





Shopme Rajonis, 38yr. blulry 12:05m No left sidel bone and pour off rom for month Vitals: |80 Cheif Complaints: weight-63.448 H/O Present Illness : m/n: cmp - 16/3/24 Sp02-98 Pulse 49 | Past History: Dui- Pob ML-10yn Height - 168 Plusten : 28f feibel : 2020. - My Harosnopy : 2020. Family: MAD. Investigation : Drug Allergies : (if any) - pap smear - pap smear - usu reluctroatment: - usu radvere - t ne radvere On: Re ac fei Mebrel Pla - Alt Brig old trefut els cooge. pap meantale m, at is the mobil to freem Har seful Q Block South City 11, Sohna Road, Main Sector-47, Gurgaon, Haryana Ph.: 0124-49000000 Fax: 0124-221873 Gurgaon E-mail: parkmedicenters@gmail.com

West Delhi
 South Delhi
 Faridabad
 Panipat
 Karnal

8800424484

OPNTHA



Name SHIPRA RATORIA

age 384 6/4/24.

Health. Checkyp.

Vision: - 6/16 unadder. NCIX 10.8

Vitals:

Cheif Complaints:

H/O Present Illness:

Near vision < N6 Unadded.

Past History:

Colour vixian Normal

Investigation:

Drug Allergies: (if any)

Treatment:

Fundus - Mormal (35)

Gurgaon

Q Block South City 11, Sohna Road, Main Se Gurgaon, Haryana Ph.: 0124-49000000 Fax: 0124-2218733 E-mail: parkmedicenters@gmail.com

South Delhi





Object 27 Routine Ent health check up

BMT-MLC-

Vitals:

Cheif Complaints:

H/O Present Illness:

Past History:

Investigation:

Drug Allergies: (if any)

Treatment:

Gurgaon

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West Delhi
 South Delhi
 Faridabad
 Panipat
 Karnal





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Sental

Routine healt checkrep.

Vitals:

O/E: Stains ++ Plaque ++
Ach. Feating & Polishing

H/O Present Illness:

Past History:

Investigation: Drug Allergies: (if any) Dr. PANKAJ GOYAL Senipr Consultant Park Nospital, Gurgaon No. A12674

Treatment:

Gurgaon

Q Block South City 11, Sohna Road, Main Sector-47, Gurgaon, Haryana Ph.: 0124-49000000 Fax: 0124-2218733 E-mail: parkmedicenters@gmail.com

West Delhi
 South Delhi
 Faridabad
 Panipat
 Karnal



### DEPARTMENT OF MICROBIOLOGY

**Patient Name** 

: Mrs. SHIPRA RAJORIA

MR No

698089

Age/Sex

38 Years 2 Months 26 Days / Female

Type

TPA/Corporate

MEDIWHEEL PVT LTD

Bill Date

06/04/2024

Reporting Date:

08/04/2024

Sample ID

269152

Bill/Req. No.

25277649

Ref Doctor

Dr.RMO

Test

Result

Bio. Ref. Interval

Units

Method

URINE C/S

NAME OF SPECIMEN

ORGANISM IDENTIFIED

Urine (Uncentrifuged ) NO ORGANISM

GROWN IN CULTURE AFTER 48 HRS OF INCUBATION AT 37 C

DEGREE.

Aerobic culture

Method:

Note: URINE CULTURE:

Presence of >105 cfu/ml (100000) in midstream urine sample is considered clinically significant. However in symptomatic, immunecompromised or diabetic patients & patients with indwelling catheters, even a smaller count of bacteria may signify infection (100-10000cfu/ml). Kindly correlate clinically.

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

Dr. JAY PRAKASH SINGH MBBS, MD (PATHOLOGY)

MD, MBBS MICROBIOLOGY

CONSULTANT CLINICAL MICROBIOLOGIST

USER NM

NIKHIL



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Ph.: 0124-4900000 (100 Lines), Toll Free No.: 1800-102-6767, Mob.: 62 62 82 82 35, Email: customercare@parkhospital.in



**Patient Name** 

: Mrs. SHIPRA RAJORIA

MR No

698089

Age/Sex

38 Years 2 Months 26 Days / Female

80

Type

Test

TPA/Corporate

PLASMA GLUCOSE FASTING

: MEDIWHEEL PVT LTD

Bill Date

06/04/2024

Reporting Date:

06/04/2024

Sample ID

269152

Bill/Req. No.

Ref Doctor

25277649 Dr.RMO

Result

Bio. Ref. Interval

Units

Method

BLOOD SUGAR FASTING

60 - 110

mg/dl

GOD TRINDERS

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*



Dr. JAY PRAKASH SINGH MBBS, MD (PATHOLOGY)

Dr.ISHA RASTOGI MD, MBBS MICROBIOLOGY CONSULTANT CLINICAL MICROBIOLOGIST

USER NM

AMIT1



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care providers



Patient Name

: Mrs. SHIPRA RAJORIA

MR No

: 698089

Age/Sex

Test

: 38 Years 2 Months 26 Days / Female

Type

TPA/Corporate

: MEDIWHEEL PVT LTD

Bill Date

06/04/2024

Reporting Date:

06/04/2024

Sample ID

269152

Bill/Req. No.

25277649

Ref Doctor

Dr.RMO

Result

Bio. Ref. Interval

Units

Method

BLOOD SUGAR 2 HR. PP

BLOOD SUGAR P.P.

117

80 - 150

mg/dl

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*



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USER NM

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care providers



### DEPARTMENT OF PATHOLOGY

**Patient Name** 

: Mrs. SHIPRA RAJORIA

MR No

: 698089

Age/Sex

: 38 Years 2 Months 26 Days / Female

Type

: OPD

TPA/Corporate

: MEDIWHEEL PVT LTD

Bill Date

Reporting Date :

06/04/2024 06/04/2024

Sample ID : 269152

Bill/Req. No. : Def Dester

25277649

10.20000			Dr.RMO	
Test	Result	Bio. Ref. Interval	Units	Method
	URINE ROUT	TINE AND MICROSCOP	Υ	
PHYSICAL CHARACTERSTIC	cs			
QUANTITY	40ml	5 - 100	ml	
COLOUR	Pale Yellow	Pale Yellow		Manual Method
TURBIDITY	slightly turbid	clear		Wallaal Welliod
SPECIFIC GRAVITY	1.010	1.000-1.030		urinometer
PH - URINE	5.0	5.0 - 9.0		PH PAPER
CHEMICAL EXAMINATION-1				111111111111
UROBILINOGEN	Negative	NIL		Ehrlich
URINE PROTEIN	Absent	NIL	mg/dl	Protein error indicator
BLOOD	NIL	NIL	mg/d/	r rotein error indicator
URINE BILIRUBIN	NIL	NIL		
GLUCOSE	NIL	NIL	mg/dL	GOD-POD/Benedicts
URINE KETONE	NIL	NIL		SOD.
MICRO.EXAMINATION				
PUS CELL	2-4	0-5	cells/hpf	Microscopic
RED BLOOD CELLS	Nil	0-2	cells/hpf	Wildiagopic
EPITHELIAL CELLS	1-2	0-5	cells/hpf	
CASTS	NIL	NIL	/lpf	
CRYSTALS	NIL	NIL	/Lpf	
OTHER	NIL			
AMORPHOUS URINE	Absent			MicroScopy

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*



Dr. JAY PRAKASH SINGH MBBS, MD (PATHOLOGY)

Dr.ISHA RASTOGI MD, MBBS MICROBIOLOGY CONSULTANT CLINICAL MICROBIOLOGIST

USER NM

RAVINDRA



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care providers



DEPARTMENT OF HAEMOTOLOGY

**Patient Name** 

: Mrs. SHIPRA RAJORIA

MR No

: 698089

Age/Sex

38 Years 2 Months 26 Days / Female

Type

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date

06/04/2024

Reporting Date :

06/04/2024

Sample ID

269152

Bill/Req. No.

25277649

Ref Doctor

Dr.RMO

Test

Result

Bio. Ref. Interval

Units

Method

BLOOD GROUPING AND RH FACTOR

**BLOOD GROUP** 

"B"RH POSITIVE

ABO/Rh (D) SLIDE

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*



Dr. JAY PRAKASH SINGH MBBS, MD (PATHOLOGY)

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USER NM

AJAY039



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care providers



### DEPARTMENT OF HAEMOTOLOGY

**Patient Name** Mrs. SHIPRA RAJORIA

MR No 698089

Age/Sex : 38 Years 2 Months 26 Days / Female

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date

06/04/2024

Reporting Date :

06/04/2024

Sample ID

269152

Bill/Req. No.

: 25277649

Kei Doctor		Ref	Doctor
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+ .				Ref Doctor :	Dr.RMO
Test	Result		Bio. Ref. Interval	Units	Method
			CBC		
HAEMOGLOBIN	11.5	L	12 - 15	gm/dL	COLODIMETON
TOTAL LEUCOCYTE COUNT	8490		4000-11000	/µL	COLORIMETRY LASER FLOW
DIFFERENTIAL COUNT					CAGERTEOW
NEUTROPHILS	50		40.0 - 70.0	%	FLOW CYTOMETRY
LYMPHOCYTES	40		20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	08		3.0 - 8.0	%	FLOW CYTOMETRY
EOSINOPHILS	02		0.5 - 5.0	%	FLOW CYTOMETRY
BASOPHILS	00		0.0 - 2.0	%	FLOW CYTOMETRY
RED BLOOD CELL COUNT	4.1		3.5 - 5.5	millions/µL	FLECTRICAL
PACKED CELL VOLUME	34.7	L	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	83.9		83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN			27 - 31		ELECTRICAL
MEAN CORPUSCULAR HB CONC	33.1		33 - 37	Picogrames	CALCULATED
PLATELET COUNT	291			g/dl	CALCULATED
RDW	13.6		150 - 450	thou/µL	ELECTRICAL
SAMPLE TYPE FOR C.B.C	Whole Blood EDTA	A	11.6 - 14.5	%	CALCULATED

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*



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DEPARTMENT OF HAEMOTOLOGY

**Patient Name** : Mrs. SHIPRA RAJORIA

MR No 698089

Age/Sex : 38 Years 2 Months 26 Days / Female

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD Bill Date

06/04/2024

Reporting Date :

06/04/2024

Sample ID

Bill/Req. No.

269152

Ref Doctor

25277649 Dr RMO

Result

Bio. Ref. Interval

Units

Method

ESR (WESTERGREN)

E.S.R. 1ST HRS.

15

0 - 20

mm/Hr.

Westergren

SPECIMEN TYPE

Method: (Capillary photometry)

Test

Note: 1 C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

WHOLE BLOOD-EDTA

2. Test conducted on EDTA whole blood at 37C.

ESR readings are auto- corrected with respect to Hematocrit (PCV) values.

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*



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care providers



#### DEPARTMENT OF IMMUNOLOGY

Patient Name

: Mrs. SHIPRA RAJORIA

MR No

698089

Age/Sex

38 Years 2 Months 26 Days / Female

Type

TPA/Corporate

OPD

: MEDIWHEEL PVT LTD

Bill Date

06/04/2024

Reporting Date:

07/04/2024

Sample ID

269152

Bill/Req. No.

25277649

Ref Doctor

Dr.RMO

Test	Result

THYROID PROFILE

Units

Method

TRI-IODOTHYRONINE (T3)

1.03 7.2

0.60 - 1.81

Bio. Ref. Interval

ng/ml

Chemiluminescence

THYROID STIMULATING HORMONE

5.01 - 12.45

µg/dL

1.30

0.5-5.50

Chemiluminescence

SPECIMEN TYPE

THYROXINE (T4)

SERUM

µIU/ml

Method : chemiluminescent immunoassay

Note: Clinical Significance:

Thyroid function tests (TFTs) is a collective term for blood tests used to check the function of the thyroid.TFTs may be requested if a p atient is thought to suffer from hyperthyroidism (overactive thyroid) or hypothyroidism (underactive thyroid), or to monitor the effectiven ess of either thyroid-

suppression or hormone replacement therapy. It is also requested routinely in conditions linked to thyroid disease, such as atrial fibrill ation and anxiety disorder. A TFT panel typically includes thyroid hormones such as thyroid-

stimulating hormone (TSH, thyrotropin) and thyroxine (T4), and triiodothyronine (T3) depending on local laboratory policy.

Note: Please correlate with clinical condition

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*



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Dr.ISHA RASTOGI MD, MBBS MICROBIOLOGY CONSULTANT CLINICAL MICROBIOLOGIST

USER NM

DINESH



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care providers



Patient Name : Mrs. SHIPRA RAJORIA

MR No : 698089

Age/Sex : 38 Years 2 Months 26 Days / Female

Type : OPE

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date

06/04/2024

Reporting Date :

06/04/2024

Sample ID

269152

Bill/Req. No.

25277649

				Ref Doctor :	Dr.RMO
Test	Result		Bio. Ref. Interval	Units	Method
Carried Table	LFT (LI	IVER	FUNCTION TEST)		
LFT					
TOTAL BILIRUBIN	0.43		0 - 1.2	mg/dL	DIAZO
DIRECT BILIRUBIN	0.24		0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.19		0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	22		0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	17		0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	56		30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	7.3		6.4 - 8.0	g/dL	BIURET
ALBUMIN	3.8		3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	3.5		2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.09	L	1.1 - 2.2		CALCULATED
SAMPLE TYPE:	SERUM				

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*



Dr. JAY PRAKASH SINGH MBBS, MD (PATHOLOGY)

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USER NM

AMIT1

MC - 4830

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Patient Name : Mrs. SHIPRA RAJORIA

MR No : 698089

Age/Sex : 38 Years 2 Months 26 Days / Female

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date

06/04/2024

Reporting Date :

06/04/2024

Sample ID

269152

Bill/Req. No. :

25277649

2000			Ref Doctor :	Dr.RMO	
Test	Result	Bio. Ref. Interval	Units	Method	
	KFT	(RENAL PROFILE)			
KFT					
SERUM UREA	12	10 - 45	mg/dL		
SERUM CREATININE	0.8	0.4 - 1.4	mg/dL	MODIFIED JAFFES	
SERUM URIC ACID	3.2	2.5 - 7.0	mg/dL	URICASE	
SERUM SODIUM	138	135 - 150	mmol/L	ISE	
SERUM POTASSIUM	4.2	3.5 - 5.5	mmal/L	ISE	
SERUM CALCIUM	8.6	8.5 - 10.5	mg/dL	ARSENAZO III	
SERUM PHOSPHORUS	3.2	2.5 - 4.5	mg/dL	AMMONIUM	
SAMPLE TYPE:	SERUM				

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*



Dr. JAY PRAKASH SINGH MBBS, MD (PATHOLOGY)

Dr.ISHA RASTOGI MD, MBBS MICROBIOLOGY CONSULTANT CLINICAL MICROBIOLOGIST

**USER NM** 

AMIT1



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the health care providers

the health care providers



Patient Name : Mrs. SHIPRA RAJORIA

MR No 698089

Age/Sex : 38 Years 2 Months 26 Days / Female

Type

TPA/Corporate : MEDIWHEEL PVT LTD Bill Date

06/04/2024

Reporting Date :

06/04/2024

Sample ID

269152

Bill/Reg. No.

25277649

-		The state of the s	Ref Doctor :	Dr.RMO
Test	Result	Bio. Ref. Interval	Units	Method
		LIPID PROFILE		
LIPID PROFILE				
TOTAL CHOLESTEROL	136	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	121	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	52	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	24.2	6 - 32	mg/dL	calculated
LDL	59.8	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	1,15	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	2.62	2.0 - 5.0	mg/dl	calculated
SAMPLE TYPE:	SERUM			

Note: ATP III Guidelines At-A-Glance Quick Desk Reference

Step 1 - Determine lipoprotein levelsobtain complete lipoprotein profile after 9- to 12-hour fast.

ATP III Classification of LDL, Total, and HDL Cholesterol (mg/dL):-

LDL Cholesterol Primary Target of Therapy

<100

Optimal

130-159

Borderline high

>190

Very high.

Total Cholesterol

<200

Desirable

200-239

Borderline high

>240

High

HDL Cholesterol

<40

Low

>60

High

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*



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USER NM

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## DEPARTMENT OF RADIOLOGY

**Patient Name** 

Mr GOURAV SHARMA

Reg No

698084

Age/Sex

30 Years / Male

Type OPD **Billed Date** 

: 06/04/2024

Reported Date

: 06/04/2024

Reg. No.

: 25277627

Consultant Doctor

: Dr. RMO

## X-RAY CHEST AP/PA

### X-RAY CHEST P.A. VIEW

Bilateral lungs appears normal.

No focal lung lesion seen.

No evidence of free fluid is seen.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal for patient age and view.

The domes of the diaphragms are normal in position, and show smooth outline.

To be correlated clinically

Dr.ANSHU K.SHARMA MBBS,MD

Dr, MANJEET SEHRAWAT MBBS,MD,PDCC

ALISHA KHAN MEDICAL TRANSCRIPTIONIST MBBS, DNB

Dr. NEENA SIKKA

RAJNISH SHARMA MEDICAL

CONSULTANT RADIOLOGIST CONSULTANT RADIOLOGIST TRANSCRIPTIONIS (This is only professional opinion and not the diagnosis, please correlate clinically) Q Block, South City - II, Sohna Road, Sector-47, Gurgaon, Haryana

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### DEPARTMENT OF RADIOLOGY

**Patient Name** 

Mr GOURAV SHARMA

698084

OPD

Reg No Age/Sex

30 Years / Male

Type

**Billed Date** 

:06/04/2024

Reported Date

: 06/04/2024

Reg. No.

: 25277627

Consultant Doctor

: Dr. RMO

### USG WHOLE ABDOMEN

The Real time, B mode, gray scale sonography of the abdominal organs was performed.

LIVER: The liver is normal in size (14.0cm), shape and echotexture. No evidence of any focal lesion. IHBR is not dilated.

GALL BLADDER: The gall bladder is well distended. No evidence any calculus or mass seen. No evidence of pericholecystic fluid is seen.

BILE DUCT : The common bile duct is normal in caliber. No evidence of calculus is noted in common bile duct.

SPLEEN: The spleen is normal in size (9.9cm) and shape. Its echotexture is homogeneous. No evidence of focal lesion is noted.

PANCREAS: The pancreas is normal in size, shape, contours and echotexture. No evidence of solid or cystic mass lesion is noted.MPD is not dilated. No evidence of peripancreatic collection.

KIDNEYS: Right kidney measures 9.5 x 4.3 cm. Left kidney measures 11.0 x 4.5 cm. The bilateral kidneys are normal in size and echotexture. Cortico-medullary

differentation is maintained. There is no evidence of obvious calculus or hydronephrosis.

URINARY BLADDER: The urinary bladder is partially distended.

PROSTATE: Prostate appears normal in size, shape and echotexture.

No evidence of ascites or interbowel free fluid is seen.

No evidence of obvious retroperitoneal or mesentric lymphadenopathy is seen.

Bowel loop distended with gas.

IMPRESSION- No obvious abnormalities noted.

To be correlated clinically

Dr.ANSHU K.SHARMA MBBS,MD MBBS,MD,PDCC MEDICAL TRANSCRIPTIONIST MBBS,DNB MEDICAL CONSULTANT RADIOCOGIST CONSU

Dr,MANJEET SEHRAWAT

ALISHA KHAN

Dr. NEENA SIKKA

RAJNISH SHARMA

Q Block, South City -II, Sohna Road, Sector-47, Gurgaon, Haryana

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care providers



NAME	:	MRS. SHIPRA RAJORIA				
Age Sex	1		DATE	1:	7/4/2024	
PERFORMED BY		38Years / Female	Inpatient No	1	698089	
	Dr. SACHIN BANSAL			+ •		
			UHID	1:	25277649	

# TRANS THORACIC ECHO CARDIOGRAPHY REPORT

MITRAL VALVE

Morphology AML: Normal / Thickening /Calcification/Flutter/Vegetation/Non significant Prolapse

PML: Normal / Thickening / Calcification/ Prolapse / Paradoxical Motion / Fixed.

Subvalvular deformity: Present / Absent

Doppler Normal / Abnormal

Mitral Stenosis Present / Absent

Mitral Regurgitation; Absent / Normal / Mild /Trace / Moderate / Severe./ Trivial

TRICUSPID VALVE

Morphology Normal / Atresia / Thickening / Clacification / Prolapse / Vegetation / Doming.

Doppler Normal / Abnormal

Tricuspid Stenosis: Present / Absent.

Tricuspid Regurgitation; Absent / Normal / Mild / Trace / Moderate / Severe.

PULMONARY VALVE

Morphology Normal / Atresia / Thickening / Calcified / Doming / Vegetation.

Doppler Normal / Abnormal.

Pulmonary stenosis: Present / Absent Pulmonary regurgitation : Present / Absent

AORTIC VALVE

Morphology Normal / Thickened / Mildly / Calcified / Flutter / Vegetation / Restricted / Opening

No. of Cusps 1/2/3/4

Doppler Normal / Abnormal

Aortic Stenosis: Present / Absent

Aortic regurgitation: Present / Absent / Mild / Trace

(This is only professional opinion and not the diagnosis, please correlate clinically) Q Block, South City -II, Sohna Road, Sector-47, Gurgaon, Haryana

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Measurem	ents		Normal Values	Measurem	ont		
IVSD LVID LVPW	:	1.0cm 3.8cm 0.9m	(0.6-1.1cm) (3.7-5.6cm)	LA LVOT	: :	2.5cm 1.3cm	Normal Value (1.9-4.0cm)
EF	:	55-60%	(0.6-1.1cm) (55% - 80%)	AORTA IVSmotion	:	2.0cm	(2.0-3.7cm) Normal / Flat /
Any Other				TVSIIIOUOII	•		Paradoxical

# CHAMBERS:-

LV Normal / Enlarged / Clear / Thrombus /

Contraction Normal LV shows concentric LVH, no gradient across LVOT /Inetic / Intra capillary Regional wall motion abnormality: Absent/ Present

Normal /Enlarged / Clear /Thrombus / Myxoma; LAA: Clear / Thrombus LA RA

Normal / Clear / Thrombus, Dilated.

Normal / Enlarged / Clear / Thrombus / Hypertrophied/ Dilated. RV -

PERICARDIUM Normal / Thickening / Calcification / Effusion.

# COMMENTS & SUMMARY:-

- All cardiac chambers dimensions are with in normal limits.
- Global LVEF 55-60%
- No RWMA
- NORMAL LV FUNCTION
- NO MR / NO AR / NO TR
- GOOD RV FUNCTION
- No Flow seen across IAS/IVS.
- No Thrombus/Mass in any chamber.
- No Pericardial Effusion.

# Please correlate clinically

Dr. SACHIN BANSAL M.D.(Medicine) D.M (Cardiology)



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# DEPARTMENT OF RADIOLOGY

Patient Name

Mrs. SHIPRA RAJORIA

Reg No

698089

Age/Sex

38 Years 2 Months 26Days / Female

Type

OPD

**Billed Date** 

Reported Date

: 06/04/2024

Reg. No.

: 06/04/2024

: 25277649

Consultant Doctor

: Dr. RMO

### **USG WHOLE ABDOMEN**

The real time, B mode, gray scale sonography of the abdominal organs was performed.

LIVER: The liver is normal in size (11.1cm), shape and echotexture. No evidence of any focal lesion. IHBR is not dilated.

GALL BLADDER: The gall bladder is well distended. No evidence any calculus or mass seen. GB wall thickness with in normal limits. No evidence of pericholecystic fluid is seen.

BILE DUCT: The common bile duct is normal in caliber. No evidence of calculus is noted in common bile duct.

SPLEEN: The spleen is normal in size (9.7cm) and shape. Its echotexture is homogeneous. No evidence of focal lesion is noted.

<u>PANCREAS</u>: The pancreas is normal in size, shape, contours and echotexture. No evidence of solid or cystic mass lesion is noted. MPD is not dilated. No evidence of peripancreatic collection.

KIDNEYS: Right kidney measures 9.3 x 4.0 cm. Left kidney measures 9.1 x 4.2 cm. The bilateral kidneys are normal in size and echotexture. Cortico-medullary differentation is maintained. There is no evidence of obvious calculus or hydronephrosis.

<u>URINARY BLADDER</u>: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

MC - 4830

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the health care providers

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UTERUS: The uterus is anteverted. It measures 5.9 x 3.7 x 3.2 cms. in the longitudinal, anteroposterior and transverse dimensions respectively. The uterine margins are smooth and does not reveal any contour abnormalities.

The uterine myometrium shows homogeneous echotexture.

No evidence of leiomyoma is noted. No solid or cystic mass lesion is noted.

The endometrial echo is in the midline and measures 5.7 mm.

Right ovary is normal.

Left ovary shows a simple cyst and measures 26 x 17 mm.

Minimal free fluid is seen in POD.

No evidence of obvious retroperitoneal or mesentric lymphadenopathy is seen.

Bowel loop distended with gas.

IMPRESSION- Left ovarian simple cyst.

To be correlated clinically.

Dr.ANSHU K.SHARM MBBS,MD,PDCC MEDICAL,TRANSCRIPTIONIST MBBS,DNB MEDICAL
CONSULTANT RAPIOLOGIST CONSULTANT RADIOLOGIST CONSULTANT RA

Dr, MANJEET SEHRAWAT

ALISHA KHAN

Dr. NEENA SIKKA

RAJNISH SHARMA

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CAP PROFICIENCY PARTICIPATING LAB ISO 9001: 2008 CERTIFIED DIAGNOSTIC CENTRE

### LABORATORY REPORT

Name

: Mrs.SHIPRA RAJORIA 25277649

Location

: KPL A43

Age/Gender

: 35 Y(s) /Female

Registered On : 06-04-2024 16:29

Reg No

: 060424512

Collected On

: 06-04-2024 16:29

Lab ID No

: KP0487504

Reported On

: 08-04-2024 16:08

Sample ID : 220400436

Sample Type :

Refered By

: PARK HOSPITAL : PARK HOSPITAL GUR

HURLE BUREI

Client Name

Reference No

Test

Result

Unit

Reference Range

Pap Smear

CYTOPATHOLOGY No.: C- 979/24

SPECIMEN SUBMITTED: 2 Conventional cervical smears.

SPECIMEN ADEQUACY: Unsatisfactory for evaluation; Endocervical /transformation zone component absent.

### MICROSCOPIC EXAMINATION:

Squamous cell population:

Superficial - Few present.

Intermediate - Few present.

Inflammation - Moderate.

Atypical cells - Not present.

Background bacterial flora - Maintained.

### INTERPRETATION:

- Unsatisfactory for evaluation; specimen processed and examined but unsatisfactory for evaluation of epithelial abnormality due to insufficient squamous cellularity.

ADVICE: Kindly repeat.



Print Date :

Page 1 of 2

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1. All reports are for interpretation by the treating doctor only and have to be viewed and correlated with clinical examination and other investivations. 2. All investivations have their limitation which is imposed by the limits to sensitivity and specificity of individual assay procedures as well as the quality of the specimen received by the laboratory, isolated laboratory investigations never confirm the final diagnosis of the disease. 3. If the result (s) of tests are alarming or unexpected the doctor is advised to contact the lab immediately for needful and necessary action.

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Name

: Mrs.SHIPRA RAJORIA 25277649

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Refered By

: PARK HOSPITAL

Client Name

: PARK HOSPITAL GUR

Reference No :

### COMMENT:

1. The smears are reported using the Bethesda system (2014) for reporting cervical cytology.

2. Cervical cytology is a screening test primarily for squamous cancer and its precursors and has associated false-negative and false-positive results. Technologies such as liquid-based preparations may decrease but will not eliminate all false negative results. Follow-up of unexplained clinical signs and symptoms is recommended to minimize false-negative results.

3. In patients with squamous or glandular intraepithelial abnormalities, further diagnostic follow-up procedures, such as HPV testing, colposcopy / biopsy with endocervical sampling are suggested, as clinically indicated.

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





Num Hagrey

Dr.N.Magoon M.D. (Path) Consulting Pathologist DMC Reg.No-97859

Print Date:

09-04-2024 11:39
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