

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	MADHURI KUMARI SINGH
DATE OF BIRTH	07-06-1984
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	24-09-2022
BOOKING REFERENCE NO.	22S168500100026390S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. SINGH VIKASH KUMAR
EMPLOYEE EC NO.	168500
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	NEW DELHI,KHANPUR
EMPLOYEE BIRTHDATE	08-10-1989

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **21-09-2022** till **31-03-2023**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

MADHURI KUMARI SINGH

RABINDRA KUMAR SINGH

07/06/1984

Permanent Account Number

CBAPS8483E

Madhuri K. Singh  
Signature



24102008



भारत सरकार  
GOVERNMENT OF INDIA



माधुरी कुमारी सिंह  
Madhuri Kumari Singh

जन्म वर्ष / Year of Birth : 1984

महिला / Female



5781 0626 6688

आधार — आम आदमी का अधिकार



Madhuri K. Singh

Scanned by CamScanner

इस कार्ड के खोने / प्राने पर कृपया सूचित करें / लौटाएं :

आयकर पैन सेवा इकाई, एन एस डी एल  
पहली मजिल, टाईम्स टॉवर, कमला मिल्स कम्पाउंड,  
एस. बी. मार्ग, लोअर परेल, मुम्बई - 400 013.

*If this card is lost / someone's lost card is found,  
please inform / return to :*

Income Tax PAN Services Unit, NSDL  
1st Floor, Times Tower,  
Kamala Mills Compound,  
S. B. Marg, Lower Parel, Mumbai - 400 013.

Tel: 91-22-2499 4650, Fax: 91-22-2495 0664,  
e-mail: tininfo@nsdl.co.in



**भारतीय विशिष्ट पहचान प्राधिकरण**  
**UNIQUE IDENTIFICATION AUTHORITY OF INDIA**

पता: D/O रबिन्द्र कुमार सिंह, सिविल  
लाइन, तकिया गुमटी के पास, कंपनी  
सराय, सामाराम, सासाराम, रोहतास,  
बिहार, 821115


Address: D/O Rabindra Kumar  
Singh, Civil Line, Near Takiya  
Gumti, Company Sarai, Sasaram,  
Sasaram, Rohtas, Bihar, 821115

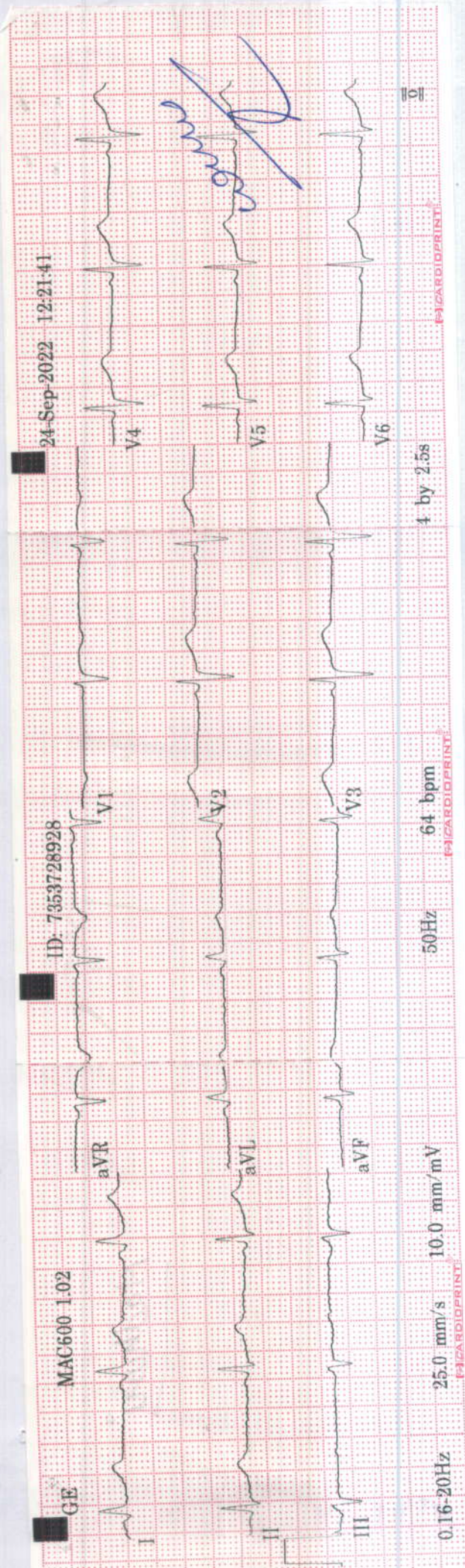


  
1947  
1800 180 1947

  
help@uidai.gov.in

  
www.uidai.gov.in

  
P.O. Box No. 1947,  
Bengaluru-560 001



ID: 7353728928	Female	38years	64 bpm
QRS duration	78 ms	QT/QTc	426/439 ms
PR interval	100 ms	P duration	86 ms
RR interval	937 ms	P-R-T axes	1 25 26
MAC600 1.02			12SL™ v239

Handwritten signature: *Mohari*  
 Handwritten text: *Mohari KV Singh*

24 HRS EMERGENCY

FOR PATIENT USE ONLY  
केवल रोगी के लिए

SECOND FLOOR  
दूसरा तल



2



24/09/2022 at  
10:00am



# Aakash Hospital<sup>TM</sup>

Care with Concern

(A unit of Dr. Gaba & Associates Medicare Pvt. Ltd.)



90/43, Malviya Nagar, New Delhi-110017 #011 40501000 (100 Lines), 9871027922  
info@aakashhospital.com, www.aakashhospital.com

Name of patient :	Madhuri Singh	Age :	38	M/F :	F
Address :					
Consultant :	Dr Priyanka Singh	Speciality :	Ophthalmology	Date :	24.9.2022

Investigations :	Presenting Complaints:	Provisional Diagnosis
	Routine eye checkup	B/E Refractive error
	Present History :	Rx
		Both eyes WNL.
Systemic Examination :	Past History :	Adv
	Family History :	E/D normotens
	H/o any Allergy :	↓ 0 0 0
		x 3 months.
• Followup/Next visit • Diet / Nutrition Explained • Preventive Steps Explained • Prognosis Explained	Vitals :	 <b>Dr. PRIYANKA SINGH</b> MBBS, MS (Ophthalmology), DNB, FAICO Consultant & Eye Surgeon Regn. No.: DMC / R / 06891
	BP :	
	Pulse :	
	Temp :	
	Pain Scale (0-10)	
	Wt/Ht (if required)	
	Immunization	
	Signature :	



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#011 40501000 (100 Lines), 9871027922  
info@aakashhospital.com, www.aakashhospital.com

Lab Reg. No. : 2209240025	Date / Time : 24/09/2022
Patient Name : Mrs. Madhuri Kumari Singh	UHID No. : 168500
Age / Sex : 38 Yrs. / Female	IPD No. :
Consultant : Self.	Collection Time : 24/09/2022 12:01:38 pm
Phone No. : 7353372892	Reporting Date & Time : 24/09/2022 5:06:00 pm

Test Name	Observed Values	Unit	Biological Reference Range
<b>Lab</b>			
<b>COMPLETE HAEMOGRAM</b>			
HAEMOGLOBIN (HB)	12.5 L	gm/dl	13.0 - 17.0
Photometric Light Absorbance			
TOTAL LEUCOCYTE COUNT (TLC)	5500	/cumm	4000 - 11000
Volumetric Impedance			
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHILS	61	%	40 - 80
Flowcytometry/ Microscopy			
LYMPHOCYTES	31	%	20 - 40
Flowcytometry / Microscopy			
EOSNOPHILS	5	%	01 - 06
Flowcytometry / Microscopy			
MONOCYTES	3	%	2 - 10
Flowcytometry / Microscopy			
BASOPHILS	0	%	0 - 1
Flowcytometry/ Microscopy			
RBC COUNT	4.6	Millions/cmm	4.5 - 5.5
Volumetric/ Impedance			
P.C.V / HAEMATOCRIT	36.9 L	%	40 - 50
Histogram Calculated			
MCV	79.7 L	cubic micron	83 - 101
Electric Impedance			
MCH	26.9 L	Pg	27.0 - 32.0
Calculated			
MCHC	33.8	g/dl	31.5 - 34.3
Calculated			
PLATELET COUNT	1.30 L	Lakh/cumm	1.50 - 4.10
Volumetric Impedance			
RDW CV	13.4	%	
Histogram			
ERYTHROCYTE SEDIMENTATION RATE ( Westren Method)	33 H	mm/hr	0-20

{{End of Report}}

Valsamma  
PREPARED BY

Valsamma  
VERIFIED BY

**Dr. MEENA METRE**  
MBBS, MD  
CONSULTANT PATHOLOGIST



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Consultant : Self.	Collection Time : 24/09/2022 12:01:38 pm
Phone No. : 7353372892	Reporting Date & Time : 24/09/2022 6:18:00 pm

Test Name	Observed Values	Unit	Biological Reference Range
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### Biochemistry

Hba1c (Glycosylated Hemoglobin)

HBA1C  
Immunoturbidimetric

5.8

%

4.0 - 6.0

### RECOMMENDED NGSP GUIDELINES FOR HbA1C LEVELS :

Non - Diabetic 4.0 % - 6.0%

Target for diabetics : < 7 %

Therapeutic action required > 8 %

### COMMENT

The A1C test is a common blood test used to diagnose type 1 and type 2 diabetes. If you're living with diabetes, the test is also used to monitor how well you're managing blood sugar levels.

The A1C test is also called the glycated hemoglobin, glycosylated hemoglobin, hemoglobin A1C or HbA1c test. An A1C test result reflects your average blood sugar level for the past two to three months.

{{End of Report}}

Priya

PREPARED BY

Priya

VERIFIED BY

  
Dr. MEENA METRE  
MBBS, MD  
CONSULTANT PATHOLOGIST





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Age / Sex : 38 Yrs. / Female	IPD No. :
Consultant : Self.	Collection Time : 24/09/2022 12:01:38 pm
Phone No. : 7353372892	Reporting Date & Time : 24/09/2022 6:15:00 pm

Test Name	Observed Values	Unit	Biological Reference Range
<b>URINE ROUTEIN AND MICROSCOPY</b>			
VOLUME	10	ml	
COLOUR/APPEARANCE	Pale Yellow		Pale Yellow
TRANSPARENCY	Clear		Clear
PH	6.0		6.0 - 7.5
SPECIFIC GRAVITY	1.010		1.005-1.030
Bromothymol blue indicator			
<b>CHEMICAL EXAMINATION</b>			
URINE GLUCOSE	Negative		Negative
GOD - POD			
URINE PROTEIN	Negative		Negative
Tetrabromophenol blue			
URINE KETONE BODIES/ACETONE	Negative		Negative
Sodium nitropursside			
BLOOD	Negative		Negative
Peroxidase			
LEUKOCYTES	Negative		Negative
Esterase			
NITRITE	Negative		Negative
Tetrahydrbenzo(h) quinolin			
BILIRUBIN	Negative		Negative
Diazotized dichloraniline			
UROBILINOGEN	0.8		0.2 - 1.0
Ehrlich reaction			
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS	1-2	/HPF	0 - 9
RBC'S	Absent	/HPF	0 - 4
EPITHELIAL CELLS	2-4	/HPF	0 - 4
BACTERIA	Absent	/HPF	Absent
CRYSTALS	Absent		Absent
CASTS	Absent	/LPF	Absent
YEAST CELL	Absent		Absent
OTHERS	Absent		NIL
URINE SUGAR PP	NIL		NIL

{{End of Report}}

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**Dr. MEENA METRE**  
**MBBS, MD**  
**CONSULTANT PATHOLOGIST**



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Consultant : Self.	Collection Time : 24/09/2022 12:01:38 pm
Phone No. : 7353372892	Reporting Date & Time : 24/09/2022 5:06:00 pm

Test Name	Observed Values	Unit	Biological Reference Range
<b>BLOOD GROUP</b>	<b>Pathology</b>		
BLOOD GROUP	"O"		
RH TYPING	POSITIVE.		
	{{End of Report}}		

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PREPARED BY

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Age / Sex : 38 Yrs. / Female	IPD No. :
Consultant : Self.	Collection Time : 24/09/2022 12:01:38 pm
Phone No. : 7353372892	Reporting Date & Time : 24/09/2022 5:07:00 pm

Test Name	Observed Values	Unit	Biological Reference Range
<b>Lab</b>			
<b>LFT ( LIVER FUNCTION TEST )</b>			
BILIRUBIN-TOTAL	0.9	mg /dl	0-2.0
Diazo			
BILIRUBIN-DIRECT	0.3	mg /dl	0.0 - 0.4
Diazo			
BILIRUBIN INDIRECT	0.6	mg/dL	0.2 - 1.2
Calculated			
TOTAL PROTEIN	6.8	g/dL	6.4 - 8.3
Biuret			
ALBUMIN	3.9	g/dL	3.5 - 5.2
BCG			
GLOBULIN	2.9	g/dL	1.8 - 3.6
Calculated			
A/G Ratio	1.3	%	1.1 - 2.2
Calculated			
SGOT	29	U/L	0 - 35
IFCC			
SGPT	26	U/L	0 - 45
IFCC			
ALKALINE PHOSPHATE	67	U/L	42 - 98
AMP			
GGTP	13	U/L	0 - 38
Glupa-C			


### INTERPRETATION :

In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In known cases of Chronic Liver disease due to Viral Hepatitis B & C. Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

{{End of Report}}

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MBBS, MD  
CONSULTANT PATHOLOGIST



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#011 40501000 (100 Lines), 9871027922  
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Lab Reg. No. : 2209240025	Date / Time : 24/09/2022
Patient Name : Mrs. Madhuri Kumari Singh	UHID No. : 168500
Age / Sex : 38 Yrs. / Female	IPD No. :
Consultant : Self.	Collection Time : 24/09/2022 12:01:38 pm
Phone No. : 7353372892	Reporting Date & Time : 24/09/2022 5:08:00 pm

Test Name	Observed Values	Unit	Biological Reference Range
<b>Lab</b>			
<b>KFT ( KIDNEY FUCTION TEST )</b>			
UREA	15.9	mg/dl	15 - 45
Urease - GLDH			
CREATININE	0.6	mg/dl	0.6 - 1.1
Enzymatic			
URIC ACID	4.6	mg/dl	2.6 - 6.0
Uricase			
BLOOD UREA NITROGEN	7.4	mg/dl	6.0 - 20
Calculated			
SODIUM	143	mmol/L	135 - 146
ISE Indirect			
POTASSIUM	3.7	mmol/L	3.5 - 5.1
ISE Indirect			
CHLORIDE	110	mmol/L	98 - 110
ISE Indirect			

### INTERPRETATION :

Kidney function tests are a panel of investigative tests that determine if the kidneys are working efficiently or not. The tests involve simple blood and urine analysis that can help identify problems with the kidneys such as presence of renal disease, monitoring the treatment response of kidneys, and determining the progression of renal disease. KFT/RFT are also performed when a patient suffers from other disorders, like diabetes or hypertension, that may damage the kidneys.

{{End of Report}}

Valsamma  
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Dr. MEENA METRE  
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Age / Sex : 38 Yrs. / Female	IPD No. :
Consultant : Self.	Collection Time : 24/09/2022 12:01:38 pm
Phone No. : 7353372892	Reporting Date & Time : 24/09/2022 6:21:00 pm

Test Name	Observed Values	Unit	Biological Reference Range
<b>Lab</b>			
<b>BLOOD GLUCOSE (PP)</b> BLOOD GLUCOSE (PP) GOD-POD	166 H	mg /dl	70-140
<b>BLOOD GLUCOSE FASTING (FBS)</b> BLOOD GLUCOSE (FASTING) GOD-POD	96	mg /dl	70-110

{{End of Report}}

Priya  
PREPARED BY

Priya  
VERIFIED BY

  
Dr. MEENA METRE  
MBBS, MD  
CONSULTANT PATHOLOGIST



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Age / Sex : 38 Yrs. / Female	IPD No. :
Consultant : Self.	Collection Time : 24/09/2022 12:01:38 pm
Phone No. : 7353372892	Reporting Date & Time : 24/09/2022 5:09:00 pm

Test Name	Observed Values	Unit	Biological Reference Range
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL CHOD-PAP	171.0	mg/dL	0 - 200
TRIGLYCERIDES GPO	64.2	mg/dL	0 - 161
HDL CHOLESTEROL DIRECT	55.3	mg/dl	42 - 88
VLDL CHOLESTROL Calculated	12.8	mg /dl	0-40
LDL CHOLESTEROL Calculated	102.9 H	mg/dl	0 - 100
CHOL/HDL RATIO Calculated	3.1	Ratio	0.0 - 3.5
LDL/HDL Ratio Calculated	1.9	Ratio	0 - 3

**INTERPRETATION :**

NATIONAL LIPID ASSOCIATION RECOMMENDATION in mg/dl	TOTAL CHOLESTROL in mg/dl	TRIGLYCERIDE in mg/dl	LDL CHOLESTROL in mg/dl	NON HDL CHOLESTROL(NLA-2014)
OPTIMAL	<200	<150	<100	<130
ABOVE OPTIMAL	---	---	100-129	130-159
BORDERLINE HIGH	200 -239	150-199	130-159	160-189
HIGH	>=240	200-499	160-189	190-219
VERY HIGH	---	>=500	> =190	>=220

A lipid panel is a common blood test that healthcare providers use to monitor and screen for your risk of cardiovascular disease. The panel includes three measurements of your cholesterol levels and a measurement of your triglycerides.  
**SPECIAL NOTE : 12 HRS FASTING REQUIRED**

{{End of Report}}

Valsamma  
PREPARED BY

Valsamma  
VERIFIED BY

  
Dr. MEENA METRE  
MBBS, MD  
CONSULTANT PATHOLOGIST



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90/43, Malviya Nagar, New Delhi-110017  
#011 40501000 (100 Lines), 9871027922  
info@aakashhospital.com, www.aakashhospital.com

Name : Mrs.MADHURI KUMARI SINGH  
Age/Gender : 38 Y(s) /Female  
Reg No : 2409223440  
Lab ID No : KP0073651  
Sample ID : 220077598  
Sample Type : Serum

Location : KPL A43  
Registered On : 24-09-2022 16:05  
Reported On : 24-09-2022 17:21  
Referred By : SELF  
Client Name : AAKASH HOSPITAL  
Reference No :



<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
T3 Method : CLIA	: 1.22	nmol/L	0.92 - 2.79
T4 Method : CLIA	: 102.25	nmol/L	65 - 138.0
TSH Method : CLIA	: 1.43	uIU/mL	0.35 - 5.5

#### Reference Range for Children

1-4 days : 1.00-39.00  
5 days-5 months : 1.7 - 9.1  
5 months - 20 years : 0.70 - 6.40

- (1) 4.2 to 15  $\mu$ IU/mL - Correlate clinically as physiological and other factors may falsely elevate TSH levels.
- (2) TSH Values may be transiently altered because of non-thyroidal illness.
- (3) Some drugs may decrease TSH values, e.g., L-dopa, Glucocorticoids.
- (4) Some drugs may increase TSH values, e.g., Iodine, Lithium, and Amiodarone. Abbreviations.

\*\*\*\* End Of The Report \*\*\*\*



*Sherry Khanna*

Dr.Sherry Khanna  
D.N.B. (Pathology)  
Head-Lab Operations.

**R**

MADHURI KUMARI SINGH 38YRS AKH 29323 F CHEST PA 2022-09-24  
AAKASH HOSPITAL 90/43, MALVIYA NAGAR, PH-40501000





# Aakash Hospital<sup>TM</sup>

*Care with concern*

(A unit of Dr. Gaba & Associates Medicare Pvt. Ltd.)



CIN No. U85110DL2004PTC125538

90/43, Malviya Nagar, New Delhi-110017  
#+91-11-40501000 (100 Lines), 9871027922  
info@aakashhospital.com, www.aakashhospital.com

**NAME: MRS MADHURI KUMAR**

**AGE: 38 Y**

**SEX: FEMALE**

**REF.BY: MEDICAL**

**DATE: 24.09.22**

**X RAY NO: 29323**

## CHEST (PA VIEW)

The diaphragmatic domes have smooth contours, a normal arched shape and occupy a normal position.

The costophrenic angles are clear.

Both lungs are normally aerated and are applied to the chest wall on all sides.

The mediastinum is centered and of normal width.

The cardiac and vascular shadows show a normal configuration.

The thoracic skeleton is symmetrically shaped and the spine is unremarkable.

The soft tissue envelope of chest shows no abnormalities.

**IMP: NORMAL STUDY**

**DR.R.DUGGAL  
MD(RADIOLOGY)  
DMC-2595**

### AREA OF EXPERTISE

- Interventions (Vascular & Nonvascular)
- FNAC

- Biopsy
- Drainages
- Doppler Scans

- 3D & 4D Scans
- Varicose Vein Laser Treatment





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# +91-11-40501000 (100 Lines), 9871027922  
info@aakashhospital.com, www.aakashhospital.com

## ECHOCARDIOGRAM REPORT

NAME : MRS MADHURI  
AGE/SEX : 38/F  
DATE : 24.09.2022

## ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

MEASUREMENT	VALUE	NORMAL RANGE
AORTIC ROOT DIAMETER	26	20 – 37 mm
AORTIC VALVE OPENING	-	15 – 26 mm
LEFT ATRIAL DIMENSION	34	19 -40 mm
RV DIMENSION	N	07 – 26 mm
RV THICKNESS	N	03 -09 mm.
LV ED DIMENSION	47	37 – 56 mm
LV ES DIMENSION	26	22 – 40mm
IVS THICKNESS	ED – 06 ES –11	06 – 12 mm.
LVPW THICKNESS	ED – 04 ES – 07	05 – 11 mm
IVS/LVPW RATION	N	
MITRAL VALVE	DE-N EF – N	
INDICES OF LV FUNCTION		
LVEF	60%	60 +/-5 %
FS	31%	24 -42 %

### AREA OF EXPERTISE

- Interventions (Vascular & Nonvascular)
- Biopsy
- Drainages
- 3D & 4D Scans
- Varicose Vein





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## IMAGING

- ❖ LV normal size. Good contractility. RWMA absent. No thrombus.
- ❖ LA normal in size. No clot.
- ❖ RV & RA normal size. RV contractility.
- ❖ Mitral valve leaflets normal. PML motion normal. No annular calcification present.
- ❖ Normal tricuspid & pulmonic valves.
- ❖ Aortic valve- tricuspid.
- ❖ Pericardium normal.

**RWMA: ABSENT**

### **DOPPLER:-**

MV	E 0.77 m/sec	A 0.58 m/sec	MR	0/4
TV	0.26 m/sec		TR	0/4
AV	0.92 m/sec		AR	0/4
PV	0.55 m/sec		PR	0/4

**COLOUR FLOW MAPPING: NORMAL**

### **FINAL IMPRESSION:-**

- ❖ Normal LV wall motion and systolic function.
- ❖ Normal flow across valves
- ❖ No LV clot, Vegetation, pericardial effusion.

**DR. Rahul Trehan**  
**MD, Medicine**  
**Consultant Physician & Cardiologist**

## **AREA OF EXPERTISE**

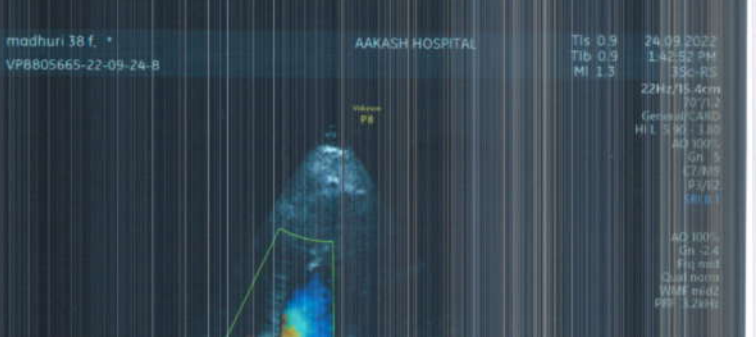
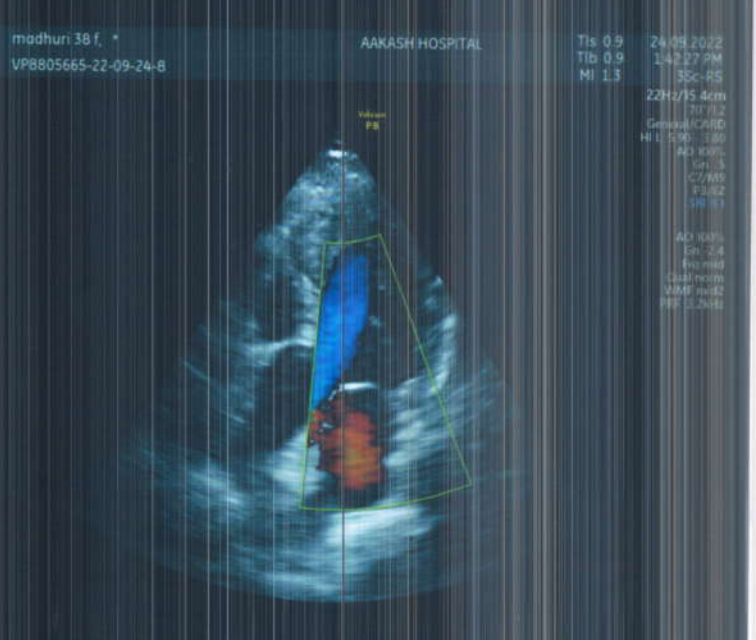
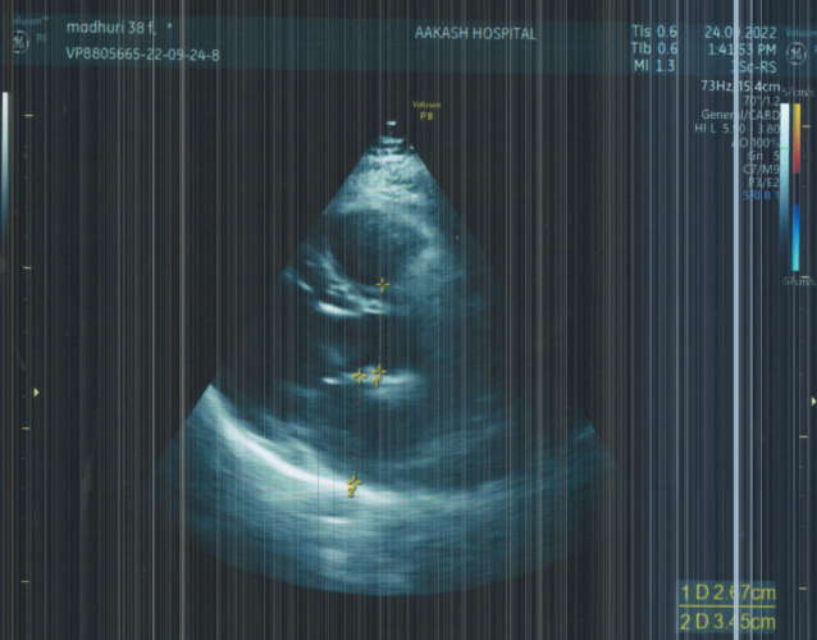
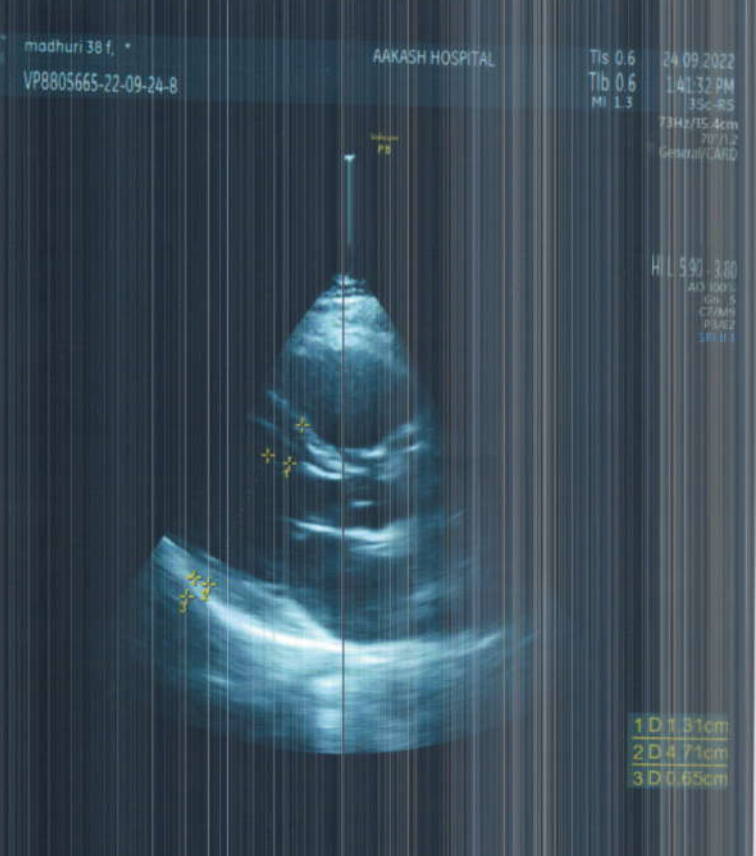
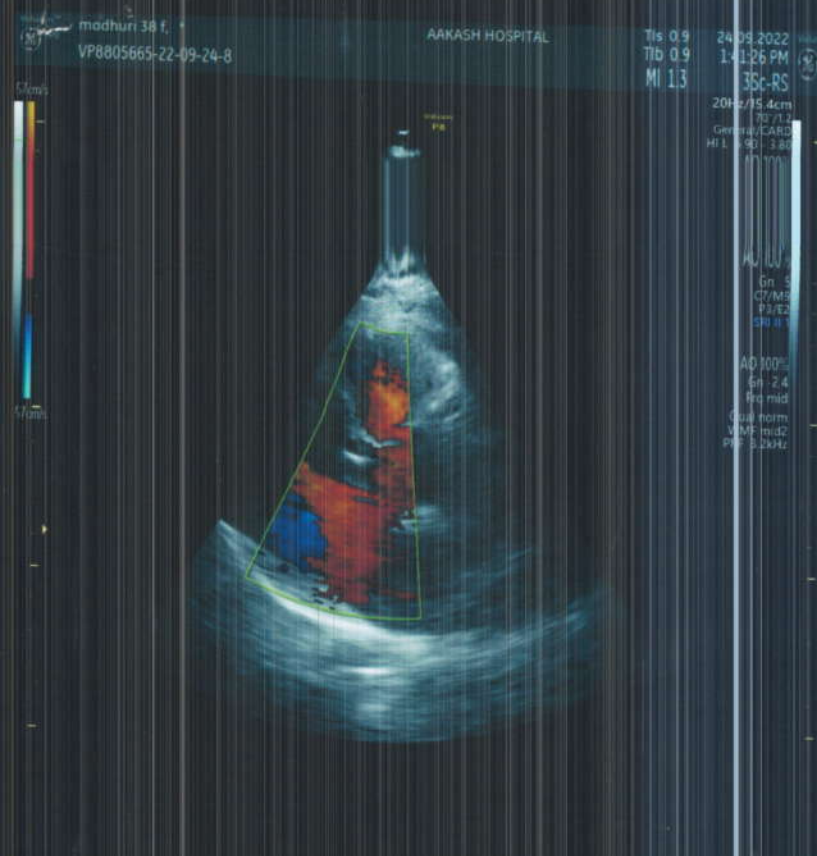
• Interventions  
(Vascular & Nonvascular)

• Biopsy  
• Drainages

• 3D & 4D Scans  
• Varicose Vein



# AAKASH HOSPITAL, MALVIYA NAGAR





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**NAME: MRS MADHURI**

**AGE: 38 YRS**

**SEX: FEMALE**

**REF.BY: MEDICAL**

**DATE: 24.09.2022**

### ULTRASOUND WHOLE ABDOMEN

**LIVER:-**Normal sized, which shows slight diffuse increase suggestive of early diffuse grade I fatty changes. No focal lesion seen. Intra hepatic biliary system not dilated. Intra hepatic veins radicles are normal.

**GALL BLADDER:** - Normal distention. No mass lesion or calculus seen in the lumen. Extra hepatic biliary system is not dilated.

**PANCREAS:** - Normal size and echotexture. No focal lesion seen. Pancreatic duct not dilated.

**SPLEEN:** - Normal size and echotexture. No focal lesion seen. Spleno-portal axis is normal.

**KIDNEYS:** - Both kidneys normally identified in the respective renal fossae. They demonstrate normal size, contour and echo pattern with no evidence of hydronephrosis or calculus seen on either side.

Right kidney measures approx. 10.5 cm in the long axis.

Left kidney measures approx. 10.8 cm in the long axis..

**URINARY BLADDER:** - Moderately distended. No calculus or diverticulum's seen. Walls are normal. Both UV Junctions are normal.

**UTERUS:** - Normal sized, demonstrating normal endometrial echo complex and even echo-textured myometrium.

**OVARIES:** - Normally visualized.

Retroperitoneum does not show any abnormally enlarged lymph nodes. No pleural effusion or ascites seen. Bowel loops are unremarkable. Both iliac fossae are normal.

#### **IMPRESSION :-**

**Correlate clinically**

  
**DR.R.DUGGAL**  
**MD(RADIOLOGY)**  
**DMC-2595**



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madhuri 38/f. \*  
VP8805665-22-09-24-13

AAKASH HOSPITAL

Tis <0.1  
Tib <0.1  
MI 0.9

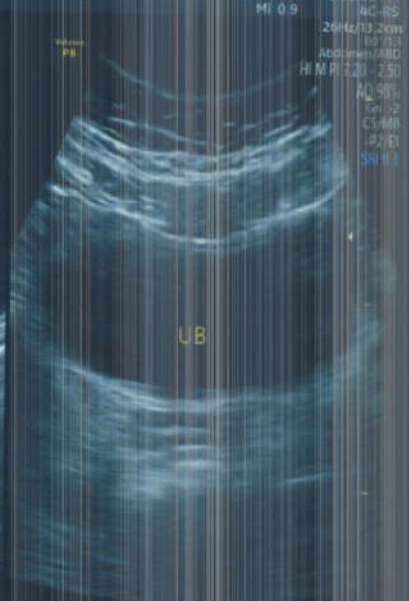
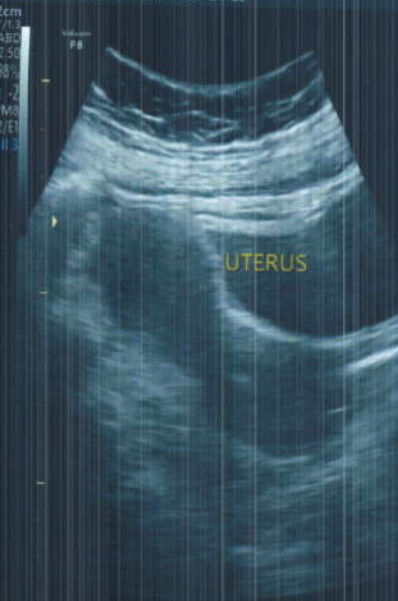
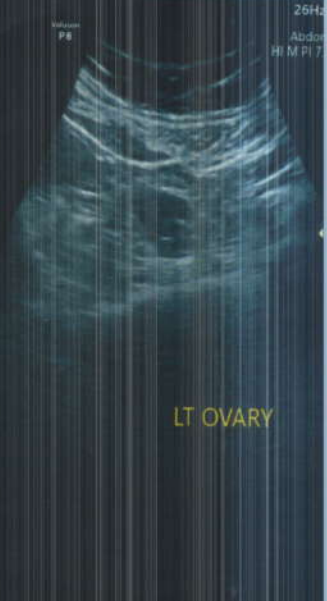
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madhuri 38/f. \*  
VP8805665-22-09-24-13

AAKASH HOSPITAL

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Tib <0.1  
MI 0.9

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AC-RS



madhuri 38/f. \*  
VP8805665-22-09-24-13

AAKASH HOSPITAL

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MI 1.1

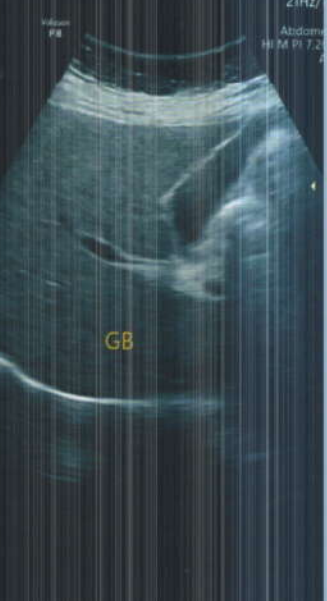
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madhuri 38/f. \*  
VP8805665-22-09-24-13

AAKASH HOSPITAL

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MI 1.1

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madhuri 38/f. \*  
VP8805665-22-09-24-13

AAKASH HOSPITAL

Tis <0.1  
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madhuri 38/f. \*  
VP8805665-22-09-24-13

AAKASH HOSPITAL

Tis <0.1  
Tib <0.1  
MI 1.1

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