

 भारत सरकार
Government of India 



सारिका संतोष दिक्षित
Sarika Santosh Dixit
जन्म तारीख/DOB: 05/04/1979
महिला/ FEMALE
Mobile No: 9970702041

8900 9758 4399

माझे आधार, माझी ओळख

Sarika

CID# : 2230005096
Name : MRS.SARIKA DIXIT
Age / Gender : 43 Years/Female
Consulting Dr. :-
Reg.Location : Swargate, Pune (Main Centre)

Collected : 27-Oct-2022 / 08:49
Reported : 27-Oct-2022 / 12:33

PHYSICAL EXAMINATION REPORT

History and Complaints:

pain on Lt side or body

EXAMINATION FINDINGS:

Height (cms): 148cm
Temp (0c): Afebrile
Blood Pressure (mm/hg): 152/100mmHg
Pulse: 81/min

Weight (kg): 62kg
Skin: Normal
Nails: Healthy
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:

*HTN - anaemia - Hypertension
- ECG-changes, fatty liver - bulky uterus
- umbilical Hernia*

ADVICE:

*- Consult family physician
- Control BP.
- 2D - Echo
- ↓ wt*

CHIEF COMPLAINTS:

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

*pending
1) PaP
2) X-ray
3) mamm-o*

*- Ref to Gynae
- Ref to Gen. surgeon.*

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

CID# : 2230005096
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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 |
| 14) Cancer/lump growth/cyst | NO |
| 15) Congenital disease | NO |
| 16) Surgeries | Yes |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

| | |
|---------------|-----|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | Veg |
| 4) Medication | NO |

*** End Of Report ***

Dr.I U BAMB



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Name : MRS.SARIKA DIXIT
Age / Gender : 43 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 27-Oct-2022 / 08:56
Reported : 27-Oct-2022 / 11:59

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---|----------------|-----------------------------|--------------------|
| <u>RBC PARAMETERS</u> | | | |
| Haemoglobin | 11.2 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 4.17 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 33.4 | 36-46 % | Calculated |
| MCV | 80 | 80-100 fl | Calculated |
| MCH | 26.9 | 27-32 pg | Calculated |
| MCHC | 33.6 | 31.5-34.5 g/dL | Calculated |
| RDW | 14.7 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 5000 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 38.7 | 20-40 % | |
| Absolute Lymphocytes | 1935.0 | 1000-3000 /cmm | Calculated |
| Monocytes | 4.4 | 2-10 % | |
| Absolute Monocytes | 220.0 | 200-1000 /cmm | Calculated |
| Neutrophils | 49.3 | 40-80 % | |
| Absolute Neutrophils | 2465.0 | 2000-7000 /cmm | Calculated |
| Eosinophils | 7.6 | 1-6 % | |
| Absolute Eosinophils | 380.0 | 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. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 291000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 8.7 | 6-11 fl | Calculated |
| PDW | 15.8 | 11-18 % | Calculated |



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Reported : 27-Oct-2022 / 13:29

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|--|---------|---|------------|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 108.1 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 100.7 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |
| Urine Sugar (Fasting) | Absent | Absent | |
| Urine Ketones (Fasting) | Absent | Absent | |

*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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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS**

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|-----------------------|---------|----------------------|---|
| BLOOD UREA, Serum | 12.3 | 12.8-42.8 mg/dl | Kinetic |
| BUN, Serum | 5.7 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.66 | 0.51-0.95 mg/dl | Enzymatic |
| eGFR, Serum | 104 | >60 ml/min/1.73sqm | Calculated by MDRD equation (Modification of Diet |
| TOTAL PROTEINS, Serum | 6.5 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.0 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.5 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.6 | 1 - 2 | Calculated |
| URIC ACID, Serum | 4.1 | 2.4-5.7 mg/dl | Enzymatic |
| PHOSPHORUS, Serum | 3.3 | 2.7-4.5 mg/dl | Molybdate UV |
| CALCIUM, Serum | 8.7 | 8.6-10.0 mg/dl | N-BAPTA |
| SODIUM, Serum | 139 | 135-148 mmol/l | ISE |
| POTASSIUM, Serum | 4.8 | 3.5-5.3 mmol/l | ISE |
| CHLORIDE, Serum | 104 | 98-107 mmol/l | ISE |

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



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



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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
GLYCOSYLATED HEMOGLOBIN (HbA1c)**

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|--|------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB - CC | 5.7 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 116.9 | 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 ***



Signature

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



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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
URINE EXAMINATION REPORT**

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|--------------------------------|--------------|----------------------|--------------------|
| PHYSICAL EXAMINATION | | | |
| Color | Pale yellow | Pale Yellow | - |
| Reaction (pH) | Acidic (5.0) | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.005 | 1.001-1.030 | Chemical Indicator |
| Transparency | Clear | Clear | - |
| Volume (ml) | 40 | - | - |
| CHEMICAL EXAMINATION | | | |
| 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 |
| MICROSCOPIC EXAMINATION | | | |
| Leukocytes(Pus cells)/hpf | 1-2 | 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 | 5-6 | Less than 20/hpf | |
| Others | - | | |

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*** End Of Report ***



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Reported : 27-Oct-2022 / 13:06

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
BLOOD GROUPING & Rh TYPING**

| PARAMETER | RESULTS |
|-----------|----------|
| ABO GROUP | A |
| 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 ***



Signature

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum | 182.4 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 142.6 | 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 | 42.6 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 139.8 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 111.0 | 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 | 28.8 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 4.3 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.6 | 0-3.5 Ratio | Calculated |

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*** End Of Report ***



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Collected : 27-Oct-2022 / 08:56
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
THYROID FUNCTION TESTS

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|--|----------------|--|---------------|
| Free T3, Serum | 4.5 | 2.6-5.7 pmol/L | CMIA |
| Kindly note change in reference range and method w.e.f. 16/08/2019 | | | |
| Free T4, Serum | 12.4 | 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 | 2.96 | 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 upto 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 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 Fraiser (AACC Press)

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



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



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIVER FUNCTION TESTS

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|-----------------------------|----------------|-----------------------------|------------------|
| BILIRUBIN (TOTAL), Serum | 0.33 | 0.1-1.2 mg/dl | Colorimetric |
| BILIRUBIN (DIRECT), Serum | 0.14 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.19 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 6.5 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.0 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.5 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.6 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 21.7 | 5-32 U/L | NADH (w/o P-5-P) |
| SGPT (ALT), Serum | 21.8 | 5-33 U/L | NADH (w/o P-5-P) |
| GAMMA GT, Serum | 15.5 | 3-40 U/L | Enzymatic |
| ALKALINE PHOSPHATASE, Serum | 64.4 | 35-105 U/L | Colorimetric |

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*** End Of Report ***



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

DENTAL CHECK - UP

Name:- Mrs. Sarika Dixit

CID : 2230005096 Sex / Age : 43 / F

Occupation:-

Date: 27/10/22

Chief complaints:-

Medical / dental history:-

Routine checkup

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ:
- b) Facial Symmetry:

N.A.D.

2) Intra Oral Examination:

- a) Soft Tissue Examination:
- b) Hard Tissue Examination:
- c) Calculus:

Stains: FF

| | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |

| | | | |
|---|-----------------|-----|----------------------|
| | Missing | # | Fractured |
| ○ | Filled/Restored | RCT | Root Canal Treatment |
| ○ | Cavity/Caries | RP | Root Piece |

Advised:

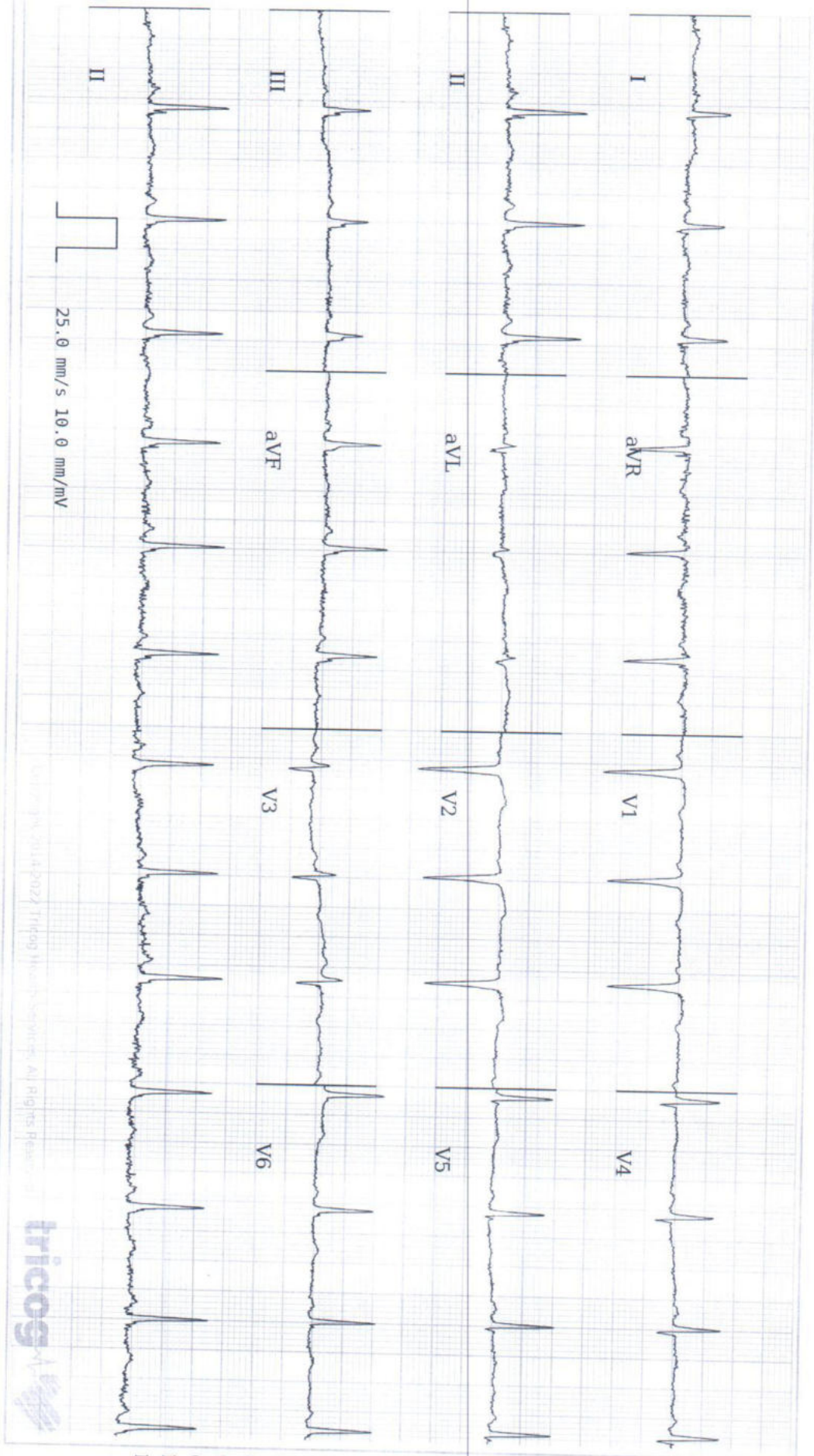
① Replacement of 67 as an implant /
x

Provisional Diagnosis:-

② S + Pol. check
③ 1096. surgical removal of 87.
fcd

Patient Name: **SRIKA DIXIT**
Patient ID: **2230005096**

Date and Time: **27th Oct 22 9:41 AM**



25.0 mm/s 10.0 mm/mV

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Age **43** 6 **22**
years months days

Gender **Female**

Heart Rate **81bpm**

Patient Vitals

BP: **152/100 mmHg**
Weight: **62 kg**
Height: **148 cm**
Pulse: **NA**
SpO2: **NA**
Resp: **NA**
Others:

Measurements

QRSD: **78ms**
QT: **370ms**
QTc: **429ms**
PR: **130ms**
P-R-T: **57° 62° 2°**

Sinus Rhythm, R/O Septal Infarction, possibly old. Please correlate clinically.

REPORTED BY

SUBURBAN DIAGNOSTICS PVT. LTD.
Seraph Centre, Opp. Pentagon Mall,
Near Panchami Hotel,

Shahu College Road, Pune-411 009.
Tel: **020-41094509**

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

M.B.B.S MD (MEDICINE)
cardiologist
39452

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

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

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Reg.Location : Swargate, Pune (Main Centre)

SID : 177805412864
Registered : 27-Oct-2022 / 08:49
Collected : 27-Oct-2022 / 08:49
Reported : 27-Oct-2022 / 11:12
Printed : 27-Oct-2022 / 11:12

USG WHOLE ABDOMEN (SCREENING-Only Corporates)

LIVER: Normal in size (measures 12.6 cms) and **shows generalised increased echogenicity.** No IHBR dilatation. Hepatic veins appear normal.Portal vein and common bile duct show normal caliber.

GALL BLADDER : Partially distended. 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 9.5 x 4.0 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

LEFT KIDNEY : Measures 9.3 x 4.0 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

Retroperitonium 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.

Small umbilical hernia is seen(contents being echogenic omentum). The size of the defect measures 0.7 cm.

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

UTERUS : Anteverted bulky measures 10.2 x 4.7 x 4.3 cm. No area of increased or decreased echogenicity. Endometrial echoes are normal. Endometrial thickness is 7.2 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 fatty changes.
Bulky uterus.
Small umbilical hernia.

Clinical correlation is indicated.

*** End Of Report ***



Dr.NIKHIL JOSHI
MBBS , DMRE

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 : 2230005096
Name : MRS.SARIKA DIXIT
Age / Gender : 43 Years/Female
Ref. Dr : -
Reg.Location : Swargate, Pune (Main Centre)

SID : 177805412864
Registered : 27-Oct-2022 / 08:49
Collected : 27-Oct-2022 / 08:49
Reported : 28-Oct-2022 / 09:06
Printed : 28-Oct-2022 / 09:07


X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.
The cardiothoracic ratio is maintained and the cardiac outline is normal.
The domes of the diaphragm are normal.
The cardio and costophrenic angles are clear.
Bony thorax is normal.

IMPRESSION : Essentially normal X-ray of the chest.

Clinical corelation is indicated.

*** End Of Report ***


Dr. NIKHIL JOSHI
MBBS , DMRE
CONSULTANT RADIOLOGIST