

Bill No.
Patient Name
Age / Gender
Ref



Patient Details

UHID : AFD000014869
Patient Name : MRS. BHAWNA KUMARI
Age / Gender : 35 Yrs 11 Mth / FEMALE / 01-10-1986
Company : Acrofemi Healthcare Ltd
Address : A-2775 2ND FLOOR, GREEN FIELDS COLONY, FARIDABAD, HARYANA, INDIA, Zip No.-121002
Bill Date : 10-09-2022 10:10:39
Bill No. : AFDHC220000507
Receipt No. : AFDPRT220023817

Service Details

S. No.	Investigation	Rooms	Remarks
1	MEDIWHEEL PKG FOR FEMALE BELOW 40YRS		
2	CBC-T (COMPLETE BLOOD COUNT)		
3	ESR		
4	URINE, ROUTINE EXAMINATION		
5	STOOL ROUTINE EXAMINATION		Refub
6	* BLOOD GROUP (ABO & RH)		
7	GLUCOSE PLASMA (FASTING)		
8	GLUCOSE PLASMA (PP) POST PRANDIAL		11.15
9	GLYCATED HAEMOGLOBIN (HBA1C)		
10	THYROID PROFILE (FT3+FT4+TSH)		
11	LIPID PROFILE		
12	KFT/RFT-KIDNEY/RENAL PANEL 1		
13	LIVER FUNCTION TESTS (LFT)		
14	ECG		
15	2D ECHO DR. MITHLESH KUMAR / DR. SUBHASH KUMAR DEV		
16	XRAY-CHEST P.A.		
17	USG-FOR WHOLE ABDOMEN		
18	OPD Consultation-Internal Medicine DR. MUKUND SINGH		
19	OPD Consultation-Ophthal DR. UPASANA / DR. SATISH JERIA		

Prepared By : MR. NIKHIL SHARMA

Employee ID
Signature

FINAL REPORT

Bill No. : AFDHC220000507	Bill Date : 10-09-2022 10:10
Patient Name : MRS. BHAWNA KUMARI	UHID : AFD000014869
Age / Gender : 35 Yrs 11 Mth / FEMALE	Patient Type : OPD If PHC :
Ref. Consultant : SELF	Ward / Bed : /
Sample ID : AFD22016113	Current Ward / Bed : /
	Receiving Date & Time : 10-09-2022 10:38
	Reporting Date & Time : 10-09-2022 12:44

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		6.8	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.3	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)		13.5	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)		39.8	%	36 - 46
MEAN CORPUSCULAR VOLUME		92.5	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		31.4	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.9	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		302	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	57.9	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	15.4	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		52	%	40 - 80
LYMPHOCYTES		40	%	20 - 40
MONOCYTES		6	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	30	mm 1st hr	0 - 20

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Richa Kaushik
DR. RICHA KAUSHIK MISHRA
MBBS, DNB
CONSULTANT



FINAL REPORT

Bill No. : AFDHC220000507	Bill Date : 10-09-2022 10:10
Patient Name : MRS. BHAWNA KUMARI	UHID : AFD000014869
Age / Gender : 35 Yrs 11 Mth / FEMALE	Patient Type : OPD If PHC :
Ref. Consultant : SELF	Ward / Bed : /
Sample ID : AFD22016151	Current Ward / Bed : /
	Receiving Date & Time : 10-09-2022 12:50
	Reporting Date & Time : 10-09-2022 14:33

CLINICAL PATH REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Urine

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS

URINE, ROUTINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY	40 mL
COLOUR	Pale yellow
TURBIDITY	Clear

CHEMICAL EXAMINATION

PH	5.0	5.0 - 8.5
PROTEINS	Negative	Negative
SUGAR	++	Negative
SPECIFIC GRAVITY, URINE	1.010	1.005 - 1.030

MICROSCOPIC EXAMINATION

LEUCOCYTES	1-2	/HPF	0 - 5
RBC's	Nil		
EPITHELIAL CELLS	3-4		
CASTS	Nil		
CRYSTALS	Nil		

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

RV Mishra

DR. RICHA KAUSHIK MISHRA
MBBS, DNB
CONSULTANT



FINAL REPORT

Bill No.	: AFDHC220000507	Bill Date	: 10-09-2022 10:10
Patient Name	: MRS. BHAWNA KUMARI	UHID	: AFD000014869
Age / Gender	: 35 Yrs 11 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22016114	Current Ward / Bed	: /
		Receiving Date & Time	: 10-09-2022 10:38
		Reporting Date & Time	: 10-09-2022 13:56

BLOOD BANK REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS

BLOOD GROUP (ABO & RH)

ABO GROUP	"A"
RH TYPE	POSITIVE

Forward grouping done by slide method.

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

DR. RICHA KAUSHIK MISHRA
MBBS, DNB
CONSULTANT

FINAL REPORT

Bill No.	: AFDHC220000507	Bill Date	: 10-09-2022 10:10
Patient Name	: MRS. BHAWNA KUMARI	UHID	: AFD000014869
Age / Gender	: 35 Yrs 11 Mth / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22016167	Current Ward / Bed	: /
		Receiving Date & Time	: 10-09-2022 13:56
		Reporting Date & Time	: 10-09-2022 15:42

Sample Type: Plasma, Serum

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS

GLUCOSE-PLASMA (FASTING) (UV Hexokinase)	H	167.2	mg/dL	70 - 100
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Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.
(As per American Diabetes Association recommendation)

GLUCOSE-PLASMA (POST PRANDIAL) (UV Hexokinase)	H	254.6	mg/dL	70 - 140
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Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.
(As per American Diabetes Association recommendation)

KFT/RFT- KIDNEY/RENAL PANEL 1

BLOOD UREA Urease-GLDH,Kinetic		24	mg/dL	15 - 45
CREATININE-SERUM (Modified Jaffe's Kinetic)	L	0.5	mg/dL	0.6 - 1.1
SODIUM-SERUM (Indirect Ion-Selective Electrode)	L	134	m.mol/L	135 - 145
POTASSIUM-SERUM (Indirect Ion-Selective Electrode)		4.5	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM (Indirect Ion-Selective Electrode)	L	97	m.mol/L	98 - 107

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

RV Mishra

DR. RICHA KAUSHIK MISHRA
MBBS, DNB
CONSULTANT



FINAL REPORT

Bill No. : AFBCB220002940	Bill Date : 10-09-2022 12:41
Patient Name : MRS. BHAWNA KUMARI	UHID : AFD000014869
Age / Gender : 35 Yrs 11 Mth / FEMALE	Patient Type : If PHC :
Ref. Consultant : SELF	Ward / Bed : /
Sample ID : AFB22292447	Current Ward / Bed : /
	Receiving Date & Time : 10-09-2022 13:00
	Reporting Date & Time : 10-09-2022 14:07

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

***GLYCATED HAEMOGLOBIN (HBA1C)**

HBA1C (HPLC)	H	9.0	%	4.27 - 6.07
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INTERPRETATION:

HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- Note:
1. A three monthly monitoring is recommended in diabetics.
 2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

DR. UMA R
MD, PATHOLOGY
Sr. Consultant & Head of the Deptt.



FINAL REPORT

Bill No.	: AFBCB220002940	Bill Date	: 10-09-2022 12:41
Patient Name	: MRS. BHAWNA KUMARI	UHID	: AFD000014869
Age / Gender	: 35 Yrs 11 Mth / FEMALE	Patient Type	: If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFB22292446	Current Ward / Bed	: /
		Receiving Date & Time	: 10-09-2022 13:00
		Reporting Date & Time	: 10-09-2022 16:20

SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

***THYROID PROFILE (FT3+FT4+TSH)**

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.49	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.55	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		3.32	mIU/L	0.27-4.20

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Shilpa

DR. SHILPA G
MD. PATHOLOGY
Sr Consultant



FINAL REPORT

Sample ID	: AFDHC220000507	Bill Date	: 10-09-2022 10:10
Name	: MRS. BHAWNA KUMARI	UHID	: AFD000014869
Gender	: 35 Yrs 11 Mth / FEMALE	Patient Type	: OPD If PHC :
Consultant	: SELF	Ward / Bed	: /
	: AFD22016167	Current Ward / Bed	: /
		Receiving Date & Time	: 10-09-2022 13:56
		Reporting Date & Time	: 10-09-2022 15:42

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Plasma, Serum

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS

CHOLESTROL-TOTAL (CHO-POD)		156	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic ImmunoInhibition	L	35	mg/dL	>45
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	H	109	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - POD)	H	168	mg/dL	0 - 160
NON-HDL CHOLESTROL		121.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.5		½Average Risk <3.3 Average Risk 3.3 - 4.4 2 Times Average Risk 4.5 - 7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		3.1		½Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-6.1
CHOLESTROL-VLDL		34	mg/dL	10 - 35

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
 - Cigarette smoking.
 - Hypertension.
 - Family history of premature coronary heart disease.
 - Pre-existing coronary heart disease.

LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL (DPD)		0.44	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.08	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.36	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		7.9	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.2	g/dL	
S.GLOBULIN		3.7	g/dL	2.8-3.8
A/G RATIO	L	1.14		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		73.9	IU/L	42 - 98
ASPARTATE AMINO TRANSFERA (IFCC)		24.7	IU/L	10 - 42
ALANINE AMINO TRANSFERASE (IFCC)		17.5	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTID (IFCC)	H	39.2	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		186.4	IU/L	0 - 248

**** End of Report ****

IMPORTANT INSTRUCTIONS



FINAL REPORT

: AFDHC220000507	Bill Date	: 10-09-2022 10:10
: MRS. BHAWNA KUMARI	UHID	: AFD000014869
: 35 Yrs 11 Mth / FEMALE	Patient Type	: OPD If PHC :
: SELF	Ward / Bed	: /
: AFD22016167	Current Ward / Bed	: /
:	Receiving Date & Time	: 10-09-2022 13:56
:	Reporting Date & Time	: 10-09-2022 15:42

Sample Name
Patient Name
Age
Sex
Consultant
Sample ID

CL - Critical Low, CH - Critical High, H - High, L - Low

RV Kaushik

DR. RICHA KAUSHIK MISHRA
MBBS, DNB
CONSULTANT

08.09.2022 11:11 05
ASIAN FIDELIS HOSPITAL
SEC-88 FARIDABAD HARYANA
RPS CITY

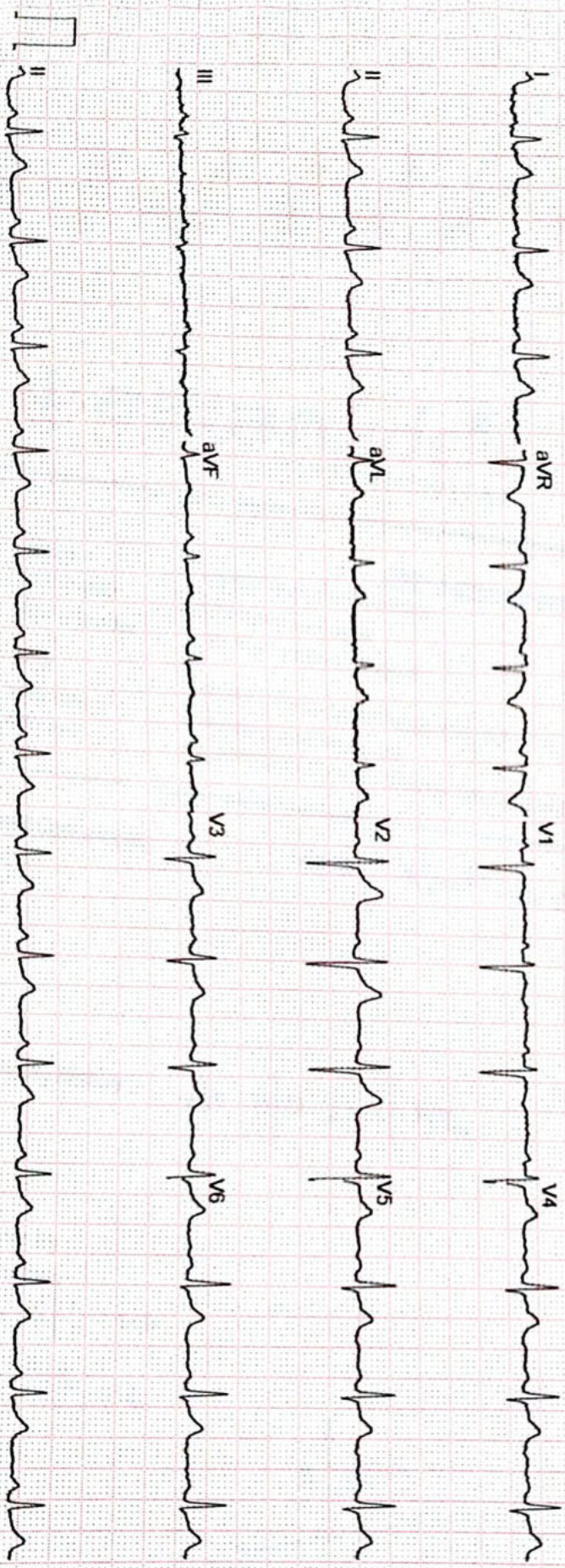
Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

85 bpm
--/-- mmHg

QRS : 72 ms
QT / QTcBaz : 344 / 409 ms
PR : 140 ms
P : 74 ms
RR / PP : 706 / 705 ms
P / QRS / T : 87 / 28 / 34 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz

Unconfirmed
4x2.5x3_25_R1

NON INVASIVE CARDIOLOGY

Patient Name	: MRS. BHAWNA KUMARI	IPD No.	:
Age	: 35 Yrs 11 Mth	UHID	: AFD000014869
Gender	: FEMALE	Bill No.	: AFBCB220002947
Ref. Doctor	: DR. KUMAR HRISHIKESHAsian FBD	Bill Date	: 10-09-2022 13:04:57
Ward	:	Room No.	:
		Procedure Date	: 10-09-2022 13:14:16

ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

MEASUREMENTS	ABSOLUTE VALUE	NORMAL VALUE
Aortic Root Diameter	2.4	2.0-3.7cm < 2.2cm/M2
Aortic Valve Opening	N	1.5-2.6cm
Left Atrial Dimension	3.5	1.9-4.0cm < 2.2cm/M2
RV Dimensions	N	0.7-2.6cm
RV thickness	N	0.3-0.9cm
LV ED Dimension	3.8	3.7-5.6 cm < 3.2cm /M2
LV ES Dimension	2.2	2.2-4.0 cm
IVS thickness	ED - 0.8 ES-1.2	0.6-1.2cm
LVPW Thickness	ED - 0.7 ES-1.4	0.5-1.1cm
IVS/ LVPW Ratio	N	
Mitral Valve	DE-N EF -N	

INDICES OF LV FUNCTION		
EPSS		<9mm
FS%		24-42%
LV Ejection Fraction	60%	60+/-6%

NON INVASIVE CARDIOLOGY

Patient Name	: MRS. BHAWNA KUMARI	IPD No.	:
Age	: 35 Yrs 11 Mth	UHID	: AFD000014869
Gender	: FEMALE	Bill No.	: AFBCB220002947
Ref. Doctor	: DR. KUMAR HRISHIKESHAsian FBD	Bill Date	: 10-09-2022 13:04:57
Ward	:	Room No.	:
		Procedure Date	: 10-09-2022 13:14:16

IMAGING:

2D- imaging in PLAX.SAX and apical views revealed normal left ventricle. Movement of septum, posterior and lateral walls are normal. Global LVEF is 60%. Mitral valve opening is normal. No evidence of mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted. Tricuspid valve leaflets move normally, Pulmonary valve is normal. Interatrial and Interventricular septal are intact, No intracardiac mass or thrombus is seen. No pericardial pathology is observed.

MORPHOLOGICAL DATA

Mitral Valve : AML PML	Normal	Interatrial Septum	Intact
Aortic Valve	Normal	Interventricular Septum	Intact
Tricuspid Valve	Normal	Pulmonary Artery	Normal
Pulmonary Valve	Normal	Aorta	Normal
Right Ventricle	Normal	Right Atrium	Normal
Left Ventricle	Normal	Left Atrium	Normal

DOPPLER STUDY

	Cm/s	Cm/s	
	E-89	A-78	MR 1/4
MITRAL VELOCITY			TR 1/4
TRICUSPID VELOCITY	cm/s		AR 0/4
AORTIC VELOCITY	130 cm/s		PR 0/4
PULMONARY VELOCITY	106 cm/s		
PA Pressure	Normal		

NON INVASIVE CARDIOLOGY

Patient Name	: MRS. BHAWNA KUMARI	IPD No.	:	
	: 35 Yrs 11 Mth	UHID	:	AFD000014869
Gender	: FEMALE	Bill No.	:	AFBCB220002947
Ref. Doctor	: DR. KUMAR HRISHIKESH Asian FBD	Bill Date	:	10-09-2022 13:04:57
Ward	:	Room No.	:	
		Procedure Date	:	10-09-2022 13:14:16

COLOUR FLOW MAPPING

Trace MR, Trace TR.

FINAL IMPRESSION

1. No RWMA, LVEF-60%.
2. Normal cardiac chamber dimension.
3. Trace MR, Trace TR (PASP=normal).
4. Normal mitral inflow pattern.
5. No clot/mass/vegetation/PE.

DR. SUBRAT AKHOURY
MD,DM (Cardiology). FSCAI (USA)
Director & Sr. Consultant
Interventional Cardiologist


DR. KUMAR HRISHIKESH
MBBS, PGDCC
Fellowship in Non Invasive Cardiology
Consultant Cardiologist

DR. PRATEEK CHAUDHARY
MBBS,MD,DM(Cardio)
Consultant Cardiology
Interventional Cardiologist.

For The perusal of a medical professional only

The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.
It is not the diagnosis & must be correlated clinically.

NOT FOR MEDICOLEGAL PURPOSES
.....End of Report.....

Prepare By.
KUMAR.HRISHIK
ES

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY


Patient Name	: MRS. BHAWNA KUMARI	IPD No.	:
Age	: 35 Yrs 11 Mth	UHID	: AFD000014869
Gender	: FEMALE	Bill No.	: AFDHC220000507
Ref. Doctor	: SELF	Bill Date	: 10-09-2022 10:10:39
Ward	:	Room No.	:
		Print Date	: 10-09-2022 12:36:30

CHEST PA VIEW:

Cardiac shadow appears normal.
 Both lung fields appear clear.
 Both domes of diaphragm and both CP angles are clear.
 Both hila appear normal.
 Soft tissues and bony cage appear normal.

Please correlate clinically.

.....End of Report.....


DR. BHANOO CHAUDHARY, MBBS, MD
CONSULTANT

Prepare By:
BHANOO

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MRS. BHAWNA KUMARI	IPD No.	:
Age	: 35 Yrs 11 Mth	UHID	: AFD000014869
Gender	: FEMALE	Bill No.	: AFDHC220000507
Ref. Doctor	: SELF	Bill Date	: 10-09-2022 10:10:39
Ward	:	Room No.	:
		Print Date	: 10-09-2022 10:57:53

USG WHOLE ABDOMEN

FINDINGS:

- Liver is normal in size (longitudinal span 13.4 cm) and shows mild to moderate fatty infiltration. No evidence of any focal lesion is seen. No dilated intrahepatic biliary radicles are seen. Common duct and portal vein are normal in course and caliber.
- The gall bladder appears contracted and shows thickened wall, maximum thickness measures 4.0 mm (? Chronic cholecystitis).
- Visualized Pancreas is normal in size and parenchymal echogenicity. Rest of the pancreas and retroperitoneal structures are obscured by overlying bowel gas shadows.
- Spleen is normal in size and echo pattern with no focal lesion.
- Both the kidneys are normal in size, shape and position. Left kidney shows prominent pelvicalyceal system. A calculus of size 5.9 mm is seen in the lower pole of left kidney. Normal corticomedullary differentiation is maintained bilaterally. The cortical thickness is within normal limits. The right kidney measures 11.5 x 4.7 cm. The left kidney measures 11.4 x 4.8 cm.
- The Urinary Bladder is well distended and shows anechoic contents. No focal lesion/calculus seen. There is no evidence of any obvious intraluminal or perivesical pathology.
- Uterus is anteverted and is normal in size measuring 6.3 x 3.6 x 3.7 cm. A fibroid of size 2.1 x 1.9 cm is seen involving the anterior myometrium. The endometrium measures 5.2 mm and appears normal. The uterine cavity is empty. The cervical endometrium is thin and regular. Right ovary is normal in size and measures 2.8 x 1.7 cm. Left ovary appear bulky, measuring 4.7 x 4.0 cm and shows a cyst of size 3.7 x 3.5 x 3.2 cm (21 cc) with internal separations (? Haemorrhagic).
- No ascites/retroperitoneal lymphadenopathy/pleural effusion.

IMPRESSION:

- Grade I/II fatty liver changes.
- ? Chronic cholecystitis
- Mild left sided hydronephrosis with left renal calculus.
- Uterine fibroid as described.
- ? Left ovarian hemorrhagic cyst.

Please correlate clinically.

.....End of Report.....



Prepare By.
BHANOO

DR. BHANOO CHAUDHARY, MBBS, MD
CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.



OPD Assessment Form (First visit/Follow-up)

Name	: MRS. BHAWNA KUMARI	UHID No.	: AFD000014869
HUSBAND	: mr ayodhya prasad	Date	: 10-09-2022 10:09:03
Age / Gender	: 35 Yrs 11 Mth / FEMALE	Doctor / Unit	: DR. UPASANA / DR. SATISH JERIA /
CPG	: CORPORATE CASHAIMS2122_FD	Department	: OPHTHALMOLOGY
Inst. Name	: Acrofemi Healthcare Ltd		
Address	: A-2775 2ND FLOOR, GREEN FIELDS COLONY, FARIDABAD, HARYANA, INDIA, Zip No.-121002		

Present Complaints: *no Routine checkup*

BP (mm Hg)	<i>130/80 mm/Hg</i>
Pulse	<i>86 b/m</i>
RR	<i>spO2-98 %</i>
Ht/Length	<i>154 cm</i>
Wt-	<i>70.5 kg</i>
Pain Score (1-10)	

Past / Family History: *no H/O DM / HTN*

Any known Allergies

History Given By:
Clinical Findings:
NAK G/C NB
NAK G/C NB

A/S (N)

Provisional Diagnosis: *r/o scd / 6m 1 Bpateh*

DR. UPASANA / DR. SATISH JERIA, M.D./MS, CONSULTANT-OPHTHALMOLOGY, Reg. No: DMC-71812

Note :
Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.
WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom