SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

PHYSICAL EXAMINATION REPORT

Patient Name	Priyanka Sanjiskar	Sex/Age	F/32
Date	2/3/24	Location	Thane Ghodbundar road

History and Complaints

NIL

EXAMINATION FINDINGS:

Height (cms):	157	Temp (0c):	AFL
Weight (kg):	47.3	Skin:	NAD
Blood Pressure	120/76	Nails:	NIL
Pulse	88/ min	Lymph Node:	NP

Systems :

Cardiovascular:	NIL
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression: ↓ HDL ; TSH (2.092)
Fatty Liver, Rt-sided ectopic kidney, Polycystic changes, cysts.

Advice:
- Low fat, low sugar diet.
- Reg. Exercise.
- Cgynaec consultation.
- Ortho Physician's consultation.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

1)	**Hypertension:**	
2)	**IHD**	
3)	**Arrhythmia**	
4)	**Diabetes Mellitus**	
5)	**Tuberculosis**	
6)	**Asthama**	
7)	**Pulmonary Disease**	No
8)	**Thyroid/ Endocrine disorders**	
9)	**Nervous disorders**	
10)	**GI system**	No
11)	**Genital urinary disorder**	
12)	**Rheumatic joint diseases or symptoms**	
13)	**Blood disease or disorder**	
14)	**Cancer/lump growth/cyst**	No
15)	**Congenital disease**	
16)	**Surgeries**	
17)	**Musculoskeletal System**	No

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Pure veg
4)	Medication	No

Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

13/24

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Date:- 2/8/24 CID: 130B.

Name:- Priyanka Sanjit Kar Sex / Age: F 32

EYE CHECK UP

Chief complaints: RAS

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: RE 6/6 N6 NVSC N.6

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Good Vision

MR. PRAKASH KUDVA
SR. OPTOMETRIST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

NAME: - Priyanka Sanjiskar AGE / SEX :- 32 yrs / F

REGN NO : - REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLANTS :- PCOD / Vaginitis. Irregular Menses.

MARITAL STATUS :- Married

MENSTRUAL HISTORY :-

- MENARCHE :- 12yrs.
- PRESENT MENSTRUAL HISTORY :- ~~R~~ Irregular Menses.
- PAST MENSTRUAL HISTORY :- Irregular Menses.
- OBSTERIC HISTORY: - Nulliparous
- PAST HISTORY :- NIL
- PREVIOUS SURGERIES :- — NIL
- ALLERGIES :- — NIL
- FAMILY HOSTORY :- PCOD - Mother.

- DRUG HISTORY :- Nil
- BOWEL HABITS :-
- BLADDER HABITS :-

PERSONAL HISTORY :-

TEMPRATURE :-

RS :-

CVS :-

PULSE / MIN :-

BP (mm of hg):-

BREAST EXAMINATION:-

PER ABDOMEN :- NAD

PRE VAGINAL:-

RECOMMENDATION :-

Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

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PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

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REPORT

CID	: 2406223713		
Name	: MRS.PRIYANKA SAMJISKAR		
Age / Gender	: 32 Years / Female		
Consulting Dr.	: -	Collected	: 02-Mar-2024 / 13:35
Reg. Location	: G B Road, Thane West (Main Centre)	Reported	: 02-Mar-2024 / 16:09

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	13.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.29	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.8	36-46 %	Measured
MCV	95.1	80-100 fl	Calculated
MCH	30.3	27-32 pg	Calculated
MCHC	31.9	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6720	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	31.6	20-40 %	
Absolute Lymphocytes	2123.5	1000-3000 /cmm	Calculated
Monocytes	8.2	2-10 %	
Absolute Monocytes	551.0	200-1000 /cmm	Calculated
Neutrophils	57.9	40-80 %	
Absolute Neutrophils	3890.9	2000-7000 /cmm	Calculated
Eosinophils	2.0	1-6 %	
Absolute Eosinophils	134.4	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	20.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	238000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	10.1	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | **CIN No.:** L74899DL1995PLC065388
MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.
HEALTHLINE: 022-6170-0000 | **E-MAIL:** customerservice@suburbandiagnostics.com | **WEBSITE:** www.suburbandiagnostics.com

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Macrocytosis	-		
Anisocytosis	-		
Poikilocytosis	-		
Polychromasia	-		
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others	Normocytic,Normochromic		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	-		
COMMENT	-		

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR	25	2-20 mm at 1 hr.	Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:
Factors that increase ESR: Old age, Pregnancy,Anemia
Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

Dr.VANDANA KULKARNI
M.D (Path)
Pathologist

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

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Reg. Location	: G B Road, Thane West (Main Centre)
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Reported	: 02-Mar-2024 / 20:41

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	89.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	87.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.40	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.25	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.0	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	25.1	<34 U/L	Modified IFCC
SGPT (ALT), Serum	36.2	10-49 U/L	Modified IFCC
GAMMA GT, Serum	16.1	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	65.3	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	20.7	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.7	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.62	0.55-1.02 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023

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Age / Gender	: 32 Years / Female		
Consulting Dr.	: -	Collected	: 02-Mar-2024 / 13:35
Reg. Location	: G B Road, Thane West (Main Centre)	Reported	: 02-Mar-2024 / 17:49

eGFR, Serum	121	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease:30-44 Severe decrease: 15-29 Kidney failure:<15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	3.9	3.1-7.8 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

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Reg. Location	: G B Road, Thane West (Main Centre)	Reported	: 02-Mar-2024 / 16:28

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:
Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

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Reg. Location	: G B Road, Thane West (Main Centre)
Collected	: 02-Mar-2024 / 13:35
Reported	: 02-Mar-2024 / 18:53

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

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M.D (Path)
Pathologist

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Reg. Location	: G B Road, Thane West (Main Centre)	Reported	: 02-Mar-2024 / 17:14

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

Dr.VANDANA KULKARNI
M.D (Path)
Pathologist

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Reported	: 02-Mar-2024 / 20:41

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	168.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	64.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	**38.3**	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	130.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	**117.2**	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	12.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***

ilac-MRA

MC-5460

Dr.JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)

SUBURBAN DIAGNOSTICS
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Collected	: 02-Mar-2024 / 13:35
Reported	: 02-Mar-2024 / 20:40

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.8	3.5-6.5 pmol/L	CLIA
Free T4, Serum	12.4	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.092	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CLIA

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Interpretation:
A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:
1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors
can give falsely high TSH.
2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests: Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:
1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***

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MC-5460

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director

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CID	**: 2406223713**		
Name	**: Mrs Priyanka Samjiskar**		
Age / Sex	**: 32 Years/Female**		
Ref. Dr	**:**	**Reg. Date**	**: 02-Mar-2024**
Reg. Location	**: G B Road, Thane West Main Centre**	**Reported**	**: 02-Mar-2024 / 15:21**

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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

----------End of Report----------

G. R. Fartade
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MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

NAME : MRS.PRIYANKA SAMJISKAR	Age : 32YRS / FEMALE
Ref. By : ----------	Date : 02.03.2024

USG ABDOMEN AND PELVIS

LIVER: Liver appears normal in size (12.9 cm)and ***shows increased echoreflectivity.*** There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus. No evidence of pericholecystic fluid collection/fat strandings. N o evidence of sludge.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: ***Right renal fossa is empty. right kidney noted in right iliac fossa and appears small in size, measuring 6.8 x 3.6 cm however Corticomedullary differentiation is well maintained.***
Left kidney measures 10.8 x 5.0 cm.
Left kidney normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

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

URINARY BLADDER: Urinary bladder is distended and normal. ***Few moving internal echoes noted with normal wall thickness.***

UTERUS: Uterus is anteverted and measures 7.2 x 4.7 x 3.4 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 6 mm. Cervix appears normal.

OVARIES:
Both ovaries are bulky in size and show central echogenic stroma with multiple peripherally arranged small follicles s/o polycystic ovaries disease.

The right ovary measures 3.2 x 1.8 x 2.7 cm and ovarian volume is 10 cc.
The left ovary measures 3.0 x 2.9 x 2.8 cm and ovarian volume is 12 cc.

No free fluid or significant lymphadenopathy is seen.

IMPRESSION:

- **GRADE I FATTY INFILTRATION OF LIVER.**
- **RIGHT SIDED ECTOPIC KIDNEY. AS DESCRIBED**
- **BILATERAL BULKY OVARIES WITH POLYCYSTIC CHANGES.SUGGEST SR.FSH,SR LH,SR PROLACTIN CORRELATION.**
- **CHANGES OF CYSTITIS ADVICE URINE ROUTINE AND MICROSCOPY.**

Note:Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

Advice:Clinical co-relation and further imaging evaluation if indicated.

DR. SHIVANGINI V. INGOLE
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(CONSULTANT RADIOLOGIST)
REG NO. 2018/12/6130

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

NAME : MRS.PRIYANKA SAMJISKAR	Age : 32YRS / FEMALE
Ref. By : ----------	Date : 02.03.2024

2D ECHOCARDIOGRAPHY

M – MODE FINDINGS:

LVIDD	48	mm
LVIDS	32	mm
LVEF	60	%
IVS	11	mm
PW	7	mm
AO	13	mm
LA	21	mm

2D ECHO:

- All cardiac chambers are normal in size
- Left ventricular contractility : Normal
- Regional wall motion abnormality : Absent.
- Systolic thickening : Normal. LVEF = 60%
- Mitral, tricuspid , aortic , pulmonary valves are : Normal.
- Great arteries : Aorta and pulmonary artery are : Normal .
- Inter – artrial and inter – ventricular septum are intact .
- Pulmonary veins , IVC , hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

PATIENT NAME : MRS.PRIYANKA SAMJISKAR

COLOR DOPPLER:

- Mitral valve doppler – E- 1.1 m/s, A 0.6 m/s.
- Mild TR.
- No aortic / mitral regurgition. Aortic velocity 1.7 m/s, PG 12.1 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

IMPRESSION:

- **NO REGIONAL WALL MOTION ABNORMALITY AT REST.**
- **NORMAL LV SYSTOLIC FUNCTION.**

----------End of the Report----------

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