

ENDER NO.

ভারত সরকার

Government of India

মোহর দে

Mohor De

পিতা : অনুপ চন্দ নন্দী

Father: ANUP CHNADA NANDY

জন্মতারিথ / DOB : 05/09/1986

মহিলা / Female



2248 7191 9539

অমার আধার, আমার পরিচয়



ভারতীশ বিশিষ্ট পরিচ্য প্রাধিকরণ

Unique Identification Authority of India

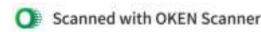
ঠিকানা: অভিশেখ দে, দ্বিতীয় সূর নটরাজ অপার্টমেন্ট, 3/1/13 আটপাড়া লেন, সীখি শিক্ষয়তন বিদ্যালয়, সিনখী, সিনখী, সিন্ধী, কোলকাতা, পশ্চিম বল, 700050 Address:

W/O, Abhisekh De, 2nd Floor Nataraj Apartment, 3/1/13 Atapara Lane, Sinthi Shikshayatan School, Sinthi, Sinthee, Sinthee, Kolkata, West Bengal, 700050

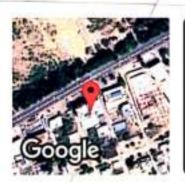
2248 7191 9539











Bhuj, Gujarat, India 1041A, Jadavji Nagar, Bhuj, Gujarat 370020, India Lat 23.235101° Long 69.650476°

17/02/24 09:30 AM GMT +05:30









Patient ID	12233420	Collected On	17/02/2024 09:33:23
Patient Name	Mrs. MOHOR DE	Received On	17/02/2024 09:33:24
Gender / Age	Female / 34 Yrs 5 Mon 14 Days	Released On	19/02/2024 11:39:07
Refd. By		Printed On	20/02/2024 11:59:00
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
	PIOCHEM ICTDV		

Gamma Glutamyle Transpeptidas 0.00 - 38.0037.70 U/L

GGT is an enzyme present in liver, kidney, and pancreas.

It is induced by alcohol intake and is a sensitive indicator of liver disease, particularly alcoholic liver disease.

Clinical utility - follow-up of alcoholics undergoing treatment since the test is sensitive to modest alcohol intake. - confirmation of hepatic origin of elevated serum alkaline phosphatase.

Increased in - Liver disease: acute viral or toxic hepatitis, chronic or subacute hepatitis, alcoholic hepatitis, cirrhosis, biliary tract obstruction (intrahepatic or extrahepatic), primary or metastatic liver neoplasm, and mononucleosis - Drugs (by enzymeinduction): phenytoin, carbamazepine, barbiturates, alcohol.





Note: 1. These report are more estimator and are liable to vary? Change in different conditions in different laboratories

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Gender / Age	Female / 34 Yrs 5 Mon 14 Days	Released On	19/02/2024 11:39:07
Refd. By		Printed On	20/02/2024 11:59:01
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
Glucose (Fasting) GOD-PAP	98.40	mg/dL	60.00 - 110.00

Fasting Plasma Glucose (mg/ dl)	2 hr plasma Glucose (mg/ dl) Post Glucose load	Diagnosis
99 or below	139 or below	Normal
100 to 125	140 to 199	Pre-Diabetes (IGT)
126 or above	200 or above	Diabetes

Glucose, Post Prandial (PP)GOD-PAP 127.00 mg/dL 70.00 - 140.00

Fasting Glucose Plasma	2 hr Plasma Glucose (mg/ dl) Post	Diagnosis
	Glucose load	
99 or below	139 or below	Normal
100 to 125	140 to 199	Pre- Diabetes
126 or above	200 or above	Diabetes







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Patient ID 12233420 Collected On 17/02/2024 09:33:23 Patient Name Mrs. MOHOR DE Received On 17/02/2024 09:33:24 Gender / Age Female / 34 Yrs 5 Mon 14 Days Released On 19/02/2024 11:39:07 Refd. By Printed On 20/02/2024 11:59:03 Client Apollo Health & Lifestyle Ltd

Investigation	Value	Unit	Biological Ref. Range
Complete Blood Count			
Hemoglobin (Hb) Cynmeth Photometric Measurement	12.6	gm/dL	11.5 - 15.0
Erythrocyte RBC Count Electrical Impedance	4.90	millions/cu.mm	3.80 - 4.80
HCT Electrical Impedance	39.0	%	36.0 - 46.0
M ean Cell Volume (M CV) Electrical Impedance	79.5	fL	80.0 - 100.0
M ean Cell Haemoglobin (M CH) Electrical Impedance	25.8	pg	27.0 - 32.0
M ean Corpuscular Hb Concn. (M CHC) Electrical Impedance	32.4	gm/dL	32.0 - 35.0
Red Cell Distribution Width (RDW-CV) Electrical Impedance	14.2	%	11.5 - 15.0
Total Leukocyte Count (TLC) Electrical Impedance	8.5	X10^3/uL	4.0 - 11.0
Differential Leukocyte Count (DLC)			
Neutrophils vcs	68	%	40 - 80
Lymphocytes vcs	26	%	20 - 40
Eosinophils vcs	02	%	01 - 06
Monocytes vcs	04	%	02 - 08
Basophils vcs	00	%	00 - 02
Platelet Count Electrical Impedance	234	x10^3/uL	150 - 450





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Gender / Age	Female / 34 Yrs 5 Mon 14 Days	Released On	19/02/2024 11:39:07
Refd. By		Printed On	20/02/2024 11:59:04
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
Erythrocyte Sedimentation Rate (ESR) Westergren's	46	mm in 1hr	00 - 20

- * Test conducted on EDTA whole blood at 37 degree Celsius.
- * ESR is an index of the presence of the active diseases of many types.
- * Increased- in most infections, anaemias, injection of foreign proteins, auto-immune disorders, conditions accompanied by hyperglobunemia and hypercholesterolaemia.
- * A rising ESR suggests a progressive disease.
- * Decreased- in polycythemia, congestive heart failure.
- * ESR is a useful but nonspecific marker of underlying inflammation. C-Reactive Protein(CRP) is the recommended test in a acute inflammatory conditions.



Dr. Arun Kumar MBBS, MD (Pathology) Consultant Pathologist

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Investigation **Value** Unit Biological Ref. Range

Peripheral Blood Smear

RBC are Normocytic Normochromic. RBC:-

WBC Shows normal morphology. WBC:-

PLATELET:- Platelets are adequate with normal morphology.

PARASITES:- Malaria parasites are not detected.

REM ARKS:- Unremarkable P/S







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Refd. By		Printed On	20/02/2024 11:59:05
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
Glycosylated Hb	5.3	%	
Average Plasma Glucose	105		

Interpretation:

HbA1c %

<=5.6	Normal
5.7-6.4	At Risk for
	Diabetes
>=6.5	Diabetes

Estimated Average Glucose (eAG) is a new way to understand how well you are managing your diabetes. Using eAG may help you get a better idea of how well you are taking care of your diabetes. And that can help you and your health care provider know what changes you may need to make to be as healthy as possible.

HbA1c %	5	5.5		6.5	7	7.5	IX I	8.5	9	10	11	12
(eAG) mg/dL	97	111	126	140	154	169	183	197	212	240	269	298

The HbA1c goal for people with diabetes is less than 7 percent. A 3 to 6 monthly monitoring is recommended in diabetics. People with diabetes should get the test done more often if their blood sugar stays too high or if their healthcare provider makes any change in the treatment plan. HbA1c concentration represents the integrated values for blood glucose over the preceding 6 -10 wks and is not affected by daily glucose fluctuation, exercise & recent food intake. It is a more useful tool for clinical management of Diabetes mellitus through routine monitoring & assesses compliance with therapeutic regimen.





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Refd. By		Printed On	20/02/2024 11:59:06
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
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Blood group

"A" Positive

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB. The test is performed by both forward as well as reverse grouping methods.

The report is of sample received. It is presumed that the sample belongs to the patient. In case of any discrepancy related to this report, contact lab.



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Refd. By		Printed On	20/02/2024 11:59:07
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
	Liver Function Tes	\$	
Billirubin – Total Diazonium Salt	0.54	mg/dL	0.20 - 1.30
Billirubin – Direct Diazo Reaction	0.27	mg/dL	0.00 - 0.50
Bilirubin, Indirect Calculated	0.27	mg/dL	0.00 - 0.70
Gultamic Oxaloacetic Transaminase (SGOT, AST)	18.50	U/L	0.00 - 31.00
Gultamic Pyruvic Transaminase (SGPT, ALT)	27.50	U/L	0.00 - 31.00
ALP (Alkaline Phosphatase)	115.00	U/L	40.00 - 150.00
Total Protien Biuret method	8.29	g/dL	6.60 - 8.70
Albumin Bromcresol Green	4.05	g/dL	3.50 - 5.20
Globulin Calculated	4.24	g/dL	2.30 - 3.50
A:G (Albumin:Globulin) Ratio Calculated	0.96		1.20 - 2.00

These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of knownliver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Sometests are associated with functionality (e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract(gammaglutamyl transferase and alkaline phosphatase). Conditions with elevated levels of ALT and AST include hepatitis A,B,C,paracetamol toxicityetc. Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are also carried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medicationsare not adversely impacting the person's liver. Reference ranges vary between laboratories

.Note: The result obtained relate only to the sample given/received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation



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Refd. By		Printed On	20/02/2024 11:59:08
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
	Kidney Function Te	est .	
Urea, Serum _{Urease}	18.00	mg/dL	13.00 - 43.00
Blood Urea Nitrogen Urease	8.41	mg/dL	7.00 - 21.00
Creatinine Modified jaffe's	0.75	mg/dL	0.60 - 1.30
Uric Acid, Serum enzymatic	4.90	mg/dL	2.60 - 6.00
Calcium Arsenazo III	9.19	mg/dl	8.40 - 10.20
Phosphorus UV PHOTOMETRIC	3.62	mg/dL	2.60 - 4.50
BUN Creatinine Ratio Serum	11.21	Ratio	6.00 - 22.00

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is awaste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. Inblood, it is a marker of GFR .in urine, it can remove the need for 24-hour collections for many analytes or be used as a quality assurance tool to assess the accuracy of a 24-hour collection Higher levels may be a sign that the kidneys are not workingproperly. As kidney disease progresses, the level of creatinine and urea in the blood increases. Certain drugs are nephrotoxichence KFT is done before and after initiation of treatment with these drugs. Low serum creatinine values are rare; they almost always reflect low muscle mass. Apart from renal failure Blood Urea can increase in dehydration and GI bleed. Reference ranges vary between laboratories.

Note: The result obtained relate only to the sample given/received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.







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Refd. By		Printed On	20/02/2024 11:59:09
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
	<u>Lipid Profile</u>		
T. Cholesterol CHOD-PAP	168.00	mg/dL	Desirable < 200 Borderline 200 - 239 High Risk >= 240
Triglycerides Glycerol Phosphate Oxidase	113.60	mg/dL	Normal <150 Borderline 150-199 High 200 -499 Very High >=500
Direct HDL Accelerator Selective Detergent	45.20	mg/dL	Major risk factor for heart disease < 40 Negative risk factor for heart disease =>60
VLDL Cholesterol Calculated	22.72	mg/dL	0.00 - 30.00
LDL Calculated	100.08	mg/dL	Recommended <130 Moderate Risk 130-159 High Risk >160
Total / HDL Cholesterol Ratio	3.72		Low Risk 3.3-4.4 Average Risk 4.4-7.1 Moderate Risk 7.1-11.0 High Risk >11.0
Non HDL Cholesterol Calculated	122.8	mg/dL	Adult Optimal <130 Above Optimal 130 -159 Borderline High 160-189 High 190 -219 Very High >=220

Lipid profile is a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks cardiovascular disease, certain forms of pancreatitis. Hypertriglyceridemia is indicative of insulin resistance when present with low high-density lipoprotein (HDL) and elevated low-density lipoprotein (LDL), while elevated triglyceride is a clinical risk factor for coronary artery disease (CAD), especially when low HDL is present. Very high levels of triglycerides are defined by serum levels of 500mg/dL or greater and can be concerning for development of pancreatitis. Reference ranges between laboratories.







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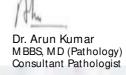
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Gender / Age	Female / 34 Yrs 5 Mon 14 Days	Released On	19/02/2024 11:39:07
Refd. By		Printed On	20/02/2024 11:59:11
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
	Thyroid Function	<u>[est</u>	
Triiodothyronine (T3) Chemiluminescent Microparticle Immunoassay (CMIA)	1.72	ng/ml	0.69 - 2.15
Thyroxine (T4) Chemiluminescent Microparticle Immunoassay (CMIA)	108.60	ng/mL	52.00 - 127.00
Thyroid Stimulating Hormone (TSH) Chemiluminescent Microparticle Immunoassay (CMIA)	2.66	uIU/mI	0.30 - 4.50
			Euthyroid 0.25 - 5.00 Hyperthyroid < 0.15 Hypothyroid > 7.00

Interpretation-:

	-		
TSH	T4	T3	Interpretation
High	Normal	Normal	Mild (Subclinical) hypothyroidism
High	Low	Low or Normal	Hypothyroidism
Low	Normal	Normal	Mild (Subclinical) hyperthyroidism
Low	High or Normal	High or Normal	Hyperthyroidism
Low	Low or Normal	Low or Normal	Non-thyroidal illness; rare pituitary (secondary) hypothyroidism







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Investigation **Value** Unit Biological Ref. Range

Urine Examination (Routine)

mL

Physical Examination

Volume

Colour	WATERY	
Appearance	Turbid.	Clear
рН	5.0	Acidic
Specific Gravity	1.010	1.001-1.035

25

Chemical Examination

Urine Protein	Nil	Nil
Urine Glucose	Nil	Nil
Ketone	Negative	Negative
Nitrite	Negative	Negative
Blood	Nil	Nil
Urobilinogen	Not Increased	Not Increased
Bilirubin	Nil	Nil
Leukocyte esterase	NIL	NIL
Microscopic Examination.		

Red Blood Cells	2 - 4	/hpf	Nil
Pus Cells (WBC)	5 - 10	/hpf	NIL
Epithelial Cells	15-20	/hpf	Nil
Casts	Epithelial Cell Cast	/hpf	Nil
Crystals	Nil		Nil
Bacteria	Nil		Nil
Yeast Cell	Nil		Nil
Mucous	Nil		Nil
Trichomonas	Nil		Nil
Amorphous Material	Nil		Nil

*** End of Report ***



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SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

MER- MEDICAL EXAMINATION REPORT

ate of Examination	20 02 2024		
IAME	Mohon De		
AGE	34 7	Gender	Female
HEIGHT(cm)	152 (ms	WEIGHT (kg)	#1.6 kg.
B.P.	136 90 Pulse - 79		
ECG	Noemil		
X Ray	Numl		
Vision Checkup	Far Vision: No Color Os, For del Near Vision Ratio: A/6		
	Near Vision	Ratio: NI6	V
Present Ailments	Near Vision	Ratio: 1416	V
Present Ailments Details of Past ailments (If Any)	Near Vision	Ratio: 1416	V

Dr. Ninad J. Gor Signature with Stamp of Medical Examinar Reg. No. : G-64033





SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

CERTIFICATE OF MEDICAL FITNESS

Medically Fit	
Fit with restrictions/recommendations	
Though following restrictions have been rev not impediments to the job.	ealed, in my opinion, these are
1	
2	
3	
However, the employee should follow the a been communicated to him/her.	dvice/medication that has
Review after	

Or._ Ninad J Gor____ Medical Officer The Apollo Clinic, (Bhuj)

This certificate is not meant for medico-legal purposes



SWAMINARAYAN HOSPITAL

HEART & DIABETES CLINIC

NCD COUNSELLING CENTRE

NAME: MOHOR DE

AGE/SEX: 37 / FEMALE

DATE: 19-02-2024

REF BY: ROHA HEALTH CARE

FINAL IMPRESSION:

NORMAL LV SYSTOLIC FUNCTION WITH NORMAL LV SIZE.

- LVEF: 63.00 %, NO RWMA AT REST.
 TRIVIAL MR / TRIVIAL TR/PR /AR. NO MS/AS/TS/PS.
- NO PAH, NORMAL RA/RV. NORMAL LA.
- NORMAL RV FUNCTION. NORMAL RA AND RV.
 NORMAL LV COMPLAINCE.
- · NO ASD, NO VSD, NO PDA. NO PE.
- IVC: NORMAL.
- NO CHD, NO SHD, NO VHD
 CONCENTRIC TYPE MILD LVH NOTED.

DR. JAGDISH DHANJI HALAI Dr. CLINICAL CARDIOLOGIST

Reg. No. G 42676 IG 27-200855/Sr.No.D-19188

Dr. Jagdish Dhanji Halai

MBBS, PGDCC (U.N. Mehta Ahemdabad), CCEBDM, CCGDM CLINICAL CARDIOLOGIST & DIABETOLOGIST MBBS, F.Diab (Dr. V. Mohan Chennai) CCEBDM, CCGDM CONSULTANT DIABETOLOGIST Reg. No. G 64033

Reg. No. G 42676 IG 27-200855/Sr. No.D-19188

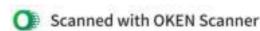
नाभ नोधापा भारे Appointment : 74074 98098

Education is Foundation For Prevention, Prevention is better than cure

સ્વતઃસ્કુર્ણા : સ્વાદ આઝાદીનો

Not for Medico Legal purposes

Dr. Ninad J. Gor





SWAMINARAYAN HOSPITAL

HEART & DIABETES CLINIC

NCD COUNSELLING CENTRE

MOHOR DE NAME:

AGE/SEX: 37 / FEMALE

DATE: 19-02-2024 REF BY: ROHA HEALTH CARE

MITRAL VALVE : NORMAL. AORTIC VALVE : NORMAL. PULMONARY VALVE : NORMAL

TRICUSPID VALVE

AORTA

: ROOT: 18.00 MM AND AORTA ST JUNCTION: 21.00 MM.

NORMAL ARCH AND WHOLE AORTA FROM ORIGINE TO

BIFURCATION.

: NORMAL

LA : NORMAL, 26.30 MM.

LV- D/LV-S : 44/27 MM.

LVEF : 63.00 %, NO RWMA AT REST.

IVS INTACT, IVS: 11.80 MM. IAS : INTACT, PW: 11.80 MM.

AOVP : 1.26 M/SEC. PVP: 0.86 M/SEC.

RA AND RV : NORMAL, PA: NORMAL.

RVSP : TR JET + RA MEAN PRESSURE: 28 MM HG TAPSE: 20.00 MM

COLOR DOPPLER STUDY : TRIVIAL MR, TRIVIAL TR, PR : NO , TRIVIAL AR.

NO AS, NO MS, NO TS/PS.

ALL VLVES ARE NORMAL WITH NORMAL HEMODYNAMIC.

MVIS : A/E < 1

NO PERICARDIAL EFFUSION.

NO VSR, NO SCAR, NO CLOT, NO VEGETATION.

NO THROMBUS IN LV/LVA.

Dr. Jagdish Dhanji Halai

Dr. Ninad J. Gor

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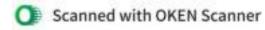
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74074 98098 नाभ नोधापा भारे Appointment :

Education is Foundation For Prevention, Prevention is better than cure

સ્વતઃસ્કુર્ણા : સ્વાદ આઝાદીનો

Not for Medico Legal purposes





SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

Patient Name : MOHOR DE

MR No : 170220241 Modality : DX Gender : F Age: 34YY

Date :17/02/2024

Referred By : ROHA HEALTH CARE

RAY CHEST (PA)

Both the lung fields do not reveal any parenchymal abnormality.

Both CP angles are clear.

Cardiac size is within normal limits.

Both domes of the diaphragm appear normal.

Bony thoracic cage appears normal.

CONCLUSION:

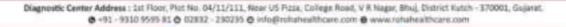
NO SIGNIFICANT ABNORMALITY DETECTED.

ADV: Clinical correlation and further investigation. Thanks for ref...

Dr. BHAVEN SHAH

M.D

RADIOLOGIST







KUTCH

RADIOLOGY & IMAGING CENTRE

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Dr. Kripalsinh Jadeja

3., D.M.R.E. Insultant Radiologist Dr. Bhaven Shah Consultant Radiologist

Patient Name : MOHOR DE

MR No : E05714 Modality: US Gander: M Age: 37YY Date: 17/02/2024

Referred By :ROHA.HEALTH.CARE

USG ABDOMEN & PELVIS.

LIVER: Appears normal in size and show hyperechoic echotexture. No e/o focal lesion seen. No evidence of dilated IHBR. PV and CBD appear normal in calibre.

GALL BLADDER : Appears normal. No evidence of stone or cholecystitis seen.

PANCREAS: Appears normal in size and echotexture. No focal mass lesion or changes of pancreatitis seen.

SPLEEN: Appears normal in size and echotexture. No evidence of focal or diffuse lesion.

BOTH KIDNEYS: Appear normal in size and echotexture with preservation of corticomedullary differentiation. No evidence of calculus, hydronephrosis or mass lesion involving Either kidney.

RK: 11.5 x 4.4 cm LK: 11.2 x 5.1 cm

URINARY BLADDER: appears normal. No intrinsic lesion seen.

UTERUS: Appears normal in size and echotexture. Endometrial thickness is 7 mm.

Both adnexa appear normal. No e/o adnexal mass lesion. No e/o free fluid seen in POD.

No evidence of ascites or paraaortic lymphadenopathy.

CONCLUSION:

- * Mild changes of fatty liver Grade I.
- * NORMAL SONOGRAPHY STUDY OF GB, PANCREAS, SPLEEN, BOTH KIDNEYS, U.BLADDER, UTERUS AND BOTH ADENEXA.

ADV: Clinical correlation and further investigation. Thanks for ref...

Dr.KRIPALSINH JADEJA

M.B, D.M.R.E RADIOLOGIST

