

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mrs. PRIYANKA	Lab No	4021883
UHID	40009829	Collection Date	30/01/2024 10:13AM
Age/Gender	31 Yrs/Female	Receiving Date	30/01/2024 10:20AM
IP/OP Location	O-OPD	Report Date	30/01/2024 3:26PM
Referred By	Dr. EHS CONSULTANT	Report Status	Final
Mobile No.	6376957679		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: FI. Plasma
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BLOOD GLUCOSE (FASTING)

BLOOD GLUCOSE (FASTING)	96.0	mg/dl	74 - 106
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Method: Hexokinase assay.

Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

BLOOD GLUCOSE (PP)

BLOOD GLUCOSE (PP)	101.5	mg/dl	Non – Diabetic: - < 140 mg/dl Pre – Diabetic: - 140-199 mg/dl Diabetic: - >=200 mg/dl
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Sample: PLASMA

Method: Hexokinase assay.

Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

THYROID T3 T4 TSH

T3	1.720 H	ng/mL	0.970 - 1.690
T4	10.30	ug/dl	5.53 - 11.00
TSH	2.10	μIU/mL	0.40 - 4.05

Sample: Serum

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

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BIOCHEMISTRY

T3:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T4 assay employs a competitive test principle with an antibody specifically directed against T4.

TSH - THYROID STIMULATING HORMONE :- ElectroChemiLuminescenceImmunoAssay - ECLIA

Interpretation:-The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH levels.

LFT (LIVER FUNCTION TEST)

Sample: Serum

BILIRUBIN TOTAL	0.99	mg/dl	0.00 - 1.20
BILIRUBIN INDIRECT	0.77	mg/dl	0.20 - 1.00
BILIRUBIN DIRECT	0.22	mg/dl	0.00 - 0.40
SGOT	46.2 H	U/L	0.0 - 40.0
SGPT	61.9 H	U/L	0.0 - 40.0
TOTAL PROTEIN	7.4	g/dl	6.6 - 8.7
ALBUMIN	5.2	g/dl	3.5 - 5.2
GLOBULIN	2.2		1.8 - 3.6
ALKALINE PHOSPHATASE	65.2	U/L	42 - 98
A/G RATIO	2.4	Ratio	1.5 - 2.5
GGTP	28.2	U/L	6.0 - 38.0

RESULT ENTERED BY : SUNIL EHS

Abhinay Verma

Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

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BIOCHEMISTRY

BILIRUBIN TOTAL :- Method: DPD assay. Interpretation:-Total Bilirubin measurements are used in the diagnosis and treatment of various liver diseases, and of haemolytic and metabolic disorders in adults and newborns. Both obstruction damage to hepatocellular structure.

BILIRUBIN DIRECT :- Method: Diazo method Interpretation:-Determinations of direct bilirubin measure mainly conjugated, water soluble bilirubin.

SGOT - AST :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGOT(AST) measurements are used in the diagnosis and treatment of certain types of liver and heart disease.

SGPT - ALT :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGPT(ALT) Ratio Is Used For Differential Diagnosis In Liver Diseases.

TOTAL PROTEINS :- Method: Biuret colorimetric assay. Interpretation:-Total protein measurements are used in the diagnosis and treatment of a variety of liver and kidney diseases and bone marrow as well as metabolic and nutritional disorder.

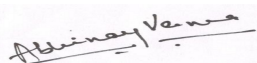
ALBUMIN :- Method: Colorimetric (BCP) assay. Interpretation:-For Diagnosis and monitoring of liver diseases, e.g. liver cirrhosis, nutritional status.

ALKALINE PHOSPHATASE :- Method: Colorimetric assay according to IFCC. Interpretation:-Elevated serum ALT is found in hepatitis, cirrhosis, obstructive jaundice, carcinoma of the liver, and chronic alcohol abuse. ALT is only slightly elevated in patients who have an uncomplicated myocardial infarction. **GGTP-GAMMA GLUTAMYL TRANSPEPTIDASE** :- Method: Enzymatic colorimetric assay. Interpretation:- γ -glutamyltransferase is used in the diagnosis and monitoring of hepatobiliary disease. Enzymatic activity of GGT is often the only parameter with increased values when testing for such diseases and is one of the most sensitive indicator known.

LIPID PROFILE

TOTAL CHOLESTEROL	171		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	39.4		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	94.0		Optimal :- <100 mg/dl Near or Above Optimal :- 100-129 mg/dl Borderline :- 130-159 mg/dl High :- 160-189 mg/dl Very High :- >190 mg/dl
CHOLESTERO VLDL	47	mg/dl	10 - 50
TRIGLYCERIDES	234.3		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	4.3	%	

RESULT ENTERED BY : SUNIL EHS



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BIOCHEMISTRY

CHOLESTEROL TOTAL :- Method: CHOD-PAP enzymatic colorimetric assay.
 interpretation:-The determination of the individual total cholesterol (TC) level is used for screening purposes while for a better risk assessment it is necessary to measure additionally lipid & lipoprotein metabolic disorders.

HDL CHOLESTEROL :- Method:-Homogenous enzymetic colorimetric method.
 Interpretation:-HDL-cholesterol has a protective against coronary heart disease, while reduced HDL-cholesterol concentrations, particularly in conjunction with elevated triglycerides, increase the cardiovascular disease.

LDL CHOLESTEROL :- Method: Homogenous enzymatic colorimetric assay.
 Interpretation:-LDL play a key role in causing and influencing the progression of atherosclerosis and in particular coronary sclerosis. The LDL are derived form VLDL rich in TG by the action of various lipolytic enzymes and are synthesized in the liver.

CHOLESTEROL VLDL :- Method: VLDL Calculative

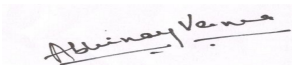
TRIGLYCERIDES :- Method: GPO-PAP enzymatic colorimetric assay.
 Interpretation:-High triglycerde levels also occur in various diseases of liver, kidneys and pancreas. DM, nephrosis, liver obstruction.

CHOLESTEROL/HDL RATIO :- Method: Cholesterol/HDL Ratio Calculative

Sample: Serum

UREA	8.00 L	mg/dl	16.60 - 48.50
BUN	3.7 L	mg/dl	6 - 20
CREATININE	0.42 L	mg/dl	0.50 - 0.90
SODIUM	137.6	mmol/L	136 - 145
POTASSIUM	3.95	mmol/L	3.50 - 5.50
CHLORIDE	102.7	mmol/L	98 - 107
URIC ACID	3.7	mg/dl	2.6 - 6.0
CALCIUM	9.80	mg/dl	8.60 - 10.30

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CREATININE - SERUM :- Method:-Jaffe method, Interpretation:-To differentiate acute and chronic kidneydisease.

URIC ACID :- Method: Enzymatic colorimetric assay. Interpretation:- Elevated blood concentrations of uricacid are renal diseases with decreased excretion of waste products, starvation,drug abuse and increased alcohol consume.

SODIUM:- Method: ISE electrode. Interpretation:-Decrease: Prolonged vomiting or diarrhea,diminshed reabsorption in the kidney and excessive fluid retention. Increase: excessive fluid loss, high salt intake andkidney reabsorption.

POTASSIUM :- Method: ISE electrode. Intrapretation:-Low level: Intake excessive loss formbodydue to diarrhea, vomiting renal failure, High level: Dehydration, shock severe burns, DKA, renalfailure.

CHLORIDE - SERUM :- Method: ISE electrode. Interpretation:-Decrease: reduced dietary intake,prolonged vomiting and reduced renal reabsorption as well as forms of acidosisand alkalosis.

Increase: dehydration, kidney failure, some form ofacidosis, high dietary or parenteral chloride intake, and salicylate poisoning.

UREA:- Method: Urease/GLDH kinetic assay. Interpretation:-Elevations in blood urea nitrogenconcentration are seen in inadequate renal perfusion, shock, diminished bloodvolume, chronic nephritis, nephrosclerosis, tubular necrosis, glomerularnephritis and UTI.

CALCIUM TOTAL :- Method: O-Cresolphthaleine complexone. Interpretation:-Increase in serum PTH or vit-D are usuallyassociated with hypercalcemia. Increased serum calcium levels may also beobserved in multiple myeloma and other neoplastic diseases. Hypocalcemia may beobserved in hypoparathyroidism, nephrosis, and pancreatitis.

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BLOOD BANK INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range
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BLOOD GROUPING	"O" Rh Positive		
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Note :

1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

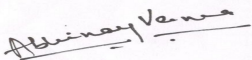
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CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Sample: Urine
<u>URINE SUGAR (POST PRANDIAL)</u>				
URINE SUGAR (POST PRANDIAL)	NEGATIVE		NEGATIVE	Sample: Urine
<u>URINE SUGAR (RANDOM)</u>				
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE	Sample: Urine
PHYSICAL EXAMINATION				
VOLUME	20	ml		Sample: Urine
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	CLEAR		CLEAR	
CHEMICAL EXAMINATION				
PH	7.0		5.5 - 7.0	
SPECIFIC GRAVITY	1.000		1.016-1.022	
PROTEIN	NEGATIVE		NEGATIVE	
SUGAR	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
BLOOD	NEGATIVE			
KETONES	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
UROBILINOGEN	NEGATIVE		NEGATIVE	
LEUCOCYTE	NEGATIVE		NEGATIVE	
MICROSCOPIC EXAMINATION				
WBCS/HPF	1-2	/hpf	0 - 3	
RBCS/HPF	0-0	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	2-3	/hpf	0 - 1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	

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CLINICAL PATHOLOGY

BACTERIA NIL NIL
OHTERS NIL NIL

Methodology:-

Glucose: GOD-POD, Bilirubin: Diazo-Azo-coupling reaction with a diazonium, Ketone: Nitro Pruside reaction, Specific Gravity: Proton release from ions, Blood: Psuedo-Peroxidase activity oh Haem moiety, pH: Methye Red-Bromothymol Blue (Double indicator system), Protein: H+ Release by buffer, microscopic & chemical method. interpretation: Diagnosis of Kidney function, UTI, Presence of Protein, Glucoses, Blood. Vocubulary syntax: Kit insert

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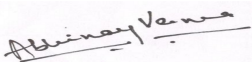
HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	
<u>CBC (COMPLETE BLOOD COUNT)</u>				Sample: WHOLE BLOOD EDTA
HAEMOGLOBIN	12.3	g/dl	12.0 - 15.0	
PACKED CELL VOLUME(PCV)	38.2	%	36.0 - 46.0	
MCV	84.7	fl	82 - 92	
MCH	27.3	pg	27 - 32	
MCHC	32.2	g/dl	32 - 36	
RBC COUNT	4.51	millions/cu.mm	3.80 - 4.80	
TLC (TOTAL WBC COUNT)	7.03	10 ³ / uL	4 - 10	
<u>DIFFERENTIAL LEUCOCYTE COUNT</u>				
NEUTROPHILS	59.9	%	40 - 80	
LYMPHOCYTE	32.3	%	20 - 40	
EOSINOPHILS	3.7	%	1 - 6	
MONOCYTES	3.7	%	2 - 10	
BASOPHIL	0.4 L	%	1 - 2	
PLATELET COUNT	1.88	lakh/cumm	1.500 - 4.500	

HAEMOGLOBIN :- Method:-SLS HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.
MCV :- Method:- Calculation bysystemex.
MCH :- Method:- Calculation bysystemex.
MCHC :- Method:- Calculation bysystemex.
RBC COUNT :- Method:-Hydrodynamicfocusing.Interpretation:-Low-Anemia,High-Polycythemia.
TLC (TOTAL WBC COUNT) :- Method:-Optical Detectorblock based on Flowcytometry.Interpretation:-High-Leucocytosis, Low-Leucopenia.
NEUTROPHILS :- Method: Optical detectorblock based on Flowcytometry
LYMPHOCYTS :- Method: Optical detectorblock based on Flowcytometry
EOSINOPHILS :- Method: Optical detectorblock based on Flowcytometry
MONOCYTES :- Method: Optical detectorblock based on Flowcytometry
BASOPHIL :- Method: Optical detectorblock based on Flowcytometry
PLATELET COUNT :- Method:-Hydrodynamicfocusing method.Interpretation:-Low-Thrombocytopenia, High-Thrombocytosis.
HCT: Method:- Pulse Height Detection. Interpretation:-Low-Anemia, High-Polycythemia.
 NOTE: CH- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

ESR (ERYTHROCYTE SEDIMENTATION RATE) **20 H** mm/1st hr 0 - 15

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAV VERMA

MBBS|MD|INCHARGE PATHOLOGY

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Method:-Modified Westergrens.

Interpretation:-Increased in infections, sepsis, and malignancy.

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X Ray

Test Name	Result	Unit	Biological Ref. Range
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X-RAY CHEST P. A. VIEW

Both lung fields are clear.

Both CP angles are clear.

Both hemi-diaphragms are normal in shape and outlines.

Cardiac shadow is within normal limits.

Visualized bony thorax is unremarkable.

Correlate clinically & with other related investigations.

****End Of Report****

RESULT ENTERED BY : SUNIL EHS



Dr. RENU JADIYA
MBBS, DNB
RADIOLOGIST

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mrs. PRIYANKA	Lab No	616300
UHID	337146	Collection Date	30/01/2024 12:09PM
Age/Gender	31 Yrs/Female	Receiving Date	30/01/2024 12:13PM
IP/OP Location	O-OPD	Report Date	30/01/2024 12:54PM
Referred By	Dr. EHCC Consultant	Report Status	Final
Mobile No.	9773349797		



MC-2561

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
HBA1C	5.3	%	< 5.7% Nondiabetic 5.7-6.4% Pre-diabetic > 6.4% Indicate Diabetes
			Known Diabetic Patients < 7 % Excellent Control 7 - 8 % Good Control > 8 % Poor Control

Sample: WHOLE BLOOD EDTA

Method : - High - performance liquid chromatography HPLC

Interpretation:-Monitoring long term glycemic control, testing every 3 to 4 months is generally sufficient.
The approximate relationship between HbA1C and mean blood glucose values during the preceding 2 to 3 months.

****End Of Report****

RESULT ENTERED BY : Dr. SURENDRA SINGH

Dr. SURENDRA SINGH
CONSULTANT & HOD
MBBS|MD| PATHOLOGY

Dr. ASHISH SHARMA
CONSULTANT & INCHARGE PATHOLOGY
MBBS|MD| PATHOLOGY

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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Patient Name	Mrs. PRIYANKA	Lab No	4021883
UHID	40009829	Sample Date	30/01/2024 12:26PM
Age/Gender	31 Yrs/Female	Report Date	30/01/2024 1:17PM
Prescribed By	Dr. EHS CONSULTANT	Bed No / Ward	OPD
Referred By	Dr. EHS CONSULTANT	Report Status	Final
Company	Mediwheel - Arcofemi Health Care Ltd.		

CYTOLOGY

CYTOLOGY*

Type of Specimen

Pap smear (Conventional)

No. of smears examined

Two

Satisfactory for evaluation.

Adequacy

Adequate

Endocervical cells

Seen

Inflammation

Mild acute inflammation

Organisms

Not seen

Epithelial cell abnormality

Not seen

Others

-

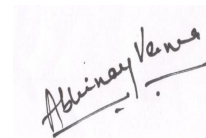
Impression

Negative for intraepithelial lesion / malignancy.

Note: Test marked as * are not accredited by NABL

Bethesda2014

-----** End Of Report **-----



Dr. ABHINAV VERMA
MBBS|MD|INCHARGE PATHOLOGY

DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40009829 (2445)	RISNo./Status :	4021883/
Patient Name :	Mrs. PRIYANKA	Age/Gender :	31 Y/F
Referred By :	Dr. EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	30/01/2024 9:54AM/ OPSCR23-24/11983	Scan Date :	
Report Date :	30/01/2024 11:13AM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

USG REPORT - ABDOMEN AND PELVIS

LIVER:

Is enlarged in size (16.5cm) and shows diffuse increased echotexture.

No obvious focal lesion seen. No intra hepatic biliary radical dilatation seen.

GALL BLADDER:

Partially distended. Visualized lumen is clear.

PANCREAS:

Appears normal in size and shows uniform echo texture. The pancreatic duct is normal. No calcifications are seen.

SPLEEN:

Appears normal in size and it shows uniform echo texture.

RIGHT KIDNEY:

The shape, size and contour of the right kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

LEFT KIDNEY:

The shape, size and contour of the left kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

URINARY BLADDER:

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen.

UTERUS:

Uterus measures ~ , 39x51x75mm anteverted.

Endometrial thickness measures ~ 12 mm.

No focal lesion noted.

DEPARTMENT OF RADIO DIAGNOSIS

UHD / IP NO	40009829 (2445)	RISNo./Status :	4021883/
Patient Name :	Mrs. PRIYANKA	Age/Gender :	31 Y/F
Referred By :	Dr. EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	30/01/2024 9:54AM/ OPSCR23-24/11983	Scan Date :	
Report Date :	30/01/2024 11:13AM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

OVARIES:

Both ovaries appear bulky in size and show multiple (more than 12 in number) peripherally arranged sub-centimeter follicles (4 to 6 mm) and increased echogenicity of stroma. No obvious dominant follicle is seen on either side.

Right ovary measures ~ 28x25x29 mm (11cc in volume).

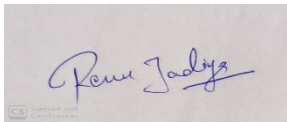
Left ovary measures ~ 26x29x30 mm (9cc in volume).

No focal fluid collections seen.

IMPRESSION:

Mild hepatomegaly with grade-II fatty liver.

Bilateral bulky ovaries with peripherally arranged small follicles as described, giving polycystic ovarian morphology appearance - correlation with hormonal assay is suggested to rule out polycystic ovarian disease.



DR. RENU JADIYA

Consultant – Radiology

MBBS, DNB

DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40009829 (2445)	RISNo./Status :	4021883/
Patient Name :	Mrs. PRIYANKA	Age/Gender :	31 Y/F
Referred By :	Dr. EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	30/01/2024 9:54AM/ OPSCR23-24/11983	Scan Date :	
Report Date :	30/01/2024 11:11AM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal		Normal
IVSD	9.6	6-12mm	LVIDS	25.5
LVIDD	37.6	32-57mm	LVPWS	16.4
LVPWD	9.6	6-12mm	AO	31.8
IVSS	15.4	mm	LA	28.4
LVEF	60-62	>55%	RA	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
		E	A	e'	E/e'		
MITRAL VALVE	NORMAL	E	0.92	e'	-	-	NIL
		A	0.53	E/e'	-		
TRICUSPID VALVE	NORMAL	E	0.78		-	NIL	
		A	0.56				
AORTIC VALVE	NORMAL	1.16				-	NIL
PULMONARY VALVE	NORMAL	0.70				-	NIL

COMMENTS & CONCLUSION: -

- ALL CARDIAC CHAMBERS ARE NORMAL
- NO RWMA, LVEF 60-62%
- NORMAL LV SYSTOLIC FUNCTION
- NORMAL LV DIASTOLIC FUNCTION
- ALL CARDIAC VALVES ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

IMPRESSION: - NORMAL BI VENTRICULAR FUNCTIONS

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