



Dear Sir/Madam,

Greetings of the day !

Thank you for choosing us as your preferred healthcare partner.

At Manipal Hospitals, we are devoted towards clinical excellence, patient centricity, and ethical practices. Our healthcare services are aligned towards patient needs. In today's busy life style most people tend to ignore preventive health check-ups. However, it is incredibly important to get your health assessed regularly. Preventive health check-ups along with right lifestyle, will help you lead a longer and healthier life. We are happy to be of support as you take this step.

Please find enclosed your health check reports.

1. Health- check physician report.
2. Clinicians notes (As applicable).
3. Dieticians notes (if applicable).
4. Lab reports.
5. Radiology reports.
6. Other diagnostic reports (as applicable) .

If you have any queries, please contact 011-4967 4967.

To book an appointment call on 9550378619

Thank you,

Hospital Director

HCMCT Manipal Hospitals





MRS PUNITA KUMARI ,32 Yrs year old, Female, has come for Preventive Health Check Up on 14/01/2023

The patient presented with history of Nothing Significant

On clinical examination, the personal history revealed Veg Diet, No Alcohol intake, No smoking habit, Irregular exercise routine.

MRS PUNITA KUMARI is presently on No medications. The patient has history of No sulpha drug allergies, No penicillin drug allergies. Other drug allergies were No

The family history revealed no significant family history

On general examination of the patient there was No pallor, No cyanosis, No clubbing, No Pedal oedema, Normal Bones and joints, No Icterus, No Lymph node, Normal Thyroid, Normal oral cavity, Normal skin.

In Systemic examination:

1. The cardio vascular system shows 78 Pulse/ Min, Felt Bilateral peripheral pulses, Absent murmurs, Sinus pulse type. S1 S2 heart sounds were heard.
2. The Respiratory system shows Respiratory Rate Within Normal Limit, Normal Vesicular type of breathing with No adventitious sounds.
3. The Abdominal system shows Normal Liver, Normal Spleen, No other palpable lump.
4. The Central Nervous System showed Normal Higher Cortical function, Normal Cranial Nerves, Normal Motor system, Normal cerebellar function, Normal sensory system and Normal Gait.

The investigation results show USG ABDOMEN IS SX OF MILDLY ALTERED ECHOTEXTURE OF LIVER

Based on physical examination and investigation results,MRS PUNITA KUMARI has been advised for

- 1-CAP LUMIA 60 K ONCE A WEEK-2 MONTHS.THEN ONE CAP ONCE A MONTH
- 2-TAB ME 12 ONCE DAILY AFTER BREAKFAST- 1 MONTH,THEN ONE TAB TWICE A WEEK
- 3-CAP EVION 400 ONCE DAILY - 3 MONTHS
- 4-GASTRO OPINION

Further, MRS PUNITA KUMARI has been advised for regular exercise and dietary modification and





Name : MRS PUNITA KUMARI
Age[year(s)] / Sex : 32 Yr(s)/Female
Reg No : MH010712445

Report Date : 14/01/2023
Episode No : H03000051424

PHYSICIAN REPORT

Urine Examination : Normal
Stool Examination :
CBC : Normal
Blood Biochemical Analysis : Normal
X-Ray Chest : Normal
ECG : Normal
Treadmill (stress)Test :
Echo Cardiography : NORMAL STUDY
Ultrasonography : Mildly altered liver echotexture
ECG :
Audiometry :
Other Tests :
Special Test : PAP SMEAR- Negative for Intraepithelial lesion and Malignancy
- Inflammatory smear

Impression

Advice

- 1-CAP LUMIA 60 K ONCE A WEEK-2 MONTHS.THEN ONE CAP ONCE A MONTH
- 2-TAB ME 12 ONCE DAILY AFTER BREAKFAST- 1 MONTH,THEN ONE TAB TWICE A WEEK
- 3-CAP EVION 400 ONCE DAILY - 3 MONTHS
- 4-GASTRO OPINION

Examined By :

Anuja Lakra

Dr. Anuja Lakra



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Registered Office : Sector-6,Dwarka, New Delhi- 110075

Name : MRS PUNITA KUMARI
Age [year(s)] / Sex : 32 Yr (s) / Female
Reg No : MH010712445

Report Date : 14/01/2023
Episode No : H03000051424

OPHTHALMOLOGY REPORT

Presenting : -NIL-
Complaints :
Past History : -NIL-
DM : Nil Years HTN : Nil Years

Examination

	Right eye		Left eye	
Vision	6/6	Without Glasses	6/6	Without Glasses
Near Vision	N6	Without Glasses	N6	Without Glasses
Color Vision	Normal			
Ant. Segment	Normal		Normal	
Fundus	Deferred		Deferred	

Extra Exams : NONE

Impression

Normal

Advice

Review sos

Examined by :

Dr. Vanuli Bajpai
MBBS, MS



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Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 31230100485
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 09:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 11:20
Receiving Date : 14 Jan 2023 09:49

Department of Transfusion Medicine (Blood Bank)

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)
Specimen-Blood

Blood Group & Rh Typing (Agglutination by gel/tube technique)

Blood Group & Rh typing B Rh(D) Positive

Antibody Screening (Microtyping in gel cards using reagent red cells)

Final Antibody Screen Result Negative

Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

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-----END OF REPORT-----

Dr Himanshu Lamba



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Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 32230104800
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 09:10
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 11:45
Receiving Date : 14 Jan 2023 09:56

BIOCHEMISTRY

Glycosylated Hemoglobin

Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin) 5.0

As per American Diabetes Association (ADA)
% [4.0-6.5] HbA1c in %
Non diabetic adults \geq 18years $<$ 5.7
Prediabetes (At Risk) 5.7-6.4
Diagnosing Diabetes \geq 6.5

Methodology (HPLC)

Estimated Average Glucose (eAG) 97 mg/dl

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.21	ng/ml	2	[0.70-2.04]
T4 - Thyroxine (ECLIA)	7.52	micg/dl		[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	2.640	μ IU/mL		[0.340-4.250]

1st Trimester:0.6 - 3.4 micIU/mL
2nd Trimester:0.37 - 3.6 micIU/mL
3rd Trimester:0.38 - 4.04 micIU/mL

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

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Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 32230104800
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 09:10
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 11:25
Receiving Date : 14 Jan 2023 09:54

BIOCHEMISTRY

* References ranges recommended by the American Thyroid Association

- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
- 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

Test Name	Result	Unit	Biological Ref. Interval
Lipid Profile (Serum)			
TOTAL CHOLESTEROL (CHOD/POD)	160	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	36	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	70 #	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	7 #	mg/dl	[10-40]
LDL- CHOLESTEROL	83	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	2.3		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	1.2		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.



Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 32230104800
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 09:10
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 11:24
Receiving Date : 14 Jan 2023 09:54

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.17	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.10	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	0.07 #	mg/dl	[0.20-1.00]
SGOT/ AST (P5P,IFCC)	19.60	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	17.00	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	96	IU/L	[37-98]
TOTAL PROTEIN (mod.Biuret)	7.2	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.9	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	2.3	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	2.13 #		[1.10-1.80]

Note:

**NEW BORN:Vary according to age (days), body wt & gestation of baby

*New born: 4 times the adult value



Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 32230104800
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 09:10
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 11:23
Receiving Date : 14 Jan 2023 09:54

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	16.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	0.40 #	mg/dl	[0.60-1.40]
SERUM URIC ACID (mod.Uricase)	2.4 #	mg/dl	[2.6-6.0]
SERUM CALCIUM (NM-BAPTA)	8.9	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	3.5	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	140.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.85	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	103.4	mmol/l	[95.0-105.0]
eGFR	138.3	ml/min/1.73sq.m	[>60.0]

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

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-----END OF REPORT-----

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY





Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 32230104801
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 13:41
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 17:56
Receiving Date : 14 Jan 2023 14:26

BIOCHEMISTRY

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 102 mg/dl [70-140]

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Plasma GLUCOSE-Fasting (Hexokinase) 97 mg/dl [70-100]

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-----END OF REPORT-----

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY





Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 33230103112
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 09:10
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 13:03
Receiving Date : 14 Jan 2023 09:40

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR 30.0 # /1sthour [0.0-20.0]

Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	Result	Unit	Biological Ref. Interval
COMPLETE BLOOD COUNT (EDTA Blood)			
WBC Count (Flow cytometry)	4570	/cu.mm	[4000-10000]
RBC Count (Impedence)	3.79 #	million/cu.mm	[3.80-4.80]
Haemoglobin (SLS Method)	11.2 #	g/dL	[12.0-15.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	33.6 #	%	[36.0-46.0]
MCV (Calculated)	88.7	fL	[83.0-101.0]
MCH (Calculated)	29.6	pg	[25.0-32.0]
MCHC (Calculated)	33.3	g/dL	[31.5-34.5]
Platelet Count (Impedence)	170000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	15.9 #	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	61.0	%	[40.0-80.0]

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Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 33230103112
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 09:10
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 10:28
Receiving Date : 14 Jan 2023 09:40

HAEMATOLOGY

Lymphocytes (Flowcytometry)	27.8	%	[20.0-40.0]
Monocytes (Flowcytometry)	7.2	%	[2.0-10.0]
Eosinophils (Flowcytometry)	3.3	%	[1.0-6.0]
Basophils (Flowcytometry)	0.7 #	%	[1.0-2.0]
IG	0.20	%	

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

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-----END OF REPORT-----

Dr.Lakshita singh



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Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 38230100808
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 09:10
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 13:20
Receiving Date : 14 Jan 2023 10:45

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
CHEMICAL EXAMINATION		
Reaction[pH]	5.0	(5.0-9.0)
(Reflectancephotometry(Indicator Method))		
Specific Gravity	1.010	(1.003-1.035)
(Reflectancephotometry(Indicator Method))		
Bilirubin	Negative	NEGATIVE
Protein/Albumin	Negative	(NEGATIVE-TRACE)
(Reflectance photometry(Indicator Method)/Manual SSA)		
Glucose	NOT DETECTED	(NEGATIVE)
(Reflectance photometry (GOD-POD/Benedict Method))		
Ketone Bodies	NOT DETECTED	(NEGATIVE)
(Reflectance photometry(Legal's Test)/Manual Rotheras)		
Urobilinogen	NORMAL	(NORMAL)
Reflectance photometry/Diazonium salt reaction		
Nitrite	NEGATIVE	NEGATIVE
Reflectance photometry/Griess test		
Leukocytes	NIL	NEGATIVE
Reflectance photometry/Action of Esterase		
BLOOD	NIL	NEGATIVE
(Reflectance photometry(peroxidase))		
MICROSCOPIC EXAMINATION (Manual)	Method: Light microscopy on centrifuged urine	
WBC/Pus Cells	1-2 /hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	2-4 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

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Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 38230100808
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 09:10
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 13:20
Receiving Date : 14 Jan 2023 10:45

CLINICAL PATHOLOGY

Interpretation:

URINALYSIS-Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders
Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria,dehydration, urinary tract infections and acute illness with fever
Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.
Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.
Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.
Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.
Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most Common cause is bacterial urinary tract infection.
Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.
pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.
Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.
Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.
Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

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-----END OF REPORT-----

Dr.Lakshita singh



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Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 39230100094
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 13:24
Referred By : HEALTH CHECK MHD **Reporting Date** : 16 Jan 2023 16:23
Receiving Date : 14 Jan 2023 15:26

CYTOPATHOLOGY

CYTOLOGY NUMBER: C-104/23

SPECIMEN TYPE: Conventional pap smear

SMEAR SITE: Ectocervix and Endocervix

CLINICAL HISTORY: P2L2, PS; Cervix healthy

REPORTING SYSTEM: Bethesda System for reporting Cervical Cytology

SPECIMEN ADEQUACY: Adequate

MICROSCOPY: Smears show superficial and intermediate squamous epithelial cells with fair number of polymorphs. No trichomonas / fungal element identified

IMPRESSION: Negative for Intraepithelial lesion and Malignancy
- Inflammatory smear

Disclaimer: Gynaecological Cytology is a screening test that aids in the detection of cervical cancer precursors. Both false Positive & Negative results can occur. The test should be used at regular intervals & positive results should be confirmed

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Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 39230100094
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 13:24
Referred By : HEALTH CHECK MHD **Reporting Date** : 16 Jan 2023 16:23
Receiving Date : 14 Jan 2023 15:26

CYTOPATHOLOGY

before definitive therapy.

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-----END OF REPORT-----

Dr. Priyanka Bhatia
CONSULTANT PATHOLOGY



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NAME	Punita KUMARI	STUDY DATE	14-01-2023 10:07:06
AGE / SEX	032Yrs / F	HOSPITAL NO.	MH010712445
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	14-01-2023 15:58:33	REFERRED BY	Dr. Health Check MHD

USG WHOLE ABDOMEN

Findings:

Liver is normal in size (12.7cm) and shows **mildly altered echotexture**. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder appears echofree with normal wall thickness. Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

Spleen is normal in size (8.8cm) and echopattern.

Both kidneys are normal in position, size and outline. Cortico-medullary differentiation of both kidneys is maintained. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

Uterus is anteverted. It is normal in size. Myometrial echogenicity appears uniform. Endometrium is central (9.1mm).

Both ovaries are normal in size and echopattern.

No significant free fluid is detected.

Impression:

Mildly altered liver echotexture.

Adv: LFT / Fibroscan correlation



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N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

Human Care Medical Charitable Trust



Registered Office : Sector-6,Dwarka, New Delhi- 110075

NAME	Punita KUMARI	STUDY DATE	14-01-2023 10:07:06
AGE / SEX	032Yrs / F	HOSPITAL NO.	MH010712445
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	14-01-2023 15:58:33	REFERRED BY	Dr. Health Check MHD

Kindly correlate clinically

Dr. Abhinav Pratap Singh DNB, DMC Reg No. 58170
Associate Consultant, Dept. of Radiology & Imaging



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Human Care Medical Charitable Trust



Registered Office : Sector-6,Dwarka, New Delhi- 110075

NAME	Punita KUMARI	STUDY DATE	14-01-2023 10:07:06
AGE / SEX	032Yrs / F	HOSPITAL NO.	MH010712445
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	14-01-2023 15:58:33	REFERRED BY	Dr. Health Check MHD



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Human Care Medical Charitable Trust



Registered Office : Sector-6,Dwarka, New Delhi- 110075

NAME	Punita KUMARI	STUDY DATE	14-01-2023 10:15:15
AGE / SEX	032Yrs / F	HOSPITAL NO.	MH010712445
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Xray chest PA (CXR)
REPORTED ON	14-01-2023 10:21:36	REFERRED BY	Dr. Health Check MHD

X-RAY CHEST - PA VIEW

Findings:

Visualized lung fields appear clear.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

Kindly correlate clinically

Dr. Aarushi MD,DNB
DMC/R/03291
Consultant Radiologist



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NAME	Punita KUMARI	STUDY DATE	14-01-2023 10:15:15
AGE / SEX	032Yrs / F	HOSPITAL NO.	MH010712445
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Xray chest PA (CXR)
REPORTED ON	14-01-2023 10:21:36	REFERRED BY	Dr. Health Check MHD



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010712445

mrs.punita kumari

1/14/2023 9:35:35 AM

32 Years

Female

Rate 88 . Sinus rhythm.....normal P axis, V-rate 50- 99

PR 147

QRSD 89

QT 374

QTc 453

--AXIS--

P 35

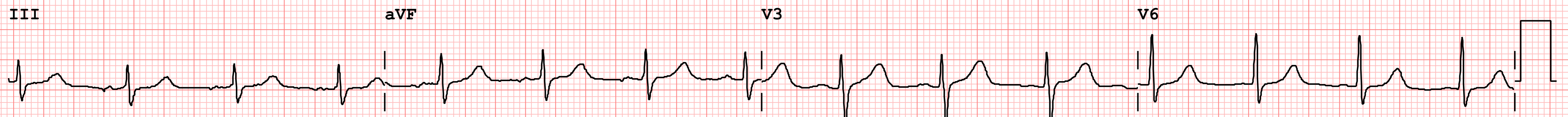
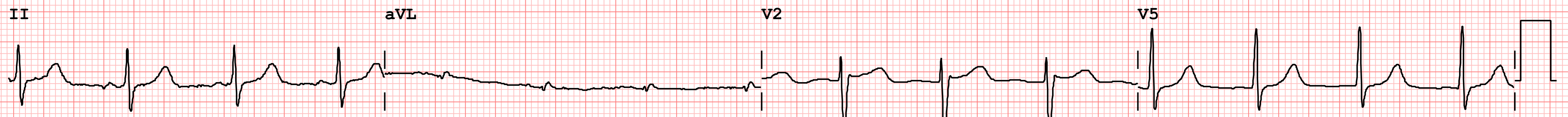
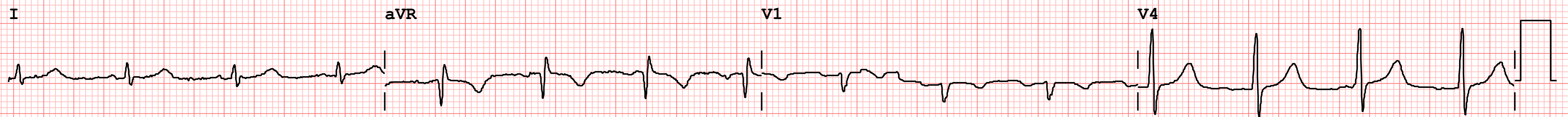
QRS 23

T 63

- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

100B CL

P?



Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 31230100485
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 09:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 11:20
Receiving Date : 14 Jan 2023 09:49

Department of Transfusion Medicine (Blood Bank)

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)
Specimen-Blood

Blood Group & Rh Typing (Agglutination by gel/tube technique)

Blood Group & Rh typing B Rh(D) Positive

Antibody Screening (Microtyping in gel cards using reagent red cells)

Final Antibody Screen Result Negative

Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

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-----END OF REPORT-----

Dr Himanshu Lamba



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Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 32230104800
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 09:10
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 11:45
Receiving Date : 14 Jan 2023 09:56

BIOCHEMISTRY

Glycosylated Hemoglobin

Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin) 5.0

As per American Diabetes Association (ADA)
% [4.0-6.5] HbA1c in %
Non diabetic adults \geq 18years $<$ 5.7
Prediabetes (At Risk) 5.7-6.4
Diagnosing Diabetes \geq 6.5

Methodology (HPLC)

Estimated Average Glucose (eAG) 97 mg/dl

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.21	ng/ml	2 [0.70-2.04]
T4 - Thyroxine (ECLIA)	7.52	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	2.640	μ IU/mL	[0.340-4.250]

1st Trimester:0.6 - 3.4 micIU/mL

2nd Trimester:0.37 - 3.6 micIU/mL

3rd Trimester:0.38 - 4.04 micIU/mL

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.





Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 32230104800
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 09:10
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 11:25
Receiving Date : 14 Jan 2023 09:54

BIOCHEMISTRY

* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

Test Name	Result	Unit	Biological Ref. Interval
Lipid Profile (Serum)			
TOTAL CHOLESTEROL (CHOD/POD)	160	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	36	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	70 #	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	7 #	mg/dl	[10-40]
LDL- CHOLESTEROL	83	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	2.3		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	1.2		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.



Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 32230104800
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 09:10
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 11:24
Receiving Date : 14 Jan 2023 09:54

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.17	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.10	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	0.07 #	mg/dl	[0.20-1.00]
SGOT/ AST (P5P,IFCC)	19.60	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	17.00	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	96	IU/L	[37-98]
TOTAL PROTEIN (mod.Biuret)	7.2	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.9	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	2.3	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	2.13 #		[1.10-1.80]

Note:

**NEW BORN:Vary according to age (days), body wt & gestation of baby

*New born: 4 times the adult value





Name : MRS PUNITA KUMARI Age : 32 Yr(s) Sex :Female
Registration No : MH010712445 Lab No : 32230104800
Patient Episode : H03000051424 Collection Date : 14 Jan 2023 09:10
Referred By : HEALTH CHECK MHD Reporting Date : 14 Jan 2023 11:23
Receiving Date : 14 Jan 2023 09:54

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	16.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	0.40 #	mg/dl	[0.60-1.40]
SERUM URIC ACID (mod.Uricase)	2.4 #	mg/dl	[2.6-6.0]
SERUM CALCIUM (NM-BAPTA)	8.9	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	3.5	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	140.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.85	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	103.4	mmol/l	[95.0-105.0]
eGFR	138.3	ml/min/1.73sq.m	[>60.0]

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

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Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 32230104801
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 13:41
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 17:56
Receiving Date : 14 Jan 2023 14:26

BIOCHEMISTRY

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 102 mg/dl [70-140]

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Plasma GLUCOSE-Fasting (Hexokinase) 97 mg/dl [70-100]

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Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 33230103112
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 09:10
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 13:03
Receiving Date : 14 Jan 2023 09:40

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR 30.0 # /1sthour [0.0-20.0]

Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	Result	Unit	Biological Ref. Interval
COMPLETE BLOOD COUNT (EDTA Blood)			
WBC Count (Flow cytometry)	4570	/cu.mm	[4000-10000]
RBC Count (Impedence)	3.79 #	million/cu.mm	[3.80-4.80]
Haemoglobin (SLS Method)	11.2 #	g/dL	[12.0-15.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	33.6 #	%	[36.0-46.0]
MCV (Calculated)	88.7	fL	[83.0-101.0]
MCH (Calculated)	29.6	pg	[25.0-32.0]
MCHC (Calculated)	33.3	g/dL	[31.5-34.5]
Platelet Count (Impedence)	170000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	15.9 #	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	61.0	%	[40.0-80.0]

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Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 33230103112
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 09:10
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 10:28
Receiving Date : 14 Jan 2023 09:40

HAEMATOLOGY

Lymphocytes (Flowcytometry)	27.8	%	[20.0-40.0]
Monocytes (Flowcytometry)	7.2	%	[2.0-10.0]
Eosinophils (Flowcytometry)	3.3	%	[1.0-6.0]
Basophils (Flowcytometry)	0.7 #	%	[1.0-2.0]
IG	0.20	%	

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

-----END OF REPORT-----

Dr.Lakshita singh



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Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 38230100808
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 09:10
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 13:20
Receiving Date : 14 Jan 2023 10:45

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
CHEMICAL EXAMINATION		
Reaction[pH] (Reflectancephotometry(Indicator Method))	5.0	(5.0-9.0)
Specific Gravity (Reflectancephotometry(Indicator Method))	1.010	(1.003-1.035)
Bilirubin	Negative	NEGATIVE
Protein/Albumin (Reflectance photometry(Indicator Method)/Manual SSA)	Negative	(NEGATIVE-TRACE)
Glucose (Reflectance photometry (GOD-POD/Benedict Method))	NOT DETECTED	(NEGATIVE)
Ketone Bodies (Reflectance photometry(Legal's Test)/Manual Rotheras)	NOT DETECTED	(NEGATIVE)
Urobilinogen Reflectance photometry/Diazonium salt reaction	NORMAL	(NORMAL)
Nitrite	NEGATIVE	NEGATIVE
Reflectance photometry/Griess test		
Leukocytes	NIL	NEGATIVE
Reflectance photometry/Action of Esterase		
BLOOD (Reflectance photometry(peroxidase))	NIL	NEGATIVE
MICROSCOPIC EXAMINATION (Manual) Method: Light microscopy on centrifuged urine		
WBC/Pus Cells	1-2 /hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	2-4 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	



Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 38230100808
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 09:10
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 13:20
Receiving Date : 14 Jan 2023 10:45

CLINICAL PATHOLOGY

Interpretation:

URINALYSIS-Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.

Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.

Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most Common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis,

bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

-----END OF REPORT-----

Dr.Lakshita singh



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Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 39230100094
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 13:24
Referred By : HEALTH CHECK MHD **Reporting Date** : 16 Jan 2023 16:23
Receiving Date : 14 Jan 2023 15:26

CYTOPATHOLOGY

CYTOLOGY NUMBER: C-104/23

SPECIMEN TYPE: Conventional pap smear

SMEAR SITE: Ectocervix and Endocervix

CLINICAL HISTORY: P2L2, PS; Cervix healthy

REPORTING SYSTEM: Bethesda System for reporting Cervical Cytology

SPECIMEN ADEQUACY: Adequate

MICROSCOPY: Smears show superficial and intermediate squamous epithelial cells with fair number of polymorphs. No trichomonas / fungal element identified

IMPRESSION: Negative for Intraepithelial lesion and Malignancy
- Inflammatory smear

Disclaimer: Gynaecological Cytology is a screening test that aids in the detection of cervical cancer precursors. Both false Positive & Negative results can occur. The test should be used at regular intervals & positive results should be confirmed

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Name : MRS PUNITA KUMARI **Age** : 32 Yr(s) Sex :Female
Registration No : MH010712445 **Lab No** : 39230100094
Patient Episode : H03000051424 **Collection Date** : 14 Jan 2023 13:24
Referred By : HEALTH CHECK MHD **Reporting Date** : 16 Jan 2023 16:23
Receiving Date : 14 Jan 2023 15:26

CYTOPATHOLOGY

before definitive therapy.

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-----END OF REPORT-----

Dr. Priyanka Bhatia
CONSULTANT PATHOLOGY



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NAME	Punita KUMARI	STUDY DATE	14-01-2023 10:15:15
AGE / SEX	032Yrs / F	HOSPITAL NO.	MH010712445
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Xray chest PA (CXR)
REPORTED ON	14-01-2023 10:21:36	REFERRED BY	Dr. Health Check MHD

X-RAY CHEST - PA VIEW

Findings:

Visualized lung fields appear clear.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

Kindly correlate clinically



Dr. Aarushi MD,DNB
DMC/R/03291
Consultant Radiologist

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

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REPORTED ON	14-01-2023 15:58:33	REFERRED BY	Dr. Health Check MHD

USG WHOLE ABDOMEN

Findings:

Liver is normal in size (12.7cm) and shows **mildly altered echotexture**. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder appears echofree with normal wall thickness. Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

Spleen is normal in size (8.8cm) and echopattern.

Both kidneys are normal in position, size and outline. Cortico-medullary differentiation of both kidneys is maintained. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

Uterus is anteverted. It is normal in size. Myometrial echogenicity appears uniform. Endometrium is central (9.1mm).

Both ovaries are normal in size and echopattern.

No significant free fluid is detected.

Impression:

Mildly altered liver echotexture.

Adv: LFT / Fibroscan correlation

Kindly correlate clinically



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Dr. Abhinav Pratap Singh DNB, DMC Reg No. 58170
Associate Consultant, Dept. of Radiology & Imaging

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