

Date : 25-11-2023
 MR NO : RJAY.0000037337
 Name : Mrs. Anuradha Gupta
 Age/ Gender : 38 Y / Female

Department : GENERAL
 Doctor :
 Registration No :
 Qualification :

Consultation Timing: 10:52

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
 History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Anuraha gupta
ID: 37337

38 Years
Female

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

25.11.2023 11:53:20
APOLLO MEDICAL CENTRE
KUNDALAHALLI
BANGALORE

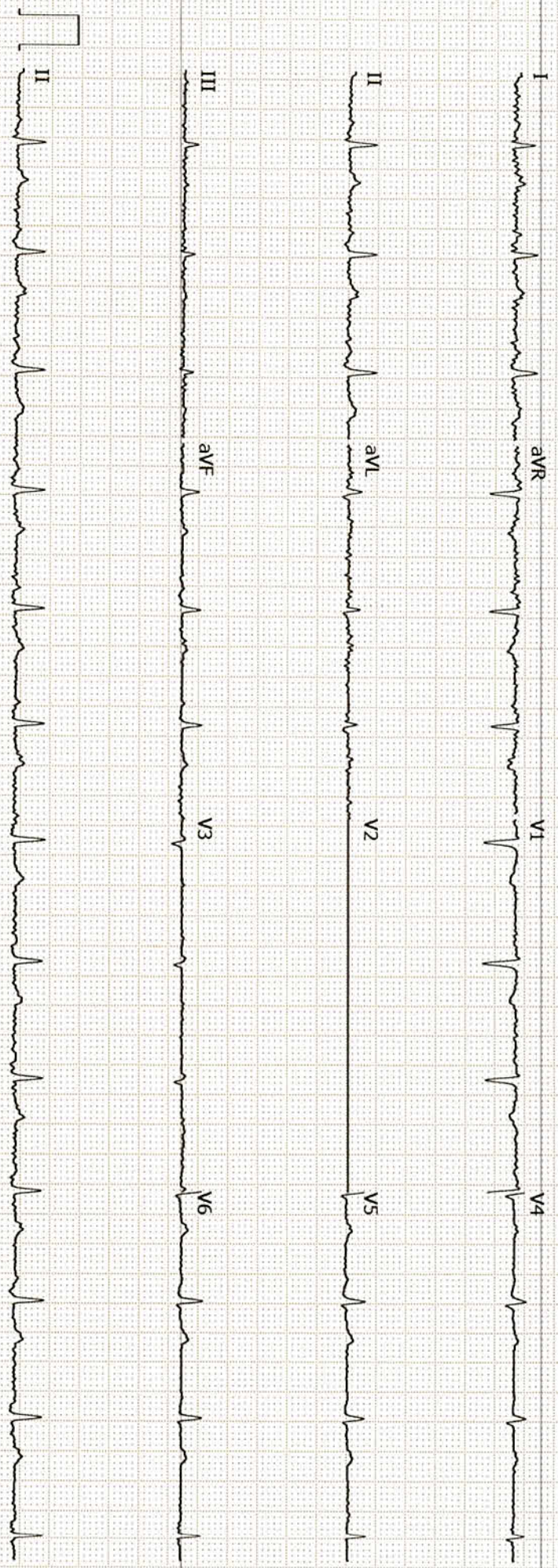
Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

77 bpm
-- / -- mmHg

QRS : 68 ms
QT / QTcBaz : 372 / 420 ms
PR : 138 ms
P : 72 ms
RR / PP : 776 / 779 ms
P / QRS / T : 42 / 50 / 48 degrees

*** Poor data quality, interpretation may be adversely affected
Normal sinus rhythm
Low voltage QRS
Nonspecific T wave abnormality
Abnormal ECG



GE MACC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

Unconfirmed

Patient Name : Mrs.ANURADHA GUPTA	Collected : 25/Nov/2023 11:00AM
Age/Gender : 38 Y 3 M 2 D/F	Received : 25/Nov/2023 02:24PM
UHID/MR No : RJAY.0000037337	Reported : 25/Nov/2023 04:36PM
Visit ID : CMAROPV745584	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919620640580	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	13.1	g/dL	12-15	Spectrophotometer
PCV	38.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.3	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	90.4	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,120	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	60.7	%	40-80	Electrical Impedance
LYMPHOCYTES	29.7	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	7.1	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4321.84	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2114.64	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	156.64	Cells/cu.mm	20-500	Calculated
MONOCYTES	505.52	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21.36	Cells/cu.mm	0-100	Calculated

PLATELET COUNT

PLATELET COUNT	238000	cells/cu.mm	150000-410000	Electrical impedance
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-20	Modified Westgren method
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PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:BED230290098

NABL renewal accreditation under process

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Patient Name : Mrs.ANURADHA GUPTA	Collected : 25/Nov/2023 11:00AM
Age/Gender : 38 Y 3 M 2 D/F	Received : 25/Nov/2023 02:24PM
UHID/MR No : RJAY.0000037337	Reported : 25/Nov/2023 05:42PM
Visit ID : CMAROPV745584	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



SIN No:BED230290098

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Age/Gender : 38 Y 3 M 2 D/F	Received : 25/Nov/2023 02:39PM
UHID/MR No : RJAY.0000037337	Reported : 25/Nov/2023 03:18PM
Visit ID : CMAROPV745584	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	88	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of ≥ 126 mg/dL and/or a random / 2 hr post glucose value of ≥ 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



Patient Name : Mrs.ANURADHA GUPTA	Collected : 25/Nov/2023 11:00AM
Age/Gender : 38 Y 3 M 2 D/F	Received : 25/Nov/2023 02:41PM
UHID/MR No : RJAY.0000037337	Reported : 25/Nov/2023 04:10PM
Visit ID : CMAOPV745584	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	77	mg/dL	70-140	HEXOKINASE
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Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	108	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

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4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycaemic control when clinical conditions that affect erythrocyte survival are present.
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
- A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
- (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Patient Name : Mrs.ANURADHA GUPTA	Collected : 25/Nov/2023 11:00AM
Age/Gender : 38 Y 3 M 2 D/F	Received : 25/Nov/2023 03:54PM
UHID/MR No : RJAY.0000037337	Reported : 25/Nov/2023 08:46PM
Visit ID : CMAROPV745584	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	156	mg/dL	<200	CHO-POD
TRIGLYCERIDES	101	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	43	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	93.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.64		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.44	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.34	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	71.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.23	g/dL	6.6-8.3	Biuret
ALBUMIN	4.52	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.71	g/dL	2.0-3.5	Calculated
A/G RATIO	1.67		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.

Page 8 of 14

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DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.66	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	20.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.09	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.66	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)



SIN No:SE04550735

NABL renewal accreditation under process

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
123/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	26.00	U/L	<38	IFCC
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Visit ID : CMAROPV745584	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-iodothyronine (T3, TOTAL)	1	ng/mL	* 0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.50	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.383	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma: TSHoma/Thyrotropinoma



Patient Name : Mrs.ANURADHA GUPTA	Collected : 25/Nov/2023 10:59AM
Age/Gender : 38 Y 3 M 2 D/F	Received : 25/Nov/2023 04:08PM
UHID/MR No : RJAY.0000037337	Reported : 25/Nov/2023 06:00PM
Visit ID : CMAROPV745584	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2227321

NABL renewal accreditation under process

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URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
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URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick
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***** End Of Report *****

Result/s to Follow:

PERIPHERAL SMEAR, LBC PAP TEST (PAPSURE)


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 Consultant Pathologist



Patient Name : Mrs. Anuradha Gupta
UHID : RJAY.0000037337
Reported on : 25-11-2023 18:00
Adm/Consult Doctor :

Age : 38 Y F
OP Visit No : CMAROPV745584
Printed on : 26-11-2023 11:58
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:25-11-2023 18:00

---End of the Report---


Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name : Mrs. Anuradha Gupta
UHID : RJAY.0000037337
Conducted By: :
Referred By : SELF

Age : 38 Y/F
OP Visit No : CMAROPV745584
Conducted Date : 25-11-2023 19:38

ECHO (2D & COLOUR DOPPLER)

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	27mm	25 - 37 mm	IVS(ed)	10mm	06 - 11 mm
LA(es)	31mm	19 - 40 mm	LVPW(ed)	09mm	06 - 11 mm
RVID(ed)	12mm	07 - 21 mm	EF	60 %	(50 – 70 %)
LVID(ed)	37mm	35 - 55 mm	%FD	35%	(25 – 40%)
LVID(es)	20mm	24 - 42 mm			

MORPHOLOGICAL DATA

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal
Rhythm	Sinus
IMPRESSION	Normal cardiac chambers

Normal valves
Normal LV Systolic function
No pulmonary hypertension
No RWMA at rest
Normal pericardium,
No intracardiac masses / thrombi



Dr. Kapil Rangan
Consultant Cardiologist
KMC No. 88625

Patient Name : Mrs. Anuradha Gupta
UHID : RJAY.0000037337
Reported on : 25-11-2023 14:39
Adm/Consult Doctor :

Age : 38 Y F
OP Visit No : CMAROPV745584
Printed on : 25-11-2023 14:42
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended. No definite calculi identified in this state of distension. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 10.0cm and parenchymal thickness measures 1.3cm.

Left kidney measures 9.8cm and parenchymal thickness measures 1.7cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: appears normal in size, measuring 7.6x4.6x3.4cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 8.7mm.

OVARIES:

Right ovary measures 3.6x1.9cm. appear normal in size and echopattern.

Left ovary measures 4.5x3.1cm. and shows fundal echogenic content with no internal calcification/vascularity. It measures 3.3x2.6cm.

No free fluid is seen.

Visualized bowel loops appears normal.

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IMPRESSION:

LEFT OVARIAN LESION AS DESCRIBED - HEMORRHAGIC CYST/ DERMOID.
NO OTHER SIGNIFICANT ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. Printing mistakes should immediately be brought to notice for correction.

Printed on: 25-11-2023 14:39

---End of the Report---



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