

	
UHID No	46704129
Name	Namita Kumari Namita Kumari
Age	34 Years(F)
EmployeeID	175737
Plan Period	01/10/2022 To 30/09/2023
Policy No	251100502210000169
Organisation	Bank of Baroda - Employees
 <b>Family Health Plan Insurance TPA Limited</b>	

**INSTRUCTIONS**

- ◆ This card is for identification purposes only.
- ◆ For cashless benefit, treatment has to be taken in network hospitals only. Preauthorisation is compulsory for cashless.
- ◆ For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission.
- ◆ For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge.
- ◆ All terms and conditions of the insurance policy are applicable.

For grievance redressal, Login to: [www.niconline.co.in](http://www.niconline.co.in)

 **Family Health Plan Insurance TPA Limited**  
 Ground Floor, Srinilaya Cyber Spazio, Road No.2, Banjara Hills, Hyderabad - 500 034, Telangana, India  
 Toll-free: 1800-425-4033 (or) 1800-102-4033 | Fax: +91-40-23541400  
 Mail Us: [info@fhpl.net](mailto:info@fhpl.net) | Web Access: [www.fhpl.net](http://www.fhpl.net)

**TERMS AND CONDITIONS:**

This card is generated as per the details given by your employer/HR. In case of any errors in the details you may confirm the same through your employer for making required corrections.

The photograph visible on this card is as provided by your employer/HR or put in the proposal form, in case of any error in the photograph pasted, FHPL may be informed through your employer/HR for effecting the change.

No physical card will be provided to you. For all requirements you may use this card printed in black and white or colour.

You can access our network hospitals list from our website <https://www.fhpl.net> for any information regarding hospitals available within your location or as required.

For the convenience of the members the guide book is made available on our website <https://www.fhpl.net> for understanding protocols in the event of any hospitalization assistance required for availing cashless service and also to forward any claim where the member has spent on his/her own. All our network hospitals will accept the printed card and seek the preauthorization from FHPL in the event of any in-patient hospitalization.

In case there is no photograph on the ID card, the member has to identify himself/herself with any other photo-card like: credit card, ration card, electoral card, Company ID card etc in conjunction with this card.

This card is not transferable and cannot be forwarded further to any other person by email/fax.

The card will be visible to any member as long the policy is valid after which this service will be withdrawn or till such time the member is employed with the current employer.

Usage of this card after the validity/policy expiry will not be entertained.

A fresh card will be generated subjected to the renewal of the policy.

For Any further queries, Please feel free to contact us on Toll-Free Helpline : <tollfree>



MC-4661

Name : Mrs. NAMITA KUMARI Collected On : 29-Jul-2023 11:04 AM  
Lab ID. : 161360 Received On : 29-Jul-2023 11:14 AM  
Age/Sex : 35 Years /Female Reported On : 30-Jul-2023 11:35AM  
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : FINAL

**\*LIPID PROFILE**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE)</b>	185.0	mg/dL	Desirable blood cholesterol: - <200 mg/dl. Borderline high blood cholesterol: - 200 - 239 mg/dl. High blood cholesterol: - >239 mg/dl.
<b>S.HDL CHOLESTEROL (DIRECT MEASURE - PEG)</b>	45.0	mg/dL	Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease : >=80 mg/dl.
<b>S. TRIGLYCERIDE (ENZYMATIC, END POINT)</b>	<b>240.0</b>	mg/dL	Desirable level : <161 mg/dl. High : >= 161 - 199 mg/dl. Borderline High : 200 - 499 mg/dl. Very high : >499mg/dl.
<b>VLDL CHOLESTEROL (CALCULATED VALUE)</b>	<b>48</b>	mg/dL	UPTO 40
<b>S.LDL CHOLESTEROL (CALCULATED VALUE)</b>	92	mg/dL	Optimal: <100 mg/dl. Near Optimal: 100 - 129 mg/dl. Borderline High: 130 - 159 mg/dl. High : 160 - 189mg/dl. Very high : >= 190 mg/dl.
<b>LDL CHOL/HDL RATIO (CALCULATED VALUE)</b>	2.04		UPTO 3.5
<b>CHOL/HDL CHOL RATIO (CALCULATED VALUE)</b>	4.11		<5.0

Above reference ranges are as per ADULT TREATMENT PANEL III recommendation by NCEP (May 2015).

Result relates to sample tested, Kindly correlate with clinical findings.

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

Checked By  
SHAISTA Q

**DR. SMITA RANVEER.**  
M.B.B.S.M.D. Pathology(Mum)  
Consultant Histocytopathologist

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MC-4661

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**COMPLETE BLOOD COUNT**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
HEMOGLOBIN	12.9	gm/dl	12.0 - 15.0
HEMATOCRIT (PCV)	38.7	%	36 - 46
RBC COUNT	<b>4.34</b>	x10 <sup>6</sup> /uL	4.5 - 5.5
MCV	89	fl	80 - 96
MCH	29.7	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	13.9	%	11.5 - 14.5
<b>TOTAL LEUCOCYTE COUNT</b>	6760	/cumm	4000 - 11000
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS	68	%	40 - 80
LYMPHOCYTES	22	%	20 - 40
EOSINOPHILS	03	%	0 - 6
MONOCYTES	07	%	2 - 10
BASOPHILS	00	%	0 - 1
<b>PLATELET COUNT</b>	151000	/cumm	150000 - 450000
MPV	<b>16.5</b>	fl	6.5 - 11.5
PDW	16.2	%	9.0 - 17.0
PCT	0.210	%	0.200 - 0.500
RBC MORPHOLOGY	Normocytic Normochromic		
WBC MORPHOLOGY	Normal		
PLATELETS ON SMEAR	Adequate		

Method : EDTA Whole Blood- Tests done on Automated Six Part Cell Counter.RBC and Platelet count by Electric Impedance ,WBC by SF Cube method and Differential by flow cytometry . Hemoglobin by Cyanide free reagent for hemoglobin test (Colorimetric Method).Rest are calculated parameters.

**Result relates to sample tested, Kindly correlate with clinical findings.**

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

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**HEMATOLOGY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>ESR</b>			
ESR	<b>45</b>	mm/1hr.	0 - 20

METHOD - WESTERGREN

Result relates to sample tested, Kindly correlate with clinical findings.

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

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Prasad\_A

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**URINE ROUTINE EXAMINATION**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>URINE ROUTINE EXAMINATION</u></b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
VOLUME	20 ml		
COLOUR	Colourless		
APPEARANCE	Clear		
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION (methyl red and Bromothymol blue indicator)	Acidic		Acidic
SP. GRAVITY (Bromothymol blue indicator)	1.005		1.005 - 1.022
PROTEIN (Protein error of PH indicator)	Absent		Absent
BLOOD (Peroxidase Method)	Absent		Absent
SUGAR (GOD/POD)	Absent		Absent
KETONES (Acetoacetic acid)	Absent		Absent
BILE SALT & PIGMENT (Diazonium Salt)	Absent		Absent
UROBILINOGEN (Red azodye)	Absent		Normal
LEUKOCYTES (pyrrole amino acid ester diazonium salt)	Absent		
NITRITE (Diazonium compound With tetrahydrobenzo quinolin 3-phenol)	Absent		
<b><u>MICROSCOPIC EXAMINATION</u></b>			
RED BLOOD CELLS	Absent		
PUS CELLS	1-2	/ HPF	0 - 5
EPITHELIAL	0-2	/ HPF	0 - 5

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**URINE ROUTINE EXAMINATION**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
CASTS	Absent		
CRYSTALS	Absent		
BACTERIA	Absent		Absent
YEAST CELLS	Absent		Absent
ANY OTHER FINDINGS	Absent		Absent
REMARK	Result relates to sample tested. Kindly correlate with clinical findings.		
	<b>Result relates to sample tested, Kindly correlate with clinical findings.</b>		
	----- END OF REPORT -----		

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**IMMUNO ASSAY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>TFT (THYROID FUNCTION TEST )</u></b>			
SPACE		Space	-
SPECIMEN	Serum		
T3	127.2	ng/dl	84.63 - 201.8
T4	7.49	µg/dl	5.13 - 14.06
TSH	4.07	µIU/ml	0.270 - 4.20
T3 (Triido Thyronine hormone)	T4 (Thyroxine)	TSH(Thyroid stimulating hormone)	
AGE	RANGE	AGE	RANGES
1-30 days	100-740	1-14 Days	11.8-22.6
1-11 months	105-245	1-2 weeks	9.9-16.6
1-5 yrs	105-269	1-4 months	7.2-14.4
6-10 yrs	94-241	4 -12 months	7.8-16.5
11-15 yrs	82-213	1-5 yrs	7.3-15.0
0.1-2.5			
15-20 yrs	80-210	5-10 yrs	6.4-13.3
0.20-3.0			
		11-15 yrs	5.6-11.7
0.30-3.0			

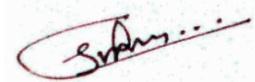
**INTERPRETATION :**

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T4) and triiodothyronine (T3), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.

**Result relates to sample tested, Kindly correlate with clinical findings.**

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

Checked By  
SHAISTA Q



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MC-4661

Dr. Smita Ranveer's  
**Radiance**  
CLINICAL DIAGNOSTIC CENTRE  
COMPLETE PATHOLOGICAL SOLUTION

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**HAEMATOLOGY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>BLOOD GROUP</u></b>			
SPECIMEN	WHOLE BLOOD		
* ABO GROUP	'O'		
RH FACTOR	POSITIVE		
Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)			
<b>Result relates to sample tested, Kindly correlate with clinical findings.</b>			
----- END OF REPORT -----			

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**\*BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>BLOOD UREA</b> (Urease UV GLDH Kinetic)	20.4	mg/dL	13 - 40
<b>BLOOD UREA NITROGEN</b> (Calculated)	9.53	mg/dL	5 - 20
<b>S. CREATININE</b> (Enzymatic)	0.70	mg/dL	0.6 - 1.4
<b>S. URIC ACID</b> (Uricase)	4.9	mg/dL	2.6 - 6.0
<b>S. SODIUM</b> (ISE Direct Method)	138.0	mEq/L	137 - 145
<b>S. POTASSIUM</b> (ISE Direct Method)	3.62	mEq/L	3.5 - 5.1
<b>S. CHLORIDE</b> (ISE Direct Method)	100.1	mEq/L	98 - 110
<b>S. PHOSPHORUS</b> (Ammonium Molybdate)	2.96	mg/dL	2.5 - 4.5
<b>S. CALCIUM</b> (Arsenazo III)	9.70	mg/dL	8.6 - 10.2
<b>PROTEIN</b> (Biuret)	6.79	g/dl	6.4 - 8.3
<b>S. ALBUMIN</b> (BGC)	4.09	g/dl	3.2 - 4.6
<b>S.GLOBULIN</b> (Calculated)	2.70	g/dl	1.9 - 3.5
<b>A/G RATIO</b> (Calculated)	1.51		0 - 2

Result relates to sample tested, Kindly correlate with clinical findings.

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

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SHAISTA Q

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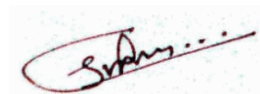
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### Peripheral smear examination

TEST NAME	RESULTS
SPECIMEN RECEIVED	Whole Blood EDTA
RBC	Normocytic Normochromic
WBC	Total leucocyte count is normal on smear.
	Neutrophils:66 %
	Lymphocytes:24 %
	Monocytes:08 %
	Eosinophils:02 %
	Basophils:00 %
PLATELET	Adequate on smear
HEMOPARASITE	No parasite seen.
<b>Result relates to sample tested, Kindly correlate with clinical findings.</b>	
----- END OF REPORT -----	

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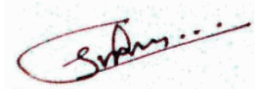


**BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>GLYCOCELATED HEMOGLOBIN (HBA1C)</u></b>			
HBA1C (GLYCOSALATED HAEMOGLOBIN)	5.50	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level
AVERAGE BLOOD GLUCOSE (A. B. G. )	111.2	mg/dL	65.1 - 136.3
METHOD Particle Enhanced Immunoturbidimetry			
HbA1c : Glycosylated hemoglobin concentration is dependent on the average blood glucose concentration which is formed progressively and irreversibly over a period of time and is stable till the life of the RBC/erythrocytes.Average Blood Glucose (A.B.G) is calculated value from HbA1c : Glycosylated hemoglobin concentration in whole Blood.It indicates average blood sugar level over past three months.			
<b><u>BLOOD GLUCOSE FASTING &amp; PP</u></b>			
BLOOD GLUCOSE FASTING	96.9	mg/dL	70 - 110
BLOOD GLUCOSE PP	107.0	mg/dL	70 - 140

Method (GOD-POD). DONE ON FULLY AUTOMATED ANALYSER (EM200).  
 1. Fasting is required (Except for water ) for 8-10 hours before collection for fasting speciman. Last dinner should consist of bland diet.  
 2. Don't take insulin or oral hypoglycemic agent until after fasting blood sample has been drawn

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MC-4661

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**BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
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**INTERPRETATION**

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus :  $\geq 126$  mg/dl

**POSTPRANDIAL/POST GLUCOSE (75 grams)**

- Normal glucose tolerance : 70-139 mg/dl
- Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus :  $\geq 200$  mg/dl

**CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS**

- Fasting plasma glucose  $\geq 126$  mg/dl
- Classical symptoms + Random plasma glucose  $\geq 200$  mg/dl
- Plasma glucose  $\geq 200$  mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin  $> 6.5\%$

\*\*\*Any positive criteria should be tested on subsequent day with same or other criteria.

GAMMA GT 14.2 U/L 5 - 55

**Result relates to sample tested, Kindly correlate with clinical findings.**

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

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29/7/2020

Mrs. Namita Kumari

BS/F.

NO any major illness

NO any medicinal allergy.

NO surgical H/O

Menstrual cycle normal.

P<sub>1</sub> - ~~female~~ - FTD  
3yr.

40 (R) lower abd pain

Height - 170 cm  
Weight - 76 Kg  
BMI - 26.3 kg/m<sup>2</sup>

P - 87/min  
B.P - 120/80

ECG - ~~normal~~

T ↓ V<sub>3</sub>-V<sub>6</sub>

20ccho - WNL.

↑↑ TG

T. Pressure long  
○—○—

pt fit & can  
perform her normal  
duties

Adv

T. Protein  
|—○—| x 2 days.

Blood invest<sup>n</sup>.  
- ~~done~~

- CXR



**HELPLINE**

022 - 2588 3531

S-1, Vedant Complex,

Vartak Nagar, Thane (W) 400 606

[www.siddhivinayakhospitals.org](http://www.siddhivinayakhospitals.org)





Name - Mrs. Namita Kumari	Age 35 Y/F
Ref by Dr.- Siddhivinayak Hospital	Date - 29/07/2023

**X- Ray chest (PA VIEW)**

No obvious active parenchymal lesion seen in both lungs.

Cardiac and aortic shadows appear normal

No evidence of pleural of effusion is seen.

Both domes of diaphragm appear normal.

No obvious bony lesion is seen.

**IMPRESSION:**

- No significant abnormality seen.

**Adv.: Clinical and lab correlation.**

**DR. MOHAMMAD SOHAIB**  
MBBS; DMRE  
CONSULTANT RADIOLOGIST

Note: The above report represents interpretation of various radiographic / sonographic shadows, and hence has its own limitations. This report has to be co-related clinic-pathologically by the referring / physician and it does NOT represent the sole diagnosis.







## ECHOCARDIOGRAM

NAME	MRS. NAMITA KUMARI
AGE/SEX	35 YRS/F
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DOCTOR	DR. ANANT MUNDE (CARDIOLOGIST)
DATE OF EXAMINATION	29/07/2023

## 2D/M-MODE ECHOCARDIOGRAPHY

<b>VALVES:</b> <b>MITRAL VALVE:</b> <ul style="list-style-type: none"> <li>• AML: Normal</li> <li>• PML: Normal</li> <li>• Sub-valvular deformity: Absent</li> </ul> <b>AORTIC VALVE:</b> Normal <ul style="list-style-type: none"> <li>• No. of cusps: 3</li> </ul> <b>PULMONARY VALVE:</b> Normal <b>TRICUSPID VALVE:</b> Normal	<b>CHAMBERS:</b> <b>LEFT ATRIUM:</b> Normal <b>LEFT VENTRICLE:</b> Normal <ul style="list-style-type: none"> <li>• RWMA: No</li> <li>• Contraction: Normal</li> </ul> <b>RIGHT ATRIUM:</b> Normal <b>RIGHT VENTRICLE:</b> Normal <ul style="list-style-type: none"> <li>• RWMA: No</li> <li>• Contraction: Normal</li> </ul>
<b>GREAT VESSELS:</b> <ul style="list-style-type: none"> <li>• AORTA: Normal</li> <li>• PULMONARY ARTERY: Normal</li> </ul>	<b>SEPTAE:</b> <ul style="list-style-type: none"> <li>• IAS: Intact</li> <li>• IVS: Intact</li> </ul>
<b>CORONARIES:</b> Proximal coronaries normal <b>CORONARY SINUS:</b> Normal	<b>VENACAVAE:</b> <ul style="list-style-type: none"> <li>• SVC: Normal</li> <li>• IVC: Normal and collapsing &gt;20% with respiration</li> </ul>
<b>PULMONARY VEINS:</b> Normal	<b>PERICARDIUM:</b> Normal

## MEASUREMENTS:

PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE
Aortic annulus	21 mm	Left atrium	32 mm	Right atrium	mm
Aortic sinus	mm	LVIDd	48.2 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	28.9 mm	RVEF	%
Ascending aorta	mm	IVSd	8.6 mm	TAPSE	mm
Arch of aorta	mm	LVPWd	8.6 mm	MPA	mm
Desc. thoracic aorta	mm	LVEF	70 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	14.3 mm





**COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY**

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AGE/SEX	35 YRS/F
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DOCTOR	DR. ANANT MUNDE (CARDIOLOGIST)
DATE OF EXAMINATION	29/07/2023

	MITRAL	TRICUSPID	AORTIC	PULMONARY
FLOW VELOCITY (m/s)			1.42	1.11
PPG (mmHg)				
MPG (mmHg)				
VALVE AREA (cm <sup>2</sup> )				
PR END DIASTOLIC VELOCITY (m/s)				
ACCELERATION/ DECELERATION TIME (ms)				
PHIT (ms)				
VENA CONTRACTA (mm)				
REGURGITATION		TRJV= m/s PASP= mmHg		
E/A	1.64			
E/E'	8.1			

**FINAL IMPRESSION: NORMAL STUDY**

- No RWMA
- Normal LV systolic function (LVEF: 70 %)
- Good RV systolic function
- Normal diastolic function
- All cardiac valves are normal
- All cardiac chambers are normal
- IAS/IVS intact
- No pericardial effusion/ clot/vegetations

**ADVICE: NIL**

**ECHOCARDIOGRAPHER:**

Dr. ANANT MUNDE

INTERVENTIONAL CARDIOLOGIST

## OPHTHAL CHECK UP SCREENING

NAME OF EMPLOYEE NAMITA KUMARI

AGE 35 DATE - 29.07.2023

Specs : Without Glasses

	RT Eye	Lt Eye
NEAR	N/6	N/6
DISTANT	6/6	6/6
Color Blind Test	Negative	



SIDDHIVINAYAK HOSPITALS



Male, Years  
Req. No. :

29-01-2023 09:10:23 AM  
HR : 87 bpm  
P : 94 ms  
PR : 132 ms  
QRS : 84 ms  
QT/QTcBz : 357/431 ms  
P/QRS/T : 58/46/8 °  
RV5/SV1 : 0.579/0.594 mV

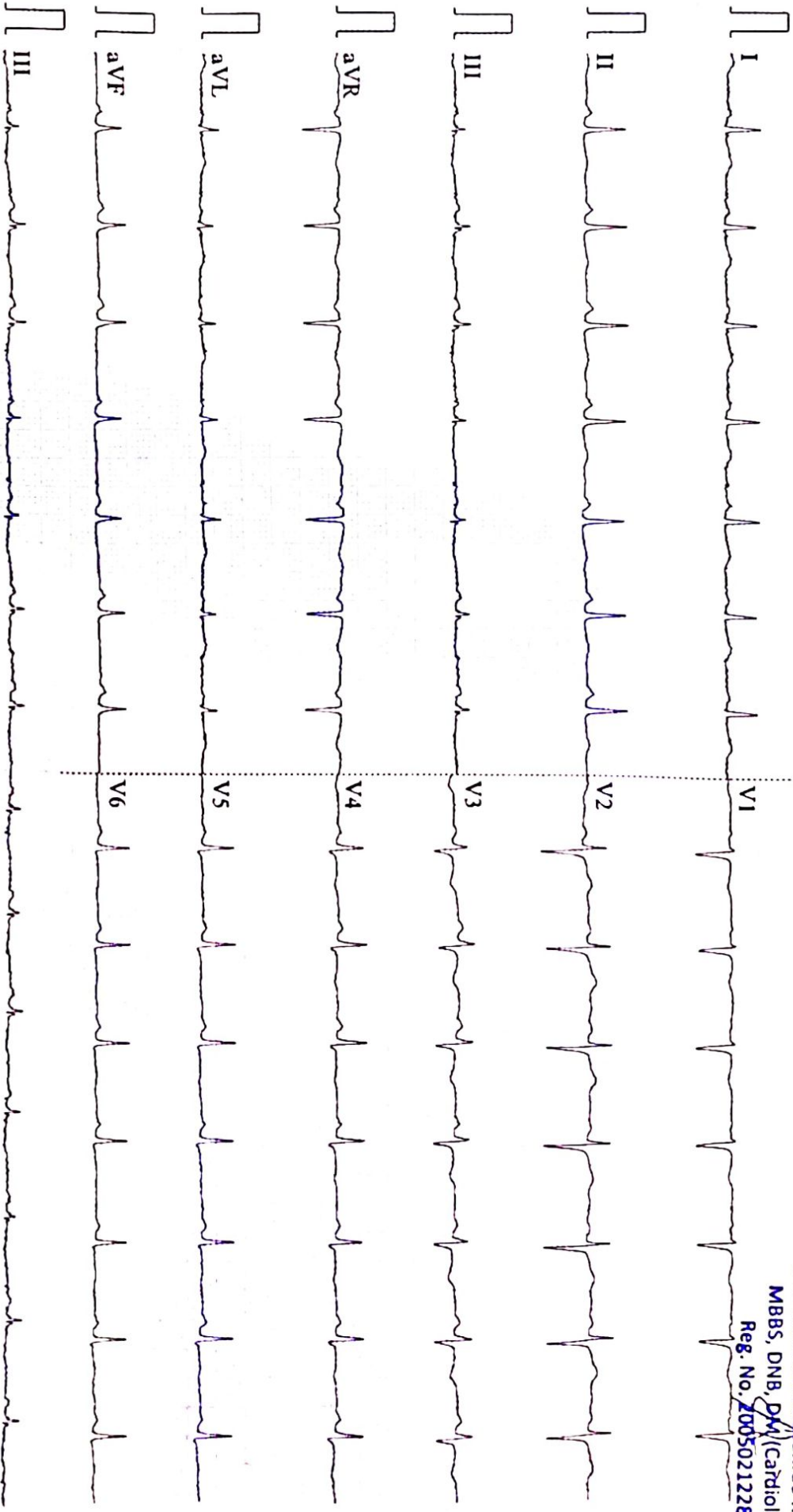
Diagnosis Information:  
Sinus Rhythm  
T Wave Abnormality(II,aVF,V3,V4,V5,V6)

Report Confirmed by:

*Signature* 22-01-2023

**Dr. Anant Ramkishanrao Munde**  
MBBS, DNB, DM (Cardiology)  
Reg. No. 2005021228

*Handwritten notes:*  
NSR  
T.I in V3-V6



0.25~35Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r V2.21 SEMIP V1.92 Siddhivinayak Hospital





Name - Mrs. Namita Kumari	Age - 35 Y/F
Ref by Dr.- Siddhivinayak Hospital	Date - 29/07/2023

### USG ABDOMEN & PELVIS

#### Clinical details:- Routine

The Liver is normal in size and shows raised echogenicity. There is no obvious abnormal focal lesion seen. There is no IHBR dilatation seen in both the lobes of the liver.

The CBD and the Portal vein appear normal.

The Gall bladder is well distended & appears normal. No calculi or filling defects are seen. No evidence of Pericholecystic collection. The wall thickness is normal.

Right Kidney measures 10.2 x 3.9cm & appears normal in shape and position. There is no evidence of hydronephrosis or any calculi seen. Cortico-medullary differentiation is maintained.

Left Kidney measures 10.7 x 4.8 cm & appears normal in shape and position. There is no evidence of hydronephrosis or any calculi seen. Cortico-medullary differentiation is maintained.

The Pancreas is normal in size & shows homogenous echopattern. It shows no focal lesion.

The Spleen is normal in size (10.1cm) with homogenous echotexture.

The urinary bladder is adequately distended and appears normal. There is no evidence of any obvious calculi or any mass lesion seen. Both Uretero-vesical junctions appear clear. No abnormal intraluminal lesion noted.

The Uterus is anteverted & measures approximately 9.7 x 5.2 x 6.7 cms with normal homogenous echotexture. The uterine outline is smooth and normal. No abnormal focal lesion noted. Endometrial thickness is normal

Both ovaries are normal in size and echotexture.

The right ovary measures 3.0 x 2.7 cms.

The left ovary measures 3.3 x 2.8 cms.

Bilateral adnexae appear normal. No focal lesion noted.

No free fluid or obvious lymphadenopathy is seen in abdomen and pelvis.

#### IMPRESSION:

- Fatty liver
- Bulky uterus.

Adv.: Clinical and lab correlation.

  
**DR. MOHAMMAD SOHAIB**  
MBBS; DMRE  
CONSULTANT RADIOLOGIST

Note: The above report represents interpretation of various radiographic / sonographic shadows, and hence has its own limitations. This report has to be co-related clinic-pathologically by the referring / physician and it does NOT represent the sole diagnosis. Second opinion is always advisable.

