

Medisheel

❖ This medical fitness is only on the basis of clinical examination . No COVID -19 and other investigation has been done to reveal the fitness

MEDICAL EXAMINATION REPORT

Name Narayani Devi Age & Sex 35/F Date of MER 11/12/21  
Identification Mark mole on Rt. cheek (near nose) ID Proof UID Card  
Ht 162 Wt 53 Chest Exp/Insp 86/91 Abd 77 PR 62/min BP 110/78

Any Operation

No

Any Medicine Taken

H/o covid 19 positive in May 2021 had medication for same. She is fit & fine.

Any Accident

No

Alcohol/Tabacco/Drugs No

Consumption.....Duration.....

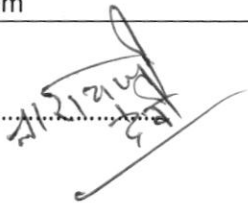
Qty.....

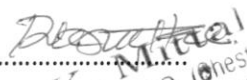
Whether the person is suffering from any of the following diseases, give details

DISEASE	Yes/NO	DETAIL
Diabetes	<u>No</u>	
Hypertension	<u>No</u>	
Renal Complications	<u>No</u>	
Heart Disease	<u>No</u>	
Cancer	<u>No</u>	
Any Other	<u>No</u>	

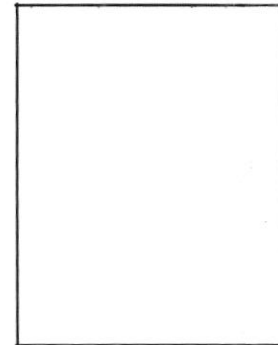
Examination of systems

SYSTEMS( any evidence of past/present disease)	YES	NO	DETAILS
Brain or nervous system		<input checked="" type="checkbox"/>	
Lungs or other parts of respiratory system		<input checked="" type="checkbox"/>	
GI Tract		<input checked="" type="checkbox"/>	
Ears, Eyes, Nose, Throat, Neck		<input checked="" type="checkbox"/>	
Cardiovascular System		<input checked="" type="checkbox"/>	

Signature of client.....  


Signature of Doctor.....  
  
Seal of Centre.....  
**Dr. R.K. Mittal**  
MBBS MD (chest)  
Registration No. 17707 (PMC)  
Consultant Physician & Chest Specialist

## Self Declaration & Special COVID-19 Consent



Date: 11/12/21 Day: Time:  
Patient's Name/Client Name: Narayani Devi  
Age: 35 Sex: Female Case No./Proposed no:  
Address:  
Profession:

- 1) Do you have Fever/Cough/Tiredness/Difficulty in Breathing? Yes/No
- 2) Have you travelled outside India and came back during pandemic of COVID-19 or  
Yes/No  Have you come from other country during pandemic of COVID-19?  
3) Have you travelled anywhere in India in last 60 days? *Travelled to Rajasthan 2 weeks ago for 10 days* Yes/No
- 4) Any Personal or Family History of Positive COVID-19 or Quarantine? *Covid 19 positive in May 2021* Yes/No
- 5) Any history of known case of Positive COVID-19 or Quarantine patient in your  
Yes/No  Neighbors/Apartment/Society area *home quarantined for 15 days.*
- 6) Are you suffering from any following diseases?  
Yes/No  Diabetes/Hypertension/Lung Disease/Heart Disease
- 7) Are you healthcare worker or interacted/lived with Positive COVID-19 patients? Yes/No

During the Lockdown period and with current situation of Pandemic of COVID-19, I came to this hospital/home visit by this hospital at my home for medical checkup..e.g. MER, Blood Sample, Urine sample and ECG.

I also know that I may get infection from the hospital or from doctor, and I will take every precaution to prevent this from happening. for that I will never hold doctors or hospital staffs accountable if such infection occurs to me or my accompanying persons.

Above information is true as per best to my knowledge, I understand that giving false information or hiding the facts or any type of violence in the hospital are punishable offence in IPC.

Patient's Signature with Name

Doctor's Signature & Name

Dr R.K. Mittal  
MBBS MD (Chest)  
Registration No 17707 (PMC)  
Consultant Physician & Chest Specialist

## Feedback – Medical Checks

This is to confirm & certify that I have gone through the medical examination through centre on \_ to complete the requisite medical formalities towards my application for life insurance from Bank of Baroda vide Proposal Form bearing no \_\_\_\_\_ dated 11/12/21

I do confirm specifically that the following medical activities have been performed for me:

- |  |   |                             |
|--|---|-----------------------------|
| 1. Full Medical Report (Medical Questionnaire) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 2. Sample Collection                           |   |                             |
| a. Blood                                       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. Urine                                       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 3. Electro Cardio Gram (ECG)                   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 4. Treadmill Test (TMT)                        | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 5. Others _____ <u>CXR, USG, Dental eyes</u>   |   |                             |

I have furnished my ID Proof UID card bearing ID No. 9495 0214 7801 at the time of my medical.

### Feedback Form

- Behavior and cooperation of staff

Reception/ Clinic/ Hospital  Good  Average  Poor

Technician/ Doctors  Good  Average  Poor

- Time Management  Good  Average  Poor

- Upkeep of hospital  Good  Average  Poor

- Technology & Skills  Good  Average  Poor

- Please remark if the medical check procedure was satisfactory  Yes  No

(Medical Facility- Location; Facility Set-up, instruments, cleanliness; Process followed; etc. Also on the Medical Staff: Appearance; Technical Know-how; Behaviour etc.)

- If No please provide details or let us know of anything additional you would like to provide

<p>Signature of the Life to be Insured (Proposer in case of Life insured being minor)</p> <p style="text-align: center;"><u>Narayani Devi</u></p> <hr/> <p>Name of the Life to be Insured with date (Proposer (in case of Life insured being minor)</p> <p style="text-align: center;"><u>Narayani Devi</u></p>	<p style="text-align: center;"><u>R. K. Mittal</u></p> <p>Signature of Visiting/Attending Doctor</p> <p style="text-align: center;"><b>Dr R.K. Mittal</b></p> <p style="text-align: center;">MBBS MD (Chest) Registration No. <u>17707</u> (PMC) Consultant Physician &amp; Chest Specialist</p> <hr/> <p>MC Registration No: <u>17707</u></p> <hr/> <p>Doctor Stamp with date <u>11/12/21</u></p>
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**ਬੈਂਕ ਓਫ਼ ਸਰੋਤ**  
Bank of Sarada

ਨਾਮ: **ਸ਼੍ਰੀਮਤੀ ਨਾਰਾਯਣੀ ਦੇਵੀ**  
Name: **Ms. DEVI NARAYANI**

ਕਮੇਂਚਾਰੀ ਕੂਟ ਨੰ **174363**  
E. C. No.

ਸ਼ਾਖਾ: **ਲੁਧਿਆਣਾ**  
Branch: **Ludhiana**

ਜਾਰੀ ਕਰਨ ਵਾਲੀ ਏਜੰਟੀ **DRM. RO Ludhiana**  
Issuing Authority

ਦਸਤਖਤ: *Devi Narayani*  
Signature of Holder

**ਭਾਰਤ ਸਰਕਾਰ**  
GOVERNMENT OF INDIA

ਨਰਾਇਣੀ ਦੇਵੀ  
Narayani Devi

ਜਨਮ ਦਾ ਸਾਲ / Year of Birth: 1986  
ਦਿਸਤਰੀ / Female

9495 0214 7801

ਆਧਾਰ - ਆਮ ਆਦਮੀ ਦਾ ਅਧਿਕਾਰ

*Dr. R.K. Mittal*  
MBBS MD (chest)  
Registration No. 17707 (P.M.)  
Consultant Physician & Chest Specialist

*ਨੀ ਨਾਰਾਯਣੀ ਦੇਵੀ*

**ਭਾਰਤੀ ਵਿਲੱਖਣ ਪਛਾਣ ਅਥਾਰਿਟੀ**  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

ਪਤਾ: D/O ਲਾਲ ਚੰਦ, ਕੱਲਰ ਖੇੜਾ, ਅਬੋਹਰ, ਫਿਰੋਜ਼ਪੁਰ, ਪੰਜਾਬ, 152132

Address: D/O Lal Chand, KALLAR, KHERA, ABOHAR, Firozpur, Punjab, 152132

1947 1800 180 1947  
help@uidai.gov.in www.uidai.gov.in P.O. Box No. 1947 Bengaluru-560 001

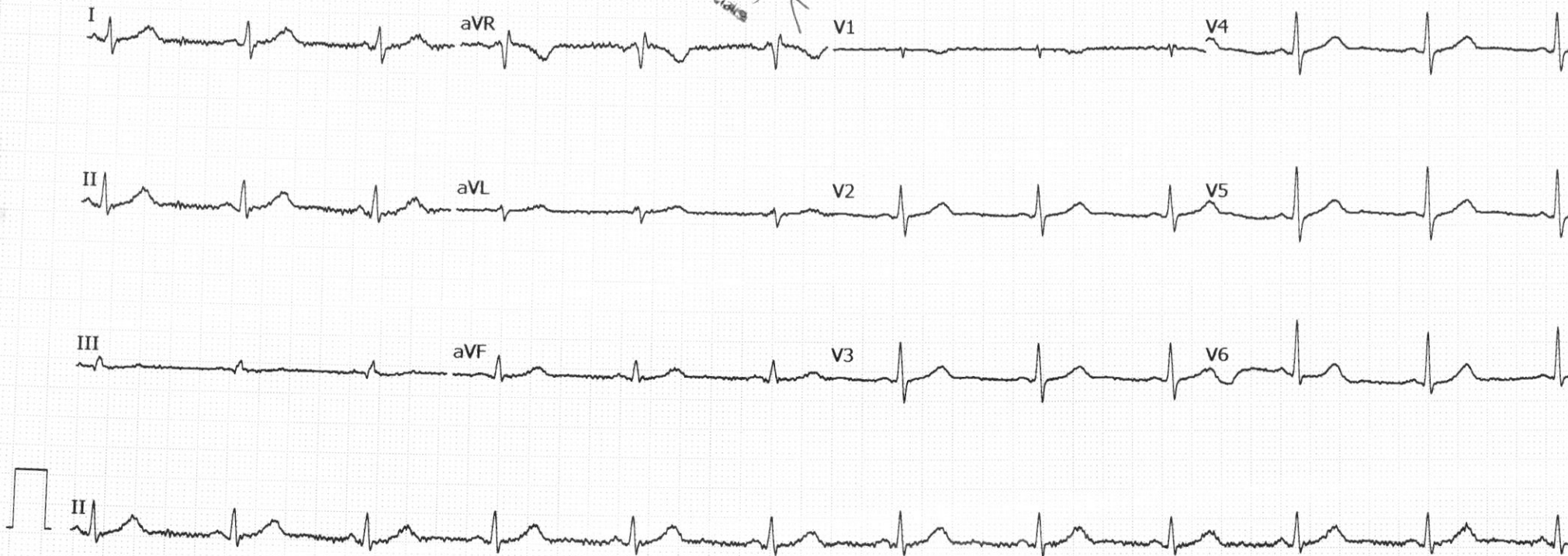
Female

QRS : 74 ms  
QT / QTcBaz : 402 / 427 ms  
PR : 100 ms  
P : 70 ms  
RR / PP : 884 / 882 ms  
P / QRS / T : 40 / 61 / 44 degrees

Sinus rhythm with short PR  
Otherwise normal ECG

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

*Dr. R.K. [Signature]*  
M.B.B.S. M.D. (Chest)  
Registration No. 17707 (PMC)  
Consultant Physician & Chest Specialist





Narayani Devi

Dental checkup

IDE :

Carious  $\frac{14}{}$

Filled  $\frac{8}{87}$

Porcelain  $\frac{74}{}$   
crown



*Simran*



ar, New Kartar Nagar, Ludhiana, Punjab 141003, India

30°53'1" 75°51'29", 205.7m, 273°

11/12/2021 08:58:25 am

*Blessed*  
**Dr R.K. Mittal**  
MBBS MD (Chest)  
Registration No 17707 (PMC)  
Consultant Physician & Chest Specialist



NAME : NARAYANI DEVI  
AGE/SEX : 35Y/F  
REF BY : BANK OF BARODA  
DATE : 11.12.2021

## BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	79mg/dl
PPBS	70-140mg/dl	83mg/dl
UREA(BUN)	10-45mg/dl	26mg/dl
CREATININE	0.7-1.5mg/dl	0.83mg/dl
URIC ACID	3.0-7.2mg/dl	5.49mg/dl
BUN/SR.CREATININE RATIO	9:1-23:1 RATIO	31.3:0 RATIO
CHOLESTEROL/HDL Ratio	4.0:1-4.16:1 mg/dl	7.7:1mg/dl
LDL/HDL Ratio	1.71-2.5mg/dl	2.1mg/dl

Dr. SURBHI GOYAL  
M.B.B.S M.D (PATHOLOGY)  
CONSULTANT PATHOLOGIST



PATIENT INFORMATION		REFERRED BY	LABORATORY	SPECIMEN INFORMATION	
Ms. NARAYANI DEVI		DR R.S MAHESWARI	LIFE LINE HOSPITAL LUDHIANA	SAMPLE TYPE :	Serum
AGE :	35Y	Lab MR #:	5344604	ORDER REQ. NO:	OREQ-LUD-21-163230
GENDER :	Female			LAB ORDER. NO:	2114769957
PRIORITY :	Routine			COLLECTED ON :	12-Dec-2021 14:27
OP / IP / DG # :				RECEIVED ON :	12-Dec-2021 14:27
				REPORT STATUS :	Completed



**BIOCHEMISTRY**

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
<b>Lipid profile mini(CHOLESTROL, TG, HDL , LDL (Calculation) ,VLDL (Calculation)</b>				
Cholesterol Total - Serum (Enzymatic colorimetric)	208	H	mg/dL	<200 No risk 200-239 Moderate risk >240 High risk
Triglycerides (Enzymatic colorimetry)	1197	H	mg/dL	Normal: <150 Borderline-high: 150–199 High risk 200–499 Very high risk >500
Cholesterol - HDL (Direct) (Enzymatic colorimetric)	27	L	mg/dL	<40 High Risk ; >60 No Risk
VLDL (Very Low Density Lipoprotein) (Calculation)	239.4		mg/dL	
LDL Chol, Calculated	58		mg/dL	<100

*Nikola Mahajan*

Dr. Nikola Mahajan  
 Senior Consultant - Pathologist  
 12-Dec-2021 15:19

Checked by Ms. Nitasha  
 Lab Technician

-----End of Report-----

## Conditions for Reporting

A qualified medical professional should interpret laboratory results and adjuvant information using objective clinical judgement and in conjunction with patient presentation, history and other diagnostic evidence.

AmPath is not liable for subjective interpretation of its results. If requested by a client, AmPath may provide further clinical interpretation of results based on its Management's discretion and to registered medical practitioners only.

Test results depend upon quality of sample and testing method, and they may vary from lab-to-lab and/or from time-to-time for the same parameters for the same patient. To help maintain sample quality, AmPath specifies criteria for specimen storage in accordance with accreditation guidelines and testing methods. For more information regarding these criteria, please contact AmPath.

Specified biological reference ranges encompass 95% confidence limits of a given population, which implies test results for healthy individuals may fall in the abnormal range. In case of unexpectedly abnormal lab results, AmPath may perform repeat analysis based on client request and after due investigation.

AmPath bases its analysis and reports on clinical and demographic data provided with test specimen on approved AmPath Test Requisition Forms (TRFs) only and may delay tests in cases of sample insufficiency, loss of sample integrity, insufficient clinical and/or demographic information, specimen identification issues or withdrawal of request. AmPath reviews amendments to data submitted via TRF requested after generation of lab reports on a case-by-case basis after verification of the amendment by the client.

AmPath may outsource certain tests to qualified labs.

In rare situations, circumstances beyond AmPath's control might delay test results.

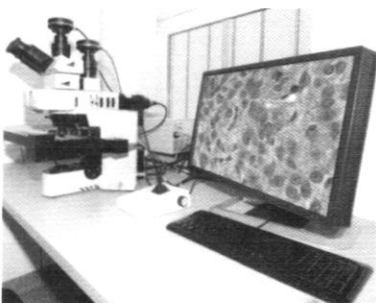
AmPath, its directors, employees and/or representatives are not liable for claims of damages incurred by any person, including the patient, as a result of interpretation of lab reports. Financial or monetary claims are subject to approval by AmPath Management and shall not exceed the stipulated test cost under any circumstances. All claims are subject to the jurisdiction of Hyderabad (A.P.), India.

This report is not subject to use for any medico-legal purpose.



AmPath collaborates directly with UPMC, one of the top ten hospitals in the United States according to US News & World Report.

### Advanced



### Accurate



### Assured



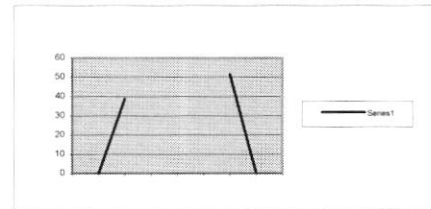
<b>ID.NO :-</b> 2	<b>Date :</b> 11/12/2021
<b>NAME :-</b> NARAYANI DEVI	<b>AGE/SEX:</b> 35/Y /FEMALE
<b>REF BY:-</b> BANK OF BARODA	

## HAEMATOTOLOGY REPORT

C.B.C performed on fully automated haematology analyser, Model: Sysmex KX-21(japan)

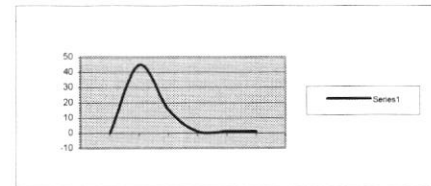
### LEUCOCYTES

W.B.C	:	8.6	10 <sup>3</sup> /uL	4.0 - 11.0
LYM	:	39.0	%	20.0-45.0
MIXED	:	9.4	%	3.0 - 10.0
GRA	:	51.6	%	40.0-75.0



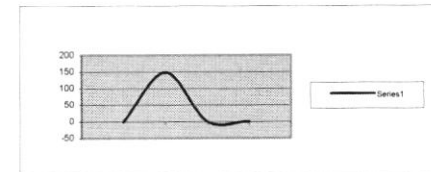
### ERYTHROCYTES

R.B.C	:	4.48	10 <sup>6</sup> /uL	3.5-5.5
HB	:	12.7	g/dL	<b>M</b> 12.0-17.0, <b>F</b> 11.0-16.0
HCT	:	39.1	%	26.0-50.0
MCV	:	87.3	fL	82.0-92.0
MCH	:	28.3	pg	27.0-32.0
MCHC	:	32.5	g/dL	32.0-36.0
RDW-SD	:	44.1	fL	37.0-52.0



### THROMBOCYTES

PLT	:	149	10 <sup>3</sup> /uL	150 - 450
PDW	:	26.7	fL	9.0-17.0
MPV	:	14.4	fL	9.0-13.0
P-LCR	:	57.5	%	15.0 - 45.0



BLOOD GROUP "O" POSITIVE

E.S.R (Westgrn) 13 mm/1st Hr. 00 - 20

COMMENTS

Dr. SURBHI GOYAL  
M.B.B.S M.D (PATHOLOGY)  
CONSULTANT PATHOLOGIST



NAME : NARAYANI DEVI  
AGE/SEX : 35Y/F  
REF BY : BANK OF BARODA  
DATE : 11.12.2021

## BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
S.G.O.T.	5-50Units/L	30Unit/L
S.G.P.T	5-50Unit/L	35Unit/L
S.G.G.T	9-52Unit/L	26Unit/L
BILIRUBIN TOTAL	<1.2mg/dl.	0.68mg/dl
BILIRUBIN DIRECT	<0.3mg/dl	0.18mg/dl
BILIRUBIN INDIRECT	<0.9mg/dl	0.50mg/dl
ALKALINE PHOSPHATASE	108-305Unit/L	220Unit/L
TOTAL PROTEIN	6.0-8.0mg/dl	7.0mg/dl
S.ALBUMIN	3.2-4.5mg/dl	4.0mg/dl
S.GLOBULIN	2.0-4.0mg/dl	3.0mg/dl
A/G RATIO	1.25:1-1.75:1 mg/dl	1.33:1gm/dl
AST/ALT RATIO	2:1 RATIO	0.86 RATIO

*Surbhi*

Dr. SURBHI GOYAL  
M.B.B.S M.D (PATHOLOGY)  
CONSULTANT PATHOLOGIST



**NAME : NARAYANI DEVI**  
**AGE/SEX : 35Y/F**  
**REF BY : BANK OF BARODA**  
**DATE : 11.12.2021**

## HbA1C

Test name	results	units
HbA1c{GLYCOSYLATED HEMOGLOBIN}BLOOD	5.36	%

### Interpretation

As per American Diabetes association {ADA}	
Reference Group	HbA1c in %
Non diabetic adults $\geq 18$ years	4.0 - 6.0
At risk	$\geq 6.0$ to $\leq 6.5$
Diagnosing diabetes	$> 6.5$
Therapeutic goals for glycemic Control	Adults Goal of therapy : $< 7.0$ Action suggested : $> 8.0$

**Note :** 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. target goals of  $< 7.0$  % may be beneficial in patients with short duration of diabetes , long life expectancy and no significant cardiovascular disease .In patient with significant complications of diabetes , limited life expectancy or extensive co-morbid conditions, targeting a goal of  $< 7.0$  % may not be appropriate.

### Comments

HbA1c provides an index of average blood glucose level over the past 8-12 weeks & is a much better indicator of long term glycemic as compared to blood & urinary glucose determinations.

### ADA criteria for correlation between HbA1c & Mean plasma glucose levels

HbA1c %	Mean plasma glucose {mg/dl }	HbA1c %	Mean plasma glucose {mg/dl }
5	98	9	212
6	126	10	240
7	154	11	269
8	183	12	298

**Recommendation:-** 1. This report is not valid for medico legal purposes.

2. The test can be repeated free of cost in case of any discrepancy.

3. Test to be clinically correlated.

4. All card tests require confirmation by serology

Dr. SURBHI GOYAL  
M.B.B.S M.D (PATHOLOGY)  
CONSULTANT PATHOLOGIST



NAME : NARAYANI DEVI  
AGE/SEX : 35Y/F  
REF BY : BANK OF BARODA  
DATE : 11.12.2021

## URINE EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
POST URINE SUGAR	NIL	NIL

### **\*Recommendation:-**

1. This report is not valid for medico legal purposes.
2. The test can be repeated free of cost in case of any discrepancy
3. Test to be clinically correlated.
4. All card tests require confirmation by serology
5. False negative or false positive results may occur in some cases

*Surbhi*

Dr. SURBHI GOYAL  
M.P.B.S. M.D. (PATHOLOGY)  
CONSULTANT PATHOLOGIST



NAME : NARAYANI DEVI  
AGE/SEX : 35Y/F  
REF BY : BANK OF BARODA  
DATE : 11.12.2021

## TEST ASKED : -T3,T4,TSH

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	110.5ng/ml	70-204 ng/ml
T4	6.35µg/dl	4.6-10.5 µg/dl
TSH	1.10µIU/ml	0.4-4.2µIU/ml

### Recommendation:-

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*Surbhi*  
Dr. SURBHI GOYAL  
M.B.B.S M.D (PATHOLOGY)  
CONSULTANT PATHOLOGIST



**NAME** : NARAYANI DEVI  
**AGE/SEX** : 35Y/F  
**REF BY** : BANK OF BARODA  
**DATE** : 11.12.2021

## CYTOPATHOLOGY REPORT

**Specimen** : cervical cytological preparation  
Received two smears

**Microscopic Examination** : 2001 Bethesda system

**Statement of Adequacy** : Smear is satisfactory for evaluation

**Microscopy** : squamous epithelial and intermediate  
Cells seen against a clean background.  
No trichomonas or fungal organisms seen.

**Impression** : Normal cytology

**Comments** : Pap smear cytology is a screening procedure  
Corroboration of cytopathologic findings  
With colposcopic/local examination and  
ancillary finding is recommended.

*Surbhi*  
Dr. SURBHI GOYAL  
M.B.B.S. M.D. (PATHOLOGY)  
CONSULTANT PATHOLOGIST






NAME : NARAYANI DEVI  
AGE/SEX : 35Y/F  
REF BY : BANK OF BARODA  
DATE : 11.12.2021

## STOOL EXAMINATION REPORT

A. MACROSCOPIC EXAMINATION	
CONSISTENCY	SEMI-SOLID
COLOUR	YELLOW
OCCULT BLOOD	NEGATIVE
MUCUS	NIL
B. MICROSCOPIC EXAMINATION	
OVA AND CYST	NOT SEEN
R.B.C	NIL
PUS CELL	1-2/hpf

### Recommendation:-

- 1 This report is not valid for medico legal purposes .
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Dr. SURBHI GOYAL  
M.B.B.S M.D (PATHOLOGY)  
CONSULTANT PATHOLOGIST

NAME : NARAYANI DEVI  
AGE/SEX : 35Y/F  
REF BY : BANK OF BARODA  
DATE : 11.12.2021

## URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	30ml
COLOUR	P.YELLOW
DEPOSIT	ABSENT
REACTION	ACIDIC
SECIFIC GRAVITY	1.010
B. CHEMICAL EXAMINATION	
UROBILINOGEN	NIL
BLOOD	NIL
PROTEIN	NIL
SUGAR	NIL
KETONE BODIES	NIL
BILIRUBIN	NIL
NITRITE	NIL
LEUKOCYTES	NIL
C. MICROSCOPIC EXAMINATION	
EPITHELIAL CELLS	2-3/hpf
PUS CELLS	2-3/hpf
R.B.C.	NIL
CRYSTALS	NIL
CAST	NIL

### **Recommendation:-**

1. This report is not valid for medico legal purposes.
2. The test can be repeated free of cost in case of any discrepancy.
3. Test to be clinically correlated.
4. All card tests require confirmation by serology
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Dr. SURSHI GOYAL  
M.B.B.S M.D (PATHOLOGY)  
CONSULTANT PATHOLOGIST



**Name : NARAYANI DEVI**  
**Age/Sex : 35Y/F**  
**Date : 11/12/2021**

## X-RAY CHEST PA VIEW

The cardiac size is normal

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

The lungs on the either side shows equal translucency

The domes of the diaphragm is normal

The pleural spaces are normal

**NORMAL STUDY.**

*R.K. Mittal*  
**DR. R.K. MITTAL**  
**MBBS, MD (Chest)**  
Registration No. 17707 (PMC)  
Consultant Physician & Chest Specialist



NAME: NARAYANI DEVI

AGE/SEX: 35Y/F

REF. BY: BANK OF BARODA

DATE: 11/12/2021

## EYE CHECK UP

### Vision Test

6/6 Right Eye: - SPH	CYL	AX
-2.50	-0.00	00°
6/6 Left Eye : -SPH	CYL	AX
-2.00	- 0.00	00°

Near vision: Normal

**Color vision (Ishihara's Chart)**

Color vision: Normal



**Dr. R.S. Maheshwari**  
**M.B.B.S, M.D.**

**Dr. Gurneet Singh Chhina**

M.D. Radiodiagnosis (PGI)  
Regd. No. : 25514

H.No. 170, Mall Enclave, Dr. Likhi Road, LUDHIANA - 141 001

Tel.: +91-161-5051155, 5094050 (M) **98155-42133**

E-mail : drgurneet@hotmail.com

**NARAYANI DEVI 35F. DR. R.S. MAHESWARI**  
**SATURDAY, DECEMBER 11, 2021.**

**REAL TIME ULTRA SONOGRAPHY OF THE WHOLE ABDOMEN.**

**LIVER** is normal in size, shape and echotexture. Intra hepatic biliary structures are normal .No area of abnormal echotexture seen in the hepatic parenchyma. Intra hepatic vascular structures are normal. Hepatic veins, portal vein, splenoportal axis and splenic vein are normal. Hepatic contours are normal.

**GALL BLADDER** is normally distended. Wall thickness is normal. . No pericholecystic collection seen. No evidence of GB stones seen.

**BOTH KIDNEYS** are normal in size, shape and echo-texture. Parenchyma thickness at the poles and inter polar region is normal. Cortico-medullary differentiation is well maintained. Cortical thickness at the poles and interpolar regions are normal.

**PANCREAS** displays normal sonographic morphology. Peripancreatic fat planes are normal.MPD is not dilated.

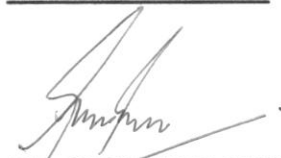
**SPLEEN** is normal in shape, size and displays normal sonographic pattern. Splenic vein and peri splenic area is normal.

**RETROPERITONEUM** No free fluid seen in the abdomen No evidence of any obvious lymphadenopathy seen in the para aortic or upper retroperitoneal regions. Aorta, IVC and other vascular structures are unremarkable.

**URINARY BLADDER** is well distended. Wall thickness is within normal limits.

**UTERUS** is small in size(5.1 x 2.3 cms) and displays normal sonographic pattern. Peri uterine area is normal. Uterine cervix is normal. Both ovaries are normal .no free fluid seen in the pod.

**IMPRESSION – HYPO PLASTIC UTERUS (5.1 X 2.3 CMS)**



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