

Patient Name ms Montecroce MRN : 164360 Age 34 Sex F Date/Time 16/11/24

Mob No. ....

**Investigations : (Please Tick)**

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- HbA1C
- LFT/KFT
- PT
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

H - 154  
W - 66  
BB - 132/89  
P - 76

- ESR  
- other reports was

Dr. Bhawani  
MBBS, D.P.M.D.  
MEDICAL CO ORDINATOR  
RJN Apollo Spectra Hospital  
Reg.No. MP18035

**Vitals**

- B.P.
- P.R.
- SPO2
- Temp

**Medical Illness**

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

**Next Appointment/Follow up**

Signature :

Patient NAME : Mrs. MONTYSHREE TAMORI	Collected : 16/Mar/2024 09:56AM
Age/Gender : 34 Y 0 M 0 D /F	Received : 16/Mar/2024 10:02AM
UHID/MR NO : ILK.00039109	Reported : 16/Mar/2024 11:00AM
Visit ID : ILK.115205	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

**DEPARTMENT OF HEMATOLOGY**

**COMPLETE BLOOD COUNT- CBC / HAEMOGRAM , WHOLE BLOOD EDTA**

Haemoglobin (Hb%)	11.1	gm%	11.5-16.0	Cyanmeth
P.C.V (Hematocrit)	33.6	%	35-49	Cell Counter
RBC Count	4.2	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	80.9	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	26.6	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	32.9	g/dl	30.0-35.0	Calculated
RDW	14.5	%	11-16	Calculated
Total WBC count (TLC)	5,000	/cu mm	4000-11000	Cell Counter

**Differential Count by Flowcytometry/Microscopy**

Neutrophils	50.4	%	50-70	Cell Counter
Lymphocytes	40.4	%	20-40	
Monocytes	5.7	%	01-10	Cell Counter
Eosinophils	3.1	%	01-06	Cell Counter
Basophils	0.4	%	00-01	Cell Counter

**Absolute Leucocyte Count**

Neutrophil (Abs.)	2,514	per cumm	2000 - 8000.	Calculated
Lymphocyte (Abs.)	2018	per cumm	600-4000	Calculated
Monocyte (Abs.)	282	per cumm	0-600	Calculated
Eosinophil (Abs.)	157	per cumm	40-440	Calculated
Basophils (Abs.)	21	per cumm	0-110	Calculated
Platelet Count	1.60	Lac/cmm	1.50-4.00	Cell Counter

**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

Erythrocyte Sedimentation Rate (ESR)	58	mm 1st hr.	0-20	Wester Green
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SIN NO : 10447977,

*A.K. Rajong*

**DR. ASHOK KUMAR**  
M.D. (PATH)

Patient NAME : Mrs. MONTYSHREE TAMORI	Collected : 16/Mar/2024 09:56AM
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**DEPARTMENT OF HEMATOLOGY**

**BLOOD GROUPING(A,B,O) AND RH FACTOR , WHOLE BLOOD EDTA**

Blood Grouping	B			Slide/Tube Agglutination
Rh (D) Type	POSITIVE			Slide/Tube Agglutination

**BLOOD PICTURE - PERIPHERAL SMEAR EXAMINATION , WHOLE BLOOD EDTA**

**RBC'S** : Predominantly normocytic normochromic RBC's.  
No cytoplasmic inclusions or hemoparasite seen.

**WBC'S** : Normal in number , morphology and distribution. No toxic granules seen.  
No abnormal cell seen.

**PLATELETS** : Adequate on smear .

**IMPRESSION ;** NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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Age/Gender : 34 Y 0 M 0 D /F	Received : 16/Mar/2024 10:02AM
UHID/MR NO : ILK.00039109	Reported : 16/Mar/2024 12:44PM
Visit ID : ILK.115205	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**GLUCOSE - FASTING (FBS) , NAF PLASMA**

Fasting Glucose	75.0	mg/dL	65-110	God - Pod
-----------------	------	-------	--------	-----------

Ref.for Biological Reference Intervals: American Diabetic Assiosation.

**GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) , FLUORIDE PLASMA**

Post Prandial Glucose	98.0	mg/dL	90-140	2hrs. after...gm glucose/lunch
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.



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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**GLYCOSYLATED HAEMOGLOBIN (GHB/HBA1C) , WHOLE BLOOD EDTA**

Glycosylated Haemoglobin HbA1c	5.1	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	99.67			Calculated

Ref.for Biological Reference Intervals: American Diabetes Association.

**INTERPRETATION:**

The A1C test measures your average blood glucose for the past 2 to 3 months. Diabetes is diagnosed at an A1C of greater than or equal to 6.5%.

Therapeutic goals for glycemic control (ADA)

-Adults:

- Goal of therapy: <7.0% HbA1c
- Action suggested: >8.0% HbA1c

-Pediatric patients:

- Toddlers and preschoolers: <8.5% (but >7.5%)
- School age (6-12 years): <8%
- Adolescents and young adults (13-19 years): <7.5%



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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM**

Urea	22.28	mg/dL	13.0-43.0	Urease
Creatinine	0.5	mg/dL	0.5-1.3	Enzymatic
Uric Acid	4.4	mg/dL	2.6-6.0	Urease
Sodium	137.0	Meq/L	135-155	Direct ISE
Potassium	4.3	Meq/L	3.5-5.5	Direct ISE
Chloride	105.0	mmol/L	96-106	Direct ISE
Calcium	9.0	mg/dL	8.6-10.0	OCPC
Phosphorous	2.7	mg/dL	2.5-5.6	PMA Phenol
BUN	10.41	mg/dL	6.0-20.0	Reflect Spectrothoto



*A.K. Rajong*

**DR. ASHOK KUMAR**  
M.D. (PATH)

Patient NAME : Mrs. MO:TYSHREE TAMORI	Collected : 16/Mar/2024 09:56AM
Age/Gender : 34 Y 0 M 0 D /F	Received : 16/Mar/2024 10:02AM
UHID/MR NO : ILK.00039109	Reported : 16/Mar/2024 12:44PM
Visit ID : ILK.115205	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
Type OF Sample	SERUM			
Total Cholesterol	133.0	mg/dl	up to 200	End Point
Total Triglycerides	52.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	53.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	80	mg/dL	<130	
LDL Cholesterol	69.6	mg/dL	63-167	Reflect Spectrothoto
VLDL Cholesterol	10.4	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	2.51		Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0	CALCULATED

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SIN NO : 10447977,

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**DR. ASHOK KUMAR**  
M.D. (PATH)

**RJN Apollo Spectra Hospitals**

18, Vikas Nagar, Near Sai Baba Temple, Gwalior - 474009 (M.P.) Ph.: 0751-2454600, Mob. : 8269663137, Email: ipc.rjn@gmail.com

- Results may vary from lab to lab and from time to time for the same parameter for the same patient • Assays are performed in accordance with standard procedures.
- In case of disparity test may be repeated immediately. • This report is not valid for medico legal purpose.

Patient NAME : Mrs. MONTYSHREE TAMORI	Collected : 16/Mar/2024 09:56AM
Age/Gender : 34 Y 0 M 0 D /F	Received : 16/Mar/2024 10:02AM
UHID/MR NO : ILK.00039109	Reported : 16/Mar/2024 12:44PM
Visit ID : ILK.115205	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**LIVER FUNCTION TEST (LFT) WITH GGT , SERUM**

Total Bilirubin	0.6	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.2	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.4	mg/dL	0.0-0.9	Calculated
SGOT / AST	28.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	34.0	U/L	1-34	UV Kinetic (IFCC)
Alkaline Phosphatase	<b>117.0</b>	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	15.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	7.4	g/dl	6.4-8.3	Biuret
Albumin	4.7	g/dL	3.5-5.2	BCG
Globulin	2.7	g.dl	2.0-3.5	Calculated
A/G Ratio	1.74	%	1.0-2.3	Calculated

Page 7 of 9



SIN NO : 10447977,

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Patient NAME : Mrs. MONTYSHREE TAMORI	Collected : 16/Mar/2024 09:56AM
Age/Gender : 34 Y 0 M 0 D /F	Received : 16/Mar/2024 12:54PM
UHID/MR NO : ILK.00039109	Reported : 16/Mar/2024 01:54PM
Visit ID : ILK.115705	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

**DEPARTMENT OF BIOCHEMISTRY-SPECIAL**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE-I , SERUM**

Trilodothyronine Total (TT3)	1.29	ng/dL	0.6-1.8	Chemilluminescence
Thyroxine (TT4)	8.68	µg/dL	4.5-10.9	Chemilluminescence
Thyroid Stimulating Hormone (TSH)	2.390	µIU/ml	0.35-5.50	Chemilluminescence

**COMMENT :-** Above mentioned reference ranges are standard reference ranges.

**AGE RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH**

TSH	NEW BORN	INFANT	CHILD	ADULT
(u lu/ml)	0.52-38.9	1.7-9.1	0.7-6.4	0.3-5.6

**PREGNENCY RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH**

TSH	1st Trimester	2nd & 3rd Trimester
(u lu/ml)	0.2 - 2.5	0.3 - 3.0

**NOTE:** TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM. Dose and time of drug intake also influence the test result.

**Ultrasensitive kits used.**

Serum T3/ FT3 , T4/FT4 and TSH measurements form three components of thyroid screening panel.

- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values alongwith depressed TSH level.
- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values & elevated serum TSH level.
- Normal T3 &T4 levels with high TSH indicate mild / subclinical HYPOTHYROIDISM.
- ,sightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol .
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours ( secondary hyperthyroidism).



SIN NO :10447977,

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**DR. ASHOK KUMAR**  
M.D. (PATH)

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Age/Gender : 34 Y 0 M 0 D /F	Received : 16/Mar/2024 10:02AM
UHID/MR NO : ILK.00039109	Reported : 16/Mar/2024 11:55AM
Visit ID : ILK.115205	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**CUE - COMPLETE URINE ANALYSIS , URINE**

**Physical Examination**

Colour	PALE YELLOW			Visual
Appearance	Clear			Visual
pH	5.5		5.0-7.5	Dipstick
Specific Gravity	1.025		1.002-1.030	Dipstick

**Chemical Examination**

Albumin Urine/ Protein Urine	NIL		NIL	Dipstick/Heat Test
Glucose Urine	NIL		NIL	Dipstick/Benedict
Urobilinogen	NIL		NIL	Dipstick/Ehrlichs
Ketones	NIL		NIL	Dipstick/Rotheras
Bile Salts	ABSENT		ABSENT	Dipstick
Bile Pigments	ABSENT		ABSENT	Dipstick/Fouchets
Nitrite	ABSENT		ABSENT	Dipstick

**Microscopic Examination.**

Pus Cells	2-3	/Hpf	0-5	
Epithelial Cells	1-2	Hpf	<10	
RBC	ABSENT	/Hpf	ABSENT	
Casts	ABSENT		ABSENT	
Crystals	ABSENT		ABSENT	
Bacteria	NORMALLY PRESENT		NORMALLY PRESENT	
Budding Yeast Cells	Absent		Absent	

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

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SIN NO : 10447977,

*A.K. Raju*

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M.D. (PATH)

**RJN Apollo Spectra Hospitals**

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## ECHO CARDIOGRAPHY REPORT

Patient Name : MRS MONTYSHREE  
Date : 16/03/2024

AGE & Sex :34yrs /F

Echocardiography was performed on vivid T8

Quality Of Imaging : Adequate

Mitral Valve : Normal

Tricuspid Valve : Normal

Aortic Valve : Normal

Pulmonary Valve : Normal

Left Atrium : 3.4cms

Left Ventricle :  
IVSD : 1.2 cms      LVPWD : 1.2cms  
EDD : 4.6 cms      EF 60%  
ESD : 2.8 cms      FS 32%

RWMA : NO REGIONAL WALL MOTION ABNORMALITY

Right Atrium : Normal

Right Ventricle : Normal

Aorta : 3.1cms

IAS IVS : Intact

Pulmonary Artery : Normal

Pericardium : Normal

SVC, IVC : Normal

Pulmonary Artery : Normal

Intracardiac Masses : Nil

Doppler : E > A

### Conclusion :

NORMAL CARDIAC CHAMBERS DIMENSION .  
NO REGIONAL WALL MOTION ABNORMALITY  
NORMAL LV SYSTOLIC FUNCTION , LVEF-60%  
NORMAL VALVES  
INTACT SEPTUM  
NO CLOT /VEGETATION /PERICARDIAL EFFUSION

**Dr. Abhishek Sharma**  
MBBS (MD) (Interventional) DNB (Cardiology)  
Consultant Interventional-Cardiology  
RjN Apollo Spectra Hospitals  
Reg.No. MP. 12056

Consultant  
**Dr. Abhishek sharma (DNB)**  
(Interventional Cardiologist)



# RATAN JYOTI NETRALAYA

OPHTHALMIC INSTITUTE & RESEARCH CENTRE

Hospital Reg. No. : 071



॥ सर्वेन्द्रियाणाम् नयनम् प्रधानम् ॥

18, Vikas Nagar, Near Sai Baba Mandir, Gwalior-2 (M.P.) INDIA Tel. : 2423350/51, Web : www.ratanjyotigroup.org, Email : rjneye@gmail.com  
Opp. Medical College, Gate No. 3 Jhansi-284128 (U.P.) Ph. 0510-2322311 (M) 9109973225

SR.NO. : 1917434 DATE : 16-March-2024  
NAME : MRS MONTYSHREE TAMORI MRD NO. : R-118779  
AGE/SEX : 34 YRS / FEMALE CITY : jhansi

### PAST SURGERIES :

LASIK SX IN BE

VISION	DISTANCE		NEAR	
	OD	OS	OD	OS
UNAIDED	6/6	6/6	N6	N6
WITH GLASSES				
WITH PIN HOLE				
WITH COLOR				
VISION				

IOP READING				
TIME	OD	OD METHOD	OS	OS METHOD
11:47AM	15		13	

Rx. EYE From To Instructions

1 SOFTDROPS EYE DROP 10ML (SODIUM CARBOXY METHAYLCELLULOSE AND GLYCERIN )  
ONE DROP 4 TIMES A DAY FOR 90 DAYS BOTH EYE 16-Mar-2024 13-Jun-2024

TREATMENT PLAN : -LUBRICANTS  
ENT CHECKUP  
REFERRED TO :  
NEXT REVIEW : AS PER DR. ADVISED

DR. JYOTSNA SHARMA

NOTE : Kindly continue medications as advised for the period advised.  
In case of redness or allergy please discontinue and inform the doctor.  
Nutritional Advice : As per treating physician  
Instructions : Patient and Attendant(s) Counselling  
Advised medicine may be replaced with a good quality generic medicine.

Speciality Clinics : ▪ Comprehensive Ophthalmology Clinic ▪ Cataract & IOL Clinic ▪ Vitreo Retina & Uvea Clinic ▪ Spectacle Removal Clinic (Lasik/Femto Lasik/Phakic Lens) ▪ Cornea Clinic ▪ Glaucoma Clinic ▪ Orbit & Oculoplasty Clinic ▪ Trauma Clinic ▪ Squint Clinic  
▪ Paediatric Ophthalmology Clinic ▪ Low Vision Aid Clinic ▪ Contact Lens Clinic

CONSULTATION TIMINGS : MORNING 9:00 A.M. TO 6:00 P.M. (SUNDAY OFF)

- केन्द्रीय कर्मचारियों के लिए मान्यता प्राप्त ● कौशलैस इंश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध
- For Appointment Please Contact : 9111004046

स्वामी विद्यानंद भारती आई बैंक

नेत्रदान

करें और करायें इसे अपने परिवार की परम्परा बनायें  
नेत्रदान के लिए सम्पर्क करें : 9111004044

Patient Name Manthushree MRN : ..... Age 34y Sex F Date/Time 16/3/22  
Mob No. ....

**Investigations : (Please Tick)**

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- HbA1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

Health check up  
ga - EOL } EOL day  
EOL } tonight  
Ext was  
None (AIN - Sub Malle  
men @ Pater  
Adeefit  
IT @ in size  
Ther was

**Vitals**

- B.P.
- P.R.
- SPO2
- Temp

R →  
① Tab Odimont - LC

**Medical Illness**

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

Dr. Sunil Gupta  
Signature  
R.J.N. Apollo Spectra Hospitals

**Next Appointment/Follow up**

Signature :

PATIENT NAME - MRS. MONTYSHREE TAMORI 34Y/F  
REFERRED BY - HEALTH CHECKUP  
DATE - 16/03/2024  
INVESTIGATION - USG WHOLE ABDOMEN

**IMAGING FINDINGS:-**

**Liver** appears normal in size, position, shape, and margin Parenchyma shows increased echogeneities. The intrahepatic biliary and portal venous radicles appear normal. Hepatic veins and portal vein are normal.

**Gall Bladder** is well distended. GB wall and lumen content appears normal. No echogenic focus within GB lumen. Visualized **CBD** is of normal caliber.

**Spleen** appears normal in size (~9.3cm), position, shape, echotexture and margin. No any focal lesion within splenic parenchyma. Splenic vein is normal and undilated.

**Pancreas** is well visualized, appears normal in size, shape and echotexture. Pancreatic duct is not dilated. No USG evidence of obvious measurable focal lesion.

**Both Kidneys:** Measurements are right kidney ~9.1X3.3cm and left kidney ~9.2X4.3cm. Both kidneys are normal in position, size, shape, surface, echotexture and cortico-medullary differentiation. Bilateral PC systems are compact. No significant calculus or hydronephrosis on either side. Ureters are undilated on either side.

**Urinary Bladder** is normal in shape, wall and content.

**TAS:-**

**Uterus** is anteverted, appears normal in size, position and echotexture. No obvious measurable myometrial focal lesion. Endometrium is linear, regular and normal in thickness No abnormal endometrial collection. **Cervix** is normal. **POD** is clear.

No abnormal measurable mass or cyst in adnexal region.

No obvious ascites.

**OPINION:- Features are suggestive of-**

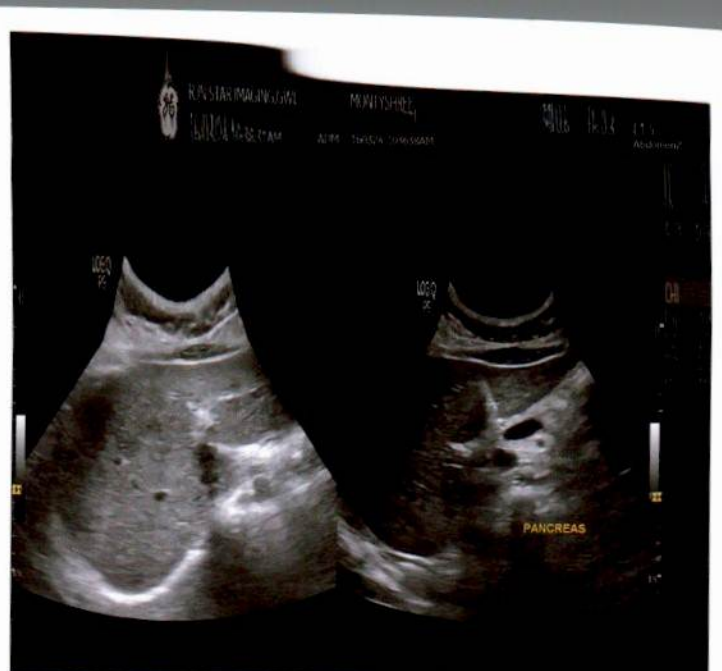
- **Grade I fatty liver**

**Suggested clinical correlation/Follow up imaging.**



**DR. SAKSHI CHAWLA**  
**(MD RADIODIAGNOSIS)**

**Disclaimer: The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes. For any kind of typing error, please intimate us within 7 days of reporting.**







<b>Patient name</b>	<b>MRS. MONTYSHREE TAMORI</b>	<b>Age/sex</b>	<b>34Y/M</b>
<b>Ref. By</b>	<b>164368</b>	<b>Date</b>	<b>16.03.24</b>

## **XRAY CHEST**

- The lung fields appear clear.
- Bilateral C.P. angles appear clear.
- Cardiac size within normal limits.
- Soft tissue shadow and bony thoracic cage appears normal.

*Please correlate clinically.*

**DR. ANOOP ARYA (SINGHAL)**  
**DMRD, DNB (RADIODIAGNOSIS)**

Patient Name Deep Kumar MRN : ..... Age 39 Sex M Date/Time 6/3/24

Mob No. ....

**Investigations : (Please Tick)**

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- HbA1C
- LFT/KFT
- PT
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

*Health checkup*

*O/E*

- *Calcium m*
- *Spine m*
- *Gen. exam*
- *multiple fractures*
- *oral prophy*

**Vitals**

- B.P.
  - P.R.
  - SPO2
  - Temp
- R7*
- Check ADS M/O*

**Medical Illness**

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

**Next Appointment/Follow up**

Signature :

Rate 80 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation  
 PR 140 . Sinus rhythm.....normal P axis, V-rate 50- 99  
 QRSD 89 . Baseline wander in lead(s) V4  
 QT 384  
 QTc 443

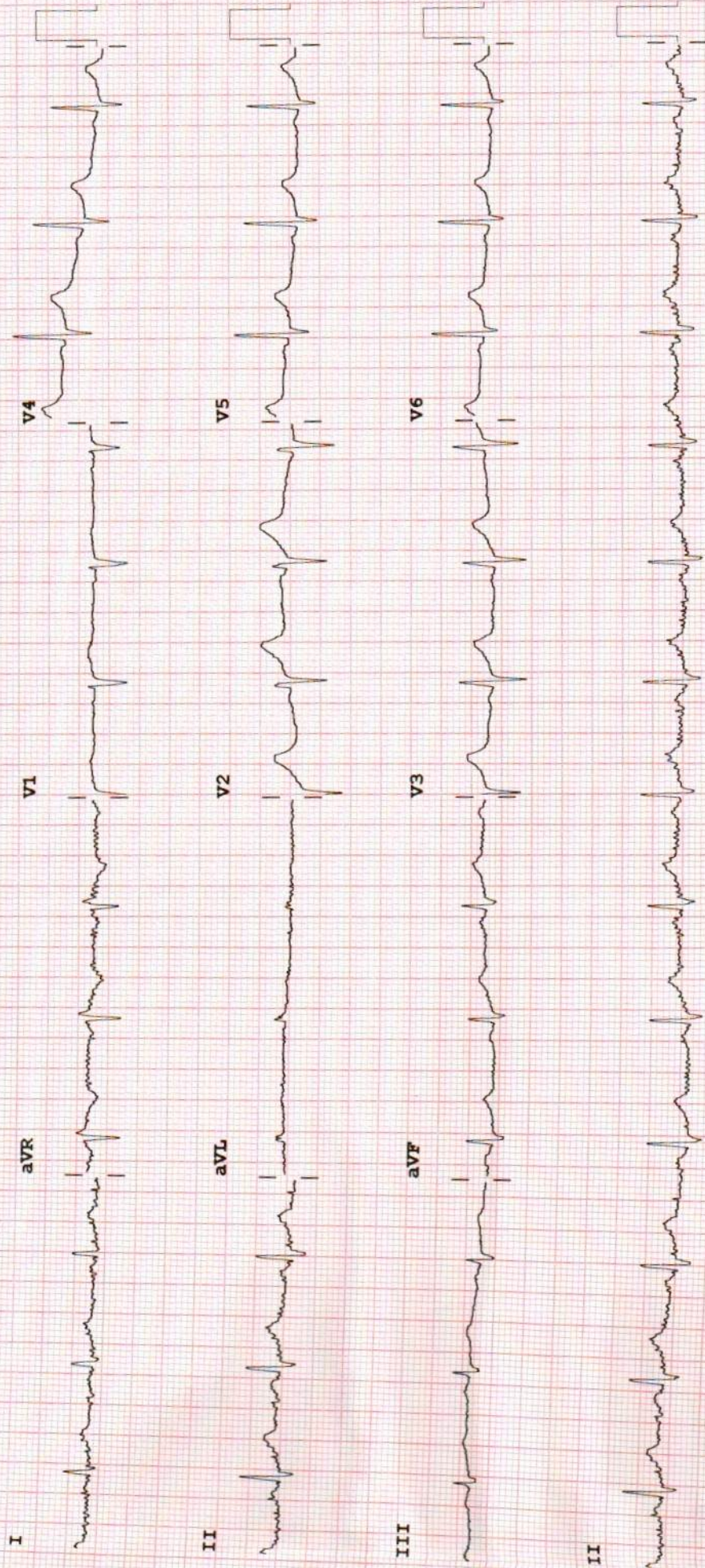
--AXIS--

P 53  
 QRS 28  
 T 55

12 Lead; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL P?

