



12 Lead + Median

2303102228

0 Kg/0 Cms

194 bpm

METS: 1.0

BP: 130/80

MPHR: 64% of 161

Speed: 1.1 mph

Grade: 0.0%

KSHIPRA SCANS & LABS 2B COURT CHOURAHA UDAIPUR

Raw ECG

BRUCE

(1.0-100)Hz

Ex Time 01:04

BLC :On

Notch :On

Supine

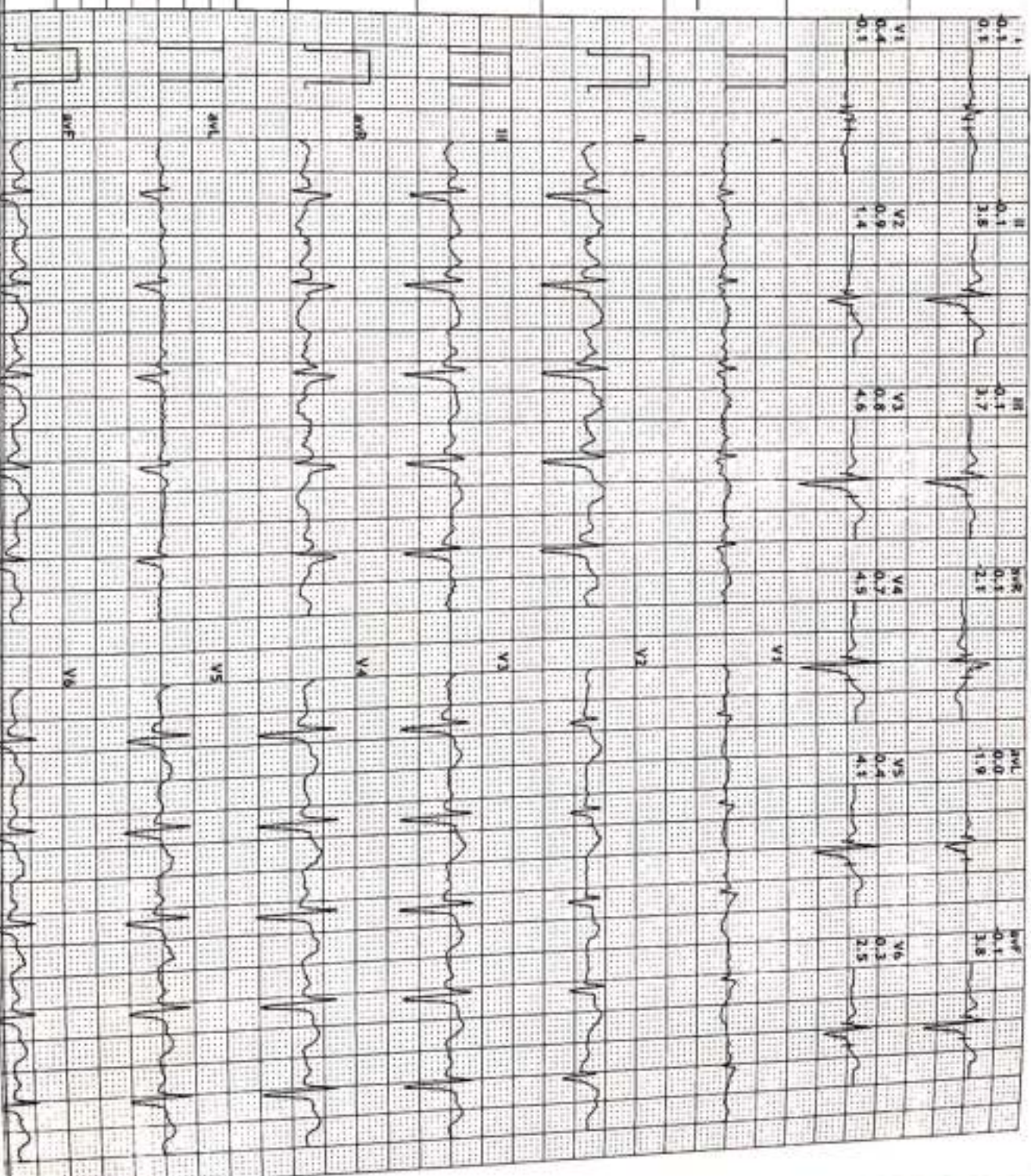
10.0 mm/mV

25 mm/Sec.

4X 60 mS Post J

V5

0.4





12 Lead + Median

2303102228

0 Kg/0 Cms

197 bpm

METS: 1.0

BP: 130/80

AMPR: 66% of 161

Speed: 1.1 mph

Grade: 0.0%

KSHIPRA SCANS & LABS

2B COURT CHOURAHA UDAIPUR

Raw ECG

BRUCE

(1.0-100)Hz

Ex Time 01:09

BLC :On

Notch :On

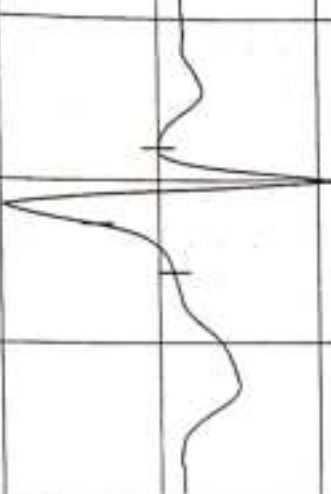
Standing

10.0 mm/mV

25 mm/Sec.

4X 60 mS Post J

V5
0.5



I 0.3
0.2

II 0.4
3.9

III 0.1
3.7

aVR 0.3
2.2

aVL 0.1
1.8

aVF 0.2
3.8

V1 0.4
0.4
0.5

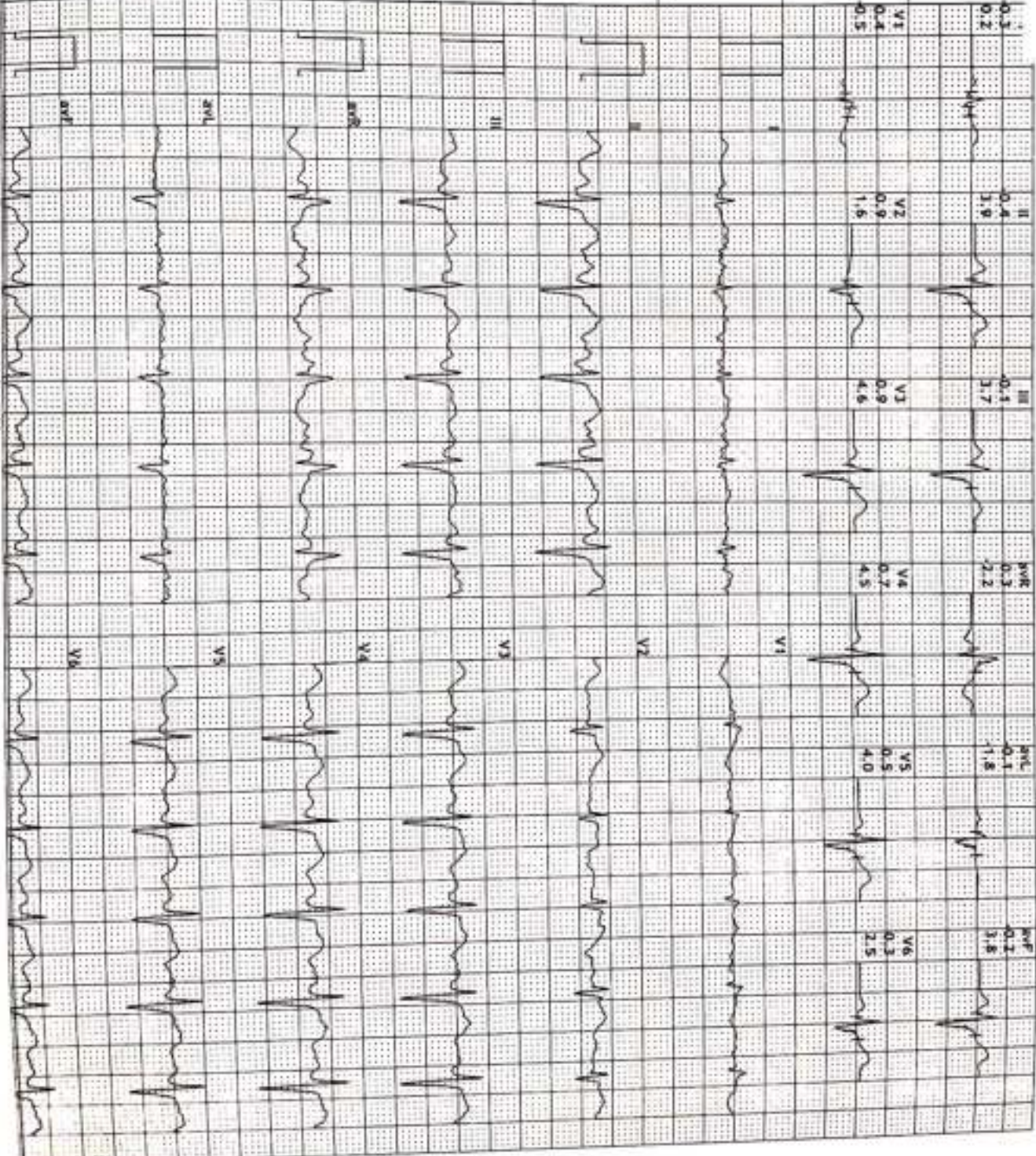
V2 0.9
1.6

V3 0.9
4.6

V4 0.7
4.5

V5 0.5
4.0

V6 0.3
2.5





12 Lead + Median

2303102228

0 Kg/0 Cms

32 bpm

MEFS: 4.7
BP: 140/80

MPHR: 75% of 161

Speed: 1.7 mph
Grade: 10.0%

KSHIPRA SCANS & LABS
ZB COURT CHOURAHA UDAIPUR

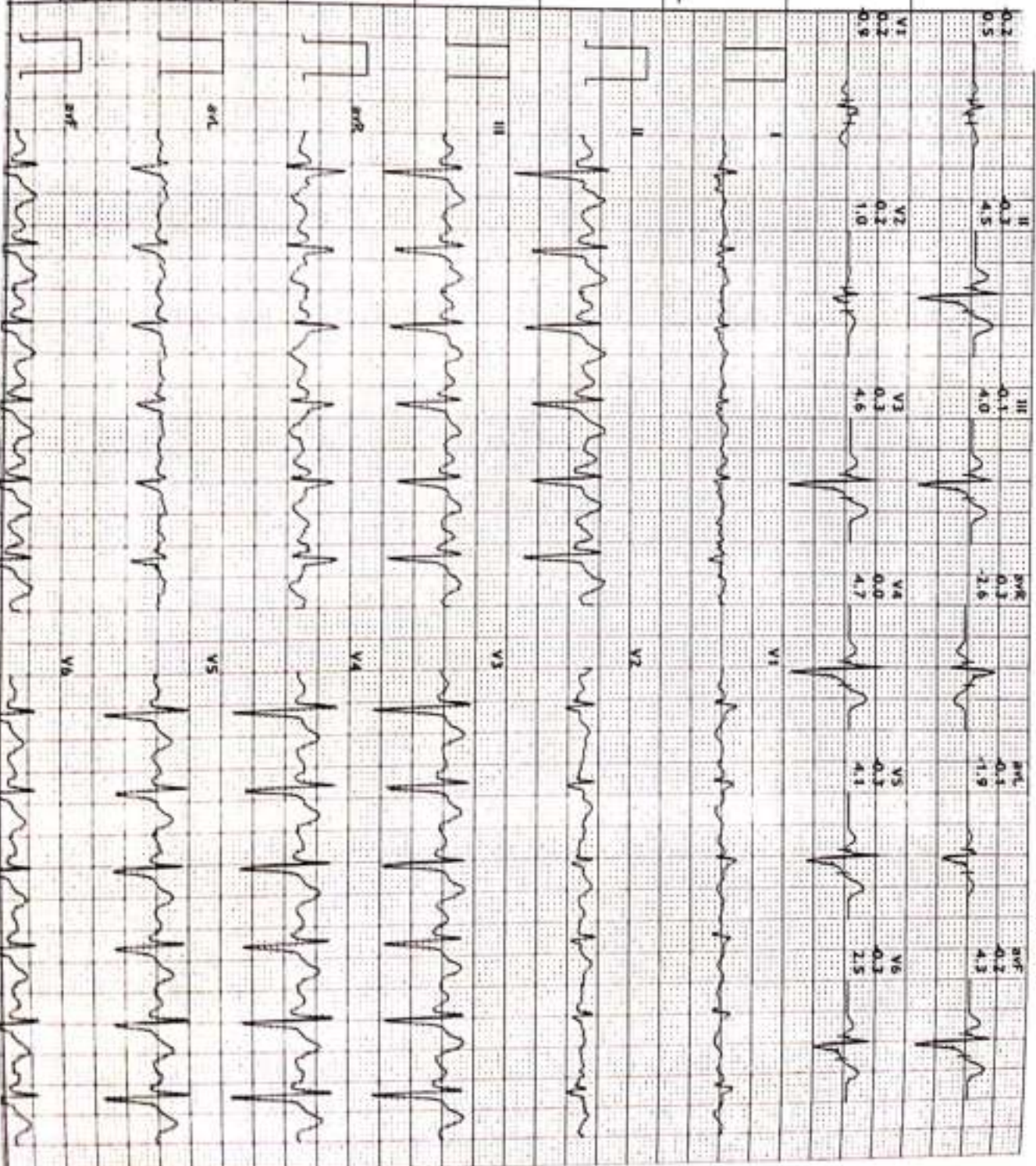
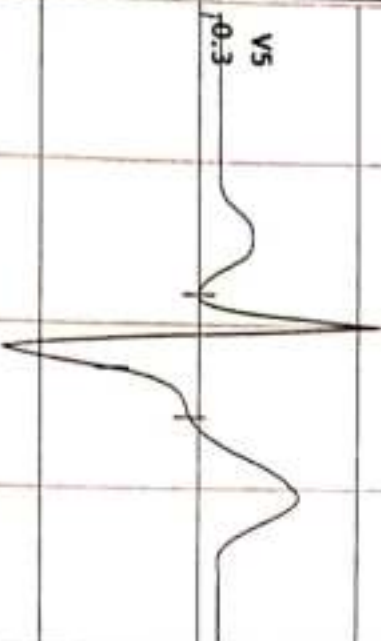
Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 03:00
BLC : On
Notch : On

BRUCE: Stage 1(3:00)
10.0 mm/mV
25 mm/Sec.

4X 60 mS Post J

V5
0.3





12 Lead + Median

2303102228

0 Kg/0 Cms

199 bpm

METS: 7.1
BP: 150/88

MPHR: 98% of 161

Speed: 2.5 mph
Grade: 12.0%

KSHIPRA SCANS & LABS

2B COURT CHOURAHA UDAIPUR

Raw ECG

BRUCE
(1.0-100)Hz

Ex Time 06:00

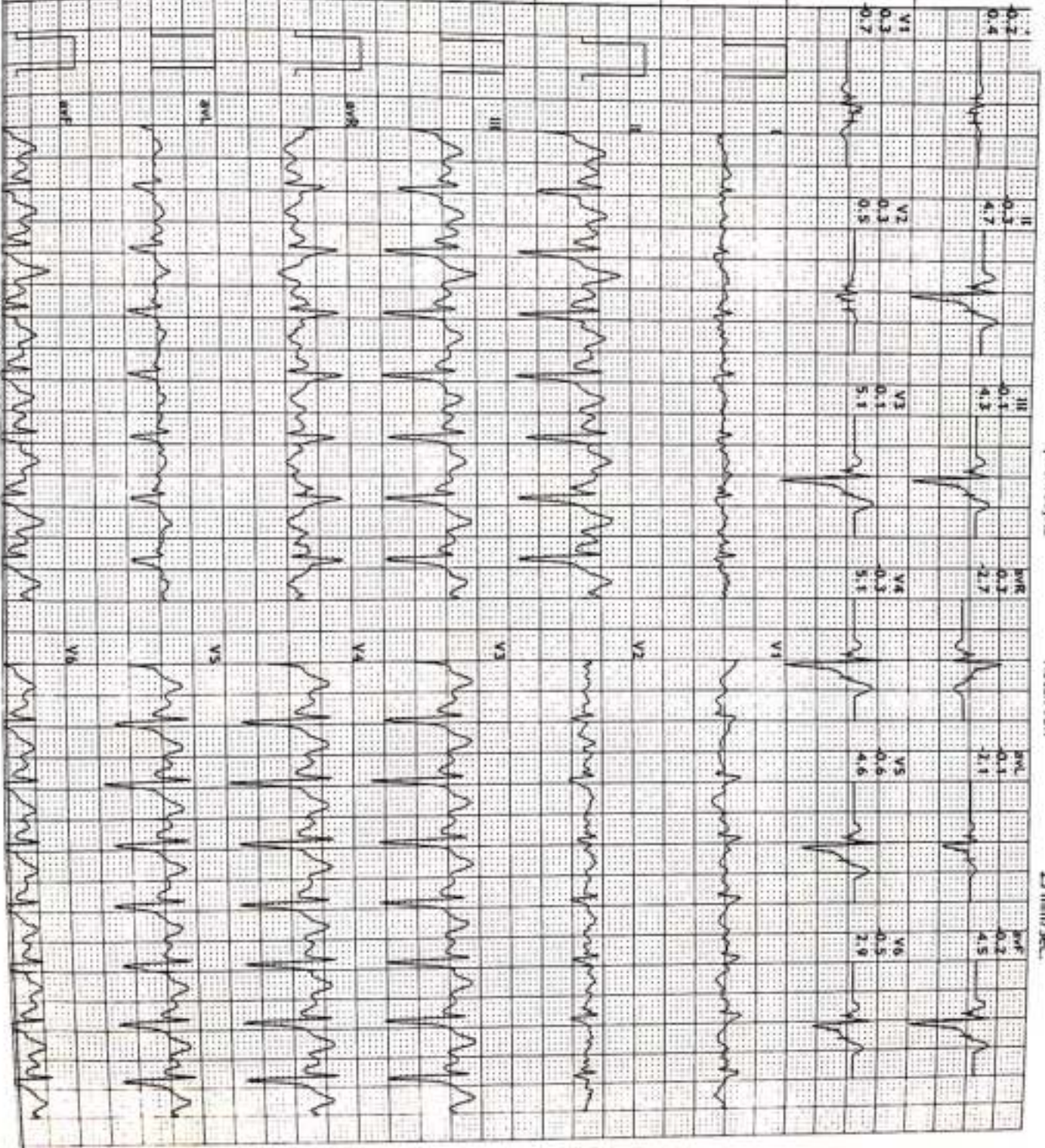
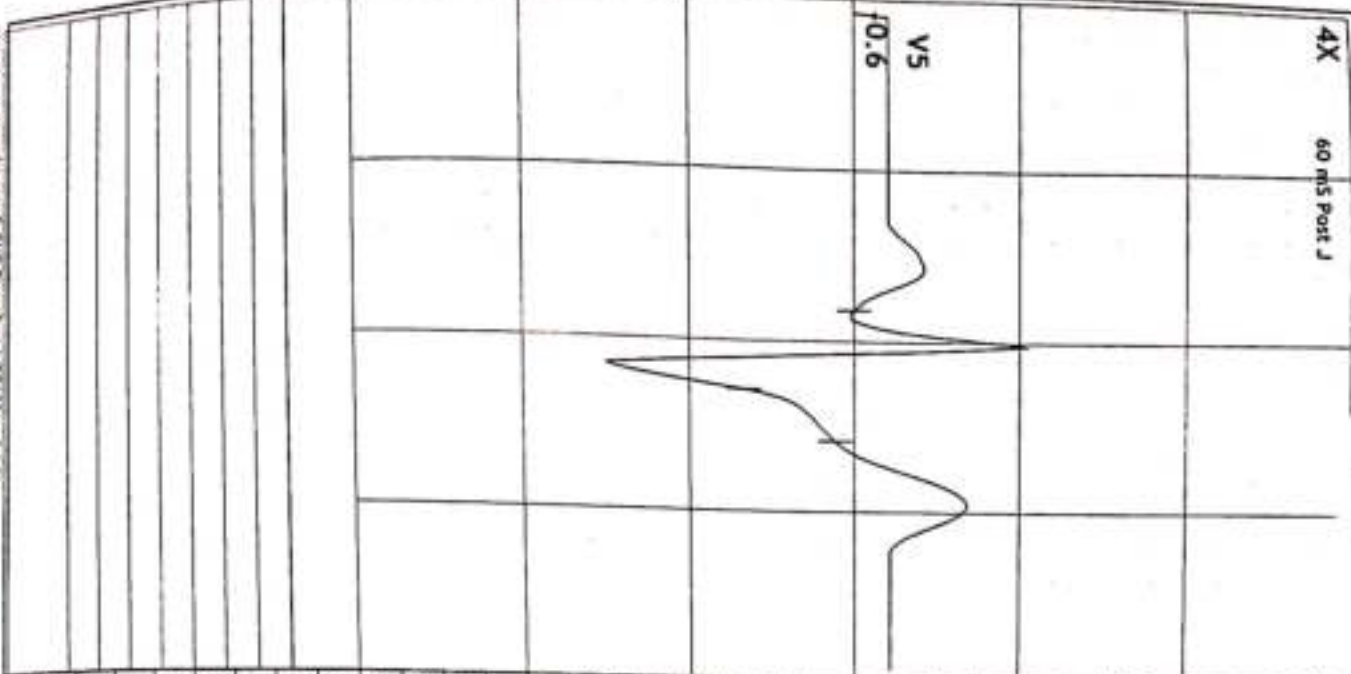
BLC : On
Notch : On

BRUCE: Stage 2(3:00)

10.0 mm/mV
25 mm/Sec.

4X 60 ms Post J

V5
f0.6





12 Lead + Median

23031027778
U Kg/0 Cms

PR bpm
HR: 72
RR: 150/88

MPHR: 94% of 161
Speed: 3.4 mph
Grade: 14.0%

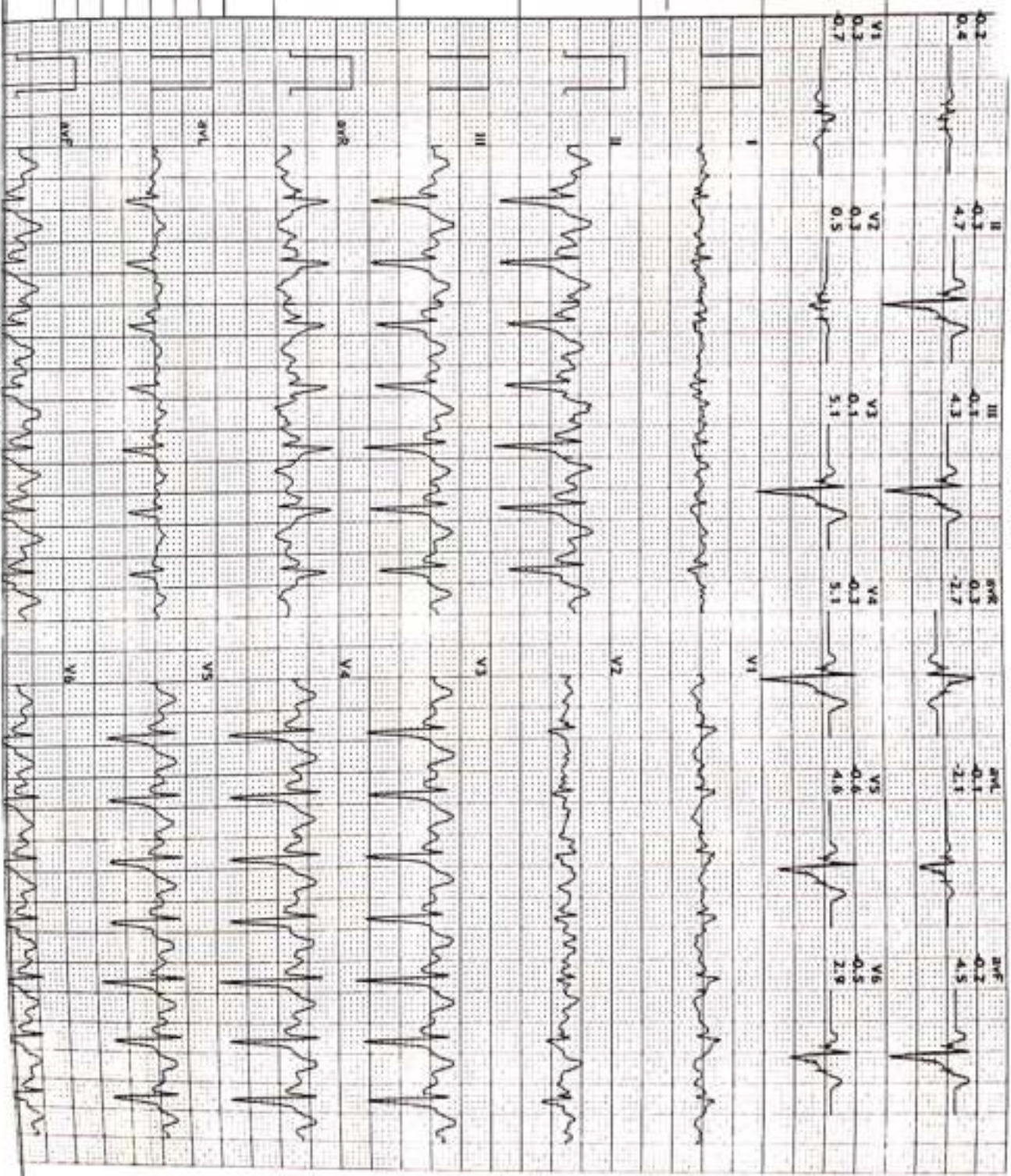
Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 06:02
BLC: On
Notch: On

BRUCE: PeakEx(0:02)
10.0 mm/mV
25 mm/Sec.

4X 60 ms Post J

V5
FO.6





12 Lead + Median

2303102228

0 Kg/0 Cris

132 bpm

METS: 1.2

BP: 150/88

MPHR: 75% of 161

Speed: 0.0 mph

Grade: 0.0%

KSHIPRA SCANS & LABS

ZB COURT CHOURAHA UDAIPUR

Raw ECG

BRUCE

(1.0-100)Hz

Ex Time 06:03

RLC : On

Notch : On

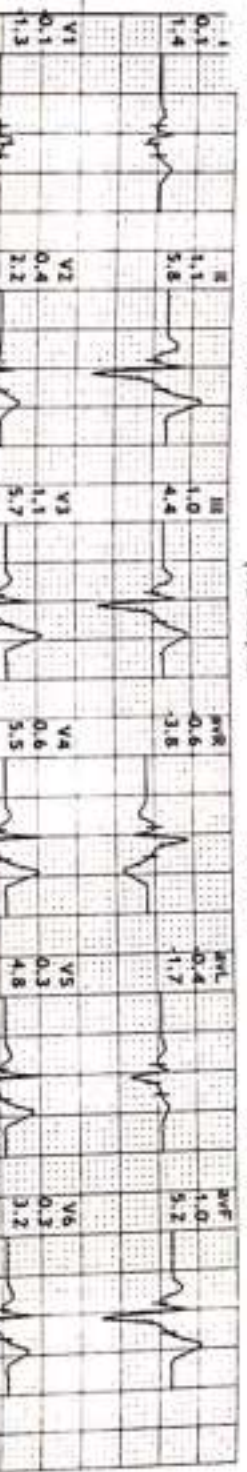
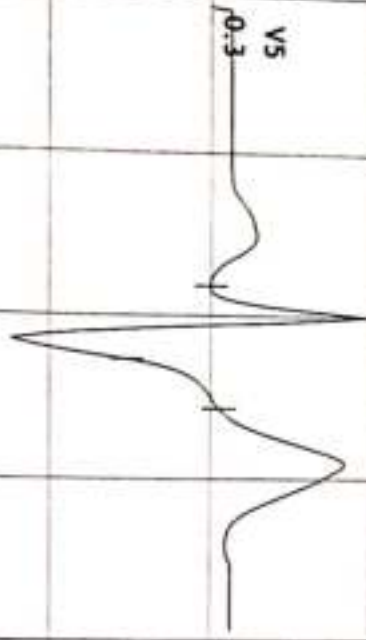
Recovery(1:00)

10.0 mm/mv

25 mm/Sec.

4X 60 mS Post J

V5
0.3





12 Lead + Median

2303102222

0 Kg/0 Cms

98 bpm

MEFS: 1.0
BP: 130/80

KSHIPRA SCANS & LABS 28 COURT CHOURAHA UDAIPUR

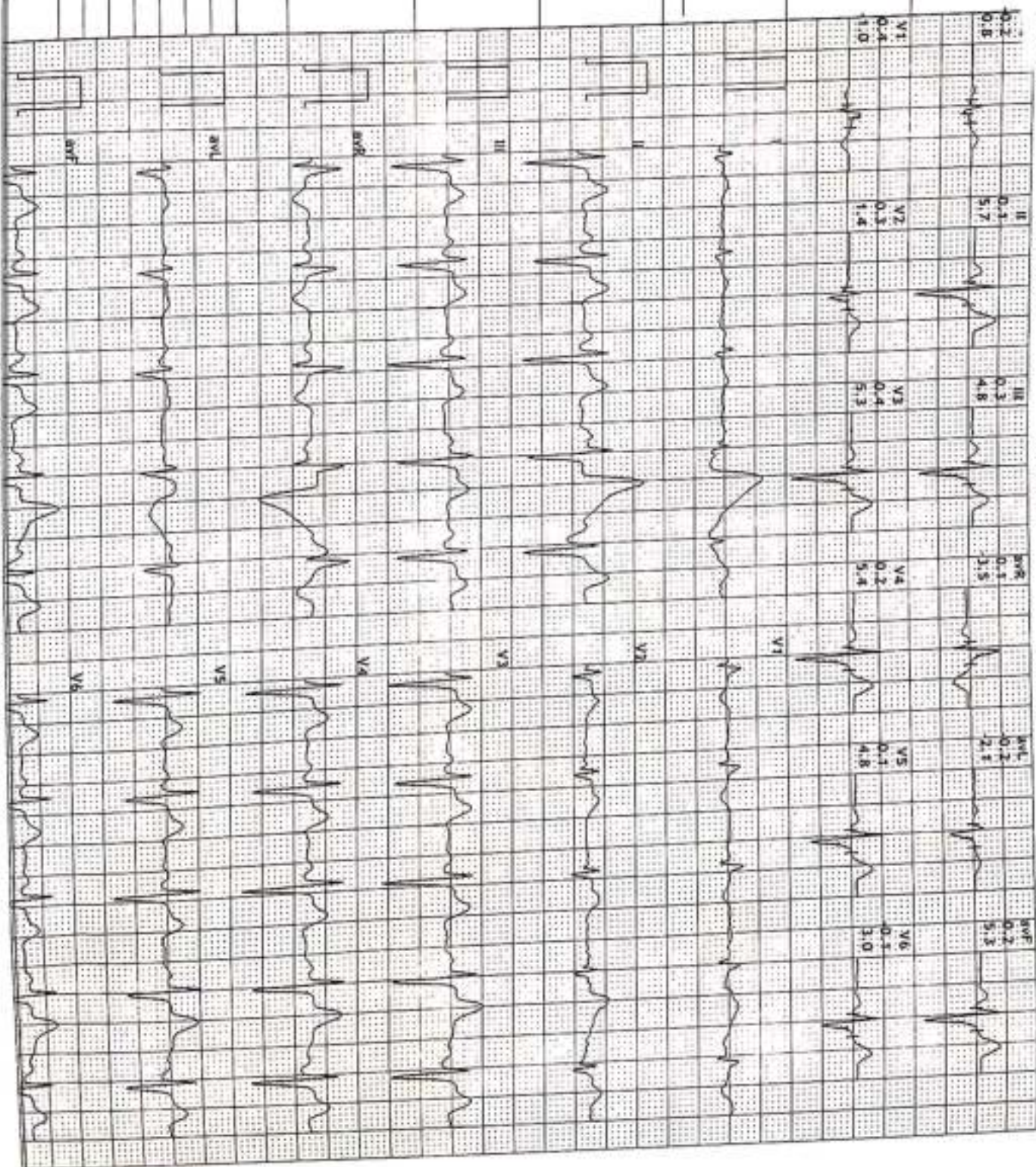
MIPR: 60% of 161
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 06:03
BLC: On
Notch: On

Recovery(3:00)
10.0 mm/mV
25 mm/Sec.

4X 60 ms Post J





12 Lead + Median

2303102228

0 Kg/0 Cms

82 bpm

MEFS: 1.0

BP: 130/80

KSHIPRA SCANS & LABS

2B COURT CHOURAHA UDAIPUR

Raw ECG

BRUCE

(1.0-100)Hz

Ex Time 06:03

BLC : On

Notch : On

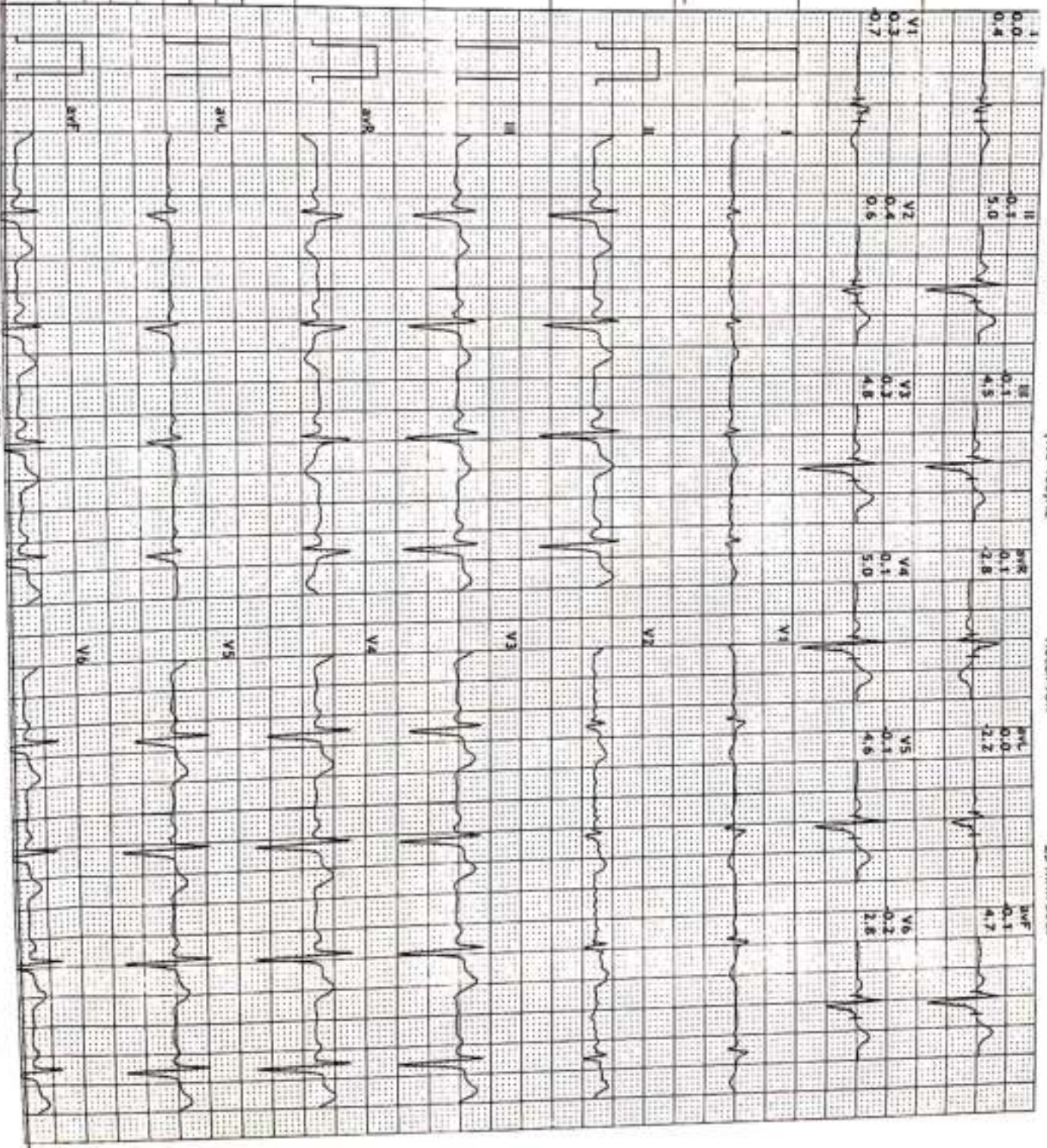
Recovery(5:00)

10.0 mm/mV

25 mm/Sec.

4X 60 ms Post J

V5
-0.1





12 Lead + Median

2303102228

0 Kg/0 Cms

4X 60 mS Post J

83 bpm
METS: 1.0
BP: 130/80

APHR: 50% of 161
Speed: 0.0 mph
Grade: 0.0%

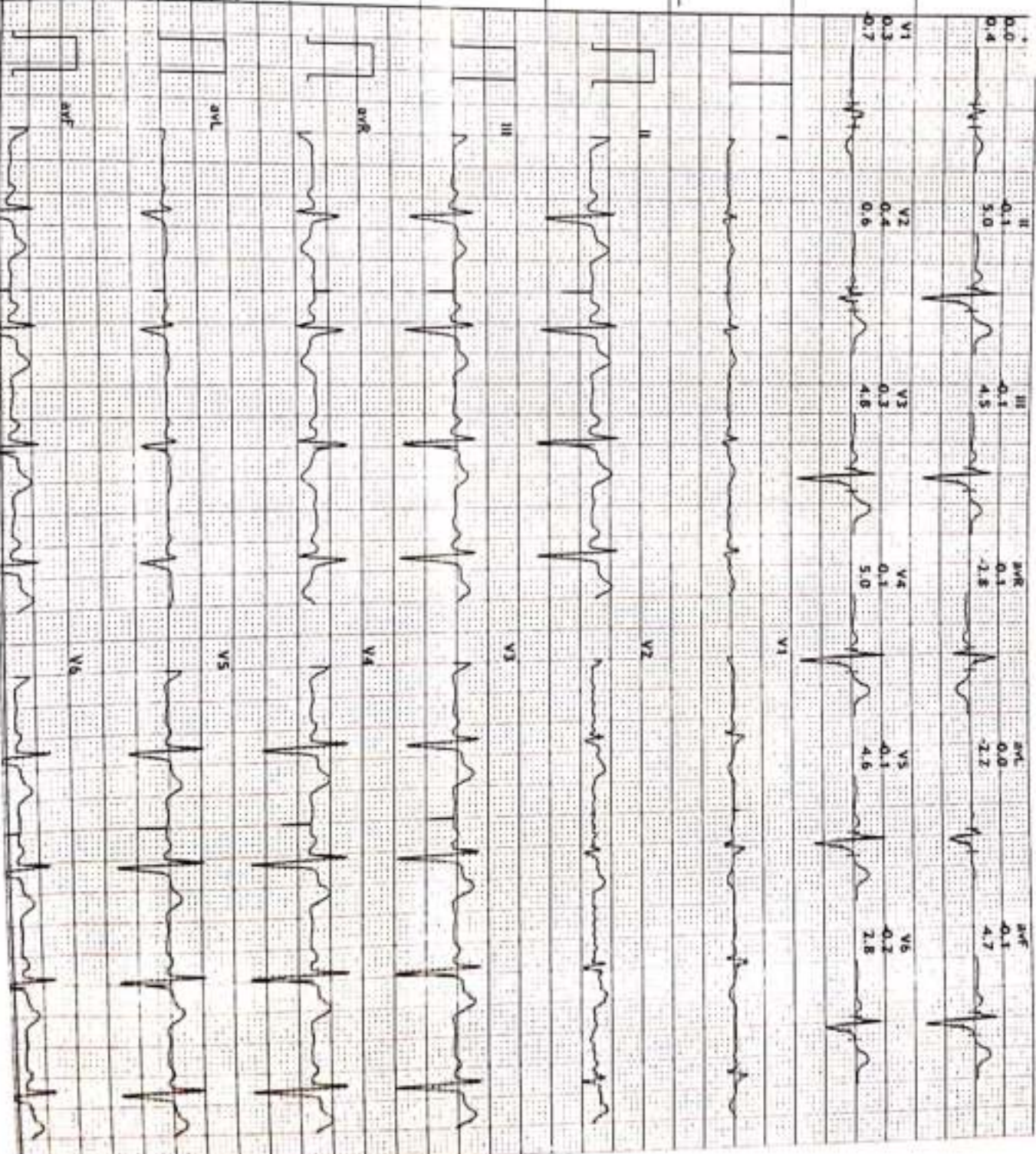
Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 06:03
BLC :On
Notch :On

Recovery(5:00)
10.0 mm/mV
25 mm/Sec.

KSHIPRA SCANS & LABS

2B COURT CHOURAHA UDAIPUR





TEST REPORT

Reg. No : 2312100813
Name : KAMLA DEVI
Age/Sex : 58 Years / Female
Ref. By :
Client : MEDIWHEEL WELLNESS

Reg. Date : 23-Dec-2023
Collected On : 23-Dec-2023 10:04
Approved On : 23-Dec-2023 10:52
Printed On : 24-Dec-2023 14:15

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Interval</u>
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KIDNEY FUNCTION TEST

UREA <i>(Urease & glutamate dehydrogenase)</i>	21.0	mg/dL	10 - 50
Creatinine <i>(Jaffe method)</i>	0.69	mg/dL	0.5 - 1.2
Uric Acid <i>(Enzymatic colorimetric)</i>	4.1	mg/dL	2.5 - 7.0

----- End Of Report -----



TEST REPORT

Reg. No : 2312100813
Name : KAMLA DEVI
Age/Sex : 58 Years / Female
Ref. By :
Client : MEDIWHEEL WELLNESS

Reg. Date : 23-Dec-2023
Collected On : 23-Dec-2023 10:04
Approved On : 23-Dec-2023 10:47
Printed On : 24-Dec-2023 14:15

Parameter	Result	Unit	Reference Interval
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COMPLETE BLOOD COUNT (CBC)

SPECIMEN: EDTA BLOOD

Hemoglobin	15.4	g/dL	12.0 - 15.0
RBC Count	4.99	million/cmm	3.8 - 4.8
Hematocrit (PCV)	45.2	%	40 - 54
MCH	30.9	Pg	27 - 32
MCV	90.6	fL	83 - 101
MCHC	34.1	%	31.5 - 34.5
RDW	12.9	%	11.5 - 14.5
WBC Count	6900	/cmm	4000 - 11000

DIFFERENTIAL WBC COUNT (Flow cytometry)

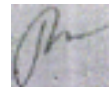
Neutrophils (%)	63	%	38 - 70
Lymphocytes (%)	33	%	20 - 40
Monocytes (%)	03	%	2 - 8
Eosinophils (%)	01	%	0 - 6
Basophils (%)	00	%	0 - 2
Neutrophils	4347	/cmm	
Lymphocytes	2277	/cmm	
Monocytes	207	/cmm	
Eosinophils	69	/cmm	
Basophils	0	/cmm	
Platelet Count (Flow cytometry)	258000	/cmm	150000 - 450000
MPV	7.7	fL	7.5 - 11.5

ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	11	mm/hr	0 - 23
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Modified Westergren Method

----- End Of Report -----





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Parameter

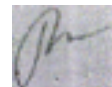
Result

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

ABO : 'A'
Rh (D) : Positive

----- End Of Report -----





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Approved On : 23-Dec-2023 13:44
Printed On : 24-Dec-2023 14:15

Parameter	Result	Unit	Reference Interval
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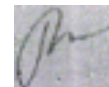
PLASMA GLUCOSE

Fasting Blood Sugar (FBS) <i>Hexokinase Method</i>	89.8	mg/dL	70 - 110
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Post Prandial Blood Sugar (PPBS) <i>Hexokinase Method</i>	107.8	mg/dL	70 - 140
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Criteria for the diagnosis of diabetes1. HbA1c \geq 6.5 *
Or
2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
Or
3. Two hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
Or
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.
*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

----- End Of Report -----





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Parameter	Result	Unit	Reference Interval
LIPID PROFILE			
Cholesterol <i>(Enzymatic colorimetric)</i>	165.0	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>(Enzymatic colorimetric)</i>	129.3	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	25.86	mg/dL	15 - 35
LDL CHOLESTEROL	97.94	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <i>Homogeneous enzymatic colorimetric</i>	41.2	mg/dL	30 - 85
Cholesterol /HDL Ratio <i>Calculated</i>	4.00		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	2.38		0 - 3.5



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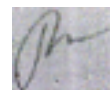
Parameter	Result	Unit	Reference Interval
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NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

LDL CHOLESTEROL
CHOLESTEROL
HDL CHOLESTEROL
TRIGLYCERIDES
Optimal<100
Desirable<200
Low<40
Normal<150
Near Optimal 100-129
Border Line 200-239
High >60
Border High 150-199
Borderline 130-159
High >240
-
High 200-499
High 160-189
-
-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
 - For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation available from the lab
 - All tests are done according to NCEP guidelines and with FDA approved kits.
 - LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- # For test performed on specimens received or collected from non-KSHIPRA locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender.
KSHIPRA will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.
. All other responsibility will be of referring Laboratory.

----- End Of Report -----





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Parameter	Result	Unit	Reference Interval
LIVER FUNCTION TEST			
Total Bilirubin <i>Colorimetric diazo method</i>	0.42	mg/dL	0.20 - 1.0
Conjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.12	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.30	mg/dL	0.0 - 1.1
SGOT <i>(Enzymatic)</i>	24.6	U/L	0 - 31
SGPT <i>(Enzymatic)</i>	28.9	U/L	0 - 31
Alakaline Phosphatase <i>(Colorimetric standardized method)</i>	102.3	U/L	42 - 141
Protien with ratio			
Total Protein <i>(Colorimetric standardized method)</i>	7.2	g/dL	6.5 - 8.7
Albumin <i>(Colorimetric standardized method)</i>	4.7	mg/dL	3.5 - 4.94
Globulin <i>Calculated</i>	2.50	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.88		0.8 - 2.0

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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Interval</u>
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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C <i>Boronate Affinity with Fluorescent Quenching</i>	6.0	% of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %
Mean Blood Glucose <i>Calculated</i>	136.30	mg/dL	

Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

* Some danger of hypoglycemic reaction in Type I diabetics.

* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HbA1c in the cell reflects the average blood glucose concentration it encounters.

*The level of HbA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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RENAL FUNCTION TEST (RFT)			
UREA <i>(Urease & glutamate dehydrogenase)</i>	23.6	mg/dL	10 - 50
Creatinine <i>(Jaffe method)</i>	0.97	mg/dL	0.5 - 1.2
Uric Acid <i>(Enzymatic colorimetric)</i>	3.97	mg/dL	2.5 - 7.0
Sodium (Na+) <i>Direct ion selective electrode</i>	136	mmol/L	136 - 145
Potassium (K+) <i>Direct ion selective electrode</i>	4.5	mmol/L	3.6 - 5.0
Chloride (CL-) <i>Direct ion selective electrode</i>	100	mmol/L	97 - 107

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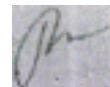
Reg. Date : 23-Dec-2023
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Approved On : 23-Dec-2023 13:44
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RHEUMATOID ARTHRITIS

RA FACTOR <i>Immunoturbidimetric Assay</i>	16.03	IU/mL	< 20
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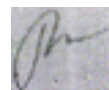
Parameter	Result	Unit	Reference Interval
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THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>Chemiluminescence</i>	1.11	ng/mL	0.87 - 1.78
T4 (Thyroxine) <i>Chemiluminescence</i>	9.84	µg/dL	5.89 - 14.9
TSH (ultra sensitive) <i>Chemiluminescence</i>	2.147	µIU/ml	0.34 - 5.6

SUMMARY The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones. TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid. **LIMITATION** Presence of autoantibodies may cause unexpected high value of TSH

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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity	20 cc
Colour	Pale Yellow
Appearance	Clear

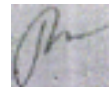
CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)

pH	7.0	5.0 - 8.0
Sp. Gravity	1.020	1.002 - 1.03
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urine Bile salt and Bile Pigment	Nil	
Urine Bilirubin	Nil	
Nitrite	Nil	
Leucocytes	Trace	
Blood	Nil	

MICROSCOPIC EXAMINATION (MANUAL BY MCIROSCOPY)

Leucocytes (Pus Cells)	4 - 5/hpf
Erythrocytes (Red Cells)	1 - 2/hpf
Epithelial Cells	1-2/hpf
Amorphous Material	Nil
Casts	Nil
Crystals	Nil
Bacteria	Nil
Monilia	Nil

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STOOL EXAMINATION

Colour	Yellow
Consistency	Semi Solid

CHEMICAL EXAMINATION

Occult Blood	Negative
--------------	----------

Peroxidase Reaction with o-Dianisidine

Reaction	Acidic
----------	--------

pH Strip Method

Reducing Substance	Absent
--------------------	--------

Benedict's Method

MICROSCOPIC EXAMINATION

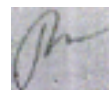
Mucus	Nil
Pus Cells	1 - 2/hpf
Red Cells	Nil
Epithelial Cells	Nil
Vegetable Cells	Nil
Trophozoites	Nil
Cysts	Nil
Ova	Nil
Neutral Fat	Nil
Monilia	Nil

Note: Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.

False negative: False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occasional unruptured RBCs.

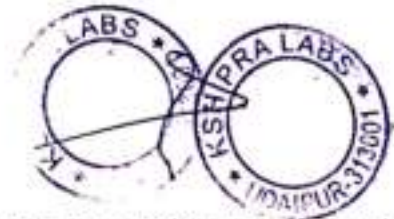
False positive: False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, broccoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.

----- End Of Report -----

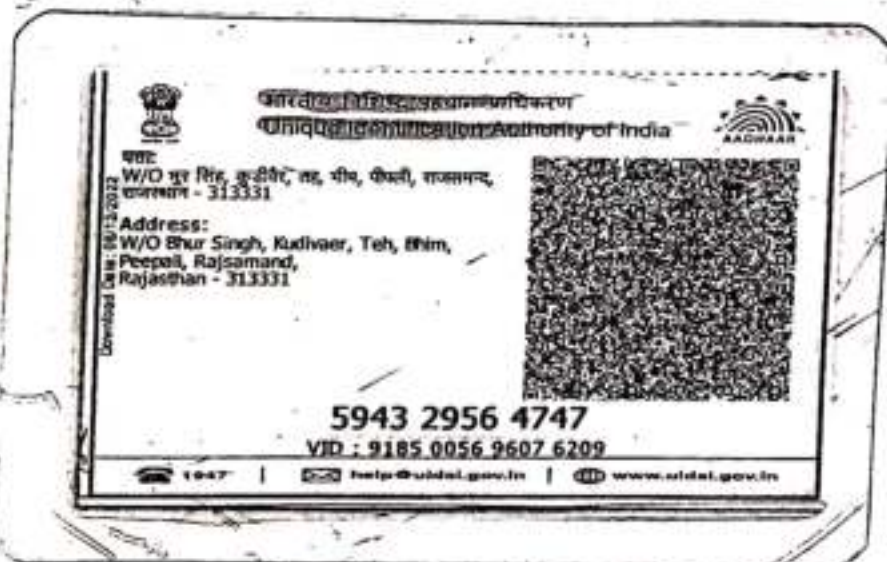


MER-MEDICAL EXAMINATION REPORT

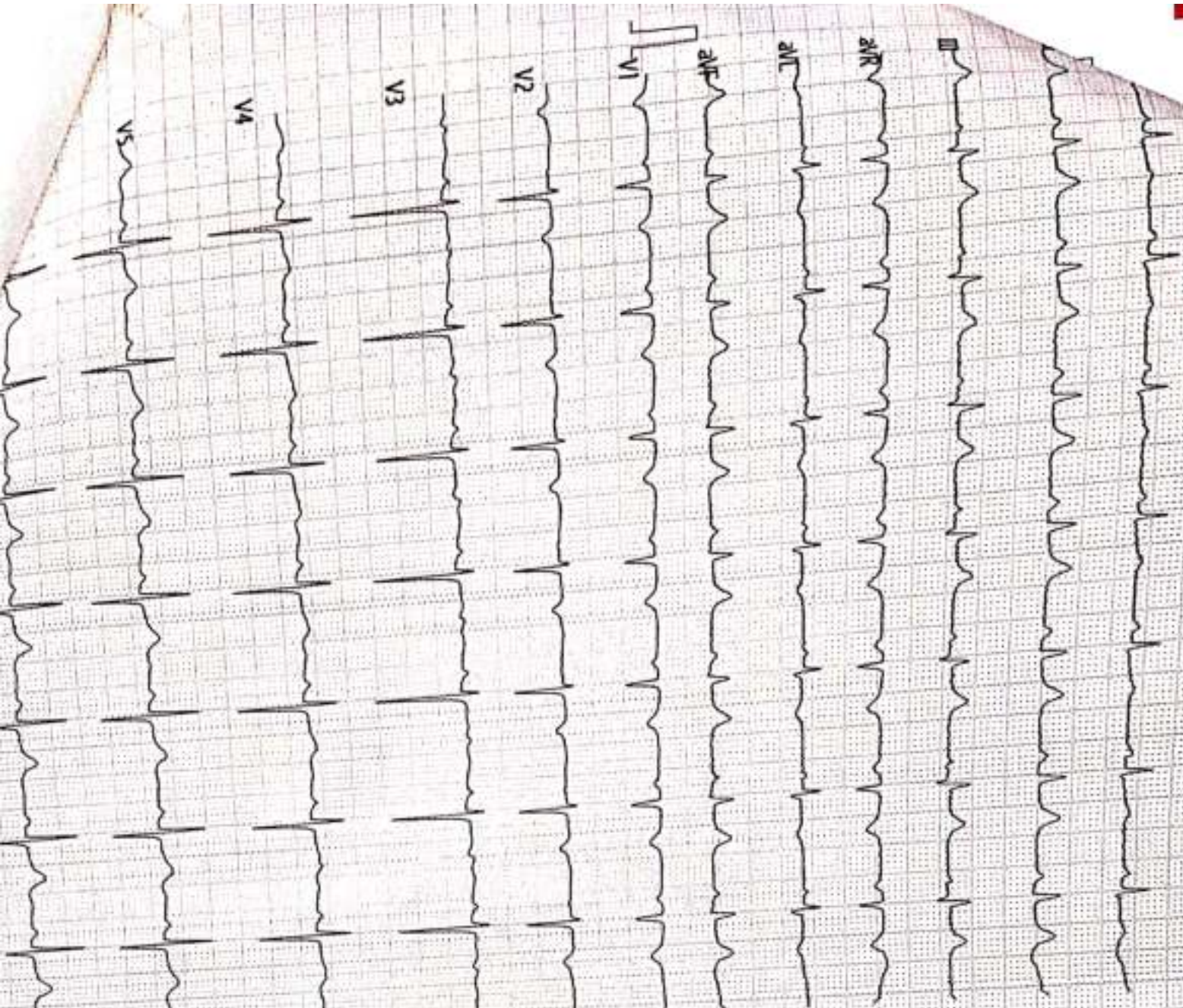
DATE OF EXAMINATION	23/12/23
NAME	KAMLA DEVI
AGE	58Y/F
HEIGHT	5.5FT
WEIGHT	56KG
BP	120/75
ECG	NORMAL
X-RAY	NORMAL
PRESENT AILMENTS	NO
DETAILS OF PAST AUMENTS (IF AY)	NO
COMMENTS/ADVICE :SHE/HE IS PHYSICALLY FIT	YES



Signature With Stamp Of Medical Examiner



कमला



Heart Rate (bpm) : 72

PR Int (ms) : 145

P/QRS/T Int (ms) : 105 91 169

QT/QTc Int (ms) : 401 445

P/QRS/T Axis (Deg) : 47 62 80

RV1/SV5 Amp (mV) : 0.00 0.77

RV5/SV1 Amp (mV) : 0.77 0.47

ECG Analysis Result:

800 Normal Sinus Rhythm

*** Normal ECG ***

V2.33 Technician :

Note : Unconfirmed Report Need to Review

ST TPEL (mV)

I	II	III	aVR	aVL	aVF
-0.01	+0.02	+0.04	+0.00	-0.02	+0.02
V1	V2	V3	V4	V5	V6
+0.01	+0.01	+0.06	+0.05	+0.04	+0.02



Name	:	Kamla devi	Age	:	58yrs. / F
Thanks To	:	Mediwheel	Date	:	23/12/2023

X-RAY CHEST (PA VIEW)

Both lung fields appear normal.
No e/o Koch's lesion or consolidation seen.
Both CP angles appear clear.
Both domes of diaphragm appear normal.
Heart size and aorta are within normal limits.
Bony thorax under vision appears normal.
Both hila appear normal.

Consultant Radiologist

(This report is not valid for any Medico-legal purpose)



Ms. Kamla Devi

-SS/F

23/12/23

clo - For eye check up

DVUR 6/9P
6/9P

NVUR N/18
N/18

Colour vision -

RCC + 0.50 DS 6/6
+ 0.50 DS 6/6

total + 2.25 N/6

Sharva
DR. SHARVA PANDYA
MBBS, MS (OPHTH.)
RMC : 021537 (MBBS) 007516 (MS.)
JAI DRISHTI EYE HOSPITAL
UDAIPUR (RA.)

चित्रकूट नगर, उदयपुर में हमारी
नेत्र चिकित्सा सेवाएं शीघ्र उपलब्ध होगी।

Cosmetology Partner :

Jai Drishti Eye Hospital, 23A, Residency Road, Opp. Equitas Bank, Sardarpura, Udaipur
जय दृष्टि आई हॉस्पिटल, 23-ए, रेजीडेन्सी रोड, एक्विटास बैंक के सामने, सरदारपुरा, उदयपुर



www.vibraclinics.com
9166046591



Name	: Kamla devi	Age	: 58Yrs. / F
Thanks To	: Dr. Mediwheel wellness	Date	: 23/12/2023

ULTRASOUND STUDY OF WHOLE ABDOMEN

LIVER:
Liver is normal in size, shape & bright in echotexture. No focal mass lesion is seen. Intra hepatic biliary radicles are normal. Portal vein is normal in caliber.

GALL BLADDER :
Gall bladder is well distended. The wall thickness appears normal. No evidence of calculus or mass lesion is seen. C.B.D. appears normal.

PANCREAS :
Pancreas is normal in size, shape & echotexture. No focal mass lesion is seen.

SPLEEN :
Spleen is normal in size, shape & echotexture. No focal mass lesion is seen.

BOTH KIDNEYS :
Both kidneys are normal in size, shape & echotexture. Renal parenchyma appears normal. No evidence of hydronephrosis, calculus or cortical scarring is seen in either kidney.

Right kidney measures : 8.6x4.4 cms.
Left kidney measures : 8.9 x 4.0 cms.

URINARY BLADDER :
Urinary bladder is partially distended.

UTERUS :
Uterus is postmenopausal
No obvious abdominal lymphadenopathy is seen.
No free fluid is seen in peritoneal cavity.

OPINION:
• Grade I fatty liver.

Dr Bharat jain
MD (Radio-Diagnosis)
Consultant Radiologist

(This report is not valid for any Medico-legal purpose)

ENCL:- PCPNDT Registration Certificate is printed on the back side of this report.