Add: Kamla Nehru Road, Old Katra,Prayagraj Ph: 9235447965,0532-2548257 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.UPASANA CHAUDHARY -PKG10000239	Registered On	: 20/Aug/2021 10:28:43
Age/Gender	: 33 Y O M O D /F	Collected	: 20/Aug/2021 10:43:05
UHID/MR NO	: ALDP.0000078759	Received	: 20/Aug/2021 11:02:01
Visit ID	: ALDP0148882122	Reported	: 20/Aug/2021 12:12:43
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	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) * , Blood				
Blood Group Rh (Anti-D)	B POSITIVE			
COMPLETE BLOOD COUNT (CBC) * , Blood				
Haemoglobin TLC (WBC)	14.20 6,200.00	g/dl /Cu mm	13.5-17.5 4000-10000	PHOTOMETRIC ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	66.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	26.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	8.00	Mm for 1st hr. Mm for 1st hr.	. 20	
Corrected PCV (HCT) Platelet count	39.00	cc %	< 20 40-54	
Platelet Count	2.62	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	16.00	fL	9-17	ELECTRONIC
P-LCR (Platelet Large Cell Ratio)	27.70	%	35-60	ELECTRONIC
PCT (Platelet Hematocrit)	0.27	%	0.108-0.282	ELECTRONIC
MPV (Mean Platelet Volume)	10.20	fL	6.5-12.0	ELECTRONIC
RBC Count				
RBC Count	5.18	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	74.90	fl	80-100	CALCULATED PARAMETER
MCH	27.40	pg	28-35	CALCULATED PARAMETER
MCHC	36.60	%	30-38	CALCULATED PARAMETER
RDW-CV	14.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count Absolute Eosinophils Count (AEC)	4,092.00 248.00	/cu mm /cu mm	3000-7000 40-440	



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Dr. Akanksha Singh (MD Pathology)

Add: Kamla Nehru Road, Old Katra,Prayagraj Ph: 9235447965,0532-2548257 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.UPASANA CHAUDHARY -PKG10000239	Registered On	: 20/Aug/2021 10:28:43
Age/Gender	: 33 Y O M O D /F	Collected	: 20/Aug/2021 18:25:28
UHID/MR NO	: ALDP.0000078759	Received	: 20/Aug/2021 18:36:11
Visit ID	: ALDP0148882122	Reported	: 20/Aug/2021 19:18:42
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	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 Sample:Plasma	93.90	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

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	128.90	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.



Dr. Akanksha Singh (MD Pathology)

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Patient Name	: Mrs.UPASANA CHAUDHARY -PKG10000239	Registered On	: 20/Aug/2021 10:28:43
Age/Gender	: 33 Y O M O D /F	Collected	: 20/Aug/2021 10:43:05
UHID/MR NO	: ALDP.0000078759	Received	: 21/Aug/2021 12:18:07
Visit ID	: ALDP0148882122	Reported	: 21/Aug/2021 15:12:47
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	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)	4.90	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	30.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	94	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.

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name

Result

Unit

Bio. Ref. Interval Method

<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

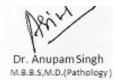
c. Alcohol toxicity d. Lead toxicity

*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.





: Mrs.UPASANA CHAUDHARY -PKG10000239 Registered On

Add: Kamla Nehru Road, Old Katra,Prayagraj Ph: 9235447965,0532-2548257 CIN : U85110DL2003PLC308206

Patient Name



Age/Gender:33 Y 0 M 0 D /FUHID/MR NO:ALDP.0000078759Visit ID:ALDP0148882122Ref Doctor:Dr.Mediwheel - Arcofem	ii Health Care Ltd.	Collected Received Reported Status	: 20/Aug/2021 10:20 : 20/Aug/2021 10:43 : 20/Aug/2021 11:02 : 20/Aug/2021 12:47 : Final Report	3:05 2:01
	DEPARTMENT O			
Test Name	ANK OF BARODA Result	A IVIALE & FEIVIA Unit	ALE BELOW 40 YRS Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * Sample:Serum	10.90	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.10	mg/dl	0.5-1.2	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	61.00	ml/min/1.73m	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample:Serum	7.20	mg/dl	2.5-6.0	URICASE
L.F.T.(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)	30.50 30.20 31.40 7.20 4.30 2.90 1.48 107.50 0.90 0.40 0.50	U/L U/L gm/dl gm/dl gm/dl U/L 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
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	168.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP 1
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)	30.80 110	mg/dl mg/dl	30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	
VLDL Triglycerides	27.66 138.30	mg/dl mg/dl	10-33 < 150 Normal 150-199 Borderline High	CALCULATED GPO-PAP 1

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Patient Name	: Mrs.UPASANA CHAUDHARY -PKG10000239	Registered On	: 20/Aug/2021 10:28:44
Age/Gender	: 33 Y O M O D /F	Collected	: 20/Aug/2021 10:43:05
UHID/MR NO	: ALDP.0000078759	Received	: 20/Aug/2021 11:02:01
Visit ID	: ALDP0148882122	Reported	: 20/Aug/2021 12:47:52
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name

Result

Unit

Bio. Ref. Interval Method

200-499 High >500 Very High



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Dr. Akanksha Singh (MD Pathology)

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Patient Name	: Mrs.UPASANA CHAUDHARY -PKG10000239	Registered On	: 20/Aug/2021 10:28:43
Age/Gender	: 33 Y O M O D /F	Collected	: 20/Aug/2021 18:28:00
UHID/MR NO	: ALDP.0000078759	Received	: 20/Aug/2021 18:36:11
Visit ID	: ALDP0148882122	Reported	: 20/Aug/2021 18:40:56
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Color	LIGHT YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++) 200-500 (+++)	
			> 500 (+++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
ougui	ABOENT	giiis70	0.5-1.0 (++)	Dirottok
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	2-4/h.p.f			MICROSCOPIC
	·			EXAMINATION
Pus cells	0-2/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%		
Suyar, rasting stage	ADJENT	911570		

Interpretation:

 $\begin{array}{ll} (+) & < 0.5 \\ (++) & 0.5\text{-}1.0 \\ (+++) & 1\text{-}2 \\ (++++) & > 2 \end{array}$

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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. Akanksha Singh (MD Pathology)

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Patient Name	: Mrs.UPASANA CHAUDHARY -PKG10000239	Registered On	: 20/Aug/2021 10:28:43
Age/Gender	: 33 Y O M O D /F	Collected	: 20/Aug/2021 10:43:05
UHID/MR NO	: ALDP.0000078759	Received	: 21/Aug/2021 12:08:19
Visit ID	: ALDP0148882122	Reported	: 21/Aug/2021 13:11:08
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interva	I Method
THYROID PROFILE - TOTAL ** , Serum				
T3, Total (tri-iodothyronine)	130.26	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.92	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.18	μIU/mL	0.27 - 5.5	CLIA
Interpretation:		0.4-4.2 µIU 0.5-4.6 µIU 0.5-8.9 µIU 0.7-64 µIU 0.7-27 µIU 0.8-5.2 µIU 1-39 µIU 1.7-9.1 µIU	I/mL First Trimes I/mL Adults I/mL Second Trin I/mL Adults I/mL Child(21 wk I/mL Premature I/mL Third Trime I/mL Child I/mL Child I/mL Child I/mL Child I/mL Cord Blood	21-54 Years mester 55-87 Years c - 20 Yrs.) 28-36 Week ester 0-4 Days 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.





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Patient Name	: Mrs.UPASANA CHAUDHARY -PKG10000239	Registered On	: 20/Aug/2021 10:28:44
Age/Gender	: 33 Y O M O D /F	Collected	: N/A
UHID/MR NO	: ALDP.0000078759	Received	: N/A
Visit ID	: ALDP0148882122	Reported	: 20/Aug/2021 13:14:09
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

<u>X-RAY REPORT</u> (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) <u>CHEST P-A VIEW</u>

- 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.





DR. ANIL KUMAR MD (Radiology)

Add: Kamla Nehru Road, Old Katra,Prayagraj Ph: 9235447965,0532-2548257 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.UPASANA CHAUDHARY -PKG10000239	Registered On	: 20/Aug/2021 10:28:44
Age/Gender	: 33 Y O M O D /F	Collected	: N/A
UHID/MR NO	: ALDP.0000078759	Received	: N/A
Visit ID	: ALDP0148882122	Reported	: 20/Aug/2021 16:56:53
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CARDIAC

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ECG / EKG *

1. Machnism, Rhythm	Sinus, Regular	
2. Atrial Rate	80	/mt
3. Ventricular Rate	80	/mt
4. P - Wave	Normal	
5. P R Interval	Normal	
6. Q R S Axis : R/S Ratio : Configuration :	Normal Normal Normal	
7. Q T c Interval	Normal	
8. S - T Segment	Normal	
9. T – Wave <u>FINAL IMPRESSION</u>	Normal	

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





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Age/Gender	: 33 Y O M O D /F	Collected	: N/A
UHID/MR NO	: ALDP.0000078759	Received	: N/A
Visit ID	: ALDP0148882122	Reported	: 20/Aug/2021 12:06:33
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

The liver is normal in size (14.3 cm), shape and echogenecity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

Gall bladder is well distended **and show a large intraluminal calculus of size 14 mm.** Wall thickness is normal.

Portal vein and CBD are not dilated.

Pancreas is normal in size, shape and echogenecity.

Spleen is normal in size (9.5 cm), shape and echogenecity.

Right kidney is normal in size, shape and echogenecity. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated.

Right kidney measures : 10.3 x 4.3 cm

Left kidney is normal in size, shape and echogenecity. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated.

Left kidney measures : 10.5 x 4.6 cm

Urinary bladder is normal in shape, outline and distension. Lumen is anechoic and no wall thickening seen. Uterus is anteverted, and is normal in size (8.1 x 4.7 x 5.2 cm). No focal myometrial lesion seen. Endometrium is normal in thickness (7 mm).

Bilateral adnexa are clear.

No free fluid is seen in the abdomen/pelvis.

High Resolution USG - No abnormal bowel wall thickening or bowel loop dilatation is seen. Ileocecal junction and cecum is seen normally. Appendix is not visualized. No mesenteric lymphadenopathy is seen.

IMPRESSION:-- Cholelithiasis.

Please correlate clinically.

<u>Note</u> :- Impression is a professional opinion & not a diagnosis (Not for medico legal purpose). All modern machine / procedures have their limitations. If there is variance clinically this examination may be repeated or re-evaluated by other investigations. Discrepancies due to technical or typing errors should be reported for correction within seven days. No compensation liability stands.

