



**Corporate HC Appointment Confirmation**

Donoreply <noreply@apolloclinics.info>  
 Reply To: noreply@apolloclinics.info

Thu, Mar 30, 2023 at 5:23 PM

To: tpa@indogulfhospital.com  
 Cc: ramul\_rai@apolloclinic.com, priyam\_paiyral@apolloclinic.com, bhrunika\_sri@apolloclinic.com, ahcmembers@apolloclinic.com, sylvamunder\_m@apollohl.com, corporate@apolloclinic.com, deepak\_gaddam@apolloclinic.com, ram\_g@apolloclinic.com, deventra\_singh@apolloclinic.com, apasara\_bajrathi@apollohl.com

Greetings from Apollo!!

Respected Sir/Madam,

Please find corporate HC appointment details scheduled for **04-04-2023** at your **Indo Gulf Diagnostic & Research Centre Pvt. Ltd.No Center**.

Points to note :-

- Collect photograph of employee ID proof if health check is through an employer
- Collect photograph of personal ID proof if health check is for insurance
- Collect MER as per package details & that company's format (already shared)
- By 12 noon of appointment date, share Work order number & visit status (Show/No show)
- Upload reports in Adhulam portal as per specifications given earlier

Appointment Booking Details

Corporate/TPA Agreement Name	Package Name	Package Inclusions	Customer Name	Gender	Relation	DOB/Age	Emp ID	E-Mail Id	Mobile No	Date of appointment	Appt. Time	Ref No / UNIT	HC Center Name	HC Location
ARCOFEMI HEALTHCARE LIMITED	ARCOFEMI BODY HEALTHCARE ANNUAL CREDIT PAN INDIA OP AGREEMENT	BMI,Optical by General Physician,Glycosylated Hemoglobin (HbA1C) - Whole Blood,LBC PAP SMEAR,Dietician consultation,2 D ECHOLipid Profile (all Parameters),URINE GLUCOSE(FASTING),URINE GLUCOSE(POST PRANDIAL),THYROID MEDIWHEEL PROFILE - (T3,T4 AND TSH),Package Gynaecological Consultation,GLUCOSE - SERUM/ PLASMA(FASTING AND POST PRANDIAL,LIVER FUNCTION TEST (PACKAGE),GGTP- Gamma Glutamyl Transpeptidase - Serum, Ultrasound - Whole Abdomen,Consultation - Dental,X-Ray Chest PA,HEMOGRAM (CBC+ESR),Renal Function Test,Urine Routine (CUE),Blood Grouping And Typing (Abo And Rh),Package Consultation - ENT,ECG, Fitness by General Physician	Priyanka	F	Self	33	h005396555	chandrapsriprakashbisoiya@gmail.com	8802533384	2023-04-04	8:30 AM - 9:00 AM	AHCNIND300323094/5	Indo Gulf Diagnostic & Research Pvt.Ltd- Noida- AHCN	Noida

*Priyanka*

*Shruti*



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार  
Unique Identification Authority of India  
Government of India

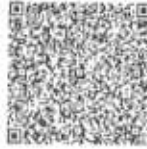
नामांकन क्रम / Enrollment No.: 2017/94004/56104

To  
प्रियंका  
Priyanka  
W/O: Chandra Prakash  
34  
Agahpur, Sector- 41  
Noida  
Noida  
Gautam Buddha Nagar Gautam Buddha Nagar  
Uttar Pradesh 201301  
9643772423

09/02/2015  
210781759



MP167817598FT



आपका आधार क्रमांक / Your Aadhaar No. :

**4710 3488 3661**

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India



प्रियंका  
Priyanka  
जन्म तिथि / DOB : 23/02/1988  
महिला / Female



4710 3488 3661

आधार - आम आदमी का अधिकार



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन प्रमाणीकरण द्वारा प्राप्त करें।

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

- आधार देश भर में मान्य है।
- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा।
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:  
अर्धसिनी: चंद्र प्रकाश, 34, अगहपुर,  
सेक्टर- 41, नोएडा, गौतमबुद्ध नगर,  
नोएडा, उत्तर प्रदेश, 201301

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W/O: Chandra Prakash, 34,  
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Gautam Buddha Nagar, Noida,  
Uttar Pradesh, 201301

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1947  
1800 300 1947

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*Priyanka*

MER- MEDICAL EXAMINATION REPORT

Date of Examination	4/4/23	
NAME	MRS. Priyanka	
AGE	35	Gender
HEIGHT(cm)	162cm	WEIGHT (kg)
B.P.	110/70	f
ECC	(N)	
X Ray	(N)	
Vision Checkup	R 1/6 N4.5 L 1/6 N4.5 CU (M)	
Present Ailments	None	
Details of Past ailments (If Any)	nil	
Comments / Advice : She /He is Physically Fit	ji	

DR. ANKUSH CARG  
 M.B.B.S., M.D. Internal Medicine (U.K.)  
 MCI Regn. No. 16/1414

Signature with Stamp of Medical Examiner



INDO GULF PATHLAB  
ISO 15189  
ACCREDITED BY NABL (M-0440)

ISO 9001:2008



PATIENT'S NAME: Priyanka.	SPECIALITY: DENTAL.
AGE / SEX: 35yr/F.	DOCTOR'S NAME:
DATE & TIME: 4/04/2023	IGID:

O/E Dental caries  $\frac{1}{6}$   
Fractured restoration  $\frac{1}{6}$   
Adv :- Caries excavation  
and restoration  $\frac{1}{6}$   
 $\frac{1}{6}$

mbijl



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ACCREDITED BY NABL (M-0640)

ISO 9001:2008



NAME:	MRS. PRIYANKA	AGE/SEX:	35 Y / F
REF. BY:	APOLLO CLINIC	DATE:	04.04.2023
INVESTIGATION:	X-RAY CHEST PA VIEW	IGID NO.:	OPD

Both lungs are clear.

Both costophrenic and cardiophrenic angles are normal.

Bilateral hilar shadows appear normal.

Trachea is central.

Cardiac size appears normal.

Mediastinum is unremarkable.

Both domes of diaphragms are normal.

Bony cage is normal.

**Advice: Clinical correlation.**


**DR. NAYAB FAKHIR**  
**MBBS, DNB (RADIODIAGNOSIS)**  
**European Diploma in Radiology**  
**Consultant Radiologist**


*This is a professional opinion based on imaging findings and not the diagnosis. It should be correlated clinically and with other relevant investigations to arrive at a proper conclusion. Not valid for medico-legal purposes.*

Diagnostics Sr.No. : 326435/23 IGID : 234353  
 Patient Name : MRS. PRIYANKA Sample Receiving D/T : 04-Apr-2023/04:07 PM  
 Age/Sex : 35 Yrs /F Reporting Date/Time : 04-Apr-2023/06:09 PM  
 Consultant : Dr. APOLLO HEALTH AND LIFESTYLE LIMITED Sample Type : EDTA  
 OPD/IPD : OPD

### HAEMATOLOGY

Investigations	Result	Biological Reference Interval	Units
<b>Complete Haemogram</b>			
Haemoglobin (SLS Method)	9.4	12.0 - 15.0	g/dl
Red Blood Cell Count (DC Detection)	4.07	3.8 - 4.8	million/cumm
Packed Cell Volume (PCV) (DC Detection)	29.4	36.0 - 46.0	%
Mean Cell Volume (MCV) - Calculated	72.2	83.0 - 101.0	fl
Mean Cell Haemoglobin (MCH) - Calculated	23.1	27.0 - 32.0	pg
Mean Cell Haemoglobin Concentration (MCHC) - Calculated	32.0	31.5 - 34.5	%
Platelet Count (DC Detection)	3.62	1.5 - 4.0	Lakh/cumm
Total Leucocyte Count (TLC) - DC Detection)	4930	4000 - 11000	Cells/cumm
<b>Differential % Leukocyte Counts:</b> (Flowcytometry)			
Polymorphs	56	40 - 80	%
Lymphocytes	36	20 - 40	%
Eosinophils	04	1 - 6	%
Monocytes	04	2 - 10	%
Basophils	00	0 - 2	%

  
**Dr. SUMAN KUMAR**  
**MD, PATHOLOGY**  
**sr. Consultant Pathologist**

Technician : Typed By :  Mr. Indogulf Report

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\*Test out of NABL scope


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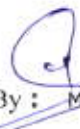
**Differential Absolute Leukocyte Counts:**

Neutrophil	2.76	2.00 - 7.00	thou/mm <sup>3</sup>
Lymphocyte	1.77	1.00 - 3.00	thou/mm <sup>3</sup>
Eosinophil	0.19	0.02 - 0.50	thou/mm <sup>3</sup>
Monocyte	0.19	0.20 - 1.00	thou/mm <sup>3</sup>
Basophil	0.00	0.00 - 0.10	thou/mm <sup>3</sup>
ESR(Westergren's Method)	45	0 - 15	mm/hr

**Peripheral Smear Examination:-**

- RBC's** : show mild to moderate anisopoikilocytosis with microcytosis, few target cells seen. There is mild to moderate degree of hypochromia seen.  
**WBCs** : Total and differential leucocyte count is within normal limits and cells are normal in morphology.  
**Platelets** : are adequate in number and normal in morphology.  
 No haemoparasite / atypical cells are seen.  
**Impression** : Microcytic Hypochromic anaemia (mild to moderate)

  
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E-mail: info@indogulfhospital.com | Web: www.indogulfhospital.com

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Consultant : Dr. APOLLO HEALTH AND LIFESTYLE LIM SampleType : EDTA,FLUORIDE  
OPD/IPD : OPD PLASMA,SERUM,URINE

### HAEMATOLOGY


Investigations	Results	Biological Reference Interval	Unit
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#### Blood Grouping (ABO and Rh)

Blood Group (Tube Agglutination / Tube Method)	"A"		
Rh Type (Tube Agglutination / Tube Method)	Negative		

Note: 1. Both forward and reverse grouping performed (except in cases of cord blood sample).  
2. Test Conducted on EDTA whole blood.

Note : Rh type Negative results, Please confirm by Gel Technique method.



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Tel: 0120-4752300-99 | Mob: 9999369797 | Fax: 0120-4752351  
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 Consultant : Dr. APOLLO HEALTH AND LIFESTYLE LIM SampleType : EDTA,FLUORIDE  
 OPD/IPD : OPD PLASMA,SERUM,URINE

### BIOCHEMISTRY

Investigations	Results	Biological Reference Interval	Unit
<b>Blood Sugar Fasting</b> (Hexokinase) <b>Reference Ranges:-</b> Cord Blood - 45-96mg/dl Premature - 20-60mg/dl New Born 1 Day - 40-60 mg/dl > 1 day - 50- 80 mg/dl Child - 60-100mg/dl	96.3	70 - 110	mg/dl
<b>Blood Sugar Post Prandial</b> (Hexokinase)	120.6	80 - 140	mg/dl
<b>* HbA1C</b>  HbA1C <b>Interpretation</b> As per American Diabetes Association (ADA)	5.5	<5.7	%
<b>Reference Group</b> Normal < 5.7 % Prediabetes 5.7 % to 6.4 % Diabetes 6.5% or higher			
<b>GGT (Gamma Glutamyl Transpeptidase)</b>	33.7	5.0 - 36.0	U/L

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 OPD/IPD : OPD PLASMA,SERUM,URINE

### BIOCHEMISTRY

Investigations	Results	Biological Reference Interval	Unit
(G-glutamyl-corboxy-nitroanilide)			
<b>LFT (Liver Function Test) -Spectrophotometry</b>			
Alanine Transaminase (SGPT,ALT) (Enzymatic)	20.3	0.0 - 34.0	U/l
Aspartate Transaminase (SGOT, AST) (Enzymatic)	17.0	0.0 - 31.0	U/l
GGT (Gamma Glutamyl Transpeptidase) (G-G-CN)	33.7	0.0 - 38.0	U/L
Alkaline Phosphatase (ALP) (PNPP)	<b>111.0</b>	35.0 - 104.0	U/l
Bilirubin Total (Diazon Ion)	0.37	0.0 - 1.20	mg/dl
Bilirubin Direct (Diazo)	0.12	0.0 - 0.30	mg/dl
Bilirubin Indirect (Calculated)	0.25	0.0 - 0.90	mg/dl
Total Protein (Biuret)	6.55	6.0 - 8.2	gm/dl
Albumin (BCG)	3.86	3.5 - 5.2	gm/dl
Globulin	2.69	1.8 - 3.6	gm/dl

  
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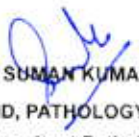
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 OPD/IPD : OPD PLASMA,SERUM,URINE

### BIOCHEMISTRY

Investigations	Results	Biological Reference Interval	Unit
(Calculated)			
Albumin / Globulin Ratio	1.43	0.90 - 2.00	Ratio
(Calculated)			
<b>KFT (Kidney Function Test)</b>			
Blood Urea (Urease)	20.0	10.0 - 50.0	mg/dl
Serum Creatinine (Jaffe)	0.80	0.60 - 1.10	mg/dl
Uric Acid (Uricase)	5.2	2.60 - 6.0	mg/dl
Serum Calcium (BAPTA)	9.6	8.6 - 10.3	mg/dl
Sodium (Na+) (ISE / Potentiometry)	139.0	136.0 - 145.0	mmol/L
Potassium (K+) (ISE / Potentiometry)	4.03	3.50 - 5.1	mmol/L
Chloride (Cl-) (ISE / Potentiometry)	102.8	98.0 - 108.0	mmol/L

### LIPID PROFILE

  
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### BIOCHEMISTRY

Investigations	Results	Biological Reference Interval	Unit
Total Cholesterol (Enzymatic Colometric)	<b>225.0</b>	< 200	mg/dl
Triglyceride (Enzymatic Colometric)	109.6	<150	mg/dl
HDL Cholesterol (Enzymatic Colometric)	44.8		mg/dl
LDL (Calculated)	<b>158.28</b>	<100.0	mg/dl
VLDL (Calculated)	21.92	<30	
LDL/HDL Ratio (Calculated)	<b>3.53</b>	<3	
NON HDL Cholesterol	<b>180.2</b>	<130.0	mg /dl

**Interpretation:**

According to National Lipid Association recommendations (NLA-2014)

**Total Cholesterol :-**

Index Value	Interpretation
< 200 mg/dl	Desirable
200 - 240 mg/dl	Borderline
> 240 mg/dl	High

**HDL Cholesterol:-**

No Risk      Moderate Risk      High Risk  
  
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 OPD/IPD : OPD  
 IGID : 234353  
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 SampleType : EDTA,FLUORIDE  
 PLASMA,SERUM,URINE

### BIOCHEMISTRY

Investigations	Results	Biological Reference Interval	Unit
Female	> 65.0 mg/dl	45.0 - 65.0 mg/dl	< 45.0 mg/dl
Male	> 55.0 mg/dl	35.0 - 55.0 mg/dl	< 35.0 mg/dl
<b>Triglyceride :-</b>			
Optimal	<150.0 mg/dl		
Border line high	150.0 -199.0 mg/dl		
High	200.0-499.0mg/dl		
Very High	>=500.0 mg/dl		
<b>LDL Cholesterol:-</b>			
Optimal	< 100.0mg/dl		
Above Optimal	100.0- 129.0 mg/dl		
Border line high	130.0-159.0 mg/dl		
High	160.0-189.0 mg/dl		
Very High	>=190.0 mg/dl		
<b>NON -HDL Cholesterol:-</b>			
Optimal	< 130.0mg/dl		
Above Optimal	130.0- 159.0 mg/dl		
Border line high	160.0-189.0 mg/dl		
High	190.0-219.0 mg/dl		
Very High	>=220.0 mg/dl		

  
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 OPD/IPD : OPD PLASMA,SERUM,URINE

### IMMUNOLOGY

Investigations	Results	Biological Reference Interval	Unit
<b>Thyroid Profile (T3, T4, TSH) - CLIA Method</b>			
T3	1.59	0.92 - 2.79	nmol/L
T4	81.70	65.0 - 138.0	nmol/L
TSH (Thyroid Stimulating Hormone)	3.65	0.35 - 5.5	µIU/mL

**Interpretation:**

**Thyroid stimulating hormone (TSH)**


- In primary hypothyroidism, TSH levels are high while T3 and T4 levels are low whereas in primary hyperthyroidism TSH levels are low with high levels of T3 and T4.
- A low T3 and T4 in presence of low /normal TSH indicate hypothalamic pituitary dysfunction.
- A high TSH in presence of normal/ high T4 suggests inappropriate TSH secretion.

**Increased levels**

- Primary Hypothyroidism
- Inappropriate TSH secretion
- Hashimoto's Thyroiditis
- TSH Antibodies and drugs (Amphetamines, Amiodarone, Iopodate, Dopamine antagonist)

**Decreased levels**

- Grave's disease
- Autoimmune thyroid hormone secretion
- Toxic multinodular goiter
- Over replacement of thyroid hormone in treatment of hypothyroidism
- Hyperthyroidism
- Nonthyroidal illness
- Acute psychiatric illness

  
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### IMMUNOLOGY

Investigations	Results	Biological Reference Interval	Unit
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#### Thyroxine (T4)

Thyroxine levels are used to distinguish euthyroid hyperthyroxinemia from hyperthyroidism and euthyroid hypothyroxinemia from hypothyroidism

#### Increased levels

- Clinical Hyperthyroidism
- Thyroid hormone resistance
- Hyperthyroidism treated with Thyroxine
- Non Thyroidal illness
- TSH secreting tumour
- Occasional hydatiform mole and choriocarcinoma

#### Decreased levels

- Clinical Hypothyroidism (Primary/Secondary)
- Non Thyroidal illness
- Hyperthyroidism treated with T3
- Pregnancy with hypothyroidism

#### Triiodothyronine(T3)

Triiodothyronine levels are used in the diagnosis of hyperthyroidism and for the clarification of thyroid status in the presence of possible protein binding abnormality

#### Increased levels

- Grave's Disease
- T3 thyrotoxicosis
- Thyroid hormone resistance
- Functional thyroid adenoma

#### Decreased levels

- Non Thyroidal illness
- Hypothyroidism

  
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### IMMUNOLOGY

Investigations	Results	Biological Reference Interval	Unit
- Nutritional deficiency			
- Pregnancy			
- Estrogen Therapy			

  
Dr. SUMAN KUMAR  
MD, PATHOLOGY  
Sr. Consultant Pathologist

**Technician :** Typed By : Mr. Indogulf Report  
Reports for persual of doctors only, not for Medicolegal cases.

4-Apr-2023 06:10 PM

  
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**Call for Home Collection: 8800446609**

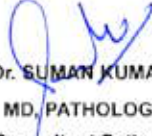
\*Test out of NABL scope



Diagnosics Sr. No: 326435/23 IGID : 234353  
Patient Name : Mrs. PRIYANKA Sample Receive Date/Time : 04-Apr-2023 / 04:07 PM  
Age / Sex : 35 Yrs / F Reporting Date/Time : 04-Apr-2023 / 6:09 PM  
Consultant : Dr. APOLLO HEALTH AND LIFESTYLE LIM SampleType : EDTA,FLUORIDE  
OPD/IPD : OPD PLASMA,SERUM,URINE

### CLINICAL PATHOLOGY

Investigations	Results	Biological Reference Interval	Unit
Urine for Sugar Fasting	Nil		
Urine for Sugar PP	Nil		



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4-Apr-2023 06:10 PM



Page 10 of 10

Call for Home Collection: 8800446609

\*Test out of NABL scope

Diagnostics Sr.No. : 326435/23  
 Patient Name : MRS. PRIYANKA  
 Age/Sex : 35 Yrs /F  
 Consultant : Dr. APOLLO HEALTH AND LIFESTYLE LIMITED  
 OPD/IPD : OPD  
 IGID : 234353  
 Sample Receiving D/T : 04-Apr-2023/04:07 PM  
 Reporting Date/Time : 04-Apr-2023/06:09 PM  
 Sample Type : URINE

### CLINICAL PATHOLOGY

Investigations	Result	Biological Reference Interval	Units
<b>Urine - Routine &amp; Microscopic Examination</b>			
<b>Physical Examination</b>			
Volume	25		ml
Colour	Pale Yellow	Pale Yellow	
Appearance	Slightly Turbid	Clear	
pH	5.0	4.8-7.5	
Specific Gravity	1.030	1.003-1.030	
<b>Chemical Examination</b>			
Sugar	Nil	Nil	
Protein	Trace	Nil	
Ketone	Nil	Nil	
Nitrite	Nil	Nil	
Urobilinogen	Nil	Nil	
Bilirubin	Nil	Nil	
<b>Microscopic Examination</b>			
Epithelial Cells	2-4	0-3	/HPF
Pus Cells	2.3	0-3	/HPF
RBCs	8-10	Nil	/HPF
Crystals	Nil	Nil	
Casts	Nil	Nil	
Bacteria	Nil	Nil	
Others	Nil	Nil	

### End of Report

**Dr.SUMAN KUMAR**  
**MD, PATHOLOGY**  
 sr. Consultant Pathologist

Technician : Typed By :  Mr. Indogulf Report

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\*Test out of NABL scope



INDO GULF PATHLAB  
ISO 15189  
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## TRANSTHORACIC ECHO-DOPPLER REPORT

NAME :MRS.PRIYANKA	IGID :77766
AGE/SEX :FEMALE/35 YEARS	REFERRED BY :APOLLO HLL
INDICATION :CVS EVALUATION	DATE :04/APR/2023

### Measurements (mm):

	Observed Values (mm)		Normal Values (mm)
Aortic root diameter	26		20-36
Aortic Valve Opening			15-26
Left Atrium size	35		19-40
	End Diastole (mm)	End Systole (mm)	Normal Values (mm)
Left Ventricle size	41	29	(ED= 38-58)
Interventricular Septum	08		(ED= 6-10)
Posterior Wall Thickness	08		(ED= 6-10)
LV Ejection Fraction (%)	60%		55%-80%

### Doppler velocities (cm/sec)

Pulmonary valve		Aortic valve	
Max velocity	m/s	Max velocity	m/s
Mean PG	mmhg	Max PG	mm of hg
Pressure ½ time		Mean velocity	
Acceleration Time		Mean PG	
RVET		LVET	
Mitral valve		Tricuspid valve	
E	Max PG =	Max Velocity	m/s
A		Mean Velocity	
DT	Mean PG =	Mean PG	mmhg
E/E'	PHT	TPSE	



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NAME: PRIYANKA  
IGID: 77766

**Regurgitation:-**

MR		TR	
Severity	MILD	Severity	MILD
Max Velocity		RVSP	
AR		PR	
Severity	NO	Severity	NO
Jet width/LVOT ratio		Mean PAP	

**Final Interpretation:-**

1. No Regional Wall Motion Abnormality, LVEF- 60%
2. Normal cardiac chamber dimensions.
3. Good LV systolic function [E>A].
4. Mild MR, Mild TR,PASP-Normal.
5. IVC is normal in diameter.
6. No intracardiac shunt ,clot, vegetation, pericardial effusion.

**DR.GAURAV BHARDWAJ**

**MD,DM(CARDIOLOGIST)**

*CONSULTANT CARDIOLOGIST*

# INDO GULF HOSPITAL

Name **MRS.PRIYANKA,**

Patient Id 77766

Gender **Female**

*Image 1*

L 0.8 cm  
L 4.4 cm



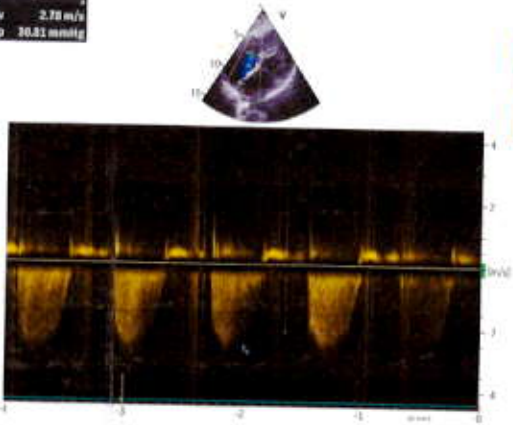
*Image 2*

L 1.5 cm  
L 2.8 cm  
L 1.9 cm

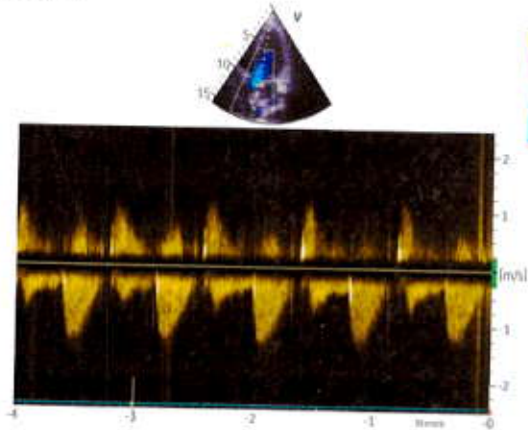


*Image 3*

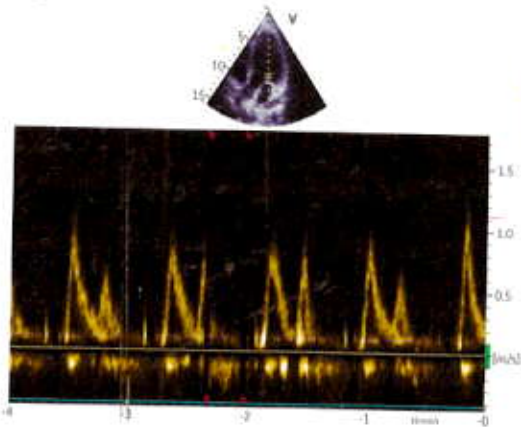
v 2.73 m/s  
p 30.41 mmHg



*Image 4*



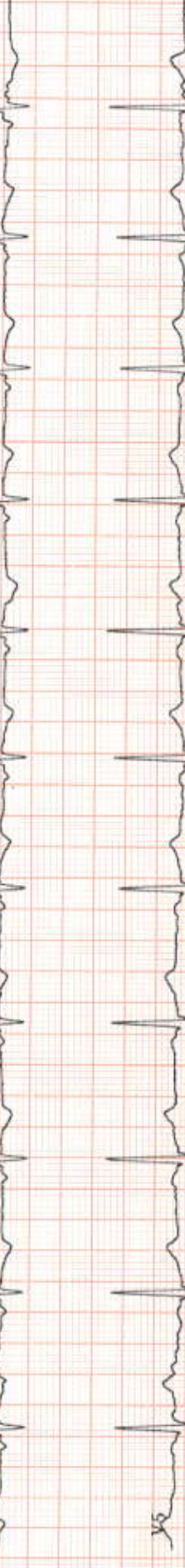
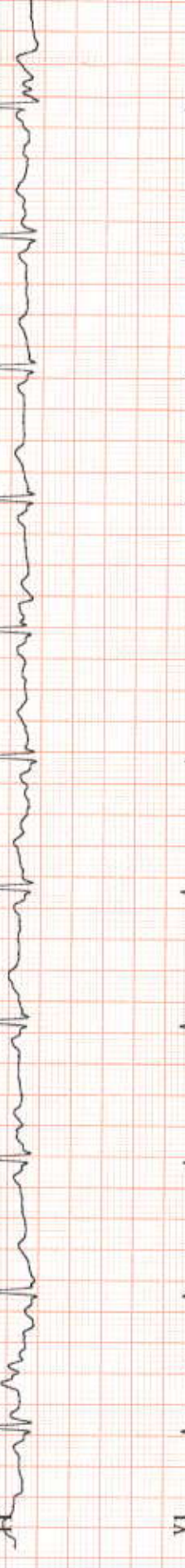
*Image 5*



*Image 6*

ID : **Mr. Priyanka** Heart Rate: 71 bpm  
 Name: **Age 35y/f** PR/RR Int.: 136/845 ms  
 Age : 0 years QRS Dur: 102 ms  
 Sex : P-R-T axes: 59 42 17  
 H : 0 cm / W : 0 kg SV1/RV5/R+S: 0.39/1.09/1.48mV

## Analysis Result ## (To be finally confirmed by physician)  
 Normal Sinus Rhythm  
 Normal Axis  
 [ Normal ECG ]





INDO GULF PATHLAB  
ISO 15189  
ACCREDITED BY NABL (M-0440)



NAME:	MRS. PRIYANKA	AGE/SEX:	35 Y/F
REF. BY:	APOLLO CLINIC	DATE:	04.04.2023
INVESTIGATION:	USG WHOLE ABDOMEN	OPD/IPD:	OPD

**Liver** is mildly enlarged in size (16.8 cm), normal in shape and shows mildly increased echogenicity of liver parenchyma s/o grade I fatty changes. No focal SOL noted. Vascular channels are clear. No evidence of I.H.B.R. dilatation seen.

**Gall Bladder** is contracted and shows multiple (atleast 3) calculi within its lumen, largest measuring 24.5 mm. CBD (3.0 mm) & portal vein are normal.

**Spleen** is mildly enlarged in size (12.1 cms), normal in shape and echotexture. No focal SOL noted.

**Pancreas** is normal in size, shape & echotexture. No focal SOL noted.

**Both Kidneys** are normal in size, shape, position, outline & echogenicity. CMD is well preserved. No evidence of calculus/mass lesion or hydronephrosis seen.

**Right Kidney** measures 10.4 x 4.0 cm.

**Left Kidney** measures 10.4 x 5.2 cm.

**Urinary Bladder** is well distended with normal wall thickness. Lumen is clear. No calculi / mass lesion noted. No diverticulum noted.

**Uterus** is normal in size (5.0 x 4.4 x 4.3 cm), shape and echotexture. No focal lesion seen. Endometrial echo is normal (4.1 mm). Cervix is normal.

**Both Ovaries** are normal in size, shape and echotexture. No adnexal mass noted.

**Right ovary** measures 3.0 x 2.1 cm.

**Left ovary** measures 2.8 x 1.8 cm.

No free fluid is noted. Bowel loops are grossly normal.

No significant lymphadenopathy seen.

#### **IMPRESSION:**

- Cholelithiasis.
- Mild hepatosplenomegaly with Grade I fatty liver.

Advice: Clinical correlation.

**DR. NAYAB FAKHIR**  
MBBS, DNB (RADIODIAGNOSIS)  
European Diploma in Radiology  
Consultant Radiologist

*This is a professional opinion based on imaging findings and not the diagnosis. It should be correlated clinically and with other relevant investigations to arrive at a proper conclusion. Not valid for medico-legal purposes.*

