



DENTAL

Vitals :

Chief Complaints :

H/O Present Illness :

Past History :

O/E Stains and Calculus

Investigation :

Drug Allergies : (if any)

Treatment :

Adv. scaling and polishing

[Handwritten signature]





BNT

Ear - O/C NAD
Nose - NAD
Throat - NAD

Vitals :

Chief Complaints :

H/O Present Illness :


Past History :

Investigation :

Drug Allergies : (if any)

to sleep

study -
Treatment :


24/02/24





Name - Shreya Bhandari
Age - 31y/F

Vitals : ~~! 80~~
Chief Complaints :

Jawr

H/O Present Illness :

Lap. #

Past History :

faceclin gel

Investigation : Drug Allergies : (if any)

(7A) →

Treatment :

- Ry. ses.

1





Shreya Bhandari 32 yrs

HT 5'11"
wt 70kg

Vitals :

Chief Complaints :

Married for 3yrs
One miscarriage in Jan 2023
Pt. is a known case of PCOS, not taking any H/O.

H/O Present Illness :

Cycles 3-4/30-31

Past History :

Family H/O Diabetes +
Mother - Hypothyroid

Investigation :

Drug Allergies : (if any)

Op. - C. f. a. i. a. f. e. b. u. l. i. P. a. l. l. o. r. ⊖.
Facial Hair + Abd Hair + Thyroid ⊕
No galactorrhea. Acne ++

Treatment :

P/A soft

P/S Cx(H)

w/ RUVS for fa ju

Adv

-FSH LH Profile
- Thyroid prof
- S. Insulin C/P
USG Pelvis

✓ P/A Smeear

Lab Metformin 500mg BD
- Feible period explained

Reduce wt

Life Style modification

Polic and Sup of X4m.

Gurgaon

Q Block South City 11, Sohna Road, Main Sector-47, Gurgaon, Haryana Ph.: 0124-4900000 Fax : 0124-2218733
E-mail : parkmedcenters@gmail.com

● West Delhi ● South Delhi ● Faridabad ● Panipat ● Karnal



DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. SHREYA BHANDARI	Billed Date	: 24/02/2024
Reg No	695702	Reported Date	: 24/02/2024
Age/Sex	31 Years 10 Months 1Days / Female	Req. No.	: 25254008
Type	OPD	Consultant Doctor	: Dr. RMO

X-RAY CHEST AP/PA

Bilateral lungs appears normal.

No focal lung lesion seen.

No evidence of free fluid is seen.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal for patient age and view.

The domes of the diaphragms are normal in position, and show smooth outline.

To be correlated clinically


Dr. ANSHU K. SHARMA
MBBS, MD
CONSULTANT RADIOLOGIST

H-2016-0369

Dr. MANJEET SEHRAWAT
MBBS, MD, PDCC
CONSULTANT RADIOLOGIST



Dr. NEENA SIKKA
MBBS, DNB
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NAME	: MRS. SHREYA BHANDARI	DATE	: 25 / 2 / 2024
Age Sex	: 31 Years / Female	Inpatient No	: 695702
PERFORMED BY	: Dr. SWATI SINGH	BILL NO.	: 25254008

TRANS THORACIC ECHO CARDIOGRAPHY REPORT

MITRAL VALVE

Morphology AML: Normal / Thickening / Calcification / Flutter / Vegetation / Non significant Prolapse / SAM
PML: Normal / Thickening / Calcification / Prolapse / Paradoxical Motion / Fixed.
Subvalvular deformity: Present / Absent

Doppler Normal / Abnormal
Mitral Stenosis Present / Absent
Mitral Regurgitation; Absent / Normal / Mild / Trace / Moderate / Severe

TRICUSPID VALVE

Morphology Normal / Atresia / Thickening / Calcification / Prolapse / Vegetation / Doming.
Doppler Normal / Abnormal
Tricuspid Stenosis: Present / Absent.
Tricuspid Regurgitation: Absent / Mild / Trace / Moderate

PULMONARY VALVE

Morphology Normal / Atresia / Thickening / Calcified / Doming / Vegetation.
Doppler Normal / Abnormal.
Pulmonary Stenosis: Present / Absent
Pulmonary regurgitation: Present / Absent

AORTIC VALVE

Morphology Normal / Thickened / Mildly / Calcified / Flutter / Vegetation / Restricted / Opening
No. of Cusps 1 / 2 / 3 / 4
Doppler Normal / Abnormal
Aortic Stenosis : Present / Absent
Aortic regurgitation : Present / Absent / Mild / Trace / Moderate / Severe



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Park Hospital

GROUP SUPER SPECIALITY HOSPITAL

<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal Value</u>
IVSD : 1.0cm	(0.6-1.1cm)	LA : 3.6cm	(1.9-4.0cm)
LVIDd : 4.3cm	(3.7-5.6cm)	AORTA : 2.6cm	(2.0-3.7cm)
LVIDs : 3.6cm	(0.6-1.1cm)	IVSmotion :	Normal / Flat / Paradoxical
EF : 55-60%	(55% - 80%)		
Any Other			

CHAMBERS:-

- LV** **Normal** / Enlarged / **Clear** / Thrombus /
 Contraction Normal LV shows concentric LVH, no gradient across LVOT / Inetic / Intra capillary
 Regional wall motion abnormality: **Absent**/ Present
- LA** **Normal** / Enlarged / Clear / Thrombus / Myxoma; **LAA: Clear** / Thrombus
- RA** **Normal** / **Clear** / Thrombus, Dilated.
- RV** **Normal** / Mildly Dilated / Enlarged / **Clear** / Thrombus / Hypertrophied


PERICARDIUM **Normal** / Thickening / Calcification / Effusion.

SUMMARY:-


- All Cardiac Chambers dimensions are within normal limits.
- LVEF -55-60%
- NORMAL LV FUNCTION
- NO RWMA
- NO LVDD
- NO AR / NO MR / NO TR
- GOOD RV FUNCTION
- IAS/IVS. No Flow seen across IAS/IVS.
- No Thrombus/Mass in any chamber.
- No Pericardial Effusion.

COMMENTS:- Normal LV Function

Please correlate clinically


Dr. SWARN SINGH
 M.D. (Medicine)
 D.M. (Cardiology)

Dr. JOGINDER S. DUHAN
 M.D.(Medicine)
 D.M (Cardiology)


Dr. SACHIN BANSAL
 M.D.(Medicine)
 D.M (Cardiology)



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the **health** care providers

the **health** care providers



DEPARTMENT OF HAEMATOLOGY

Patient Name : Mrs. SHREYA BHANDARI
MR No : 695702
Age/Sex : 31 Years 10 Months 1 Days / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 24/02/2024
Reporting Date : 24/02/2024
Sample ID : 252453
Bill/Req. No. : 25254008
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
CBC				
HAEMOGLOBIN	12.4	12 - 15	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	8000	4000-11000	/ μ L	LASER FLOW
DIFFERENTIAL COUNT				
NEUTROPHILS	50	40.0 - 70.0	%	FLOW CYTOMETRY
LYMPHOCYTES	40	20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	07	3.0 - 8.0	%	FLOW CYTOMETRY
EOSINOPHILS	03	0.5 - 5.0	%	FLOW CYTOMETRY
BASOPHILS	00	0.0 - 2.0	%	FLOW CYTOMETRY
RED BLOOD CELL COUNT	4.93	3.5 - 5.5	millions/ μ L	ELECTRICAL
PACKED CELL VOLUME	41.5	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	84.2	83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	25.2	27 - 31	Picogrames	CALCULATED
MEAN CORPUSCULAR HB CONC	29.9	33 - 37	g/dl	CALCULATED
PLATELET COUNT	333	150 - 450	thou/ μ L	ELECTRICAL
RDW	14.3	11.6 - 14.5	%	CALCULATED
SAMPLE TYPE FOR C.B.C	Whole Blood EDTA			

***** END OF THE REPORT *****



Sample no.

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 CONSULTANT CLINICAL MICROBIOLOGIST

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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mrs. SHREYA BHANDARI
MR No : 695702
Age/Sex : 31 Years 10 Months 1 Days / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 24/02/2024
Reporting Date : 24/02/2024
Sample ID : 252453
Bill/Req. No. : 25254008
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
ESR (WESTERGREN)				
E.S.R. - IHR.	16	0 - 20	mm/Hr.	Westergren

Note : Note

1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
2. Test conducted on EDTA whole blood at 37C.
3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values

***** END OF THE REPORT *****



Sample no.

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DEPARTMENT OF MICROBIOLOGY

Patient Name : Mrs. SHREYA BHANDARI
MR No : 695702
Age/Sex : 31 Years 10 Months 1 Days / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 24/02/2024
Reporting Date : 26/02/2024
Sample ID : 252453
Bill/Req. No. : 25254008
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
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URINE C/S

NAME OF SPECIMEN	Urine (Uncentrifuged)
ORGANISM IDENTIFIED	NO ORGANISM GROWN IN CULTURE AFTER 48HRS OF INCUBATION AT 37 C DEGREE.
Method :	Aerobic culture

Note : URINE CULTURE :
 Presence of >105 cfu/ml (100000) in midstream urine sample is considered clinically significant. However in symptomatic patients or urine sample collection from catheter or patients with indwelling catheters, even a smaller count of bacteria may signify infection (100-10000cfu/ml). Kindly correlate clinically.

***** END OF THE REPORT *****



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DEPARTMENT OF IMMUNOLOGY

Patient Name : Mrs. SHREYA BHANDARI
MR No : 695702
Age/Sex : 31 Years 10 Months 1 Days / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 24/02/2024
Reporting Date : 25/02/2024
Sample ID : 252453
Bill/Req. No. : 25254008
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
THYROID PROFILE				
TRI-IODOTHYRONINE (T3)	1.12	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	9.3	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	2.58	0.5-5.50	µIU/ml	

Method : chemiluminescent immunoassay

Note : Clinical Significance:

Thyroid function tests (TFTs) is a collective term for blood tests used to check the function of the thyroid. TFTs may be requested if a patient is thought to suffer from hyperthyroidism (overactive thyroid) or hypothyroidism (underactive thyroid), or to monitor the effectiveness of either thyroid-suppression or hormone replacement therapy. It is also requested routinely in conditions linked to thyroid disease, such as atrial fibrillation and anxiety disorder. A TFT panel typically includes thyroid hormones such as thyroid-stimulating hormone (TSH, thyrotropin) and thyroxine (T4), and triiodothyronine (T3) depending on local laboratory policy.

Note: Please correlate with clinical condition

***** END OF THE REPORT *****



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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. SHREYA BHANDARI
MR No : 695702
Age/Sex : 31 Years 10 Months 1 Days / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 24/02/2024
Reporting Date : 24/02/2024
Sample ID : 252453
Bill/Req. No. : 25254008
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
LFT (LIVER FUNCTION TEST)				
LFT				
TOTAL BILIRUBIN	0.5	0 - 1.2	mg/dL	DIAZO
DIRECT BILIRUBIN	0.4	0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.1	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	30	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	62	<i>H</i> 0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	83	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	6.6	6.4 - 8.0	g/dL	BIURET
ALBUMIN	3.9	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	2.7	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.44	1.1 - 2.2		CALCULATED
SAMPLE TYPE:	SERUM			

***** END OF THE REPORT *****



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DEPARTMENT OF BIOCHEMISTRY

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TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 24/02/2024
Reporting Date : 24/02/2024
Sample ID : 252453
Bill/Req. No. : 25254008
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
KFT (RENAL PROFILE)				
KFT				
SERUM UREA	18	10 - 45	mg/dL	
SERUM CREATININE	0.8	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	3.9	2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	138	135 - 150	mmol/L	ISE
SERUM POTASSIUM	3.9	3.5 - 5.5	mmol/L	ISE
SERUM CALCIUM	8.9	8.5 - 10.5	mg/dL	ARSENAZO III
SERUM PHOSPHORUS	3.0	2.5 - 4.5	mg/dL	AMMONIUM

SAMPLE TYPE: SERUM

***** END OF THE REPORT *****



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Test	Result	Bio. Ref. Interval	Units	Method
LIPID PROFILE				
LIPID PROFILE				
TOTAL CHOLESTEROL	190	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	293 <i>H</i>	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	52	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	58.6 <i>H</i>	6 - 32	mg/dL	calculated
LDL	79.4	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	1.53	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	3.65	2.0 - 5.0	mg/dl	calculated

SAMPLE TYPE: SERUM

Note : ATP III Guidelines At-A-Glance Quick Desk Reference

Step 1 - Determine lipoprotein levels obtain complete lipoprotein profile after 9- to 12-hour fast.

ATP III Classification of LDL, Total, and HDL Cholesterol (mg/dL):-

LDL Cholesterol Primary Target of Therapy
 <100 Optimal
 130-159 Borderline high
 >190 Very high.

Total Cholesterol
 <200 Desirable
 200-239 Borderline high
 >240 High

HDL Cholesterol
 <40 Low
 >60 High

***** END OF THE REPORT *****



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Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR FASTING				
PLASMA GLUCOSE FASTING	84	60 - 110	mg/dl	GOD TRINDERS

***** END OF THE REPORT *****



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Test	Result	Bio. Ref. Interval	Units	Method
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BLOOD SUGAR 2 HR. PP

BLOOD SUGAR P.P.	153	H 80 - 150	mg/dl	
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***** END OF THE REPORT *****



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DEPARTMENT OF PATHOLOGY

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Test	Result	Bio. Ref. Interval	Units	Method
URINE ROUTINE AND MICROSCOPY				
PHYSICAL CHARACTERSTICS				
QUANTITY	40ml	5 - 100	ml	
COLOUR	Colourless	Pale Yellow		Manual Method
TURBIDITY	slightly turbid	clear		
SPECIFIC GRAVITY	1.020	1.000-1.030		urinometer
PH - URINE	6.5	5.0 - 9.0		PH PAPER
CHEMICAL EXAMINATION-1				
UROBILINOGEN	Negative	NIL		Ehrlich
URINE PROTEIN	Absent	NIL	mg/dl	Protein error indicator
BLOOD	NIL	NIL		
URINE BILIRUBIN	NIL	NIL		
GLUCOSE	NIL	NIL	mg/dL	GOD-POD/Benedicts
URINE KETONE	NIL	NIL		SOD.
MICRO.EXAMINATION				
PUS CELL	4-6	0-5	cells/hpf	Microscopic
RED BLOOD CELLS	Nil	0-2	cells/hpf	
EPITHELIAL CELLS	10-12	0-5	cells/hpf	
CASTS	NIL	NIL	/lpf	
CRYSTALS	NIL	NIL	/hpf	
OTHER	NIL			
AMORPHOUS URINE	Absent			MicroScopy

***** END OF THE REPORT *****



Sample no.

Dr. JAY PRAKASH SINGH
 MD, MBBS, MD (PATHOLOGY)

Dr.ISHA RASTOGI
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 CONSULTANT CLINICAL MICROBIOLOGIST

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MC - 4830

(This is only professional opinion and not the diagnosis, please correlate clinically)

Q Block, South City -II, Sohna Road, Sector-47, Gurgaon, Haryana

Page 1 of 1

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PARK GROUP OF HOSPITALS : West Delhi - Gurugram - Faridabad - Sonipat - Panipat - Karnal - Ambala - Patiala - Behror - Jaipur



DEPARTMENT OF HAEMATOLOGY

Patient Name : Mrs. SHREYA BHANDARI
MR No : 695702
Age/Sex : 31 Years 10 Months 1 Days / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 24/02/2024
Reporting Date : 24/02/2024
Sample ID : 252453
Bill/Req. No. : 25254008
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD GROUPING AND RH FACTOR				
BLOOD GROUP	" B " RH POSITIVE			ABO/Rh (D) SLIDE

***** END OF THE REPORT *****



Sample no.

Dr. JAY PRAKASH SINGH
 MBBS, MD (PATHOLOGY)

Dr. ISHA RASTOGI
 MD, MBBS MICROBIOLOGY
 CONSULTANT CLINICAL MICROBIOLOGIST

USER NM

ARUN



MC - 4830

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Name : Ms.SHREYA BHANDARI
Age/Gender : 32 Y(s) /Female
Reg No : 260224508
Lab ID No : KP0454355
Sample ID : 220345542
Sample Type :



Location : KPL A43
Registered On : 26-02-2024 17:39
Collected On : 26-02-2024 17:39
Reported On : 27-02-2024 15:31
Referred By : PARK HOSPITAL
Client Name : PARK HOSPITAL GUR
Reference No :

Test	Result	Unit	Reference Range
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Pap Smear

CYTOPATHOLOGY NO.: C- 364/24

SPECIMEN SUBMITTED: 2 Conventional cervical smears (2 smears prepared).

SPECIMEN ADEQUACY: Satisfactory for evaluation; Endocervical /transformation zone component present.

MICROSCOPIC EXAMINATION:

Squamous cell population:

Superficial – Present.

Intermediate – Present.

Inflammation – Mild.

Atypical cells – Not present.

Background bacterial flora – Maintained.

INTERPRETATION:

- Negative for squamous intraepithelial lesion or malignancy.

- Inflammation with associated reactive cellular changes.

COMMENT:



Print Date :

Page 1 of 2

ON PANEL : C.G.H.S., D.G.E.H.S., ECHS, B.H.E.L, INDIAN RAILWAY, E.S.I., NDMC, DELHI JAL BOARD, ONGC, NTPC, SAIL, NIFT

1. All reports are for interpretation by the treating doctor only and have to be viewed and correlated with clinical examination and other investigations. 2. All investigations have their limitation which is imposed by the limits to sensitivity and specificity of individual assay procedures as well as the quality of the specimen received by the laboratory. Isolated laboratory investigations never confirm the final diagnosis of the disease. 3. If the result(s) of tests are alarming or unexpected the doctor is advised to contact the lab immediately for needful and necessary action.
This Report is not subject to use for any medico-legal purpose

E-8A, HAUZ KHAS, MAIN MARKET, NEW DELHI - 16 • E-5A, HAUZ KHAS, MAIN MARKET, NEW DELHI - 16
A-43, Hauz Khas (Near Hauz Khas Police Stn.), New Delhi - 16, C.S. Rana Complex, I block, Sector 22, Noida (UP)
Email : info@pathcareindia.com Website : www.pathcareindia.com

Customer Care No.
011-46123456
7299960000
9785712222
9312210524

Name : Ms.SHREYA BHANDARI
Age/Gender : 32 Y(s) /Female
Reg No : 260224508
Lab ID No : KP0454355
Sample ID : 220345542
Sample Type : Serum



Location : KPL A43
Registered On : 26-02-2024 17:39
Collected On : 26-02-2024 17:39
Reported On : 27-02-2024 15:31
Referred By : PARK HOSPITAL
Client Name : PARK HOSPITAL GUR
Reference No :

1. The smears are reported using the Bethesda system (2014) for reporting cervical cytology.
2. Cervical cytology is a screening test primarily for squamous cancer and its precursors and has associated false-negative and false-positive results. Technologies such as liquid-based preparations may decrease but will not eliminate all false negative results. Follow-up of unexplained clinical signs and symptoms is recommended to minimize false-negative results.
3. In patients with squamous or glandular intraepithelial abnormalities, further diagnostic follow-up procedures, such as HPV testing, colposcopy / biopsy with endocervical sampling are suggested, as clinically indicated.

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



Dr. N. Magoon

Dr.N.Magoon
M.D. (Path)
Consulting Pathologist DMC
Reg.No-97859



Print Date : 28-02-2024 11:41

Page 2 of 2

ON PANEL : C.G.H.S., D.G.E.H.S., ECHS, B.H.E.L, INDIAN RAILWAY, E.S.I., NDMC, DELHI JAL BOARD, ONGC, NTPC, SAIL, NIFT

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DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. SHREYA BHANDARI	Billed Date	: 24/02/2024
Reg No	695702	Reported Date	: 24/02/2024
Age/Sex	31 Years 10 Months 1Days / Female	Req. No.	: 25254008
Type	OPD	Consultant Doctor	: Dr. RMO

USG WHOLE ABDOMEN

The real time, B mode, gray scale sonography of the abdominal organs was performed.

LIVER : The liver is normal in size (13.5cm) and **shows raised echotexture**. No evidence of any focal lesion. IHBR is not dilated.

GALL BLADDER : The gall bladder is well distended. No evidence any calculus or mass seen. GB wall thickness with in normal limits. No evidence of pericholecystic fluid is seen.

BILE DUCT :The common bile duct is normal in caliber. No evidence of calculus is noted in common bile duct.

SPLEEN :The spleen is normal in size (7.7cm) and shape.Its echotexture is homogeneous.No evidence of focal lesion is noted.

PANCREAS :The pancreas is normal in size, shape, contours and echotexture.No evidence of solid or cystic mass lesion is noted.MPD is not dilated. No evidence of peripancreatic collection.

KIDNEYS : Right kidney measures 9.8 x 3.8 cm. Left kidney measures 9.6 x 4.0 cm. The bilateral kidneys are normal in size and echotexture. Cortico-medullary differentiation is maintained. There is no evidence of obvious calculus or hydronephrosis.

URINARY BLADDER :The urinary bladder is well distended.It shows uniformly thin walls and sharp mucosa.No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

UTERUS :The uterus is anteverted. It measures 6.0 x 4.1 x 3.9 cms. in the longitudinal, anteroposterior and transverse dimensions respectively. The uterine margins are smooth and does not reveal any focal abnormalities. **Correlate clinically**



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The uterine myometrium shows homogeneous echotexture.
No evidence of leiomyoma is noted. No solid or cystic mass lesion is noted.
The endometrial echo is in the midline and measures 6.9 mm.
The ovaries on the either side show normal echotexture.
No adnexal mass is seen.No cyst is seen in ovaries.
No evidence of ascites or interbowel free fluid is seen.
No evidence of obvious retroperitoneal or mesentric lymphadenopathy is seen.

IMPRESSION- Grade I fatty liver.

To be correlated clinically.

Dr.ANSHU K.SHARMA
MBBS,MD
CONSULTANT RADIOLOGIST



Dr.MANJEET SEHRAWAT
MBBS,MD,PDCC
CONSULTANT RADIOLOGIST



Dr. NEENA SIKKA
MBBS,DNB
CONSULTANT RADIOLOGIST

(This is only a preliminary report and not the diagnosis, please correlate clinically)

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the **health** care providers

the **health** care providers

25mm/s 0.5-25Hz

10mm/mV

I

II

III

SYNC

aVR

aVL

aVF

SYNC

V1

SYNC V2

10mm/mV



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