

**Patient Details**

UHID : AFD000016377  
Patient Name : MRS. PRERNA SINGH  
Age / Gender : 35 Yrs 11 Mth / FEMALE / 24-11-1986  
Company : Acrofemi Healthcare Ltd  
Address : FLAT NO-1102, T-4, SPR IMPERIAL, SEC-82, FARIDABAD, HARYANA, INDIA, Zip No.-121004

Bill Date : 12-11-2022 09:46:17  
Bill No. : AFDHC220000660  
Receipt No. : AFDPRT220030376

**Service Details**

S. No.	Investigation	Rooms	Remarks
1	MEDIWHEEL PKG FOR FEMALE BELOW 40YRS		
2	CBC-1( COMPLETE BLOOD COUNT )		
3	ESR		
4	URINE, ROUTINE EXAMINATION		
5	STOOL ROUTINE EXAMINATION		<i>sifas</i>
6	* BLOOD GROUP (ABO & RH)		<i>12:00</i>
7	GLUCOSE PLASMA (FASTING)		
8	GLUCOSE PLASMA (PP) POST PRANDIAL		<i>12:00</i>
9	GLYCATED HAEMOGLOBIN (HBA1C)		
10	THYROID PROFILE (FT3+FT4+TSH)		
11	LIPID PROFILE		
12	KFT/RFT-KIDNEY/RENAL PANEL 1		
13	LIVER FUNCTION TESTS (LFT)		
14	ECG		
15	2D ECHO DR. MITHILESH KUMAR		
16	XRAY-CHEST P.A.		
17	USG-FOR WHOLE ABDOMEN		
18	OPD Consultation-Internal Medicine DR. MUKUND SINGH		
19	OPD Consultation-Ophthal DR. UPASANA / DR. SATISH JERIA		

Prepared By : MS. PRIYANKA MOURYA

Employee ID  
Signature

**FINAL REPORT**

Bill No. :	AFBCB220003789	Bill Date :	12-11-2022 12:40
Patient Name :	MRS. PRERNA SINGH	UHID :	AFD000016377
Age / Gender :	35 Yrs 11 Mth / FEMALE	Patient Type :	If PHC :
Ref. Consultant :	SELF	Ward / Bed :	/
Sample ID :	AFB22369497	Current Ward / Bed :	/
		Receiving Date & Time :	12-11-2022 14:13
		Reporting Date & Time :	12-11-2022 15:56

**HAEMATOLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

**CBC -1 (COMPLETE BLOOD COUNT)**

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		7.6	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	H	4.9	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)		13.3	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)		41.0	%	36 - 46
MEAN CORPUSCULAR VOLUME		83.0	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	26.9	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.4	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)	L	120	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		46.0	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	15.3	%	11.6 - 14

**DIFFERENTIAL LEUCOCYTE COUNT**

NEUTROPHILS		58	%	40 - 80
LYMPHOCYTES		22	%	20 - 40
MONOCYTES		6	%	2 - 10
EOSINOPHILS		4	%	1 - 5
BASOPHILS		0	%	0 - 1

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low



**DR. SHILPA G**  
 MD, PATHOLOGY  
 Sr Consultant


**FINAL REPORT**

Bill No.	: AFDHC220000660	Bill Date	: 12-11-2022 09:46
Patient Name	: MRS. PRERNA SINGH	UHID	: AFD000016377
Age / Gender	: 35 Yrs 11 Mth / FEMALE	Patient Type	: OPD <span style="float:right">If PHC :</span>
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22020943	Current Ward / Bed	: /
		Receiving Date & Time	: 12-11-2022 10:55
		Reporting Date & Time	: 12-11-2022 12:50

**HAEMATOLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
<i>Sample Type: EDTA Whole Blood</i>				
<b>MEDIWHEEL PKG FOR FEMALE BELOW 40YRS</b>				
ESR (Westergren)		17	mm 1st hr	0 - 20

\*\* End of Report \*\*

**IMPORTANT INSTRUCTIONS**

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**DR. RICHA KAUSHIK MISHRA**  
 MBBS, DNB  
 CONSULTANT

**FINAL REPORT**

Bill No.	: AFDHC220000660	Bill Date	: 12-11-2022 09:46
Patient Name	: MRS. PRERNA SINGH	UHID	: AFD000016377
Age / Gender	: 35 Yrs 11 Mth / FEMALE	Patient Type	: OPD      If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22020952	Current Ward / Bed	: /
		Receiving Date & Time	: 12-11-2022 11:12
		Reporting Date & Time	: 12-11-2022 14:52

**CLINICAL PATH REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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*Sample Type: Urine*
**MEDIWHEEL PKG FOR FEMALE BELOW 40YRS**
**URINE, ROUTINE EXAMINATION**
**PHYSICAL EXAMINATION**

QUANTITY	50 mL		
COLOUR	Pale yellow		Pale Yellow
TURBIDITY	Clear		

**CHEMICAL EXAMINATION**

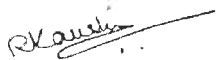
PH	5.0		5.0 - 8.5
PROTEINS	Negative		Negative
SUGAR	Negative		Negative
SPECIFIC GRAVITY, URINE	1.010		1.005 - 1.030

**MICROSCOPIC EXAMINATION**

LEUCOCYTES	3-4	/HPF	0 - 5
RBC's	Nil		
EPITHELIAL CELLS	2-3		
CASTS	Nil		
CRYSTALS	Nil		

**\*\* End of Report \*\***
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**FINAL REPORT**

Bill No.	: AFDHC220000660	Bill Date	: 12-11-2022 09:46
Patient Name	: MRS. PRERNA SINGH	UHID	: AFD000016377
Age / Gender	: 35 Yrs 11 Mth / FEMALE	Patient Type	: OPD <span style="float:right">If PHC :</span>
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22020944	Current Ward / Bed	: /
		Receiving Date & Time	: 12-11-2022 10:55
		Reporting Date & Time	: 12-11-2022 12:57

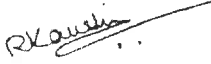
**BLOOD BANK REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
<i>Sample Type: EDTA Whole Blood</i>				
<b>MEDIWHEEL PKG FOR FEMALE BELOW 40YRS</b>				
<b>BLOOD GROUP (ABO &amp; RH)</b>				
ABO GROUP		"O"		
RH TYPE		POSITIVE		

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

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MBBS, DNB  
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**FINAL REPORT**

Bill No.	: AFDHC220000660	Bill Date	: 12-11-2022 09:46
Patient Name	: MRS. PRERNA SINGH	UHID	: AFD000016377
Age / Gender	: 35 Yrs 11 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22020945	Current Ward / Bed	: /
		Receiving Date & Time	: 12-11-2022 10:55
		Reporting Date & Time	: 12-11-2022 11:36

Sample Type: Serum

**MEDIWHEEL PKG FOR FEMALE BELOW 40YRS**
**KFT/RFT- KIDNEY/RENAL PANEL 1**

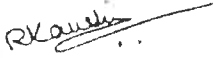
BLOOD UREA <small>Urease-GLDH,Kinetic</small>	22	mg/dL	15 - 45
CREATININE-SERUM <small>(Modified Jaffe's Kinetic)</small>	0.7	mg/dL	0.6 - 1.1
SODIUM-SERUM <small>(Indirect Ion-Selective Electrode)</small>	136	m.mol/L	135 - 145
POTASSIUM-SERUM <small>(Indirect Ion-Selective Electrode)</small>	4.9	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM <small>(Indirect Ion-Selective Electrode)</small>	98	m.mol/L	98 - 107

GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>	<b>H</b>	<b>242.7</b>	mg/dL	70 - 100
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Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.  
 (As per American Diabetes Association recommendation)

**\*\* End of Report \*\***
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**FINAL REPORT**

Bill No.	: AFDHC220000660	Bill Date	: 12-11-2022 09:46
Patient Name	: MRS. PRERNA SINGH	UHID	: AFD000016377
Age / Gender	: 35 Yrs 11 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22020972	Current Ward / Bed	: /
		Receiving Date & Time	: 12-11-2022 14:38
		Reporting Date & Time	: 12-11-2022 15:58

**BIOCHEMISTRY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Plasma

**MEDIWHEEL PKG FOR FEMALE BELOW 40YRS**

GLUCOSE-PLASMA (POST PRANDIAL) (UV Hexokinase)	H	264.8	mg/dL	70 - 140
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Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.  
 (As per American Diabetes Association recommendation)

**\*\* End of Report \*\***
**IMPORTANT INSTRUCTIONS**

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### FINAL REPORT

Bill No.	: AFBCB220003789	Bill Date	: 12-11-2022 12:40
Patient Name	: MRS. PRERNA SINGH	UHID	: AFD000016377
Age / Gender	: 35 Yrs 11 Mth / FEMALE	Patient Type	: If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFB22369497	Current Ward / Bed	: /
		Receiving Date & Time	: 12-11-2022 14:13
		Reporting Date & Time	: 14-11-2022 09:51

### HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

#### \*GLYCATED HAEMOGLOBIN (HBA1C)

HBA1C (HPLC)	H	10.0	%	4.27 - 6.07
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#### INTERPRETATION:

#### Degree of Glucose Control

HbA1c %	Interpretation
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- Note:
1. A three monthly monitoring is recommended in diabetics.
  2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

**\*\* End of Report \*\***

#### IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



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### FINAL REPORT

Bill No.	: AFBCB220003789	Bill Date	: 12-11-2022 12:40
Patient Name	: MRS. PRERNA SINGH	UHID	: AFD000016377
Age / Gender	: 35 Yrs 11 Mth / FEMALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFB22369498	Current Ward / Bed	: /
		Receiving Date & Time	: 12-11-2022 14:13
		Reporting Date & Time	: 12-11-2022 16:34

### SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

#### \*THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.07	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.56	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		3.45	mIU/L	0.27-4.20

**\*\* End of Report \*\***

#### IMPORTANT INSTRUCTIONS

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**FINAL REPORT**

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Patient Name	: MRS. PRERNA SINGH	UHID	: AFD000016377
Age / Gender	: 35 Yrs 11 Mth / FEMALE	Patient Type	: OPD <span style="float:right">If PHC :</span>
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22020945	Current Ward / Bed	: /
		Receiving Date & Time	: 12-11-2022 10:55
		Reporting Date & Time	: 12-11-2022 11:36

**BIOCHEMISTRY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

**MEDIWHEEL PKG FOR FEMALE BELOW 40YRS**

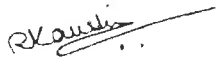
CHOLESTROL-TOTAL (CHO-POD)	H	188	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Inhibition</small>	L	33	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	119	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - POD)	H	475	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	155.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		5.7		½Average Risk <3.3 Average Risk 3.3 - 4.4 2 Times Average Risk 4.5 - 7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		3.6		½Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-6.1
CHOLESTROL-VLDL	H	95	mg/dL	10 -35

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
  - Cigarette smoking.
  - Hypertension.
  - Family history of premature coronary heart disease.
  - Pre-existing coronary heart disease.

**\*\* End of Report \*\***
**IMPORTANT INSTRUCTIONS**

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Age / Gender	: 35 Yrs 11 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
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**BIOCHEMISTRY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

**MEDIWHEEL PKG FOR FEMALE BELOW 40YRS**
**LIVER FUNCTION TESTS (LFT)**

BILIRUBIN-TOTAL (DPD)		1.00	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.20	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.80	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		7.0	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.3	g/dL	
S.GLOBULIN	L	2.7	g/dL	2.8-3.8
A/G RATIO		1.59		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		75.1	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (IFCC)	H	58.2	IU/L	10 - 42
ALANINE AMINO TRANSFERASE (IFCC)	H	69.1	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTID (IFCC)	H	55.8	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		221.2	IU/L	0 - 248
CHOLESTROL-TOTAL (CHO-POD)	H	188	mg/dL	0 - 160
HDL CHOLESTROL (Enzymatic Inhibition)	L	33	mg/dL	>45
CHOLESTROL-LDL DIRECT (Enzymatic Selective Protection)	H	119	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - POD)	H	475	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	155.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		5.7		1/2 Average Risk <3.3 Average Risk 3.3 - 4.4 2 Times Average Risk 4.5 - 7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		3.6		1/2 Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-6.1
CHOLESTROL-VLDL	H	95	mg/dL	10 - 35

**Comments:**

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
  - Cigarette smoking.
  - Hypertension.
  - Family history of premature coronary heart disease.
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**\*\* End of Report \*\***



FINAL REPORT

Bill No.	: AFDHC220000660	Bill Date	: 12-11-2022 09:46
Patient Name	: MRS. PRERNA SINGH	UHID	: AFD000016377
Age / Gender	: 35 Yrs 11 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22020945	Current Ward / Bed	: /
		Receiving Date & Time	: 12-11-2022 10:55
		Reporting Date & Time	: 12-11-2022 11:36
<b>IMPORTANT INSTRUCTIONS</b> CL - Critical Low, CH - Critical High, H - High, L - Low			

*Richa Kaushik*

DR. RICHA KAUSHIK MISHRA  
MBBS, DNB  
CONSULTANT



Mrs. Prema Singh  
ID: Opd

10.11.2022 11:05:49  
ASIAN FIDELIS HOSPITAL  
SEC-88 FARIDABAD HARYANA  
RPS CITY

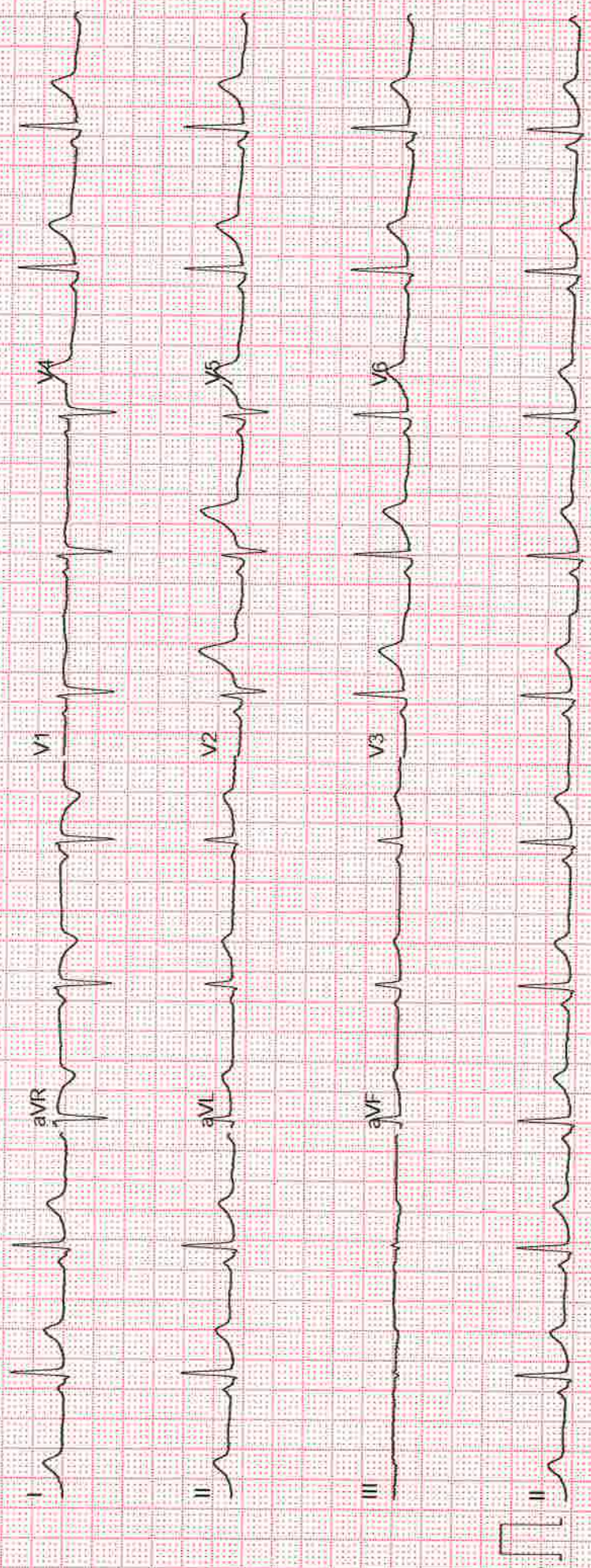
QRS 74 ms  
QT / QTcBaz 424 / 437 ms  
PR 126 ms  
P 96 ms  
RR / PP 930 / 937 ms  
P / QRS / T 43 / 30 / 21 degrees

Normal sinus rhythm  
Normal ECG

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

64 bpm  
- / - mmHg





## NON INVASIVE CARDIOLOGY

Patient Name	: MRS. PRERNA SINGH	IPD No.	:
Age	: 35 Yrs 11 Mth	UHID	: AFD000016377
Gender	: FEMALE	Bill No.	: AFDHC220000660
Ref. Doctor	: SELF	Bill Date	: 12-11-2022 09:46:17
Ward	:	Room No.	:
		Procedure Date	: 12-11-2022 11:48:13

### ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

MEASUREMENTS	ABSOLUTE VALUE		NORMAL VALUE
Aortic Root Diameter	2.5		2.0-3.7cm < 2.2cm/M2
Aortic Valve Opening	N		1.5-2.6cm
Left Atrial Dimension	3.2		1.9-4.0cm < 2.2cm/M2
RV Dimensions	N		0.7-2.6cm
RV thickness	N		0.3-0.9cm
LV ED Dimension	3.6		3.7-5.6 cm < 3.2cm /M2
LV ES Dimension	2.4		2.2-4.0 cm
IVS thickness	ED – 0.8	ES-1.1	0.6-1.2cm
LVPW Thickness	ED – 0.7	ES-1.0	0.5-1.1cm
IVS/ LVPW Ratio	N		
Mitral Valve	DE-N	EF -N	

<b>INDICES OF LV FUNCTION</b>		
EPSS		<9mm
FS%		<b>24-42%</b>
LV Ejection Fraction	<b>60%</b>	<b>60+/-6%</b>

## NON INVASIVE CARDIOLOGY

Patient Name	: MRS. PRERNA SINGH	IPD No.	:
Age	: 35 Yrs 11 Mth	UHID	: AFD000016377
Gender	: FEMALE	Bill No.	: AFDHC220000660
Ref. Doctor	: SELF	Bill Date	: 12-11-2022 09:46:17
Ward	:	Room No.	:
		Procedure Date	: 12-11-2022 11:48:13

### **IMAGING:**

2D- imaging in PLAX.SAX and apical views revealed normal left ventricle. Movement of septum, posterior and lateral walls are normal. Global LVEF is 60%. Mitral valve opening is normal. No evidence of mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted. Tricuspid valve leaflets move normally, Pulmonary valve is normal. Interatrial and Interventricular septa are intact, No intracardiac mass or thrombus is seen. No pericardial pathology is observed.

### **MORPHOLOGICAL DATA**

Mitral Valve : AML PML	Normal	Interatrial Septum	Intact
Aortic Valve	Normal	Interventricular Septum	Intact
Tricuspid Valve	Normal	Pulmonary Artery	Normal
Pulmonary Valve	Normal	Aorta	Normal
Right Ventricle	Normal	Right Atrium	Normal
Left Ventricle	Normal	Left Atrium	Normal

### **DOPPLER STUDY**

	m/s	m/s	
MITRAL VELOCITY	E-0.4	A-0.6	MR 1/4
TRICUSPID VELOCITY	1.7 m/s		TR 1/4
AORTIC VELOCITY	0.9 m/s		AR 0/4
PULMONARY VELOCITY	0.7 m/s		PR 0/4
PA Pressure	15+RAP		

## NON INVASIVE CARDIOLOGY

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Age	: 35 Yrs 11 Mth	UHID	: AFD000016377
Gender	: FEMALE	Bill No.	: AFDHC220000660
Ref. Doctor	: SELF	Bill Date	: 12-11-2022 09:46:17
Ward	:	Room No.	:
		Procedure Date	: 12-11-2022 11:48:13

### COLOUR FLOW MAPPING

Trace mitral regurgitation.

Trace tricuspid regurgitation.

### FINAL IMPRESSION

1. No RWMA, LVEF-60%.
2. Normal cardiac chamber dimension.
3. Trace mitral regurgitation.
4. Trace tricuspid regurgitation (15+RAP).
5. Grade I diastolic dysfunction.
6. No clot/mass/vegetation/PE

DR. MITHILESH KUMAR  
 MD. DrNB (Cardiology)  
 Consultant Cardiologist

HMC-HN19722



For The perusal of a medical professional only

The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.  
 It is not the diagnosis & must be correlated clinically.

NOT FOR MEDICOLEGAL PURPOSES

.....End of Report.....

Prepare By.  
 MADHVI.S

## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MRS. PRERNA SINGH	IPD No.	:	
Age	: 35 Yrs 11 Mth	UHID	:	AFD000016377
Gender	: FEMALE	Bill No.	:	AFDHC220000660
Ref. Doctor	: SELF	Bill Date	:	12-11-2022 09:46:17
Ward	:	Room No.	:	
		Print Date	:	12-11-2022 11:59:19

### CHEST PA VIEW:

Cardiac shadow appears normal.

**Both lung fields show prominent bronchovascular markings.**

Both domes of diaphragm and both CP angles are clear.

Both hila appear normal.

Soft tissues and bony cage appear normal.

**Please correlate clinically.**

.....End of Report.....



Prepare By.  
BHANOO

DR. BHANOO CHAUDHARY, MBBS, MD  
CONSULTANT

**Note :** The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MRS. PRERNA SINGH	IPD No.	:	
Age	: 35 Yrs 11 Mth	UHID	:	AFD000016377
Gender	: FEMALE	Bill No.	:	AFDHC220000660
Ref. Doctor	: SELF	Bill Date	:	12-11-2022 09:46:17
Ward	:	Room No.	:	
		Print Date	:	12-11-2022 10:31:36

### USG WHOLE ABDOMEN

#### FINDINGS:

- Liver is normal in size (longitudinal span 13.5 cm) **and shows mild fatty infiltration (s/o grade I fatty liver)**. No evidence of any focal lesion is seen. No dilated intrahepatic biliary radicles are seen. Common duct and portal vein are normal in course and caliber.
- The gall bladder is partially contracted (? Post-prandial status) .
- *Visualized Pancreas is normal in size and parenchymal echogenicity. Rest of the pancreas and retroperitoneal structures are obscured by overlying bowel gas shadows.*
- Spleen is normal in size and echo pattern with no focal lesion.
- Both the kidneys are normal in size, shape and position. No evidence of any hydronephrosis is noted on either side. Normal corticomedullary differentiation is maintained bilaterally. The cortical thickness is within normal limits. The right kidney measures 11.1 x 4.9 cm. The left kidney measures 11.4 x 5.3 cm. No focal lesion/calculus noted in either kidney.
- The Urinary Bladder is well distended and shows anechoic contents. No focal lesion/calculus seen. There is no evidence of any obvious intraluminal or perivesical pathology.
- Uterus is anteverted and is normal in size measuring 9.5 x 4.4 x 5.5 cm. Normal echogenicity of myometrium noted. No focal lesion seen. The endometrium measures 11.1 mm and appears normal. The uterine cavity is empty. The cervical endometrium is thin and regular.
- Both ovaries are normal in size and echotexture. Right ovary measures 2.6 x 2.1 cm. Left ovary measures 2.4 x 2.2 cm.
- No ascites/retroperitoneal lymphadenopathy/pleural effusion.

#### IMPRESSION:

- **Grade I fatty liver changes.**

*Please correlate clinically.*

.....End of Report.....

Prepare By.  
BHANOO

  
DR. BHANOO CHAUDHARY, MBBS, MD  
CONSULTANT

**Note :** The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.



OPD Assessment Form (First visit/Follow-up)



Name : MRS. PRERNA SINGH      UHID No. : AFD000016377  
 HUSBAND : MR. CHANDRA SHEKHAR      Date : 12-11-2022 09:42:48  
 Age / Gender : 35 Yrs 11 Mth / FEMALE      Doctor / Unit : DR. UPASANA / DR. SATISH JERIA /  
 CPG : CORPORATE CASHAIMS2122\_FD      Department : OPHTHALMOLOGY  
 Inst. Name : Acrofemi Healthcare Ltd  
 Address : FLAT NO-1102, T-4, SPR IMPERIAL, SEC-82, FARIDABAD, HARYANA, INDIA, Zip No.-121004

Present Complaints: *c/o Regular checkup*

BP (mm Hg) *100/70 mmHg*  
 Pulse *65 bpm*  
 RR *spO2 - 99.1%*  
 Ht/Length *164 cm*  
 Wt- *75.3 kg*  
 Pain Score (1-10)

Past/Family History: *No H/O DM/HTN*

Any known Allergies  
  
*None*

History Given By :  
 Clinical Findings :

*Vu* *6/6* *ng*  
*6/6* *ng*  
*als* *oo*  
*upf* *@*  
*@* *@*

Provisional Diagnosis : *Normal*

DR. UPASANA / DR. SATISH JERIA, M.D./MS, CONSULTANT-OPHTHALMOLOGY, Reg. No: DMC-71812

Note :  
 Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.  
**WHEN TO OBTAIN URGENT CARE** : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

Investigations Advised :



Plan Of Care :

Treatment Advice:

Maintain hydration  
Regular yearly follow up

Nutritional Screening : Required  (If required, please contact, the dietician)

Not Required

Signature of Doctor / Consultant:  Date: 12/02/22 Time: 12:58pm