

DIVYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME Mrs. SHYAMA MEENA
AGE / SEX 30Y / Female
COLLECTED AT Inside
RECEIPT No. 16,844
REFERRED BY Dr. DMH

SAMPLE COLLECTED ON 09-03-2024
REPORT RELEASED ON 09/03/2024
REPORTING TIME 2:49:42PM
PATIENT ID 16874

INVESTIGATION COMPLETE BLOOD COUNT, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile, Blood Sugar Fasting & PP, Blood Group (ABO), Urine Examination Report, Glycosylated Haemoglobin, ESR Wintrobe,.

Tests	Results	Biological Reference Range	Unit
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HAEMATOLOGY

COMPLETE BLOOD COUNT

Haemoglobin	12.1	(Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%)	G%
Total Leukocyte Count (TLC)	7900	(4000-11000 /cumm)	/cumm
Differential Leukocyte Count.(DLC)			
Polymorph	68	(40-80)%	%
Lymphocyte	28	(20-40)%	%
Eosinophil	04	(01-6)%	%
Monocyte	00	Low (02-08)%	%
Basophil	00	(<1%)	%
R. B. C.	3.83	Low (4.2 - 5.5) million/cmm	million/
P. C. V. (hemotocrite)	33.4	Low (36-50) Litre/Litre	/Litre
M. C. V.	87.3	(82-98) fl	fl
M. C. H.	31.4	(27Pg - 32Pg)	Pg
M. C. H. C.	36.1	High (21g/dl - 36g/dl)	g/dl
Platelete Count	1.80	(1.5-4.0 lacs/cumm)	/cumm
ESR Wintrobe			
Observed	15	20mm fall at the end of first hr.	mm

*esr Is A Non Specific Phenomenon, Clinically Useful In Disorders Associated With An Increased Production Of Acute Phase Proteins.

*elevated In Acute And Chronic Infections And Malignancies.

*extremely High Esr Values Are Seen In Multiple Myeloma, Leukemia, Lymphoma, Breast And Lung Carcinomas, Rheumatoid Arthritis, Sle, Pulmonary Infarction.



Page 1 of 5

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सुविधाएँ : • सभी प्रकार की पैथोलॉजिकल जाँचें • खावोपनी • एफ.एन.ए.सी • पीप Smear • हॉर्मोन्स (प्रतिदिन रिपोर्ट) • साइटोलॉजी • बोन मैरो • HbA1c • स्पेशल टेस्ट (24 घंटे)
For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स क्लिन के सामने, छत्तांची बरगाइवा बाईपास रोड, राणी नगर-1, गोरखपुर - 273 003 मो. : 8173006932
Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.

SHYAMAN HOSPITAL Pvt. Ltd.

Pathology Division



पैथोलॉजी संकाय

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Tests	Results	Biological Reference Range	Unit
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BIOCHEMISTRY

Blood Sugar Fasting & PP

Blood Sugar Fasting	70.8	(60 -110)mg/dl	mg/dl
Blood Sugar PP	120.9	110 - 140 mg/dl	mg/dl

Reference Value :

Fasting (Diabetes 110.0 Mg% Or More) (Impaired Glucose Tolerance 110-126 Mg%)
After 2hrs. Of 75 Gm Glucose (oral) (70-140 Mg%) (Impaired Glucose Tolerance 140-200 Mg%)
Random/casual (diabetes 200 Mg% Or More, With Presenting Symptoms.)

Lipid Profile.

Total Cholestrol	180.9	125-200mg/dl Normal Value	mg/dL
H D L Cholestrol	45.1	(30-70 mg%)	mg%
Triglyceride	177.6	High (60-165mg/dL)	mg/dL
V L D L	35.52	(5-40mg%)	mg%
L D L Cholestrol	100.28		mg/dl

50 Optimal
50-100 Near/Above Optimal

TC/HDL 4.0 (3.0-5.0)

LDL/HDL 2.2 (1.5-3.5)

Comment/interpretation

Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipids, The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

Note::

1. Measurement In The Same Patient Can Show Physiological & Analytical Variations. Three Serial Samples 1 Week Apart Are Recommended For Total Cholesterol, triglycerides, hdl & ldl Cholesterol.
2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholesterol.
3. Friedewald Equation To Calculate Ldl Cholesterol Is Most Accurate When Triglyceride Level Is <400 Mg/dl. Measurement Of Direct Ldl Cholesterol Is Recommended When Triglyceride Level Is >400 Mg/dl.



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Tests	Results	Biological Reference Range	Unit
LIVER FUNCTION TEST			
Bilirubin (Total)	0.9	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct)	0.4	(0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.5	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	38.1	0-40	IU/L
SGPT (ALT)	37.2	0.0-42.0	IU/L
Serum Alkaline Phosphatase	164.9	80.0-290.0	U/L
Serum Total Protein	6.2	6.0-7.8	gm/dl
Serum Albumin	3.8	3.5-5.0	gm/dl
Serum Globulin	2.4	2.3-3.5	gm/dl
A/G Ratio	1.58	High	

Comments/Interpretation:
-liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes.
-the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage.
-It Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

Tests	Results	Biological Reference Range	Unit
KIDNEY FUNCTION TEST			
Blood Urea	31.2	15.0-45.0	mg/dl
Serum Creatinine	0.8	0.7-1.4	mg/dl
Serum Uric Acid	5.4	Male-3.5-7.2 Female-2.5-6.0	mg/dl
Serum Sodium	141.2	136.0-149.0	mmol/L
Serum Potassium	4.3	3.5-5.5	mmol/L
Serum Calcium	8.7	8.0-10.5	mg/dl



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Tests	Results	Biological Reference Range	Unit
Glycosylated Haemoglobin			
HBA1c	5.8	(4.3-6.4)	%

Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

Comments/interpretations:

Glycosylated Haemoglobin Is Proportional To Mean Plasma Glucose Level During Previous 6-12 Weeks. For People Without Diabetes, The Normal Range For The Hemoglobin A1c Level Is Between 4% And 5.6%. Hemoglobin A1c Levels Between 5.7% And 6.4% Mean You Have A Higher Chance Of Getting Diabetes. Levels Of 6.5% Or Higher Mean You Have Diabetes. recommended Goal Of Hba1c Is <7%. The Higher The Hemoglobin A1c, The Higher Your Risk Of Having Complications Related To Diabetes. A Combination Of Diet, Exercise, And Medication Can Bring Levels Down. People With Diabetes Should Have An A1c Test Every 3 Months To Make Sure Their Blood Sugar Is In Their Target Range. If Your Diabetes Is Under Good Control, You May Be Able To Wait Longer Between The Blood Tests. But Experts Recommend Checking At Least Two Times A Year. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test.

SEROLOGY

Blood Group (ABO)

A.B.O. "A"
Rh(D) POSITIVE



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पता : श्री बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, छात्रांची बागदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932

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Tests	Results	Biological Reference Range	Unit
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CLINICAL PATHOLOGY

Urine Examination Report

PHYSICAL

Volume	20	-	ml
Colour	YELLOW	-	-
Appearance	CLEAR	-	-

CHEMICAL

Reaction PH	5.0	(4.5-8.0)	-
Specific Gravity	1.030	High (1.01-1.025)	-
Proteins	NIL	NIL	-
Sugar	NIL	NIL	-
Blood	NIL	NIL	-
Phosphates/urates	NIL	NIL	-
Ketone Bodies	NIL	NIL	-
Chyle	NIL	-	-
Bile Pigment (Bilirubin)	NIL	NIL	-
Bile Salt	NIL	-	-
Urobilinogen	Normal	-	-

MICROSCOPICAL

R B C	Absent	0-2 /hpf	/hpf
Pus Cells	1-2	0-5 /hpf	/hpf
Epithelial Cells	6-8	-	-
Crystals	Nil	-	-
Yeast Cells	Absent	-	-
Casts	Absent	-	-
BACTERIA	Absent	-	-

*** End of Report ***

THANKS FOR REFERENCE

Consultant Pathologist
DR.S. SRIVASTAVA-M.D(PATH)

TECHNICIAN
16874



Consultant Pathologist
DR.VASUNDHARA SINGH M.D (PATH)

Page 5 of 5

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AGE / SEX	30Y / Female	REPORT RELEASED ON	
COLLECTED AT	Inside	REPORTING TIME	
RECEIPT No.	16,848	PATIENT ID	
REFERRED BY Dr.	DMH		

INVESTIGATION T3 Triiodo Thyroid, T4 Thyroxine, TSH,,

Tests	Results	Biological Reference Range
IMMUNOLOGY		
T3 Triiodo Thyroid	1.00	(0.69 - 2.15)
T4 Thyroxine	98.4	(52 - 127) ng/ml
TSH	3.08	(0.3-4.5) uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.

Remarks:

- Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
- A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
- Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
- A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
- Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
- Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
- A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopam And D - Thyroxine.
- Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of T3 Antibodies And Influence The Final Result. Such Samples Normally Exhibit Different Results Among Various Systems Due To The Reactivity Of The Antibodies Involved.

THANKS FOR REFERENCE

*** End of Report ***



Consultant Pathologist
DR.S. SRIVASTAVA M.D.(PATH)

TECHNICIAN
 10878

Consultant Pathologist
DR.VASUNDHARA SINGH M.D (

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Pathology Division

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AGE / SEX	30Y / Female	REPORT RELEASED ON	09/03/2024
COLLECTED AT	Inside	REPORTING TIME	3:04:59PM
RECEIPT No.	16,848	PATIENT ID	16878
REFERRED BY Dr.	DMH		

INVESTIGATION T3 Triiodo Thyroid, T4 Thyroxine, TSH,

Tests	Results	Biological Reference Range	Unit
IMMUNOLOGY			
T3 Triiodo Thyroid	1.00	(0.69 - 2.15)	ng/ml
T4 Thyroxine	98.4	(52 - 127) ng/ml	ng/ml
TSH	3.08	(0.3-4.5) uIU/ml	uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.

Remarks:

1. Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
2. A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
3. Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
4. A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
5. Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
6. Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
7. A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
8. Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Sampes Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.

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दिव्यमान मल्टी स्पेशलिटी हॉस्पिटल



Dr. Neena (Asthana) Srivastav

M.B.B.S., D.G.O.
Obstetrician, Gynaecologist & Surgeon
(O.P.D. Closed on Saturday)

डॉ. नीना (अस्थाना) श्रीवास्तव

एम.बी.बी.एस., डी.जी.ओ.
प्रसूति, स्त्री रोग विशेषज्ञ एवं सर्जन
(ओ.पी.डी. शनिवार बन्दी)

PT Name. : MRS SHYAM MEENA	Age. : 30 YEAR	Gender. : Female
OPD No. : 1056	UHID. : UHID975	Guardian. : MEENA MAHESH
Under Dr. : DR. NEENA ASTHANA	Department. : OBS & GYNAE	Qualification. : MBBS DGO
Date. : 09-03-2024	Address. : AMBEDKAR NAGAR	Contact : 8383997320

B.P - 120/70 mmHg

2kgly vag. M.C. Wheel

Weight 50 kg

Boon

M/H

Po+1

Sp. No. 12 unit (32C)
CA 14. AKKainpur

Adv.

H7. Couple H/W 1 day
W. - Lutawan localy.
- Conjunction on 10/7/24

M/H (20)

M/H - 20/2 - Postmenstr

- Similar case 7%

9/3/24

12/12/24 (नियंत्रण पर)

H/W 1

T3/T4

T.D.

10/10

10/10

10/10

10/10

9/3 100% wh...

GB. slide
E. ting
electrocardi.

TOKEN TEST
19/3/24



अन्य विभाग :-

- प्रसूति एवं स्त्री रोग
- मेडिसिन एवं आई.सी.यू.
- न्यूरोलॉजी
- जनरल व टैप्रोरकोपिक सर्जरी
- शिशु, बाल रोग एवं एन.आई.सी.यू.
- ऑर्थोपेडिक सर्जरी
- यूरोलॉजी
- न्यूरोसर्जरी
- डायलिसिस
- कार्डियोलॉजी
- नाक, कान, गला रोग
- छाती रोग
- फिजियोथेरेपी एवं रिहैबिलिटेशन
- प्राकृतिक उपचार
- रेडियोलॉजी एवं पैथोलॉजी
- माइगलर ओ.टी., सी.आर्म

समय : सोमवार से शुक्रवार को दोपहर 10 बजे से शाम 04 बजे तक, रविवार को दोपहर 02 बजे से शाम 04 बजे तक
 नम्बर लगाने एवं पूछताछ हेतु नम्बर : 7525969999, 8173006932, 0551-2506300
 नोट : प्रसूति एवं स्त्री रोग विभाग के अलावा सभी ओ.पी.डी. की सेवाएँ रविवार को बन्द रहेंगी।
 24 घण्टे इमरजेन्सी, एक्स-रे, ई.सी.जी., ई.ई.जी. एवं पैथोलॉजी की सुविधा उपलब्ध
 पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, काजीपी बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003 ई-मेल - dmhgkp@gmail.com

REPORT

I.D. NO 11 : U/09-03-15
Patient's Name: : MRS. SHYAM MEENA
Ref by Dr. : DIVYAMAN HOSPITAL
March 9, 2024
AGE/SEX :30 YRS / F

2D- ECHO

MITRAL VALVE

Morphology

AML- Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/Sam/Doming.
PML- Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
Subvalvular deformity Present/Absent Score :
Doppler Normal/Abnormal E>A A>E
Mitral Stenosis Present/Absent RR Interval_ msec
EDG_ mmHg MDG_ mmHg MVA_ cm2
Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology

Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.

Doppler

Normal/Abnormal.
Tricuspid stenosis Present/Absent RR Interval_ msec.
EDG_ mmHg MDG_ mmHg
Tricuspid regurgitation/Absent/Trivial/Mild/Moderate/Severe Frangmemed signals.
Velocity_ msec. Pred. RVSP=RAP+_ mmHg

PULMONARY VALVE

Morphology

Normal/Atresis/Thickening/Doming/Vegetation.

Doppler

Normal/Abnormal
Pulmonary stenosis Present/Absent Level
PSG_ mmHg Pulmonary annulus_ mm
Pulmonary regurgitation Present/Absent
Early diastolic gradient_ mmHg. End diastolic gradient_ mmHg



उपलब्ध सुविधाएँ



➤ CT Scan 40ma, 80, 100, 120
➤ CT Angiography
➤ Digital X-ray

Siemens CT Scan



Philips 1.5 T MRI

➤ MRI Scan
➤ 4D Colour Dopler
➤ CT/USG Guided Biopsy/FNAC



Siemens Accuson S 52000

➤ ECG, ECO Cardiography
➤ Dr. Lal Path Lab
➤ 24 H Ambulance



Siemens X Ray

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P.T.O

AORTIC VALVE

Morphology Normal/Thickening/Calcification/Restricted opening/ Flutter/Vegetation
No of cusps 1/2/3/4

Doppler Normal/Abnormal
Aortic stenosis Present/Absent Level
PSG_ mmHg Aortic annulus_ mm
Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe.

Measurements	Values (Cm)	Measurements	Values (Cm)
Aorta :	2.42	LAs :	2.59
Lves :		Lved :	3.43
IVSed :	0.79	PW (LV):	
RVed :		RV Anterior wall	
EF :	73%	IVC	

IVSmotion Normal/Flat/Paradoxical/Other

CHAMBERS

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy/RWMA
LA Normal/Enlarged/Clear/Thrombus
RA Normal/Enlarged/Clear/Thrombus
RV Normal/Enlarged/Clear/Thrombus
Pericardium Normal/Thickening/Calcification/Effusion

IMPRESSION

- NO RWMA AT REST
- NORMAL LV FUNCTION
- LVEF 73% 2D
- NORMAL SIZE CARDIAC CHAMBER
- NO I/C CLOT/VEG
- NO PERICARDIAL EFFUSION.



Cardiologist.



I.D. NO	U/09-03-14	March 9, 2024
PATIENT NAME	Ms. SHYAM MEENA	AGE /SEX 30 Y/ F
REF. BY	DIVYAMAN HOSPITAL	

USG: WHOLE ABDOMEN (Female)

Liver -is normal in size (106.1mm) with homogenous echotexture. No IHBR dilatation / focal SOL are seen.

Gall bladder - is distended. Sludge with tiny echogenic foci measuring 1.5 mm seen in gall bladder lumen. Wall thickness is normal.

CBD - normal. PV - normal. porta - normal

Pancreas is normal in thickness. Clearly defined margins are seen. Pancreatic duct is not dilated.

Spleen is normal in size (82.9mm). No focal lesion is seen. Diaphragmatic movements are within normal limits on both sides.

Right kidney - normal in size (mm), outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No backpressure changes are seen. Perinephric spaces are normal.

Left kidney - normal in size (mm), outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder is fully distended. Wall is smooth and regular. Lumen is echofree.

Uterus is anteverted & normal in size measures (56.4x38.6x30.8mm). Endometrial cavity is normal.ET-6.8 mm. Myometrium is normal. No evidence of myoma is seen. Cervix appears normal in size. No demonstrable growth. No evidence of fluid in POD.

Both adnexa and ovaries are normal.

No evidence of Ascites / Retroperitoneal Lymphadenopathy.

IMPRESSION

- **GALL BLADDER SLUDGE WITH TINY ECHOGENIC FOCI.**

ADV - CLINICAL CORRELATION & FOLLOW UP SCAN.

Note : All USG finding are dynamic in nature and are subjected to change with course of disease and time. Prescribing clinician are advised to correlate USG finding with clinical findings.



Dr. Rahul Nayak
 M.B.B.S.(M.L.N),
 M.D.(Dr. RMLIMS, LKO)

उपलब्ध सुविधाएं



- CT Scan मस्तिष्क, पैर, सीमा अर्ध
- CT Angiography
- Digital X-ray

Services (CT Scan)



Reflex (USG)

- MR Scan
- 4D Colour Dopler
- CT/USG Guided Biopsy/PNAC



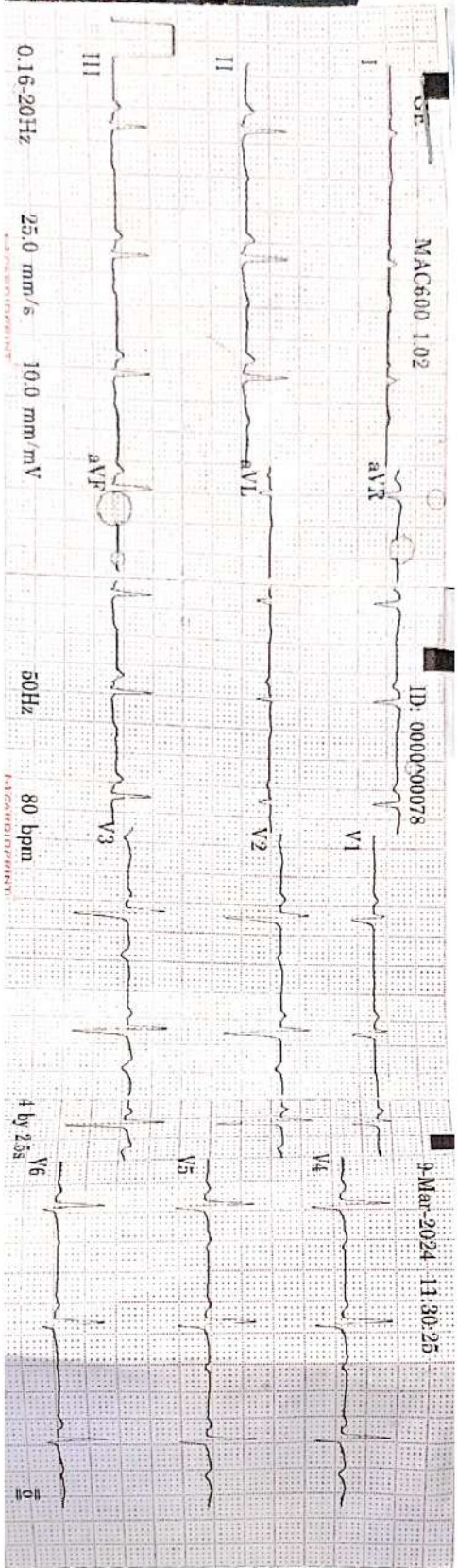
Services (Micro)

- ECG, ECO Cardiography
- Dr. Lai Path Lab
- 24 H Ambulance



Services (Lab)

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MAC600 1.02 12SL™ V239



Shyam Meena
Analyst

REPORT

Patient Id	X090306	Name	SHYAM MEENA 30Y F	REF BY DR	DMH
Study Date	09-Mar-2024	Age	-	Gender	Female

X-RAY CHEST PA VIEW

Findings:

- Both lung fields are clear.
- Trachea and mediastinum is central.
- Cardiac size appears normal .
- Bilateral hila appears normal .
- Bilateral dome of diaphragm & costophrenic angles appear normal.
- Visualised bones & soft tissues appear normal.

No obvious fracture seen

Impression:- No obvious significant abnormality is seen.

Clinical correlation

Aggarwal

Dr. Ankur Aggarwal
MBBS, M.D (Consultant Radiologist)
MCI/09-34285



उपलब्ध सुविधाएँ



Services C.T Scan

- CT Scan सीलम्, फेट, सील अॉट
- CT Angiography
- Digital X-ray



Services I.S.I MRI

- MRI Scan
- 4D Colour Dopler
- CT/USG Guided Biopsy/FNAC



Services Autocam 5.55000

- ECG, ECO Cardiography
- Dr. Lal Path Lab
- 24 H Ambulance



Services E.Ray

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