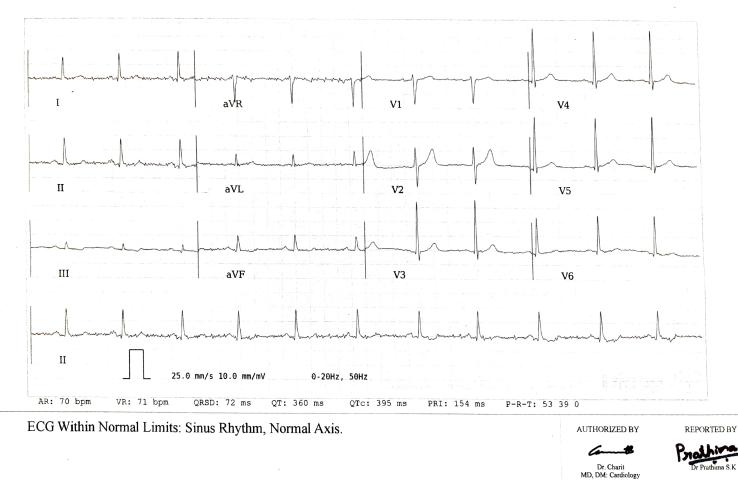
Indira Diagnostic Centre, kanpur



Age / Gender: 43/Female Patient ID: IKNP0054592223 Mrs. SARIKA Patient Name:



Disclaimer: Analysis in this report is based on ECG alone and should only 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.

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Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur Ph: 9235432757, CIN : U85110DL2003LC308206



Patient Name	: Mrs.SARIKA	Registered On	: 10/Dec/2022 11:07:02
Age/Gender	: 43 Y 11 M 4 D /F	Collected	: 10/Dec/2022 11:24:17
UHID/MR NO	: IKNP.0000022291	Received	: 10/Dec/2022 11:24:53
Visit ID	: IKNP0054592223	Reported	: 10/Dec/2022 17:44:49
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , Bloo	d			
Blood Group	А			
Rh (Anti-D)	POSITIVE			
Complete Blood Count (CBC) * , Whole E	Blood			
• • • • •		·		
Haemoglobin	12.70	g/dl	1 Day- 14.5-22.5 g/dl	
			1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl	
			3-6 Mo- 9.5-13.5 g/dl	
			0.5-2 Yr- 10.5-13.5	
			g/dl	
			2-6 Yr- 11.5-15.5 g/dl	
			6-12 Yr- 11.5-15.5 g/d	
		N. WY	12-18 Yr 13.0-16.0	
			g/dl	
			Male- 13.5-17.5 g/dl	
			Female- 12.0-15.5 g/d	
TLC (WBC)	7,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	32.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	6.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	14.00	Mm for 1st hr.		
Corrected	8.00	Mm for 1st hr.	< 20	
PCV (HCT)	38.00	%	40-54	
Platelet count				
Platelet Count	4.35	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	30.10	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.45	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	10.40	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count	10.40	12	0.5 12.0	
RBC Count	4.50	Mill./cu mm	3 7-5 0	ELECTRONIC IMPEDANCE
noe count	4.50	wint, cu min	5.7 5.0	





Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur Ph: 9235432757, CIN : U85110DL2003LC308206



Patient Name	: Mrs.SARIKA	Registered On	: 10/Dec/2022 11:07:02
Age/Gender	: 43 Y 11 M 4 D /F	Collected	: 10/Dec/2022 11:24:17
UHID/MR NO	: IKNP.0000022291	Received	: 10/Dec/2022 11:24:53
Visit ID	: IKNP0054592223	Reported	: 10/Dec/2022 17:44:49
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	88.40	fl	80-100	CALCULATED PARAMETER
MCH	28.10	pg	28-35	CALCULATED PARAMETER
МСНС	31.80	%	30-38	CALCULATED PARAMETER
RDW-CV	13.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	46.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,200.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	140.00	/cu mm	40-440	



Dr. Seema Nagar(MD Path)

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Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur Ph: 9235432757, CIN : U85110DL2003LC308206



Patient Name	: Mrs.SARIKA	Registered On	: 10/Dec/2022 11:07:03
Age/Gender	: 43 Y 11 M 4 D /F	Collected	: 10/Dec/2022 14:21:16
UHID/MR NO	: IKNP.0000022291	Received	: 10/Dec/2022 14:21:33
Visit ID	: IKNP0054592223	Reported	: 10/Dec/2022 15:23:41
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING , Plasma Glucose Fasting	101.40	mg/dl	< 100 Normal	GOD POD
			100-125 Pre-diabetes ≥ 126 Diabetes	

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
c) I.G.T = Impared Glucose Tolerance.

Glucose PP	113.50	mg/dl	<140 Normal	GOD POD
Sample:Plasma After Meal			140-199 Pre-diabetes	
			>200 Diabetes	

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
c) I.G.T = Impared Glucose Tolerance.



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Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur Ph: 9235432757, CIN : U85110DL2003LC308206



Patient Name	: Mrs.SARIKA	Registered On	: 10/Dec/2022 11:07:03
Age/Gender	: 43 Y 11 M 4 D /F	Collected	: 10/Dec/2022 11:24:17
UHID/MR NO	: IKNP.0000022291	Received	: 11/Dec/2022 11:25:27
Visit ID	: IKNP0054592223	Reported	: 11/Dec/2022 12:11:29
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** , EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	5.80	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	40.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	119	mg/dl		

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc. **Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

<u>Clinical Implications:</u>

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

*With optimal control, the HbA 1c moves toward normal levels.

*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy

ISO 9001:2015

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Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Resu	t Unit	Bio. Ref. Interval N	lethod
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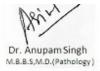
c. Alcohol toxicity d. Lead toxicity

*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

*Pregnancy d. chronic renal failure. Interfering Factors:

*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.







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Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur Ph: 9235432757, CIN : U85110DL2003LC308206



Patient Name	: Mrs.SARIKA	Registered On	: 10/Dec/2022 11:07:03
Age/Gender	: 43 Y 11 M 4 D /F	Collected	: 10/Dec/2022 11:24:17
UHID/MR NO	: IKNP.0000022291	Received	: 10/Dec/2022 11:24:53
Visit ID	: IKNP0054592223	Reported	: 10/Dec/2022 14:46:02
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * Sample:Serum	7.40	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.75	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid Sample:Serum	1.86	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect) LIPID PROFILE (MINI) , <i>Serum</i> Cholesterol (Total)	20.20 12.70 17.80 7.05 4.19 2.86 1.47 65.50 0.66 0.28 0.38 193.00	U/L U/L IU/L gm/dl gm/dl gm/dl mg/dl mg/dl mg/dl	< 35 < 40 11-50 6.2-8.0 3.8-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 < 0.30 < 0.8	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol) VLDL Triglycerides	47.00 130 15.92 79.60	mg/dl mg/dl mg/dl mg/dl	 > 240 High 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High 10-33 < 150 Normal 150-199 Borderline High 	CALCULATED GPO-PAP





Since 1991

INDRA DIAGNOSTIC CENTRE

Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur Ph: 9235432757, CIN : U85110DL2003LC308206



Patient Name	: Mrs.SARIKA	Registered On	: 10/Dec/2022 11:07:03
Age/Gender	: 43 Y 11 M 4 D /F	Collected	: 10/Dec/2022 11:24:17
UHID/MR NO	: IKNP.0000022291	Received	: 10/Dec/2022 11:24:53
Visit ID	: IKNP0054592223	Reported	: 10/Dec/2022 14:46:02
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name

Result

Unit

Method

>500 Very High

Bio. Ref. Interval



Dr. Seema Nagar(MD Path)

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Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur Ph: 9235432757, CIN : U85110DL2003LC308206



Patient Name	: Mrs.SARIKA	Registered On	: 10/Dec/2022 11:07:03
Age/Gender	: 43 Y 11 M 4 D /F	Collected	: 10/Dec/2022 11:24:17
UHID/MR NO	: IKNP.0000022291	Received	: 10/Dec/2022 11:24:53
Visit ID	: IKNP0054592223	Reported	: 10/Dec/2022 16:50:06
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
JRINE EXAMINATION, ROUTINE *	, Urine			
Color	CLEAR			
Specific Gravity	1.005			
Reaction PH	Acidic (6.5)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
		. –	10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
	1.9 million 1975		> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++) > 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT	ing/u	0.2-2.81	DIOCHEIMISTIAT
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:	ADJENT		and a second	
	1.0.11.5			
Epithelial cells	1-2/h.p.f			MICROSCOPIC
Due celle	1.2/h - f			EXAMINATION
Pus cells	1-2/h.p.f			MICROSCODIC
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			EAAIVIINATION
Crystals	ABSENT			MICROSCOPIC
Ci ystais	ADSEINT			EXAMINATION
Others	ABSENT			
0.0.0	, DOLINI			
UGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		
		0		





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Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur Ph: 9235432757,





Patient Name	: Mrs.SARIKA	Registered On	: 10/Dec/2022 11:07:03
Age/Gender	: 43 Y 11 M 4 D /F	Collected	: 10/Dec/2022 11:24:17
UHID/MR NO	: IKNP.0000022291	Received	: 10/Dec/2022 11:24:53
Visit ID	: IKNP0054592223	Reported	: 10/Dec/2022 16:32:21
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL * , Serum				
T3, Total (tri-iodothyronine)	132.70	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.05	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.30	µlU/mL	0.27 - 5.5	CLIA
Interpretation:		0.3-4.5 μIU/	mL First Trimester	

0.3-4.3	µ10/mL	First Trimester
0.5-4.6	µIU/mL	Second Trimester
0.8-5.2	µIU/mL	Third Trimester
0.5-8.9	µIU/mL	Adults 55-87 Years
0.7-27	µIU/mL	Premature 28-36 Week
2.3-13.2	µIU/mL	Cord Blood > 37Week
0.7-64	µIU/mL	Child(21 wk - 20 Yrs.)
1-39	µIU/mL	Child 0-4 Days
1.7-9.1	µIU/mL	Child 2-20 Week

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.

2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.

3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.

5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.

7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.

8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.



Dr. Seema Nagar(MD Path)

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Add: 24/22,Vrindawan Bhawan,Karachi Khana, Kanpur Ph: 9235432757,

CIN: U85110DL2003LC308206



Patient Name	: Mrs.SARIKA	Registered On	: 10/Dec/2022 11:07:03
Age/Gender	: 43 Y 11 M 4 D /F	Collected	: N/A
UHID/MR NO	: IKNP.0000022291	Received	: N/A
Visit ID	: IKNP0054592223	Reported	: 10/Dec/2022 17:40:45
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

X- Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

IMPRESSION

*** NO OBVIOUS DETECTABLE ABNORMALITY SEEN**

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow: STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



Dr Raveesh Chandra Roy (MD-Radio)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing * 365 Days Open *Facilities Available at Select Location

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DR. A.K. GUPTA

M.B.B.S., D.C.P., I.A.P.M., P.M.H.S. Ex Chief Medical Superintendent Senior Consultant

ASHMEE CARE

CARDIO CENTRE

2D ECHO * COLOUR DOPPLER * ULTRASOUND * TMT * ECG

******	***	***************************************	****
		T: MRS.SARIKA TRIPATHI	AGE: 43 SEX: F
REF.BY: DR. I.]	D.(C ************************************	DATE: 10-12-2022
		ULTRASOUND REPORT WHOLE AN	BDOMEN
LIVER	:	LIVER IS ENLARGED IN SIZE 151.0MM NO FOCA SEEN .THE INTRA-HEPATIC BILLIARY RADICALS A VEINS ARE NORMAL.	AL LESION ARE NORMAL .THE HEPATIC
PORTAL VIEN GALL BLADDER	:	NORMAL IN COURSE & CALIBER WELL DISTENDED, NORMAL WALL THICKNESS .I' THERE IS NO EVIDENCE OF GALLSTONES	T HAS AN ECHO FREE LUMEN &
C B D PANCREAS	:	NORMAL IN COURSE & CALIBER. NORMAL IN SIZE, SHAPE AND ECHO TEXTURE. F COURSE & CALIBER. NO FOCAL LESION SEEN.	PANCREATIC DUCT IS NORMAL II
RT. KIDNEY	:	NORMAL IN SIZE. POSITION AND AXIS. THE CORT DIFFERENTIATION IS WELL MAINTAINED. NO CAL	TICOMEDULLARY CULI /HYDRONEPHROSIS
LESION SEEN.			
LT. KIDNEY	:	NORMAL IN SIZE. POSITION AND AXIS. THE CORT DIFFERENTIATION IS WELL MAINTAINED. NO CAI LESION SEEN.	TICOMEDULLARY CULUS/HYDRONEPHROSIS
SPLEEN	:	SPLEEN IS NORMAL IN SIZE 121. 1MM .SPLENIC DIAMETER.	VEIN IS NORMAL IN
U. BLADDER	:	NORMAL IN SIZE SHAPE AND OUTLINE. ITS WALL INTRALUMINAL MASS LESION/CALCULUS NOTED ML	, THICKNESS IS NORMAL. NO D.RESIDUAL URINE VOLUME 4
UTERUS:-	:	UTERUS IS ANTIVERTED NORMAL IN SIZE ECHO LESION IS SEEN.ENDOMETRIAL THICKNESS5.0M CERVIX IS NORMAL. NO SIGNIFICANT AMOUNT OF FLUID IS SEEN IN	AM . NO
OVARIES:-	:	BOTH OVARY'S IS NORMAL IN SIZE AND ECHO T LESION	EXTURE NO FOCAL MASS
IMPRESSION	:	HEPATOMEGALY	
NOLOGIST		Γ	DR. RACHIT GUPTA

PNDT Registration No- PNDT/REG/94/2012

Attending Cardiologist, MD (Physician) PG Diploma in Clinical Cardiology

SHOP NO.37/54, CAPITAL TOWER, MESTON ROAD, KANPUR NAGAR - 208001 * M.: 9307775184

Note : This report is to help clinician for better patient management. Discrepancies due to technical or typing errors should be reported within three days for correction. No compensation liability stands.





