

IIG -215 216,Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)



Patient Name: MR OSHIN DHANYABAD

Age/Gender : 31 Yrs/Male

Ref. Dr. : Dr. APOLLO CLINIC

Center : CMH OPD

Registration Date : 10/02/2024 12:57 PM

Collection Date : 10/02/2024 12:59 PM

Report Date : 10/02/2024 05:18 PM



HAEMATOLOGY REPORT

Test Description Result Unit Biological Reference Ranges

BLOOD GROUP AND RH FACTOR

ABO Type B

Rh Factor POSITIVE(+VE)

Dr. Subhash Parmar Consultant Pathologist



MIG -215 216, Gautam Nagar, Govindpura, Bhopat-462023 (M.P.) Phone No.: 0755-4272669, 4250134



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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
RENAL FUNCTION TEST (RFT)			
Blood Urea	18.6	mg/dl	15 - 50
Serum Creatinine	0.82	mg/dl	0.7 - 1.5
eGFR	118	ml/min	
Blood Urea Nitrogen-BUN	8.69	mg/dl	<mark>7</mark> - 20
Serum Sodium	136.4	mmol/L	1 <mark>35 -</mark> 150
Serum Potassium	4.29	mmol/L	3.5 - 5.0
Chloride	102.0	mmol/L	94.0 - 110.0
Uric Acid	5.7	mg/dl	3.2 - 7.0
NOTE: Please correlate with clinical of	conditions.		

Dr. Subhash Parmar Consultant Pathologist

Sister Concern: Citi Hospital, 115, Zone-II, M.P. Nagar, Bhopal - 462011. Ph.: 0755-4287772-73

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges					
LIVER FUNCTION TEST (LFT)								
TOTAL BILIRUBIN	0.79	mg/dl	0 - 1.2					
DIRECT BILIRUBIN	0.15	mg/ <mark>dL</mark>	0 - 0.3					
INDIRECT BILIRUBIN	0.64	mg/dl	0.1 - 0.8					
SGOT (AST)	24.1	U/L	0 - 35					
SGPT (ALT)	29.6	U/L	0 - 45					
ALKALINE PHOSPHATASE	108.0	U/L	<mark>40 - 1</mark> 40					
TOTAL PROTEIN	6.89	g/dl	6.4 - 8.3					
SERUM ALBUMIN	4.01	g/dl	3.5 - 5.2					
SERUM GLOBULIN	2.88	g/dl	1.8 - 3.6					
A/G RATIO	1.39		1.2 - 2.2					
NOTE: Please correlate with clinical of	conditions.							

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIPID PROFILE			
Cholesterol-Total	168	mg/dL	< 200 Desirable 200-239 Borderline High > 240 High
Triglycerides level	121.0	mg/dL	< 150 Normal 150-199 Borderline High
			200-499 High > 500 Very High
HDL Cholesterol	42.6	mg/dL	< 40 Major Risk for Heart
LDL Cholesterol	101.20	mg/dL	< 100 Optimal
			100-129 Near/Above Optimal
			130-159 Borderline high
			160-189 High
			> 190 Very High
VLDL Cholesterol	24.20	mg/dL	6 - 38
CHOL/HDL RATIO	3.94		3. 5 - 5.0
LDL/HDL RATIO	2.38		2.5 - 3.5
NOTE			
8-10 hours fasting sample is require	ed		

SPECIALITY

Dr. Subhash Parmar Consultant Pathologist



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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges		
Fasting Blood Sugar	97.7	mg/dl	Normal: 70-110		
			Impaired Fasting Glucose(IFG):		
			100-125		
			Diabetes mellitus: >= 126		

Method: Hexokinase

Note:- An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons.

The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity,

Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

Post-Prandial Blood Sugar

125.0

mg/dl

70 - 140

Method: Hexokinase Interpretation:-

Normal: 70-140

Impaired Glucose Tolerance:140-200

Diabetes mellitus: >= 200 (on more than one occassion)

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IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Ranges
TRI-IODOTHYRONIN, (T3)	1.23	ng/mL	0.69 - 2.15
THYROXIN, (T4)	59.2	ng/mL	52 - 127
Thyroid Stimulating Hormone(TSH)-Serum	1.94	μIU/mL	0.3-4.5 Pregnancy (As per American Thyroid Association) First Trimester: 0.1-2.5 Second Trimester: 0.2-3.0 Third trimester: 0.3-3.0

Method: CLIA

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	•Isolated High TSHespecially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. •Subclinical Autoimmune Hypothyroidism •Intermittent T4 therapy for hypothyroidism •Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy,Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermittent T4 therapy or T4 overdose Drug interference- Amiodarone, Heparin,Beta blockers,steroids,anti-epileptics
Decreased	Raised or within Range	Raised or within Range	•Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness •Subclinical Hyperthyroidism •Thyroxine ingestion"
Decreased	Decreased	Decreased	Central Hypothyroidism Non-Thyroidal illness Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal illness

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URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges	
URINE ROUTINE				
General Examination				
Colour	Pale Yellow		Pal <mark>e Yell</mark> ow	
Transparency (Apperance)	Clear		Clear	
Deposit	Absent		Absent	
Reaction (pH)	Acidic		5.0-8.5	
Specific Gravity	1.020		-1.005-1.030	
Chemical Examination				
Urine Protein	Absent		Absent	
Urine Ketones (Acetone)	Absent		Absent	
Urine Glucose	Absent		Absent	
Bile pigments	Absent		Absent	
Bile salts	NIL		NIL	
Urobilinogen	Normal		Normal	
Nitrite	Negative		Negative	
Microscopic Examination				
RBC's	NIL	/hpf	NIL	
Leukocyte (Pus cells)	2-4	/hpf	0-5/hpf	
Epithelial Cells	1-2	/hpf	0-4/hpf	
Crystals	Absent		Absent	
Casts	Not Seen		Not Seen	
Amorphous deposits	Absent		Absent	
Yeast Cells	Not seen		Not seen	

Note: 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 2. Pretest conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,

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Test Description	Result	Unit	Biological Reference Ranges
COMPLETE BLOOD COUNT			
Haemoglobin	13.2	gm/dL	12.0 - 16.0
RBC Count	4.96	mil/cu.mm	4.00 - 5.50
Hematocrit HCT	40.3	%	40.0 - 54.0
Mean Corp Volume MCV	81.3	fL	80.0 - 100.0
Mean Corp Hb MCH	26.6	pg	27 .0 - 34.0
Mean Corp Hb Conc MCHC	32.8	gm/dL	32.0 - 36.0
Platelet Count	3.15	lac/cmm	<mark>1.50 - 4.50</mark>
Total WBC Count /TLC	7.5	10^3/cu.mm	4.0 - 11.0
DIFFERENTIAL LEUCOCYTE C	OUNT		
Neutrophils	60	%	40 - 70
Lymphocytes	34	%	20 - 40
Monocytes	04	%	02 - 10
Eosinophils	02	%	01 - 06
Basophils	00	%	00 - 01
Absolute Differential Count			
Absolute Neutrophils Count	4.5	thou/mm3	2.00 - 7.00
Absolute Lymphocyte Count	2.5	thou/mm3	1.00 - 3.00
Absolute Monocytes Count	0.3	thou/mm3	0.20 - 1.00
Absolute Eosinophils Count	0.1	thou/mm3	0.02 - 0.50

EDTA Whole Blood - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method. WBC

differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

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Test Description	Result	Unit	Biological Reference Ranges
ESR - ERYTHROCYTE	07	mm/hr	0 - 09
SEDIMENTATION RATE			

Method: Wintrobes

INTERPRETATION:

- 1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
- 2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
- 3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

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**** End of the report****

This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.

Dr. Subhash Parmar Consultant Pathologist

MER- MEDICAL EXAMINATION REPORT

Date of Examination	10 - 02 - 2024			
NAME	HRS. OSHIN DHAMYABAD			
AGE	31	Gender	F	
HEIGHT(cm)	159	WEIGHT (kg)	80 K.g.	
В.Р.		100 80		
ECG		WNL		
X Ray		NORMAL		
Vision Checkup	Far V	Vision L No Vision Ratio : No Vision Ratio : No		
Present Ailments	1	lo. Any Pre	sent Ailthorts	
Details of Past ailments (If Any)		No. Any pa	st Airmonts	
Comments / Advice : She / He is Physically Fit		she is phy	siculey fit.	

Dr. SABYASACHI GUPTA MBBS (Gold Medical) MO (Med) ROOF (U.K.) Reg No 11671

Signature with Stamp of Medical Examiner

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of	HRS-	NIH2O	THANYAGAD	on_	10.	-02	202	4
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After reviewing the medical history and on clinical examination it has been found that he/she is

		Tick
Medically Fit		1
Fit with restrictions/recommendation	ns	
Though following restrictions have not impediments to the job.	been revealed, in my opinion, these are	
1	***************************************	121
2		d
3		
However the employee should follo been communicated to him/her.		
Review after		
Currently Unfit.		
Review after	regommended	×
Unfit	Dr. SABYASACHI GUPTA	-
	MBBS (Gold Medalist), NO Med.), RCGP (U.K.)	X
	Reg. No. 11671	

Dr. DR.S.S. COPTA (Mo)

Medical Officer

The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes



MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.) Phone No.: 0755 - 4250134

Mobile No.: 7771008660,8319214664, 9303135719



Patient- Name:	MRS. OSHIN	Age/Sex:	31Y/F
Referred. By:	INS	Date:	10.02.2024

X-RAY CHEST PA VIEW

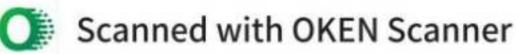
- -Bilateral Lungs Fields Appear Clear.
- -Bilateral Hilar Shadows Appear Clear.
- -Bilateral CP Angels Appear Clear.
- -Both The Domes Of Diaphragm Appear normal in shape and position.
- -Visualized bony cage and soft tissue appear normal.

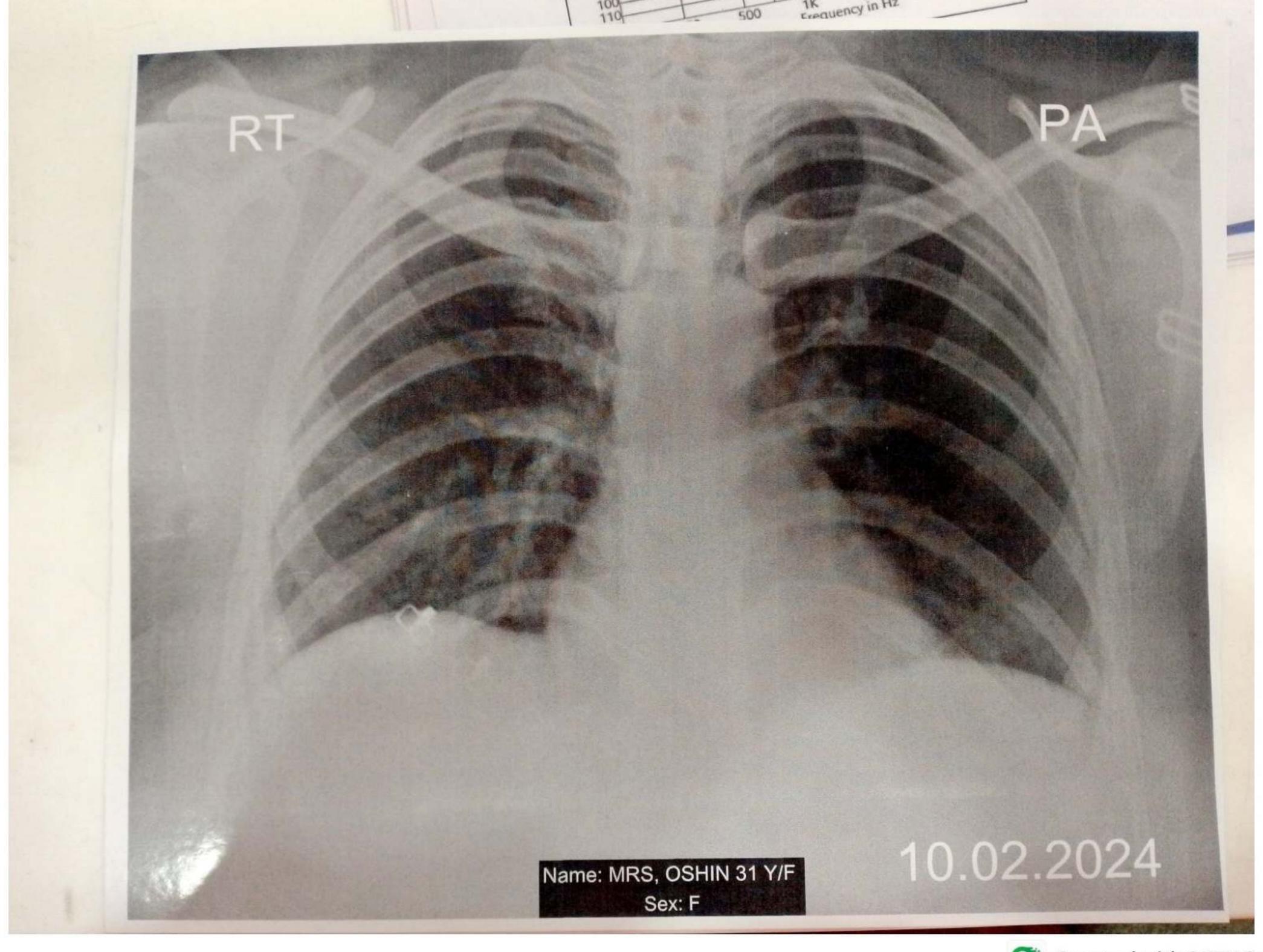
IMPRESSION

No Significant Abnormality.

Dr. SANJAY...

CONSULTANT RADIOLOGIST





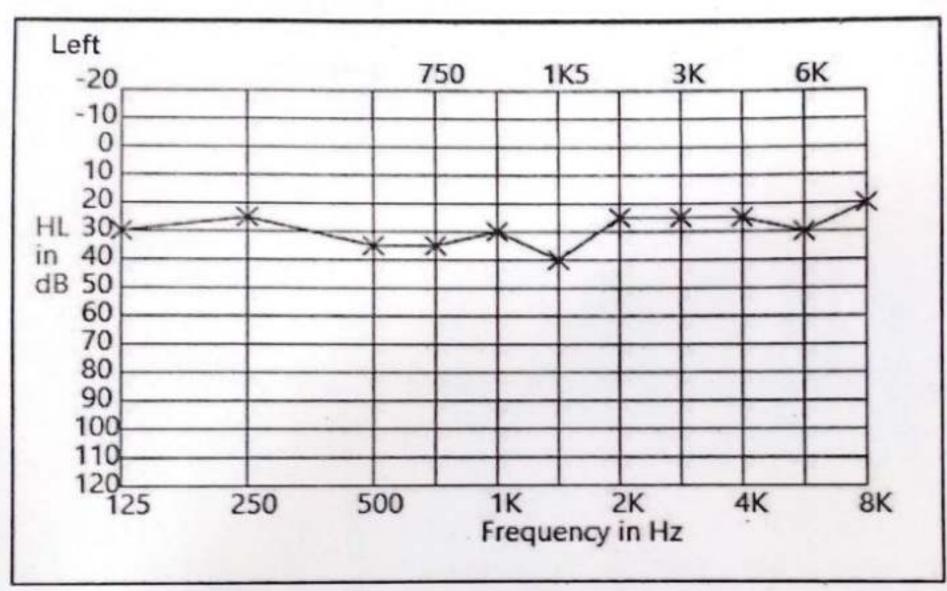


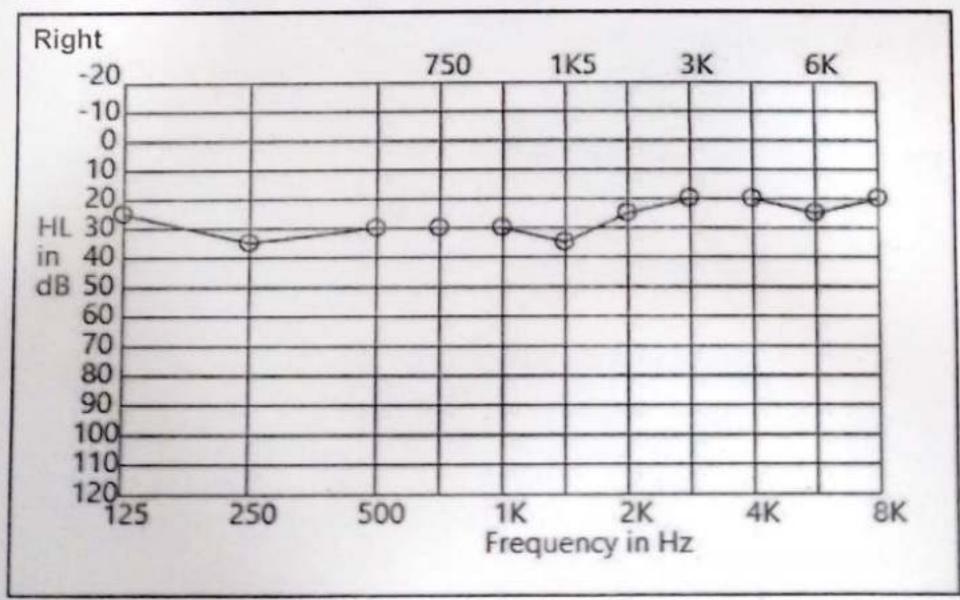
MIG 216. Gautam Nagar

BHOPAL

462023

Phone No. Name Sex Case No. Age 8839636949 MRS OSHIN Fema 45 31 Date & Time Referred By Address 10/02/2024 RAM JANKI MANDIR BHOPAL APOLLO CLINIC





Interpretation

NORMAL HEARING STUDY

Doctor/Audiologist

DR S S GUPTA [MD]

Dr. SABYASACHI GUPTA
MBB\$ (Bold Medalist), MD (Med.), RCOP (V.K.)
Reg. No.11671





MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)

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OSHIH-DHAMYABAD

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VO LICIENDO 1: HO, DAY PROSH COMPLETER IN
BOTH-CHE.

Born Che.

CITI MULTISPECIALITY HOSPITAL MIG-215, 216, Gautam Nagar, Govindpura Bhopal (M.P.)

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DIET CHART FOR	PATIENTS/ आहार तालिका	Dat	te1.9.1.9.7.2029
Dietician Name: Dv.	O.P. verner		cialityhospital@gmail.
Patient Name: 08hi	Diagnosis: Klu	10 Thyroid.com	Age/Sex: 3141/
	Height (cm): 159 Weig		
Type of Diet: High protein.			
Total Kcal: 3 - 1	DOW SHIE	Total Protein: \2-13	g/day
Total Fat: 1 - 2		Total Fluids: 4-S	Liter
Total Fatt	grady	Total Fluids.	
	Tea चाय/ Milk दूध / coffee काफी / Biso टोस्ट / Bread ब्रेड (गेहूं वार	cuit विस्किट/ Toast नी)	coffee.
	Milk दूध/ Soup सूप/ Poha पीहा/ Daliya ह Egg अंडा / Idli इडली / Upma उपमा / ह	दलिया/ bread ब्रेड + आलू पराठा/ पनीर	tart,
	Roti रॉटी / Rice चावल (माड रहित) / Khi सब्जी / Dal दाल / Curd दही (ताजा)		
	Fruit फल / अंकुरित अनाज (मूंग/चना/मोड) Chaat फ़ूट चाट / Coconut Water नारि Milk छांछ	यल पानी / Butter	
		Celewell	ed.
	Tea चाय/ Milk दूध / coffee काफी / Cha चना + मुरमुरा / Dhokla ढोकला / Uttapar चीला/ Green Chutney हरी चट	m उत्तपम / Cheela	
	Roti रोटी / Rice चावल / Khichri खिचड़ी दाल / Curd दही (ताजा) / Salad सलाद	7	
	Milk दूध/ Butter Milk छांछ / Dry fruit / शेक / Fruit फल / बादाम + अ		
only Oil: 1100 g	m/day Salt नमक: 2-3		-2gm/day
	5 gm = 1 चम्मच	(छोटा)	



संतुलित आहार व नियम

- आहार 2 बार के स्थान पर 4 से 6 भाग में विभाजित करके खायें, पेट भर न खायें तथा बहुत भूख लगाने की राह माँ देखें |
- भोजन हमेशा सीधे बैठकर धीरे धीरे अच्छे से चवाकर खायें तथा भोजन के समय टी.वी. न देखें |
- रात का भोजन सोने से लगभग 1 से 2 घंटे पहले कर लें तथा भोजन के बाद न तो आराम करें और न ही सीधे झुकें |
- यथा संभव सुबह एवं शाम दोनों समय कम से कम आधा घंटा पैदल चलें या हल्का व्यायाम करें।
- अपना वजन नियंत्रित रखें एवं मोटापे से बचें, फास्ट फूड के स्थान पर संतुलित आहार लें |

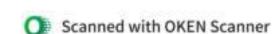
लिवर के स्वास्थ्य हेतु भोजन का चयन:

- गेहूं के आटे में 1.3 के अनुपात में सोयाबीन आटा व चना आटा मिलाकर उपयोग करें।
- खाने के ऊपर से नमक का उपयोग न करें, चिप्स, प्रोसेस्ड चीज, कड़क चाय, काफी, आचार, पापड़,
 टमेटो केचप, कोक, कार्बोनेटेड र्ड्रिक्स का सेवन कम करें एवं अल्कोहल, तम्बाकू का सेवन न करें |
- आहार में अंकुरित अनाज का उपयोग करें, सोया मिल्क तथा नारियल तेल को भोजन में शामिल करें |

नोट:

- 1. किसी भी चीज में ऊपर से नमक न डालें |
- 2. अत्यधिक तेज मसालों का उपयोग न करें |
- 3. अत्यधिक तली हुई चीजें जैसे समोसा,कचोरी,सेव,पपड़,भजिया, आदि का उपयोग न करें |
- खाने में अंकुरित अनाज, सोयाबिन, पनीर, दालें, दूध व दूध से बने पदार्थ, सत्तू पाउडर, सिके चने आदि का उपयोग करें |

CITI MULTISPECIALITY HOSPITAL MIG-215, 216, Gautam Nagar, Govindpura, Bhopal (M.P.) Ph.: 0755-4272669





#G -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)
hone No. : 0755 - 4250134
tobile No. : 7771008660,5318214664, 9303135719



Miss MR OSHINE

AGE - 31Y/F

REF: BY-APPOLO CLINIC

DATE ;10/2/2024

2D- ECHO COLOUR DOPPLER EVALUATION:-

- Normal great vessel relationship
- ALL cardiac valve are normal
- Normal Four chambered heart
- Normal LV size with normal LV function LVEF- 60%
- No intracardiac shunt
- No LV thrombus or clot seen
- No Pericardium effusion
- * FINAL IMPRESSION

Normal LV size with normal LV function LVEF- 60%

Dr. SABYASACHI GUPTA

MBBS(Gold Medalist) Mr (Med.) RCGP (U.K.)

Reg. No. 11671

CONSULTANT ECHOCARDIOLOGIST

<u>Disclaimer</u>:-The science of radiology is based upon interpretation of shadows of normal and abnormal tissue.

This is neither complete nor accurate, hence, findings should always be interpreted in to the light of clinic-pathological correlation. This is a professional opinion, not a diagnosis. In case of any discrepancy a review can be asked.

CITI MULTI SPECIALITY HOSPITAL MIG-215-216 GAUTAM NAGAR GOVINDPURA,BHOPAL MOB-7987913713

Name: MRS OSHINE 31

Patient Id: 100224-135243

Date: 10/02/2024

Birthdate:

Sex:

Accession #:

Perf.Physician:

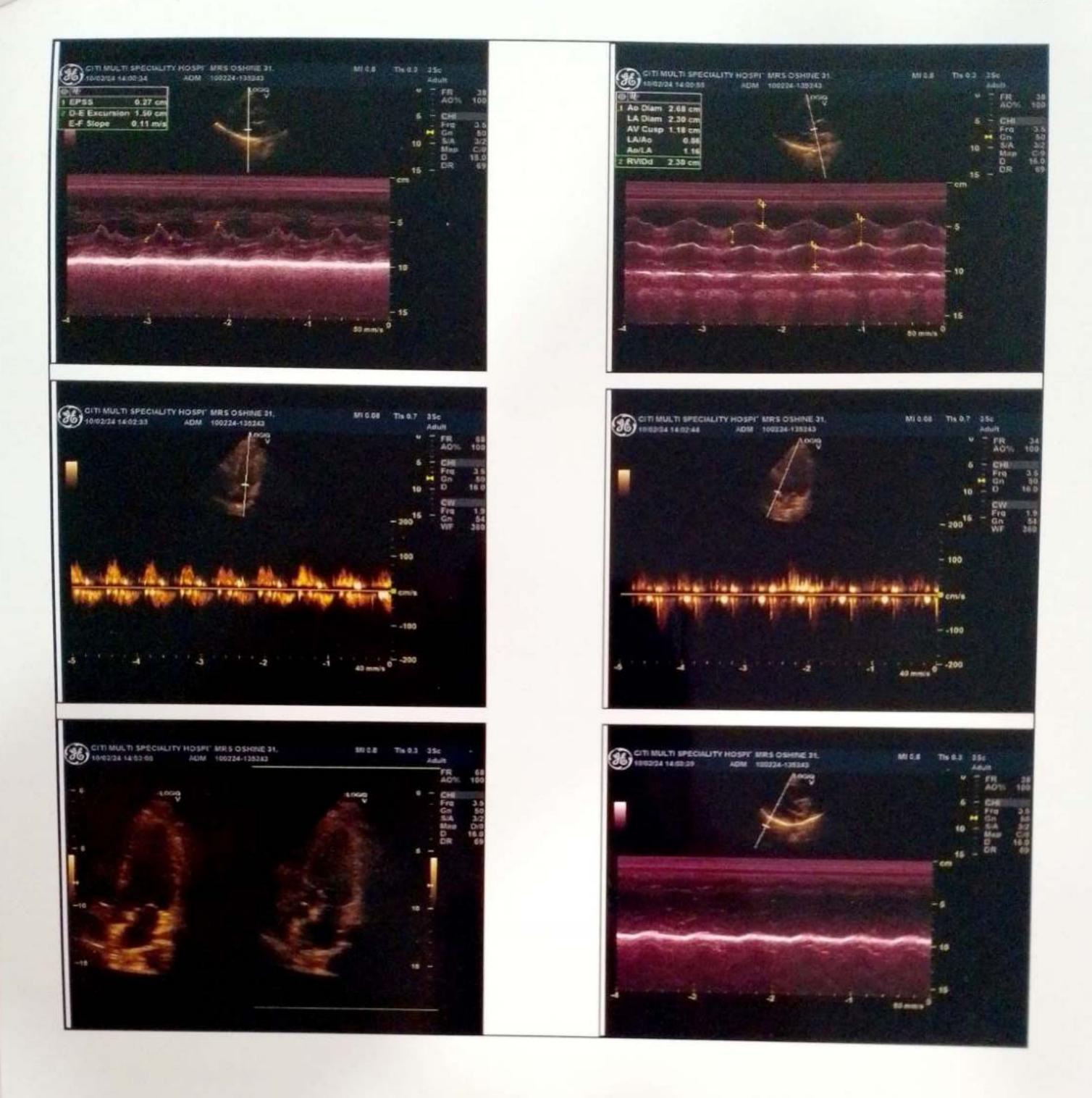
Ref.Physician:

Operator: ADM

M-MODE & PW	
D-E Excursion	1.50 cm
E-F Slope	0.11 m/s
EPSS	0.27 cm
Ao Diam	2.68 cm
_A Diam	2.30 cm
AV Cusp	1.18 cm
_A/Ao	0.86
Ao/LA	1.16
RVIDd	2.30 cm
VSd	0.70 cm
VIDd	3.69 cm
_VPWd	0.86 cm
VSs	0.80 cm
LVIDs	2.52 cm
LVPWs	1.02 cm
EDV(Teich)	57.84 ml
ESV(Teich)	22.66 ml
EF(Teich)	60.83 %
%FS	31.88 %
SV(Teich)	35.18 ml
Time	710.22 ms
HR	84 BPM
CO(Teich)	0.00 l/min

Print Date: 2/10/2024





2/10/2024

Print Date: 2/10/2024



WIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)

Phone No.: 0755 - 4250134

Mobile No. : 7771008660,8319214664, 9303135719



Name of Patient

: MRS. OSHINE

Age/Sex

:31Y/F

Date:

10/02/24

USG ABDOMEN

<u>Liver</u>: The liver is normal in size, shape, and normal in echogenecity. No intra hepatic biliary radical dilation seen.

Gall Bladder: Gall bladder Normal in size, shape and echotexture.

Spleen . Normal in size, shape and echotexture.

<u>Kidneys</u>: Both the kidneys are normal in size, shape, axis and position. Cortico medullary differentiation are both kidney fine concretion.

Urinary bladder: Normal size, shape and echotexture.

Uterus & Ovaries: Uterus is Normal in size, shape and echotexture

Pancreas: Normal in size, shape and echotexture.

IVC & ABDOMINAL AORTA:-IVC and abdominal aorta are normal.

Retroperitoneum: No lymphadenopathy seen. No free fluid or ascites seen.

IMPRESSION:

NORMAL STUDY

DR S S GUPTA (MD)

CONSULTANT RADIOLOGIST

<u>Disclaimer</u>:-The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate, hence, findings should always be interpreted in to the light of clinic-pathological correlation. This is a professional opinion, not a diagnosis. In case of any discrepancy a review can be asked.



