

Mahesh

Mob:8618385220

9901569756



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SRI PARVATHI OPTICS

Multi Branded Opticals Store

Computerized Eye Testing & Spectacles Clinic

333.8th Main 5th Cross Near Cambridge & Miranda School HAL 3rd Stage
Behind Vishveshvariah Park New Thippasandra, Bangalore - 560075,
Email: parvathiopticals@gmail.com

SPECTACLE PRESCRIPTION

Name: Parvathi' No. 4176
Mobil No: Date: 9/12/2013
Age / Gender 39y/f. Ref. No. 11790407

	RIGHT EYE				LEFT EYE			
	SPE	CYL	AXIS	VISION	SPE	CYL	AXIS	VISION
DISTANCE	Plano (0)			6/6	Plano (0)			6/6
NEAR								

PD 64mm

Advice to use glasses for:

DISTANCE FAR & NEAR READING COMPUTER PURPOSE

We Care Your Eyes

SRI PARVATHI OPTICS
NEW THIPPASANDRA

CLUMAX DIAGNOSTICS

MEDALL HEALTHCARE PVT LTD

CUSTOMER CHECKLIST

Print Date : 09/12/2023 10:27 AM



MED111990407

**MEDALL**Customer Name : **MRS.PARVATHI**Ref Dr Name : **MediWheel**Customer Id : **MED111990407** Visit ID : **423074546**Age : **39Y/FEMALE** Phone No : **9731309051**DOB : **14 Mar 1984** Visit Date : **09/12/2023**Company Name : **MediWheel**Package Name : **Mediwheel Full Body Health Checkup Female Below 40**

S.No	Modality	Study	AccessionNo	Time	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)			
2	LAB	CREATININE			
3	LAB	GLUCOSE - FASTING			
4	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)			
5	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)			
6	LAB	URIC ACID			
7	LAB	LIPID PROFILE			
8	LAB	LIVER FUNCTION TEST (LFT)			
9	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)			
10	LAB	URINE GLUCOSE - FASTING			
11	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)			
12	LAB	COMPLETE BLOOD COUNT WITH ESR			
13	LAB	STOOL ANALYSIS - ROUTINE			
14	LAB	URINE ROUTINE			
15	LAB	BUN/CREATININE RATIO			
16	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)			
17	ECG	ECG ✓	IND14369211138		
18	OTHERS	Treadmill / 2D Echo	IND143692114690		dm
19	OTHERS	physical examination ✓	IND143692115279		dm
20	US	ULTRASOUND ABDOMEN ✓	IND143692115292		dm
21	OTHERS	EYE CHECKUP	IND143692117756		
22	X-RAY	X RAY CHEST	IND143692118659		
23	OTHERS	Consultation Physician	IND143692118736		

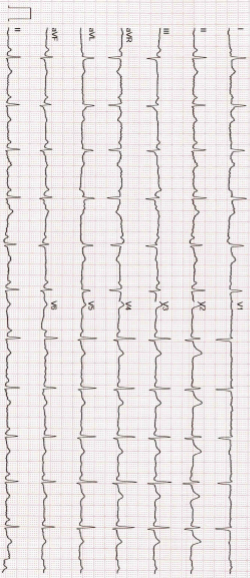
Registered By
(HARI.O)

HT - 157
 WT - 73.9
 BP - 133/99
 Pulse - 70

42972545
MS-PASAPM1138V/F1



QRS	72 ms
QT / QTcBz	394 / 425 ms
PR	162 ms
P	102 ms
RR / PP	860 / 857 ms
P / QRS / T	69 / 12 / 32 degrees



Handwritten signature

Dr. SUBRAMANI. K.S
MD, DM (Cardiology)
Consultant Cardiologist
KMC Reg. No. : 46604
MEDICAL DIAGNOSTICS

CE MAC2000 1 1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 2x5x6_25_R1 1/1

Unconfirmed

Name : Mrs. parvathi
PID No. : MED111990407
SID No. : 423074546
Age / Sex : 39 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 09/12/2023 10:27 AM
Collection On : 09/12/2023 12:07 PM
Report On : 09/12/2023 8:25 PM
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'AB' 'Positive'		
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood/Spectrophotometry)	12.7	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	39.4	%	37 - 47
RBC Count (EDTA Blood)	4.64	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	84.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	27.5	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.3	g/dL	32 - 36
RDW-CV (EDTA Blood)	15.3	%	11.5 - 16.0
RDW-SD (EDTA Blood)	45.46	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	5200	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	37.1	%	40 - 75
Lymphocytes (EDTA Blood)	42.2	%	20 - 45
Eosinophils (EDTA Blood)	1.8	%	01 - 06
Monocytes (EDTA Blood)	10.0	%	01 - 10



MC-5606



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The results pertain to sample tested.

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Lab Address: BANGALORE REFERENCE LABORATORY-CLUMAX DIAGNOSTIC AND RESEARCH CENTRE PVT LTD. (A UNIT OF MEDALL HEALTHCARE PVT. LTD.). Old No66 & New No 1. 2nd Main Road. Bashvam Circle

Name : Mrs. parvathi
PID No. : MED111990407 **Register On** : 09/12/2023 10:27 AM
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Basophils (Blood)	0.8	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	1.93	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.19	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.09	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.52	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.04	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood)	331	10 ³ / µl	150 - 450
MPV (EDTA Blood)	9.4	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.31	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	15	mm/hr	< 20
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	80.42	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	91.78	mg/dL	70 - 140



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.2	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.75	mg/dL	0.6 - 1.1
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INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	5.28	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.23	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.14	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.09	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	19.52	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	15.16	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	19.42	U/L	< 38
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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	91.0	U/L	42 - 98
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Protein (Serum/Biuret)	6.86	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.09	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.77	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.48		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	126.06	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	71.51	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the 'usual' circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	31.89	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	79.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
VLDL Cholesterol (Serum/Calculated)	14.3	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	94.2	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >=220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.5	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	111.15	mg/dL	
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MC-5606



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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INTERPRETATION: 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 as compared to blood and urinary glucose determinations. Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values. Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	0.952	ng/ml	0.7 - 2.04
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INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/ECLIA)	5.50	µg/dl	4.2 - 12.0
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INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/ECLIA)	3.52	µIU/mL	0.35 - 5.50
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INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment :

1. TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2. TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

3. Values ≤ 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

URINE ROUTINE



Name : Mrs. parvathi
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>PHYSICAL EXAMINATION (URINE COMPLETE)</u>			
Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		
<u>CHEMICAL EXAMINATION (URINE COMPLETE)</u>			
pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.008		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		



MC-5606



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The results pertain to sample tested.

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MICROSCOPIC EXAMINATION
(URINE COMPLETE)

Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL



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BUN / Creatinine Ratio	13.6		6.0 - 22.0



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-- End of Report --

Name	MRS.PARVATHI	ID	MED111990407
Age & Gender	39Y/FEMALE	Visit Date	09 Dec 2023
Ref Doctor Name	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.0cms
LEFT ATRIUM	:	3.7cms
AVS	:	----
LEFT VENTRICLE (DIASTOLE)	:	3.8cms
(SYSTOLE)	:	2.5cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.1cms
(SYSTOLE)	:	1.2cms
POSTERIOR WALL (DIASTOLE)	:	1.1cms
(SYSTOLE)	:	1.3cms
EDV	:	62ml
ESV	:	23ml
FRACTIONAL SHORTENING	:	34%
EJECTION FRACTION	:	63%
EPSS	:	---
RVID	:	1.8cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' 0.82 m/s	A' 0.63 m/s	NO MR
AORTIC VALVE	:	0.96 m/s		NO AR
TRICUSPID VALVE	:	E' - m/s	A' - m/s	NO TR
PULMONARY VALVE	:	1.06 m/s		NO PR

Name	MRS.PARVATHI	ID	MED111990407
Age & Gender	39Y/FEMALE	Visit Date	09 Dec 2023
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2D ECHOCARDIOGRAPHY FINDINGS

Left ventricle : Normal size, Normal systolic function.
No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapsed.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF: 63%.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC, FICC
SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST
SRI JAYADEVA INSTITUTE OF CARDIOLOGY, BANGALORE
Kss/vp

Note:

- * **Report to be interpreted by qualified medical professional.**
- * **To be correlated with other clinical findings.**
- * **Parameters may be subjected to inter and intra observer variations.**
- * **Any discrepancy in reports due to typing errors should be corrected as soon as possible.**

Name	MRS.PARVATHI	ID	MED111990407
Age & Gender	39Y/FEMALE	Visit Date	09 Dec 2023
Ref Doctor Name	MediWheel		

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Age & Gender	39Y/FEMALE	Visit Date	09 Dec 2023
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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER shows normal in shape, size and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER shows normal shape and has clear contents. Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size and echopattern. No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern. Cortico- medullary differentiations are well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.1	1.3
Left Kidney	10.7	1.4

URINARY BLADDER shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

UTERUS is anteverted and normal in size. It has uniform myometrial echopattern.

Endometrial thickness measures 5.6mm

Uterus measures as follows: LS: 7.0cms AP: 4.2cms TS: 5.2cms.

OVARIES are normal in size, shape and echotexture. No focal lesion seen.

Ovaries measure as follows: **Right ovary:** 2.9 x 1.5cms **Left ovary:** 2.6 x 1.8cms

POD & adnexae are free.

No evidence of ascites/pleural effusion.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

DR. APARNA
CONSULTANT RADIOLOGIST
A/vp

Name	MRS.PARVATHI	ID	MED111990407
Age & Gender	39Y/FEMALE	Visit Date	09 Dec 2023
Ref Doctor Name	MediWheel		

Name	Mrs. parvathi	Customer ID	MED111990407
Age & Gender	39Y/F	Visit Date	Dec 9 2023 10:27AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: Essentially normal study.



DR. APARNA

CONSULTANT RADIOLOGIST