



To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	PRERNA DIXIT
DATE OF BIRTH	10-02-1988
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	06-06-2022
BOOKING REFERENCE NO.	22J109036100019654S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. DIXIT ANSHUMAN
EMPLOYEE EC NO.	109036
EMPLOYEE DESIGNATION	BRANCH OPERATIONS
EMPLOYEE PLACE OF WORK	PATARA
EMPLOYEE BIRTHDATE	13-07-1988

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **03-06-2022** till **31-03-2023**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,


Sd/-

Chief General Manager
HRM Department
Bank of Baroda


(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

Prerna Dixit

Stool test Not required.


भारत सरकार
 Government of India

Download Date: 12/06/2021



प्रेरणा दीक्षित
Prema Dixit
 जन्म तिथि/DOB: 10/02/1989
 महिला/ FEMALE

Issue Date: 05/09/2020

8720 7405 9493

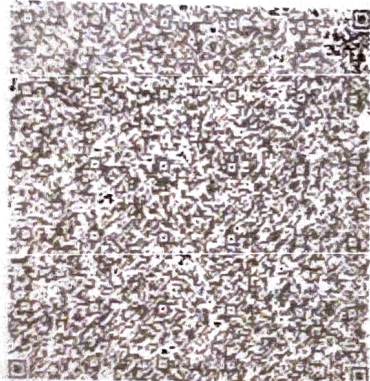
VID : 9174 5471 7051 2707

मेरा आधार, मेरी पहचान

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VID : 9174 5471 7051 2707
8720 7405 9493



Dr. K. C. BHARADWAJ
M.B.B.S., D. CARD
Reg. No. 32749
 Uttar Pradesh, 208017
 Kanpur Nagar,
 Kailash Vihar, panki road, kalyanpur, Kanpur,
 D/O. Vishwamher Nath Pandey, m i g 241,
 Address:

208017 - Kanpur
 D/O. विश्वम्हर नथ पाण्डेय, एम आई जी 241, कैलाश
 विहार, पंकी रोड, कल्याणपुर, कानपुर, कानपुर नगर

Dr. Karachi Khan
208017, Karachi Khan
208017, Karachi Khan
 208017, Karachi Khan

भारतीय पहचान प्राधिकरण | Identification Authority of India

Prema Dixit

Anshuman Dixit

COMMITTEE
MENT PLANT

Ultra Diagnostic Centre
24/22, Karachi Khari
Mall Road, Kasur

Handwritten signature
Dr. K. C. BHARADWAJ
M.B.S.S., D. CARD
Reg. No. 32749



INDRA DIAGNOSTIC CENTRE

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



Patient Name	: Mrs.PRERNA DIXIT - BOBS12471	Registered On	: 04/Jun/2022 13:14:20
Age/Gender	: 33 Y 3 M 23 D /F	Collected	: 04/Jun/2022 13:23:10
UHID/MR NO	: IKNP.0000018970	Received	: 04/Jun/2022 13:23:33
Visit ID	: IKNP0014612223	Reported	: 04/Jun/2022 17:06:08
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
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	O
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	13.60	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/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	8,200.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	65.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	18.00	Mm for 1st hr.		
Corrected	0.00	Mm for 1st hr.	< 20	
PCV (HCT)	41.00	cc %	40-54	
Platelet count				
Platelet Count	2.00	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.20	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	45.90	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.26	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.90	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.68	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE





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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	88.10	fl	80-100	CALCULATED PARAMETER
MCH	29.00	pg	28-35	CALCULATED PARAMETER
MCHC	33.00	%	30-38	CALCULATED PARAMETER
RDW-CV	12.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,330.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	82.00	/cu mm	40-440	



Dr. Seema Nagar(MD Path)





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UHID/MR NO	: IKNP.0000018970	Received	: 04/Jun/2022 13:23:33
Visit ID	: IKNP0014612223	Reported	: 04/Jun/2022 14:30:29
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
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GLUCOSE FASTING , Plasma

Glucose Fasting	93.40	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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.
- I.G.T = Impaired Glucose Tolerance.



Dr. Seema Nagar(MD Path)





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Age/Gender	: 33 Y 3 M 23 D /F	Collected	: 04/Jun/2022 13:23:10
UHID/MR NO	: IKNP.0000018970	Received	: 05/Jun/2022 12:29:45
Visit ID	: IKNP0014612223	Reported	: 05/Jun/2022 13:28:27
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 PP ** Sample: Plasma After Meal	96.10	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	34.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	105	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 management.

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.





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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**Some danger of hypoglycemic reaction in Type I 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.

Clinical Implications:

- *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 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.



Asim
Dr. Anupam Singh
M.B.B.S, M.D (Pathology)





INDRA DIAGNOSTIC CENTRE

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UHID/MR NO	: IKNP.0000018970	Received	: 04/Jun/2022 13:23:33
Visit ID	: IKNP0014612223	Reported	: 04/Jun/2022 14:30:26
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) * <i>Sample:Serum</i>	11.20	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample:Serum</i>	0.85	mg/dl	0.5-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) <i>Sample:Serum</i>	77.00	ml/min/1.73m ²	- 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid <i>Sample:Serum</i>	5.46	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	28.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	17.40	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	20.50	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.52	gm/dl	6.2-8.0	BIRUET
Albumin	4.68	gm/dl	3.8-5.4	B.C.G.
Globulin	2.84	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.65		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	90.40	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.85	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.40	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.45	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	178.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	44.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	121	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	12.12	mg/dl	10-33	CALCULATED
Triglycerides	60.60	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP





INDRA DIAGNOSTIC CENTRE

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Ph: 9235432757,
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Patient Name	: Mrs.PRERNA DIXIT - BOBS12471	Registered On	: 04/Jun/2022 13:14:21
Age/Gender	: 33 Y 3 M 23 D /F	Collected	: 04/Jun/2022 13:23:10
UHID/MR NO	: IKNP.0000018970	Received	: 04/Jun/2022 13:23:33
Visit ID	: IKNP0014612223	Reported	: 04/Jun/2022 14:30:26
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
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200-499 High
>500 Very High



Dr. Seema Nagar(MD Path)





INDRA DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur
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Patient Name	: Mrs.PRERNA DIXIT - BOBS12471	Registered On	: 04/Jun/2022 13:14:20
Age/Gender	: 33 Y 3 M 23 D /F	Collected	: 04/Jun/2022 17:26:52
UHID/MR NO	: IKNP.0000018970	Received	: 04/Jun/2022 17:29:25
Visit ID	: IKNP0014612223	Reported	: 04/Jun/2022 17:34:02
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
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URINE EXAMINATION, ROUTINE * , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.005			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2





INDRA DIAGNOSTIC CENTRE

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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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SUGAR, PP STAGE * , Urine

Sugar, PP Stage ABSENT

Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%



Dr. Seema Nagar(MD Path)





INDRA DIAGNOSTIC CENTRE

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UHID/MR NO	: IKNP.0000018970	Received	: 04/Jun/2022 13:23:33
Visit ID	: IKNP0014612223	Reported	: 04/Jun/2022 16:46:24
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
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THYROID PROFILE - TOTAL * , Serum

T3, Total (tri-iodothyronine)	125.60	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.25	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.11	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/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)





INDRA DIAGNOSTIC CENTRE

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CIN : U85110DL2003LC308206



Patient Name	: Mrs.PRERNA DIXIT - BOBS12471	Registered On	: 04/Jun/2022 13:14:21
Age/Gender	: 33 Y 3 M 23 D /F	Collected	: N/A
UHID/MR NO	: IKNP.0000018970	Received	: N/A
Visit ID	: IKNP0014612223	Reported	: 06/Jun/2022 10:24:49
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 REPORT

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION :

- **NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.**

*** End Of Report ***

(*) Test not done under NABL accredited Scope, (**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



Dr Raveesh Chandra Roy (MD-Radio)

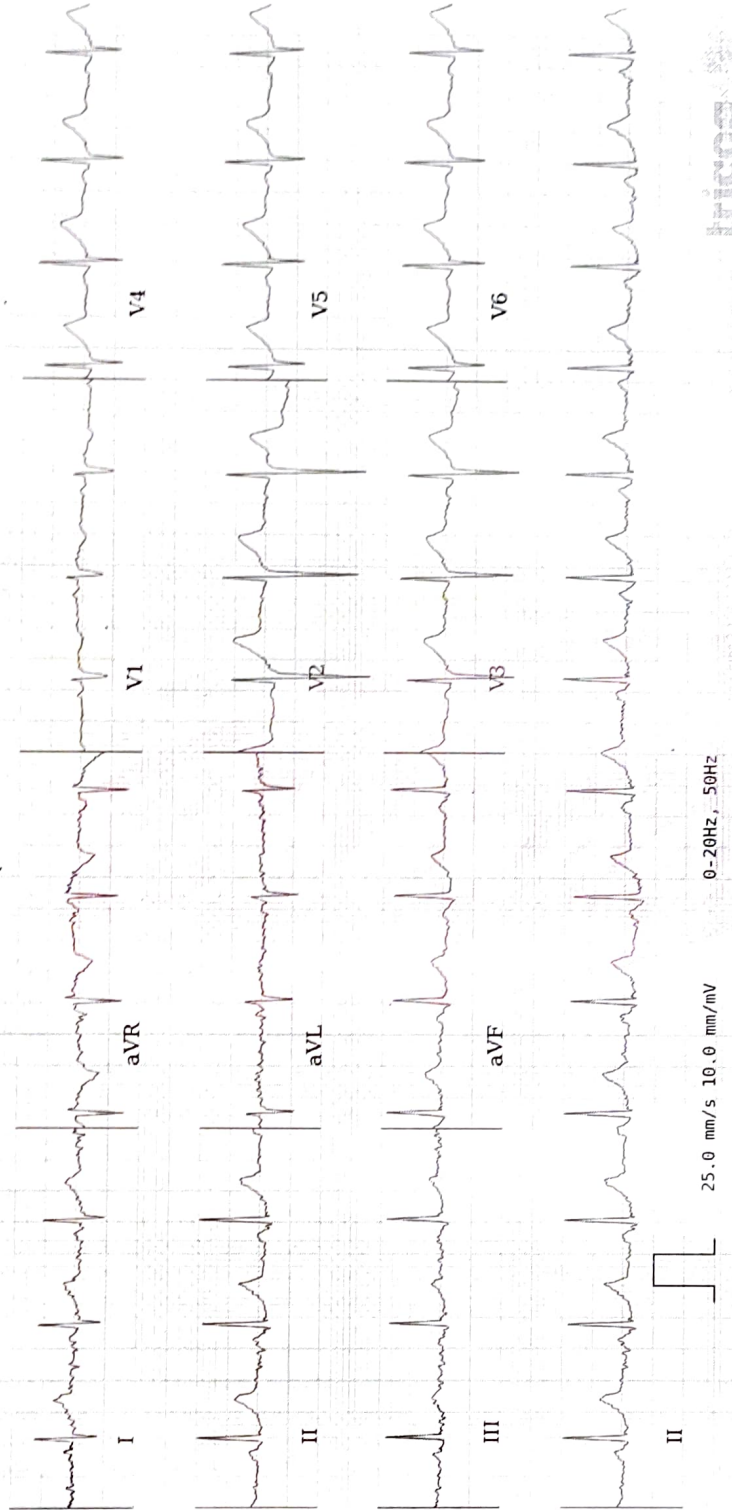
This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

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 Conduction Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *
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Indira Diagnostic Centre, Kanpur

Age / Gender: 33/Female Date and Time: 4th Jun 22 5:14 PM
 Patient ID: IKNP0014612223
 Patient Name: Mrs. PRERNA DIXIT - BOBS12471



tricos

AR: 88bpm VR: 88bpm QRSD: 68ms QT: 358ms QTc: 433ms PRI: 120ms P-R-T: 45° 79° 57°

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

AUTHORIZED BY

Dr. Chant

MD, DM: Cardiology

63382

REPORTED BY

Dr. Nethra

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.



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

**ULTRASOUND
&
CARDIO CENTRE**

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

NAME OF PATIENT: MRS. PRERNA DIXIT

AGE: 33 SEX: F

REF. BY: DR. I.D.C

DATE: 04-06-2022

ULTRASOUND REPORT WHOLE ABDOMEN

- LIVER** : LIVER IS NORMAL IN SIZE NO FOCAL LESION SEEN .THE
INTRA-HEPATIC BILLIARY.RADICALS ARE NORMAL .THE HEPATIC VEINS ARE
NORMAL.
- PORTAL VIEN** : NORMAL IN COURSE & CALIBER
- GALL BLADDER** : GALL BLADDE WALL THICKNESS NORMAL .NO CALCULI SEEN IN G.B
- C B D** : NORMAL IN COURSE & CALIBER.
PANCREAS : NORMAL IN SIZE, SHAPE AND ECHO TEXTURE. PANCREATIC DUCT IS NORMAL
IN COURSE & CALIBER. NO FOCAL LESION SEEN.
- RT. KIDNEY** : NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY
DIFFERENTIATION IS WELL MAINTAINED. NO CALCULI/ HYDRONEPHROSIS
LESION SEEN.
- LT. KIDNEY** : NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY
DIFFERENTIATION IS WELL MAINTAINED. NO CALCULUS/HYDRONEPHROSIS
LESION SEEN.
- SPLEEN** : NORMAL IN SIZE AND ECHO TEXTURE. SPLENIC VEIN IS NORMAL IN
DIAMETER.
- U. BLADDER** : NORMAL IN SIZE SHAPE AND OUTLINE. ITS WALL THICKNESS IS NORMAL. NO
INTRALUMINAL MASS LESION/CALCULUS NOTED.
- UTERUS** : UTERUS IS ANTIVERTED NORMAL IN SIZE . ENDOMETRIAL
THICKNESS IS 6MM . ENDOMETRIAL &MYOMETRIAL ECHO PATTERNS ARE
NORMAL.
- B/L OVARIES** : BOTH OVARIES ARE NORMAL .NO T.O MASS LESION SFEN
- IMPRESSION** : **NORMAL SCAN WHOLE ABDOMEN**


SONOLOGIST

DR. RACHIT GUPTA

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

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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.

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