



	DEPARTME	NT OF HAEMATOLOG	Y
Emp/Auth/TPA ID	: 531532726360		
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Visit ID	: CKONOPV585205	Status	: Final Report
UHID/MR No	: CCHA.0000105826	Reported	: 15/Jun/2023 12:43PM
Age/Gender	: 36 Y 4 M 13 D/F	Received	: 15/Jun/2023 10:45AM
Patient Name	: Mrs.SINHA AKHOURI RATI	Collected	: 15/Jun/2023 09:18AM

ARCOFEMI - MEDIWHEEL - FULL BOD	( HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	PAN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

HAEMOGLOBIN	11.8	g/dL	12-15	Spectrophotometer
PCV	36.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.29	Million/cu.mm	3.8-4.8	Electrical Impedenc
MCV	84	fL	83-101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (D	LC)			
NEUTROPHILS	65	%	40-80	Electrical Impedance
LYMPHOCYTES	25	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4680	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1800	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	288	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	432	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	150000	cells/cu.mm	150000-410000	Electrical impedent
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-20	Modified Westergre
ERIPHERAL SMEAR				

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN. PLATELETS ARE ADEQUATE. NO HEMOPARASITES SEEN





SIN No:BED230137533

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APOLLO CLINICS NETWORK
Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal ) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira
Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai ( Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery ) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie)
Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)





Method

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Age/Gender	: 36 Y 4 M 13 D/F	Received	: 15/Jun/2023 10:45AM	
UHID/MR No	: CCHA.0000105826	Reported	: 15/Jun/2023 12:23PM	
Visit ID	: CKONOPV585205	Status	: Final Report	
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Emp/Auth/TPA ID	: 531532726360			
DEPARTMENT OF HAEMATOLOGY				
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324				

Test Name	Result	Unit	Bio. Ref. Range	
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BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD-EDTA	
BLOOD GROUP TYPE	AB	Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE	Forward & Reverse Grouping with Slide/Tube Agglutination

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DEPARTMENT OF BIOCHEMISTRY ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324				
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Visit ID	: CKONOPV585205	Status	: Final Report	
UHID/MR No	: CCHA.0000105826	Reported	: 15/Jun/2023 12:57PM	
Age/Gender	: 36 Y 4 M 13 D/F	Received	: 15/Jun/2023 12:44PM	
Patient Name	: Mrs.SINHA AKHOURI RATI	Collected	: 15/Jun/2023 11:37AM	

Test Name Result Unit Bio. Ref. Range	Method
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GLUCOSE. FASTING . NAF PLASMA	98	ma/dL	70-100	GOD - POD
		iiig/ aE	10 100	000 100

Comment:		
As per American Diabetes Guidelines		
Fasting Glucose Values in mg/d L	Interpretation	
<100 mg/dL	Normal	
100-125 mg/dL	Prediabetes	
≥126 mg/dL	Diabetes	

GLUCOSE, POST PRANDIAL (PP), 2	101	mg/dL	70-140	GOD - POD	
HOURS , NAF PLASMA					

## **Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach

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SIN No:PLF01985382,PLP1338977

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Visit ID	: CKONOPV585205	Status	: Final Report	
UHID/MR No	: CCHA.0000105826	Reported	: 15/Jun/2023 03:03PM	
Age/Gender	: 36 Y 4 M 13 D/F	Received	: 15/Jun/2023 12:49PM	
Patient Name	: Mrs.SINHA AKHOURI RATI	Collected	: 15/Jun/2023 09:18AM	

#### DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324							
Test Name	Result	Unit	Bio. Ref. Range	Method			

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.2	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	103	mg/dL	Calculated

## **Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7-6.4
DIAGNOSING DIABETES	$\geq 6.5$
DIABETICS	
· EXCELLENT CONTROL	6-7
· FAIR TO GOOD CONTROL	7 - 8
· UNSATISFACTORY CONTROL	8 - 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- 1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control

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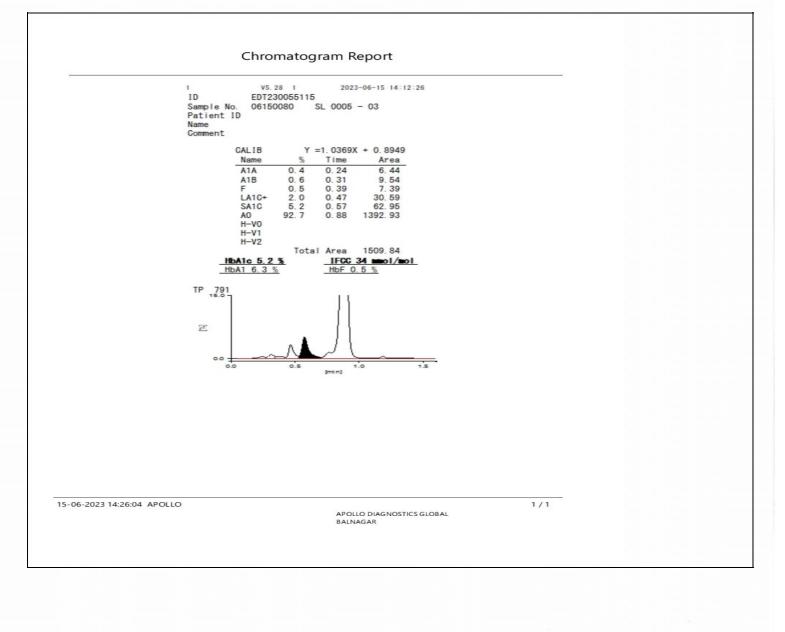






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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324						
Test Name	Result	Unit	Bio. Ref. Range	Method		



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#### SIN No:EDT230055115

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APOLLO CLINICS NETWORK

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Age/Gender	: 36 Y 4 M 13 D/F	Received	: 15/Jun/2023 11:40AM		
Patient Name	: Mrs.SINHA AKHOURI RATI	Collected	: 15/Jun/2023 09:18AM		

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324						
Test Name	Result	Unit	Bio. Ref. Range	Method		

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	144	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	130	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	47	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	97	mg/dL	<130	Calculated
LDL CHOLESTEROL	71	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.06		0-4.97	Calculated

## **Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	$\geq$ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	$\geq$ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



SIN No:SE04396511

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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324							
Test Name	Result	Unit	Bio. Ref. Range	Method			

LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	1.00	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	48.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.20	g/dL	6.3-8.2	Biuret
ALBUMIN	4.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.10	g/dĹ	2.0-3.5	Calculated
A/G RATIO	1.32		0.9-2.0	Calculated

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**Test Name** 



Method

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Unit

Bio. Ref. Range

Result

RENAL PROFILE/KIDNEY FUNCTION T	EST (RFT/KFT) , SER	UM		
CREATININE	0.80	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	23.00	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	10.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.70	mg/dL	2.5-6.2	Uricase
CALCIUM	9.90	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.5-4.5	PMA Phenol
SODIUM	135	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE

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ARCOFEMI - M	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324						
Test Name Result Unit Bio. Ref. Range Method							

GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) . SERUM	14.00	U/L	12-43	Glyclyclycine Nitoranalide	

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Visit ID	: CKONOPV585205	Status	: Final Report	
UHID/MR No	: CCHA.0000105826	Reported	: 15/Jun/2023 12:27PM	
Age/Gender	: 36 Y 4 M 13 D/F	Received	: 15/Jun/2023 11:40AM	
Patient Name	: Mrs.SINHA AKHOURI RATI	Collected	: 15/Jun/2023 09:18AM	

Unit

Bio. Ref. Range

Result

**Test Name** 

THTROID PROFILE TOTAL (13, 14, 13H),	SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	1.48	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.90	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	3.632	µIU/mL	0.34-5.60	CLIA

## **Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active. Note:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0





#### SIN No:SPL23087069

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819) Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Nega. Office: 1-10-00/02, Ashoka Aagnupath Champers, 5th Floor, begunper, hyderabad, felangana - 5th www.apollohl.com [Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744 APOLLO CLINICS NETWORK

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The Apollo Medical Centre,2-20/6/A, Kothaguda X Ro Hyderabad, Telangana, India - 500032

Address:





DEPARTMENT OF CLINICAL PATHOLOGY				
Emp/Auth/TPA ID	: 531532726360			
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Visit ID	: CKONOPV585205	Status	: Final Report	
UHID/MR No	: CCHA.0000105826	Reported	: 15/Jun/2023 12:43PM	
Age/Gender	: 36 Y 4 M 13 D/F	Received	: 15/Jun/2023 10:45AM	
Patient Name	: Mrs.SINHA AKHOURI RATI	Collected	: 15/Jun/2023 09:18AM	

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324					
Test Name	Result	Unit	Bio. Ref. Range	Method	

COMPLETE URINE EXAMINATION (C	UE), URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOPY			
PUS CELLS	4-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY





SIN No:UR2128797

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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal ) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery ) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)





DEPARTMENT OF CLINICAL PATHOLOGY				
Emp/Auth/TPA ID	: 531532726360			
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Visit ID	: CKONOPV585205	Status	: Final Report	
UHID/MR No	: CCHA.0000105826	Reported	: 15/Jun/2023 12:39PM	
Age/Gender	: 36 Y 4 M 13 D/F	Received	: 15/Jun/2023 10:45AM	
Patient Name	: Mrs.SINHA AKHOURI RATI	Collected	: 15/Jun/2023 09:18AM	

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

URINE GLUCOSE(POST PRANDIAL)	NEGATIVE	NEGATIVE	Dipstick	
URINE GLUCOSE(FASTING)	NEGATIVE	NEGATIVE	Dipstick	

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SIN No:UPP014860,UF008691

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Patient Name	: Mrs.SINHA AKHOURI RATI	Collected	: 15/Jun/2023 12:02PM
Age/Gender	: 36 Y 4 M 13 D/F	Received	: 15/Jun/2023 03:46PM
UHID/MR No	: CCHA.0000105826	Reported	: 16/Jun/2023 02:20PM
Visit ID	: CKONOPV585205	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 531532726360		

## DEPARTMENT OF CYTOLOGY

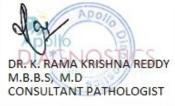
# ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

#### LBC PAP TEST (PAPSURE), LBC FLUID CYTOLOGY NO. 10117/23 **SPECIMEN** Ι SPECIMEN ADEQUACY ADEQUATE ล SPECIMEN TYPE CONVENTIONAL SMEAR b CERVICAL SMEAR SPECIMEN NATURE/SOURCE PRESENT WITH ENDOCERVICAL CELLS ENDOCERVICAL-TRANSFORMATION С ZONE COMMENTS SATISFACTORY FOR EVALUATION d MICROSCOPY Π Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/malignancy. RESULT III **EPITHEIAL CELL** a SQUAMOUS CELL ABNORMALITIES NOT SEEN NOT SEEN **GLANDULAR CELL ABNORMALITIES** ORGANISM NIL b **INTERPRETATION** NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY IV Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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

Result/s to Follow: PERIPHERAL SMEAR



Dr.Sukumar Sannidhi MD(Path)

**Consultant Pathologist** 

Dr E.Maruthi Prasad MSc, PhD(Biochemistry)

Consultant Biochemist

Page 13 of 13



#### SIN No:CS064336

Apollo Health and his testylas been i performed att Apollo (Health & 12 bifestyle Ltd, Global Reference Laboratory, Hyderabad Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744 The Apollo Medical Centres 2-20/64, Kothaguda X Roads, Kondapur, Hyderabad, Telangana, India - 500032

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Patient Name	: Mrs. SINHA AKHOURI RATI	Age/Gender	: 36 Y/F
UHID/MR No.	: CCHA.0000105826	OP Visit No	: CKONOPV585205
Sample Collected on	:	Reported on	: 15-06-2023 16:19
LRN#	: RAD2022531	Specimen	:
<b>Ref Doctor</b>	: SELF		
Emp/Auth/TPA ID	: 531532726360		

## **DEPARTMENT OF RADIOLOGY**

## ULTRASOUND - WHOLE ABDOMEN

**Liver** appears normal in size and mild increased in echotexture.No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

**Gall bladder** Partially distended.No evidence of calculus.Tiny hyperechonic focus along the GB wall measuring 2.7mm S/o?Polyp.No evidence of periGB collection.No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echopattern.No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Both the kidneys** appear normal in size, shape and echopattern.Cortical thickness and CM differentiation are maintained.No calculus / hydronephrosis seen on either side.

Right kidney measures 99 x 39 mm. Left kidney measures 99 x 38 mm.

**Urinary Bladder** is well distended and appears normal.No evidence of any wall thickening or abnormality.No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Uterus** appears normal in size measures 62 x 52 x 34mm, It shows normal shape & Coarse echotexture of the uterus Endometrial echo-complex appears normal and measures 7 mm. No intra/extra uterine gestational sac seen.

**Both ovaries** appear normal in size, shape and echotexture. Right ovary measures 27 x 16mm. Left ovary measures 28 x 17mm.

# **IMPRESSION:-**

**\*\*MILD FATTY CHANGES IN LIVER.** 

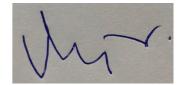


# Patient Name : Mrs. SINHA AKHOURI RATI Age/Gender : 36 Y/F \*\*TINY HYPERECHOIC FOCUS ALONG THE GB WALL MEASURING 2.7MM S/o?POLYP.

# **\*\*COARSE ECHOTEXTURE OF THE UTERUS.**

# Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. VIJAYA KUMAR M MBBS, DMRD Consultant Radiologist



Patient Name : 1	Mrs. SINHA AKHOURI RATI	Age/Gender	: 36 Y/F
UHID/MR No. : (	CCHA.0000105826	OP Visit No	: CKONOPV585205
Sample Collected on :		Reported on	: 15-06-2023 15:23
LRN# : F	RAD2022531	Specimen	:
Ref Doctor : S	SELF		
<b>Emp/Auth/TPA ID</b> : 5	531532726360		

# DEPARTMENT OF RADIOLOGY

## X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen .

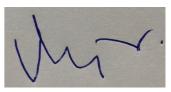
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

# **CONCLUSION :**

No obvious abnormality seen



Dr. VIJAYA KUMAR M MBBS, DMRD Consultant Radiologist