

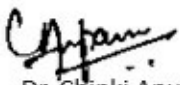
Patient Name : Mrs.NAMRATA DEBBARMA	Collected : 04/Mar/2024 09:45AM
Age/Gender : 34 Y 5 M 27 D/F	Received : 04/Mar/2024 12:53PM
UHID/MR No : CMAR.0000342397	Reported : 04/Mar/2024 04:26PM
Visit ID : CMAROPV782617	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9681084483	

DEPARTMENT OF HAEMATOLOGY

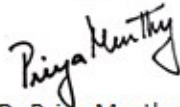
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	9.5	g/dL	12-15	Spectrophotometer
PCV	30.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.08	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	74.7	fL	83-101	Calculated
MCH	23.2	pg	27-32	Calculated
MCHC	31.1	g/dL	31.5-34.5	Calculated
R.D.W	17.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,640	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	51.8	%	40-80	Electrical Impedence
LYMPHOCYTES	37.4	%	20-40	Electrical Impedence
EOSINOPHILS	2.4	%	1-6	Electrical Impedence
MONOCYTES	8.1	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3957.52	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2857.36	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	183.36	Cells/cu.mm	20-500	Calculated
MONOCYTES	618.84	Cells/cu.mm	200-1000	Calculated
BASOPHILS	22.92	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.39		0.78- 3.53	Calculated
PLATELET COUNT	201000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	23	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

Page 1 of 14



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SIN No:BED240057375

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## DEPARTMENT OF HAEMATOLOGY

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

RBCs: Show mild anisocytosis with microcytic hypochromic RBCs.

WBCs: are normal in total number with normal distribution and morphology.

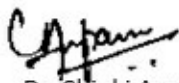
PLATELETS: appear adequate.

HEMOPARASITES: negative

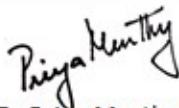
**IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA**

**Note: Kindly evaluate for iron deficiency status.**

Kindly correlate clinically



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	86	mg/dL	70-100	HEXOKINASE

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  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	83	mg/dL	70-140	HEXOKINASE

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				

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

HbA1C, GLYCATED HEMOGLOBIN	<b>6.0</b>	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL	Calculated

Result is rechecked. Kindly correlate clinically

**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.
- 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 glycemic control when clinical conditions that affect erythrocyte survival are present.
- 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)




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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	130	mg/dL	<200	CHO-POD
TRIGLYCERIDES	98	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	85	mg/dL	<130	Calculated
LDL CHOLESTEROL	65.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.89		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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.66	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.53	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	58.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.27	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		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'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.



DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

SIN No:SE04649780

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Karnataka- 560034



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Patient Name : Mrs.NAMRATA DEBBARMA	Collected : 04/Mar/2024 09:45AM
Age/Gender : 34 Y 5 M 27 D/F	Received : 04/Mar/2024 01:24PM
UHID/MR No : CMAR.0000342397	Reported : 04/Mar/2024 04:03PM
Visit ID : CMAROPV782617	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9681084483	

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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.68	mg/dL	0.51-0.95	Jaffe's, Method
UREA	24.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>6.45</b>	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.68	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.27	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.83	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		0.9-2.0	Calculated



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M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	18.00	U/L	<38	IFCC



DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

SIN No:SE04649780

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



Patient Name : Mrs.NAMRATA DEBBARMA	Collected : 04/Mar/2024 09:45AM
Age/Gender : 34 Y 5 M 27 D/F	Received : 04/Mar/2024 01:25PM
UHID/MR No : CMAR.0000342397	Reported : 04/Mar/2024 03:46PM
Visit ID : CMAROPV782617	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9681084483	

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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.97	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	6.36	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.595	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

- 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.
- 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.
- 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.
- 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




DR.SHIVARAJA SHETTY  
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CONSULTANT BIOCHEMIST

SIN No:SPL24037945

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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

Patient Name : Mrs.NAMRATA DEBBARMA  
Age/Gender : 34 Y 5 M 27 D/F  
UHID/MR No : CMAR.0000342397  
Visit ID : CMAROPV782617  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9681084483

Collected : 04/Mar/2024 09:45AM  
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## DEPARTMENT OF IMMUNOLOGY

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

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma



DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

SIN No:SPL24037945

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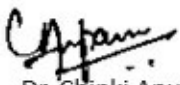
Patient Name : Mrs.NAMRATA DEBBARMA	Collected : 04/Mar/2024 09:45AM
Age/Gender : 34 Y 5 M 27 D/F	Received : 04/Mar/2024 01:13PM
UHID/MR No : CMAR.0000342397	Reported : 04/Mar/2024 03:09PM
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Emp/Auth/TPA ID : 9681084483	

DEPARTMENT OF CLINICAL PATHOLOGY

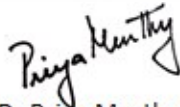
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 14



Dr. Chinki Anupam  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



Dr. Priya Murthy  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



SIN No:UR2297090

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Patient Name : Mrs.NAMRATA DEBBARMA	Collected : 04/Mar/2024 09:45AM
Age/Gender : 34 Y 5 M 27 D/F	Received : 04/Mar/2024 01:13PM
UHID/MR No : CMAR.0000342397	Reported : 04/Mar/2024 03:05PM
Visit ID : CMAROPV782617	Status : Final Report
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Emp/Auth/TPA ID : 9681084483	

DEPARTMENT OF CLINICAL PATHOLOGY

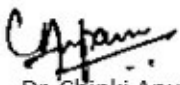
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

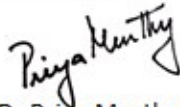
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
PERIPHERAL SMEAR



Dr. Chinki Anupam  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Dr. Priya Murthy  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:UF010891

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<b>Patient Name</b>	: Mrs. NAMRATA DEBBARMA	<b>Age/Gender</b>	: 34 Y/F
<b>UHID/MR No.</b>	: CMAR.0000342397	<b>OP Visit No</b>	: CMAROPV782617
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 04-03-2024 19:51
<b>LRN#</b>	: RAD2255988	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 9681084483		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

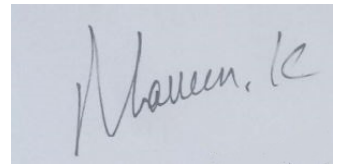
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



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

<b>Patient Name</b>	: Mrs. NAMRATA DEBBARMA	<b>Age/Gender</b>	: 34 Y/F
<b>UHID/MR No.</b>	: CMAR.0000342397	<b>OP Visit No</b>	: CMAROPV782617
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 04-03-2024 13:18
<b>LRN#</b>	: RAD2255988	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 9681084483		

## 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 10.6cm and parenchymal thickness measures 1.6cm.

Left kidney measures 11.7cm 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 8.4x5.8x3.6cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 8mm.

**OVARIES:** Both ovaries appear normal in size and echopattern.

Right ovary measures 3.4x1.8cm.

Left ovary measures 3.8x1.8cm.

No free fluid is seen.

Visualized bowel loops appears normal.

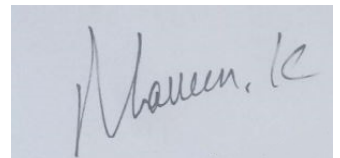
#### IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC 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.



**Dr. NAVEEN KUMAR K**





**Patient Name** : Mrs. NAMRATA DEBBARMA

**Age/Gender** : 34 Y/F

---

MBBS, DMRD Radiology, (DNB)  
Radiology



## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of ms. Namrata deddaru on 04/03/24

After reviewing the medical history and on clinical examination it has been found that he she is

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	✓
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	



Dr. \_\_\_\_\_  
Medical Officer

*This certificate is not meant for medico-legal purposes*

Date : 04-03-2024

Department : GENERAL

MR NO : CMAR.0000342397

Doctor :

Name : Mrs. NAMRATA DEBBARMA

Registration No :

Age/ Gender : 34 Y / Female

Qualification :

Consultation Timing: 09:41

Height : 167 cm	Weight : 77.5 kg	BMI :	Waist Circum :
Temp :	Pulse : 89 bpm	Resp :	B.P : 115 / 67 mmHg

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

C/S/B ENT  
B/P 115/67 mmHg @  
No. Rhin 2 @

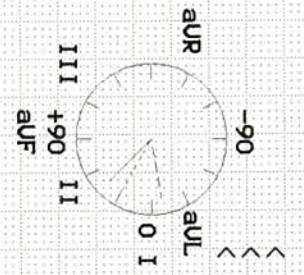
Dr.

Follow up date:

Doctor Signature

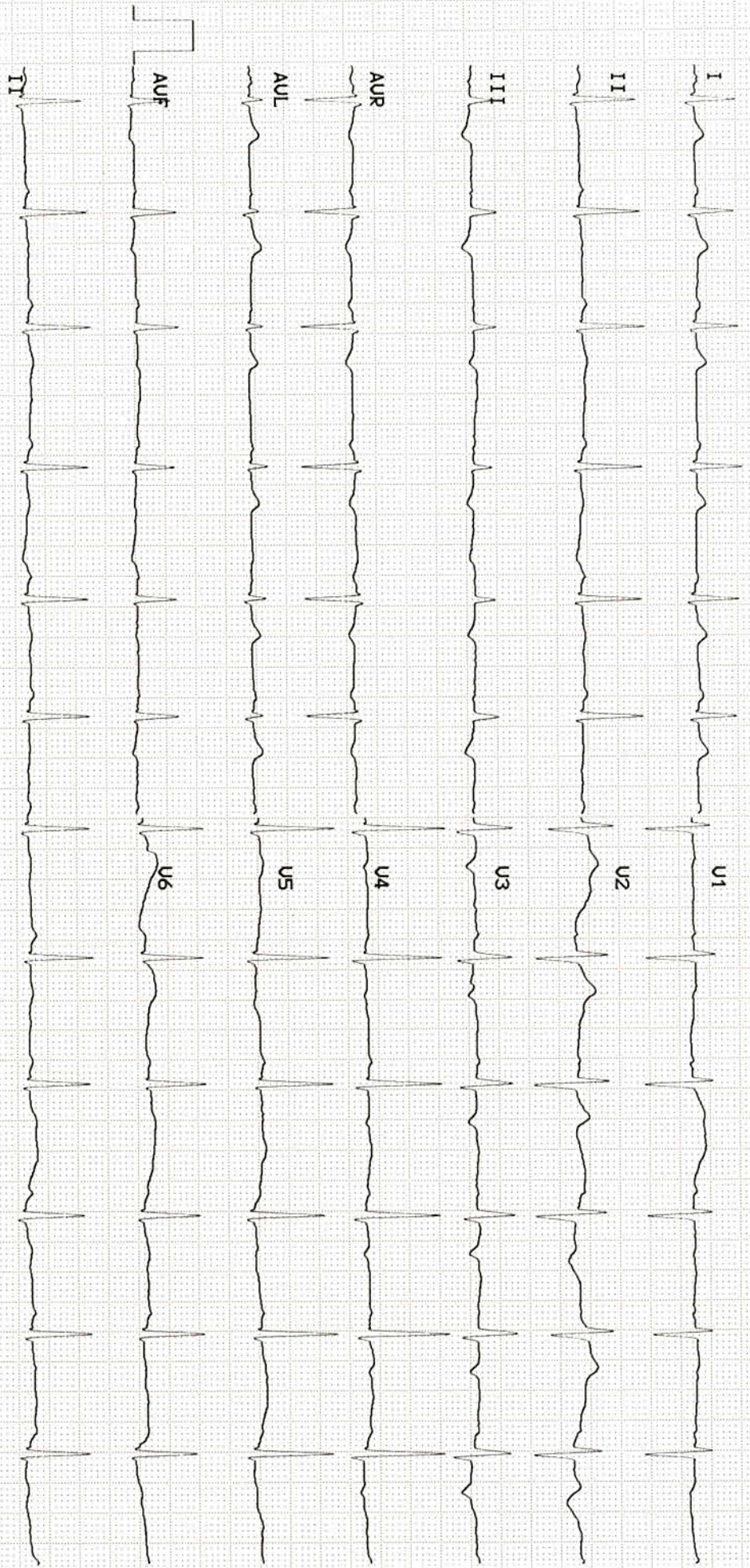
Measurement Results:

QRS	:	94 ms	
QT/QTcB	:	374 / 413 ms	
PR	:	148 ms	
P	:	106 ms	
RR/PP	:	820 / 835 ms	
P/QRS/T	:	30 / 45 / -10 degrees	
QTd/QTcBd	:	44 / 49 ms	
Sokolow	:	1.9 mV	
NK	:	10	



Interpretation:  
 negative T-wave (anterior)  
 borderline ECG

Unconfirmed report.



Patient Name	: Mrs. NAMRATA DEBBARMA	Age	: 34 Y F
UHID	: CMAR.0000342397	OP Visit No	: CMAROPV782617
Reported on	: 04-03-2024 13:17	Printed on	: 04-03-2024 13:18
Adm/Consult Doctor	:	Ref Doctor	: SELF

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## DEPARTMENT OF RADIOLOGY

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### 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 10.6cm and parenchymal thickness measures 1.6cm.

Left kidney measures 11.7cm 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 8.4x5.8x3.6cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 8mm.

**OVARIES:** Both ovaries appear normal in size and echopattern.

Right ovary measures 3.4x1.8cm.

Left ovary measures 3.8x1.8cm.

No free fluid is seen.

Visualized bowel loops appears normal.

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IMPRESSION:  
NO SIGNIFICANT SONOGRAPHIC 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: 04-03-2024 13:17

---End of the Report---



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Radiology