Name	: Ms. Priya Tiwari
PID No.	: MED410032329
SID No.	: 924017396
Age / Sex	: 39 Year(s) / Female
Туре	: OP
Ref. Dr	: MediWheel

 Register On
 : 25/05/2024 9:15 AM

 Collection On
 : 25/05/2024 9:30 AM

 Report On
 : 25/05/2024 4:53 PM

 Printed On
 : 28/05/2024 6:11 PM



Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood'SLS Hemoglobin method)	11.51	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/RBC pulse height detection method)	35.0	9%	37 - 47
RBC Count (EDTA Blood/Impedance/Coulter Principle)	3.95	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Calculated)	88.7	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Calculated)	29.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Calculated)	32.9	g/dL	32 - 36
RDW-CV (EDTA Blood/Calculated)	16.4	%	11.5 - 16.0
RDW-SD (EDTA Blood/Calculated)	50.91	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance/Coulter Principle)	5190	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Flow cytometry)	48.87	%	40 - 75
Lymphocytes (EDTA Blood <i>Flow cytometry</i> )	39.39	%	20 - 45
Eosinophils (EDTA Blood/Flow cytometry)	2.97	%	01 - 06
Monocytes (EDTA Blood <i>Flow cytometry</i> )	8.52	%	01 - 10
Basophils (EDTA Blood/Flow cytometry)	0.26	%	00 - 02

MC-2271





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The results pertain to sample tested.

Page 1 of 10

Name	: Ms. Priya Tiwari		
PID No.	: MED410032329	Register On : 25/05/2024 9:15 AM	$\sim$
SID No.	: 924017396	Collection On : 25/05/2024 9:30 AM	
Age / Sex	: 39 Year(s) / Female	Report On : 25/05/2024 4:53 PM	nedall
Туре	: OP		IAGNOSTICS
Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
INTERPRETATION: Tests done on Automated	Five Part cell count	er. All abnormal results	are reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood/Calculated)	2.54	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Calculated)	2.04	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Calculated)	0.15	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Calculated)	0.44	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/Calculated)	0.01	10^3 / µl	< 0.2
Platelet Count (EDTA Blood/Impedance/Coulter Principle)	315.1	10^3 / µl	150 - 450
MPV (EDTA Blood/Calculated)	8.44	fL	8.0 - 13.3
PCT (EDTA Blood/Calculated)	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Capillary Photometry Technology)	36	mm/hr	< 20
Glucose Fasting (FBS) (Plasma - F/ <i>Hexokinase</i> )	77.42	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine)	Negative		Negative
(Urine - F/ <i>Hexokinase</i> ) Glucose Postprandial (PPBS)	82.48	mg/dL	70 - 140
(Plasma - PP/ <i>Hexokinase</i> )	02.10	ing, all	/0 110

#### **INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.







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The results pertain to sample tested.

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Name	: Ms. Priya Tiwari			
PID No.	: MED410032329	Register On	: 25/05/2024 9:15 AM	
SID No.	: 924017396	<b>Collection On</b>	: 25/05/2024 9:30 AM	
Age / Sex	: 39 Year(s) / Female	Report On	: 25/05/2024 4:53 PM	medall
Туре	: OP	Printed On	: 28/05/2024 6:11 PM	DIAGNOSTICS
Ref. Dr	: MediWheel			

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Urine Glucose(PP-2 hours) (Urine - PP/ <i>Hexokinase</i> )	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV/derived)	6.4	mg/dL	7.0 - 21
Creatinine	0.57	mg/dL	0.6 - 1.1

(Serum/Modified Jaffe)

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/ <i>Enzymatic</i> )	4.73	mg/dL	2.6 - 6.0
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.50	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.11	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.39	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	44.93	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/ <i>Modified IFCC</i> )	29.40	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	17.54	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ <i>Modified IFCC</i> )	101.6	U/L	42 - 98
Total Protein (Serum/Biuret)	8.03	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.21	gm/dl	3.5 - 5.2

(Serum/Bromocresol green)







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The results pertain to sample tested.

Page 3 of 10

Name	: Ms. Priya Tiwari		
PID No.	: MED410032329	Register On : 25/05/2024 9:15 AM	
SID No.	: 924017396	Collection On : 25/05/2024 9:30 AM	
Age / Sex	: 39 Year(s) / Female	Report On : 25/05/2024 4:53 PM	medall
Туре	: OP	Printed On : 28/05/2024 6:11 PM	DIAGNOSTICS
Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
Globulin (Serum/Derived)	3.82	gm/dL	2.3 - 3.6
A : G RATIO (Serum/ <i>Derived</i> ) <u>Lipid Profile</u>	1.10		1.1 - 2.2
Cholesterol Total (Serum/CHOD-PAP with ATCS)	130.97	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	76.44	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the `usual\_circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	30.81	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/ <i>Calculated</i> )	84.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/Calculated)	15.3	mg/dL	< 30
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The results pertain to sample tested.

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Invoctio	uction	Observed Unit	Pielogiaal
Ref. Dr	: MediWheel		
Туре	: OP	Printed On : 28/05/2024 6:11 PM	DIAGNOSTICS
Age / Sex	: 39 Year(s) / Female	Report On : 25/05/2024 4:53 PM	medall
SID No.	: 924017396	Collection On : 25/05/2024 9:30 AM	
PID No.	: MED410032329	Register On : 25/05/2024 9:15 AM	$\sim$
Name	: Ms. Priya Tiwari		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
Non HDL Cholesterol (Serum/ <i>Calculated</i> )	100.2	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.3		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/ <i>Calculated</i> )	2.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.8		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/ <i>HPLC</i> )	4.9	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
<b>INTERPRETATION:</b> If Diabetes - Good contro	1 : 6.1 - 7.0 % , Fai	r control : 7.1 - 8.0	%, Poor control >= 8.1 $%$

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 %, Fair control : 7.1 - 8.0 %, Poor control >= 8.1 %Estimated Average Chapter 202 02 mg/dL

Estimated Average Glucose	93.93	mg/dL	
(Whole Blood)			



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Very High: >=220

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The results pertain to sample tested.

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Name	: Ms. Priya Tiwari			
PID No.	: MED410032329	Register On :	25/05/2024 9:15 AM	
SID No.	: 924017396	•	25/05/2024 9:30 AM	
Age / Sex	: 39 Year(s) / Female		25/05/2024 4:53 PM	medall
Туре	: OP	-	28/05/2024 6:11 PM	
Ref. Dr	: MediWheel	•		
Investiga	ation	<u>Observed</u> <u>Value</u>	Unit	Biological Reference Interval
HbA1c pro control as Conditions hypertrigh Conditions ingestion,	compared to blood and urinary glucc s that prolong RBC life span like Iron yceridemia,hyperbilirubinemia,Drugs	ose determinations. n deficiency anemia, V s, Alcohol, Lead Poisc e or chronic blood los	Vitamin B12 & Folate defic oning, Asplenia can give fal s, hemolytic anemia, Hemo	
T3 (Triic (Serum/EC	odothyronine) - Total CLIA)	1.23	ng/ml	0.7 - 2.04
Comment Total T3 v		on like pregnancy, dru	gs, nephrosis etc. In such ca	ases, Free T3 is recommended as it is
T4 (Tyro (Serum/EC	oxine) - Total CLIA)	5.83	μg/dl	4.2 - 12.0
<b>Comment</b> Total T4 v		on like pregnancy, dru	gs, nephrosis etc. In such ca	ases, Free T4 is recommended as it is
TSH (Th (Serum/EC	yroid Stimulating Hormone)	4.37	µIU/mL	0.35 - 5.50
Reference 1 st trimes 2 nd trime 3 rd trimes (Indian Th <b>Comment</b> 1.TSH refe 2.TSH Lev be of the o	erence range during pregnancy deper	, reaching peak levels as influence on the me	between 2-4am and at a m easured serum TSH concent	

3. Values&amplt,0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

#### <u>PHYSICAL EXAMINATION (URINE</u> <u>COMPLETE)</u>



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The results pertain to sample tested.

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Page 6 of 10

Name	: Ms. Priya Tiwari
PID No.	: MED410032329
SID No.	: 924017396
Age / Sex	: 39 Year(s) / Female
Туре	: OP
Ref. Dr	: MediWheel

Register On	:	25/05/2024 9:15 AM
<b>Collection On</b>	:	25/05/2024 9:30 AM
Report On	:	25/05/2024 4:53 PM
Printed On	:	28/05/2024 6:11 PM



Investigation	<u>Observed</u> <u>Unit</u> <u>Value</u>	Biological Reference Interval
Colour (Urine)	Pale yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	20	
<u>CHEMICAL EXAMINATION</u> <u>COMPLETE)</u>	<u>(URINE</u>	
pH (Urine)	6	4.5 - 8.0
Specific Gravity (Urine)	1.005	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal
Blood (Urine)	Negative	Negative
Nitrite (Urine)	Negative	Negative
Bilirubin (Urine)	Negative	Negative
Protein (Urine)	Negative	Negative
Glucose (Urine/GOD - POD)	Negative	Negative
Leukocytes(CP) (Urine)	Negative	

<u>MICROSCOPIC EXAMINATION</u> (URINE COMPLETE)







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The results pertain to sample tested.

Page 7 of 10

Name PID No. SID No. Age / Sex Type Ref. Dr	:	Ms. Priya Tiwari MED410032329 924017396 39 Year(s) / Female OP MediWheel	Register On Collection On Report On Printed On	:	25/05/2024 9:15 AM 25/05/2024 9:30 AM 25/05/2024 4:53 PM 28/05/2024 6:11 PM	<b>Medall</b> DIAGNOSTICS
Investiga	atio	on	<u>Observe</u> Value	<u>d</u>	Unit	<u>Biological</u> Reference Interval
Pus Cells (Urine)	S		0-1		/hpf	NIL
Epithelia	ıl (	Cells	0-1		/hpf	NIL

NIL

NIL

'AB' 'Positive'

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically. NIL /hpf Crystals NIL /hpf

(Urine) BLOOD GROUPING AND Rh **TYPING** (EDTA Blood/Agglutination)

(Urine) **RBCs** 

(Urine) Others

(Urine)

Casts

(Urine)

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/HPF



NIL

NIL

NIL

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The results pertain to sample tested.

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<u>Investig</u>	at	ion	Observe	<u>d</u>	<u>Unit</u>	Biologi	cal
Ref. Dr	:	MediWheel					
Туре	:	OP	Printed On	:	28/05/2024 6:11 PM	DIAGNOSTICS	
Age / Sex	:	39 Year(s) / Female	Report On	:	25/05/2024 4:53 PM	medall	
SID No.	:	924017396	<b>Collection On</b>	:	25/05/2024 9:30 AM		
PID No.	:	MED410032329	Register On	:	25/05/2024 9:15 AM	$\sim$	
Name	:	Ms. Priya Tiwari					

BUN / Creatinine Ratio

<u>Ubservea</u> Value 11

BIOIOGICAL **Reference Interval** 6.0 - 22.0





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The results pertain to sample tested.

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Name	: Ms. Priya Tiwari			
PID No.	: MED410032329	Register On	: 25/05/2024 9:15 AM	$\sim$
SID No.	: 924017396	<b>Collection On</b>	: 25/05/2024 9:30 AM	
Age / Sex	: 39 Year(s) / Female	Report On	: 25/05/2024 4:53 PM	medall
Туре	: OP	Printed On	: 28/05/2024 6:11 PM	DIAGNOSTICS
Ref. Dr	: MediWheel			

**Investigation** 

URINE ROUTINE

<u>Observed</u> <u>Value</u>

<u>ed Unit</u>

Biological Reference Interval





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-- End of Report --

The results pertain to sample tested.

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Name	Ms.Priya Tiwari	ID	MED410032329
Age & Gender	39/FEMALE	Visit Date	25/05/2024
Ref Doctor Name	MediWheel		

## **2D ECHOCARDIOGRAPHY**

#### Chambers

•	Left ventricle :
normal in size, No RWMA at Rest.	
• Left Atrium : Normal	
• Right Ventricle : Normal	
•	Right Atrium :
Normal	
Septa	
•	IVS : Intact
•	IAS : Intact
Valves	
•	Mitral Valve :
Normal.	
• Tricuspid Valve : MILD TRICUSPID REGURGITATION (PASP 25 mmHg	g)
• Aortic valve : Tricuspid, Normal Mobility	
•	Pulmonary
Valve : Normal	
Great Vessels	
•	Aorta : Normal
•	Pulmonary
Artery : Normal	
Pericardium : Normal	

#### **Doppler Echocardiography**

F	REPORT DISCLAIME		R
, radiological investication also h	nave	7.Results of th	e 1

1. This is only a radiologincal imperssion. Like other investigations, limitation. Therefore radiologincal reports should be interpreted in correlation with clinical and pathological findings.

2. The results reported here in are subject to interpretation by qualified medical professionals only. 3.Customer identities are accepted provided by the customer or their representative.

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5.If any specimen/sample is received from any others laboratory/hospital, its is presumed that the sample belongs to the patient identified or named.

6.Test results should be interpreted in context of clinical and other findings if any. In case of any clarification /doubt , the refrering doctor/patient can contact the respective section head of the laboratory. 7. Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,

8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results. 9.Liability is limited to the extend of amount billed.

10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.

11.Disputes, if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.



Name	Ms.Priya Tiwari	ID	MED410032329
Age & Gender	39/FEMALE	Visit Date	25/05/2024
Ref Doctor Name	MediWheel		

Mitral valve	Е	0.9	m/sec	А	0.78	m/sec	E/a: 1.19
Aortic Valve	V max	1.1	m/sec	PG	5.0	mm	
Diastolic Dysfunction NONE							

M - Mode Measureme
--------------------

Parameter	Observed Valve	Normal Range	
Aorta	30	26-36	Mm
Left Atrium	29	27-38	Mm
IVS	10	09-11	Mm
Left Ventricle - Diastole	43	42-59	Mm
Posterior wall - Diastole	10	09-11	Mm
IVS - Systole	13	13 - 15	Mm
Left Ventricle -Systole	30	21-40	Mm
Posterior Wall - Systole	13	13-15	Mm
Ejection Fraction	60	- >50	%

## **IMPRESSION:**

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:2:



Name	Ms.Priya Tiwari	ID	MED410032329
Age & Gender	39/FEMALE	Visit Date	25/05/2024
Ref Doctor Name	MediWheel		

- MILD TRICUSPID REGURGITATION (PASP 25 mmHg)
- NO RWMA'S AT REST
- NORMAL LV & RV SYSTOLIC FUNCTION LVEF 60%
- NORMAL DIASTOLIC FUNCTION
- NO PERICARDIAL EFFUSION / VEGETATION / CLOT.

### DR CHETAN KUMAR H B MD DM (CARDIOLOGY) INTERVENTIONAL

CARDIOLOGIST

Rs/s

REPORT DISCLAIMER

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 A.information about the customer's condition at the time of sample collection such as fasting, food

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Name	Ms.Priya Tiwari	ID	MED410032329
Age & Gender	39/FEMALE	Visit Date	25/05/2024
Ref Doctor Name	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size and has uniform echopattern. Tiny calcified granuloma measuring 5mm in right lobe of liver. No evidence of intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents. Gall bladder wall is of normal thickness. CBD is of normal calibre.

**PANCREAS** visualized portion of head and body appear normal. Tail is obscured by bowel gas.

**SPLEEN** show normal shape, size and echopattern.

No demonstrable Para -aortic lymphadenopathy.

**KIDNEYS** move well with respiration and have normal shape, size and echopattern. Cortico- medullary differentiations are well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.1	1.1
Left Kidney	9.8	1.4

URINARY BLADDER show normal shape and wall thickness. It has clear contents.

**UTERUS** is anteverted and has normal shape and size.

It has uniform myometrial echopattern.

Endometrial echo is of normal thickness - 10.0mms.

Uterus measures as follows:

LS: 7.9cms AP: 2.6cms TS: 4.2cms.

#### REPORT DISCLAIMER

false opinion.

competent courts chennai only

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11.Disputes, if any , with regard to the report findings are subject to the exclusive jurisdiction of the

<sup>7.</sup>Results of the test are influenced by the various factors such as sensitivity, specificity of the 1. This is only a radiologincal imperssion. Like other investigations, radiological investication also have limitation. Therefore radiologincal reports should be interpreted in correlation with clinical and procedures of the tests, quality of the samples and drug interactions etc., pathological findings. 8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.

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<sup>5.</sup>If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.

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Name	Ms.Priya Tiwari	ID	MED410032329
Age & Gender	39/FEMALE	Visit Date	25/05/2024
Ref Doctor Name	MediWheel		

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**OVARIES** are normal size, shape and echotexture Ovaries measures as follows: Right ovary: 2.9 x 1.3cms. Left ovary: 2.8 x 1.4cms.

POD & adnexa are free.

No evidence of ascites.

Anterior abdominal wall defect measuring 10mm is seen in the umbilical region with omentum as its content.

# Impression:

- > Tiny calcified granuloma in right lobe of liver.
- Umbilical hernia as described.

# Sugg: Clinical correlation and further evaluation.

#### DR. VINAY.V.R

#### REPORT DISCLAIMER

- 1. This is only a radiologincal imperssion. Like other investigations, radiological investication also have limitation. Therefore radiologincal reports should be interpreted in correlation with clinical and pathological findings.
- 2.The results reported here in are subject to interpretation by qualified medical professionals only.
- 3.Customer identities are accepted provided by the customer or their representative.
- 4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.

- 7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,
- 8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
- 9.Liability is limited to the extend of amount billed.
- 10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.
- 11.Disputes, if any, with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

<sup>5.</sup>If any specimen/sample is received from any others laboratory/hospital, its is presumed that the sample belongs to the patient identified or named.

<sup>6.</sup>Test results should be interpreted in context of clinical and other findings if any. In case of any clarification /doubt, the refrering doctor/patient can contact the respective section head of the laboratory.



Name	Ms.Priya Tiwari	ID	MED410032329
Age & Gender	39/FEMALE	Visit Date	25/05/2024
Ref Doctor Name	MediWheel		

CONSULTANT RADIOLOGIST Vr/d

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