

Name : Mrs. SHANTILATA SWAIN

PID No. : MED121669930

Register On : 09/11/2024 8:43 AM

SID No. : 522416018

Collection On : 09/11/2024 10:29 AM

Age / Sex : 46 Year(s) / Female

Report On : 11/11/2024 1:13 PM

Type : OP

Printed On : 11/11/2024 5:02 PM

Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood/SLS Hemoglobin method)	4.8	g/dL	12.5 - 16.0
Remark: Smear verified			
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/RBC pulse height detection method)	17.1	%	37 - 47
RBC Count (EDTA Blood/Impedance/Coulter Principle)	2.62	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Calculated)	65.1	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Calculated)	18.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Calculated)	28.2	g/dL	32 - 36
RDW-CV (Calculated)	21.8	%	11.5 - 16.0
RDW-SD (Calculated)	49.67	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance/Coulter Principle)	4700	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Flow cytometry)	66.2	%	40 - 75
Lymphocytes (Blood/Flow cytometry)	26.0	%	20 - 45
Eosinophils (Blood/Flow cytometry)	1.4	%	01 - 06
Monocytes (Blood/Flow cytometry)	5.7	%	01 - 10


M. Maria Lawrence Raj
Lab Supervisor

VERIFIED BY




Dr. Santudra Bharathi
MD Pathology
Lab Director
EMC - No.: 32802

APPROVED BY

The results pertain to sample tested.

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Basophils (Blood/Flow cytometry)	0.7	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Calculated)	3.11	10 ³ / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Calculated)	1.22	10 ³ / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Calculated)	0.07	10 ³ / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Calculated)	0.27	10 ³ / μl	< 1.0
Absolute Basophil count (EDTA Blood/Calculated)	0.03	10 ³ / μl	< 0.2
Platelet Count (EDTA Blood/Impedance/Coulter Principle)	204	10 ³ / μl	150 - 450
MPV (Blood/Calculated)	8.3	fL	8.0 - 13.3
PCT (Calculated)	0.17	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Capillary Photometry Technology)	5	mm/hr	< 20
Glucose Fasting (FBS) (Plasma - F/Hexokinase)	99.84	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.

Glucose, Fasting (Urine) (Urine - F/Hexokinase)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/Hexokinase)	104.49	mg/dL	70 - 140


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VERIFIED BY




Dr. Sandralin Bharathi
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 Lab Director
 FMC - No. 32802
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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 Glucose(PP-2 hours) (Urine - PP/Hexokinase)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	4.8	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.46	mg/dL	0.6 - 1.1
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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/Enzymatic)	4.14	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	1.94	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.62	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	1.32	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	16.60	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	15.98	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	16.40	U/L	< 38
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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	61.7	U/L	42 - 98
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VERIFIED BY



MC-2425



APPROVED BY

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Protein (Serum/Biuret)	7.71	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.66	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.05	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.53		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	109.98	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	98.92	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)	38.59	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	51.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190


M. Maria Lawrence Raj
Lab Supervisor

VERIFIED BY




Dr. Sanudraha Bharathi
MD Pathology
Lab Director
FMC - No. 52802

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
VLDL Cholesterol (Serum/Calculated)	19.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	71.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

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)	2.8		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.3		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)	4.5	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	82.45	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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.01	ng/ml	0.7 - 2.04
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**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 (Tyroxine) - Total (Serum/ECLIA)	9.15	µg/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.

TSH (Thyroid Stimulating Hormone) (Serum/ECLIA)	4.53	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 < 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

PHYSICAL EXAMINATION (URINE COMPLETE)



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Colour (Urine)	Pale yellow		Yellow to Amber

Appearance (Urine)	Clear		Clear
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Volume(CLU) (Urine)	25		
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CHEMICAL EXAMINATION
(URINE COMPLETE)

pH (Urine)	6		4.5 - 8.0
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Specific Gravity (Urine)	1.004		1.002 - 1.035
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Ketone (Urine)	Negative		Negative
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Urobilinogen (Urine)	Normal		Normal
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Blood (Urine)	Negative		Negative
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Nitrite (Urine)	Negative		Negative
--------------------	----------	--	----------

Bilirubin (Urine)	Negative		Negative
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Protein (Urine)	Negative		Negative
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Glucose (Urine/GOD - POD)	Negative		Negative
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Leukocytes(CP) (Urine)	Negative		
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MICROSCOPIC EXAMINATION
(URINE COMPLETE)


M. Maria Lawrence Raj
Lab Supervisor

VERIFIED BY




Dr. Santudra B. Bharathi
MD Pathology
Lab Director
FMC - No. 32802

APPROVED BY

The results pertain to sample tested.

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Pus Cells (Urine)	0-2	/hpf	NIL
Epithelial Cells (Urine)	0-2	/hpf	NIL
RBCs (Urine)	NIL	/hpf	NIL
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts (Urine)	NIL	/hpf	NIL
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Crystals (Urine)	NIL	/hpf	NIL
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M. Maria Lawrence Raj
Lab Supervisor

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MD Pathology
Lab Director
EMC - No.: 32802

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Investigation

Observed
Value

Unit

Biological
Reference Interval

BLOOD GROUPING AND Rh
TYPING

'B' 'Negative'

(EDTA Blood/Agglutination)

INTERPRETATION: Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.



M.L. Maria Lawrence Raj
Lab Supervisor

VERIFIED BY



Dr. Santudraha Bharathi
MD Pathology
Lab Director
FMC, No. 32802

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	10.4		6.0 - 22.0



M. Maria Lawrence Raj
Lab Supervisor

VERIFIED BY



Dr. Santudraa Bharathi
MD Pathology
Lab Director
LIC. No.: 32802

APPROVED BY

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Investigation

Observed
Value

Unit

Biological
Reference Interval

URINE ROUTINE



VERIFIED BY



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-- End of Report --

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Age / Sex : 46 Year(s) / Female

Printed On : 11/11/2024 5:03 PM

Ref. Dr : MediWheel

OP / IP : OP


M. Maria Lawrence Raj
Lab Supervisor


Dr Samudrala]



OPTICAL STORE

#12 LAKSHMI NILAYA, GROUND FLOOR,
2ND MAIN ROAD, VYALIKAVAL,
BENGALURU-560003
PH. 9611444957

Name Shantilata Swain

Ph. 9353862884

Age 46/F

Chief Complaints

RE / LE / DOV / Blurring / Burning / Itching / Pricking
Redness / Headache N:1-

Past History

DM -ve

Asthama -ve

HTN -ve

Others N:1

Visual Acuity

	RE	LE
Distance / Near	<u>6/6 (P)</u>	<u>6/6 (P)</u>
With PH		
With Glasses		<u>+</u>

Colour Vision BE = Normal

	RE <u>6/6</u>			LE <u>6/6</u>		
	SPH	CYL	AXIS	SPH	CYL	AXIS
Distance	<u>+0.50</u>	<u>+0.50</u>	<u>100</u>	<u>+0.50</u>	<u>—</u>	<u>—</u>
Near	<u>—</u>	<u>—</u>	<u>1000</u>	<u>+1.25</u>	<u>—</u>	<u>—</u>

Advise

Dr. K. K. K.
Raj K. K. K.
(Consulting Ophthalmologist)



medall
DIAGNOSTICS
experts who care

Patient Name	shanthiatha	Date	9-11-24
Age	46 y	Visit Number	5224/6018
Sex	Female	Corporate	medivulcel

GENERAL PHYSICAL EXAMINATION

Identification Mark :

Height : 148 cms

Weight : 60.7 kgs

Pulse : 98 /minute

Blood Pressure : 130/60 mm of Hg

148/60 Hypothyroidism

BMI :

BMI INTERPRETATION

Underweight = <18.5
Normal weight = 18.5-24.9
Overweight = 25-29.9

fallow (+)

Chest :

Expiration : 90 cms

Inspiration : 94 cms

Abdomen Measurement : 86 cms

Eyes : BLK pupil (+) Ears :

Throat : NAD Neck nodes : } NAD

RS : BLK AE (+) CVS : }

PA : soft CNS : } NAD

No abnormality is detected. His /Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT YES/ NO

Dr. RITESH RAJ, MBBS
General Physician & Diabetologies
KMC Reg. No: 85875
CI UMAX DIAGNOSTICS

Signature

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Name	MRS.SHANTILATA SWAIN	ID	MED121669930
Age & Gender	46Y/FEMALE	Visit Date	09 Nov 2024
Ref Doctor Name	MediWheel		

X-ray mammogram (mediolateral oblique & craniocaudal views) followed by Sonomammography.

BILATERAL MAMMOGRAPHY

Breast composition

Type C (The breasts are heterogeneously dense, which may obscure small masses).

No evidence of focal soft tissue lesion.

No evidence of cluster microcalcification.

Subcutaneous fat deposition is within normal limits.

BILATERAL SONOMAMMOGRAPHY

Few cysts are seen in the periareolar region of left breast, largest measuring 3 x 5mm in the inner circle at 7-8 o' clock position. No evidence of calcifications. Few of these cysts show internal septations.

Few cysts are seen in the periareolar region of right breast, largest measuring 3 x 7 mm in the inner circle of right breast at 8 o' clock position. No evidence of calcifications. Few of these cysts show internal septations.

Few prominent mammary ducts are seen in the bilateral subareolar region, with maximum diameter of 2.3 mm on left and 2.5 mm on right side. No evidence of solid/vascular contents within.

Rest of both the breasts show normal echopattern.

No evidence of focal solid areas.

Few axillary lymph nodes are seen, largest measuring 5 x 13 mm on left side and 6 x 15 mm on right side with preserve fatty hilum.

IMPRESSION:

- **Simple & complex cysts in the periareolar regions of bilateral breast as described.**
- **Bilateral mild mammary ductectasia - likely benign**
- **Bilateral being axillary lymph nodes.**

BI-RADS CLASSIFICATION

CATEGORY RESULT

Name	MRS.SHANTILATA SWAIN	ID	MED121669930
Age & Gender	46Y/FEMALE	Visit Date	09 Nov 2024
Ref Doctor Name	MediWheel		

2 Benign finding. Routine mammogram in 1 year recommended.

DR. VANDANA S
CONSULTANT RADIOLOGIST
Vs/Ry

Name	MRS.SHANTILATA SWAIN	ID	MED121669930
Age & Gender	46Y/FEMALE	Visit Date	09 Nov 2024
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (15.0cms) **and has increased echogenicity**. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER shows normal shape and has clear contents. 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 (11.5cms) and echopattern.

BOTH KIDNEYS

Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	11.0	1.7
Left Kidney	10.1	1.8

URINARY BLADDER show normal shape and wall thickness. It has clear contents. No evidence of diverticula.

UTERUS is anteverted and has normal shape and bulky in size. It has uniform myometrial echopattern. Endometrial echo is of normal thickness - 7 mm.

Uterus measures LS: 7.8cms AP: 4.1 cms TS: 6.3cms.

OVARIES are normal in size, shape and echotexture

Right ovary measures 2.1 x 3.3 cms and shows a dominant follicle measuring 1.7 x 2.1cms

Left ovary measures 1.5 x 3.3 cms

POD & adnexa are free.

No evidence of ascites.

IMPRESSION:

- **Mildly bulky uterus.**
- **Grade I fatty infiltration of liver.**

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Age & Gender	46Y/FEMALE	Visit Date	09 Nov 2024
Ref Doctor Name	MediWheel		

DR. VANDANA S
CONSULTANT RADIOLOGIST
Vs/Gk

Name	Mrs. SHANTILATA SWAIN	Customer ID	MED121669930
Age & Gender	46Y/F	Visit Date	Nov 9 2024 8:43AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression:

No significant abnormality detected.



DR. APARNA

CONSULTANT RADIOLOGIST