

आयकर विभाग

INCOME TAX DEPARTMENT

URVASHI SINHA

UDAY KUMAR SINHA

05/07/1988

Permanent Account Number

DHDPS3660B



भारत सरकार

GOVT. OF INDIA

Dr. K.C. BHARADWAJ
M.B.B.S. D CARD
Reg. No. 32749

Handon Diagnostic Centre
24/22, Karachi Khane
Mall Road, Kanpur



Urvashi Sinha
Signature

Dr. K.C. Bharadwaj

Urvashi


PLEASE
USE BACK
DOOR FOR
REFERANCE

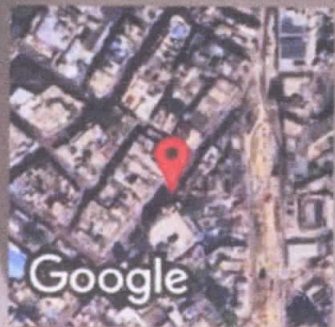
WELCOME

Bharadwaj

Shandani Diagnostic Centre
24/22, Karachi Khana
Mall Road, Kanpur

Dr. K.C. BHARADWAJ
M.B.B.S. D CARD
Reg. No. 32749

 **GPS Map Camera**



Kanpur, Uttar Pradesh, भारत
24/22, Mall Rd, Mall Rd Chauraha, General Ganj, Kanpur, Uttar Pradesh
208001, भारत
Lat 26.464708°
Long 80.358854°
17/03/24 11:29 AM GMT +05:30



CHANDAN DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur
Ph: 9235432757,
CIN : U85110DL2003LC308206



Patient Name	: Mrs.URVASHI SAXENA	Registered On	: 17/Mar/2024 10:38:31
Age/Gender	: 35 Y 8 M 12 D /F	Collected	: 17/Mar/2024 13:15:56
UHID/MR NO	: IKNP.0000032766	Received	: 18/Mar/2024 10:20:02
Visit ID	: IKNP0091212324	Reported	: 18/Mar/2024 13:29:57
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) ** , Blood

Blood Group	B			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) ** , Whole Blood

Haemoglobin	8.00	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	5,900.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	72.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	22.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	32.00	Mm for 1st hr.		
Corrected	12.00	Mm for 1st hr.	<20	
PCV (HCT)	26.00	%	40-54	
Platelet count				
Platelet Count	2.20	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	36.30	%	35-60	ELECTRONIC IMPEDANCE





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.24	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.20	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	3.39	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	76.90	fl	80-100	CALCULATED PARAMETER
MCH	23.50	pg	28-35	CALCULATED PARAMETER
MCHC	30.60	%	30-38	CALCULATED PARAMETER
RDW-CV	16.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,248.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	59.00	/cu mm	40-440	

Slahoti.

Dr. Surbhi Lahoti (M.D. Pathology)





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Age/Gender	: 35 Y 8 M 12 D /F	Collected	: 17/Mar/2024 18:34:54
UHID/MR NO	: IKNP.0000032766	Received	: 17/Mar/2024 18:38:59
Visit ID	: IKNP0091212324	Reported	: 17/Mar/2024 19:05:28
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING , Plasma

Glucose Fasting	69.70	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP

Sample: Plasma After Meal

86.80	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Dr. Seema Nagar(MD Path)





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UHID/MR NO	: IKNP.0000032766	Received	: 18/Mar/2024 12:43:09
Visit ID	: IKNP0091212324	Reported	: 18/Mar/2024 15:14:35
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	34.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	105	mg/dl		

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

**Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated VARIANT II TURBO HPLC Analyser.

Clinical Implications:

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

*With optimal control, the HbA 1c moves toward normal levels.

*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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c. Alcohol toxicity d. Lead toxicity

*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

*Pregnancy d. chronic renal failure. Interfering Factors:

*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.



Dr. Anupam Singh (MBBS MD Pathology)





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UHID/MR NO	: IKNP.0000032766	Received	: 17/Mar/2024 13:16:08
Visit ID	: IKNP0091212324	Reported	: 17/Mar/2024 14:51:20
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * <i>Sample:Serum</i>	8.90	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample:Serum</i>	0.87	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid <i>Sample:Serum</i>	2.65	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	19.20	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	18.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	13.20	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.93	gm/dl	6.2-8.0	BIURET
Albumin	3.85	gm/dl	3.4-5.4	B.C.G.
Globulin	3.08	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.25		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	76.30	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.30	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.18	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.12	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	103.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	38.30	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	52	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	12.64	mg/dl	10-33	CALCULATED
Triglycerides	63.20	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	CALCULATED

Dr. Seema Nagar(MD Path)





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UHID/MR NO	: IKNP.0000032766	Received	: 18/Mar/2024 11:35:15
Visit ID	: IKNP0091212324	Reported	: 18/Mar/2024 15:46:09
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE ** , Urine

Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	3-4/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-1/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	BUDDING YEAST PRESENT			

STOOL, ROUTINE EXAMINATION ** , Stool

Color	BROWNISH
Consistency	SEMI SOLID





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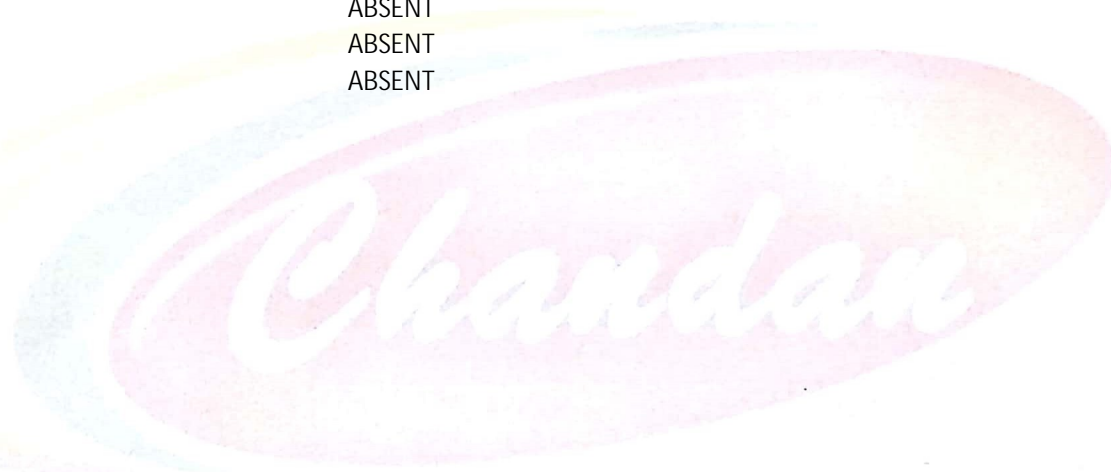


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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Reaction (PH)	Acidic (6.5)			
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			



Dr. Anupam Singh (MBBS MD Pathology)





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UHID/MR NO	: IKNP.0000032766	Received	: 17/Mar/2024 18:38:59
Visit ID	: IKNP0091212324	Reported	: 17/Mar/2024 19:06:17
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage ABSENT gms%

Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++)
- (++++)

SUGAR, PP STAGE * , Urine

Sugar, PP Stage ABSENT

Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++)
- (++++)

Dr. Seema Nagar(MD Path)





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Visit ID	: IKNP0091212324	Reported	: 18/Mar/2024 13:21:04
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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THYROID PROFILE - TOTAL ** , Serum

T3, Total (tri-iodothyronine)	112.32	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.560	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Dr. Anupam Singh (MBBS MD Pathology)





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Patient Name	: Mrs.URVASHI SAXENA	Registered On	: 17/Mar/2024 10:38:34
Age/Gender	: 35 Y 8 M 12 D /F	Collected	: N/A
UHID/MR NO	: IKNP.0000032766	Received	: N/A
Visit ID	: IKNP0091212324	Reported	: 18/Mar/2024 19:13:42
Ref Doctor	: Dr.MediWheel Knp -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA *

X-Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

IMPRESSION

*** NO OBVIOUS DETECTABLE ABNORMALITY SEEN**


*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER), Tread Mill Test (TMT), PAP SMEAR FOR CYTOLOGICAL EXAMINATION




Dr Raveesh Chandra Roy (MD-Radio)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *
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Patient Name	: Mrs.URVASHI SAXENA	Registered On	: 17/Mar/2024 11:28:01
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UHID/MR NO	: IKNP.0000032766	Received	: 18/Mar/2024 11:02:27
Visit ID	: IKNP0091242324	Reported	: 18/Mar/2024 12:16:51
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
RA (Rheumatoid Arthritis) QUANTITATIVE ** Sample:Serum	39.16	U/ml	< 18 Negative 18-22 Borderline > 22 Positive	

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.



Dr. Anupam Singh (MBBS MD Pathology)

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Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *
365 Days Open *Facilities Available at Select Location



SIN No:64757746

Page 1 of 1



Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection
1800-419-0002

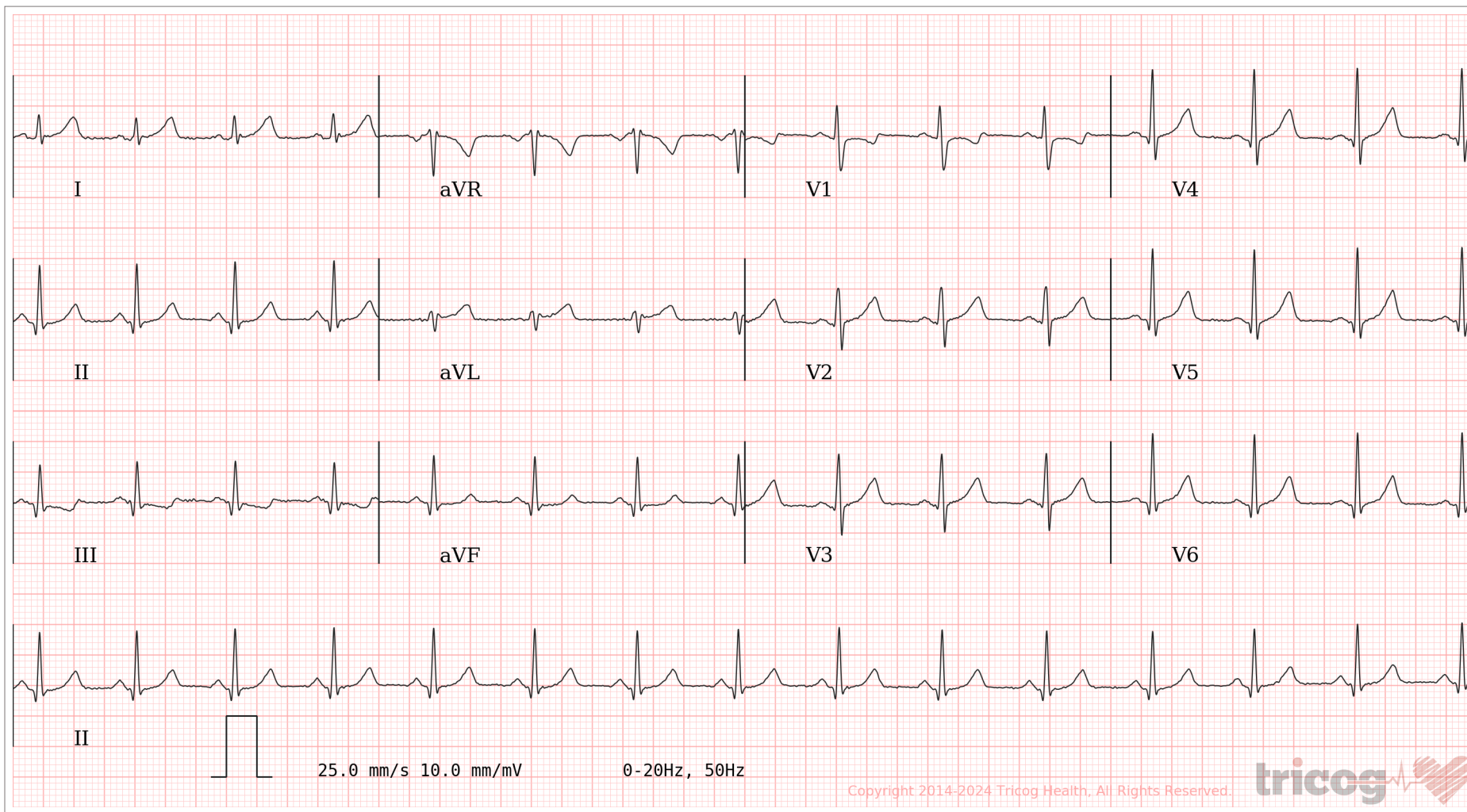
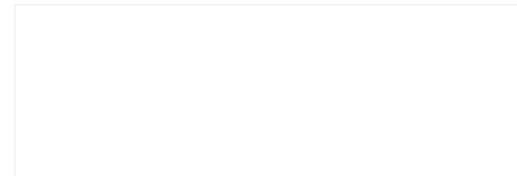
Mar. 2018

Chandan Diagnostic



Age / Gender: 35/Female
Patient ID: IKNP0091212324
Patient Name: Mrs.URVASHI SAXENA

Date and Time: 17th Mar 24 11:26 AM



AR: 90bpm VR: 90bpm QRSD: 78ms QT: 350ms QTcB: 428ms PRI: 132ms P-R-T: 60° 69° 26°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY

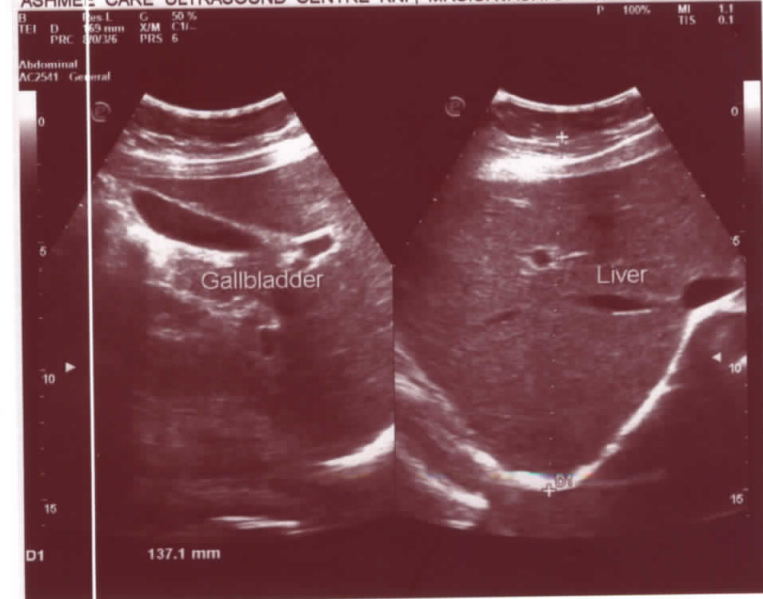
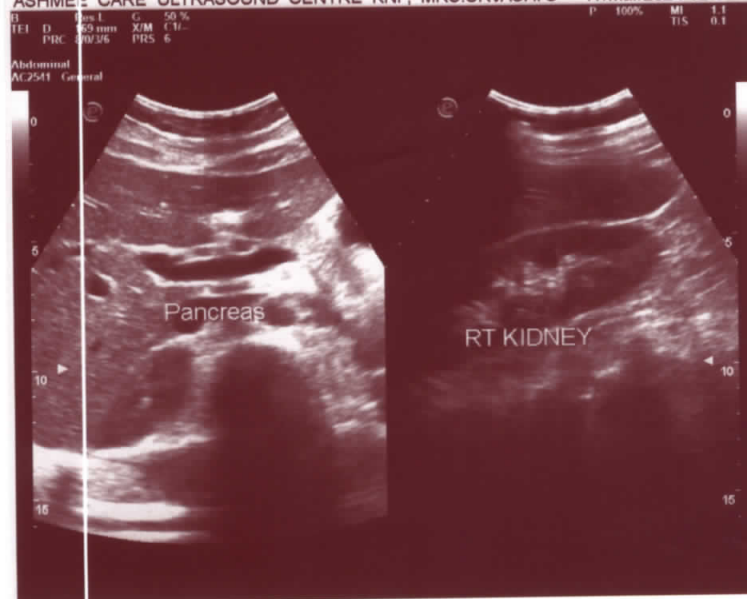
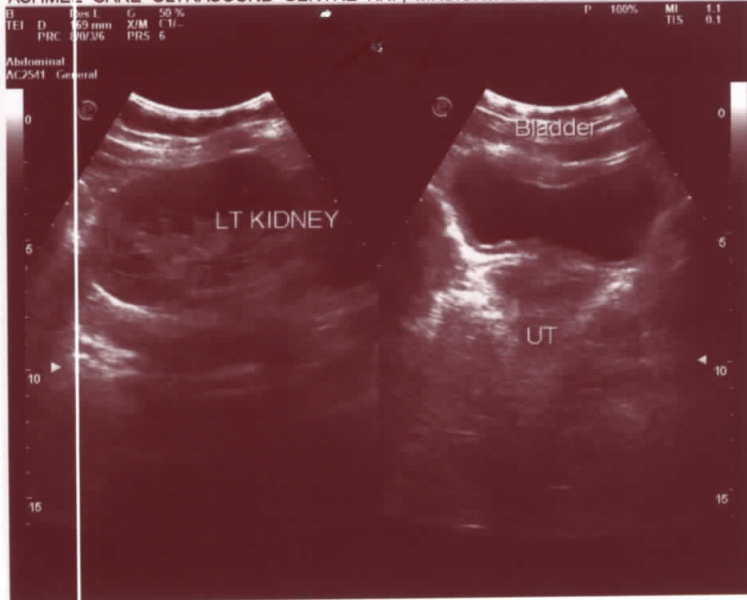
Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr Prathima S.K

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



DR. A.K. GUPTA

M.B.B.S., D.C.P., I.A.P.M., P.M.H.S.
Ex Chief Medical Superintendent
Senior Consultant

ASHMEE CARE

ULTRASOUND

**&
CARDIO CENTRE**

2D ECHO ★ COLOUR DOPPLER ★ ULTRASOUND ★ TMT ★ ECG

NAME OF PATIENT: MRS.URVASHI SAXENA

AGE: 35 SEX: ♀

REF.BY: DR.C.D.C

DATE: 17-03-2024

WHOLE ABDOMINAL SCAN

LIVER : LIVER IS ENLARGED IN SIZE(157.5MM). PARENCHYMAL ECHOTEXTURE IS HOMOGENOUS.

PORTAL AND HEPATIC VEINS ARE NORMAL. INTRA HEPATIC BILIARY CHANNELS ARE NORMAL.

GALL BLADDER: IS NORMAL IN SIZE & ECHOTEXTURE . NO CALCULI / MASS SEEN

C.B.D.: NORMAL IN CALIBER.

PANCREAS: NORMAL IN SIZE & ECHOTEXTURE. PANCREATIC DUCT IS NOT DILATED.

SPLEEN : NORMAL IN SIZE (83MM) & ECHOTEXTURE. SPLENIC VEIN IS NOT DILATED.

RIGHT KIDNEY: NORMAL IN SIZE (91MM X 45MM), OUTLINE AND CORTICAL ECHOTEXTURE .RENAL PARENCHYMAL WIDTH IS NORMAL. CORTICO-MEDULLARY DEFINITION IS NORMAL. NO BACK PRESSURE CHANGES ARE SEEN. PERINEPHRIC SPACES ARE NORMAL.

LEFT KIDNEY : NORMAL IN SIZE (98MM X 47MM), OUTLINE AND CORTICAL ECHOTEXTURE .RENAL PARENCHYMAL WIDTH IS NORMAL. CORTICO-MEDULLARY DEFINITION IS NORMAL. NO BACK PRESSURE CHANGES ARE SEEN. PERINEPHRIC SPACES ARE NORMAL.

URINARY BLADDER: NORMAL IN SIZE AND CONTOUR. WALL IS SMOOTH AND REGULAR. NO MASS OR LESION IS SEEN IN LUMEN .

UTERUS : UTERUS IS NORMAL IN SIZE & SHAPE .MYOMETRIUM IS NORMAL. ENDOMETRIAL THICKNESS IS 5.4MM .

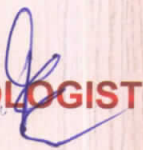
OVARIES : BOTH OVARY ARE NORMAL IN SHAPE AND SIZE.

RETRO PERITONEAL VESSELS ARE NORMAL .NO RETROPERITONEAL LYMPH NODES ARE SEEN.PSOAS MUSCLES ARE NORMAL.

IMPRESSION : HEPATOMEGALY.

FILM & REPORT NOT VALID FOR MEDICO-LEGAL PURPOSE

SONOLOGIST



PNDT Registration No- PNDT/REG/94/2012

DR. RACHIT GUPTA

Attending Cardiologist, MD (Physician)
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Note : This report is to help clinician for better patient management. Discrepancies due to technical or typing errors should be reported within three days for correction. No compensation liability stands.