

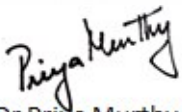
Patient Name : Mrs.CHINTALAPUDI LAKSHMI PRAPURNA	Collected : 09/Mar/2024 09:26AM
Age/Gender : 44 Y 6 M 27 D/F	Received : 09/Mar/2024 10:43AM
UHID/MR No : CMAR.0000342945	Reported : 09/Mar/2024 01:44PM
Visit ID : CMAROPV784627	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9908499444	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.4	g/dL	12-15	Spectrophotometer
PCV	35.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.8	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	93	fL	83-101	Calculated
MCH	30.1	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,800	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52.8	%	40-80	Electrical Impedence
LYMPHOCYTES	34.6	%	20-40	Electrical Impedence
EOSINOPHILS	2.2	%	1-6	Electrical Impedence
MONOCYTES	9.7	%	2-10	Electrical Impedence
BASOPHILS	0.7	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2006.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1314.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	83.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	368.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	26.6	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.53		0.78- 3.53	Calculated
PLATELET COUNT	496000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	27	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

Page 1 of 15



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:BED240062911

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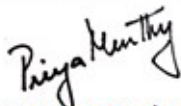
RBCs: are normocytic normochromic

WBCs: are decreased in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA WITH MILD LEUCOPENIA.



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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Age/Gender : 44 Y 6 M 27 D/F	Received : 09/Mar/2024 10:58AM
UHID/MR No : CMAR.0000342945	Reported : 09/Mar/2024 12:23PM
Visit ID : CMAROPV784627	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	105	mg/dL	70-140	HEXOKINASE


Comment:


It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				

Page 4 of 15


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SIN No:EDT240028604

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HBA1C, GLYCATED HEMOGLOBIN	6	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL	Calculated


Comment:

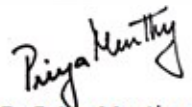
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


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SIN No:EDT240028604

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	138	mg/dL	<200	CHO-POD
TRIGLYCERIDES	85	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	89	mg/dL	<130	Calculated
LDL CHOLESTEROL	72.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.82		0-4.97	Calculated

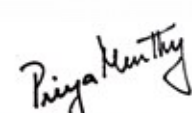
Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.


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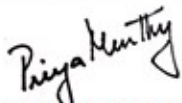
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.34	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.06	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.28	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	53.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.35	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.25	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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SIN No:SE04655479

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Patient Name : Mrs.CHINTALAPUDI LAKSHMI PRAPURNA	Collected : 09/Mar/2024 09:26AM
Age/Gender : 44 Y 6 M 27 D/F	Received : 09/Mar/2024 01:04PM
UHID/MR No : CMAR.0000342945	Reported : 09/Mar/2024 03:36PM
Visit ID : CMAROPV784627	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9908499444	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.61	mg/dL	0.51-0.95	Jaffe's, Method
UREA	25.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.47	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.37	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.35	g/dL	6.6-8.3	Biuret
ALBUMIN	4.10	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.25	g/dL	2.0-3.5	Calculated
A/G RATIO	1.26		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

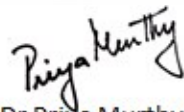
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	29.00	U/L	<38	IFCC

Page 10 of 15



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Age/Gender : 44 Y 6 M 27 D/F	Received : 09/Mar/2024 01:04PM
UHID/MR No : CMAR.0000342945	Reported : 09/Mar/2024 02:42PM
Visit ID : CMAROPV784627	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9908499444	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.7	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.1	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.963	µIU/mL	0.34-5.60	CLIA

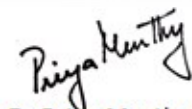
Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes


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SIN No:SPL24041756

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Patient Name : Mrs.CHINTALAPUDI LAKSHMI PRAPURNA
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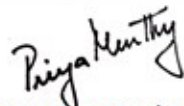
DEPARTMENT OF IMMUNOLOGY

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High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma



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SIN No:SPL24041756

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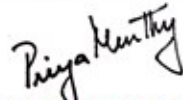
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE ++		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	10-15	/hpf	0-5	Microscopy
EPITHELIAL CELLS	8-10	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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SIN No:UR2301147

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Patient Name : Mrs.CHINTALAPUDI LAKSHMI PRAPURNA	Collected : 09/Mar/2024 11:38AM
Age/Gender : 44 Y 6 M 27 D/F	Received : 09/Mar/2024 02:41PM
UHID/MR No : CMAR.0000342945	Reported : 09/Mar/2024 04:41PM
Visit ID : CMAROPV784627	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9908499444	

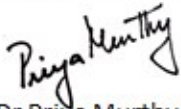
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick



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SIN No:UPP016981

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Collected : 09/Mar/2024 09:24AM
Received : 09/Mar/2024 11:53AM
Reported : 09/Mar/2024 01:30PM
Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

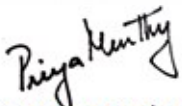
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

Page 15 of 15



Dr Priya Murthy
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Consultant Pathologist



SIN No:UF011051

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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Chintalapudi Kalshmi on 09/03/2024

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	


 Dr. _____
Medical Officer

This certificate is not meant for medico-legal purposes

Date : 09-03-2024

MR NO : CMAR.0000342945

Department : GENERAL

Doctor :

Name : Mrs. CHINTALAPUDI LAKSHMI PF

Registration No :

Qualification :

Age/ Gender : 44 Y / Female

Consultation Timing: 09:18

Height : 160cm	Weight : 67kg	BMI :	Waist Circum :
Temp :	Pulse : 92b/m	Resp :	B.P : 100/70mmHg

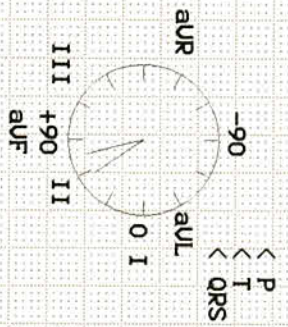
General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

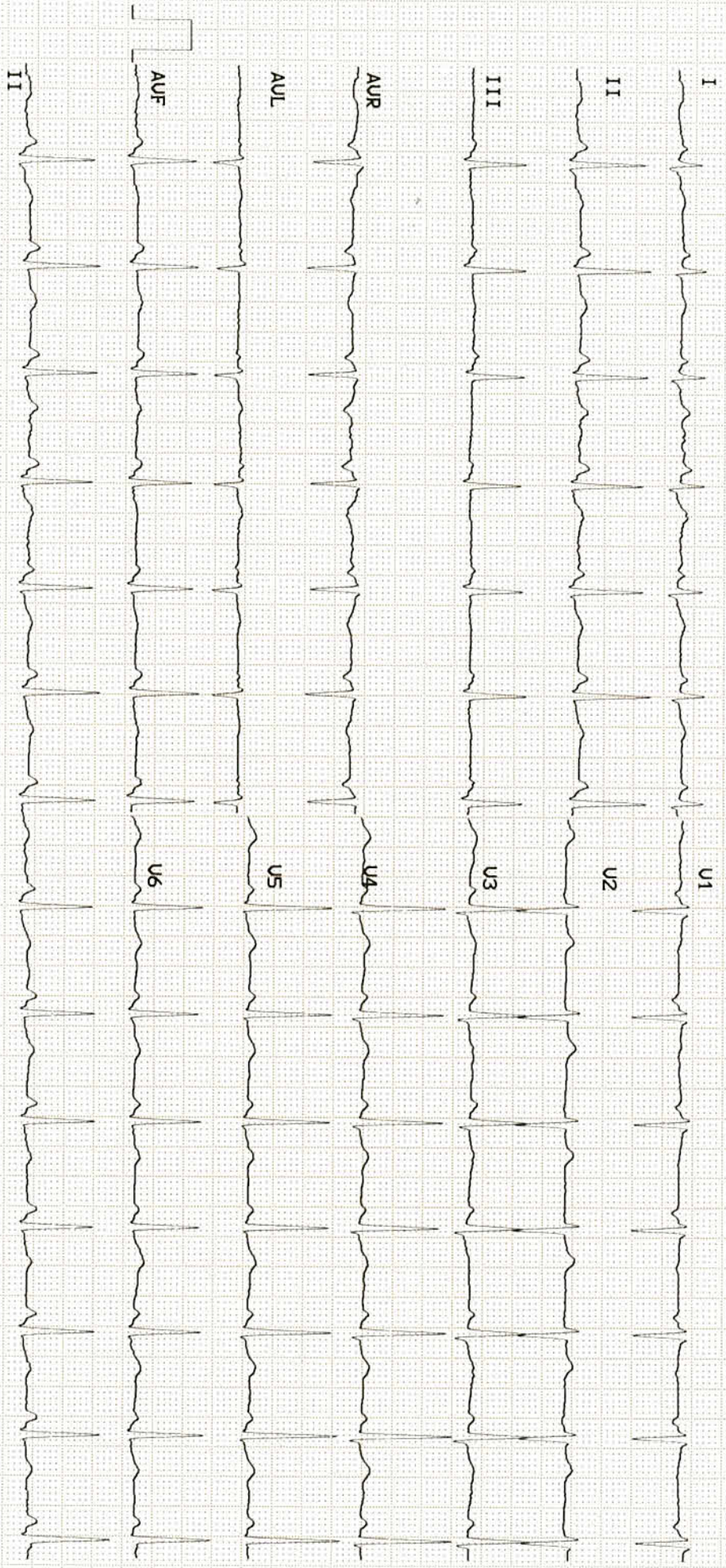
Doctor Signature

Measurement Results:
QRS : 86 ms
QT/QTcB : 364 / 433 ms
PR : 120 ms
P : 92 ms
RR/PP : 708 / 700 ms
P/QRS/T : 55 / 75 / 55 degrees
QTd/QTcBD : 42 / 50 ms
Sokolow : 2.2 mV
NK : 12



Interpretation:
RSR' pattern
probably normal ECG

Unconfirmed report.



DEPARTMENT OF OPHTHALMOLOGY

Employee Name: <i>Chentalapuli</i>	Date: <i>09/05/24</i>
Employee No: <i>lakshmi prapurna</i>	Sex: <i>F</i>
Age: <i>44</i>	Systemic illness:

Examination	RE	LE
Anterior Segment	Normal/Abnormal	Normal/Abnormal
Vision Distance	<i>6/9</i>	<i>6/6</i>
Near vision	<i>N/B</i>	<i>N/B</i>
Colour (Ishihara)	Normal/Abnormal	Normal/Abnormal
Refractive Error	Present/Absent	Present/Absent
New Glass power	<i>+0.50</i>	<i>— plano — 6/6</i>
Add Power	<i>+1.25</i>	<i>+1.25 — N/6</i>
Glass If any	To Continue / Change	To Continue / Change
IOP (mm of Hg)	Normal/Abnormal	Normal/Abnormal
Posterior Segment	Normal/Abnormal	Normal/Abnormal
Impression	Normal/Refractive Error/Presbyopic BE/Others	

Advice/Comments	<i>— cont with some glasses</i>
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[Signature]
Signature of Consultant & Optometrist

Patient Name	: Mrs. CHINTALAPUDI LAKSHMI PRAPURNA	Age	: 44 Y F
UHID	: CMAR.0000342945	OP Visit No	: CMAROPV784627
Reported on	: 09-03-2024 14:24	Printed on	: 09-03-2024 14:25
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size 14.1cm, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 10.3cm and parenchymal thickness measures 1.5cm.

Left kidney measures 9.9cm and parenchymal thickness measures 1.7cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: appears normal in size, measuring 6.6x4.6x3.8cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 7.9mm.

OVARIES: Both ovaries appear normal in size and echopattern.

Right ovary measures 3.3x2.2cm.

Left ovary measures 3.1x2.6cm.

No free fluid is seen.

Visualized bowel loops appears normal.

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Adm/Consult Doctor : Ref Doctor : SELF

IMPRESSION:
NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. Printing mistakes should immediately be brought to notice for correction.

Printed on: 09-03-2024 14:24

---End of the Report---


Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology



बैंक ऑफ बड़ोदा
Bank of Baroda



नाम : CHINTALAPUDI SRINIVASULU
Name

कर्मचारी कूट क्र : 68348
E.C. No.

जारीकर्ता प्राधिकारी
Issuing Authority

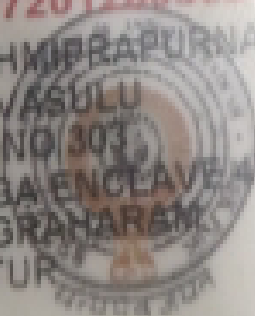
धारक के हस्ताक्षर
Signature of Holder

INDIAN UNION DRIVING LICENCE
ANDHRA PRADESH

DRIVING LICENCE
AP00720120036242



LAKSHMI PRAPURNA EDDANAPUDI
SRINIVASULU
FLAT NO 303
MANGA ENCLAVE WITH LINE
AT AGRAHARAM
GUNTUR



Lakshmi Prapurna

Signature

Issued on: 23/06/2012

Lakshmi Prapurna
Licensing Authority
RTA-GUNTUR

Patient Name	: Mrs. CHINTALAPUDI LAKSHMI PRAPURNA	Age/Gender	: 44 Y/F
UHID/MR No.	: CMAR.0000342945	OP Visit No	: CMAROPV784627
Sample Collected on	:	Reported on	: 09-03-2024 18:02
LRN#	: RAD2261583	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9908499444		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

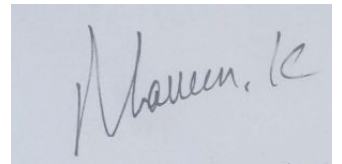
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. NAVEEN KUMAR K
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Radiology

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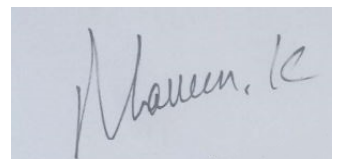
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Patient Name : Mrs. CHINTALAPUDI LAKSHMI PRAPURNA

Age/Gender : 44 Y/F

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