 42 - 98   |
| Total Protein (Serum/Biuret)   | 6.88                     | gm/dl       | 6.0 - 8.0   |
| Albumin (Serum/Bromocresol green)  | 4.09                     | gm/dl       | 3.5 - 5.2   |
| Globulin<br>(Serum/ <i>Derived</i> )                                       | 2.79                     | gm/dL       | 2.3 - 3.6   |
| A : G RATIO (Serum/ <i>Derived</i> )                                       | 1.47                     |             | 1.1 - 2.2   |
| <u>Lipid Profile</u>   |                          |             |   |
| Cholesterol Total (Serum/CHOD-PAP with ATCS)                               | 146.2                    | mg/dL       | Optimal: < 200<br>Borderline: 200 - 239<br>High Risk: >= 240                    |
| Triglycerides (Serum/GPO-PAP with ATCS)                                    | 65.5                     | mg/dL       | Optimal: < 150<br>Borderline: 150 - 199<br>High: 200 - 499<br>Very High: >= 500 |



or.E.Saravanan M.D.(Path) Consultant Pathologist Reg No : 73347

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PID No. SID No.

: OP

: MED111034451

Register On : 222006098

Collection On : 26/03/2022 1:22 PM

Age / Sex : 34 Year(s) / Female

Report On

27/03/2022 8:36 AM

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: MediWheel----

CORPORATE

Observed

Unit



Biological Investigation Value Reference Interval

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

45.7 mg/dL Optimal(Negative Risk Factor): >= **HDL** Cholesterol 60 (Serum/Immunoinhibition)

Borderline: 50 - 59 High Risk: < 50

LDL Cholesterol 87.4 mg/dL Optimal: < 100

Above Optimal: 100 - 129 (Serum/Calculated) Borderline: 130 - 159 High: 160 - 189 Very High: >= 190

**VLDL** Cholesterol 13.1 mg/dL < 30

1.4

Optimal: < 130 Non HDL Cholesterol 100.5 mg/dL

(Serum/Calculated) Above Optimal: 130 - 159

Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1. Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol 3.2

Ratio

(Serum/Calculated)

(Serum/Calculated)

Optimal: < 3.3

Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0

High Risk: > 11.0

Triglyceride/HDL Cholesterol Ratio

(TG/HDL)

(Serum/Calculated)

Optimal: < 2.5

Mild to moderate risk: 2.5 - 5.0

High Risk: > 5.0

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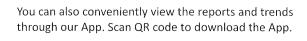
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Name ; Mrs. GANDHIMATHI K

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PID No. : MED111034451 Register On : 26/03/2022 8:53 AM : 222006098 SID No.

Collection On : 26/03/2022 1:22 PM

Age / Sex : 34 Year(s) / Female Report On : 27/03/2022 8:36 AM Type · OP

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Ref. Dr : MediWheel----



| Investigation                                | <u>Observed</u><br><u>Value</u> | <u>Unit</u> | <u>Biological</u><br><u>Reference Interval</u>                  |
|--|---------------------------------|-------------|---|
| LDL/HDL Cholesterol Ratio (Serum/Calculated) | 1.9                             |             | Optimal: 0.5 - 3.0<br>Borderline: 3.1 - 6.0<br>High Risk: > 6.0 |

# THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.28 ng/ml 0.7 - 2.04

(Serum/Chemiluminescent Immunometric Assay (CLIA))

# INTERPRETATION:

#### Comment:

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total 7.08 µg/dl 4.2 - 12.0

(Serum/Chemiluminescent Immunometric Assay (CLIA))

#### INTERPRETATION:

### Comment:

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) 1.82 μIU/mL 0.35 - 5.50

(Serum/Chemiluminescent Immunometric Assay (CLIA))

#### INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0 3 rd trimester: 0.3-3.0

(Indian Thyroid Society Guidelines)

### Comment:

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI. 2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3. Values&amplt,0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

### Urine Analysis - Routine

**COLOUR** (Urine)

Pale yellow

Yellow to Amber

Saravanan M.D(Path) sultant Pathologist Reg No : 73347



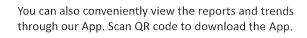
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: OP Ref. Dr : MediWheel----

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| Investigation                                       | <u>Observed</u><br><u>Value</u> | <u>Unit</u> | <u>Biological</u><br><u>Reference Interval</u> |
|---|---------------------------------|-------------|--|
| APPEARANCE (Urine)                                  | Slightly Turbid                 |             | Clear  |
| Protein<br>(Urine/Protein error of indicator)       | Negative                        |             | Negative                                       |
| Glucose<br>(Urine/GOD - POD)                        | Negative                        |             | Negative                                       |
| Pus Cells (Urine/Automated – Flow cytometry)        | 2 - 4                           | /hpf        | NIL  |
| Epithelial Cells (Urine/Automated – Flow cytometry) | 2 - 4                           | /hpf        | NIL  |
| RBCs (Urine/Automated – Flow cytometry)             | NIL                             | /hpf        | NIL  |
| Casts (Urine/Automated – Flow cytometry)            | NIL                             | /hpf        | NIL  |
| Crystals (Urine/Automated – Flow cytometry)         | NIL                             | /hpf        | NIL  |
| Others<br>(Urine)                                   | NIL                             |             |  |

02/04/2022 3:18 PM

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.



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-- End of Report --

The results pertain to sample tested.

Page 5 of 5





| Name         | GANDHIMATHI K      | Customer ID | MED111034451       |
|--------------|--------------------|-------------|--------------------|
| Age & Gender | 34Y/F              | Visit Date  | Mar 26 2022 8:53AM |
| Ref Doctor   | MediWheelCORPORATE |             |                    |

# X- RAY CHEST PA VIEW

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

# **IMPRESSION:**

• Chest x-ray shows no significant abnormality.

Dr. Rama Krishnan. MD, DNB., Consultant Radiologist. Medall Healthcare Pvt Ltd.





| Customer Name | MRS.GANDHIMATHI K  | Customer ID | MED111034451 |
|---------------|--------------------|-------------|--------------|
| Age & Gender  | 34Y/FEMALE         | Visit Date  | 26/03/2022   |
| Ref Doctor    | MediWheelCORPORATE |             |              |

# DEPARTMENT OF CARDIOLOGY

# TRANSTHORACIC RESTING ECHO CARDIOGRAPHY REPORT

ECHO INDICATION: Assessment M MODE & 2-D PARAMETERS:

**ACOUSTIC WINDOW: GOOD** 

DOPPLER PARAMETERS

# LV STUDY

| Parameters |    | Patient<br>Value |  |
|------------|----|------------------|--|
| LA         | cm | 3.2              |  |
| AO         | cm | 1.7              |  |

| Valves | Velocity  |
|--------|-----------|
|        | max(m/sec |
|        | mm/Hg)    |
| AV     | 0.6/2 m/s |
| PV     | 0.7/2 m/s |
| MV (E) | 0.4 m/s   |
| (A)    | 0.6 m/s   |
| TV (E) | 1.0/5 m/s |

# FINDINGS:

- ❖ No regional wall motion abnormality.
- ❖ Normal left ventricle systolic function. (EF: 73%).
- ❖ Grade I LV diastolic dysfunction.
- \* Normal chambers dimension.
- \* Trivial AR.
- \* Normal pericardium/Intact septae.
- ❖ No clot/aneurysm.

# IMPRESSION:

- **♣ NO REGIONAL WALL MOTION ABNORMALITY.**
- **♣ NORMAL LEFT VENTRICLE SYSTOLIC FUNCTION.**

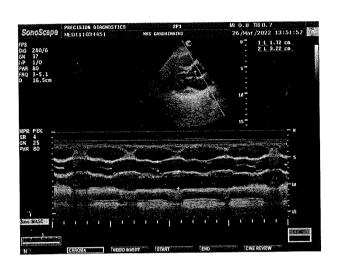
S. Vineh

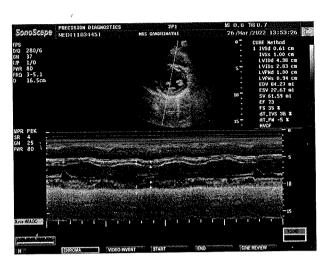
S. VIGNESH M.Sc. ECHO TECHNICIAN

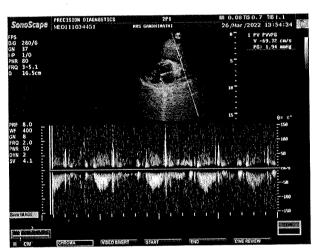


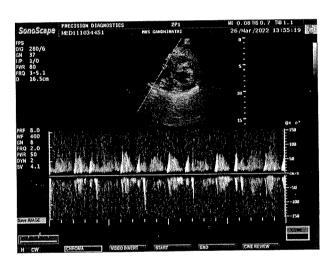
Precision Diagnostics-vadapalani
58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State ElectionCommission Office),

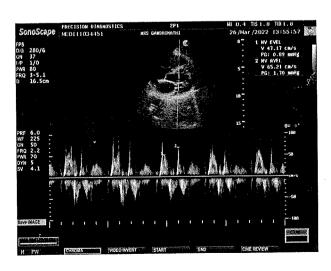
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|---------------|-------------------|-------------|--------------|
| Customer Name | MRS.GANDHIMATHI K | Customer ID | MED111034451 |
| Age & Gender  | 34Y/FEMALE        | Visit Date  | 26/03/2022   |
| Ref Doctor    | MediWheelCORPORAT | E           |              |

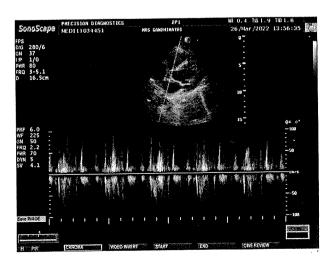














| Customer Name | MRS.GANDHIMATHI K  | Customer ID | MED111034451 |
|---------------|--------------------|-------------|--------------|
| Age & Gender  | 34Y/FEMALE         | Visit Date  | 26/03/2022   |
| Ref Doctor    | MediWheelCORPORATE |             |              |

# SONOGRAM REPORT

# WHOLE ABDOMEN

The liver is normal in size and shows diffuse fatty changes. No focal lesion is seen.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and the IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 10.5 x 5.5 cm.

The left kidney measures 9.9 x 4.9 cm.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The uterus is anteverted, and measures 6.8 x 4.2 cm.

Myometrial echoes are homogeneous. The endometrial thickness is 7.1 mm.





| Ref Doctor        | MRS.GANDHIMATHI K 34Y/FEMALE MediWheelCORPORATE | MED111034451<br>26/03/2022 |
|-------------------|---|----------------------------|
| The right ovary m | easures 3.5 x 2.4 cm                            |                            |

The right ovary measures  $3.5 \times 2.4$  cm.

The left ovary measures  $3.1 \times 3.0$  cm.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

# IMPRESSION:

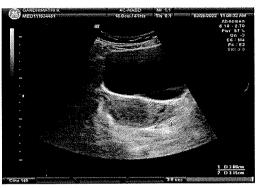
- Fatty liver.
- Normal study of other organs.

DR. UMALAKSHMI SONOLOGIST



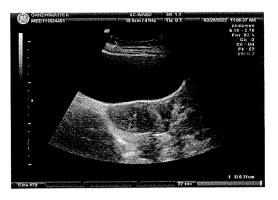
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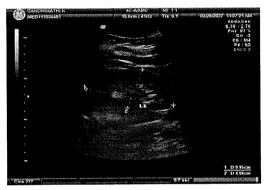
| Customer Name | MRS.GANDHIMATHI K  | Customer ID | MED111034451 |
|---------------|--------------------|-------------|--------------|
| Age & Gender  | 34Y/FEMALE         | Visit Date  | 26/03/2022   |
| Ref Doctor    | MediWheelCORPORATI | <b>E</b>    |              |

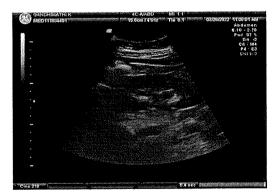












Precision Diagnostics-vadapalani 58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State ElectionCommission Office),

| Customer Name | MRS.GANDHIMATHI K | Customer ID | MED111034451 |
|---------------|-------------------|-------------|--------------|
| Age & Gender  | 34Y/FEMALE        | Visit Date  | 26/03/2022   |
| Ref Doctor    | MediWheelCORPORAT | E           |              |





