

Name : Mrs. PHARSHY SINDHURA
PID No. : MED110723909
SID No. : 712139597
Age / Sex : 27 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 20/11/2021 9:09 AM
Collection On : 20/11/2021 9:47 AM
Report On : 20/11/2021 4:24 PM
Printed On : 22/11/2021 2:51 PM



Investigation Observed Value Unit Biological Reference Interval

HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin 13.2 g/dL 12.5 - 16.0
(EDTA Blood Spectrophotometry)

INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit 39.2 % 37 - 47
(EDTA Blood Derived)

RBC Count 5.15 mill/cu.mm 4.2 - 5.4
(EDTA Blood Automated Blood cell Counter)

MCV (Mean Corpuscular Volume) 76.0 fL 78 - 100
(EDTA Blood Derived from Impedance)

MCH (Mean Corpuscular Haemoglobin) 25.5 pg 27 - 32
(EDTA Blood Derived)

MCHC (Mean Corpuscular Haemoglobin concentration) 33.5 g/dL 32 - 36
(EDTA Blood Derived)

RDW-CV 15.02 % 11.5 - 16.0
(Derived)

RDW-SD 39.95 fL 39 - 46
(Derived)

Total WBC Count (TC) 10600 cells/cu.mm 4000 - 11000
(EDTA Blood Derived from Impedance)

Neutrophils 67 % 40 - 75
(Blood/Impedance Variation & Flow Cytometry)

Lymphocytes 26 % 20 - 45
(Blood/Impedance Variation & Flow Cytometry)

Eosinophils 02 % 01 - 06
(Blood/Impedance Variation & Flow Cytometry)

Dr. Sukanya S. K.
MBBS, DCP, DNB
Consultant Pathologist
KMC No. 100727

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Monocytes (Blood/Impedance Variation & Flow Cytometry)	05	%	02 - 08
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 01
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	7.10	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.76	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.21	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.53	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	319	10 ³ / μ l	150 - 450
MPV (Blood/Derived)	08.83	fL	8.0 - 13.3
PCT	0.28	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	05	mm/hr	< 20

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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.10	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	8.6	gm/dl	6.2 - 8.0
Remark: kindly correlate clinically			
Albumin (Serum/Bromocresol green)	5.3	gm/dl	3.0 - 5.0
Remark: kindly correlate clinically			
Globulin (Serum/Derived)	3.30	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.61		1.2 - 2.5
INTERPRETATION: Remark : Electrophoresis is the preferred method			
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	25	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	14	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	95	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	17	U/L	< 38

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Lipid Profile

Cholesterol Total (Serum/Oxidase / Peroxidase method)	140	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
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Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	73	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
--	----	-------	---

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	47	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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Remark: kindly correlate clinically

LDL Cholesterol (Serum/Calculated)	78.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
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VLDL Cholesterol (Serum/Calculated)	14.6	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	93.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220
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INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio
(Serum/Calculated)

3

Optimal: < 3.3
Low Risk: 3.4 - 4.4
Average Risk: 4.5 - 7.1
Moderate Risk: 7.2 - 11.0
High Risk: > 11.0

Triglyceride/HDL Cholesterol Ratio
(TG/HDL)
(Serum/Calculated)

1.6

Optimal: < 2.5
Mild to moderate risk: 2.5 - 5.0
High Risk: > 5.0

LDL/HDL Cholesterol Ratio
(Serum/Calculated)

1.7

Optimal: 0.5 - 3.0
Borderline: 3.1 - 6.0
High Risk: > 6.0

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Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	6.3	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Remark: kindly correlate clinically.

Estimated Average Glucose (Whole Blood)	134.11	mg/dL
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INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.
Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.06	ng/ml	0.7 - 2.04
---	------	-------	------------

INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	14.03	Microg/dl	4.2 - 12.0
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INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

Remark: kindly correlate clinically

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.61	μIU/mL	0.35 - 5.50
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INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment :

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&lt;0.03 μIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Appearance (Urine)	Slightly turbid		
Volume (Urine/Physical examination)	30		ml

CHEMICAL EXAMINATION

pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.005		1.002 - 1.035
Ketone (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Bile Salts (Urine/Manual)	Absent		Absent
Bile Pigments (Urine/Dip Stick - Reagent strip method)	Absent		Absent
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
Blood (Urine)	Nil		Nil
Nitrite (Urine/Dip Stick - Reagent strip method)	Present		Nil
Protein (Urine/Dip Stick - Reagent strip method)	Negative		Negative

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Glucose (Urine)	Nil		Nil
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	1-2	/hpf	00 - 02
Pus Cells (Urine/Microscopy)	10-12	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	5-6	/hpf	No ranges
Others (Urine)	Bacteria present.		Nil

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Investigation

Observed
Value

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Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' Positive'

Remark: Test to be confirmed by Gel Method


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BIOCHEMISTRY

BUN / Creatinine Ratio	12.3		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	95	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Urine sugar, Fasting (Urine - F)	Nil		Nil
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	110	mg/dL	70 - 140

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Sugar (PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.6	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.7	mg/dL	0.6 - 1.1

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

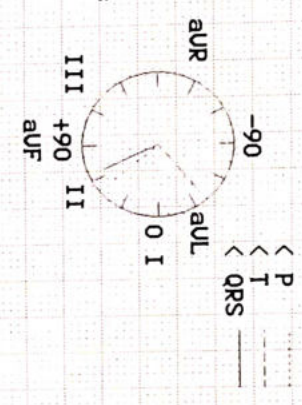
Uric Acid (Serum/Uricase/Peroxidase)	5.0	mg/dL	2.6 - 6.0
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-- End of Report --

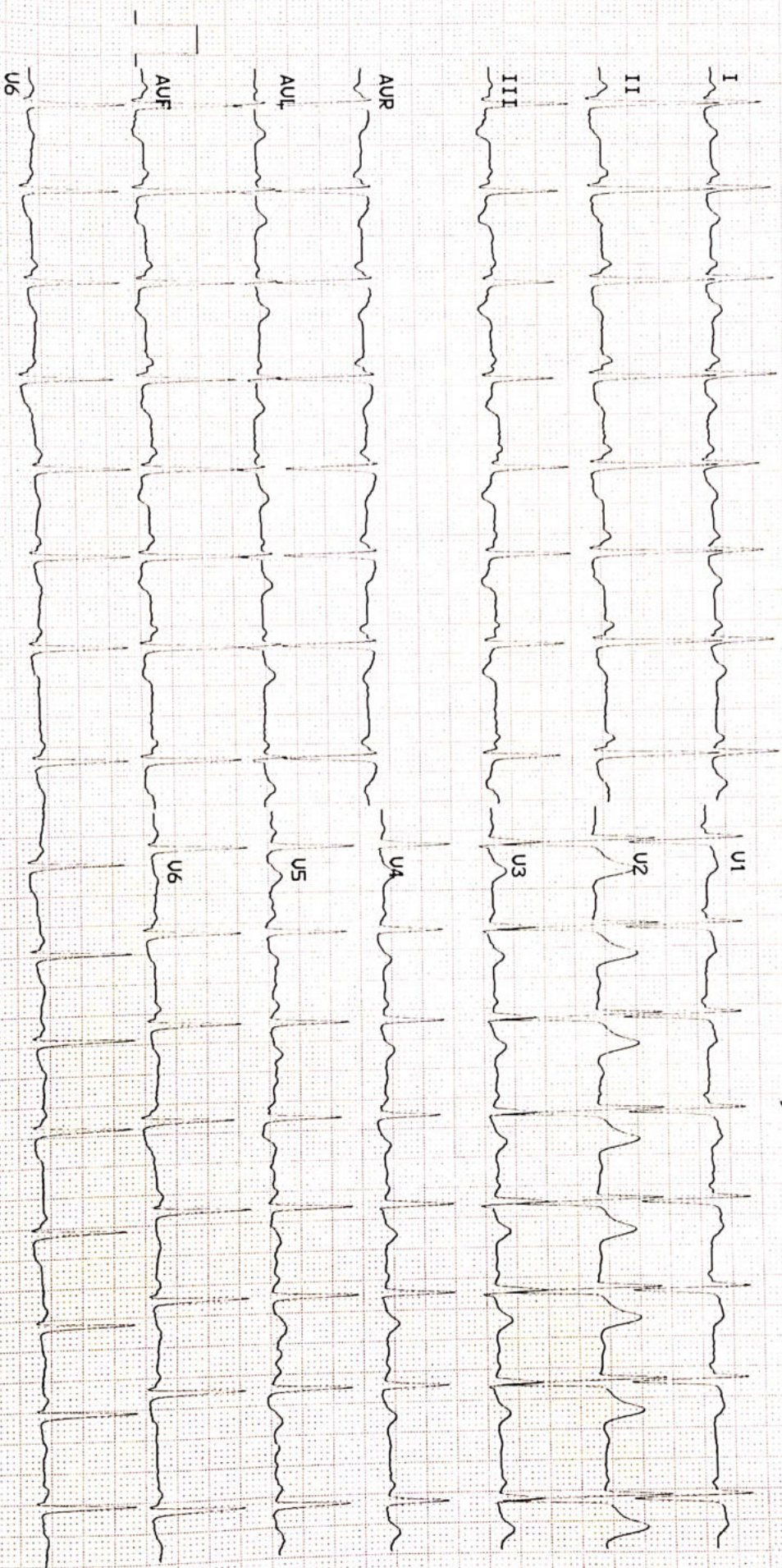
AGE: 27
 Measurement Results:
 QRS : 92 ms
 QT/QTcB : 332 / 420 ms
 PR : 108 ms
 P : 86 ms
 RR/PP : 626 / 590 ms
 P/QRS/T : 50 / 65 / -40 degrees
 QTd/QTcBD : 46 / 58 ms
 Sokolow : 2.6 mV
 NK : 14



Interpretation:
 Normal sinus rhythm
 Q wave (inferior)
 short PR interval
 ST-segment depression (inferior)
 T-wave near baseline (lateral)
 negative T-wave (inferior)
 borderline ECG

*? exclude
 To clinically correlate*

Unconfirmed report.



MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 20-Nov-2021 9:09 AM

Customer Name : MRS.PHARSHY SINDHURA

DOB : 23 May 1994

Ref Dr Name : MediWheel

Age : 27Y/FEMALE

Customer Id : MED110723909

Visit ID : 712139597

Email Id :

Phone No : 8985038901

Corp Name : MediWheel

Address : RAMAIAH M P 51 KRSHNADHAMA NAGAR SRIRAMPURA MYSORE

H - 152cm
 W - 61kg
 BP - 110/70 mmHg
 Pully - 86/min
 Hip - 39cm
 Waist - 31cm

Package Name : Mediwheel Full Body Health Checkup Female Below 40

7:30pm

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)				
2	LAB	GLUCOSE - FASTING				
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
5	LAB	LIPID PROFILE				
6	LAB	LIVER FUNCTION TEST (LFT)				
7	LAB	URIC ACID				
8	LAB	URINE GLUCOSE - FASTING				
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
10	LAB	COMPLETE BLOOD COUNT WITH ESR				
11	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)				
12	LAB	STOOL ANALYSIS - ROUTINE	not given			
13	LAB	URINE ROUTINE				
14	LAB	CREATININE				
15	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)				

Patient Details Print Page

	BUN/CREATININE RATIO				
RS	physical examination	MYS2591062102651			
	ULTRASOUND ABDOMEN	MYS2591062103462		Ground floor	
OTHERS	Treadmill / 20 Echo	MYS2591062127528		1st floor	
OTHERS	EYE CHECKUP	MYS2591062135592			
X-RAY	X RAY CHEST	MYS2591062145199		1st floor	
OTHERS	Consultation Physician	MYS2591062148004			
ECHO	ELECTROCARDIOGRAM ECG	MYS2591062149333		1st floor	

Registered By

(R.SUNILKUMAR)

TABULAR SUMMARY REPORT

DEARSHY SINDHURA
 ID: 110728909

27 years

NO-Nov-2021
 17:24:38

Female

Referred by: MED1 WHEEL
 Test Ind:

BRUCE
 Max HR: 177bpm 91% of max predicted 193bpm
 Max BP: 120/80
 Reason for Termination: Max HR attained
 Comments: (GOOD EFFORT TOLERANCE)
 NORMAL HEART RATE AND BP RESPONSE
 NO ANGINA OR ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES NOTED
 TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Total Exercise time: 7:00

Maximum workload: 8.5 METS

25.0 mm/s
 10.0 mm/mV
 100hz

Stage Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
REST	SUPINE	6:25	0.8	0.0	1.5	105	120/80	156
EXERCISE	STAGE 1	8:00	1.7	0.0	4.4	170		
	STAGE 2	8:00	2.5	1.0	7.0	161		
	STAGE 3	1:00	3.4	1.0	8.5	175		
RECOVERY	Post	8:25	0.8	0.0	2.0	105		

Handwritten signature/initials

Technician: MAMATHA

CLUMAX DIAGNOSTICS, MEDICAL HEALTH CARE

Unconfirmed

MAC55 009C

FARSHY SINDHURA
 D: 110723909

27 years

20-Nov-2021
 17:24:33

Female

BRUCE
 Max HR: 177bpm 91% of max predicted 198bpm
 Max BP: 120/80
 Total Exercise time: 7:00
 Max num workload: 8.5 METS

25.0 mm/s
 10.0 mm/mV
 100Hz

Referred by: MED1 WHEEL
 Test ind:

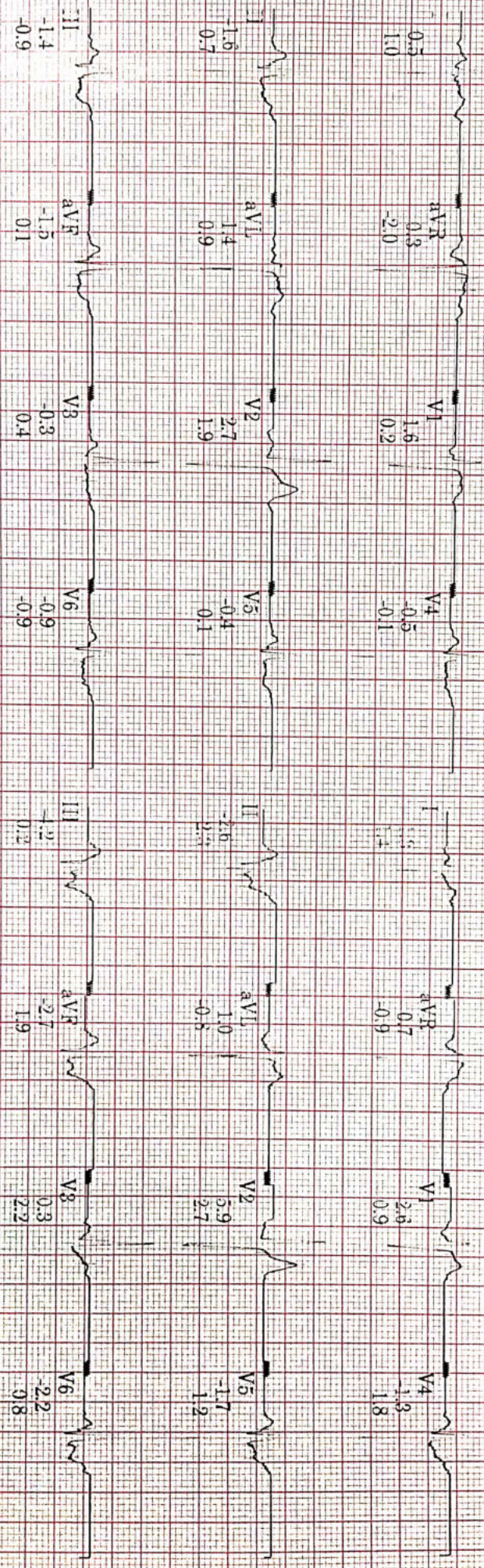
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 NO ANGINA OR ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES NOTED
 TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

EXERCISE STAGE 1
 0:00 1.6 METS
 130bpm
 BP: 120/80
 ST @ 10mm/mV
 80ms postJ

Lead ST(mn) Slope(mV/s)
 EXERCISE STAGE 3
 6:45 8.1 METS

MAX ST
 177bpm
 ST @ 10mm/mV
 80ms postJ

Lead ST(mn) Slope(mV/s)



Technician: MAMATHA

CLUMAX DIAGNOSTICS, MEDICAL HEALTH CARE

Unconfirmed

MAC55 009C

PANDEY SINDHURA
17723909

23 years

Female

SELECTED MEDIAN ST ECG

21 Nov 2021
17:43:33



Referral by: MEDI WHEEL
Test site:

DRUG: _____
Max HR: 177 bpm 91% of max predicted 193bpm
Max BP: 120/80 mmHg
Reactor for: [] per lead; [] per lead;
(normal sinus rhythm) (NO EPPROPT) (T) (E) (A) (N) (C) (E)
NORMAL HEART RATE AND BP RESPONSE
NO ATYPICAL ST-T ABNORMALITIES
NO SIGNIFICANT ST-T CHANGES NOTED
TMT IS NEGATIVE FOR INDICATED ISCHEMIA

Max Exertion Time: 7:07
Maximum workload: 4 METS

150 mm/s
50 mm/mV
60Hz

RESTING
EXERCISE
177bpm
177bpm

MAX ST
EXERCISE
6.45

PEAK
EXERCISE
7.00

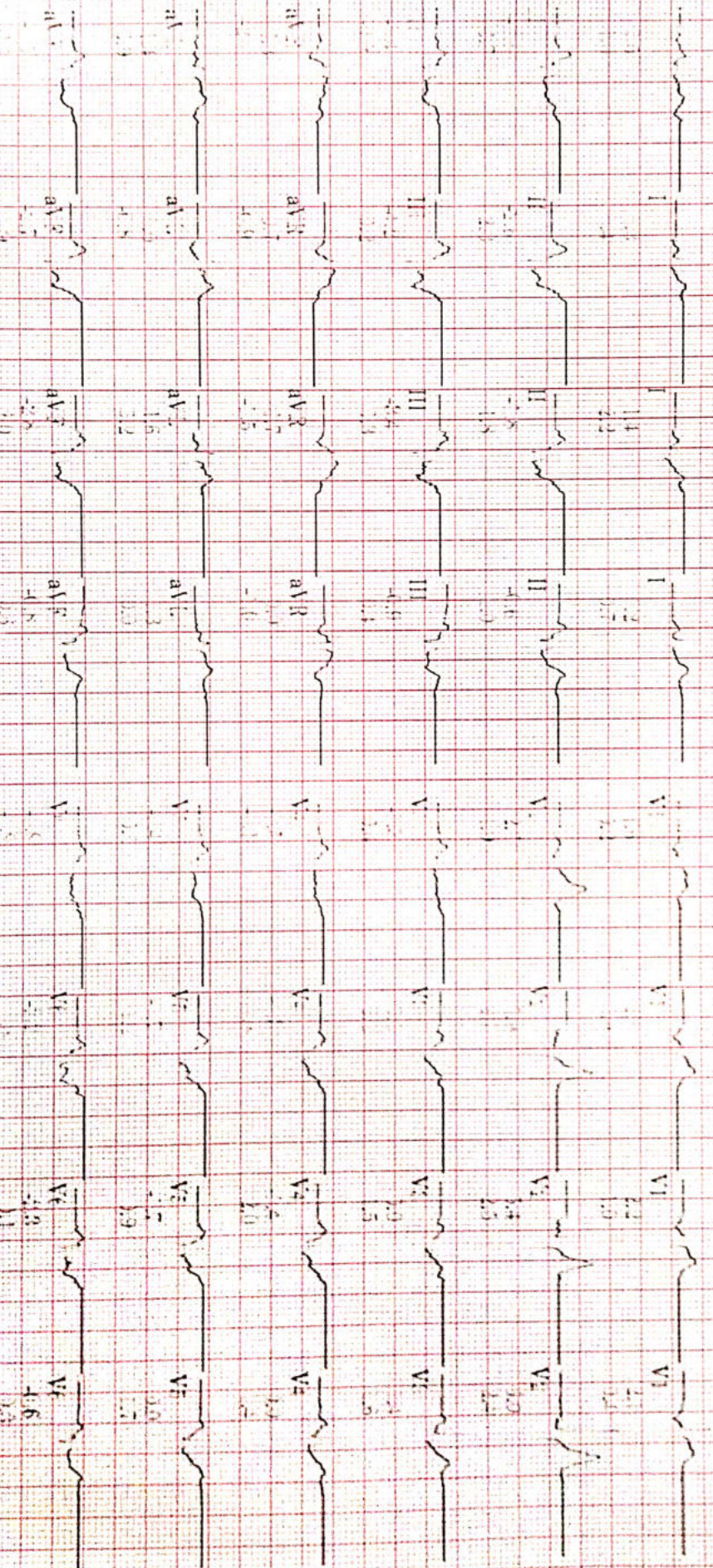
TEST END
RECOVERY
4.26

BASELINE
EXERCISE
177bpm

MAX ST
EXERCISE
6.45

PEAK
EXERCISE
7.00

TEST END
RECOVERY
4.26



Technician: MAMATHA

CIOMAX DIAGNOSTICS, MEDICAL, HILLTOP

ECG confirmed

MC55 009C

Lead
ST (mm)
Sl (µV/mV/s)

HARSHY SINDHURA
D: 110723909

20-Nov-2021
17:30 15

112bpm
BP: 120/80
ST @ 10mm-mV
50ms postJ

PRETEST
SUPINE
5:43

BRUGG
**+mph
**+%

Lead
ST(mV)
Slope(mV/s)



FARSHY SINDHUKA

D: 11/723903

20-Nov-2021

17:33:47

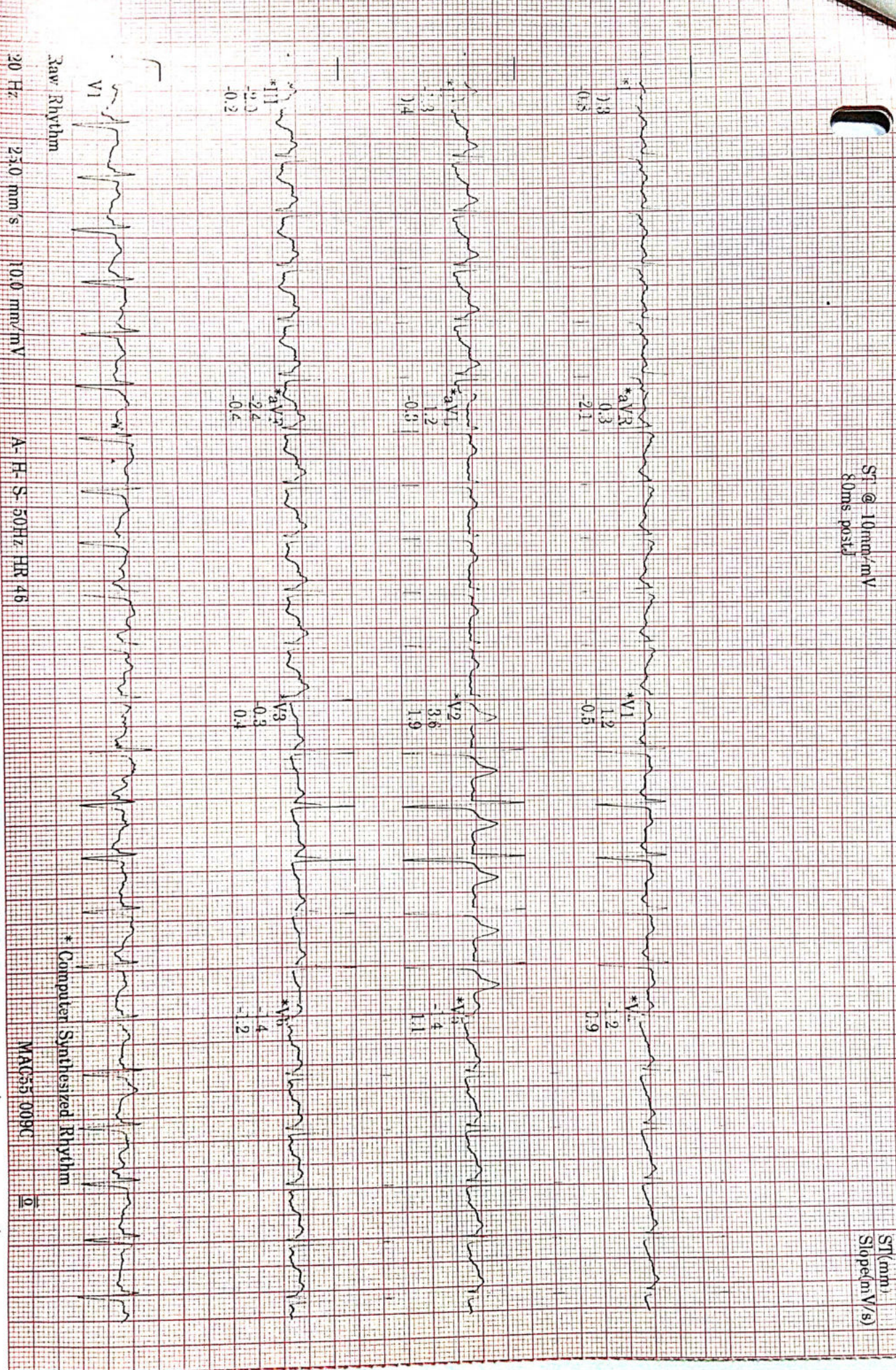
136bpm

EXERCISE STAGE 1
2:30

BRUCE
1.7mph
10.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slp(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-R-S-50Hz HR 46

* Computer Synthesized Rhythm
MAC35 009C

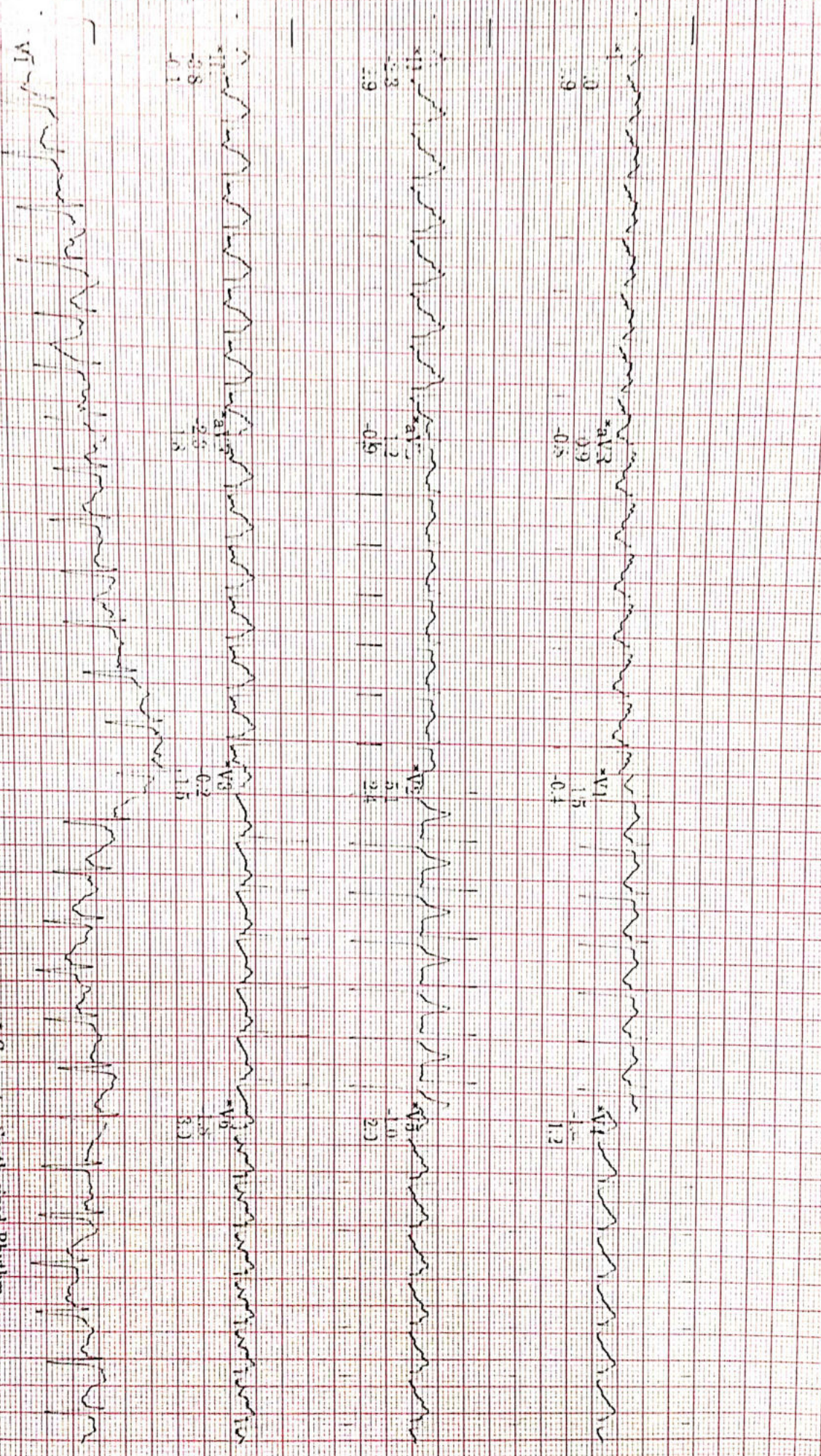
1

166bpm
EXERCISE
STAGE 2
3:50

BRUCE
2.5mph
12.0%

ST 3 10mm/mV
50ms - postJ

Lead
ST/mm
Slope (r V/s)



Raw Rhythm

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR ±6

MAG55 009C

HARSHY SINDHURA

D: 0723909

20-NOV-2021

17:37:58

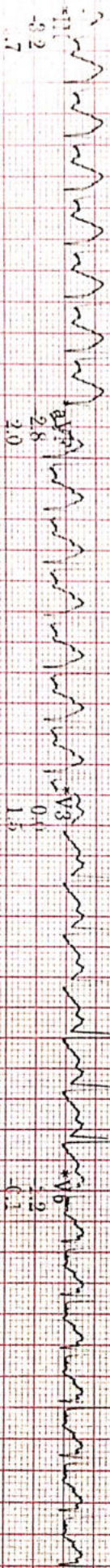
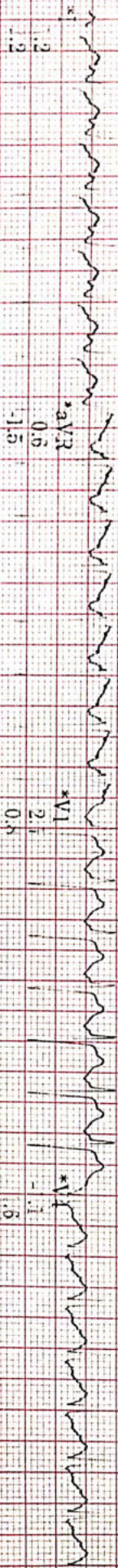
176bpm

EXERCISE
STAGE 3
7:00

BRUCE
3.4mph
14.0%

ST @ 10mm mV
50ms postJ

Lead
ST (mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

Raw Rhythm

* Computer Synthesized Rhythm

MAC55 C09C

1

THARSHY SINDHURA
 D: 110723939

20-Nov-2021
 17:38:57

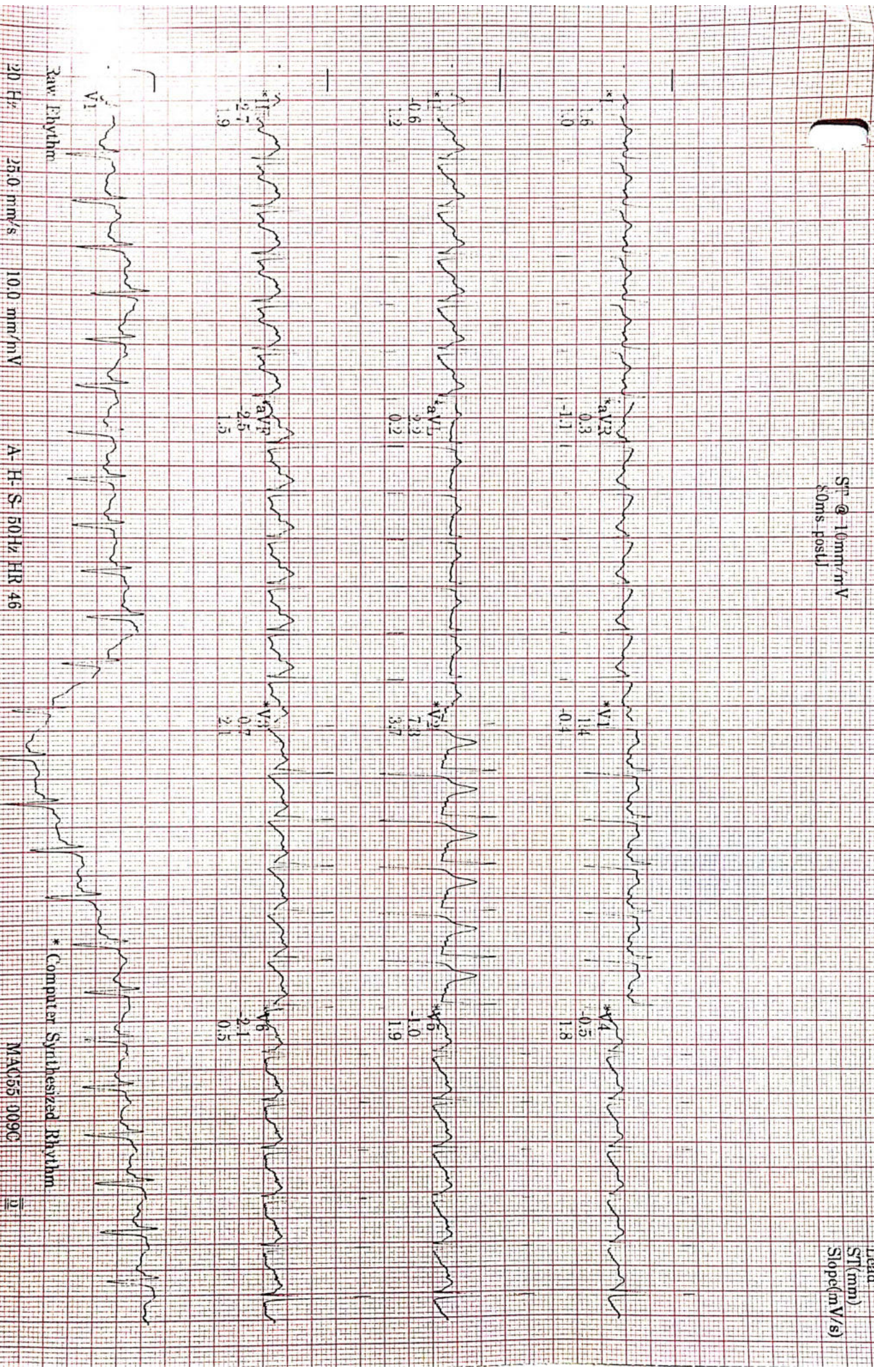
155bpm

RECOVERY
 Post
 1:00

BRUCE
 1.7mph
 0.0%

ST @ 10mm/mV
 50ms-postU

Lead
 ST(mm)
 Slope(mV/s)



Raw Ehythm
 V1

20 Hz
 25.0 mm/s
 10.0 mm/mV

A-H-S-50Hz HR 46

* Computer Synthesized Rhythm
 MAC055 0090

HARSHY SINDHURA
D: 11/17/23909

20-Nov-2021
17:40:37

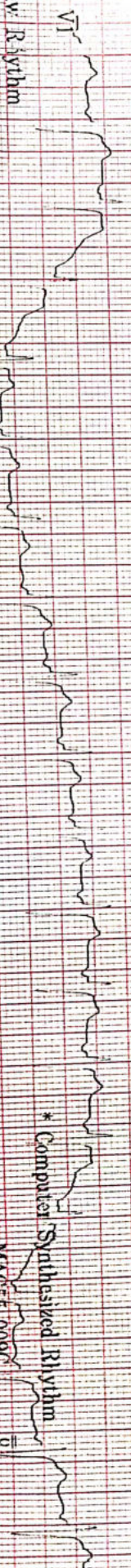
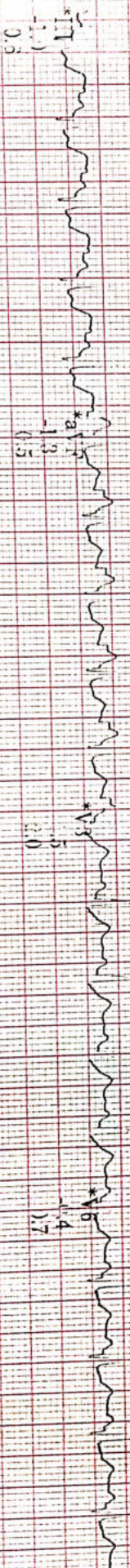
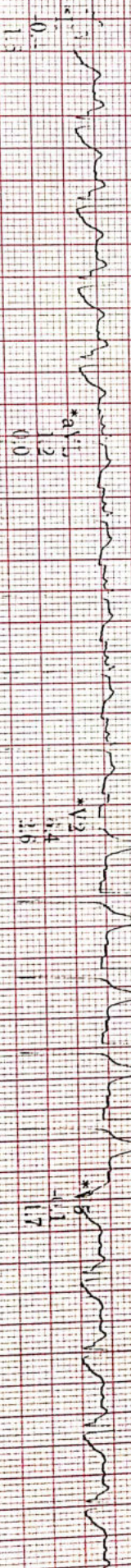
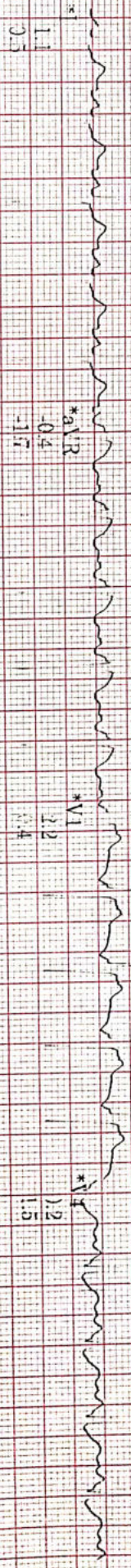
21bpm

RECOVERY
Post
3:00

BRUCE
**mph
**%

ST @ 10mm/mV
80ms postJ

Lead
ST (mm)
Slope (mV/s)



* Computer Synthesized Rhythm

MAC55 009C

20 Hz
250 mm/s
10.0 mm/mV
A H S 50Hz HR 46



medall
DIAGNOSTICS
experts who care

Customer Name	MRS.PHARSHY SINDHURA	Customer ID	MED110723909
Age & Gender	27Y/FEMALE	Visit Date	20/11/2021
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern.
No evidence of focal lesion or intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents.
Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern.
No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.
No demonstrable Para-aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern.
Cortico- medullary differentiations are well madeout.
No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.1	1.9
Left Kidney	10.6	1.8

URINARY BLADDER is partially distended.

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern.
Endometrial echo is of normal thickness 10.1 mms.

Uterus measures as follows: LS: 8.1cms AP: 4.8cms TS: 5.4cms.

OVARIES are enlarged in size and show multiple small follicles measuring less than 10mm predominantly in the periphery.

Right ovary measures: 4.1 x 3.0 x 3.1cms, volume 20cc

Left ovary measures: 4.1 x 3.2 x 3.5cms, volume 21.5cc

POD & adnexa are free.


No evidence of ascites.

IMPRESSION:

➤ **BILATERAL POLYCYSTIC OVARIES.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MB/MS


DR. MOHAN B

Customer Name	MRS.PHARSHY SINDHURA	Customer ID	MED110723909
Age & Gender	27Y/FEMALE	Visit Date	20/11/2021
Ref Doctor	MediWheel		

