



Where Healing & Care Comes Naturally

APEX SUPERSPECIALITY HOSPITALS



CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,
Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.: 022 - 2898 6677 / 46 / 47 / 48

PHYSICIAN CONSULTATION

Mrs. Pinky Ghecha

12/3/24,
Height - 153
wt - 70.3 kg

Age - 39 yrs / F

PRESENT COMPLAINT: - No any present complaints.

PAST MEDICAL / SURGICAL HISTORY:

Kidney - Hypothyroidism on Rx.

5x H10 - LSCS.

GENERAL EXAMINATION:

PULSE - 79/min

BP: 120/90 mmHg

BMI - 33.9.

APETITE: - Normal

THIRST: - Normal

STOOL: - Normal

URINE: - Normal

SLEEP: - Normal

SKIN: - Normal (Dry skin)

NAILS: - Normal

HABITAT: - No

SYSTEMIC EXAMINATION: -

RESPIRATORY EXAMINATION: - AEBE clear

CARDIOVASCULAR EXAMINATION: - S1S2+ / CNS - conscious & oriented

ABDOMINAL EXAMINATION: - Soft

GYNACOLOGY / OBST HISTORY (FOR FEMALE):

Menses - Regular LMP - 21/3/2024

bleeding - Normal flow

Obst history - Gravida - G1

- Para - P2

- 2 LSCS at live birth.

OPHTHAL EXAMINATION:


FAR VISION: - Blurring of vision both eyes .
NEAR VISION: - clear vision
COLOUR VISION: - normal .

ENT EXAMINATION: -

EAR: MASTOID TUNNIG FORK TEST: normal / No wax
NOSE: EXT NOSE/ POST NASAL SPACE: normal
THROAT: TOUNGE/ PALATE/ TEETH: No throat pain + whit
NECK: NODES/ THYROID/ TEETH: Coated tongue
Normal

DENTAL EXAMINATION:

DECAY/ CARIES IF ANY: / normal
PLAQUE IF ANY:
GUMS:

Dr. Priyanka

PHYSICIAN NAME

PHYSICIAN SIGNATURE



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Where healing and care comes naturally
An ISO 9001:2008 Certified

Apex Super Speciality Hospitals

Shantagurga Mangesh Charity Trust Medical Centre 193-A, I.T. Road,
Beside Punjab & Sind Bank, Bhubai, Borivali (W), Mumbai-400091
Tel: 022-28986677 464798 Web: apexgroupofhospitals.com
Email: medical.admin@apexhospitals.in

Diet Chart

NAME :- PINKY GHECHA

C/O- Weight Management

DIET :- FULL DIET , HIGH PROTEIN

- Early Morning:** 1 cup tea/ coffee/black coffee/ toned milk (**without sugar**) (**preferable avoid**)
- Breakfast:** 1 bowl upma/ poha/ daliya upma **OR** 2 small rava **or** moong dal idli/ 1 dosa with vegetable sambar **OR** 1 bowl oats in milk/water
- Mid-morning:** 1 fruit / **Truhand HP - 1 Scoop in 100ml Water**
- Lunch:**
1 bowl raw vegetable salad -
2 small roti/ 1 bhakri (jowar/Multigrain)
1 bowl bhaji / Pulse sabji (**1 Pulse needs to be added- moong, matki, soyabean, soychunks**)
1 bowl thick dal/ 1 medium piece of chicken or fish or egg preparation in curry
1 bowl rice - (**Preferable avoid/ once a week/ optional**)
OR 1 bowl vegetable dailya khichdi with vegetables
1 bowl curd/1 glass Buttermilk
- Evening snack:** 1 cup tea/ coffee/ toned milk/1 besan chilla **OR** 1 bowl boiled sprouts **OR** 1 vegetable egg/besan omelette with chapatti **OR** 1 rava/moong chilla with curd
- Mid-evening:** 1 bowl dal **OR** vegetable soup / Chicken soup/ **Add Truhand Hp - 1scoop in water**
- Dinner:**
1 bowl raw vegetable salad
2 small roti/ 1 bhakri (jowar/Multigrain)
1 bowl bhaji + Pulse Sabji
1 bowl thick dal
OR 1 bowl vegetable dailya khichdi with vegetables/ Pulses Pulavo with vegetable
- Bedtime :-** 1tsp Sesame seed

Remarks: Drink ample of fluids, upto 3 litres of water daily

Follow small frequent and regular meal pattern. Do not miss meals.

Oil usage ½ litre per month, i.e. 3 teaspoon a day. Preferably mustard oil, sesame oil or rice bran oil.

Salt usage to 3gm. i.e. ½ teaspoon a day.

Include more green leafy vegetables, fruits and pulses in the diet.

Include **calcium** rich foods like milk and milk product, nuts, seeds, etc.

Make sure you get ample of exposure to sunlight for **Vitamin D**.

Avoid red meats like mutton, pork and beef.

Avoid processed foods, refined flour products and fried food. Restrict bakery products.

Avoid all sources of extra salt like sauces, pickles, papads, chutneys, chips, etc.

Avoid all sources of simple sugars like white sugar, brown sugar honey, jaggery.

For detailed diet counselling: Consult Dietician Sakshi Gupta in OPD with prior appointment.



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022 - 2898 6677 / 46 / 47 / 48

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mrs. PINKI GHECHAR	LabNo	59	
UHID/IP No	140022389 / 21	Sample Date	12/03/2024 11:57AM	
Age/Gender	39 Yrs/Female	Receiving Date	12/03/2024 5:33PM	
Bed No/Ward	OPD	Report Date	12/03/2024 5:57PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	12.9	gm/dl	12.5 - 16.0	SLS- Hb Method
RBC Count (Red Blood Cell)	4.67	10 ⁶ /uL	4.20 - 5.40	
PCV (Haematocrit)	37.6	%	36.0 - 46.0	
MCV	80.51	fl	78 - 100	Calculated
MCH	27.62	pg	26 - 34	Calculated
MCHC	34.31	gm/dl	30 - 36	Calculated
RDW	14.1	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	5900	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	67	%	40 - 80	
Lymphocyte %	30	%	20 - 40	
Eosinophil %	01	%	0 - 6	
Monocytes %	02	%	1 - 12	
Basophil %	00	%	0 - 2	
Absolute Neutrophil Count (ANC)	3953	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	1770	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	59	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	118 L	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Within normal limits.			
RBCs Morphology	Normocytic Normochromic.			
Platelet Count	252	10 ³ /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	12.1 H	fl	7 - 12	
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	23 H	mm/hr	< 20	Westergren

Dr. Neeraj Gujar
MD PATHOLOGY



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--End Of Report--



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Bed No/Ward	OPD	Report Date	12/03/2024 5:48PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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BLOOD GROUPING

Sample: W. B. EDTA

Blood Group (ABO and Rh)	"O" RH Positive			SLIDE METHOD
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--End Of Report--

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
GLUCOSE (PP)				
Sample: Fl. Plasma				
Blood Sugar(2 Hours PP)	113.8	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide
Urine PP Sugar	SNR			
Urine PP Ketone	SNR			

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :
The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

GLUCOSE (FASTING)

Sample: Fl. Plasma

Glucose (Fasting Blood Sugar / FBS)	93.7	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	

LIPID PROFILE SERUM

Sample: Serum

Cholesterol-Total	154.9	mg/dl	< 200.00	Cholesterol Oxidase,Esterase,Peroxidase
Triglycerides	72.49	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	42.8	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	14.50	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	97.60	mg/dl	< 100.00	Calculated Value

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Cholesterol Total : HDL Cholesterol Ratio	3.62	3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	2.28 L	2.50 - 3.50	Calculated Value

LIVER FUNCTION TEST (LFT) SERUM

Sample: Serum

Bilirubin Total (TBil)	0.93	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.28	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.65	mg/dl	1 - 1	
SGPT (ALT)	13.96	U/L	5 - 40	IFCC modified
SGOT (AST)	21.87	U/L	5 - 40	IFCC modified
Protein Total	6.14	gm/dl	6.00 - 8.00	Biuret
Albumin	3.32	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.82	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.18		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	54.67	IU/L	42 - 140	
GGTP (GAMMA GT)	17.02	IU/L	15.0 - 72.0	UV Kinetic IFCC

RFT (RENAL FUNCTION TEST)

Sample: Serum

Creatinine	0.73	mg/dl	0.50 - 1.20	Jaffes
UREA	28.4	mg/dl	15 - 50	CDC Urease, Colorimetric
BUN - Blood Urea Nitrogen	13.27	mg/dl	7 - 20	
Uric Acid	3.26	mm/hr	2.5 - 6.2	URICASE-PEROXIDASE
Protein Total	6.14	gm/dl	6.00 - 8.00	Biuret
Albumin	3.32	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.82	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.18		1.00 - 2.50	Calculated Value

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Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
URINE ROUTINE				
Sample: Urine				
PHYSICAL EXAMINATION				
Quantity	20	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			Clear
Specific Gravity	1.015		1.010 - 1.025	
CHEMICAL EXAMINATION				
pH	6.0		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	ABSENT			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
MICROSCOPIC EXAMINATION				
Pus Cells	2-3			
RBCs	ABSENT			
Epithelial Cells	4-5			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	absent			

--End Of Report--

Dr. Neeraj Gujar
MD PATHOLOGY

Patient Id : PVD04223-24/72086	Sample ID : 24033527
Patient : MRS PINKI GHECHAR	Reg. Date : 12/03/2024
Age/sex : 39 Yrs/ Female	Report Date : 12/03/2024
Center : APEX SUPERSPECIALITY HOSPITALS	Case No. :
Ref. By : Self	



HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.6	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	114.02	mg/dL	

Method : HPLC-Biorad D10-USA

INTERPRETATION

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
 - Excellent Control - 6 to 7 %,
 - Fair to Good Control - 7 to 8 %,
 - Unsatisfactory Control - 8 to 10 %
 - and Poor Control - More than 10 %.

Note : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

-----End Of Report-----

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DR. SANDEEP B. PORWAL
 MBBS MD (Path) Mumbai
 MMC Reg no 2001031640

Patient Id : **PVD04223-24/72086**
 Patient : MRS PINKI GHECHAR
 Age/sex : 39 Yrs/ Female
 Center : APEX SUPERSPECIALITY HOSPITALS
 Ref. By : Self

Sample ID : 24033527
 Reg. Date : 12/03/2024
 Report Date : 12/03/2024
 Case No. :



IMMUNOASSAY


Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	135.14	ng/dl	83-200 For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	8.75	ug/dL	5.13 - 14.10 For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	2.54	uIU/ml	0.27 - 4.20
Method : ECLIA			

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

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Age/sex : 39 Yrs/ Female Report Date : 14/03/2024
Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
Ref. By : Self



CYTOLOGY REPORT - PAP SMEAR


Specimen PAP Smear
Microscopic Description Smears show superficial, intermediate and few endocervical cells Background shows neutrophils. No evidence of dyskeratosis or malignancy

Impression

Negative for Intraepithelial lesion or malignancy

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MBBS MD (Path) Mumbai
MMC Reg no 2001031640

UNI-EM

ELECTRONICS COMPLEX INDORE

TREADMILL TEST REPORT

pinky ghechar
 ID : 22337
 DATE : 12/03/2024
 AGE/SEX : 39 / F
 HT/WT : 156 / 70
 REF. BY :

PROTOCOL : Bruce
 HISTORY :
 INDICATION :
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								II	V1	V5	
STANDING					84	130 / 90	109	0	0	-0.1	-0.1
VALSALVA					86	130 / 90	111	-0.1	0	-0.1	-0.1
Stage 1	2:55	2:55	2.7	10	128	130 / 90	166	-0.6	-0.2	-0.5	4.67
Stage 2	5:55	2:55	4	12	142	140 / 90	198	-1.1	0.2	-1	7.04
PK-EXERCISE	8:40	2:40	5.4	14	159	140 / 90	222	-0.8	-0.3	-1	9.68
RECOVERY	11:43	2:55			102	150 / 90	153	0.1	0.3	-0.2	
RECOVERY	14:43	5:55			70	150 / 90	105	-0.1	-0.1	-1.2	

RESULTS

EXERCISE DURATION : 8:40
 MAX HEART RATE : 160 bpm
 MAX BLOOD PRESSURE : 150 / 90 mm Hg
 REASON OF TERMINATION : *Abnorm. T HR*
 BP RESPONSE : *Normal*
 ARRHYTHMIA : *None*
 H.R. RESPONSE : *None*
 IMPRESSIONS : *None*

MAX WORK LOAD : 9.68 METS
 % of target heart rate 181 bpm

Shri Venkateshwar Prasad
Dr. CHITRAG V. SHAH
 CONSULTANT
 Reg. No. *...* / 1849

Technician :

UNI-EM

pinky ghechar
I.D. 22337
Age 39/F
Date 12/03/2024

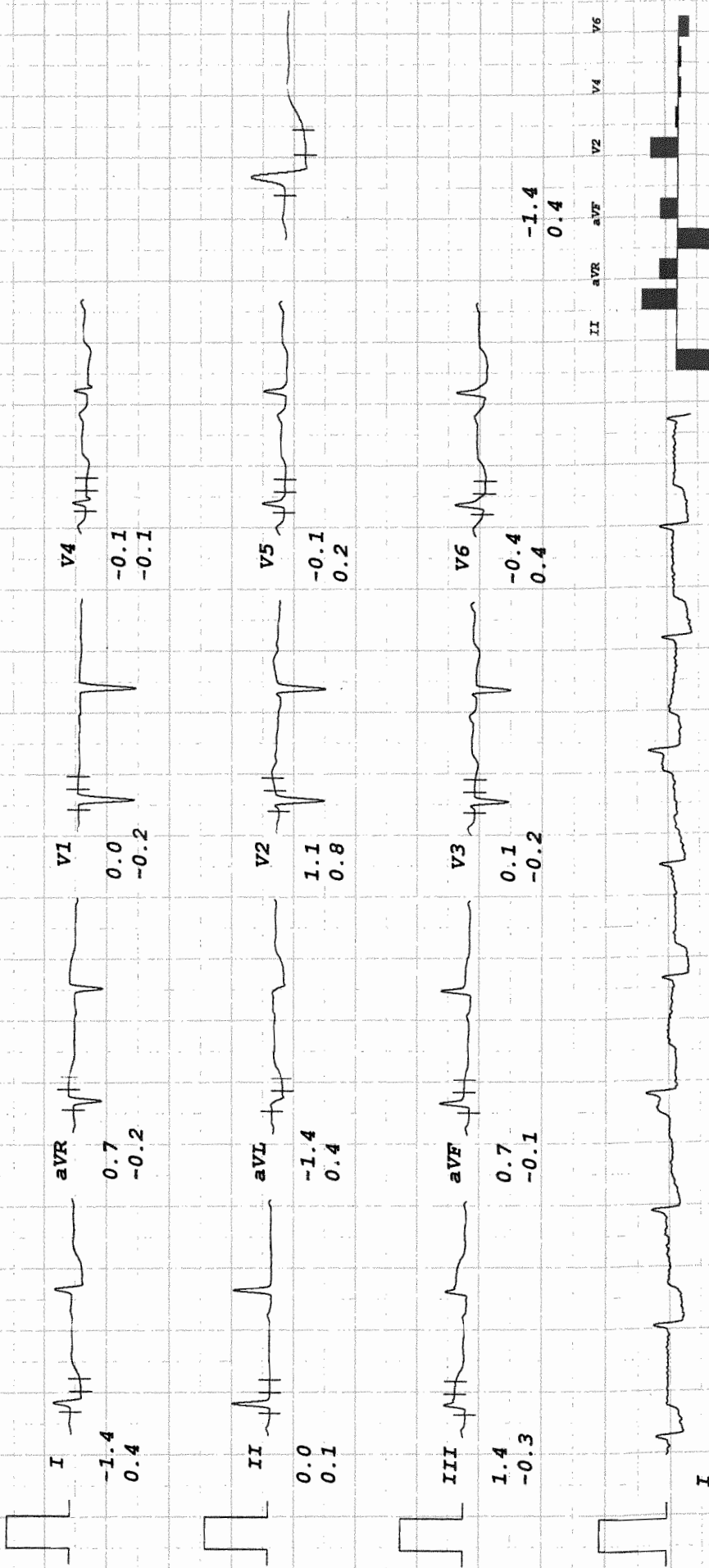
PRETEST
STANDING

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

I



UNI-EM

pinky ghechar
I.D. 22337
Age 39/F
Date 12/03/2024

RATE 86bpm
B.P. 130/90

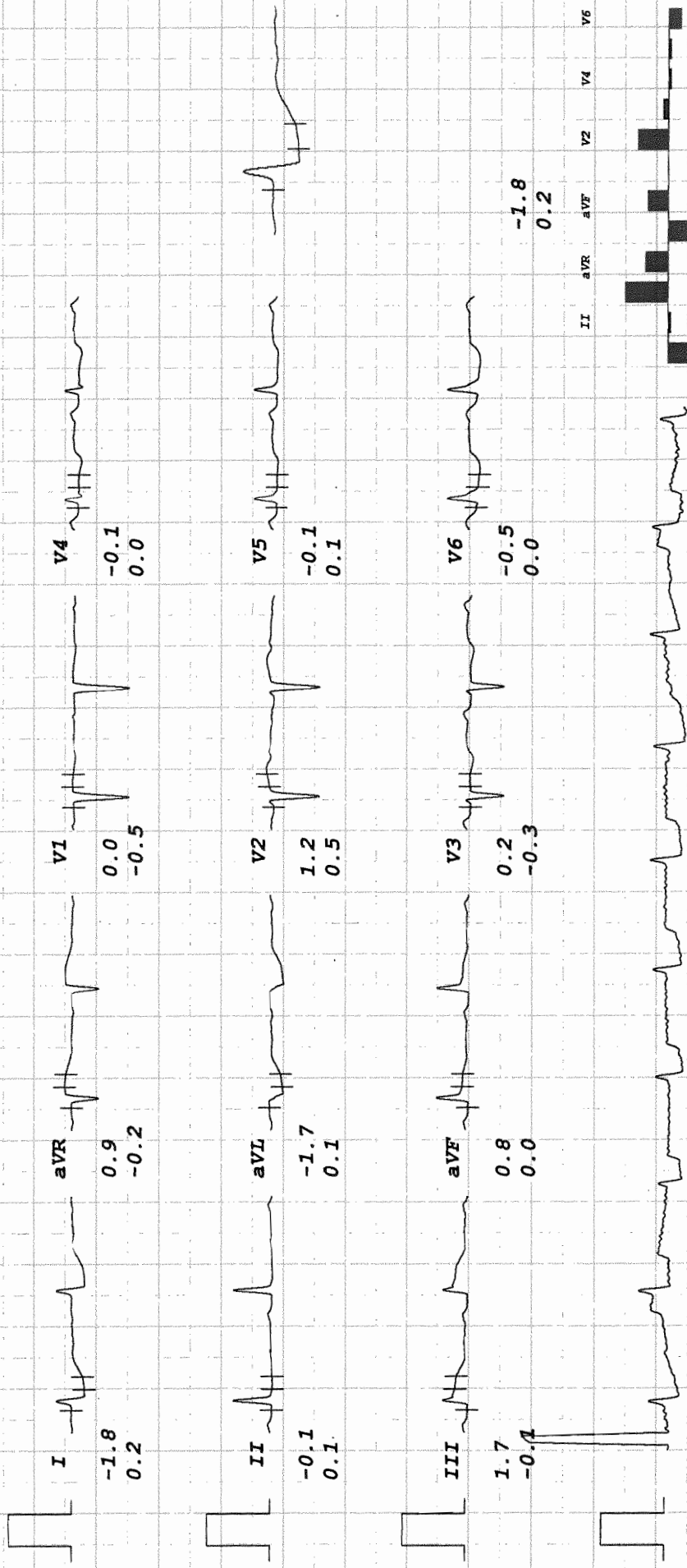
PRETEST
VALSALVA

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

I



II aVR aVF V4 V6

I III aVL V1 V3 V5



UNI-EM

pinky ghechar
I.D. 22337
Age 39/F
Date 12/03/2024

RATE 128bpm
B.P. 130/90

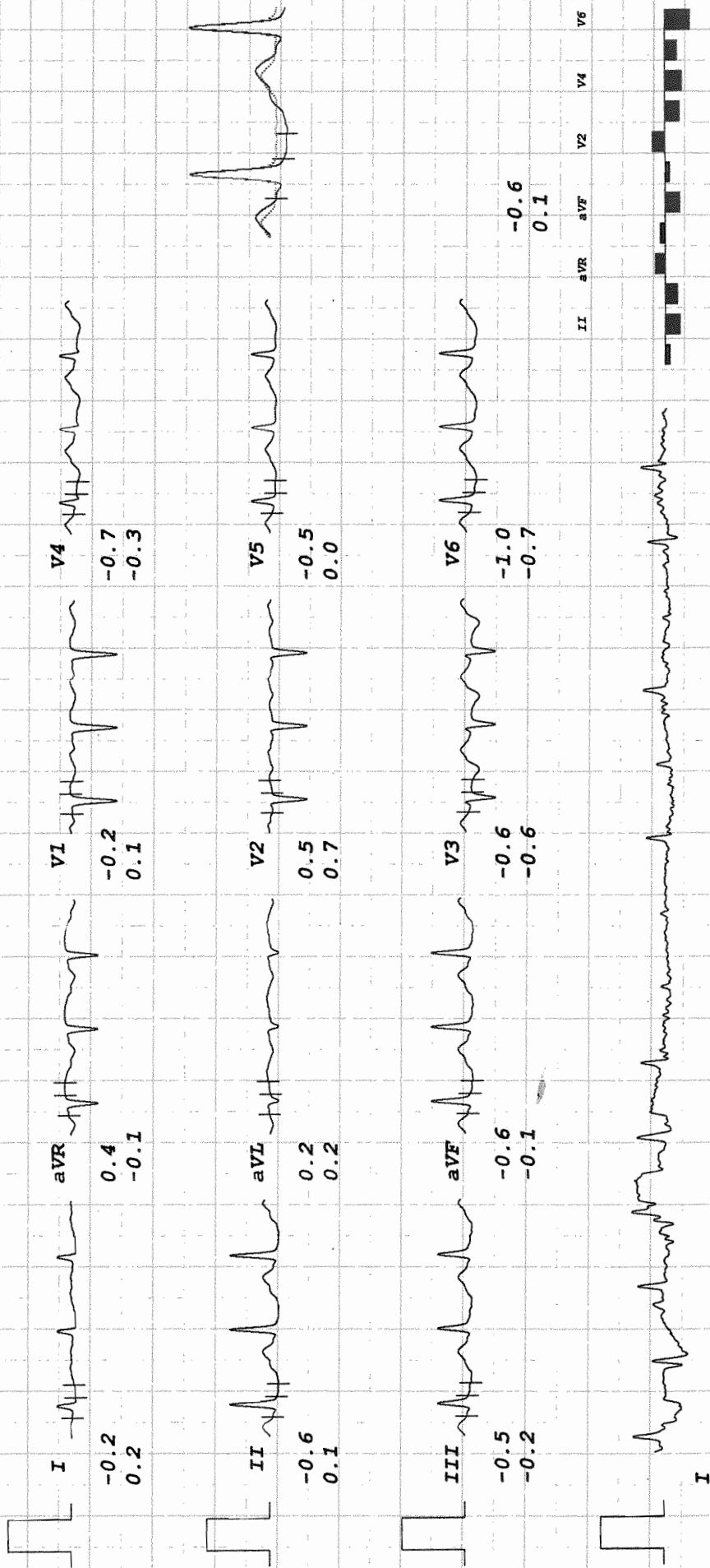
Bruce
Stage 1
TOTAL TIME 2:55
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ
Speed 2.7 km/hr
SLOPE 10 %

LINKED MEDIAN

Mag. X 2

II



UNI-EM

pinky ghechar
 I.D. 22337
 Age 39/F
 Date 12/03/2024

RATE 142bpm
 B.P. 140/90

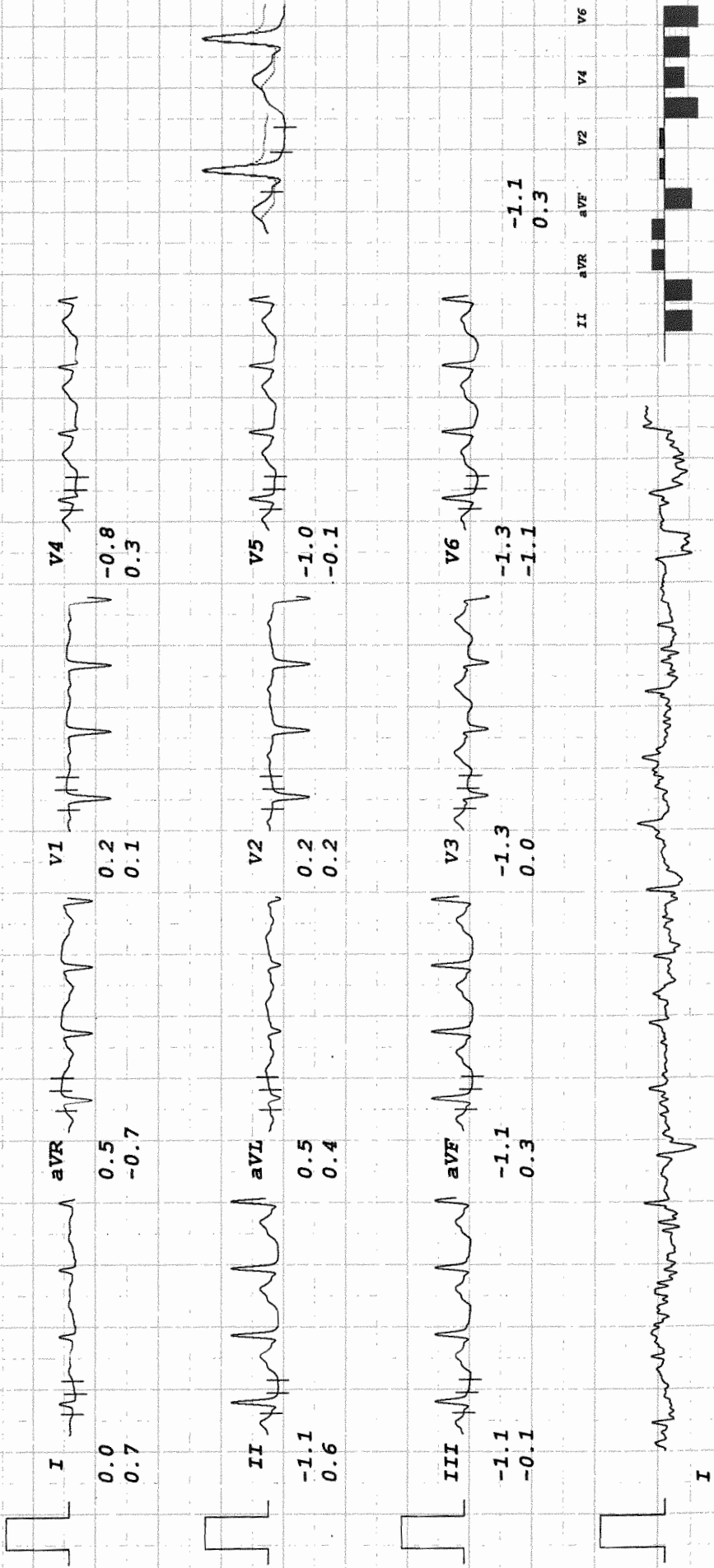
Bruce
 Stage 2
 TOTAL TIME 5:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 %

LINKED MEDIAN

Mag. X 2

aVF



I III aVL V1 V3 V5
 II aVR aVF V2 V4 V6

UNI-EM

pinky ghechar
 I.D. 22337
 Age 39/F
 Date 12/03/2024

RATE 159bpm
 B.P. 140/90

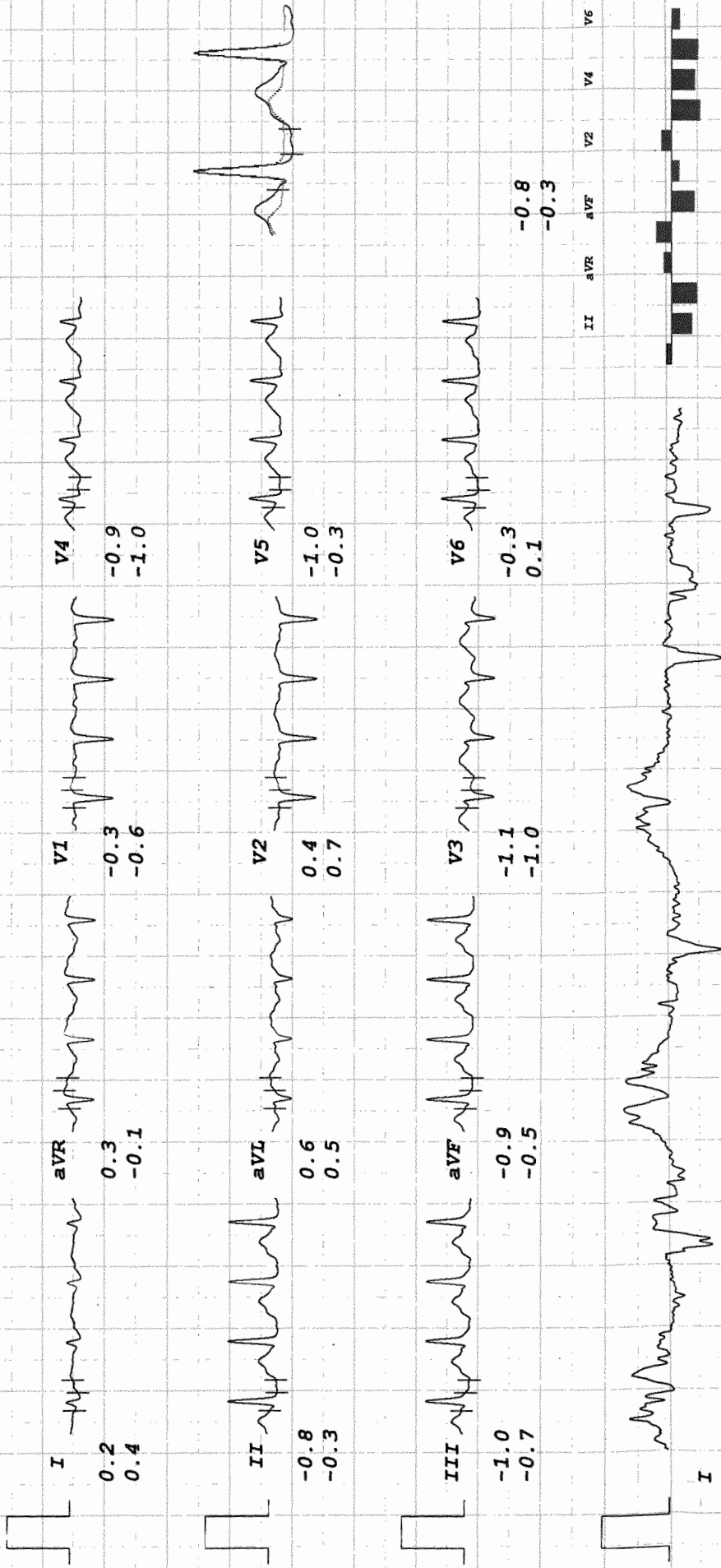
ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

Bruce
 PK-EXERCISE
 TOTAL TIME 8:40
 PHASE TIME 2:40

LINKED MEDIAN

Mag. X 2

II



II aVR aVF V2 V4 V6

I III aVL V1 V3 V5

UNI-EM

pinky ghechar
I.D. 22337
Age 39/F
Date 12/03/2024

RATE 102bpm
B.P. 150/90

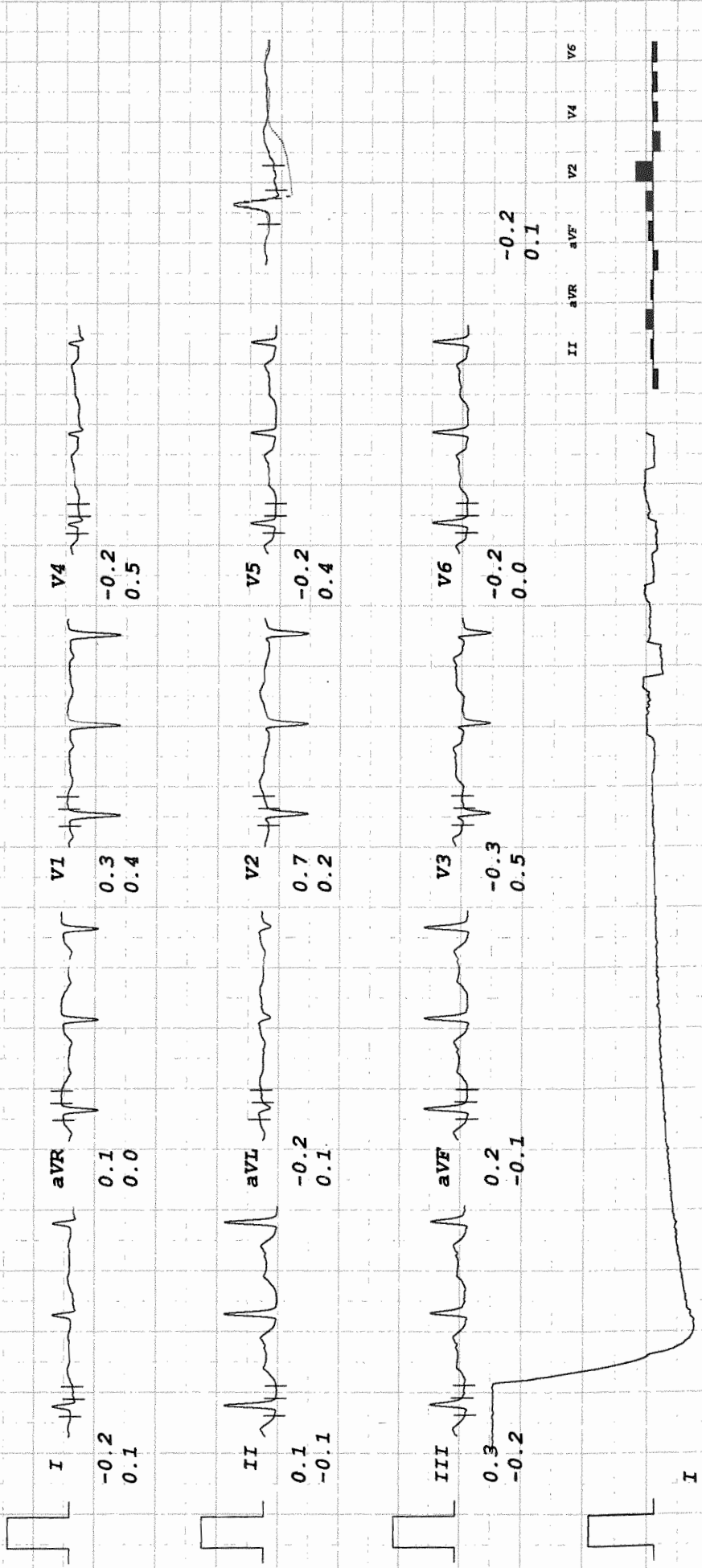
ST @ 10mm/mV
80ms PostJ

Bruce
RECOVERY
TOTAL TIME 11:43
PHASE TIME 2:55

LINKED MEDIAN

Mag. X 2

I



I III aVL aVR V1 V2 V3 V4 V5 V6

स सुपरस्पेशलिटी हॉस्पिटल

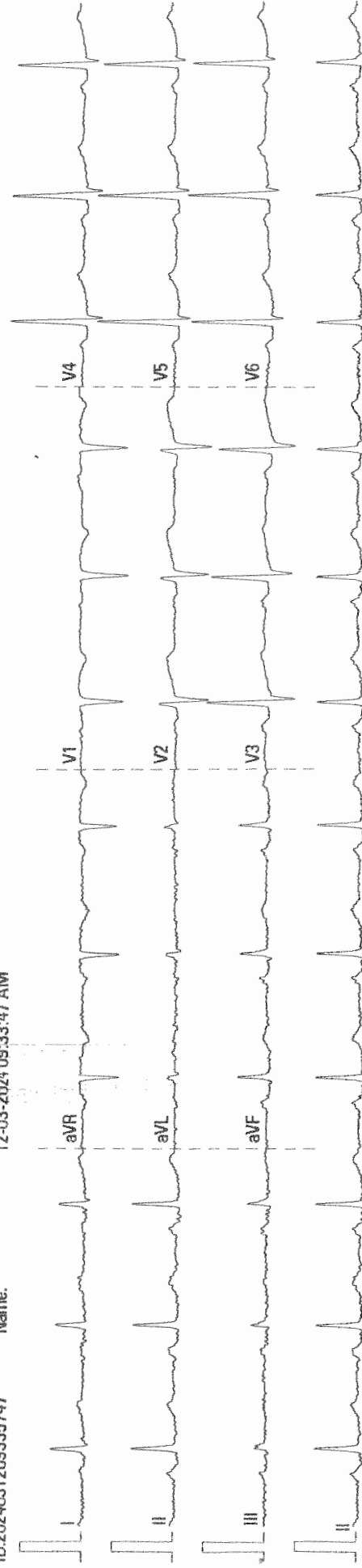
Name Pinky Ghecher

Date

ID:2024031209335747

Name:

12-03-2024 09:33:47 AM



ID:2024031209335747
Name:

12-03-2024 09:33:47

Sinus Rhythm

Unconfirmed Diagnosis

Pinky G

25 mm/s

10 mm/mV

50 Hz

BDR 35 Hz

OTc-Bazett

APEX SUPERSPECIALITY HOSPITAL

02.07.00/V04.00.00

SN.FK-63014036



APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



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FACILITY

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Tele.:
022 - 2898 6677 / 46 / 47 / 48

DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. PINKI GHECHAR	LabNo	59	
UHID/IP No	140022389 / 21	Order Date	12/03/2024 11:57AM	
Age/Gender	39 Yrs/Female	Receiving Date	12/03/2024 2:15PM	
Bed No/Ward	OPD	Report Date	12/03/2024 6:51PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

DIGITAL X-RAY CHEST <PA> VIEW

The lung on either side shows equal translucency and exhibit normal vasculature

The pleural spaces are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The cardiac size is normal.

Trachea is central in position and no mediastinal abnormality is visible.

Bony thorax is normal.

--End Of Report--

Dr. SAUMIL PANDYA
MD, D.N.B, RADIOLOGIST



APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



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SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous increased echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It is normal in transverse diameter.

GALL BLADDER: The gall bladder is well distended with few calculi (average size 4.2mm). There is no evidence of wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 9.5 cm normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney : 10.8 x 3.9 cm

Left kidney : 10.0 x 4.1 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

Uterus measures 11.5 x 4.23 x 5.5 cm, anteverted. It shows smooth outline and contour. Endometrial echo is in midline and measures 6.7 mm.

Bilateral ovaries are normal in size and echo pattern.

Right ovary 2.9 X 1.6 cm Left ovary 1.9 x 1.0 cm

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

Grade I fatty infiltration of liver.
Cholelithiasis without cholecystitis.

Dr. SAUMIL PANDYA
MD, D.N.B, RADIOLOGIST

ASH/QA/FORM/NUR/04/MAR22/V1



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ई. सी. जी.

Name Pinky Shecherr Date 12/3/24

Age 39 Gender: M F UHID NO _____ B.P _____

ELECTROCARDIOGRAPHIC OBSERVATIONS

Rate _____ Axis _____ Q.R.S. Complex _____

Rhythm _____ P. Wave _____ S.T. Segment _____

Standardisation : _____ P.R. Interval _____ T. Wave _____

Voltage : _____ Q. Wave : _____ O. T. Interval _____

Impression : with (S) lead **Dr. CHIRAG V. SHAH**

CONSULTANT CARDIOLOGIST

Reg. No. 2003 / 04 / 1649