

CID# : 2228823099

Name : MRS.NUTAN HANUMANT NIKALJE

Age / Gender : 30 Years/Female

Consulting Dr. : -

Collected : 15-Oct-2022 / 09:33

Reg.Location : Swargate, Pune (Main Centre)

Reported : 15-Oct-2022 / 15:19

PHYSICAL EXAMINATION REPORT

History and Complaints:

H/O HTN

EXAMINATION FINDINGS:

Height (cms):	158cm	Weight (kg):	95kg
Temp (0c):	Agfebrile	Skin:	Normal
Blood Pressure (mm/hg):	138/86mmHg	Nails:	Healthy
Pulse:	78/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1 S2 Normal No Murmurs

Respiratory: Normal

Genitourinary: Normal

GI System: Soft non tender no Organomegaly

CNS: Normal

IMPRESSION:

*Anemia - BSL (F) ↑ - HbA1c ↑
- fatty liver*

ADVICE:

*- Consult family physician
- low carb diet
- Ref to Diabetologist*

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO |
| 5) Tuberculosis | NO |

[Signature]
Dr. I. U. BAMB
M.B.B.S., M.D. (Medicine)
Reg. No. 39452

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6) Asthama	NO
7) Pulmonary Disease	NO
8) Thyroid/ Endocrine disorders	NO
9) Nervous disorders	NO
10) GI system	NO
11) Genital urinary disorder	NO
12) Rheumatic joint diseases or symptoms	NO
13) Blood disease or disorder	NO
15) Congenital disease	NO
16) Surgeries	C Section 2017
17) Musculoskeletal System	NO

PERSONAL HISTORY:

1) Alcohol	NO
2) Smoking	NO
3) Diet	Mixed
4) Medication	for HTN

*** End Of Report ***

Dr.I U BAMB



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Reg. Location : Swargate, Pune (Main Centre)

Collected : 15-Oct-2022 / 09:49
Reported : 15-Oct-2022 / 12:55

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	11.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.34	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.5	36-46 %	Calculated
MCV	84	80-100 fl	Calculated
MCH	27.4	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	21.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	9200	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.5	20-40 %	
Absolute Lymphocytes	2806.0	1000-3000 /cmm	Calculated
Monocytes	3.9	2-10 %	
Absolute Monocytes	358.8	200-1000 /cmm	Calculated
Neutrophils	63.3	40-80 %	
Absolute Neutrophils	5823.6	2000-7000 /cmm	Calculated
Eosinophils	2.3	1-6 %	
Absolute Eosinophils	211.6	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	408000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	15.3	11-18 %	Calculated



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RBC MORPHOLOGY

Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis +
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 24 2-20 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



Shruti
Dr.SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



CID : 2228823099
Name : MRS.NUTAN HANUMANT NIKALJE
Age / Gender : 30 Years / Female
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Collected : 15-Oct-2022 / 09:49
Reported : 15-Oct-2022 / 12:30

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	132.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	143.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.59	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.38	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	11.8	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	9.8	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	24.0	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	75.2	35-105 U/L	Colorimetric
BLOOD UREA, Serum	10.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	4.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.51	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	150	>60 ml/min/1.73sqm	Calculated by MDRD equation (Modification of Diet
URIC ACID, Serum	4.3	2.4-5.7 mg/dl	Enzymatic

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



Shamla Kulkarni
Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist



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Age / Gender : 30 Years / Female
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	142.7	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***



Shruti
Dr.SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



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Name : MRS.NUTAN HANUMANT NIKALJE
Age / Gender : 30 Years / Female
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Reg. Location : Swargate, Pune (Main Centre)

Collected : 15-Oct-2022 / 09:49
Reported : 15-Oct-2022 / 16:03

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



MC-2463

Shruti Ramteke
Dr.SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



CID : 2228823099
Name : MRS.NUTAN HANUMANT NIKALJE
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

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Collected : 15-Oct-2022 / 09:49
Reported : 15-Oct-2022 / 11:42

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



MC-2483

Shruti Ramteke

Dr.SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



CID : 2228823099
Name : MRS.NUTAN HANUMANT NIKALJE
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 15-Oct-2022 / 09:49
Reported : 15-Oct-2022 / 12:36

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	188.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	110.2	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	35.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	152.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	131.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	21.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.7	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



Shruti Ramteke
Dr.SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



CID : 2228823099
Name : MRS.NUTAN HANUMANT NIKALJE
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 15-Oct-2022 / 09:49
Reported : 15-Oct-2022 / 13:39

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.0	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	11.8	9-19 pmol/L Pregnant Women (pmol/L): First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	2.56	0.35-4.94 microIU/ml Pregnant Women (microIU/ml): First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH. 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

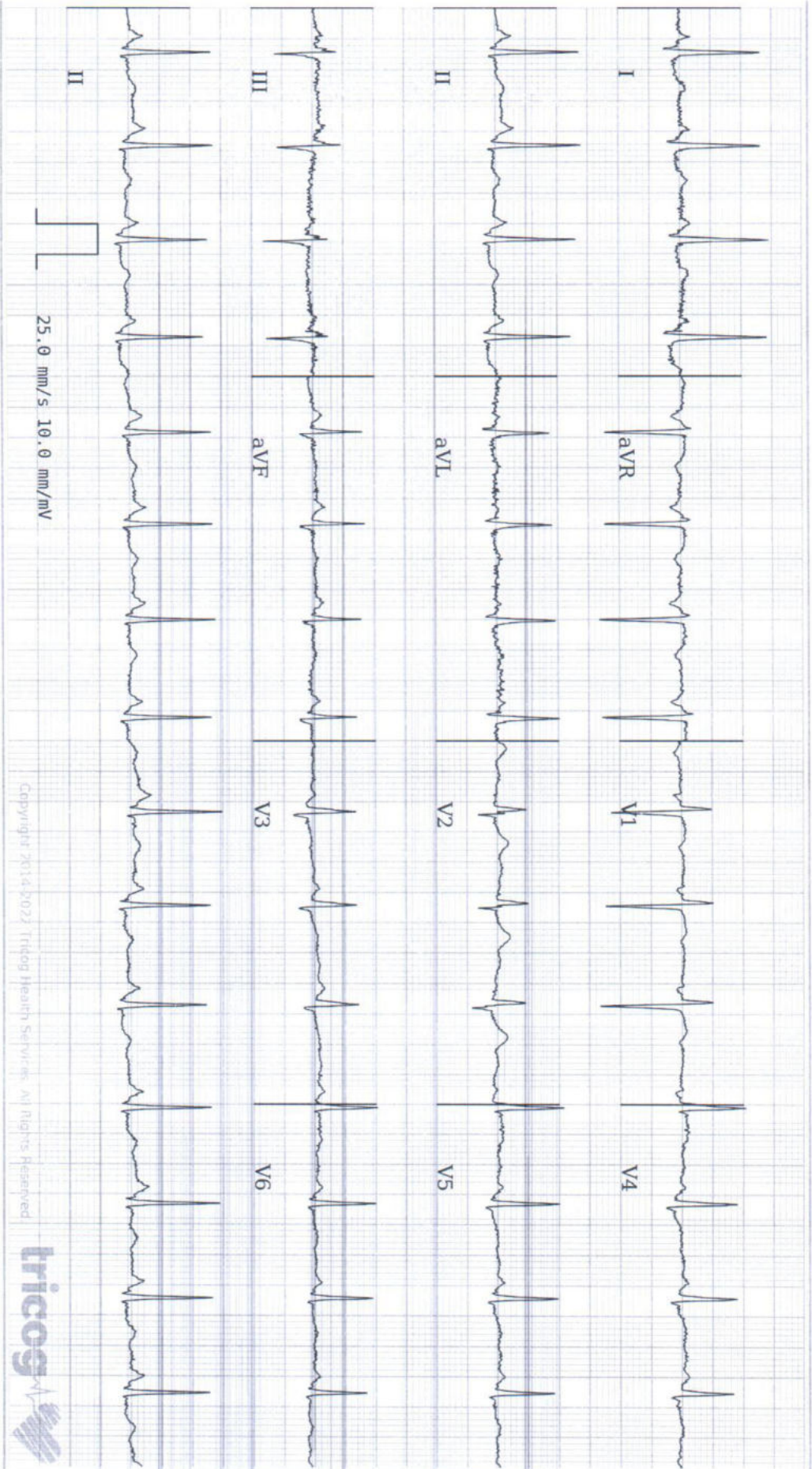
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*** End Of Report ***



Dr. Shamla Kulkarni
Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist

Patient Name: NUTAN HANUMANT NIKALJE Date and Time: 15th Oct 22 11:34 AM
Patient ID: 2228823099



Age **30** 7 14
years months days

Gender **Female**

Heart Rate **95bpm**

Patient Vitals

BP: 136/86 mmHg

Weight: 95 kg

Height: 158 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 74ms

QT: 336ms

QTc: 422ms

PR: 118ms

P-R-T: 53° 20° 17°

REPORTED BY

M.B.S.

DR ISHWARLAL BAMB
M.B.B.S. MD (MEDICINE)
cardiologist
39452

Name: *Nutan Nikalje*

Date: *15/10/22*

Age/sex: *15/10/22*

EYE EXAMINATION

VISION

Distance Vision Without Glasses	Right Eye <i>6/6</i>	Left Eye <i>6/6</i>
Distance Vision With Glasses	Right Eye	Left Eye
Near Vision Without Glasses	Right Eye <i>27/6</i>	Left Eye <i>27/6</i>
Near Vision With Glasses	Right Eye	Left Eye

GENERAL EXAMINATION:

LIDS
CORNEA
CONJUNCTIVAE
EYE MOVEMENTS
COLOUR VISION

10

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Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo
Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

CID	: 2228823099	SID	: 177805553238
Name	: MRS.NUTAN HANUMANT NIKALJE	Registered	: 15-Oct-2022 / 09:33
Age / Gender	: 30 Years/Female	Collected	: 15-Oct-2022 / 09:33
Ref. Dr	: -	Reported	: 15-Oct-2022 / 11:58
Reg.Location	: Swargate, Pune (Main Centre)	Printed	: 15-Oct-2022 / 11:58

USG WHOLE ABDOMEN

LIVER: Normal in size (measures 13.3 cms) and **shows generalised increased echogenicity.** No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

GALL BLADDER : Well distended. No calculi. Wall thickness is normal. No evidence of any pericholecystic collection.

PANCREAS : Normal in size and echotexture. Pancreatic duct is normal.

SPLEEN : Normal in size and echopattern. No focal lesion. Splenic vein is normal.

RIGHT KIDNEY : Measures 11.2 x 4.4 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

LEFT KIDNEY : Measures 11.3 x 4.9 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

Retroperitoneum and flanks obscured due to bowel gas.
Paraaortic and paracaval region appears to be normal.
No evidence of lymphnodes noted.
No free fluid in abdomen.

URINARY BLADDER : Well distended. No calculi. Wall thickness is normal.

UTERUS : Anteverted normal in size, measures 8.8 x 4.6 x 3.9 cm. No area of increased or decreased echogenicity.
Endometrial echoes are normal. Endometrial thickness is 8.3 mm.

Both the ovaries are normal in size shape and echotexture.
No obvious abnormal ovarian or adnexal mass lesion.
No free fluid noted in the POD.

IMPRESSION : Normal size liver with grade I fatty changes.

Clinical correlation is indicated.

*** End Of Report ***



(Signature)
Dr. NIKHIL G. JOSHI
M.B.B.S., D.M.R.E.
Reg. No. 2001/02/397

Dr. NIKHIL JOSHI
MBBS, DMRE
CONSULTANT RADIOLOGIST

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CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053

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