

# To,

The Coordinator, Mediwheel (Arcofemi Healthcare Limited) Helpline number: 011- 41195959

Dear Sir / Madam,

# Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	OF HEALTH CHECK UP BENEFICIARY
NAME	SHALU KUMARI
DATE OF BIRTH	19-04-1986
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	24-06-2023
BOOKING REFERENCE NO.	23J165799100061276S
	SPOUSE DETAILS
EMPLOYEE NAME	MR. SAROJ HEMANT
EMPLOYEE EC NO.	165799
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	KAMALA NAGAR
EMPLOYEE BIRTHDATE	08-01-1985

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **06-06-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

# Chief General Manager HRM Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



# ANDMAAR UNIQUE IDENTIFICATION AUTHORITY OF INDIA

**ఏరునావూ: Address:** రర్త పరు: హమంత సరోజ్, 4-5-148, బ్యాంక్ ఆఫ్ బరోడా బిల్లింగ, కామనీ మార్గము, పద్దబల్లి, దారణం 505172 పెద్దపల్లె, కరీంసగర్, Belomes - 50 5172

# 7445 9507 7621

MERA AADHAAR, MERI PEHACHAN





Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-2548257 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SHALU KUMARI	Registered On	: 12/Aug/2023 08:24:46
Age/Gender	: 37 Y 3 M 24 D /F	Collected	: 12/Aug/2023 08:35:55
UHID/MR NO	: ALDP.0000123577	Received	: 12/Aug/2023 09:59:53
Visit ID	: ALDP0138602324	Reported	: 12/Aug/2023 12:18:17
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

# DEPARTMENT OF HAEM ATOLOGY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

			IVIALE BELOVV 40 YR:	
Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , e	Blood			
Blood Group	А			ERYTHROCYTE
				MAGNETIZED
				TECHNOLOGY / TUBE
Rh ( Anti-D)	POSITIVE			AGGLUTINA ERYTHROCYTE
	POSITIVE			MAGNETIZED
				TECHNOLOGY / TUBE
				AGGLUTINA
Complete Blood Count (CBC) * , Who	la Blood			
		a /dl		
Haemoglobin	12.30	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl	
		2002	1 Mo- 10.0-18.0 g/dl	
			3-6 Mo- 9.5-13.5 g/dl	
			0.5-2 Yr- 10.5-13.5 g/dl	
			2-6 Yr- 11.5-15.5 g/dl	
			6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl	
			Male- 13.5-17.5 g/dl	
			Female- 12.0-15.5 g/dl	
TLC (WBC)	6,200.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	56.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	32.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	6.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	6.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	16.00	Mm for 1st hr.		
Corrected	, ( <del>*</del>	Mm for 1st hr.	< 20	
PCV (HCT)	38.00	%	40-54	
Platelet count				
Platelet Count	1.54	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	52.70	%	35-60	ELECTRONIC IMPEDANCE





Since 1991

# CHANDAN DIAGNOSTIC CENTRE Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

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# DEPARTMENT OF HAEM ATOLOGY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume) RBCCount	14.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count Blood Indices (MCV, MCH, MCHC)	4.19	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
MCV	92.20	۶I	80-100	CALCULATED PARAMETER
MCH	29.50	pg	28-35	CALCULATED PARAMETER
МСНС	32.00	%	30-38	CALCULATED PARAMETER
RDW-CV	12.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	44.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,472.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	372.00	/cu mm	40-440	

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Dr.Akanksha Singh (MD Pathology)





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Patient Name	: Mrs.SHALU KUMARI	Registered On	: 12/Aug/2023 08:24:48
Age/Gender	: 37 Y 3 M 24 D /F	Collected	: 12/Aug/2023 08:35:55
UHID/MR NO	: ALDP.0000123577	Received	: 12/Aug/2023 09:59:53
Visit ID	: ALDP0138602324	Reported	: 12/Aug/2023 11:42:53
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd	Status	: Final Report

#### DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interv	al Method
		0		
GLUCOSE FASTING * , Plasma				
Glucose Fasting	100.90	100-1	Normal 25 Pre-diabetes Diabetes	GOD POD
<b>Interpretation:</b> a) Kindly correlate clinically with intake of hypogly b) A negative test result only shows that the person will never get diabetics in future, which is why an c) I.G.T = Impared Glucose Tolerance.	does not have diab	etes at the time of	e	
Glucose PP * Sample:Plasma After Meal	142.20	140-1	Normal 199 Pre- <mark>diabe</mark> tes Diabetes	GOD POD

#### Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.c) I.G.T = Impared Glucose Tolerance.

GLYCOSYLATED HAEM OGLOBIN (HBA1C	)*, EDTA BLOOD		
Glycosylated Haemoglobin (HbA1c)	5.80	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	40.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	120	mg/dl	

#### Interpretation:

#### NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.





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#### DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
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The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	<b>Degree of Glucose Control Unit</b>
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc. \*\*Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B.: Test carried out on Automated VARIANT II TURBO HPLC Analyser.

#### **<u>Clinical Implications:</u>**

\*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

\*With optimal control, the HbA 1c moves toward normal levels.

\*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy

c. Alcohol toxicity d. Lead toxicity

\*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

\*Pregnancy d. chronic renal failure. Interfering Factors:

\*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

BUN (Blood Urea Nitrogen) * Sample:Serum	12.47	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.80	mg/dl	Serum 0.5-1.2 Spot Urine-Male- 20 Female-20-320	MODIFIED JAFFES )-275
Uric Acid * Sample:Serum	5.27	mg/dl	2.5-6.0	URICASE





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# DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	L	Init Bio. Ref. Inte	erval Method
LFT (WITH GAMMA GT) * , Serum				
		4		
SGOT / Aspartate Aminotransferase (AST)	18.40	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	12.80	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	24.60	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.60	gm/dl	6.2-8.0	BIURET
Albumin	4.10	gm/dl	3.4-5.4	B.C.G.
Globulin	2.50	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.64		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	84.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.80	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.50	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI)*, Serum				
Cholesterol (Total)	265.00	mg/dl	<200 Desirable 200-239 Borderline I > 240 High	CHOD-PAP High
HDL Cholesterol (Good Cholesterol)	70.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	145	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
			Optimal/Above Opt 130-159 Borderline H 160-189 High > 190 Very High	
VLDL	50.08	mg/dl	10-33	CALCULATED
Triglycerides	250.40	mg/dl	< 150 Normal 150-199 Borderline H 200-499 High >500 Very High	GPO-PAP High

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Patient Name	: Mrs.SHALU KUMARI	Registered On	: 12/Aug/2023 08:24:47
Age/Gender	: 37 Y 3 M 24 D /F	Collected	: 12/Aug/2023 13:15:31
UHID/MR NO	: ALDP.0000123577	Received	: 12/Aug/2023 13:28:14
Visit ID	: ALDP0138602324	Reported	: 12/Aug/2023 13:50:49
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd	. Status	: Final Report

# DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE* , Urine				
Color	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 6.0 )			DIPSTICK
Protein	ABSENT	, mg %	< 10 Absent 10-40 (+)	DIPSTICK
			40-200 (++)	
			200-500 (+++) > 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++)	
	P 18 183		>2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT		the second second	
Microscopic Examination:				
Epithelial cells	3-5/h.p.f			MICROSCOPIC
				EXAMINATION
Puscells	4-6/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
Urine Microscopy is done on centrifuged urine	e sediment.			

#### SUGAR, FASTING STAGE\* , Urine

Sugar, Fasting stage	ABSENT	gms%
T		
Interpretation:		
(+) < 0.5		
(++) 0.5-1.0		

(++) 0.3-1. (+++) 1-2

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# DEPARTMENT OF CLINICAL PATHOLOGY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
(++++) > 2					
SUGAR, PP STAGE * , Urine					

Sugar, PP Stage

ABSENT

#### Interpretation:

(+)	< 0.5 gms%
(++)	0.5-1.0 gms%
(+++)	1-2 gms%
(++++)	> 2 gms%

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Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

#### DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Result	Unit	Bio. Ref. Interval	Method	
130.00	ng/dl	84.61–201.7	CLIA	
7.30	ug/dl	3.2-12.6	CLIA	
1.20	μlU/mL	0.27 - 5.5	CLIA	
	2			
	0.3-4.5 µIU/	mL First Trimester		
	130.00 7.30	130.00 ng/dl 7.30 ug/dl 1.20 μIU/mL	130.00 ng/dl 84.61–201.7 7.30 ug/dl 3.2-12.6 1.20 μIU/mL 0.27 - 5.5	130.00 ng/dl 84.61–201.7 CLIA 7.30 ug/dl 3.2-12.6 CLIA 1.20 μIU/mL 0.27 - 5.5 CLIA

0.5-4.6

0.8-5.2

0.5-8.9

0.7-27

0.7 - 64

1-39

1.7-9.1

µIU/mL

µIU/mL

µIU/mL

µIU/mL

µIU/mL

µIU/mL

µIU/mL

2.3-13.2 µIU/mL

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.

3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.

5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.

7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.

8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Second Trimester

Child(21 wk - 20 Yrs.)

55-87 Years

0-4 Days

2-20 Week

28-36 Week

> 37Week

Third Trimester

Adults

Child

Child

Premature

Cord Blood

Dr.Akanksha Singh (MD Pathology)

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Patient Name	: Mrs.SHALU KUMARI	Registered On	: 12/Aug/2023 08:24:49
Age/Gender	: 37 Y 3 M 24 D /F	Collected	: N/A
UHID/MR NO	: ALDP.0000123577	Received	: N/A
Visit ID	: ALDP0138602324	Reported	: 12/Aug/2023 14:47:06
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

# DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### X-RAY DIGITAL CHEST PA \*

# <u>X-RAY REPORT</u> (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) <u>CHEST P-A VIEW</u>

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.

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DR K N SINGH (MBBS, DMRE)

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Visit ID	: ALDP0138602324	Reported	: 12/Aug/2023 10:40:00
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd. -	Status	: Final Report

# DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

### ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) \*

**LIVER**: - Normal in size (12.5 cm), shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

**GALL BLADDER** :- Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.

**CBD** :- Normal in calibre at porta.

**PORTAL VEIN**: - Normal in calibre and colour uptake at porta.

**PANCREAS:** - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

SPLEEN: - Normal in size, shape and echogenicity.

**RIGHT KIDNEY**: - Normal in size (9.4 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**LEFT KIDNEY**: - Normal in size (9.6 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**URINARY BLADDER :-** Normal in shape, outline and distension. No e/o wall thickening / calculus.

**UTERUS :-** Anteverted, and is normal in size (8.0 x 3.6 x 5.9 cm). No focal myometrial lesion seen. Endometrium is normal in thickness.

**OVARIES** :- Bilateral ovaries are normal in size, shape and echogenicity.

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

# **IMPRESSION** : No significant abnormality seen.

# Please correlate clinically.

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





