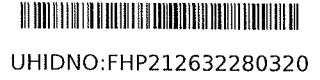


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**Patient Name :** Mrs. SANGITA SINGH [UHIDNO:FHP21263228032022]  
**Age / Gender :** 38 Yr / Female  
**Address :** 43B,D4, LIG COLONY,UDYOG VIHAR,SEC-82, Gautam Buddha Nagar, UTTAR PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA



**Reg. ID :** OPD.23-24-57722

### BIOCHEMISTRY

**Request Date :** 26-08-2023 10:17 AM  
**Collection Date :** 26-08-2023 10:26 AM[B134661]  
**Acceptance Date :** 26-08-2023 10:28 AM | **TAT:** 03:05 [HH:MM]

**Reporting Date :** 26-08-2023 01:33 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>LIPID PROFILE *[ Plain tube (red top) ]</b>			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		187.5 mg/dL	Normal <200, Borderline High 200 - 240, High >240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		89.20 mg/dL	Normal : <200, Borderline High: 200 - 400 High: >400 Very High : >650
HDL -CHOLESTEROL PTA/ MgCl2-enzymatic*		53.70 mg/dL	Low <40, high ≥ 60
LDL(Low density lipid) Calculated		115.96 mg/dL	Desirable ≤130, Borderline High Risk 130-160, High Risk >160
VLDL(Very low density lipid) Calculated		17.84 mg/dL	16.00 - 45.00 mg/dL
CHOL/HDL Ratio Calculated		3.49	3.00 - 6.00
<i>Performed On: DIASYS SYS400 PRO</i>			
<i>Please correlate clinically</i>			

END OF REPORT.



Prepared By  
SURAJ KUMAR

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

**ON PANEL OF :** CGHS, ECHS, ESI, DGHS, PSUs, GIPSA, All MAJOR TPA, Health Insurance Companies, Noida & Gr. Noida Authority  
**FACILITIES :** Specialist OPD, Dental OPD, Physiotherapy, Lab, X-Ray, Ultrasound, CT Scan, ECG, TMT, ECHO, NICU, All Vaccination, Cath Lab, Blood Bank, Admission & Day Care, Dialysis, Normal Delivery, Caesarean, ICU, HDU, Labour, Cath Lab, General & Laparoscopic Surgery, Suits, Home Care Services & Preventive Health Check-up

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**Patient Name :** Mrs. SANGITA SINGH [UHIDNO:FHP21263228032022]  
**Age / Gender :** 38 Yr / Female  
**Address :** 43B,D4, LIG COLONY,UDYOG VIHAR,SEC-82, Gautam Buddha Nagar, UTTAR PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA



UHIDNO:FHP212632280320

**Reg. ID :** OPD.23-24-57722

## BIOCHEMISTRY

**Request Date :** 26-08-2023 10:17 AM **Reporting Date :** 26-08-2023 01:31 PM  
**Collection Date :** 26-08-2023 10:26 AM[B134661] **Reporting Status :** Finalized  
**Acceptance Date :** 26-08-2023 10:28 AM | **TAT:** 03:03 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>KIDNEY FUNCTION TEST(KFT) *[ Plain tube (red top) ]</b>			
UREA (UREASE METHOD)*		<b>14.6 mg/dL *</b>	F 15.00 - 40.00 mg/dL (Age 20 Y - 50 Y)
S.CREATININE (ENZYMATIC)*		0.77 mg/dL	F 0.51 - 0.95 mg/dL
S.URIC ACID (URICASE, COLORIMETRY)*		3.50 mg/dL	F 2.60 - 6.00 mg/dL
S.CALCIUM (ARSENazo DYE)*	Arsenazo III	9.10 mg/dL	8.60 - 10.30 mg/dL
S. SODIUM (DIRECT I.S.E.)*		138.10 mmol/L	137.00 - 145.00 mmol/L
S. POTASSIUM (DIRECT I.S.E.)*		4.16 mmol/L	3.50 - 5.10 mmol/L
S. PHOSPHORUS (PMA PHENOL)*		3.62 mg/dL	2.60 - 4.50 mg/dL
S. CHLORIDE (DIRECT I.S.E)		<b>108.30 mmol/L *</b>	98.00 - 107.00 mmol/L (Age 0 - 100 )
<i>Performed On: DIASYS SYS400 PRO</i>			
<b>LIVER FUNCTION TEST *[ Plain tube (red top) ]</b>			
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*		0.34 mg/dL	Adult 0.10 - 1.20 mg/dL
CONJUGATED(D.Bilirubin) (CALCULATED)		0.10 mg/dL	<= 0.20 mg/dL
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)		0.24 mg/dL	Adult 0.00 - 1.00 mg/dL
S.G.O.T (AST) (KINETIC LEUCO DYE)*	IFCC(Modified)	21.8 IU/L	F < 35.00 IU/L
S.G.P.T (ALT) (KINETIC LDH/NADH)*	IFCC(Modified)	26.8 IU/L	F < 31.00 IU/L
ALKALINE PHOSPHATASE (pNPP/AMP)*	IFCC(Modified)	56.1 IU/L	F 35.00 - 104.00 IU/L
TOTAL PROTEIN (BIURET)*		6.70 gm/dL	Adult 6.60 - 8.80 gm/dL
ALBUMIN (BROMOCRESOL GREEN)*		4.30 gm/dL	Adult 3.50 - 5.20 gm/dL
GLOBULIN (CALCULATED)*	Calculated	2.40 gm/dL	Adult 2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		1.79	1.00 - 2.10
<i>Performed On: DIASYS SYS400 PRO</i>			

*Please correlate clinically*

ON LINE OF : CGHS, ECHS, ESI, DGHS, PSUs, GIPSA, All MAJOR TPA, Health Insurance Companies, Noida & Gr. Noida Authority  
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**Patient Name :** Mrs. SANGITA SINGH [UHIDNO:FHP21263228032022]  
**Age / Gender :** 38 Yr / Female  
**Address :** 43B,D4, LIG COLONY,UDYOG VIHAR,SEC-82, Gautam Buddha Nagar, UTTAR PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA



**Reg. ID :** OPD.23-24-57722

### HAEMATOLOGY

**Request Date :** 26-08-2023 10:17 AM **Reporting Date :** 26-08-2023 11:40 AM  
**Collection Date :** 26-08-2023 10:26 AM[HA27196] **Reporting Status :** Finalized  
**Acceptance Date :** 26-08-2023 10:28 AM | **TAT:** 01:12 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>HAEMOGRAM (CBC &amp; ESR)</b>			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		12.50 gm/dL	F 12.00 - 15.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		5250 /cumm	F 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		56.00 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		32.30 %	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		8.00 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		3.70 %	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.00 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		3.99 millions/cumm	F 3.80 - 5.80 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		38.20 %	F 36.00 - 46.00 % (Age 13 Y - 100 Y)
MCV(Calculated)*		95.90 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		31.30 Picogram	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
MCHC(Calculated)*		32.60 %	31.50 - 34.50 % (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		2.87 Lakh/cumm	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		28 mm/hr	M 0 - 10 F 5 - 20

Performed On: PENTRA ES60 (Horiba),5-Part differential cell counter

END OF REPORT.

ON PANEL OF : CGHS, ECHS, ESI, DGHS, PSUs, GIPSA, All MAJOR TPA, Health Insurance Companies, Noida & Gr. Noida Authority  
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 Prepared By: PIYUSH SHUKLA  
 YANBHAY TIWARI MBBS, MD (PATHOLOGY)

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**Patient Name :** Mrs. SANGITA SINGH [UHIDNO:FHP21263228032022]  
**Age / Gender :** 38 Yr / Female  
**Address :** 43B,D4, LIG COLONY,UDYOG VIHAR,SEC-82, Gautam Buddha Nagar, UTTAR PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA



UHIDNO:FHP212632280320

**Reg. ID :** OPD.23-24-57722

### HAEMATOLOGY

**Request Date :** 26-08-2023 10:17 AM  
**Collection Date :** 26-08-2023 10:26 AM[HA27196]  
**Acceptance Date :** 26-08-2023 10:28 AM | **TAT:** 01:32 [HH:MM]

**Reporting Date :** 26-08-2023 12:00 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>Blood Group (RH Type) *[ EDTA tube(purple top) ]</b>			
Blood Group	Forward Grouping Method	A	
Rh Type	Forward Grouping Method	POSITIVE	

END OF REPORT.



Prepared By  
PIYUSH SHUKLA


VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

**ON PANEL OF : CGHS, ECHS, ESI, DGHS, PSUs, GIPSA, All MAJOR TPA, Health Insurance Companies, Noida & Gr. Noida Authority FACILITIES : Specialist OPD, Dental OPD, Physiotherapy, Lab, X-Ray, Ultrasound, CT Scan, ECG, TMT, ECHO, NICU, All Vaccination, Cath Lab, Blood Bank, Admission & Day Care, Dialysis, Normal Delivery, Caesarean, ICU, HDU, Labour, Cath Lab, General & Laparoscopic Surgery, Suits, Home Care Services & Preventive Health Check-up**

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**Age / Gender :** 38 Yr / Female  
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**Requesting Doctor:** Dr. ANSHUMALA SINHA



UHIDNO:FHP212632280320

**Reg. ID :** OPD.23-24-57722

### CLINICAL PATHOLOGY

**Request Date :** 26-08-2023 10:17 AM  
**Collection Date :** 26-08-2023 11:50 AM[CLP5490]  
**Acceptance Date :** 26-08-2023 11:50 AM | **TAT:** 01:12 [HH:MM]

**Reporting Date :** 26-08-2023 01:02 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>URINE ROUTINE AUTOMATED *[ Random Urine ]</b>			
VOLUME		25 ML	>10
COLOUR		PALE YELLOW	PALE YELLOW
APPEARANCE		CLEAR	CLEAR
SPECIFIC GRAVITY (pKA CHANGE)		1.020	1.005 - 1.030
pH (DOUBLE INDICATOR)		6.5	5.00 - 8.50
URINE PROTEIN (PROTEIN ERROR/ 3% SULPHOSALICYLIC ACID)		NIL	NIL
GLUCOSE (GOD-POD/ BENEDICTS)		NIL	NIL
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS		1-2 /HPF	0.0-3.0
RBC		NIL /HPF	NIL
CASTS		ABSENT	ABSENT
CRYSTALS		ABSENT	ABSENT
EPITHELIAL CELLS		0-1 /HPF	F 0.00 - 5.00 /HPF
BACTERIA		ABSENT	ABSENT
OTHER		ABSENT	

*Please correlate clinically*

END OF REPORT.




Prepared By  
BRAJESH KUMAR RANA


VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

**ON PANEL OF :** CGHS, ECHS, ESI, DGHS, PSUs, GIPSA, All MAJOR TPA, Health Insurance Companies, Noida & Gr. Noida Authority  
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**Patient Name :** Mrs. SANGITA SINGH [UHIDNO:FHP21263228032022]  
**Age / Gender :** 38 Yr / Female  
**Address :** 43B,D4, LIG COLONY,UDYOG VIHAR,SEC-82, Gautam Buddha Nagar, UTTAR PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA

  
UHIDNO:FHP212632280320

**Reg. ID :** OPD.23-24-57722

### BIOCHEMISTRY

**Request Date :** 26-08-2023 10:17 AM  
**Collection Date :** 26-08-2023 10:26 AM[B134660]  
**Acceptance Date :** 26-08-2023 10:27 AM | **TAT:** 02:35 [HH:MM]

**Reporting Date :** 26-08-2023 01:02 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>BLOOD SUGAR FASTING (BSF) * [ Sodium fluoride(grey top) ]</b> <i>Performed On: DIASYS SYS400 PRO</i>		78.00 mg/dL	74.00 - 110.00 mg/dL (Age <= 100 )

*Please correlate clinically*

END OF REPORT.

*Handwritten Signature*


Prepared By  
SURAJ KUMAR

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

**ON PANEL OF : CGHS, ECHS, ESI, DGHS, PSUs, GIPSA, All MAJOR TPA, Health Insurance Companies, Noida & Gr. Noida Authority FACILITIES : Specialist OPD, Dental OPD, Physiotherapy, Lab, X-Ray, Ultrasound, CT Scan, ECG, TMT, ECHO, NICU, All Vaccination, Cath Lab, Blood Bank, Admission & Day Care, Dialysis, Normal Delivery, Caesarean, ICU, HDU, Labour, Cath Lab, General & Laparoscopic Surgery, Suits, Home Care Services & Preventive Health Check-up**

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**Patient Name :** Mrs. SANGITA SINGH [UHIDNO:FHP21263228032022]   
**Age / Gender :** 38 Yr / Female UHIDNO:FHP212632280320  
**Address :** 43B,D4, LIG COLONY,UDYOG VIHAR,SEC-82, Gautam Buddha Nagar, UTTAR PRADESH  
**Requesting Doctor:** Dr. ANSHUMALA SINHA **Reg. ID :** OPD.23-24-57722

## BIOCHEMISTRY

**Request Date :** 26-08-2023 10:17 AM **Reporting Date :** 26-08-2023 02:05 PM  
**Collection Date :** 26-08-2023 10:26 AM[B134661] **Reporting Status :** Finalized  
**Acceptance Date :** 26-08-2023 10:28 AM | TAT: 03:37 [HH:MM]


Investigations	Method	Result	Biological Reference
<b>GLYCOSYLATED HAEMOGLOBIN (Hb A1c) *[ edta tube(purple top) ]</b> (Method:HPLC Assay) <u>Ref Range for HBA1c</u> Non Diabetic:< 5.7 % Pre-Diabetic: 5.7 - 6.5 % Diabetic: > 6.5 %		4.9 %	
<p>Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are &lt;18 years of age.</p> <p><u>HbA1c goals in treatment of diabetes:</u></p> <p>Ages 0-6 years: 7.6% - 8.4%</p> <p>Ages 6-12 years: &lt;8%</p> <p>Ages 13-19 years: &lt;7.5%</p> <p>Adults: &lt;7%</p> <p>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 glycemc control as compared to blood and urinary glucose determinations.</p> <p>(Note: If a person has anemia, hemolysis, or heavy bleeding, HbA1c test results may be falsely low. If someone is iron-deficient, the HbA1c level may be increased. If a person has had a recent blood transfusion, the HbA1c may be inaccurate and may not accurately reflect glucose control for 2 to 3 months.)</p> <p>ADA criteria for correlation between HbA1c &amp; Mean plasma glucose levels:</p> <p>HbA1c(%): 6 7 8 9 10 11 12</p> <p>Mean Plasma Glucose: 126 154 183 212 240 269 298 (mg/dL)</p> <p>Please correlate clinically</p>			

ON PANEL OF : CGHS, ECHS, ESI, DGHS, PSUs, GIPSA, All MAJOR TPA, Health Insurance Companies, Noida & Gr. Noida Authority  
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**Requesting Doctor:** Dr. ANSHUMALA SINHA

  
UHIDNO:FHP212632280320

**Reg. ID :** OPD.23-24-57722

## BIOCHEMISTRY

**Request Date :** 26-08-2023 10:17 AM  
**Collection Date :** 26-08-2023 02:05 PM[B134715]  
**Acceptance Date :** 26-08-2023 02:05 PM | **TAT:** 02:20 [HH:MM]

**Reporting Date :** 26-08-2023 04:25 PM  
**Reporting Status :** Finalized

Investigations	Method	Result	Biological Reference
<b>BLOOD SUGAR POST PRONDIAL (BSPP) *[ Sodium fluoride(grey top) ]</b> <i>Performed On: DIASYS SYS400 PRO</i>		109.00 mg/dL	80.00 - 140.00 mg/dL (Age <= 100 )
<i>Please correlate clinically</i>			

END OF REPORT.



Prepared By  
AVANISH KUMAR YADAV

VAIBHAV TIWARI  
MBBS, MD  
(PATHOLOGY)

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**Patient Name :** Mrs. SANGITA SINGH [UHIDNO:FHP21263228032022]



**Age / Gender :** 38 Yr / Female

UHIDNO:FHP212632280320

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## BIOCHEMISTRY

**Request Date :** 26-08-2023 10:17 AM

**Reporting Date :** 26-08-2023 03:38 PM

**Collection Date :** 26-08-2023 10:26 AM[B134661]

**Reporting Status :** Finalized

**Acceptance Date :** 26-08-2023 10:28 AM | **TAT:** 05:10 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>GGTP *[ Plain tube (red top) ]</b>	KINETIC	13.70 U/L	F 0.00 - 38.00 U/L
<p><i>Performed On: DIASYS SYS400 PRO</i></p> <p><i>An increased GGT level may be due to any of the following:</i></p> <ul style="list-style-type: none"> <li>• Alcohol use</li> <li>• Diabetes</li> <li>• Flow of bile from the liver is blocked (cholestasis)</li> <li>• Heart failure</li> <li>• Swollen and inflamed liver (hepatitis)</li> <li>• Lack of blood flow to the liver</li> <li>• Death of liver tissue</li> <li>• Liver cancer or tumor</li> <li>• Lung disease</li> <li>• Pancreas disease</li> <li>• Scarring of the liver (cirrhosis)</li> <li>• Use of drugs that are toxic to the liver</li> </ul>			

END OF REPORT.




Prepared By  
AVANISH KUMAR YADAV

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MBBS, MD  
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**Patient Name :** Mrs. SANGITA SINGH [UHIDNO:FHP21263228032022]   
**Age / Gender :** 38 Yr / Female UHIDNO:FHP212632280320  
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**Requesting Doctor:** Dr. ANSHUMALA SINHA **Reg. ID :** OPD.23-24-57722

### IMMUNOLOGY

**Request Date :** 26-08-2023 10:17 AM **Reporting Date :** 26-08-2023 03:25 PM  
**Collection Date :** 26-08-2023 10:26 AM[IMMU27262] **Reporting Status :** Finalized  
**Acceptance Date :** 26-08-2023 10:28 AM | TAT: 04:57 [HH:MM]

Investigations	Method	Result	Biological Reference
<b>THYROID PROFILE TOTAL(T3,T4,TSH)</b>	CLIA		
<b>*[ Plain tube (red top) ]</b>			
Total T3		1.62 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100 )
Total T4		174.8 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100 )
TSH		2.38 µIU/mL	0.38 - 5.33 µIU/mL (Age 0 - 100 )
<i>Performed On: ACCESS 2 (BECKMAN COULTER)</i>			
<p>1. A circadian variation in serum TSH in healthy subjects is well documented. TSH level is reaching peak levels between 2-4 am and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the value of TSH.</p> <p>2. TSH levels between 6.3 and 15.0 may represent subclinical or compensated hypothyroidism or show considerable physiological &amp; seasonal variation, suggest clinical correlation or repeat testing with fresh sample.</p> <p>3. TSH levels may be transiently altered because of non-thyroid illness, like severe infection, renal disease, liver disease, heart disease, severe burns, trauma, surgery etc. Few drugs also altered the TSH values.</p> <p>4. A high TSH result often means an underactive thyroid gland caused by failure of the gland (hypothyroidism). A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH.</p> <p>5. Resistance to thyroid hormone (RTH) and central hyperthyroidism (TSH-oma) are rare conditions associated with elevated TSH, T4 and T3 levels.</p>			
<i>Performed on: ACCESS 2 (BECKMAN COULTER)</i>			

END OF REPORT.



Prepared By  
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(PATHOLOGY)

**ON PANEL OF :** CGHS, ECHS, ESI, DGHS, PSUs, GIPSA, All MAJOR TPA, Health Insurance Companies, Noida & Gr. Noida Authority  
**FACILITIES :** Specialist OPD, Dental OPD, Physiotherapy, Lab, X-Ray, Ultrasound, CT Scan, ECG, TMT, ECHO, NICU, All Vaccination, Cath Lab, Blood Bank, Admission & Day Care, Dialysis, Normal Delivery, Caesarean, ICU, HDU, Labour, Cath Lab, General & Laparoscopic Surgery, Suits, Home Care Services & Preventive Health Check-up

• **24X7 Emergency** • **Ambulance** • **Pharmacy** • **Lab** • **Blood Bank**

24X7 {Helpline - 7835 999 444 , 7835 999 555}

Patient Name: Mrs. SANGITA SINGH / UHIDNO:FHP21263228032022  
Age / Gender: 38 Yr /Female  
Address: 43B,D4, LIG COLONY,UDYOG VIHAR,SEC-82, Gautam  
Buddha Nagar, UTTAR PRADESH  
Requesting Doctor: Dr. ANSHUMALA SINHA



Reg. No.: OPD.23-24-57722

Request Date : 26-08-2023 10:17 AM

Reporting Date : 26-08-2023 12:38 PM  
Report Status : Finalized

## TREADMILL TEST (TMT)

REASON FOR EXAMINATION: Routine

### FINDINGS:

The patient was exercised according to standard Bruce protocol for 02:30 minutes achieving maximal heart rate of 181 resulting in 99% of age-predicted maximal heart rate (182). Peak blood pressure was 160/90. The patient did not experience any chest discomfort during stress or recovery. The test was terminated due to leg fatigue and achieving target heart rate. Electrocardiogram during stress and recovery did not reveal an additional 1 mm of ST depression compared to the baseline electrocardiogram.

### IMPRESSION:

1. Fair exercise tolerance.
2. Adequate heart rate and blood pressure response.
3. This maximal treadmill test did not evoke significant and diagnostic clinical or electrocardiographic evidence for significant occlusive coronary artery disease.

CONCLUSION: TMT IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA.

ADVICE : CLINICAL CORRELATION.

END OF REPORT

Dr. SYED ZAFRUL HASAN

MBBS, PGDCC, ACMDC, DFM (U.K)

Up to **15%** Discount on Medicines Purchase from Felix Pharmacy (Specialty Consultant)  
फेलिक्स फार्मसी से दवाओं की खरीद पर 15% की छूट\*  
Consultation Charges valid till 3 days

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Reg. No.: OPD.23-24-57722

Request Date : 26-08-2023 10:17 AM

Reporting Date : 26-08-2023 11:40 AM  
Report Status : Finalized

## ULTRASOUND WHOLE ABDOMEN FEMALE

**Liver** is normal in size, shape and shows homogenous echopattern. No focal lesion is seen. Intrahepatic biliary radicles and venous channels appear normal.  
**Gall bladder** is distended and shows smooth walls and the lumen is echofree. CBD is not dilated.  
**Pancreas** is normal in size, shape and echotexture.  
**Spleen** is normal in size and echotexture.  
**Both kidneys** are normal in size, shape and echopattern. Cortico-medullary differentiation and parenchymal thickness is well maintained. No evidence of any pelvicalyceal separation is seen.  
**A concretion is noted at mid calyx of left kidney.**  
No evidence of any significant retroperitoneal lymphadenopathy is seen.  
No evidence of fluid in peritoneal cavity.  
**Urinary bladder** is normal in distensibility and wall thickness. The lumen is echofree.  
**Uterus** is anteverted and normal in size. Myometrial echoes are homogeneous. Endometrium thickness is normal.  
**Nabothian cyst is noted in the cervix.**  
**Both ovaries** are normal in size, shape and echotexture.  
**A well defined anechoic lesion noted in the right ovary, measures ~ 30 x 30 mm - likely follicular cyst.**  
Cul-de-sac is clear.

### IMPRESSION:

Left renal concretion.

Well defined anechoic lesion in the right ovary - likely follicular cyst.

Advice: Clinical Correlation.

END OF REPORT

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26/08/2023 10:35:42

FELIX HOSPITAL  
SEC 137 NOIDA

Case: *Vishal Singh*  
Age: *28/F*

ID: 14  
AGE: Y M D  
Cms Kg

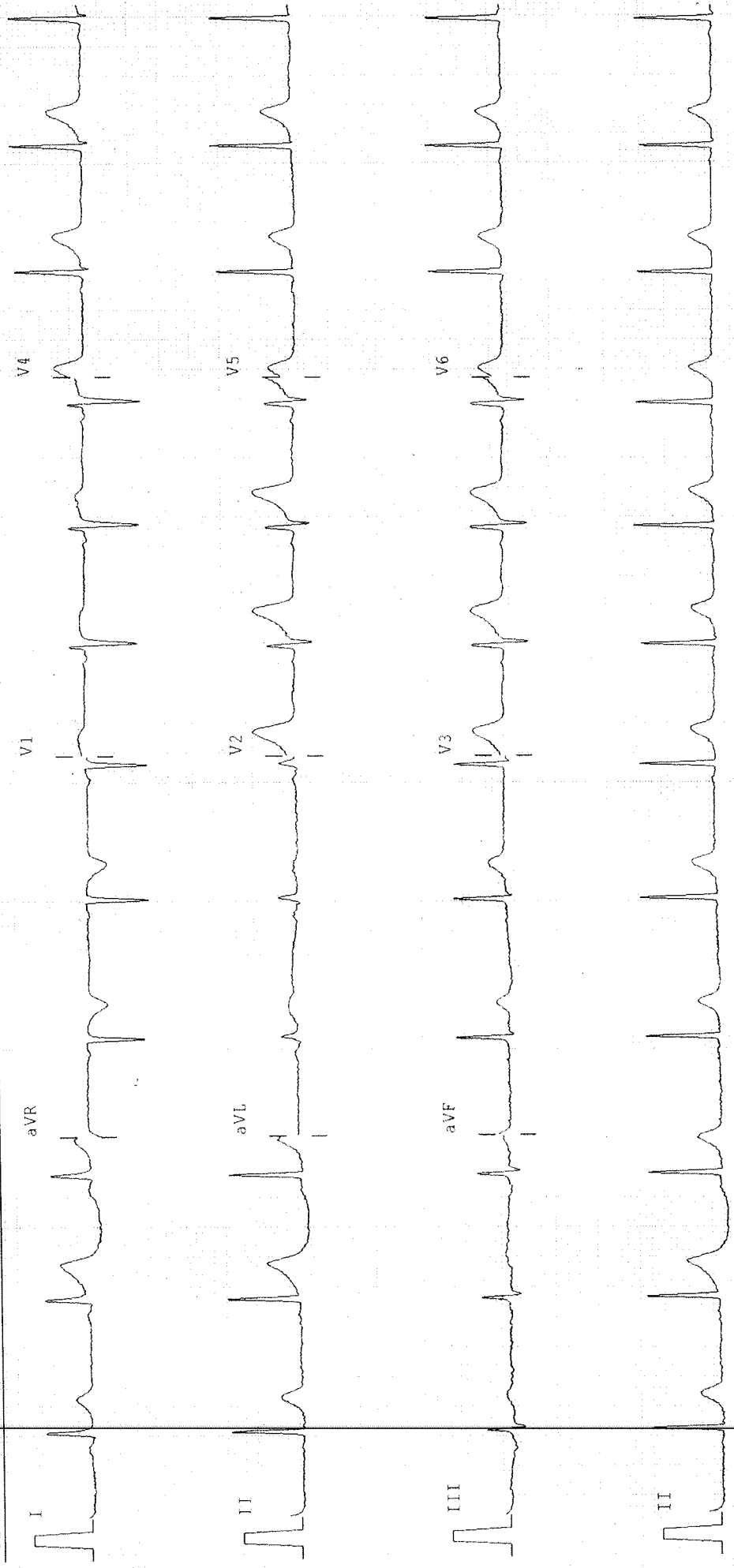
RATE : 70 bpm  
R-R : 857 ms  
P-R : 122 ms  
QRS : 84 ms  
QT : 362 ms  
QTc : 380 ms

--AXIS--  
P : 02°  
QRS : 50°  
T : 47°

Dr. DR RAHUL ABORA

REF:

12 SL. REPORT FORMAT: 3x4+1L SQ



Mrs. Sangita Singh.

26/08/23

1/2 R 6/6  
L 6/6

2/2 R D-6  
L N-6

Column in (WNL)