

Mediwheel <wellness@mediwheel.in>

Sun 3/17/2024 12:54 PM

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

Cc:customercare@mediwheel.in <customercare@mediwheel.in>



011-41195959

Hi **Manipal Hospital**,

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

Hospital
Package Name : Mediwheel Full Body Health Checkup Female Above 40

Patient Package
Name : Mediwheel Full Body Health Checkup Female Above 40

Contact Details : 9143409298

Appointment
Date : 23-03-2024

Confirmation
Status : Booking Confirmed

Preferred Time : 8:30am

| Member Information | | |
|--------------------|---------|--------|
| Booked Member Name | Age | Gender |
| Yogita Singh | 47 year | Female |

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

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भारत सरकार



योगिता सिंह

Yogita Singh

जन्म तिथि/ DOB: 13/04/1976

महिला / FEMALE

3091 6302 3987



मेरा आधार, मेरी पहचान

Yogita



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Address:

पता:
W/O रोहित सिंह, डी-
1301, सैवी विल्ले डे, राज
नगर एक्सटेन्शन, मैनापुर
गाँव, गाजियाबाद,
उत्तर प्रदेश - 201017

W/O Rohit Singh, D-1301, SAVY
VILLE DE, RAJ NAGAR
EXTENSION, Mainapur Village,
Ghaziabad,
Uttar Pradesh - 201017



1947
1800 300 1947

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P.O. Box No. 1947,
Bengaluru-560 001



INVESTIGATION REPORT

| | | | |
|--------------|-------------------------|-------------|---------------------|
| Patient Name | MRS YOGITA SINGH | Location | Ghaziabad |
| Age/Sex | 47Year(s)/Female | Visit No | : V00000000001-GHZB |
| MRN No | MH011795584 | Order Date | :23/03/2024 |
| Ref. Doctor | Dr. BHUPENDRA SINGH | Report Date | :23/03/2024 |

Echocardiography

Final Interpretation

1. No RWMA, LVEF=60%.
2. Normal CCD.
3. No MR, No AR.
4. No TR, Normal PASP.
5. No intracardiac clot/mass/pericardial pathology.
6. IVC normal

Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal.
- **Tricuspid Valve:** It appears normal.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

- LV is normal size with normal contractility.

Manipal Hospital, Ghaziabad

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

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com



INVESTIGATION REPORT

| | | | |
|--------------|----------------------|-------------|--------------------|
| Patient Name | MRS YOGITA SINGH | Location | Ghaziabad |
| Age/Sex | 47Year(s)/Female | Visit No | : V0000000001-GHZB |
| | MH011795584 | Order Date | 23/03/2024 |
| Ref. Doctor | : Dr.BHUPENDRA SINGH | Report Date | 23/03/2024 |

Echocardiography

Measurements (mm):

| | Observed values | Normal values |
|----------------------|-----------------|------------------------------|
| Aortic root diameter | 32 | 20-36 (22mm/M ²) |
| Aortic valve opening | 20 | 15-26 |
| Left atrium size | 34 | 19-40 |

| | End Diastole | End Systole | Normal Values |
|--------------------------|--------------|-------------|---------------------|
| Left ventricle size | 46 | 29 | (ED=37-50:Es=22-40) |
| Interventricular septum | 10 | 13 | (ED=6-12) |
| Posterior wall thickness | 08 | 12 | (ED=5-10) |

| | | |
|--------------------------|-----|---------|
| LV Ejection Fraction (%) | 60% | 55%-80% |
| HR | | |

Color & Doppler evaluation

| Valve | Velocity(cm/s) | Regurgitation |
|-----------|----------------|---------------|
| Mitral | E/A-94/86 DT- | Nil |
| Aortic | 130 | Nil |
| Tricuspid | 20 | Nil |
| Pulmonary | 79 | Nil |


Dr. Bhupendra Singh
 MD, DM (CARDIOLOGY), FACC
 Sr. Consultant Cardiology

Dr. Abhishek Singh
 MD, DNB (CARDIOLOGY), MNAMS
 Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
 Cardiology Registrar

Manipal Hospital, Ghaziabad

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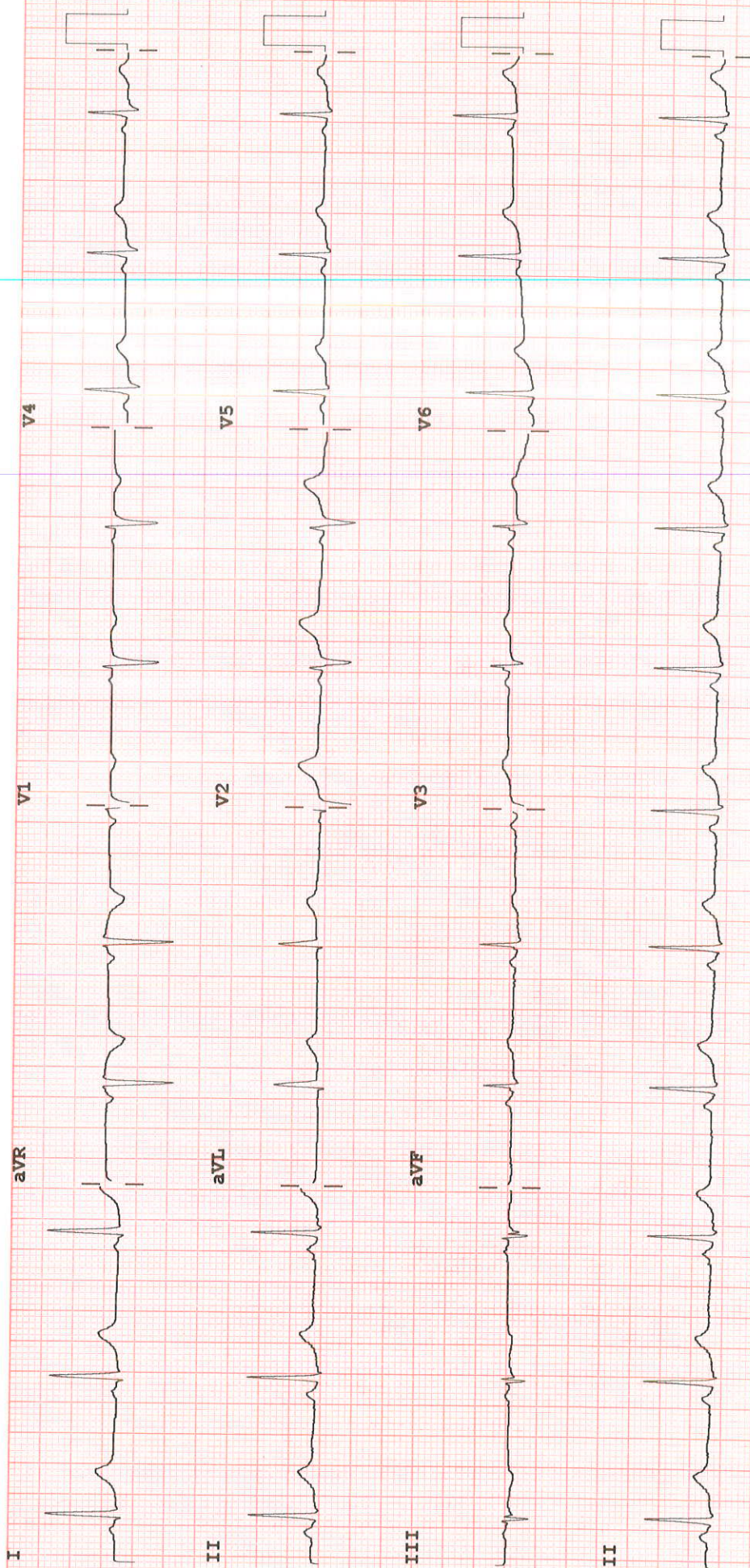
CIN: U85110KA2003PTC033055

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- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL P?

Dev:

**LABORATORY REPORT**

| | | | |
|------------------------|---------------------|------------------------|------------------------|
| Name | : MRS YOGITA SINGH | Age | : 47 Yr(s) Sex :Female |
| Registration No | : MH011795588 | Lab No | : 202403003423 |
| Patient Episode | : H18000001978 | Collection Date | : 23 Mar 2024 09:53 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 23 Mar 2024 13:00 |
| Receiving Date | : 23 Mar 2024 09:53 | | |

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|-------------------------------|--------|--------|-------------------------------|
| THYROID PROFILE, Serum | | | Specimen Type : Serum |
| T3 - Triiodothyronine (ELFA) | 0.900 | ng/ml | [0.610-1.630] |
| T4 - Thyroxine (ELFA) | 7.710 | ug/ dl | [4.680-9.360] |
| Thyroid Stimulating Hormone | 2.590 | μIU/mL | [0.250-5.000] |

NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect.

In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.

The TSH assay aids in diagnosing thyroid or hypophysial disorders.

The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.



LABORATORY REPORT

| | | | |
|------------------------|---------------------|------------------------|------------------------|
| Name | : MRS YOGITA SINGH | Age | : 47 Yr(s) Sex :Female |
| Registration No | : MH011795588 | Lab No | : 202403003423 |
| Patient Episode | : H18000001978 | Collection Date | : 23 Mar 2024 09:53 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 23 Mar 2024 12:46 |
| Receiving Date | : 23 Mar 2024 09:53 | | |

BLOOD BANK

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|------------------|-------------|--------------------------------------|
| Blood Group & Rh Typing (Agglutination by gel/tube technique) | | | Specimen-Blood |
| Blood Group & Rh typing | A Rh(D) Positive | | |

Technical note:

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

Page 2 of 2

NOTE:

- Abnormal Values

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS YOGITA SINGH
Registration No : MH011795588
Patient Episode : H18000001978
Referred By : HEALTH CHECK MGD
Receiving Date : 23 Mar 2024 09:53

Age : 47 Yr(s) Sex :Female
Lab No : 202403003423
Collection Date : 23 Mar 2024 09:53
Reporting Date : 23 Mar 2024 12:15

HAEMATOLOGY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|--------|----------------------------------|-------------------------------|
| COMPLETE BLOOD COUNT (AUTOMATED) | | SPECIMEN-EDTA Whole Blood | |
| RBC COUNT (IMPEDEANCE) | 3.51 # | millions/cumm | [3.80-4.80] |
| HEMOGLOBIN | 8.9 # | g/dl | [12.0-15.0] |
| Method:cyanide free SLS-colorimetry | | | |
| HEMATOCRIT (CALCULATED) | 28.9 # | % | [36.0-46.0] |
| MCV (DERIVED) | 82.3 # | fL | [83.0-101.0] |
| MCH (CALCULATED) | 25.4 | pg | [25.0-32.0] |
| MCHC (CALCULATED) | 30.8 # | g/dl | [31.5-34.5] |
| RDW CV% (DERIVED) | 15.7 # | % | [11.6-14.0] |
| Platelet count | 203 | x 10 ³ cells/cumm | [150-410] |
| Method: Electrical Impedance | | | |
| MPV (DERIVED) | 13.40 | fL | |
| WBC COUNT (TC) (IMPEDEANCE) | 6.54 | x 10 ³ cells/cumm | [4.00-10.00] |
| DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY) | | | |
| Neutrophils | 58.0 | % | [40.0-80.0] |
| Lymphocytes | 32.0 | % | [20.0-40.0] |
| Monocytes | 8.0 | % | [2.0-10.0] |
| Eosinophils | 2.0 | % | [1.0-6.0] |
| Basophils | 0.0 | % | [0.0-2.0] |
| ESR | 33.0 # | mm/1sthour | [0.0- |



LABORATORY REPORT

| | | | |
|------------------------|---------------------|------------------------|------------------------|
| Name | : MRS YOGITA SINGH | Age | : 47 Yr(s) Sex :Female |
| Registration No | : MH011795588 | Lab No | : 202403003423 |
| Patient Episode | : H18000001978 | Collection Date | : 23 Mar 2024 11:11 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 23 Mar 2024 13:02 |
| Receiving Date | : 23 Mar 2024 11:11 | | |

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

| | | |
|------------------|-------------|------------------------|
| Colour | PALE YELLOW | (Pale Yellow - Yellow) |
| Appearance | CLEAR | |
| Reaction[pH] | 8.0 | (4.6-8.0) |
| Specific Gravity | 1.005 | (1.003-1.035) |

CHEMICAL EXAMINATION

| | | |
|-----------------|----------|------------|
| Protein/Albumin | Negative | (NEGATIVE) |
| Glucose | NIL | (NIL) |
| Ketone Bodies | Negative | (NEGATIVE) |
| Urobilinogen | Normal | (NORMAL) |

MICROSCOPIC EXAMINATION (Automated/Manual)

| | | |
|------------------|----------|-----------|
| Pus Cells | 1-2 /hpf | (0-5/hpf) |
| RBC | NIL | (0-2/hpf) |
| Epithelial Cells | 1-2 /hpf | |
| CASTS | NIL | |
| Crystals | NIL | |
| Bacteria | NIL | |
| OTHERS | NIL | |



LABORATORY REPORT

| | | | |
|------------------------|---------------------|------------------------|------------------------|
| Name | : MRS YOGITA SINGH | Age | : 47 Yr(s) Sex :Female |
| Registration No | : MH011795588 | Lab No | : 202403003423 |
| Patient Episode | : H18000001978 | Collection Date | : 23 Mar 2024 09:53 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 23 Mar 2024 12:50 |
| Receiving Date | : 23 Mar 2024 09:53 | | |

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|--------|-------|-------------------------------|
| Glycosylated Hemoglobin | | | |
| Specimen: EDTA | | | |
| HbA1c (Glycosylated Hemoglobin) | 5.4 | % | [0.0-5.6] |
| Method: HPLC | | | |
| As per American Diabetes Association(ADA) | | | |
| HbA1c in % | | | |
| Non diabetic adults >= 18years <5.7 | | | |
| Prediabetes (At Risk)5.7-6.4 | | | |
| Diagnosing Diabetes >= 6.5 | | | |
| Estimated Average Glucose (eAG) | 108 | mg/dl | |

Comments : HbA1c 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.

Serum LIPID PROFILE

| | | | |
|-------------------------------------|----------------|--------------|--------------------|
| Serum TOTAL CHOLESTEROL | 246 # | mg/dl | [<200] |
| Method:Oxidase,esterase, peroxide | | | |
| TRIGLYCERIDES (GPO/POD) | 64 | mg/dl | [<150] |
| Borderline high:151-199 | | | |
| High: 200 - 499 | | | |
| Very high:>500 | | | |
| HDL- CHOLESTEROL | 50 | mg/dl | [35-65] |
| Method : Enzymatic Immunoimhibition | | | |
| VLDL- CHOLESTEROL (Calculated) | 13 | mg/dl | [0-35] |
| CHOLESTEROL, LDL, CALCULATED | 183.0 # | mg/dl | [<120.0] |
| Near/ | | | |
| Borderline High:130-159 | | | |
| High Risk:160-189 | | | |

Above optimal-100-129



LABORATORY REPORT

| | | | |
|------------------------|---------------------|------------------------|------------------------|
| Name | : MRS YOGITA SINGH | Age | : 47 Yr(s) Sex :Female |
| Registration No | : MH011795588 | Lab No | : 202403003423 |
| Patient Episode | : H18000001978 | Collection Date | : 23 Mar 2024 09:53 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 24 Mar 2024 12:25 |
| Receiving Date | : 23 Mar 2024 09:53 | | |

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|-------------------------------------|--------|------|--|
| T.Chol/HDL.Chol ratio(Calculated) | 4.9 | | <4.0 Optimal 4.0-5.0 Borderline >6 High Risk |
| LDL.CHOL/HDL.CHOL Ratio(Calculated) | 3.7 | | <3 Optimal 3-4 Borderline >6 High Risk |

Note:

Reference ranges based on ATP III Classifications.

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

KIDNEY PROFILE

Specimen: Serum

| | | | |
|--|--------|--------|-----------------|
| UREA | 14.8 # | mg/dl | [15.0-40.0] |
| <i>Method: GLDH, Kinatic assay</i> | | | |
| BUN, BLOOD UREA NITROGEN | 6.9 # | mg/dl | [8.0-20.0] |
| <i>Method: Calculated</i> | | | |
| CREATININE, SERUM | 0.85 | mg/dl | [0.70-1.20] |
| <i>Method: Jaffe rate-IDMS Standardization</i> | | | |
| URIC ACID | 3.0 # | mg/dl | [4.0-8.5] |
| <i>Method:uricase PAP</i> | | | |
| SODIUM, SERUM | 141.00 | mmol/L | [136.00-144.00] |
| POTASSIUM, SERUM | 4.60 | mmol/L | [3.60-5.10] |
| SERUM CHLORIDE | 106.0 | mmol/L | [101.0-111.0] |
| <i>Method: ISE Indirect</i> | | | |



LABORATORY REPORT

Name : MRS YOGITA SINGH
Registration No : MH011795588
Patient Episode : H18000001978
Referred By : HEALTH CHECK MGD
Receiving Date : 23 Mar 2024 09:53

Age : 47 Yr(s) Sex :Female
Lab No : 202403003423
Collection Date : 23 Mar 2024 09:53
Reporting Date : 24 Mar 2024 12:25

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|--------|-----------------|-------------------------------|
| eGFR (calculated) | 81.9 | ml/min/1.73sq.m | [>60.0] |
| <p>Technical Note eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 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 Hemolysis Icterus / Lipemia.</p> | | | |

LIVER FUNCTION TEST

| | | | |
|---|--------|-------|--------------|
| BILIRUBIN - TOTAL Method: D P D | 0.76 | mg/dl | [0.30-1.20] |
| BILIRUBIN - DIRECT Method: DPD | 0.24 | mg/dl | [0.00-0.30] |
| INDIRECT BILIRUBIN (SERUM) Method: Calculation | 0.52 | mg/dl | [0.10-0.90] |
| TOTAL PROTEINS (SERUM) Method: BIURET | 8.37 | gm/dl | [6.60-8.70] |
| ALBUMIN (SERUM) Method: BCG | 4.06 | g/dl | [3.50-5.20] |
| GLOBULINS (SERUM) Method: Calculation | 4.30 # | gm/dl | [1.80-3.40] |
| PROTEIN SERUM (A-G) RATIO Method: Calculation | 0.90 # | | [1.00-2.50] |
| AST (SGOT) (SERUM) Method: IFCC W/O P5P | 18.00 | U/L | [0.00-40.00] |



LABORATORY REPORT

| | | | |
|------------------------|---------------------|------------------------|------------------------|
| Name | : MRS YOGITA SINGH | Age | : 47 Yr(s) Sex :Female |
| Registration No | : MH011795588 | Lab No | : 202403003423 |
| Patient Episode | : H18000001978 | Collection Date | : 23 Mar 2024 09:53 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 24 Mar 2024 12:26 |
| Receiving Date | : 23 Mar 2024 09:53 | | |

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|--|---------|------|-------------------------------|
| ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i> | 8.00 # | U/L | [14.00-54.00] |
| Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i> | 131.0 # | IU/L | [32.0-91.0] |
| GGT | 11.0 | U/L | [7.0-50.0] |

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 cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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

Alka

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

| | | | |
|------------------------|---------------------|------------------------|------------------------|
| Name | : MRS YOGITA SINGH | Age | : 47 Yr(s) Sex :Female |
| Registration No | : MH011795588 | Lab No | : 202403003424 |
| Patient Episode | : H18000001978 | Collection Date | : 23 Mar 2024 09:53 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 24 Mar 2024 12:26 |
| Receiving Date | : 23 Mar 2024 09:53 | | |

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|--|---------|-------|-------------------------------|
| GLUCOSE-Fasting Specimen: Plasma | | | |
| GLUCOSE, FASTING (F) | 131.0 # | mg/dl | [70.0-110.0] |
| Method: 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, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonyleureas, tobutamide, and other oral hypoglycemic agents.

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

Dr. Charu Agarwal
Consultant Pathologist

**RADIOLOGY REPORT**

| | | | |
|---------------|--------------------|--------------|--------------------|
| NAME | MRS Yogita SINGH | STUDY DATE | 23/03/2024 10:04AM |
| AGE / SEX | 47 y / F | HOSPITAL NO. | MH011795588 |
| ACCESSION NO. | R7108469 | MODALITY | CR |
| REPORTED ON | 23/03/2024 10:32AM | 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 noted.

Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

| | | | |
|---------------|--------------------|--------------|--------------------|
| NAME | MRS Yogita SINGH | STUDY DATE | 23/03/2024 10:35AM |
| AGE / SEX | 47 y / F | HOSPITAL NO. | MH011795588 |
| ACCESSION NO. | R7108471 | MODALITY | US |
| REPORTED ON | 23/03/2024 11:18AM | REFERRED BY | HEALTH CHECK MGD |

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: appears normal in size (measures 123 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. An echogenic lesion measuring 62 x 41 mm is seen in segment IV of liver but no increased vascularity seen within possibility of nature ?hemangioma ? focal fatty infiltration (ADV: CECT Abdomen triple phase for further evaluation).

SPLEEN: Spleen is normal in size (measures 82 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9 mm.

COMMON BILE DUCT: Appears normal in size and measures 3 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 94 x 30 mm.

Left Kidney: measures 102 x 35 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

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 83 x 66 x 54 mm) and shape but shows coarse myometrial echotexture along with an intramural fibroid is seen in posterior myometrium measuring 13 x 12 mm but no increased vascularity seen within and not seen in indenting the endometrium.

Endometrial thickness measures 9.3 mm. Cervix appears normal.

OVARIES: Right ovary is obscured.

Left ovary is normal in size (measures 27 x 22 x 22 mm with volume 7.0 cc), shape and echotexture. Rest normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver along with echogenic lesion seen in segment IV of liver(62 x 41mm) but no increased vascularity seen within possibility of ? nature / ?hemangioma / ? focal fatty infiltration (ADV: CECT Abdomen triple phase for further evaluation).

-Coarse myometrial echotexture of uterus along with an intramural fibroid.

Recommend clinical correlation.



OUTPATIENT RECORD

| | | |
|-------------------------------|---------------------------|--------------------------------|
| Hospital No: MH011795588 | Visit No: H18000001978 | |
| Name: MRS YOGITA SINGH | Age/Sex: 47 Yrs/Female | |
| Doctor Name: HEALTH CHECK MGD | Specialty: HC SERVICE MGD | |
| Date: 23/03/2024 09:22AM | | |
| BP Systolic: 128 mmHg | BP Diastolic: 74 mmHg | Pulse Rate: 67beats per minute |
| Saturation(Oxygen): 100% | Height: 155cm | Weight : 65.6kg |
| BMI: 27.30 | Pain Score: 00 | Fall Risk: 01 |
| Vulnerable: 01 | | |

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS - HEALTH CHECK UP
SYSTEMIC/ OPHTHALMIC HISTORY - HTN X 3 YRS
NO FAMILY H/O GLAUCOMA

| EXAMINATION DETAILS | RIGHT EYE | LEFT EYE |
|------------------------|-----------|----------|
| VISION | 6/6 P | 6/6P |
| CONJ | NORMAL | NORMAL |
| CORNEA | CLEAR | CLEAR |
| ANTERIOR CHAMBER/ IRIS | N | N |
| LENS | CLEAR | CLEAR |
| OCULAR MOVEMENTS | FULL | FULL |
| NCT | 18 | 17 |

FUNDUS EXAMINATION
A) VITREOUS
B) OPTIC DISC C:D 0.2 C:D 0.2
C) MACULAR AREA FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT

POWER OF GLASS
Right eye: +0.75Dsp -6/6
Left eye: PLANO Dsp / +0.50 Dcyl x 180 degree-6/6
NEAR ADD BE +2.00 DSPH N/6

DIAGNOSIS: ALLERGIC CONJUNCTIVITIS

ADVISE / TREATMENT
E/D ECOMOIST ULTRA 4 TIMES DAILY BE
E/D BEPOMAX 2/DAY IN BE
REVIEW AFTER 6 MONTHS

HEALTH CHECK MGD

1 of 1

Manipal Health Enterprises Pvt. Ltd.

CIN: U85110KA2010PTC052540

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