



बैंक ऑफ बरोडा
Bank of Baroda



नाम
Name Rachana Vasava

कर्मचारी कोड नं.
Employee Code No. 96805

जारीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Signature of Holder

Doctor Name:- 8/13 Dr. Shreyas (M.D.)

UHID: _____ Date: 09/11/24 Time: 4:30 PM

Patient Name: Rachna Age/Sex: 34 years female
Height: _____
Weight: _____

Chief Complain:
I came here for health check up

History: Not known

Allergy History: none

Nutritional Screening: Well-Nourished / Malnourished / Obese

Examination:
HR = 86/min
SpO₂ = 98% on RA
BP = 80/50 mm Hg
All reports = none

Diagnosis: Pf is fit.

DR. SEJAL J AMIN
B.D.S , M.D.S (PERIODONTIST)
IMPLANTOLOGIST
REG NO: A-12942

UHID:	Date: 9/6/24	Time:
Patient Name: Reshma Vasava.	Age /Sex: Height: Weight:	
Chief Complain: Regular checkup.		
History:		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: Extra oral : Intra oral - Teeth Present : Teeth Absent :	Class I Canes rd 6/c	
Diagnosis:		



LABORATORY REPORT



Name : RACHANA DHIRUBHAI VASAVA	Sex/Age : Female/ 34 Years	Case ID : 41102200132
Ref. By :	Dis. At :	Pt. ID : 5020478
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Nov-2024 09:55	Sample Type :	Mobile No :
Sample Date and Time : 09-Nov-2024 09:55	Sample Coll. By :	Ref Id1 : OSP20247
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : 024258566

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
Haemoglobin	11.7	G%	12.0 - 15.0
RBC (Electrical Impedance)	5.62	millions/cu mm	3.80 - 4.80
MCV (RBC histogram)	64.8	fL	83.00 - 101.00
MCH (Calc)	20.8	pg	27.00 - 32.00
Lipid Profile			
Cholesterol	214.90	mg/dL	110 - 200
Chol/HDL	4.11		0 - 4.1
LDL Cholesterol	149.80	mg/dL	0.00 - 100.00
Plasma Glucose - F	110.60	mg/dL	70.0 - 100

Abnormal Result(s) Summary End

Note: LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal

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LABORATORY REPORT



Name : RACHANA DHIRUBHAI VASAVA	Sex/Age : Female/ 34 Years	Case ID : 41102200132
Ref By :	Dis. At :	Pt. ID : 5020478
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Nov-2024 09:55	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Nov-2024 09:55	Sample Coll. By :	Ref Id1 : OSP29247
Report Date and Time : 09-Nov-2024 10:34	Acc. Remarks : Normal	Ref Id2 : C24256568

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L 11.7	G%	12.0 - 15.0
RBC (Electrical Impedance)	H 5.62	millions/cumm	3.80 - 4.80
PCV(Calc)	36.42	%	36.00 - 46.00
MCV (RBC histogram)	L 64.8	fL	83.00 - 101.00
MCH (Calc)	L 20.8	pg	27.00 - 32.00
MCHC (Calc)	32.1	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.7	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	5300	/ μ L	4000.00 - 10000.00
Neutrophil	[%] 81	%	EXPECTED VALUES 40.00 - 70.00
Lymphocyte	27	%	20.00 - 40.00
Eosinophil	3.0	%	1.00 - 6.00
Monocytes	9.0	%	2.00 - 10.00
Basophil	0	%	0.00 - 2.00
		[Abs]	3233
			EXPECTED VALUES 2000.00 - 7000.00
			1431
			EXPECTED VALUES 1000.00 - 3000.00
			159
			EXPECTED VALUES 20.00 - 500.00
			477
			EXPECTED VALUES 200.00 - 1000.00
			0
			EXPECTED VALUES 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	343000	/ μ L	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.26		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Microcytic hypochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

Note: (LL-Very Low, L-Low, H-High, HH-Very High) A-Abnormal

Dr. Shreya Shah

M.D. (Pathologist)

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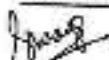
LABORATORY REPORT



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Ref.By :	Dis. At :	Pt. ID : 5020478
Bill, Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Nov-2024 09:55	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Nov-2024 09:55	Sample Coll. By :	Ref Id1 : OSP29247
Report Date and Time : 09-Nov-2024 11:20	Acc. Remarks : Normal	Ref Id2 : O24256566

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	14	mm after 1hr	3 - 20	

Note: LL-Very Low, L-Low, H-High, HH-Very High, A-A(normal)


Dr. Shreya Shah
 M.D. (Pathology)
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Bill. Loc. : Aashka hospital		Pt. Loc. :
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Sample Date and Time : 09-Nov-2024 09:55	Sample Coll. By :	Ref Id1 : OSP29247
Report Date and Time : 09-Nov-2024 10:34	Acc. Remarks : Normal	Ref Id2 : 024256566

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS

BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group)

ABO Type	B
Rh Type	POSITIVE

Note (LL-Very Low, L-Low, H-High, HII-Very High A-Abnormal)

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M.D. (Pathology)

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LABORATORY REPORT



Name : RACHANA DHIRUBHAI VASAVA Sex/Age : Female/ 34 Years Case ID : 41102200132
 Ref. By : Dis. At : Pt. ID : 5020478
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Nov-2024 09:55 Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum Mobile No :
 Sample Date and Time : 09-Nov-2024 09:55 Sample Coll. By : Ref Id1 : OSP29247
 Report Date and Time : 09-Nov-2024 11:39 Acc. Remarks : Normal Ref Id2 : 024256566

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <small>Photometric, Hexokinase</small>	H 110.60	mg/dL	70.0 - 100	
Plasma Glucose - PP <small>Photometric, Hexokinase</small>	114.68	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <small>GLUM</small>	11.3	mg/dL	7.00 - 18.70	
Uric Acid <small>Uricase</small>	5.31	mg/dL	2.6 - 6.2	
Creatinine	0.77	mg/dL	0.50 - 1.50	

Note: (LL-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

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M.D. (Pathologist)

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Ref.By :	Dis. At :	Pt. ID : 5020478
Bill. Loc : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Nov-2024 09:55	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Nov-2024 09:55	Sample Coll. By :	Ref Id1 : OSP29247
Report Date and Time : 09-Nov-2024 15:30	Acc. Remarks : Normal	Ref Id2 : O24258588

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C HPLC	5.40	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes ≥6.5: Diabetes	
Estimated Avg Glucose (3 Mths) Calculated	108.28	mg/dL	Not available	

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycaemic control. Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.


Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

Patients with Homozygous forms of rare variant Hb(Cc, Ss, Ee, Ss) HbA1c can not be quantitated as there is no HbA.

In such circumstances glycaemic control can be monitored using plasma glucose levels or serum Fructosamine.

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note: (L-VeryLow, L-Low, H-High, HHS-VeryHigh , A-Abnormal)


Dr. Niyur Nagori
M. D. (Path)
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Dr. Aakash Shah
MD. Path.
Consultant Pathologist

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Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 09-Nov-2024 09:55	Sample Type : Serum	Mobile No :
Sample Date and Time : 09-Nov-2024 09:55	Sample Coll. By :	Ref Id1 : OSP29247
Report Date and Time : 09-Nov-2024 11:39	Acc. Remarks : Normal	Ref Id2 : O24256566

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>CHOD-PDO</i>	H	214.90	mg/dL	110 - 200
HDL Cholesterol <i>Accelerator Solochrome Detergent</i>		52.3	mg/dL	40 - 60
Triglyceride <i>Glycerol Phosphate Oxidase</i>		64.00	mg/dL	<150
VLDL <i>Calculated</i>		12.80	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	4.11		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	149.80	mg/dL	0.00 - 100.00

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

Note: (L - Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

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M.D. (Pathologist)

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Ref.By :	Dis. At :	Pt. ID : 5020478
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 09-Nov-2024 09:55	Sample Type : Serum	Mobile No :
Sample Date and Time : 09-Nov-2024 09:55	Sample Coll. By :	Ref Id1 : OSP29247
Report Date and Time : 09-Nov-2024 11:39	Acc. Remarks : Normal	Ref Id2 : O24258568

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. NADH (Without P-5-P)	22.78	U/L	0 - 55	
S.G.O.T. NADH (Without P-5-P)	29.43	U/L	5.0 - 34.0	
Alkaline Phosphatase Para-Nitrophenyl Phosphate	137.79	U/L	40.00 - 150.00	
Gamma Glutamyl Transferase L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate	14.82	U/L	0 - 38	
Proteins (Total) Colorimetric: Direct	8.18	gm/dL	6.40 - 8.50	
Albumin Colorimetric-Bromocresol Green	5.00	gm/dL	3.5 - 5.2	
Globulin Calculated	3.18	gm/dL	2 - 4.1	
A/G Ratio Calculated	1.57		1.0 - 2.1	
Bilirubin Total Photometry	0.65	mg/dL	0.3 - 1.2	
Bilirubin Conjugated Diazotization reaction	0.30	mg/dL	0 - 0.50	
Bilirubin Unconjugated Calculated	0.35	mg/dL	0 - 0.8	

Note: LL-Very Low, L-Low, H High, HH-Very High, A-Abnormal

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M.D. (Pathologist)

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 Ref. By : Dis. At : Pl. ID : 5020478
 Bill, Loc. : Aashka hospital Pl. Loc :

Reg Date and Time : 09-Nov-2024 09:55 Sample Type : Serum Mobile No :
 Sample Date and Time : 09-Nov-2024 09:55 Sample Coll. By : Ref Id1 : OSP20247
 Report Date and Time : 09-Nov-2024 11:14 Acc. Remarks : Normal Ref Id2 : O24256566

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	114.14	ng/dL	70 - 204	
Thyroxine (T4) CMA	8.91	ng/dL	4.87 - 11.72	
TSH CMA	3.83	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy

	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

Note: (L-Very Low, L-Low, H-High, HH-Very High A-Abnormal)

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M.D. (Pathologist)

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Ref. By :	Dis. At :	Pt. ID : 5020478
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 09-Nov-2024 09:55	Sample Type : Serum	Mobile No. :
Sample Date and Time : 09-Nov-2024 09:55	Sample Coll. By :	Ref Id1 : OSP29247
Report Date and Time : 09-Nov-2024 11:14	Acc. Remarks : Normal	Ref Id2 : O24256586

Interpretation Note:

Ultra sensitive thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal testing to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests (T4 & free T3 levels) should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.9-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Note (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)

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M.D. (Pathologist)

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Ref. By :	Dis. At :	Pl. ID : 5020478
Bill. Loc. : Aashka hospital		Pl. Loc :
Reg Date and Time : 09-Nov-2024 09:55	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 09-Nov-2024 09:55	Sample Coll. By :	Ref Id1 : OSP29247
Report Date and Time : 09-Nov-2024 10:34	Acc. Remarks : Normal	Ref Id2 : O24255558

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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URINE EXAMINATION

Physical Examination

Colour	Pale yellow
Transparency	Clear

Chemical Examination

Sp.Gravity	1.025	1.005 - 1.030
pH	5.5	5 - 8
Leucocytes (ESTERASE)	Negative	Negative
Protein	Negative	Negative
Glucose	Negative	Negative
Ketone Bodies Urine	Negative	Negative
Urobilinogen	Negative	Negative
Bilirubin	Negative	Negative
Blood	Negative	Negative
Nitrite	Negative	Negative

Microscopic Examination

Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Nil	/µL	Nil
Yeast	Nil	/µL	Nil
Cast	Nil	/HPF	Nil
Crystals	Nil	/HPF	Nil

Note: (LL-Very Low, L-Low, H-High, HH-Very High) A-Abnormal

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 Sample Date and Time : 09-Nov-2024 09:55 Sample Coll. By : Ref Id1 : OSP20247
 Report Date and Time : 09-Nov-2024 10:34 Acc. Remarks : Normal Ref Id2 : O24256566

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

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

* For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note: (LL-VeryLow, L-Low, H-High, HHH-VeryHigh, A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

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Printed On : 09-Nov-2024 15:40



Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006. ☎ 079-40408181 / 61618181

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Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi, Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099

🌐 www.neubergsupratech.com

PATIENT NAME: RACHANA DIIRUBHAI VASAVA

GENDER/AGE: Female / 34 Years

DATE: 09/11/24

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP29247

2D-ECHO

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 31mm	
LEFT ATRIUM	: 29mm	
LV Dd / Ds	: 37/24mm	EF 55%
IVS / LVPW / D	: 9/8mm	
IVS	: INTACT	
IAS	: FLOPPY	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1/0.7m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: MILD MR/ TR	
RVSP	: 32mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

CARDIOLOGIST
DR. HASIT JOSHI (9825012235)



REPORT REPORT REPORT

PATIENT NAME: RACHANA DHIRUBHAI VASAVA

GENDER/AGE: Female / 34 Years

DATE: 09/11/24

DOCTOR:

OPDNO: OSP29247

X-RAY CHEST PA

Both lung fields show increased broncho-vascular markings.

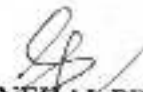
No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.

Both hilar shadows and C.P. angles are normal.

Heart shadow appears normal in size. Aorta appears normal.

Bony thorax and both domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

REPORT REPORT REPORT

PATIENT NAME: RACHANA DHIRUBHAI VASAVA

GENDER/AGE: Female / 34 Years

DATE: 09/11/24

DOCTOR:

OPDNO: OSP29247

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

GALL BLADDER: Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

PANCREAS: Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

SPLEEN: Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

KIDNEYS: Both kidneys are normal in size, shape and position. Both renal cortices are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.1 x 4.3 cms in size.

Left kidney measures about 10.4 x 4.2 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 100 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 6 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

COMMENT: Normal sonographic appearance of liver, GB, pancreas, spleen, kidneys, para aortic region, bladder and uterus.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

09/11/2024 12:16:05

ASHKA HOSPITAL LTD

GANDHINAGAR

Location:

Order Number:

Indication:

Medication 1:

Medication 2:

Medication 3:

Room:

86 bpm

--/-- mmHg

Technician:

Ordering Ph:

Referring Ph:

Attending Ph:

QRS : 80 ms
 QT / QTcBaz : 370 / 442 ms
 PR : 134 ms
 P : 104 ms
 RR / PP : 700 / 697 ms
 P / QRS / T : 56 / 60 / -34 degrees

Normal sinus rhythm

T wave abnormality, consider inferolateral ischemia

Abnormal ECG

Rachana Vasava

