

Mediwheel <wellness@mediwheel.in>

Sat 3/2/2024 2:46 PM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>  
Cc:customercare@mediwheel.in <customercare@mediwheel.in>



011-41195959

Hi **Manipal Hospital,**

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

**Hospital Package Name** : Mediwheel Full Body Health Checkup Female Below 40

**Patient Package Name** : Mediwheel Full Body Health Checkup Female Below 40

**Appointment Date** : 09-03-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 8:30am

Member Information		
Booked Member Name	Age	Gender
Aditi kumari	24 year	Female

We request you to facilitate the employee on priority.

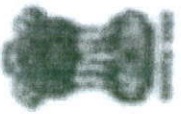
Thanks,  
Mediwheel Team

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भारत सरकार

Government of India



अदिती कुमारी

Aditi Kumari

जन्म तिथि/DOB: 19/02/2000

महिला/ FEMALE



5200 4130 4363

VID: 9173 4869 7252 0499

मैरा आधार, मैरी पहचान

Aditi Kumari



भारतीय विभिन्न पक्षों का अधिकरण

Unique Identification Authority of India

पता: संबोधित: सुमन् कुमार, अम्बिका विहार कॉलोनी, कन्हौली  
बिसुदत्त, आर.क.आश्रम, मुजफ्फरपुर,  
बिहार - 843116

**Address:**  
D/O: Suman Kumar, Ambika Vihar Colony,  
Kanhauli bisundatt, R.K.Ashram,  
Muzaffarpur,  
Bihar - 843116



QR Code with Photograph

5200 4130 4363

VID : 9173 4869 7252 0499

2/1

Ashika Kumari



## INVESTIGATION REPORT

Patient Name	<b>MRS ADITI KUMARI</b>	Location	Ghaziabad
Age/Sex	24Year(s)/Female	Visit No	: V00000000001-GHZB
MRN No	<b>MH011760811</b>	Order Date	:09/03/2024
Ref. Doctor	Dr. ABHISHEK SINGH	Report Date	:09/03/2024

### Echocardiography

#### Final Interpretation

1. No RWMA, LVEF=60%.
2. Normal CCD.
3. No MR, No AR.
4. Trace TR, Normal PASP.
5. No intracardiac clot/mass/pericardial pathology.
6. IVC normal

#### Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal.
- **Tricuspid Valve:** Trace TR.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

#### Description:

- LV is normal size with normal contractility.

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manihospitals.com [www.manipalhospitals.com](http://www.manipalhospitals.com)



Patient Name	MRS ADITI KUMARI	Location	Ghaziabad
Age/Sex	24Year(s)/Female	Visit No	: V000000001-GHZZ
	<b>MH000760811</b>	Order Date	09/03/2024
Ref. Doctor	: Dr.ABHISHEK SINGH	Report Date	09/03/2024

## Echocardiography

### Measurements (mm):

	Observed values	Normal values
Aortic root diameter	27	20-36 (22mm/M <sup>2</sup> )
Aortic valve opening	22	15-26
Left atrium size	30	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	43	29	(ED=37-56:Es=22-40)
Interventricular septum	09	11	(ED=6-12)
Posterior wall thickness	08	12	(ED=5-10)

LV Ejection Fraction (%)	60%	55%-80%
HR		

### Color & Doppler evaluation

Valve	Velocity(cm/s)	Regurgitation
Mitral	E/A-94/85 DT-	Nil
Aortic	110	Nil
Tricuspid	20	Trace
Pulmonary	66	Nil

**Dr. Bhupendra Singh**  
MD, DM (CARDIOLOGY), FACC  
Sr. Consultant Cardiology

**Dr. Abhishek Singh**  
MD, DNB (CARDIOLOGY), MNAMS  
Sr. Consultant Cardiology

**Dr. Sudhanshu Mishra**  
Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

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Page 2 of 2

Manipal Health Enterprises Private Limited

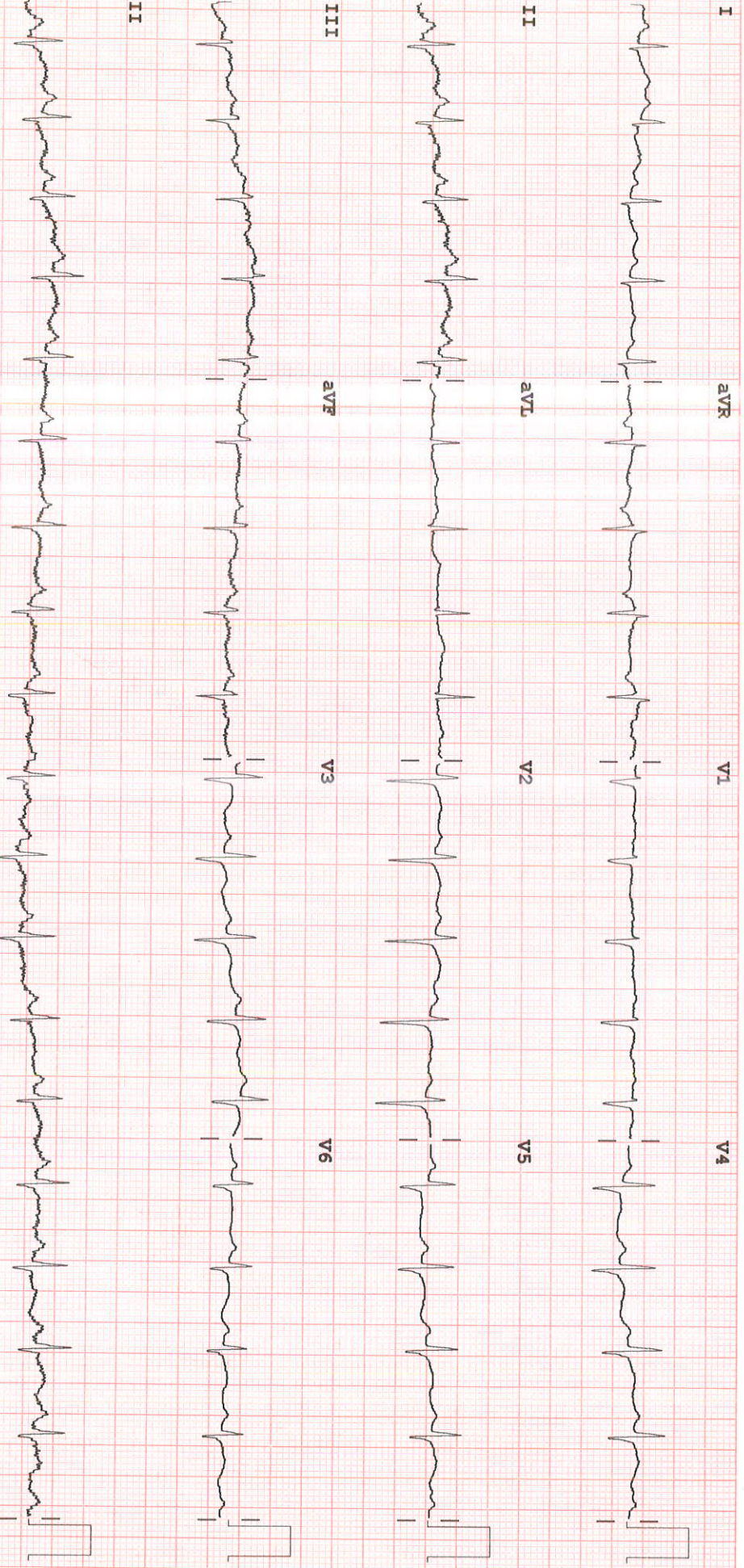
CIN: U85110KA2003PTC033055

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- ABNORMAL ECG -

Unconfirmed Diagnosis



Dev:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL P?



**LABORATORY REPORT**

Name : MRS ADITI KUMARI Age : 24 Yr(s) Sex :Female  
Registration No : MH011760811 Lab No : 202403001055  
Patient Episode : H18000001883 Collection Date : 09 Mar 2024 09:25  
Referred By : HEALTH CHECK MGD Reporting Date : 09 Mar 2024 13:36  
Receiving Date : 09 Mar 2024 09:25

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	1.460	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.480	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	3.480	μIU/mL	[0.250-5.000]

**NOTE:**

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect.

In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.

The TSH assay aids in diagnosing thyroid or hypophysial disorders.

The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.



**LABORATORY REPORT**

Name : MRS ADITI KUMARI Age : 24 Yr(s) Sex :Female  
Registration No : MH011760811 Lab No : 202403001055  
Patient Episode : H18000001883 Collection Date : 09 Mar 2024 09:25  
Referred By : HEALTH CHECK MGD Reporting Date : 10 Mar 2024 13:35  
Receiving Date : 09 Mar 2024 09:25

**BLOOD BANK**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	O Rh(D) Positive		

**Technical note:**

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

Page 2 of 2

**NOTE:**

# - Abnormal Values

-----END OF REPORT-----

**Dr. Alka Dixit Vats**  
Consultant Pathologist





**LABORATORY REPORT**

**Name** : MRS ADITI KUMARI  
**Registration No** : MH011760811  
**Patient Episode** : H18000001883  
**Referred By** : HEALTH CHECK MGD  
**Receiving Date** : 09 Mar 2024 09:25

**Age** : 24 Yr(s) Sex :Female  
**Lab No** : 202403001055  
**Collection Date** : 09 Mar 2024 09:25  
**Reporting Date** : 09 Mar 2024 12:19

**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDEANCE)	4.53	millions/cumm	[3.80-4.80]
HEMOGLOBIN	13.8	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	42.3	%	[36.0-46.0]
MCV (DERIVED)	93.4	fL	[83.0-101.0]
MCH (CALCULATED)	30.5	pg	[25.0-32.0]
MCHC (CALCULATED)	32.6	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.1	%	[11.6-14.0]
Platelet count	151	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	----		
WBC COUNT (TC) (IMPEDEANCE)	6.11	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	52.0	%	[40.0-80.0]
Lymphocytes	40.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	18.0	mm/1sthour	[0.0-



**LABORATORY REPORT**

Name : MRS ADITI KUMARI  
Registration No : MH011760811  
Patient Episode : H18000001883  
Referred By : HEALTH CHECK MGD  
Receiving Date : 09 Mar 2024 09:25

Age : 24 Yr(s) Sex :Female  
Lab No : 202403001055  
Collection Date : 09 Mar 2024 09:25  
Reporting Date : 09 Mar 2024 16:42

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b> Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.3	%	[0.0-5.6]
As per American Diabetes Association(ADA) HbA1c in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk )5.7-6.4 Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	105	mg/dl	

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 glycemc control.

**ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine**

**MACROSCOPIC DESCRIPTION**

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	6.0	(4.6-8.0)
Specific Gravity	1.010	(1.003-1.035)

**CHEMICAL EXAMINATION**

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)



**LABORATORY REPORT**

<b>Name</b>	: MRS ADITI KUMARI	<b>Age</b>	: 24 Yr(s) Sex :Female
<b>Registration No</b>	: MH011760811	<b>Lab No</b>	: 202403001055
<b>Patient Episode</b>	: H18000001883	<b>Collection Date</b>	: 09 Mar 2024 10:28
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 09 Mar 2024 12:27
<b>Receiving Date</b>	: 09 Mar 2024 10:28		

**CLINICAL PATHOLOGY**

**MICROSCOPIC EXAMINATION (Automated/Manual)**

Pus Cells	2-4 /hpf	(0-5/hpf)
RBC	1-2 /hpf	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

**Serum LIPID PROFILE**

Serum TOTAL CHOLESTEROL	182	mg/dl	<200
Method:Oxidase,esterase, peroxide			Moderate risk:200-239
			High risk:>240
<b>TRIGLYCERIDES (GPO/POD)</b>	<b>309 #</b>	<b>mg/dl</b>	<b>&lt;150</b>
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	52	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
<b>VLDL- CHOLESTEROL (Calculated)</b>	<b>62 #</b>	<b>mg/dl</b>	<b>[0-35]</b>
CHOLESTEROL, LDL, CALCULATED	68.0	mg/dl	<120.0
			Near/
Above optimal-100-129			
			Borderline High:130-159
			High Risk:160-189
T.Chol/HDL.Chol ratio (Calculated)	3.5		<4.0 Optimal
			4.0-5.0 Borderline
			>6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	1.3		<3 Optimal
			3-4 Borderline
			>6 High Risk



**LABORATORY REPORT**

<b>Name</b>	: MRS ADITI KUMARI	<b>Age</b>	: 24 Yr(s) Sex :Female
<b>Registration No</b>	: MH011760811	<b>Lab No</b>	: 202403001055
<b>Patient Episode</b>	: H18000001883	<b>Collection Date</b>	: 09 Mar 2024 09:25
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 09 Mar 2024 11:40
<b>Receiving Date</b>	: 09 Mar 2024 09:25		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Note:

Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

**KIDNEY PROFILE**

Specimen: Serum

UREA	18.5	mg/dl	[15.0-40.0]
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Method: GLDH, Kinatic assay

BUN, BLOOD UREA NITROGEN	8.6	mg/dl	[8.0-20.0]
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Method: Calculated

CREATININE, SERUM	0.81	mg/dl	[0.70-1.20]
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Method: Jaffe rate-IDMS Standardization

URIC ACID	6.1	mg/dl	[4.0-8.5]
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Method:uricase PAP

<b>SODIUM, SERUM</b>	<b>135.20 #</b>	<b>mmol/L</b>	<b>[136.00-144.00]</b>
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POTASSIUM, SERUM	4.28	mmol/L	[3.60-5.10]
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SERUM CHLORIDE	101.0	mmol/L	[101.0-111.0]
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Method: ISE Indirect

eGFR (calculated)	102.0	ml/min/1.73sq.m	[>60.0]
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Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.



**LABORATORY REPORT**

Name : MRS ADITI KUMARI  
Registration No : MH011760811  
Patient Episode : H18000001883  
Referred By : HEALTH CHECK MGD  
Receiving Date : 09 Mar 2024 09:25

Age : 24 Yr(s) Sex :Female  
Lab No : 202403001055  
Collection Date : 09 Mar 2024 09:25  
Reporting Date : 09 Mar 2024 11:40

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.81	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.70	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	8.00	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.74	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.30	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.45		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	28.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	20.50	U/L	[14.00-54.00]
<b>Serum Alkaline Phosphatase</b> Method: AMP BUFFER IFCC)	<b>117.0 #</b>	<b>IU/L</b>	<b>[32.0-91.0]</b>
GGT	38.0	U/L	[7.0-50.0]



**LABORATORY REPORT**

Name : MRS ADITI KUMARI  
Registration No : MH011760811  
Patient Episode : H18000001883  
Referred By : HEALTH CHECK MGD  
Receiving Date : 09 Mar 2024 09:25

Age : 24 Yr(s) Sex :Female  
Lab No : 202403001055  
Collection Date : 09 Mar 2024 09:25  
Reporting Date : 09 Mar 2024 11:40

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

Page 6 of 8

-----END OF REPORT-----

**Dr. Alka Dixit Vats**  
Consultant Pathologist



**LABORATORY REPORT**

<b>Name</b>	: MRS ADITI KUMARI	<b>Age</b>	: 24 Yr(s) Sex :Female
<b>Registration No</b>	: MH011760811	<b>Lab No</b>	: 202403001056
<b>Patient Episode</b>	: H18000001883	<b>Collection Date</b>	: 09 Mar 2024 09:25
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 09 Mar 2024 11:40
<b>Receiving Date</b>	: 09 Mar 2024 09:25		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	104.0	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).  
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),  
Drugs-  
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----

*Alka*

**Dr. Alka Dixit Vats**  
Consultant Pathologist



**LABORATORY REPORT**

Name : MRS ADITI KUMARI

Age : 24 Yr(s) Sex :Female

Registration No : MH011760811

Lab No : 202403001057

Patient Episode : H18000001883

Collection Date : 09 Mar 2024 13:18

Referred By : HEALTH CHECK MGD

Reporting Date : 09 Mar 2024 14:11

Receiving Date : 09 Mar 2024 13:18

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b> Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	111.0	mg/dl	[80.0-140.0]

**Note:**

Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

-----END OF REPORT-----

**Dr. Alka Dixit Vats**  
Consultant Pathologist





NAME	MRS Aditi KUMARI	STUDY DATE	09/03/2024 9:36AM
AGE / SEX	24 y / F	HOSPITAL NO.	MH011760811
ACCESSION NO.	R7021749	MODALITY	CR
REPORTED ON	09/03/2024 9:52AM	REFERRED BY	HEALTH CHECK MGD

## XR- CHEST PA VIEW

## FINDINGS:

LUNGS: Normal.  
TRACHEA: Normal.  
CARINA: Normal.  
RIGHT AND LEFT MAIN BRONCHI: Normal.  
PLEURA: Normal.  
HEART: Normal.  
RIGHT HEART BORDER: Normal.  
LEFT HEART BORDER: Normal.  
PULMONARY BAY: Normal.  
PULMONARY HILA: Normal.  
AORTA: Normal.  
THORACIC SPINE: Normal.  
OTHER VISUALIZED BONES: Normal.  
VISUALIZED SOFT TISSUES: Normal.  
DIAPHRAGM: Normal.  
VISUALIZED ABDOMEN: Normal.  
VISUALIZED NECK: Normal.

## IMPRESSION:

-No significant abnormality seen.

*Please correlate clinically*



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS  
CONSULTANT RADIOLOGIST

\*\*\*\*\*End Of Report\*\*\*\*\*



NAME	MRS Aditi KUMARI	STUDY DATE	09/03/2024 10:12AM
AGE / SEX	24 y / F	HOSPITAL NO.	MH011760811
ACCESSION NO.	R7021750	MODALITY	US
REPORTED ON	09/03/2024 2:43PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS****FINDINGS**

LIVER: appears normal in size (measures 132 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 81 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 8.8 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.2 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 92 x 36 mm.

Left Kidney: measures 97 x 44 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

UTERUS: Uterus is anteverted, normal in size (measures 55 x 28 x 24 mm), shape and echotexture.

Endometrial thickness measures 8 mm. Cervix appears normal.

Both ovaries are normal in size and show multiple (15-18) tiny follicles arranged peripherally with central echogenic stroma suggesting bilateral polycystic appearing ovaries.

- RIGHT OVARY: measures 32 x 29 x 21 mm with volume 10.7 cc. The largest follicle measures 6mm.

- LEFT OVARY: measures 29 x 29 x 27 mm with approx. volume 12.3 cc. The largest follicle measures 5 x 4 mm.

BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

-Diffuse grade I fatty infiltration in liver.

-Bilateral polycystic appearing ovaries.

**ADV: Serum LH/FSH estimation for further evaluation, if clinically indicated.**

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

\*\*\*\*\*End Of Report\*\*\*\*\*