



PREM-DHARAM HOSPITAL & DIAGNOSTICS

(Govt. Recognised Advanced 3D-4D Ultrasound and State-of-the-art Digital X-Ray Centre)
Regn. No.: RME1905483



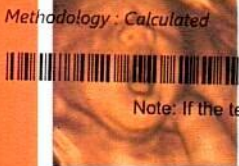
10D-180 (Near Nagar Nigam Office), Vasundhara, Ghaziabad, Phone: 0120-4127778, 9899004884, E-mail : premdharamhospital@ymail.com

| | | | |
|-------------|------------------------|--------------|--------------------|
| Name | : Mrs. Barkha Kakkar | Patient ID | : 24/230300014 |
| Visit No. | : SR242303014 | Received On | : 23/03/2024 14:22 |
| Age/Gender | : 40 Y/Female | Collected On | : 23/03/2024 14:22 |
| Referred by | : PREM-DHARAM HOSPITAL | Reported On | : 23/03/2024 19:34 |
| | | Barcode | : PDH42290A |

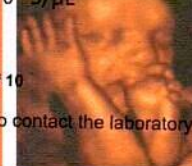
HAEMATOLOGY

COMPLETE BLOOD COUNT WITH ESR

| Test Name | Obtained Value | Units | Bio. Ref. Intervals(Age/Gender specific) |
|---|----------------|--------------------------|--|
| HAEMOGLOBIN <i>Methodology: Colorimetric</i> | 12.3 | g/dl | 12 - 15.5 |
| RED BLOOD CELL COUNT (RBC) <i>Methodology: Electrical Impedence</i> | 4.24 | millions/mm ³ | 3.8 - 5.5 |
| PACKED CELL VOLUME/HEMATOCRIT (PCV) <i>Methodology: Calculated</i> | 35.6 | % Vol | 33 - 45 |
| MEAN CORPUSCULAR VOLUME (MCV) <i>Methodology: Calculated</i> | 84.0 | fL | 80 - 96 |
| MEAN CORPUSCULAR HAEMOGLOBIN (MCH) <i>Methodology: Calculated</i> | 29.1 | pg | 27 - 33 |
| MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION (MCHC) <i>Methodology: Calculated</i> | 34.7 | g/dl | 32 - 36 |
| RED CELL DISTRIBUTION WIDTH (RDW-CV) <i>Methodology: Automated-Cell Counter</i> | 17.9 | % | 11 - 16 |
| RED CELL DISTRIBUTION WIDTH (RDW-SD) <i>Methodology: Automated-Cell Counter</i> | 50.6 | fL | 35 - 56 |
| TOTAL LEUCOCYTE COUNT <i>Methodology: Flow Cytometry</i> | 6.93 | 10 ³ /μL | 4 - 11 |
| DIFFERENTIAL COUNT (DC) | | | |
| NEUTROPHILS | 63 | % | 40 - 75 |
| LYMPHOCYTES | 31 | % | 20 - 45 |
| EOSINOPHILS | 03 | % | 0 - 6 |
| MONOCYTES | 03 | % | 0 - 10 |
| BASOPHILS | 00 | % | 0 - 1 |
| ABSOLUTE NEUTROPHIL COUNT (ANC) <i>Methodology: Calculated</i> | 4.35 | 10 ³ /μL | 2 - 8 |
| ABSOLUTE LYMPHOCYTE COUNT (ALC) <i>Methodology: Calculated</i> | 2.15 | 10 ³ /μL | 0.8 - 7 |
| ABSOLUTE EOSINOPHIL COUNT (AEC) <i>Methodology: Calculated</i> | 0.18 | 10 ³ /μL | 0.02 - 0.8 |



Note: If the test results are alarming or unexpected, Client is advised to contact the laboratory immediately for possible remedial action.



Page 8 of 10

- 3D/4D Ultrasound
- Whole Body Color Doppler
- Digital X-Ray (24 Hours)
- 255 Ultrasonography
- ECG-3 Channel

FOR TELEPHONIC APPOINTMENT RADIOLOGY : 8287900395 (9 AM - 2:30 PM, 5:30 PM - 8:45 PM)
FOR ICU & AMBULANCE ENQUIRY : 8287900395
FOR OPD APPOINTMENT : 8287900395



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| | | | |
|---|------|--------------------|---------------|
| ABSOLUTE MONOCYTE COUNT (AMC) | 0.19 | $10^3/\mu\text{L}$ | 0.12 - 1.2 |
| <i>Methodology : Calculated</i> | | | |
| ABSOLUTE BASOPHIL COUNT (ABC) | 00 | $10^3/\mu\text{L}$ | 0 - 0.1 |
| <i>Methodology : Calculated</i> | | | |
| PLATELET COUNT | 397 | $10^3/\mu\text{L}$ | 150 - 450 |
| <i>Methodology : Electrical Impedence</i> | | | |
| MEAN PLATELET VOLUME (MPV) | 10.1 | fL | 7 - 12 |
| <i>Methodology : Electrical Impedence</i> | | | |
| PLATELET DISTRIBUTION WIDTH (PDW) | 16.7 | fL | 9 - 17 |
| <i>Methodology : Calculated</i> | | | |
| PCT(PLATELET CRIT) | 0.40 | % | 0.108 - 0.282 |
| <i>Methodology : Calculated</i> | | | |
| P-LCR | 28.9 | % | 11 - 45 |
| <i>Methodology : Calculated</i> | | | |
| P-LCC | 115 | $10^9/\text{L}$ | 30 - 90 |
| <i>Methodology : Calculated</i> | | | |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 15 | mm in 1st hr | 0 - 15 |
| <i>Methodology : Westergreen</i> | | | |

Sample Type : Whole Blood-EDTA

*** End Of Report ***

Processed by : Nisha Sharma
Verified by : Tabassum

Dr. Vivek Kapoor
Consultant Pathologist



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CLINICAL BIOCHEMISTRY

LIVER FUNCTION TEST

| Test Name | Obtained Value | Units | Bio. Ref. Intervals(Age/Gender specific) |
|---|----------------|-------|--|
| TOTAL BILIRUBIN <i>Methodology : Diazo Method</i> | 0.59 | mg/dL | 0.2 - 1.2 |
| DIRECT BILIRUBIN <i>Methodology : Diazo Method</i> | 0.30 | mg/dL | 0 - 0.3 |
| INDIRECT BILIRUBIN <i>Methodology : Calculated</i> | 0.29 | mg/dL | |
| SGOT/AST <i>Methodology : IFCC</i> | 22.8 | U/L | 0 - 40 |
| SGPT/ALT <i>Methodology : IFCC</i> | 25.4 | U/L | 0 - 35 |
| ALKALINE PHOSPHATASE <i>Methodology : IFCC</i> | 102.6 | U/L | 35 - 105 |
| TOTAL PROTEIN <i>Methodology : Biuret</i> | 7.2 | g/dl | 6 - 8.3 |
| SERUM ALBUMIN <i>Methodology : BCG</i> | 3.94 | g/dl | 3.2 - 5.2 |
| GLOBULIN SERUM <i>Methodology : Calculated</i> | 3.26 | g/dl | 2.3 - 4.5 |
| A/G RATIO <i>Methodology : Calculated</i> | 1.21 | Ratio | 1 - 2.5 |

Sample Type : serum

*** End Of Report ***

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Consultant Pathologist



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- 3D/4D Ultrasound
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- 2D Sonoangiography
- ECG-3 Channel

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CLINICAL BIOCHEMISTRY

RENAL FUNCTION TEST

| Test Name | Obtained Value | Units | Bio. Ref. Intervals(Age/Gender specific) |
|--|----------------|----------------------------|---|
| BLOOD UREA <i>Methodology : Urease</i> | 18.3 | mg/dL | 10 - 45 |
| BLOOD UREA NITROGEN (BUN) <i>Methodology : Calculated</i> | 9 | mg/dL | 5 - 21 |
| SERUM CREATININE <i>Methodology : Jaffe Kinetic</i> | 0.68 | mg/dL | 0.6 - 1.2 |
| SODIUM - SERUM <i>Methodology : ISE</i> | 152.6 | meq/L | 135 - 155 |
| POTASSIUM - SERUM <i>Methodology : ISE</i> | 5.20 | meq/L | 3.5 - 5.5 |
| CHLORIDE - SERUM <i>Methodology : ISE</i> | 98.6 | mmol/L | 98 - 106 |
| CALCIUM - SERUM <i>Methodology : Arsenazo</i> | 8.98 | mg/dL | 8.6 - 11 |
| EGFR | 102 | mL/min/1.73 m ² | 90 - 180 > = 90 : Normal 60 - 89 : Mild Decrease 45 - 59 : Mild to Moderate Decrease 30 - 44 : Moderate to Severe Decrease 15 - 29 : Severe Decrease |
| URIC ACID - SERUM <i>Methodology : URICASE</i> | 4.25 | mg/dL | 3.5 - 7.2 |

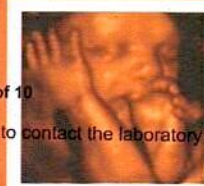
Sample Type : serum

*** End Of Report ***

Processed by : Nisha Sharma
Verified by : Tabassum


Dr. Vivek Kapoor
Consultant Pathologist

- 3D/4D Ultrasound
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- 2D Ultrasound
- ECG-3 Channel



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CLINICAL BIOCHEMISTRY

LIPID PROFILE

| Test Name | Obtained Value | Units | Bio. Ref. Intervals(Age/Gender specific) |
|---------------------------------|----------------|-------|---|
| TOTAL CHOLESTEROL | 187.4 | mg/dL | 1-200 Desirable < 200 Borderline high risk 200 - 240 High risk > 240 |
| <i>Methodology : CHO-POD</i> | | | |
| HDL CHOLESTEROL | 65.4 | mg/dL | NO RISK : - > 60.0 MODERATE RISK :- 35 - 55 HIGH RISK : - < 35.0 |
| <i>Methodology : Direct</i> | | | |
| LDL CHOLESTEROL | 90.08 | mg/dL | 0 - 130 Desirable < 130 Borderline high risk 130 - 160 High risk > 160 |
| <i>Methodology : Calculated</i> | | | |
| VLDL | 31.92 | mg/dL | 0 - 45 |
| <i>Methodology : Calculated</i> | | | |
| TRIGLYCERIDES (TG) - SERUM | 159.6 | mg/dL | 0 - 200 Desirable: < 200 (fasting) Borderline high: 200 - 400 Elevated > 400 |
| <i>Methodology : GPO-POD</i> | | | |
| CHOL/HDL Ratio | 2.87 | Ratio | 3.5 - 5.5 |
| <i>Methodology : Calculated</i> | | | |
| LDL/HDL Ratio | 1.38 | mg/dL | 2.5 - 3.5 |
| <i>Methodology : Calculated</i> | | | |

Sample Type : serum

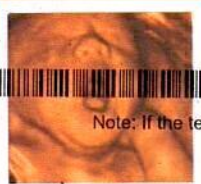
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Dr. Vivek Kapoor

Consultant Pathologist



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CLINICAL BIOCHEMISTRY

| Test Name | Obtained Value | Units | Bio. Ref. Intervals(Age/Gender specific) |
|------------------------------|----------------|-------|--|
| PLASMA GLUCOSE FASTING (FBS) | 92.7 | mg/dL | 70 - 110 |

Methodology : Hexokinase

Interpretation Notes:

Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 100 mg/dL is considered normal.
- A fasting plasma glucose level between 100-126 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patient.
- A fasting plasma glucose level of above 126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

| | | | |
|-------------------------------------|-------|-------|----------|
| PLASMA GLUCOSE POST PRANDIAL (PPBS) | 131.6 | mg/dL | 80 - 140 |
|-------------------------------------|-------|-------|----------|

Methodology : GPO-POD

Interpretation Notes:

| Fasting Glucose Plasma | 02 hr Plasma Glucose | Diagnosis |
|------------------------|----------------------|--------------|
| <=99 | <=139 | Normal |
| 100 to 125 | 140 to 199 | Pre Diabetes |
| >126 | >200 | Diabetes |

* Confirm by repeating the test on a different day

Impaired glucose tolerance (IGT) fasting, means a person has an increased risk of developing type 2 diabetes but does not have it yet. A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes. IGT (2 hrs Post meal), means a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes

Ref : American Diabetes association standards of medical care.

Sample Type : Plasma.

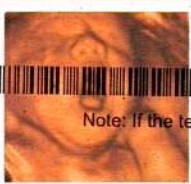
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Verified by : Nisha Sharma MSC MB


Dr. Vivek Kapoor
Consultant Pathologist

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HAEMATOLOGY

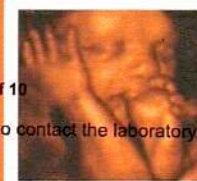
| Test Name | Obtained Value | Units | Bio. Ref. Intervals(Age/Gender specific) |
|--|----------------|-------|--|
| BLOOD GROUP, RH FACTOR | | | |
| <i>Methodology : Forward & Reverse</i> | | | |
| Blood Grouping | "O" | | |
| RH Typing | POSITIVE | | |

Sample Type : Whole Blood-EDTA

*** End Of Report ***

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HAEMATOLOGY

HbA1c

| Test Name | Obtained Value | Units | Bio. Ref. Intervals(Age/Gender specific) |
|---------------------------------|----------------|-------|--|
| GLYCOSYLATED HAEMOGLOBIN(HbA1c) | 5.06 | % | 4.5 - 6.0 Good Control : 6.1-7.0 Fair Control : 7.1-9.0 Poor Control : >9.0 |
| ESTIMATED AVERAGE GLUCOSE(eAG) | 98.52 | mg/dL | 90 - 120 Excellent Control 121 - 150 Good Control 151 - 180 Average Control 181 - 210 Action Suggested > 211 Panic Value |

Methodology : HPLC

Methodology : Calculated

Sample Type : Whole Blood-EDTA

Interpretation Notes:

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

Note: If variant hemoglobin is observed in HbA1c HPLC screen, HbA1c levels may not truly represent in vivo condition. In such condition HbA1c analysis by HPLC may not be the method of choice. You are advised to consult your referring physician and discuss the alternative tests as suggested below.

Advised:

1.To follow patient for glycemic control test like fructosamine or glycated albumin may be performed instead. 2.Hemoglobin HPLC screen to analyze abnormal hemoglobin variant.

estimated Average Glucose (eAG) :

estimated Average Glucose (eAG) based on value calculated according to National Glycohemoglobin Standardization Program (NGSP) criteria.

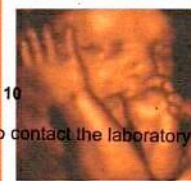
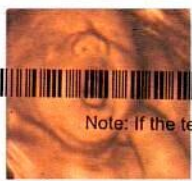
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IMMUNOLOGY

THYROID PROFILE

| Test Name | Obtained Value | Units | Bio. Ref. Intervals(Age/Gender specific) |
|---|----------------|--------|--|
| TOTAL TRIIODOTHYRONINE (T3) <i>Methodology : Chemiluminescence Immunoassay(CLIA)</i> | 1.00 | ng/dL | 0.70 - 2.04 |
| TOTAL THYROXINE (T4) <i>Methodology : Chemiluminescence Immunoassay(CLIA)</i> | 8.10 | ug/dl | 4.5 - 12 |
| THYROID STIMULATING HORMONE (TSH) | 1.90 | uIU/mL | 0.35 - 5.50 |

Newborns: 0.70 - 15.2
Padiatric:
2weeks-4 months :1.7-9.1
<12 months : 1.36 - 8.8
1- 6 years : 0.85 - 6.5
7-12 years : 0.28 - 4.3
Pregnancy:
1st Trimester: 0.1-2.5
2nd&3rd Trimester:0.2-3.0

Methodology : Chemiluminescence Immunoassay(CLIA)

Sample Type : serum

Interpretation Notes:

Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2-4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically
3. Physiological rise in Total T3/T4 levels is seen in pregnancy and in patients on steroid therapy.

*** End Of Report ***

Processed by : Nisha Sharma

Verified by : Nisha Sharma MSC MB

Dr. Vivek Kapoor
Consultant Pathologist

- 3D/4D Ultrasound
- Whole Body Color Doppler
- Digital X-Ray (24 Hours)
- 2D Echocardiography
- ECG-3 Channel



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Note: If the test results are alarming or unexpected, Client is advised to contact the laboratory immediately for possible remedial action.

FOR TELEPHONIC APPOINTMENT RADIOLOGY : 8287900395 (9 AM - 2:30 PM, 5:30 PM - 8:45 PM)

FOR ICU & AMBULANCE ENQUIRY : 8287900395

FOR OPD APPOINTMENT : 8287900395



PREM-DHARAM HOSPITAL & DIAGNOSTICS

(Govt. Recognised Advanced 3D-4D Ultrasound and State-of-the-art Digital X-Ray Centre)
Regn. No.: RME1905483



10D-180 (Near Nagar Nigam Office), Vasundhara, Ghaziabad, Phone: 0120-4127778, 9899004884, E-mail : premdharamhospital@gmail.com

| | |
|------------------------------------|---------------------------------|
| Name : Mrs. Barkha Kakkar | Patient ID : 24/230300014 |
| Visit No. : SR242303014 | Received On : 23/03/2024 14:22 |
| Age/Gender : 40 Y/Female | Collected On : 23/03/2024 14:22 |
| Referred by : PREM-DHARAM HOSPITAL | Reported On : 23/03/2024 19:34 |
| | Barcode : PDH42290A |

CLINICAL PATHOLOGY

| Test Name | Obtained Value | Units | Bio. Ref. Intervals(Age/Gender specific) |
|--------------------------------|----------------|-------|--|
| URINE ROUTINE | | | |
| PHYSICAL EXAMINATION | | | |
| Quantity | 10 | ml | - |
| colour | Dark Yellow | | - |
| Appearance | CLEAR | | - |
| pH | 6.0 | | 4.5 - 8 |
| Specific Gravity | 1.025 | | 1.005 - 1.025 |
| MICROSCOPIC EXAMINATION | | | |
| Pus Cells | 2-3 | /HPF | 1 - 3 |
| RBC CELLS | NIL | /HPF | - |
| Epithelial Cells | 1-2 | /HPF | 1 - 2 |
| Casts | ABSENT | /Hpf | - |
| Crystals | ABSENT | /Hpf | - |
| CHEMICAL EXAMINATION | | | |
| Albumin/Protein | ABSENT | | - |
| Glucose | ABSENT | | - |
| Urobilinogen | ABSENT | | - |
| Blood | ABSENT | | - |
| Nitrite | ABSENT | | - |
| Leucocyte | ABSENT | | - |

Interpretation Notes:

Sample Type : URINE

*** End Of Report ***

Processed by : Nisha Sharma

Verified by : Tabassum

Dr. Vivek Kapoor
Consultant Pathologist



Note: If the test results are alarming or unexpected, Client is advised to contact the laboratory immediately for possible remedial action.

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- 3D/4D Ultrasound
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ID: 9538

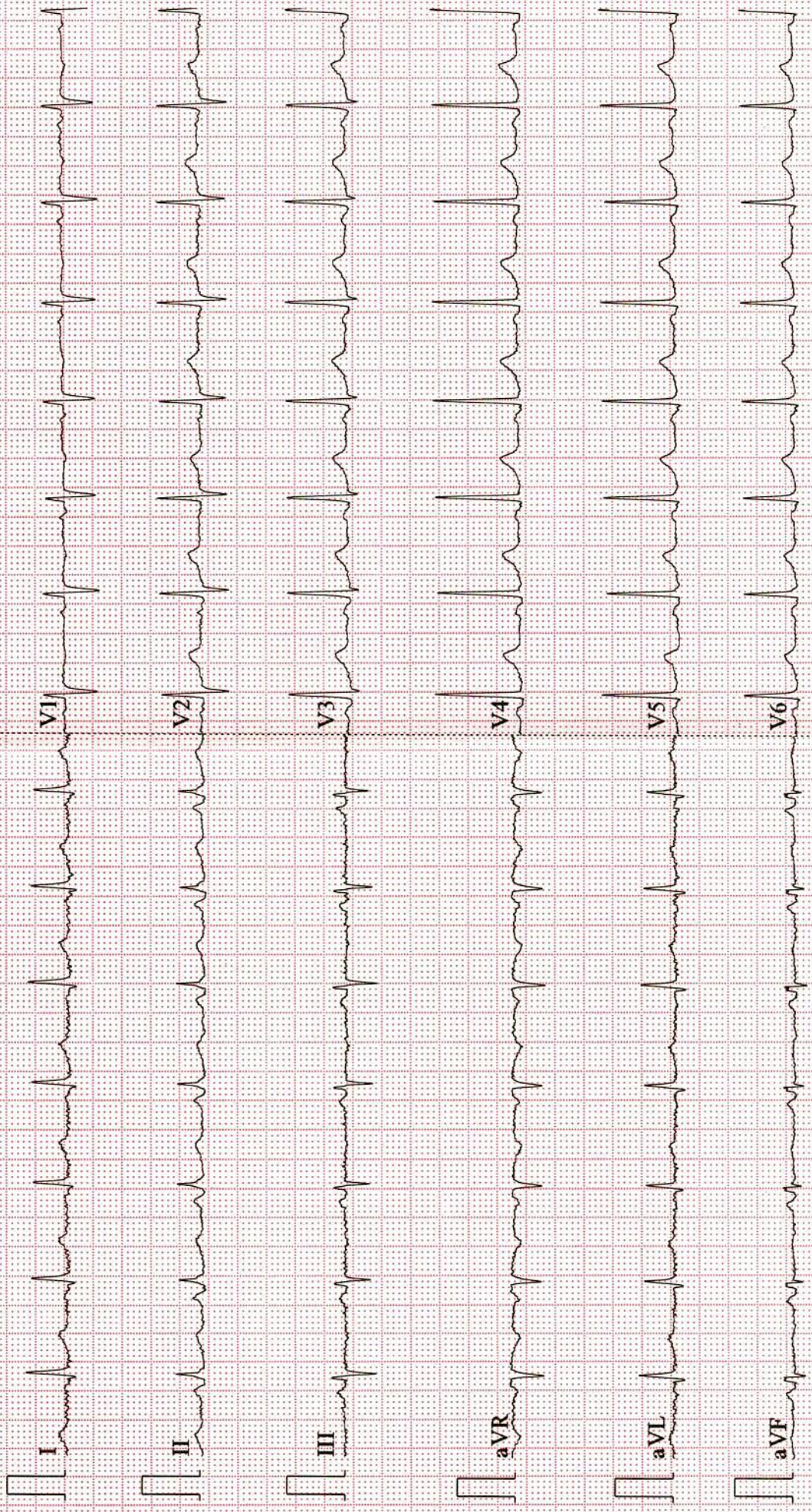
MRS BARKHA KAKKAR
Female 40Years

23-03-2024 12:07:08 AM

HR : 89 bpm
P : 92 ms
PR : 126 ms
QRS : 89 ms
QT/QTc : 372/454 ms
P/QRS/T : 76/7/22 °
RV5/SV1 : 1.27/0.563 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by





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10D-180 (Near Nagar Nigam Office), Vasundhara, Ghaziabad, Phone: 0120-4127778, 9899004884, E-mail : premdharamhospital@gmail.com

Date : 23/03/2024 Receipt No. : 9538 Pt.ID No. : PAT/22_23/22030
Patient Name : Mrs. BARKHA KAKKAR Age : 40 Y 0 M 0 D Sex : Female
Ref.By : PREM DHARAM HOSPITAL

XRAY CHEST PA

Bilateral lung fields show no obvious parenchymal lesion.

Trachea is central.

Hila and mediastinum are unremarkable.

Both domes of diaphragm are normal.

Both cardiophrenic and costophrenic angles are normal.

Cardiac size is normal.

Bony thoracic cage appears normal.

ADVISED: CLINICOPATHOLOGICAL CORRELATION.

Note: (1) This report is a professional opinion based on imaging findings. NOT valid for medico-legal purposes.
(2) In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

Dr. Nidhi Tyagi
Consultant Radiologist



- 3D/4D Ultrasound
- Whole Body Color Doppler
- Digital X-Ray (24 Hours)
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| | | | | | |
|---------|----------------------|---------|---------|---------|---------------|
| Date | 23/03/2024 | Srl No. | 12 | Pt. Id. | PD/2303202410 |
| Name | MRS. BARKHA KAKKAR | Age | 40 Yrs. | Sex | F |
| Ref. By | PREM DHARAM HOSPITAL | | | | |

USG WHOLE ABDOMEN FEMALE

Liver is normal in size, outline and **shows mild diffusely raised parenchymal echopattern suggestive of grade-I fatty changes**. Vascular channels are clear. No evidence of I.H.B.D. No focal SOL noted. Portal vein is normal in course and caliber.

Gall Bladder is partially distended with normal wall thickness. Lumen is clear. CBD is normal. Spleen is normal in size (measures approximately 114.63 mm) shape and shows homogenous echotexture. No focal SOL noted.

Pancreas shows normal outline and echopattern. No focal SOL noted. Pancreatic duct is not dilated.

Retroperitoneum No evidence of significant retroperitoneal lymphadenopathy noted.

Right Kidney is normal in size measures approximately 103.41X43.71 mm, outline and parenchymal echopattern. Cortico-medullary differentiation is well preserved. Pelvi-calyceal system is compact. No intra-renal calculus is seen.

Left Kidney is normal in size, measures approximately 99.21X49.07 mm, outline and parenchymal echopattern. Cortico-medullary differentiation is well preserved. Pelvi-calyceal system is compact. No intra-renal calculus is seen.

Urinary Bladder is partially distended and appears anechoic. The outline is smooth. The bladder wall thickness appears normal. There is no evidence of any debris or echogenic calculus in the bladder.

Uterus is normal in size measuring approximately 52.1X51.08X36.41 mm, shows normal outline and myometrial echopattern. No focal SOL seen.

Endometrium is in mid line and measures approximately 5.0 mm in thickness.

Both ovaries are normal in size, shape and echotexture. Tiny follicles seen in both ovaries.

No adnexal mass lesion seen on both sides. No free fluid seen in POD.

No evidence of abnormal bowel dilatation or bowel wall thickening seen.

No free fluid seen in visualized peritoneal and pleural cavity.

IMPRESSION:

·USG WHOLE ABDOMEN REVEALS GRADE-I FATTY LIVER .

Clinical and lab correlation is recommended for further evaluation.

Dr. NIDHI TYAGI
CONSULTANT RADIOLOGIST



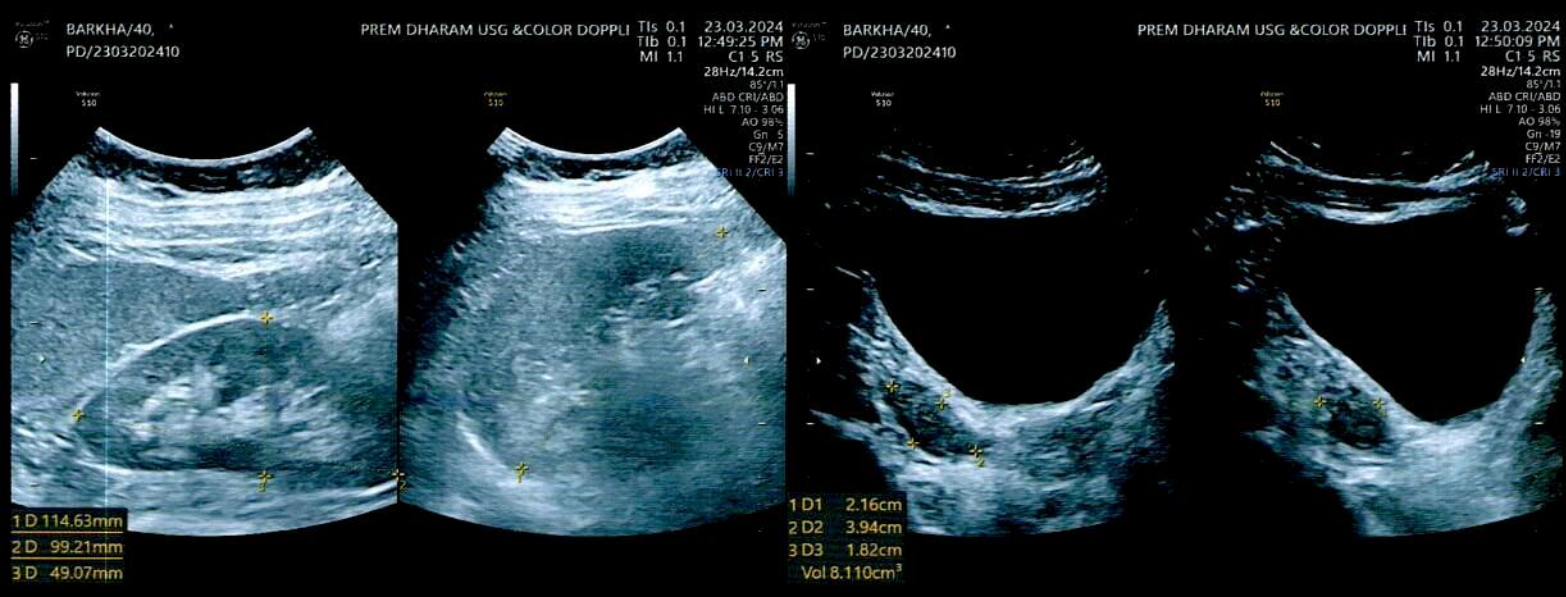
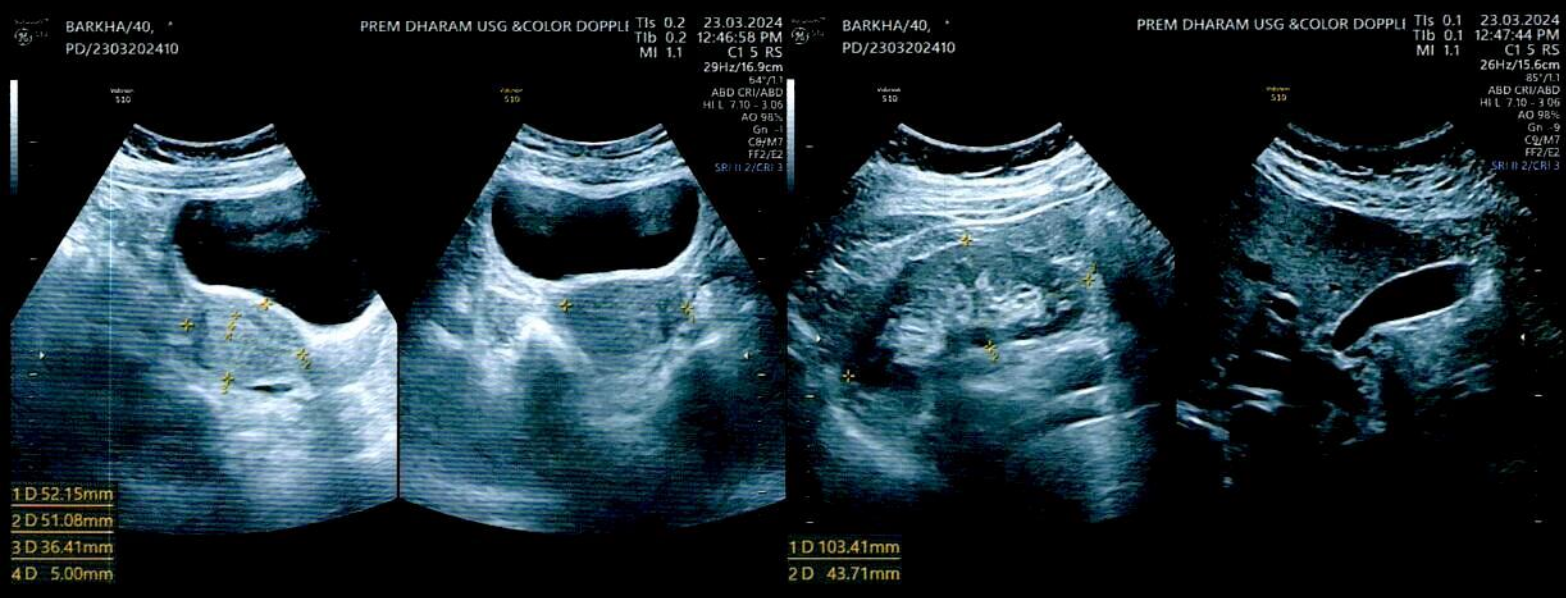
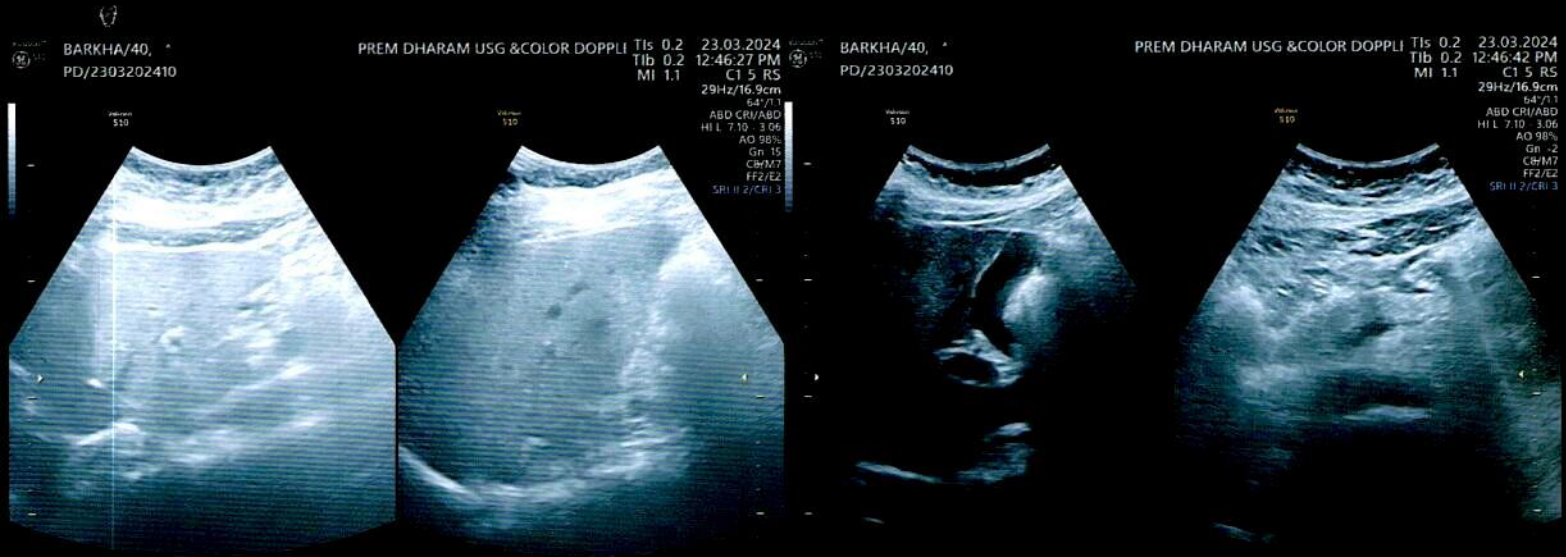
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