



CID : 2432016519
Name : MRS.GARIMA SINGH
Age / Gender : 35 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 15-Nov-2024 / 09:57
Reported : 15-Nov-2024 / 15:10

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---|----------------|-----------------------------|--------------------|
| <u>RBC PARAMETERS</u> | | | |
| Haemoglobin | 11.8 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 4.59 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 35.3 | 36-46 % | Measured |
| MCV | 77 | 80-100 fl | Calculated |
| MCH | 25.7 | 27-32 pg | Calculated |
| MCHC | 33.5 | 31.5-34.5 g/dL | Calculated |
| RDW | 15.1 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 7280 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 34.9 | 20-40 % | |
| Absolute Lymphocytes | 2540.0 | 1000-3000 /cmm | Calculated |
| Monocytes | 6.1 | 2-10 % | |
| Absolute Monocytes | 450.0 | 200-1000 /cmm | Calculated |
| Neutrophils | 53.5 | 40-80 % | |
| Absolute Neutrophils | 3870.0 | 2000-7000 /cmm | Calculated |
| Eosinophils | 5.0 | 1-6 % | |
| Absolute Eosinophils | 360.0 | 20-500 /cmm | Calculated |
| Basophils | 0.5 | 0.1-2 % | |
| Absolute Basophils | 40.0 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 239000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 9.1 | 6-11 fl | Calculated |
| PDW | 18.3 | 11-18 % | Calculated |
| <u>RBC MORPHOLOGY</u> | | | |
| Hypochromia | Mild | | |
| Microcytosis | Occasional | | |



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|--|----------------|---|------------------|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting | 84.9 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP | 101.4 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.41 | 0.1-1.2 mg/dl | Colorimetric |
| BILIRUBIN (DIRECT), Serum | 0.18 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.23 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 7.5 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.2 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 3.3 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.3 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 28.6 | 5-32 U/L | NADH (w/o P-5-P) |
| SGPT (ALT), Serum | 30.0 | 5-33 U/L | NADH (w/o P-5-P) |
| GAMMA GT, Serum | 28.1 | 3-40 U/L | Enzymatic |
| ALKALINE PHOSPHATASE, Serum | 85.1 | 35-105 U/L | Colorimetric |
| BLOOD UREA, Serum | 25.1 | 12.8-42.8 mg/dl | Kinetic |
| BUN, Serum | 11.7 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.76 | 0.51-0.95 mg/dl | Enzymatic |



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| | | | |
|-------------|-----|------------------------------------|------------|
| eGFR, Serum | 105 | (ml/min/1.73sqm) | Calculated |
| | | 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 | |

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

| | | | |
|------------------|-----|---------------|-----------|
| URIC ACID, Serum | 6.3 | 2.4-5.7 mg/dl | Enzymatic |
|------------------|-----|---------------|-----------|

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|--|------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB - CC | 5.7 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 116.9 | 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.

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*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------------------------|----------------|-----------------------------|-------------------------|
| <u>PHYSICAL EXAMINATION</u> | | | |
| Color | Pale yellow | Pale Yellow | - |
| Transparency | Clear | Clear | - |
| <u>CHEMICAL EXAMINATION</u> | | | |
| Specific Gravity | 1.005 | 1.002-1.035 | Chemical Indicator |
| Reaction (pH) | 6.5 | 5-8 | pH Indicator |
| Proteins | Absent | Absent | Protein error principle |
| 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 |
| <u>MICROSCOPIC EXAMINATION</u> | | | |
| (WBC)Pus cells / hpf | 1-2 | 0-5/hpf | |
| Red Blood Cells / hpf | Absent | 0-2/hpf | |
| Epithelial Cells / hpf | 2-3 | 0-5/hpf | |
| Hyaline Casts | Absent | Absent | |
| Pathological cast | Absent | Absent | |
| Calcium oxalate monohydrate crystals | Absent | Absent | |
| Calcium oxalate dihydrate crystals | Absent | Absent | |
| Triple phosphate crystals | Absent | Absent | |
| Uric acid crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | +(>20/hpf) | 0-20/hpf | |
| Yeast | Absent | Absent | |
| Others | - | | |



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*** End Of Report ***



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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

| <u>PARAMETER</u> | <u>RESULTS</u> |
|------------------|----------------|
| ABO GROUP | B |
| Rh TYPING | Positive |

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

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.

References:

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 SDRL, Vidyavihar Lab
*** End Of Report ***



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum | 191.0 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 80.9 | Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl | GPO-POD |
| HDL CHOLESTEROL, Serum | 48.3 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 142.7 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 127.0 | 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 | 15.7 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 4.0 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.6 | 0-3.5 Ratio | Calculated |

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Dr.JAGESHWAR MANDAL
CHOUPAL
MBBS, DNB PATH
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------|----------------|---|---------------|
| Free T3, Serum | 4.4 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 14.1 | 11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59 | ECLIA |
| sensitiveTSH, Serum | 1.79 | 0.35-5.5 microU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 microU/ml | ECLIA |



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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 becuae 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)

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Bmhasakar

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
FUS and KETONES

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|-------------------------|----------------|-----------------------------|---------------|
| Urine Sugar (Fasting) | Absent | Absent | |
| Urine Ketones (Fasting) | Absent | Absent | |

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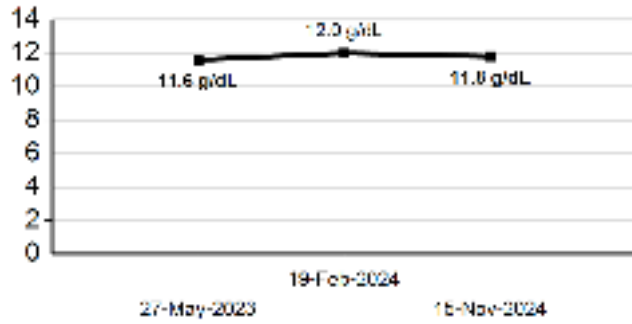
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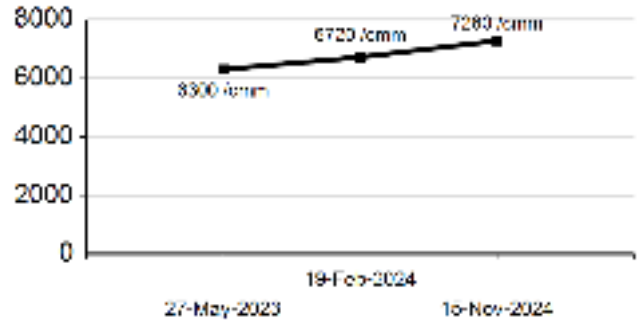
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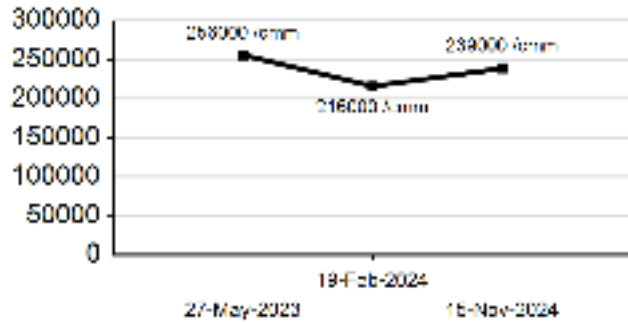
Haemoglobin



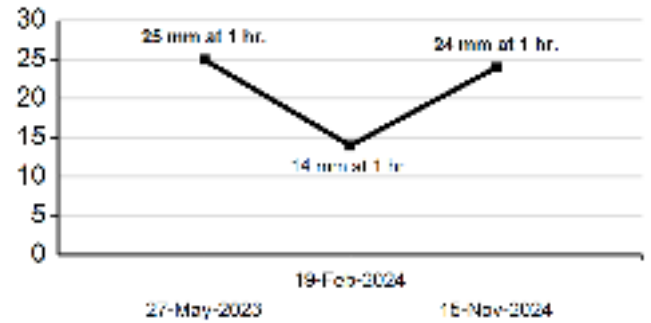
WBC Total Count



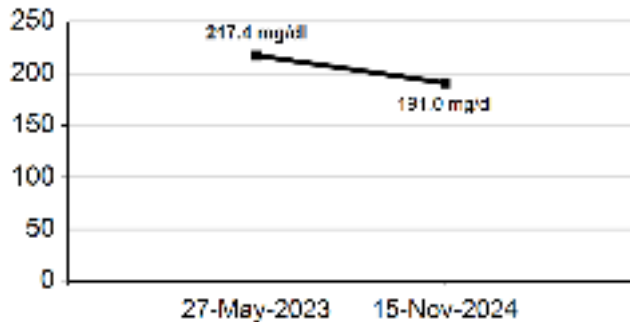
Platelet Count



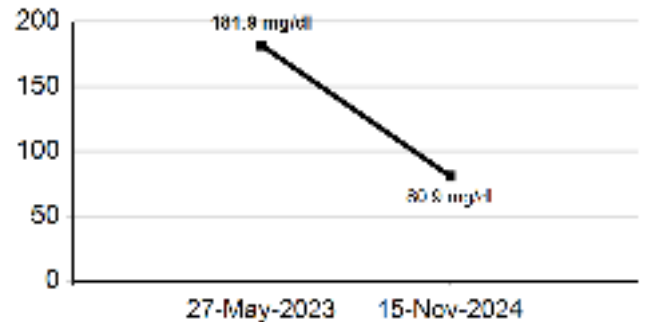
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CHOLESTEROL



TRIGLYCERIDES

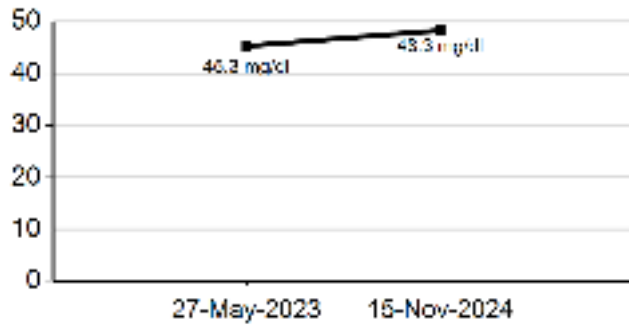




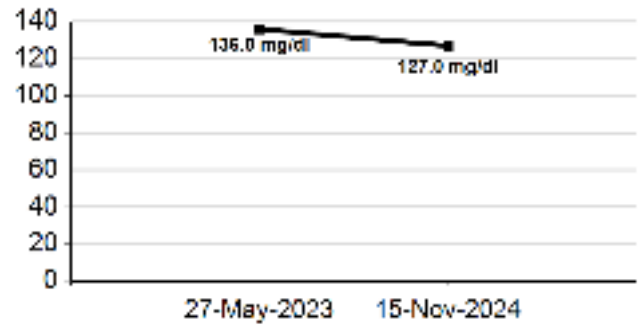
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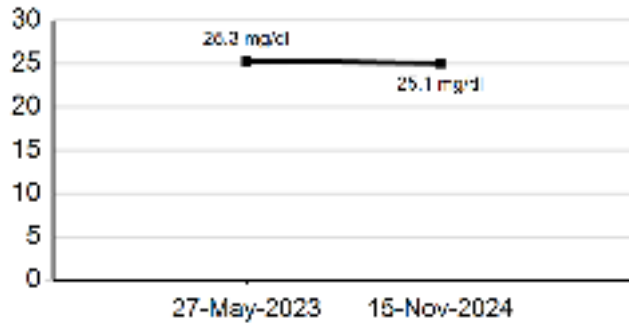
HDL CHOLESTEROL



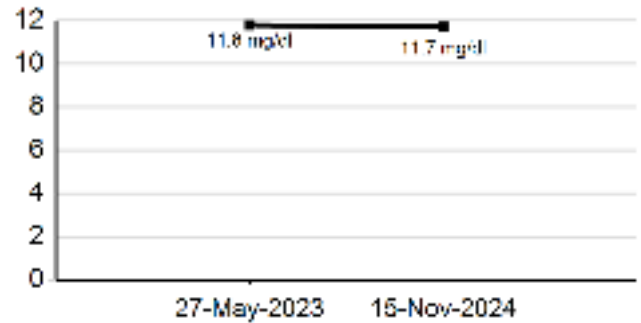
LDL CHOLESTEROL



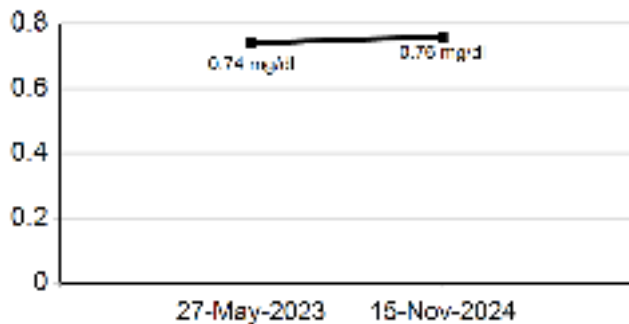
BLOOD UREA



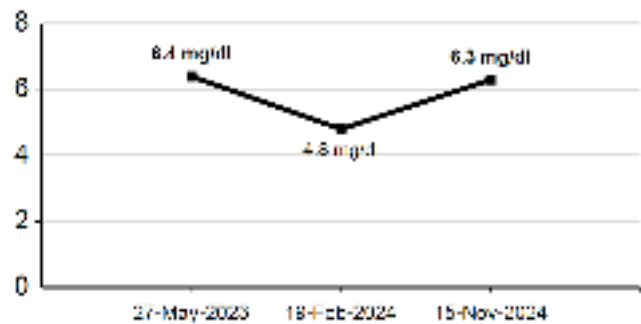
BUN



CREATININE



URIC ACID

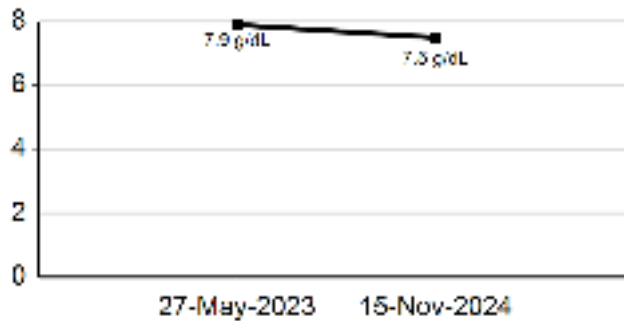




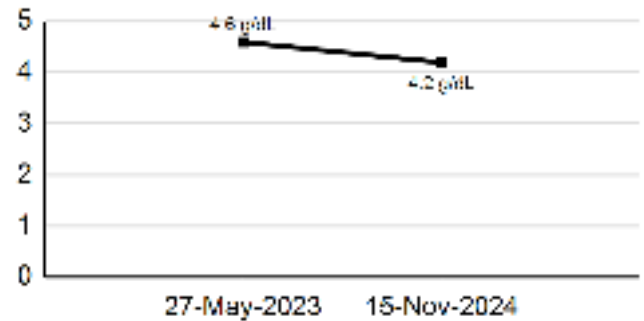
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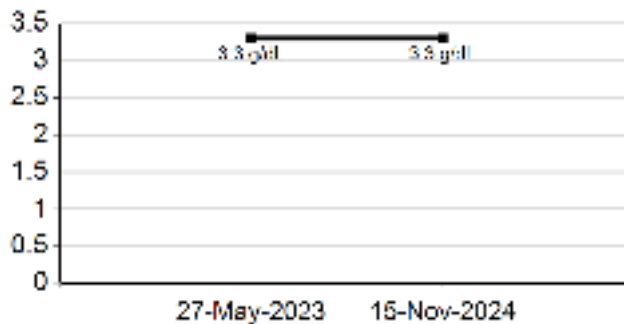
TOTAL PROTEINS



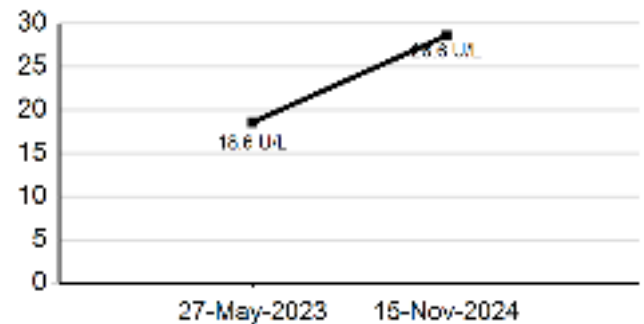
ALBUMIN



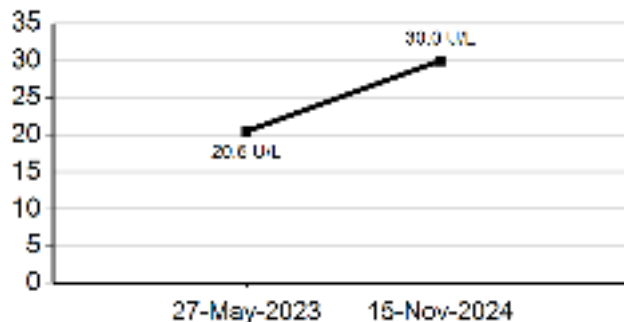
GLOBULIN



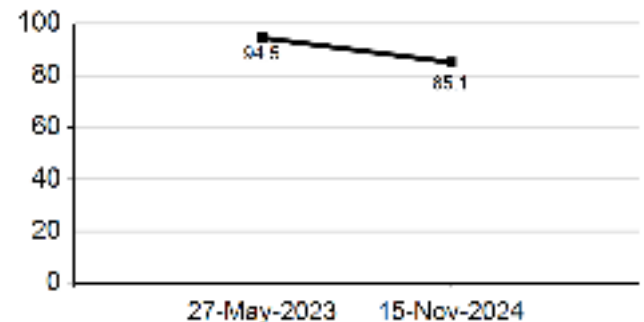
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

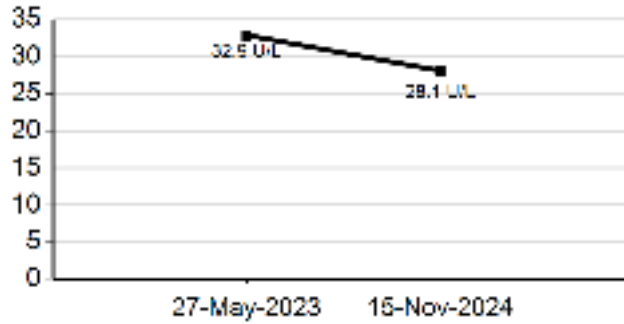




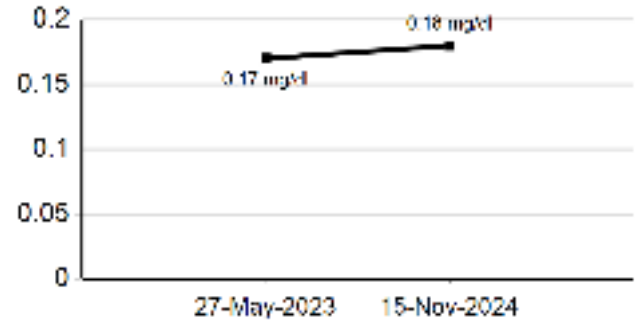
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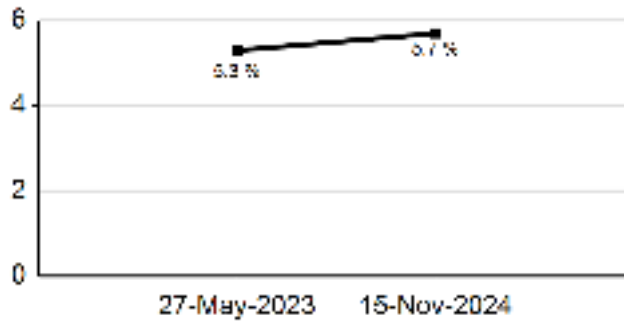
GAMMA GT



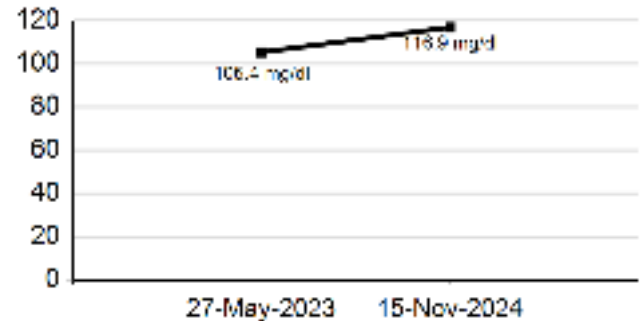
BILIRUBIN (DIRECT)



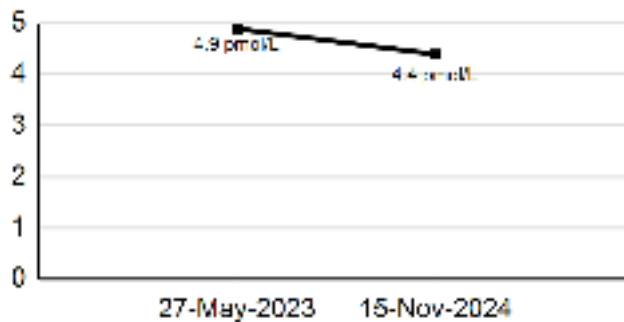
Glycosylated Hemoglobin (HbA1c)



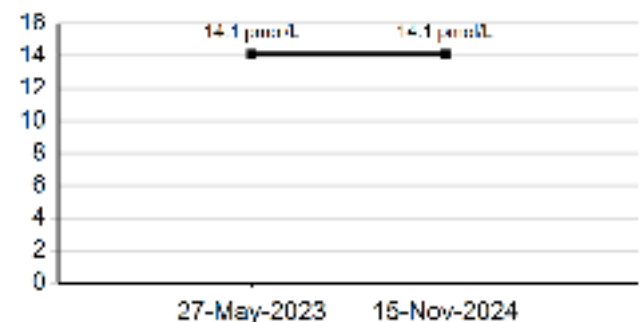
Estimated Average Glucose (eAG)



Free T3



Free T4

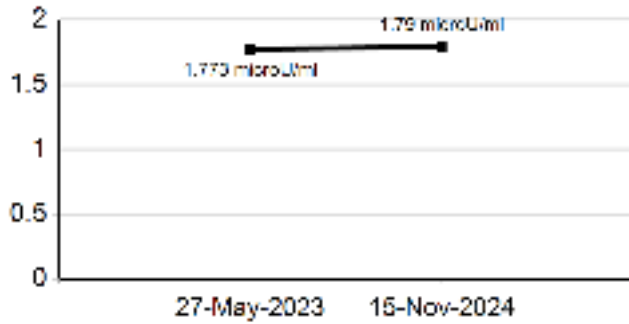




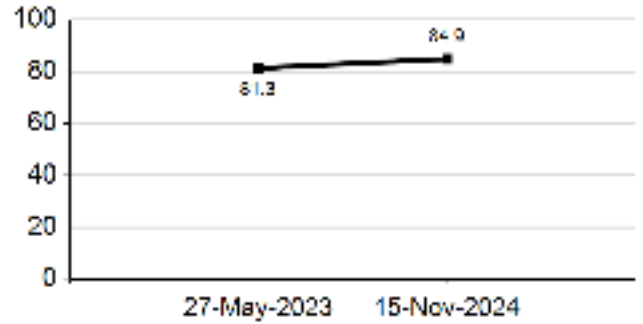
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CID : 2432016519
 Name : MRS.GARIMA SINGH
 Age / Gender : 35 Years / Female
 Consulting Dr. : -
 Reg. Location : Kandivali East (Main Centre)

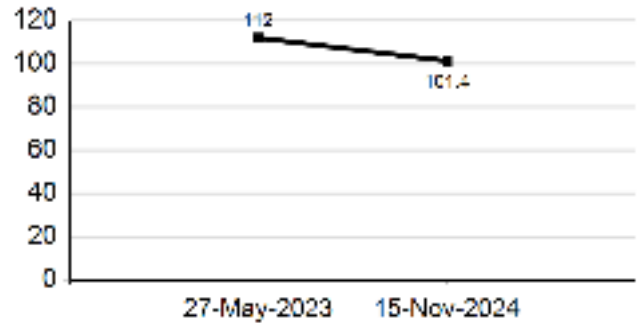
sensitiveTSH



GLUCOSE (SUGAR) FASTING



GLUCOSE (SUGAR) PP



Name : MRS. GARIMA SINGH

Age / Gender : 35 Years/Female

Consulting Dr. :

Reg. Location : Kandivali East (Main Centre)

Collected : 15-Nov-2024 / 09:52

Reported : 16-Nov-2024 / 08:41

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms): 162 cms
Temp (0c): Afebrile
Blood Pressure (mm/hg): 110/70
Pulse: 72/min

Weight (kg): 79 kgs
Skin: Acne
Nails: Normal
Lymph Node: Not palpable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

*Turic acid
Bordelline dyslipidemia*

ADVICE:

*Low fatty diet
medctn for ↑ uric acid*

Name : MRS.GARIMA SINGH

Age / Gender : 35 Years/Female

Consulting Dr. :

Collected : 15-Nov-2024 / 09:52

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CHIEF COMPLAINTS:

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

PERSONAL HISTORY:

- 1) Alcohol Occasional
- 2) Smoking Occasional
- 3) Diet Mixed
- 4) Medication No

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548

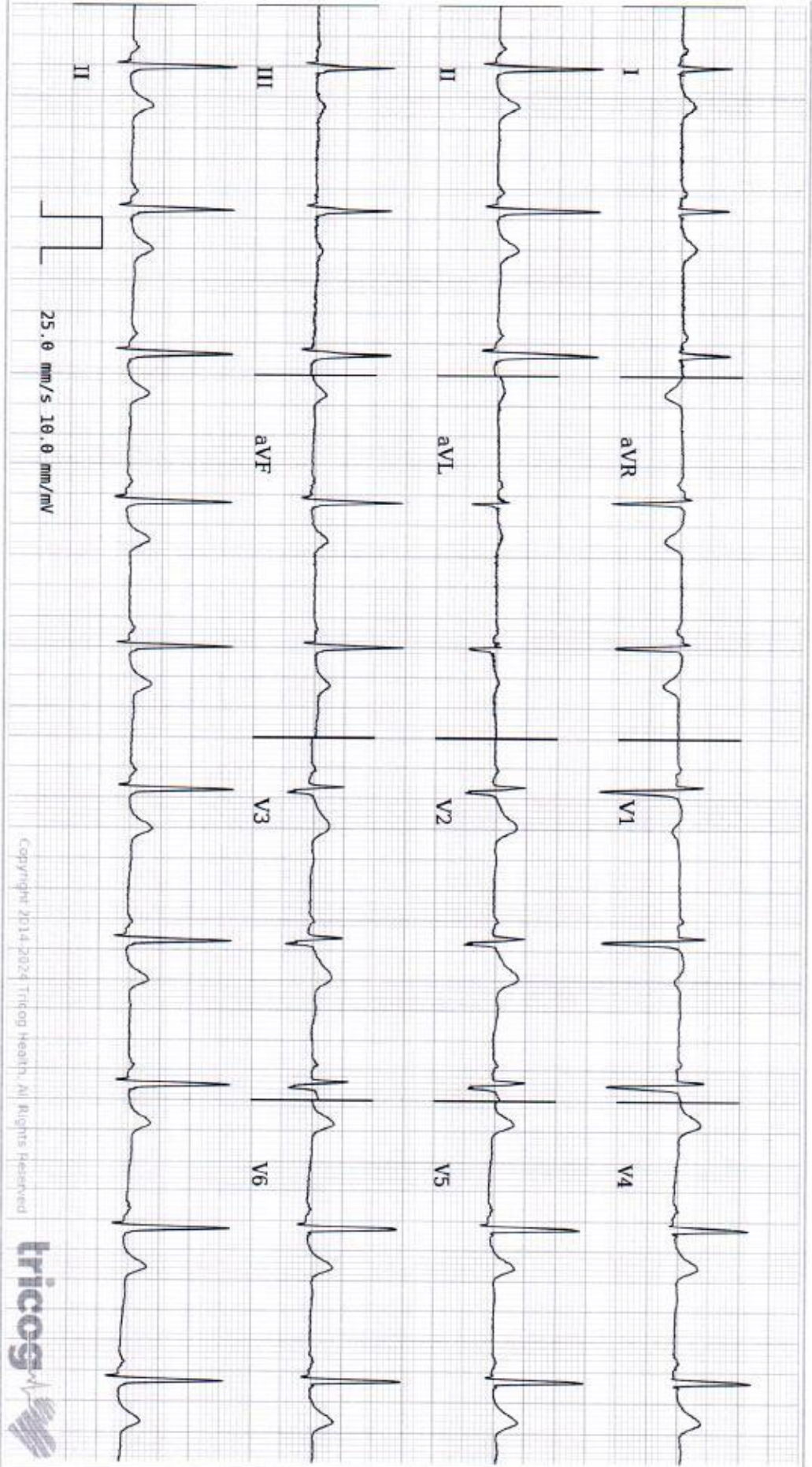
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Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

J. Dhale
Dr. JAGRUTI DHALE

Patient Name: GARIMA SINGH
Patient ID: 2432016519

Date and Time: 15th Nov 24 10:55 AM



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Age **35** NA NA
years months days

Gender **Female**

Heart Rate **62bpm**

Patient Vitals

BP: 110/70 mmHg

Weight: 79 kg

Height: 162 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 82ms

QT: 392ms

QTcB: 397ms

PR: 136ms

P-R-T: 25° 67° 50°

REPORTED BY

DR. AKHIL PARULEKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

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

Disclaimer: 1) Analysis in this report is based on ECG alone and should 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. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

Date: - 15/11/2024

CID: 24320/6519

Name: - Mrs. Geetima Singh

Sex/Age: 35/F

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

Aided Vision:

Refraction:

| | (Right Eye) | | | | (Left Eye) | | | |
|----------|-------------|-----|------|-----|------------|-----|------|-----|
| | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
| Distance | - | - | | 6/6 | - | - | - | 6/6 |
| Near | - | - | - | N/G | - | - | - | N/G |

Colour Vision: Normal / Abnormal

Remark: Normal

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Tel : 61700000



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CID : 2432016519
Name : Mrs GARIMA SINGH
Age / Sex : 35 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 12:55

2D & M-MODE ECHOCARDIOGRAM REPORT

MITRAL VALVE: has thin leaflets with normal subvalvar motion.
No mitral regurgitation .

AORTIC VALVE : has three thin leaflets with normal opening
No aortic regurgitation.

LEFT VENTRICLE : is normal , has normal wall thickness , No regional wall motion abnormality . Normal LV systolic contractions. EF - 60%.

LEFT ATRIUM: is normal.

RIGHT ATRIUM & RIGHT VENTRICLE: normal in size.

TRICUSPID VALVE & PULMONARY VALVES : normal.
NO TR / PH.

No pericardial effusion.

IMP : Normal LV systolic function. EF-60%.
Normal other chambers and valves.
No regional wall motion abnormality/ scar.
No clot / vegetation / thrombus / pericardial effusion.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024111509542422>



CID : 2432016519
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Ref. Dr :
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Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 12:55

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M- MODE :

| | |
|------------|-----|
| LA (mm) | 28 |
| AORTA (mm) | 20 |
| LVDD (mm) | 44 |
| LVSD (mm) | 30 |
| IVSD (mm) | 10 |
| PWD (mm) | 09 |
| EF | 60% |
| E/A | 1.3 |

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

Dr. Akhil Parulekar
DNB CARDIOLOGIST
Reg. No- 2012082483

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024111509542422>

CID : 2432016519
Name : Mrs GARIMA SINGH
Age / Sex : 35 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 11:45

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.8 cm) shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualized and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 10.8 x 3.7 cm. Left kidney measures 10.6 x 4.6 cm.

SPLEEN:

The spleen is normal in size (9.9 cm) and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal. It measures 7.5 x 3.5 x 5.4 cm in size.
The endometrial thickness is 9 mm. IUCD is noted in situ.

OVARIES:

Both the ovaries are well visualized and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.9 x 1.9 cm Left ovary = 2.3 x 2.0 cm

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Page no 1 of 2

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Reg. Date : 15-Nov-2024
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IMPRESSION:-

No significant abnormality is seen.

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



DR. SUMIT M PATIL
MD Radio diagnosis
Reg no.2019/01/0135

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CID : 2432016519
Name : Mrs GARIMA SINGH
Age / Sex : 35 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 14:18

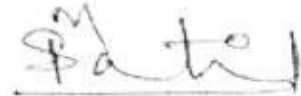
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X-RAY CHEST PA VIEW

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-----



DR. SUMIT M PATIL
MD Radio diagnosis
Reg no.2019/01/0135

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