# Health Check up Booking Confirmed Request(bobE47835), Package Code-PKG10000241, Beneficiary Code-73946

## Mediwheel <wellness@mediwheel.in>

Tue 10/10/2023 12:35 PM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com> Cc:customercare@mediwheel.in < customercare@mediwheel.in >



011-41195959 Email:wellness@mediwheel.in

## Hi Manipal Hospitals,

Diagnostic/Hospital Location: NH-24 Hapur Road, Oppo. Bahmeta Village, Near Lancroft Golf Links Apartment, City: Ghaziabad

We have received the confirmation for the following booking .

Beneficiary

Name

: PKG10000241

Beneficiary

Name

: MS. SINGH KHUSHBOO

Member Age

: 28

Member Gender: Female

Member Relation: Employee

Package Name : Medi-Wheel Metro Full Body Health Checkup Female Below 40

Location

: GHAZIABAD, Uttar Pradesh-NULL

Contact Details : 9051569610

**Booking Date** 

: 09-10-2023

Appointment

Date

: 14-10-2023

## Instructions to undergo Health Check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- 2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- 3. Bring urine sample in a container if possible (containers are available at the Health Check
- 4. Please bring all your medical prescriptions and previous health medical records with you.
- 5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

#### For Women:

- 1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- 2. It is advisable not to undergo any Health Check during menstrual cycle.

We request you to facilitate the employee on priority.

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AADHAAR

ಬಾರತೀಯ ವಿಶಿಷ ಗುರುತು ಪ್ರಾಧಿಕಾರ 

nialle Identification Authority of India ಬಾರತ ಸಕ್ಕಾರ

Government of India

ನೋಂದಣೆ ಸಂಖ್ಯ Enrolment No.: 2189/42083/57409

ಎಲೆಕ್ಟ್ರಾಗಿಕ್ ಪ್ರಕ್ರಿಯ ಮೂಲಕ ಮುದ್ದಿತವಾದ ವಿದ್ಯಾಣ್ಣನ ದಾಖಲ ಇದಾಗಿದ

ನಿಮ್ಮ ಗುರುತನ್ನು ಸಾದೀತುಪಡಿಸಲು ಆನ್ ಲೈನ್ ಮೂಲಕ ದೃರ್ಧೀರಿಸಿ.

ಅದಾರ್ ಗುರುತಿನ ಪ್ರರಾವಿಯೇ ಹೊರತು ಪೌರತ್ಯರಲ್ಲ

Arya Nagar, Near Mufassil Thana, D/O: Ram Dilip Singh Khushboo Singh Hazaribagh, Model Sort

Aadhaar is a proof of identity, not of citizenship.

INFORMATION

To establish identity, authenticate online.

This is electronically generated letter.

ಭವಿಷ್ಯದಲ್ಲಿ, ಸರ್ಕಾರಿ ಹಾಗೂ ಸರ್ಕಾರೀತರ ಸೇವೆಗಳನ್ನು

ಅಧಾರ್ ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡದಿದೆ.

ಪಡೆಯಲು ಆಧಾರ್ ನಿಮಗೆ ಸಹಾಯಕವಾಗಲಿದೆ.

Aachaar is valid throughout the country.

Hazaribagh Hazaribagh Jharkhand - 825301 Ranchi - Patna Road, 9731556993 Hazaribag

Generation Date: 12/04/2017





ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು 9694 9724 2987



ಭಾರತ ಸರ್ಕಾರ Government of India

ಖುಷ್ಯೂ ಸಿಂಗ್ Khushboo Singh ಜಸ್ಥ ದಿಸಾಂಚ/ DOB: 05/09/1992 3 / FEMALE



9694 9724 2987

अय निकिशि 90000

Aadhaar will be helpful in availing Sovernment

and Non-Government services in future.



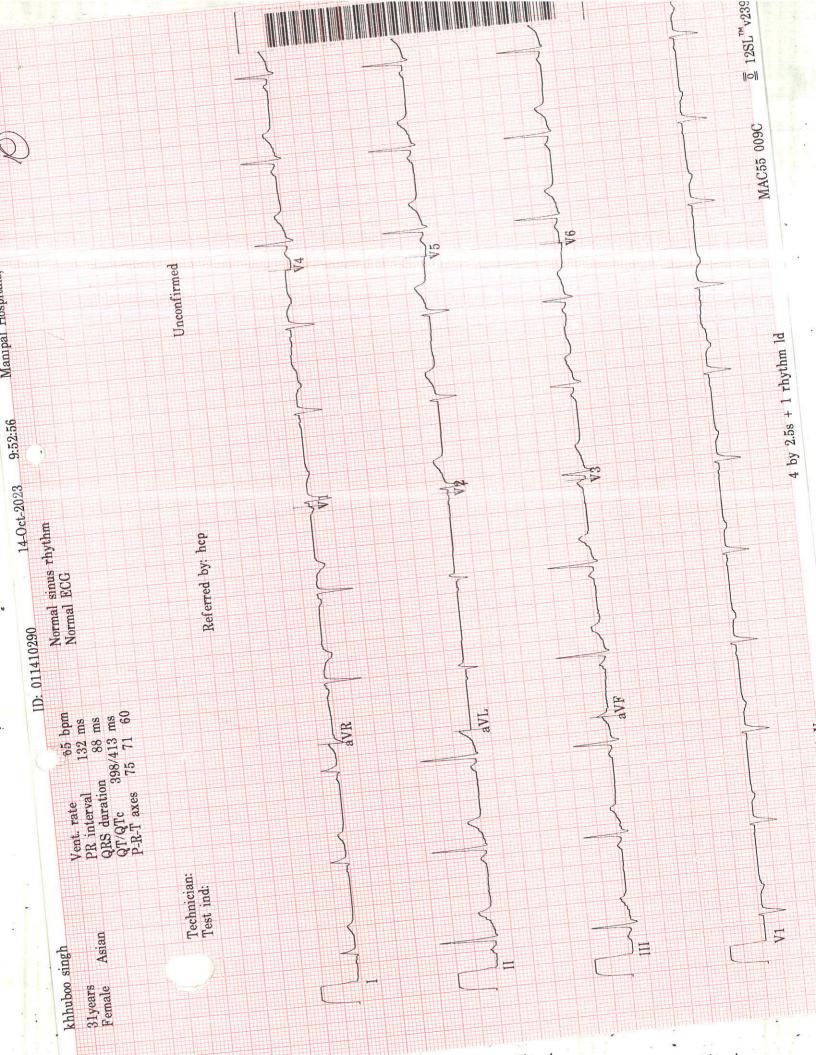
ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಕ್ಯಾಧಿಕಾರ

Unique Identification Authority of India

Nagar, Near Mufassil Thana D/O: Ram Diip Singh, Arya Hazaribagh., Hazaribag, Ranchi - Patha Road, Hazaribagh. ದಿಲೀಪ್ ಸಿಂಗ್, ಅರ್ಯ ನಗರ, ಮುಭಾಸೀಲ್ ತಾಜದ ಹತಿರ,, ರಾಂಚೆ. ಪಟ್ಟಣ ರಸ್ತೆ, ಕಾಜರಿಬಾಗ್, ವಿಳಾಸ: ಕೆಂದೆ / ತಾಯಿಯ ಹೆಸರು: ರಾಮ್

9694 9724 2987

Markhand - 825301







# TMT INVESTIGATION REPORT

Patient Name KHUSHBOO SINGH

Location

: Ghaziabad

Age/Sex

: 31Year(s)/Female

Visit No

: V000000001-GHZB

MRN No

MH011410290

Order Date

: 14/10/2023

Ref. Doctor

: HCP

Report Date

: 14/10/2023

Protocol

: Bruce

**MPHR** 

: 189BPM

**Duration of exercise** 

: 4min 34sec

85% of MPHR

: 160BPM

**Reason for termination** 

: THR achieved

Peak HR Achieved

: 167BPM

Blood Pressure (mmHg) : Baseline BP : 110/70mmHg

Peak BP : 130/70mmHg % Target HR **METS** 

: 88% : 6.4METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	86	110/70	Nil	No ST changes seen	Nil
STAGE 1	3:00	144	120/70	Nil	No ST changes seen	Nil
STAGE 2	1:34	167	130/70	Nil	No ST changes seen	Nil
RECOVERY	3:03	101	114/70	Nil	No ST changes seen	Nil

## **COMMENTS:**

No ST changes in base line ECG.

No ST changes during test and recovery.

Normal chronotropic response.

Normal blood pressure response.

## **IMPRESSION:**

Treadmill test is negative for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh

Dr. Abhishek Singh

Dr. Sudhanshu Mishra

MD, DM (CARDIOLOGY), FACC Sr. Consultant Cardiology

MD, DNB (CARDIOLOGY), MNAMS MD

Sr.Consultant Cardiology

Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

p: 0120-3535353

Page 1 of 2

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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# Departments kappetery Medicine

Name

MRS KHUSHBOO SINGH

Age

31 Yr(s) Sex :Female

**Registration No** 

MH011410290

Lab No

202310002984

**Patient Episode** 

**Collection Date:** 

14 Oct 2023 09:11

Referred By

H18000001326

**Reporting Date:** 

14 Oct 2023 11:31

**Receiving Date** 

HEALTH CHECK MGD

14 Oct 2023 09:11

#### **HAEMATOLOGY**

ESR	42.0 #	mm/1sthour	ī	0.0-20.0
Basophils	0.0	90	[0.0-2.0]	
Eosinophils	3.0	90	[1.0-6.0]	
Monocytes	9.0	90	[2.0-10.0]	
Lymphocytes	36.0	00	[20.0-40.0]	
(VCS TECHNOLOGY/MICROSCOPY) Neutrophils	52.0	ଚ	[40.0-80.0]	
DIFFERENTIAL COUNT				
WBC COUNT (TC) (IMPEDENCE)	6.95	$\times$ 10 $^{3}$ cells/cumm	[4.00-10.00]	
MPV (DERIVED)	13.9			
Method: Electrical Impedance				
Platelet count	150	$x 10^3$ cells/cumm	[150-410]	
RDW CV% (DERIVED)	12.0	ે	[11.6-14.0]	
MCHC (CALCULATED)	31.6	g/dl	[31.5-34.5]	
MCH (CALCULATED)	31.0	pg	[25.0-32.0]	4
MCV (DERIVED)	98.2	fL	[83.0-101.0]	
HEMATOCRIT (CALCULATED)	38.6	ଚ	[36.0-46.0]	
HEMOGLOBIN Method:cyanide free SLS-colori		9, 42		
RBC COUNT (IMPEDENCE)	12.2	g/dl	[12.0-15.0]	
(TARERENCE)	3.93	millions/cumm	[3.80-4.80]	
COMPLETE BLOOD COUNT (AUTOMATE	D)	SPECIMEN-EDTA Whole	Blood	

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# Department of Laboratory Medicine

Name

MRS KHUSHBOO SINGH

Age

31 Yr(s) Sex :Female

Registration No

MH011410290

Lab No

202310002984

**Patient Episode** 

: H18000001326

**Collection Date:** 

14 Oct 2023 09:11

Referred By

: HEALTH CHECK MGD

Reporting Date:

14 Oct 2023 16:46

Receiving Date

: 14 Oct 2023 09:11

#### **BIOCHEMISTRY**

Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin)

5.0

Method: HPLC

As per American Diabetes Association (ADA) HbAlc in %

Non diabetic adults >= 18 years <5.7

[0.0-5.6]

Prediabetes (At Risk )5.7-6.4
Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG)

97

mg/dl

Comments: HbAlc 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.

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing

O Rh(D) Positive

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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----END OF REPORT-----

Dr. Charu Agarwal Consultant Pathologist

Charl

E IVIECTICAL CHARITADIE PRE PROBLEM ROAD, Near Landcraft Golflinks, manipalhes Ghaziabad - 201002

LIFE'S ON Registered Office: Sector-6, Dwarka, New Delhi 110 075

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# Department of habitory Medicine

Name

: MRS KHUSHBOO SINGH

Age

31 Yr(s) Sex :Female

**Registration No** 

: MH011410290

Lab No

32231005967

**Patient Episode** 

**Collection Date:** 

14 Oct 2023 19:20

Referred By

: R03000055148

Reporting Date:

14 Oct 2023 20:27

**Receiving Date** 

: MANIPAL HOSPITALS GHAZIABAD : 14 Oct 2023 19:41

### **BIOCHEMISTRY**

THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)

0.949 6.400 ng/ml µg/dl [0.800-2.040] [5.500-11.000]

T4 - Thyroxine (ECLIA) Thyroid Stimulating Hormone (ECLIA)

3.450

μIU/mL

[0.340 - 4.250]

1st Trimester: 0.6 - 3.4

2nd Trimester: 0.37 - 3.6

micIU/mL micIU/mL

3rd Trimester: 0.38 - 4.04 micIU/mL

Note: TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm. Factors such as change of seasons hormonal fluctuations, Ca or Fe supplements, high fibre diet, stress and illness affect TSH results.

\* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) http://www.thyroid-info.com/articles/tsh-fluctuating.html

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-----END OF REPORT-----

Dr. Neelam Singal CONSULTANT BIOCHEMISTRY





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# **LABORATORY REPORT**

Name

: MRS KHUSHBOO SINGH

**Registration No Patient Episode** 

: MH011410290 : H18000001326

Referred By

: HEALTH CHECK MGD

**Receiving Date** 

: 14 Oct 2023 10:57

Age

31 Yr(s) Sex: Female

Lab No

202310002984

**Collection Date:** 

14 Oct 2023 10:57

Reporting Date:

14 Oct 2023 16:07

#### **CLINICAL PATHOLOGY**

# ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

## MACROSCOPIC DESCRIPTION

Colour

PALE YELLOW

(Pale Yellow - Yellow)

Appearance

CLEAR

(4.6 - 8.0)

Reaction[pH]

6.0

(1.003 - 1.035)

becific Gravity

1.010

## CHEMICAL EXAMINATION

Protein/Albumin

Negative

(NEGATIVE)

Glucose

NIL

(NIL)

Ketone Bodies

Negative

(NEGATIVE)

Urobilinogen

Normal

(NORMAL)

# MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells RBC

0-1/hpf

/hpf

(0-5/hpf)

Epithelial Cells

NIL

(0-2/hpf)

CASTS

3 - 4

NIL

Crystals

NIL

acteria

NIL

JTHERS

NIL

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## **LABORATORY REPORT**

Name : MRS KHUSHBOO SINGH

Age : 31 Yr(s) Sex :Female

**Registration No** 

: MH011410290

Lab No : 202310002984

Patient Episode

: H18000001326

Referred By

: HEALTH CHECK MGD

**Collection Date:** 14 Oct 2023 09:11

**Receiving Date** 

: 14 Oct 2023 09:11

Reporting Date: 14 (

14 Oct 2023 15:00

## **BIOCHEMISTRY**

TEST	RESULT	*	UNIT		BIOLOGICAL REFERENCE INTERVA
Serum LIPID PROFILE					
Serum TOTAL CHOLESTEROL		170		mg/dl	[<200]
Method:Oxidase, esterase,	peroxide				Moderate risk:200-239
					High risk:>240
TRIGLYCERIDES (GPO/POD)		62		mg/dl	[<150]
	<sup>1</sup>				Borderline high: 151-199
					High: 200 - 499
					Very high:>500
HDL- CHOLESTEROL		60.0	¥:	mg/dl	[35.0-65.0]
Method : Enzymatic Immun	oimhibition				
VLDL- CHOLESTEROL (Calcu	lated)	12		mg/dl	[0-35]
CHOLESTEROL, LDL, CALCUL	ATED	98.0		mg/dl	[<120.0]
					Near/
Above optimal-100-129					
The state of the s					Borderline High: 130-159
					High Risk:160-189
T.Chol/HDL.Chol ratio(C	alculated)	2.8			<4.0 Optimal
	22 62286	8			4.0-5.0 Borderline
					>6 High Risk
LDL.CHOL/HDL.CHOL Ratio(	Calculated)	1.6			<3 Optimal
	04104140047				3-4 Borderline
					>6 High Risk
	* 2				

#### Note:

Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening too for abnormalities in lipids, the results of this tests can identify certain genetic diseas and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

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LABORATORY REPORT

Name : MRS KHUSHBOO SINGH

Age

31 Yr(s) Sex :Female

Registration No

: MH011410290

Lab No

mmol/L

202310002984

**Patient Episode** 

: H18000001326

**Collection Date:** 

14 Oct 2023 09:11

Referred By

: HEALTH CHECK MGD

Reporting Date:

14 Oct 2023 15:00

**Receiving Date** 

: 14 Oct 2023 09:11

**BIOCHEMISTRY** 

**TEST** 

RESULT

UNIT

**BIOLOGICAL REFERENCE INTERVA** 

KIDNEY PROFILE

Specimen:	Serum
-----------	-------

REA	16.5	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	7.7 #	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.56 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	4.4	mg/dl	[4.0-8.5]
Method:uricase PAP			

SODIUM, SERUM	132.60 #	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.25	mmol/L	[3.60-5.10]

103.0

SERUM CHLORIDE
Method: ISE Indirect

eGFR (calculated) 124.6 ml/min/1.73sq.m [>60.0]

Technical Note

GFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolys Icterus / Lipemia.

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[101.0-111.0]





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## **LABORATORY REPORT**

Name : MRS KHUSHBOO SINGH

: MH011410290

: H18000001326

Referred By : HEALTH CHECK MGD

**Receiving Date** : 14 Oct 2023 09:11

**Registration No** 

**Patient Episode** 

Age

31 Yr(s) Sex :Female

Lab No

202310002984

**Collection Date:** 

14 Oct 2023 09:11

Reporting Date:

14 Oct 2023 15:00

## **BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOL	OGICAL REFERENCE INTER	VA
LIVER FUNCTION TEST					
BILIRUBIN - TOTAL Method: D P D	0.94		mg/dl	[0.30-1.20]	
BILIRUBIN - DIRECT Method: DPD	0.21	98 T	mg/dl	[0.00-0.30]	
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.73		mg/dl	[0.10-0.90]	
TOTAL PROTEINS (SERUM) Method: BIURET	7.40		gm/dl	[6.60-8.70]	
ALBUMIN (SERUM) Method: BCG	4.12		g/dl	[3.50-5.20]	
GLOBULINS (SERUM) Method: Calculation	3.30		gm/dl	[1.80-3.40]	
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.26			[1.00-2.50]	
AST(SGOT) (SERUM) Method: IFCC W/O P5P	28.00		U/L	[0.00-40.00]	
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	25.40		U/L	[14.00-54.00]	
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	76.0		IU/L	[40.0-98.0]	
GGT	6.0 #		U/L	[7.0-50.0]	

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# **LABORATORY REPORT**

Name

: MRS KHUSHBOO SINGH

Age

31 Yr(s) Sex :Female

**Registration No** 

: MH011410290

Lab No

202310002984

Patient Episode

: H18000001326

**Collection Date:** 

14 Oct 2023 09:11

Referred By

: HEALTH CHECK MGD

Reporting Date:

14 Oct 2023 15:00

**Receiving Date** 

: 14 Oct 2023 09:11

**BIOCHEMISTRY** 

**TEST** 

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVA

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal bell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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-----END OF REPORT-----

The

Dr. Alka Dixit Vats Consultant Pathologist





Name and Countries of the Property of the Prop Ghaziabad - 201002 Ph. +91 120 353 5353, M. 88609 45566 www.manipalhospitals.com

**LABORATORY REPORT** 

Name

: MRS KHUSHBOO SINGH

Age

31 Yr(s) Sex :Female

**Registration No** 

: MH011410290

Lab No

202310002985

**Patient Episode** 

: H18000001326

**Collection Date:** 

14 Oct 2023 09:11

Referred By

: HEALTH CHECK MGD

Reporting Date:

14 Oct 2023 15:03

**Receiving Date** 

: 14 Oct 2023 09:11

#### BIOCHEMISTRY

TEST

RESULT

UNIT

**BIOLOGICAL REFERENCE INTERVA** 

GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F)

81.0

mg/dl

[70.0-110.0]

'ethod: Hexokinase

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%). Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocorti insufficiency, hypopituitarism, diffuse liver disease, malignancy (adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases (e.g.galactosemia),

insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

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-----END OF REPORT-----

Dr. Alka Dixit Vats **Consultant Pathologist** 





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# LABORATORY REPORT

Name

: MRS KHUSHBOO SINGH

WIRES RETORITION SHAGIT

: MH011410290

Patient Episode

: H18000001326

Referred By

: HEALTH CHECK MGD

**Receiving Date** 

**Registration No** 

: 14 Oct 2023 14:23

Age

31 Yr(s) Sex :Female

Lab No

202310002986

**Collection Date:** 

14 Oct 2023 14:23

Reporting Date:

14 Oct 2023 16:41

**BIOCHEMISTRY** 

**TEST** 

RESULT

UNIT

**BIOLOGICAL REFERENCE INTERVA** 

PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

85.0

mg/dl

[80.0-140.0]

ethod: Hexokinase

Note:

Conditions which can lead to lower postprandial glucose levels as compared to

fasting glucose are excessive insulin release, rapid gastric emptying,

brisk glucose absorption , post exercise

Page 7 of 7

-----END OF REPORT-----

Dr. Alka Dixit Vats

**Consultant Pathologist** 



# **RADIOLOGY REPORT**

NAME	MRS Khushboo SINGH	STUDY DATE	14/10/2023 10:30AM
AGE / SEX	31 y / F	HOSPITAL NO.	MH011410290
ACCESSION NO.	R6250907	MODALITY	US
REPORTED ON	14/10/2023 10:18PM	REFERRED BY	HEALTH CHECK MGD

#### **USG ABDOMEN & PELVIS**

**FINDINGS** 

LIVER: Liver is normal in size (measures 142 mm), shape and echotexture. Rest normal. SPLEEN: Spleen is normal in size (measures 81 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 7.2 mm.

COMMON BILE DUCT: Appears normal in size and measures 2.9 mm.

IVC, HEPATIC VEINS: Normal. BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is

maintained. Rest normal.

Right Kidney: measures 105 x 35 mm. Left Kidney: measures 116 x 47 mm. PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Trace fluid is seen in cul-de-sac

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest

normal

UTERUS: Uterus is anteverted, normal in size (measures 75 x 61 x 32 mm), shape and echotexture.

Endometrial thickness measures 6.2 mm. Cervix appears normal.

OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.

Right ovary measures  $37 \times 32 \times 18$  mm with volume 11.6 cc. Left ovary measures  $35 \times 29 \times 25$  mm with volume 13.9 cc.

BOWEL: Visualized bowel loops appear normal.

## **IMPRESSION**

-No significant abnormality noted.

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

**CONSULTANT RADIOLOGIST** 

\*\*\*\*\*\*End Of Report\*\*\*\*\*

**MANIPAL HOSPITALS** 

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

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# **RADIOLOGY REPORT**

NAME	MRS Khushboo SINGH	STUDY DATE	14/10/2023 9:21AM
AGE / SEX	31 y / F	HOSPITAL NO.	MH011410290
ACCESSION NO.	R6250906	MODALITY	CR
REPORTED ON	14/10/2023 9:26AM	REFERRED BY	HEALTH CHECK MGD

#### XR- CHEST PA VIEW

FINDINGS:

LUNGS: Normal. TRACHEA: Normal. CARINA: Normal.

RIGHT AND LEFT MAIN BRONCHI: Normal.

PLEURA: Normal. HEART: Normal.

RIGHT HEART BORDER: Normal. LEFT HEART BORDER: Normal. PULMONARY BAY: Normal. PULMONARY HILA: Normal.

AORTA: Normal.

THORACIC SPINE: Normal.

OTHER VISUALIZED BONES: Normal. VISUALIZED SOFT TISSUES: Normal.

DIAPHRAGM: Normal.

VISUALIZED ABDOMEN: Normal. VISUALIZED NECK: Normal.

#### IMPRESSION:

-No significant abnormality seen.

Please correlate clinically

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

**CONSULTANT RADIOLOGIST** 

\*\*\*\*\*End Of Report\*\*\*\*

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