



CID : 2408913531
Name : MRS.KRUTI KAPOOR
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 29-Mar-2024 / 10:08
Reported : 29-Mar-2024 / 14:52

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	11.3	13.0-17.0 g/dL	Spectrophotometric
RBC	4.27	4.5-5.5 mil/cmm	Elect. Impedance
PCV	33.4	40-50 %	Calculated
MCV	78.3	80-100 fl	Measured
MCH	26.4	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	16.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6140	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	31.1	20-40 %	
Absolute Lymphocytes	1909.5	1000-3000 /cmm	Calculated
Monocytes	6.0	2-10 %	
Absolute Monocytes	368.4	200-1000 /cmm	Calculated
Neutrophils	60.6	40-80 %	
Absolute Neutrophils	3720.8	2000-7000 /cmm	Calculated
Eosinophils	2.1	1-6 %	
Absolute Eosinophils	128.9	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	12.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	304000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Measured
PDW	15.1	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	-		



CID : 2408913531
Name : MRS.KRUTI KAPOOR
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 29-Mar-2024 / 10:08
Reported : 29-Mar-2024 / 12:34

Use a QR Code Scanner
Application To Scan the Code

Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 27 2-15 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***



J Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



CID : 2408913531
Name : MRS.KRUTI KAPOOR
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 29-Mar-2024 / 10:08
Reported : 29-Mar-2024 / 14:23

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	89.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	104.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.38	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.25	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	26.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	30.9	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	17.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	78.9	40-130 U/L	Colorimetric
BLOOD UREA, Serum	16.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.61	0.67-1.17 mg/dl	Enzymatic



CID : 2408913531
Name : MRS.KRUTI KAPOOR
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 29-Mar-2024 / 12:24
Reported : 29-Mar-2024 / 15:46

Use a QR Code Scanner
Application To Scan the Code

eGFR, Serum	134	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	3.5	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist and AVP (Medical Services)



CID : 2408913531
Name : MRS.KRUTI KAPOOR
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 29-Mar-2024 / 10:08
Reported : 29-Mar-2024 / 13:06

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	128.4	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist and AVP (Medical Services)



CID : 2408913531
Name : MRS.KRUTI KAPOOR
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 29-Mar-2024 / 10:08
Reported : 29-Mar-2024 / 16:26

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

Kindly rule out contamination.



CID : 2408913531
Name : MRS.KRUTI KAPOOR
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 29-Mar-2024 / 10:08
Reported : 29-Mar-2024 / 16:26

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



J. Thakker

Dr.JYOT THAKKER
M.D. (PATH), DPB
Pathologist and AVP(Medical
Services)



CID : 2408913531
Name : MRS.KRUTI KAPOOR
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 29-Mar-2024 / 10:08
Reported : 29-Mar-2024 / 16:38

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	NEGATIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist and AVP (Medical
Services)



CID : 2408913531
Name : MRS.KRUTI KAPOOR
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 29-Mar-2024 / 10:08
Reported : 29-Mar-2024 / 14:25

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	145.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	89.2	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	37.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	107.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	90.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	17.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



CID : 2408913531
 Name : MRS.KRUTI KAPOOR
 Age / Gender : 28 Years / Male
 Consulting Dr. : -
 Reg. Location : Malad West (Main Centre)

Collected : 29-Mar-2024 / 10:08
 Reported : 29-Mar-2024 / 14:00

Use a QR Code Scanner
 Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.46	0.35-5.5 microIU/ml	ECLIA



CID : 2408913531
Name : MRS.KRUTI KAPOOR
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 29-Mar-2024 / 10:08
Reported : 29-Mar-2024 / 14:00

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



J. Thakker

Dr.JYOT THAKKER
M.D. (PATH), DPB
Pathologist and AVP(Medical Services)



भारत सरकार
GOVERNMENT OF INDIA



कृती संजय कपूर
Kruti Sanjay Kapoor
जन्म तारीख/ DOB:
09/12/1995
महिला / FEMALE



7770 4108 4840

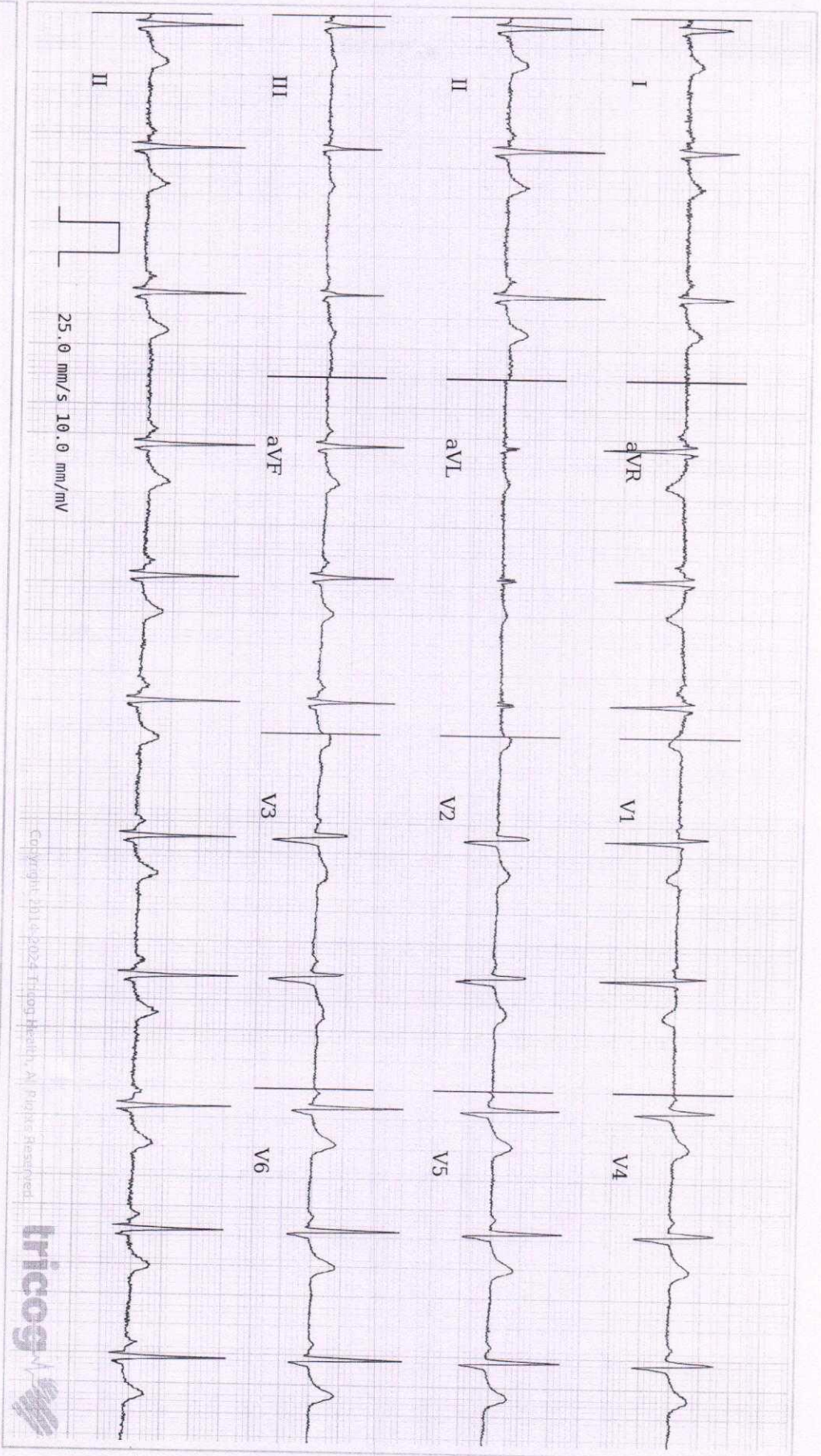
माझे आधार, माझी ओळख

Kruti

Patient Name: KRUTI KAPOOR
Patient ID: 2408913531

SUBURBAN DIAGNOSTICS - MALAD WEST

Date and Time: 29th Mar 24 12:44 PM



Copyright 2014-2024 TriCog Health, All Rights Reserved.



Age **28** NA
years months

Gender **Male**

Heart Rate **67bpm**

Patient Vitals

BP: 120/70 mmHg

Weight: 75 kg

Height: 159 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 84ms
QT: 382ms
QTcB: 403ms
PR: 104ms
P-R-T: 61° 61° 44°

ECG Within Normal Limits: Sinus Rhythm Sinus Arrhythmia Seen Short PR Interval. Please correlate clinically.

REPORTED BY

[Signature]

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

Date:- 29/3/24

CID: 2408913486

Name:- kruti kappor

Sex / Age: F / 28

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision: DV
 RE - 6/6
 LE - 6/6

NV
 RE - N16
 LE - N16

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____				_____			
Near	_____				_____			

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 102-104, Bhoomi Centre,
 Opp. Goregaon Sports Club,
 Road, Malad (W), Mumbai - 400 064.

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2408913531
Name : Mrs Kruti Kapoor
Age / Sex : 28 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 29-Mar-2024
Reported : 29-Mar-2024 / 11:06

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 8.7 x 3.4 cm.
Left kidney measures 10.1 x 4.4 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS (TAS):

The uterus is anteverted and appears normal.
The endometrial thickness is 9.6 mm.

OVARIES (TAS):

Small hemorrhagic cyst measuring 3.3 x 2.3 cm is seen in right ovary.
Left ovary appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 4.5 x 4.2 cm. Left ovary = 2.4 x 1.2 cm.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032909572035>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2408913531
Name : Mrs Kruti Kapoor
Age / Sex : 28 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 29-Mar-2024
Reported : 29-Mar-2024 / 11:06

IMPRESSION:-

Small hemorrhagic cyst in right ovary.

Suggestion: Clinicopathological correlation.

Note : Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

-----End of Report-----

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032909572035>