MC-5592

Name	: **MS.GUPTA RAJNANDANI**	TID/SID	: UMR2156955/ 28534260
Age / Gender	: 30 Years / Female	Registered on	: 09-Nov-2024 / 08:38 AM
Ref.By	: MEDI WHEELS	Collected on	: 09-Nov-2024 / 08:40 AM
Req.No	: BIL4921056	Reported on	: 09-Nov-2024 / 15:11 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE)

Investigation	Observed Value	Biological Reference Intervals
Physical Examination		
Colour Method:Physical	Pale Yellow	Straw to Yellow
Appearance Method:Physical	Clear	Clear
Chemical Examination		
Reaction and pH Method:pH- Methyl red & Bromothymol blue	7.0	4.6-8.0
Specific gravity Method:Bromothymol Blue	1.005	1.003-1.035
Protein Method:Tetrabromophenol blue	Negative	Negative
Glucose Method:Glucose oxidase/Peroxidase	Negative	Negative
Blood Method:Peroxidase	Negative	Negative
Ketones Method:Sodium Nitroprusside Method	Negative	Negative
Bilirubin Method:Dichloroanilinediazonium	Negative	Negative
Leucocytes Method:3 hydroxy5 phenylpyrrole + diazonium	Negative	Negative
Nitrites Method:Diazonium + 1,2,3,4 tetrahydrobenzo (h) quinolin 3-ol	Negative	Negative
Urobilinogen Method:Dimethyl aminobenzaldehyde	0.2	0.2-1.0 mg/dl
Microscopic Examination		
Pus cells (leukocytes) Method:Microscopy	0-1	2 - 3 /hpf
Epithelial cells Method:Microscopy	1-2	2 - 5 /hpf
RBC (erythrocytes) Method:Microscopy	Absent	Absent
Casts Method:Microscopy	Absent	Occasional hyaline casts may be seen

tenet
DIAGNOSTICS
It's Good to Know

MC-5592

PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

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Crystals Method:Microscopy	Absent	Phosphate, oxalate, or urate crystals may be seen
Others Method:Microscopy	Nil	Nil

Method: Semi Quantitative test ,For CUE

Reference: Godkar Clinical Diagnosis and Management by Laboratory Methods, First South Asia edition. Product kit literature.

Interpretation:

The complete urinalysis provides a number of measurements which look for abnormalities in the urine. Abnormal results from this test can be indicative of a number of conditions including kidney disease, urinary tract infecation or elevated levels of substances which the body is trying to remove through the urine . A urinalysis test can help identify potential health problems even when a person is asymptomatic. All the abnormal results are to be correlated clinically.

 * Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr Debleena Thakur
Consultant Pathologist

Name	: **MS.GUPTA RAJNANDANI**	TID/SID	: UMR2156955/ 28534261
Age / Gender	: 30 Years / Female	Registered on	: 09-Nov-2024 / 08:38 AM
Ref.By	: MEDI WHEELS	Collected on	: 09-Nov-2024 / 08:40 AM
Req.No	: BIL4921056	Reported on	: 09-Nov-2024 / 14:22 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF HEMATOPATHOLOGY

Blood Grouping ABO And Rh Typing

Parameter	Results
Blood Grouping (ABO)	O
Rh Typing (D)	POSITIVE

Method: Hemagglutination Tube Method by Forward & Reverse Grouping

Reference: Kit literature

Interpretation: The ABO grouping and Rh typing test determines blood type grouping (A,B, AB, O) and the Rh factor (positive or negative). A person's blood type is based on the presence or absence of certain antigens on the surface of their red blood cells and certain antibodies in the plasma. A,B,H antigens are not fully developed at birth, increase gradually in strength and become fully expressed around 1 year of age. It is mandatory to repeat blood grouping at/after one year of age for new born babies &/or done on cord blood

Note: All individuals carry other blood group system antigens in addition to ABO and Rh. Antibody screening is recommended to all individuals before blood transfusion to detect any unexpected antibodies.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.Kavya S N
Consultant Pathologist

Name	: **MS.GUPTA RAJNANDANI**	TID/SID	: UMR2156955/ 28534261
Age / Gender	: 30 Years / Female	Registered on	: 09-Nov-2024 / 08:38 AM
Ref.By	: MEDI WHEELS	Collected on	: 09-Nov-2024 / 08:40 AM
Req.No	: BIL4921056	Reported on	: 09-Nov-2024 / 12:49 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF HEMATOPATHOLOGY

Erythrocyte Sedimentation Rate (ESR)

Investigation	Observed Value	Biological Reference Intervals
ESR 1st Hour Method:Modified Westergren	**29**	<=20 mm/hour

Complete Blood Count (CBC)

Investigation	Observed Value	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	11.7	11.5-16.0 g/dL
Packed Cell Volume Method:Derived from Impedance	35.5	34-48 %
Red Blood Cell Count. Method:Impedance Variation	4.30	4.2-5.4 Mill/Cumm
Mean Corpuscular Volume Method:Derived from Impedance	82.6	78-100 fL
Mean Corpuscular Hemoglobin Method:Derived from Impedance	27.3	27-32 pg
Mean Corpuscular Hemoglobin Concentration Method:Derived from Impedance	33.1	31.5-36 g/dL
Red Cell Distribution Width - CV Method:Derived from Impedance	12.9	11.5-16.0 %
Red Cell Distribution Width - SD Method:Derived from Impedance	**35.8**	39-46 fL
Total WBC Count. Method:Impedance Variation	7070	4000-11000 cells/cumm
Neutrophils Method:Impedance Variation, Flowcytometry	61.0	40-75 %
Lymphocytes Method:Microscopy	28.9	20-45 %
Eosinophils Method:Impedance Variation,Method_Desc= Flow Cytometry	2.8	01-06 %
Monocytes Method:Impedance Variation, Flowcytometry	6.8	01-10 %
Basophils. Method:Impedance Variation,Method_Desc= Flow Cytometry	0.5	00-02 %

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		TEST REPORT	Reference	: Arcofemi Health Care Ltd -

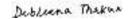|			
Absolute Neutrophils Count. Method:Calculated	4313		1500-6600 cells/cumm
Absolute Lymphocyte Count Method:Calculated	2043		1500-3500 cells/cumm
Absolute Eosinophils count. Method:Calculated	198		40-440 cells/cumm
Absolute Monocytes Count. Method:Calculated	481		<1000 cells/cumm
Absolute Basophils count. Method:Calculated	35		<200 cells/cumm
Platelet Count. Method:Impedance Variation	2.48		1.4-4.4 lakhs/cumm
Mean Platelet Volume. Method:Derived from Impedance	9.7		8.0-13.3 fL
Plateletcrit. Method:Derived from Impedance	0.24		0.18-0.28 %

Method: Automated Hematology Analyzer, Microscopy

Reference: Dacie and Lewis Practical Hematology,12th Edition

Interpretation: A Complete Blood Picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections. This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed. All the abnormal results are to be correlated clinically.

 * Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr Debleena Thakur
Consultant Pathologist

Name	: **MS.GUPTA RAJNANDANI**
Age / Gender	: 30 Years / Female
Ref.By	: MEDI WHEELS
Req.No	: BIL4921056

TID/SID	: UMR2156955/ 28534263F
Registered on	: 09-Nov-2024 / 08:38 AM
Collected on	: 09-Nov-2024 / 08:40 AM
Reported on	: 09-Nov-2024 / 13:46 PM
Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN)

Investigation	Observed Value	Biological Reference Interval
Blood Urea Nitrogen. Method:Kinetic, Urease - GLDH, Calculated	6	6-20 mg/dL

Interpretation: Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. Since this is a continuous process, there is usually a small but stable amount of urea nitrogen in the blood. However, when the kidneys cannot filter wastes out of the blood due to disease or damage, then the level of urea in the blood will rise. The blood urea nitrogen (BUN) evaluates kidney function in a wide range of circumstances, to diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status as well.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics

Creatinine, Serum

Investigation	Observed Value	Biological Reference Interval
Creatinine. Method:Spectrophotometry, Jaffe - IDMS Traceable	0.5	0.5-1.1 mg/dL

Interpretation:

Creatinine is a nitrogenous waste product produced by muscles from creatine. Creatinine is majorly filtered from the blood by the kidneys and released into the urine, so serum creatinine levels are usually a good indicator of kidney function. Serum creatinine is more specific and more sensitive indicator of renal function as compared to BUN because it is produced from muscle at a constant rate and its level in blood is not affected by protein catabolism or other exogenous products. It is also not reabsorbed and very little is secreted by tubules making it a reliable marker. Serum creatinine levels are increased in pre renal, renal and post renal azotemia, active acromegaly and gigantism. Decreased serum creatinine levels are seen in pregnancy and increasing age.

Biological reference interval changed; Reference: Tietz Textbook of Clinical Chemistry & Molecular Diagnostics, Fifth Edition.

Glucose Fasting (FBS)

Investigation	Observed Value	Biological Reference Interval
Glucose Fasting Method:Hexokinase	90	Normal: <100 mg/dL Impaired FG: 100-125 mg/dL Diabetes mellitus: >/=126 mg/dL

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TEST REPORT

Interpretation: It measures the Glucose levels in the blood with a prior fasting of 9-12 hours. The test helps screen a symptomatic/ asymptomatic person who is at risk for Diabetes. It is also used for regular monitoring of glucose levels in people with Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2022

Glucose Post Prandial (PPBS)

Investigation	Observed Value	Biological Reference Interval
Glucose Post Prandial Method:Hexokinase	**76**	Normal : <140 mg/dL Impaired PG: 140-199 mg/dL Diabetes mellitus: >/=200 mg/dL
Note		The discordant post prandial blood glucose values levels are observed in some of the conditions related to defective absorption, insufficient dietary intake, endocrine disorders, hypoglycemic drug overdose and reactive hypoglycemia etc.

Interpretation: This test measures the blood sugar levels 2 hours after a normal meal. Abnormally high blood sugars 2 hours after a meal reflect that the body is not producing sufficient insulin which is indicative of Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2020.

Glycosylated Hemoglobin (HbA1C)

Investigation	Observed Value	Biological Reference Interval
Glycosylated Hemoglobin (HbA1c) Method:High-Performance Liquid Chromatography	5.7	Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 %
Estimated Average Glucose (eAG) Method:High-Performance Liquid Chromatography	117	mg/dL

Interpretation: It is an index of long-term blood glucose concentrations and a measure of the risk for developing microvascular complications in patients with diabetes. Absolute risks of retinopathy and nephropathy are directly proportional to the mean HbA1c concentration. In persons without diabetes, HbA1c is directly related to risk of cardiovascular disease.

In known diabetic patients, HbA1c can be considered as a tool for monitoring the glycemic control.
Excellent Control - 6 to 7 %,
Fair to Good Control - 7 to 8 %,
Unsatisfactory Control - 8 to 10 %
and Poor Control - More than 10 %.
Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2018.

Bun/Creatinine Ratio

Investigation	Observed Value
BUN/Creatinine Ratio Method:Calculated	13

Name	: **MS.GUPTA RAJNANDANI**
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Reference	: Arcofemi Health Care Ltd -

TEST REPORT

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Reference:

A Manual of Laboratory Diagnostic Tests. Edition 7, Lippincott Williams and Wilkins, By Frances Talaska Fischbach, RN, BSN, MSN, and Marshall Barnett Dunning 111, BS, MS, Ph.D.

 * Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

**Dr Debleena Thakur
Consultant Pathologist**

Name	: **MS.GUPTA RAJNANDANI**	TID/SID	: UMR2156955/ 28534262
Age / Gender	: 30 Years / Female	Registered on	: 09-Nov-2024 / 08:38 AM
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Req.No	: BIL4921056	Reported on	: 09-Nov-2024 / 14:32 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile

Investigation	Observed Value	Biological Reference Interval
Total Cholesterol Method:Spectrophotometry , CHOD - POD	229	Desirable: < 200 mg/dL Borderline: 200-239 mg/dL High: >/= 240 mg/dL
HDL Cholesterol Method:Spectrophotometry , Direct Measurement	38	Optimal : >=60 mg/dL Borderline : 40-59 mg/dL High Risk <40 mg/dL
Non HDL Cholesterol Method:Calculated	191	Optimal : <130 mg/dL Above Optimal : 130-159 mg/dL Borderline : 160-189 mg/dL High Risk : 190-219 mg/dL Very high Risk : >=220 mg/dL
LDL Cholesterol Method:Calculated	138.6	Optimum: <100 mg/dL Near/above optimum: 100-129 mg/dL Borderline: 130-159 mg/dL High: 160-189 mg/dL Very high: >/=190 mg/dL
VLDL Cholesterol Method:Calculated	**52.40**	<30 mg/dL
Total Cholesterol/HDL Ratio Method:Calculated	6.03	Optimal : <3.3 Low Risk : 3.4-4.4 Average Rsik : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0
LDL/HDL Ratio Method:Calculated	3.65	Optimal : 0.5-3.0 Borderline : 3.1-6.0 High Risk : >6.0
Triglycerides Method:Spectrophotometry, Enzymatic - GPO/POD	262	Normal:<150 mg/dL Borderline: 150-199 mg/dL High: 200-499 mg/dL Very high: >/=500 mg/dL mg/dl #

Interpretation: Lipids are fats and fat-like substances which are important constituents of cells and are rich sources of energy. A lipid profile typically includes total cholesterol, high density lipoproteins (HDL), low density lipoprotein (LDL), chylomicrons, triglycerides, very low density lipoproteins (VLDL), Cholesterol/HDL ratio .The lipid profile is used to assess the risk of developing a heart disease and to monitor its treatment. The results of the lipid profile are evaluated along with other known risk factors associated with heart disease to plan and monitor treatment. Treatment options require clinical correlation.**Reference:** Third Report of the National Cholesterol Education program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III), JAMA 2001.

 * Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Name	**: MS.GUPTA RAJNANDANI**
Age / Gender	: 30 Years / Female
Ref.By	: MEDI WHEELS
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Collected on	:
Reported on	:
Reference	: Arcofemi Health Care Ltd -

TEST REPORT

Dr Debleena Thakur
Consultant Pathologist

Name	: **MS.GUPTA RAJNANDANI**
Age / Gender	: 30 Years / Female
Ref.By	: MEDI WHEELS
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Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT)

Investigation	Result	Biological Reference Interval
Total Bilirubin. Method:Spectrophotometry, Diazo method	0.29	Neonates: <=15.0 mg/dL Adults: <=1.2 mg/dL
Direct Bilirubin. Method:Spectrophotometry, Diazo method	0.18	<=0.30 mg/dL
Indirect Bilirubin. Method:Calculated	0.11	Neonates: <= 14.7 mg/dL Adults: <= 1.0 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method: IFCC without pyridoxal phosphate activation	**41**	<=33 U/L
Aspartate Aminotransferase,(AST/SGOT) Method: IFCC without pyridoxal phosphate activation	25	<=32 U/L
ALP (Alkaline Phosphatase). Method:Spectrophotometry , IFCC	104	35-104 U/L
Gamma GT. Method:Spectrophotometry , IFCC	39	<40 U/L
Total Protein. Method:Spectrophotometry, Biuret	7.3	6.4-8.3 g/dL
Albumin. Method:Spectrophotometry, Bromcresol Green	4.2	3.5-5.2 g/dL
Globulin. Method:Spectrophotometry, Bromcresol Green	3.10	2.0-3.5 g/dL
A/GRatio. Method:Calculated	1.35	1.1-2.5

Interpretation: Liver functions tests help to identify liver disease, its severity, and its type. Generally these tests are performed in combination, are abnormal in liver disease, and the pattern of abnormality is indicative of the nature of liver disease. An isolated abnormality of a single liver function test usually means a non-hepatic cause. If several liver function tests are simultaneously abnormal, then hepatic etiology is likely.

 * Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

**Dr Debleena Thakur
Consultant Pathologist**

Name	: **MS.GUPTA RAJNANDANI**
Age / Gender	: 30 Years / Female
Ref.By	: MEDI WHEELS
Req.No	: BIL4921056

TID/SID	: UMR2156955/ 28534262
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Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH)

Investigation	Observed Value	Biological Reference Interval
Triiodothyronine Total (T3) Method:ECLIA	1.25	0.80-2.00 ng/mL Pregnancy: 1st Trimester: 0.9 -2.5 ng/mL 2nd Trimester: 1.00 - 2.4 ng/mL 3rd Trimester 0.9-2.4 ng/mL **Note:** Biological Reference Ranges are changed due to change in method of testing.
Thyroxine Total (T4) Method:ECLIA	7.68	4.6-12.0 µg/dL Pregnancy: 1st Trimester: 4.4 - 11.5 µg/dL 2nd Trimester: 4.9 - 12.2 µg/dL 3rd Trimester: 5.1 - 13.2µg/dL **Note:** Biological Reference Ranges are changed due to change in method of testing.
Thyroid Stimulating Hormone (TSH) Method:ECLIA	3.02	0.27-4.20 µIU/mL Pregnancy: 1st Trimester: 0.1 - 3.0 µIU/mL 2nd Trimester: 0.4 - 3.3 µIU/mL 3rd Trimester: 0.4 - 3.8 µIU/mL **Note:** Biological Reference Ranges are changed due to change in method of testing.

Interpretation: A thyroid profile is used to evaluate thyroid function and/or help diagnose hypothyroidism and hyperthyroidism due to various thyroid disorders. T4 and T3 are hormones produced by the thyroid gland. They help control the rate at which the body uses energy, and are regulated by a feedback system. TSH from the pituitary gland stimulates the production and release of T4 (primarily) and T3 by the thyroid. Most of the T4 and T3 circulate in the blood bound to protein. A small percentage is free (not bound) and is the biologically active form of the hormones.
Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics, Carl A. Burtis, David E. Bruns.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist

Name	: **MS.GUPTA RAJNANDANI**	TID/SID	: UMR2156955/ 28534262
Age / Gender	: 30 Years / Female	Registered on	: 09-Nov-2024 / 08:38 AM
Ref.By	: MEDI WHEELS	Collected on	: 09-Nov-2024 / 08:40 AM
Req.No	: BIL4921056	Reported on	: 09-Nov-2024 / 14:30 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Biological Reference Interval
Uric Acid. Method:Enzymatic	4.7	2.4-5.7 mg/dL

Interpretation: It is the major product of purine catabolism. Hyperuricemia can result due to increased formation or decreased excretion of uric acid which can be due to several causes like metabolic disorders, psoriasis, tissue hypoxia, pre-eclampsia, alcohol, lead poisoning, acute or chronic kidney disease, etc. Hypouricemia may be seen in severe hepato cellular disease and defective renal tubular reabsorption of uric acid.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist

MS>Rajnandani
ID: 4921656

30 Years

Female

80 bpm
–/– mmHg

09.11.2024 10:11:54
ienet
INdiranagar
Bangalore

Normal sinus rhythm
Normal ECG

QRS	80 ms
QT / QTcBaz	336 / 387 ms
PR	120 ms
P	96 ms
RR / PP	750 / 750 ms
P / QRS / T	15 / 11 / 12 degrees

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

SINUS RHYCHM
WNL

Dr. MAHADEV SWAMY B.
MBBS, MD (Internal Medicine),
DM Cardiology (NIMHANS), FSCAI, FICC
Consultant - Interventional Cardiology

I

aVR

V1

V4

II

aVL

V2

V5

III

aVF

V3

V6

II

Name	MS.GUPTA RAJANANDANI	Req N0 :4921062
Age & Gender	30Y/FEMALE	Registered on:09.11.2024
Ref Doctor	CREDIT CLIENTS	Reported on:09.11.2024

2D ECHOCARDIOGRAPHY & COLOUR DOPPLER REPORT

M-mode:

	Value	Normal range
LA dimension	3.4	(1.9 – 4.0 cm)
Aorta	2.8	(2.5 – 3.7 cm)
IVS (d)	0.9	(0.6 – 1.1 cm)
LV PW (d)	0.9	(0.6- 1.1 cm)
LVID (d)	4.2	(3.5 – 5.5 cm)
LVID (s)	2.7	(2.4 – 4.2 cm)
EDV	81	ml
ESV	28	ml
LV EF	64%	50 – 70 %

CHAMBERS:

LEFT ATRIUM: Normal

RIGHT ATRIUM: Normal

LEFT VENTRICLE: Normal

RIGHT VENTRICLE: Normal

VALVES:

MITRAL VALVE: Normal

AORTIC VALVE: Normal

TRICUSPID VALVE: Normal

PULMONARY VALVE: Normal

GREAT ARTERIES:

AORTA: Normal

PULMONARY ARTERY: Normal

SEPTAE:

IAS/IVS: Intact

WALL MOTION ABNORMALITIES:

REGIONAL : No RWMA

GLOBAL: Normal

COLOUR DOPPLER:

MITRAL VALVE: TRIVIAL MR, E/A : 1.63

AORTIC VALVE: Normal

TRICUSPID VALVE: MILD TO MODERATE TR, PASP-32 mmHg

PULMONARY VALVE: Normal

CLOT/ VEGETATION: Nil   PERICARDIUM: No effusion

IVC : NORMAL &COLLAPSING

CONCLUSION:

- **NORMAL CHAMBER AND VALVES**
- **NO REGIONAL WALL MOTION ABNORMALITIES**
- **NORMAL LV SYSTOLIC FUNCTION (EF:64%)**
- **IAS INTACT**
- **NORMAL PA PRESSURE**
- **NO CLOT/ VEG / PERICARDIAL EFFUSION**

Dr. MAHADEV SWAMY B
MBBS, MD, DM Cardiology (JIPMER), FSCAI, FICC
Consultant & Interventional Cardiologist
KMC No 75242

Name	**: Ms . GUPTA RAJNANDANI**
Age/Gender	: 30 Years/Female
Ref By	: MEDI WHEELS
Reg.No	: BIL4921056

TID	: UMR2156955
Registered On	: 09-Nov-2024 08:38 AM
Reported On	: 09-Nov-2024 10:56 AM
Reference	: Arcofemi Health Care Ltd - Medi Whe

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size with mild diffuse increase in echopattern. No evidence of intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended. No obvious calculus is noted. Gall bladder wall is of normal thickness. Proximal CBD is not dilated.

PANCREAS: Head and proximal body appear normal in size and echotexture. Rest of the pancreas is obscured by bowel gas.

SPLEEN is normal in size and echopattern.

KIDNEYS move well with respiration and are normal in size and echopattern. Cortico- medullary differentiations are well madeout. No evidence of obvious calculus or hydronephrosis.
The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	**9.6**	**1.5**
Left Kidney	**10.0**	**1.7**

URINARY BLADDER is moderately distended with normal wall thickness. It has clear contents.

UTERUS is anteverted and normal in size. It has uniform myometrial echopattern.
Endometrial thickness measures 7.4 mm
Uterus measures as follows: LS: 7.3 cms   AP: 3.3 cms   TS: 4.7 cms.

OVARIES are normal in size and echotexture.
Ovaries measure as follows: **Right ovary**: 2.4 x 1.7 cms   **Left ovary**: 2.1 x 1.3 cms

POD is free.

No evidence of ascites.

IMPRESSION:

- **Grade I hepatic steatosis.**

*** End Of Report ***

Dr Suhas C M
Consultant Radiologist

Name	**: Ms . GUPTA RAJNANDANI**	TID	: UMR2156955
Age/Gender	: 30 Years/Female	Registered On	: 09-Nov-2024 08:38 AM
Ref By	: MEDI WHEELS	Reported On	: 09-Nov-2024 01:20 PM
Reg.No	: BIL4921056	Reference	: Arcofemi Health Care Ltd - Medi Whe

X-Ray Chest PA View

FINDINGS AND IMPRESSION:

Mid expiratory phase film.

Visualized lung fields appear normal.

Cardiac size is within normal limits.

Hila is normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualized bones and soft tissues appear normal.

*** End Of Report ***

Dr Suhas C M
Consultant Radiologist