



Age/Gender : 36 Y 0 M 0 D /F Barcode No : 10910432

 DOB
 :
 Registration
 : 03/Feb/2024 08:59AM

 Ref Doctor
 : SELF
 Collected
 : 03/Feb/2024 08:59AM

Client Name : MEDI WHEELS Received :

Client Add : F-701, Lado Sarai, Mehravli, N

Hospital Name :

## DEPARTMENT OF RADIOLOGY

Reported

: 03/Feb/2024 10:41AM

# X-RAY CHEST PA VIEW

## Findings:

Soft tissues/ bony cage normal.

Trachea and Mediastinal structures are normal.

Heart size and configuration are normal.

Aorta and pulmonary vascularity are normal.

Lung parenchyma and CP angles are clear.

Bilateral hilae and diaphragmatic contours are normal.

## IMPRESSION:

• No Significant Abnormality Detected.

Suggested Clinical Correlation & Follow up.

Verified By :
M VENKATA KRISHNA



Approved By:

Dr.SUSHMA VUYYURU
MBBS;MD(Radio-Diagnosis)
CONSULTANT RADIOLOGIST



Age/Gender : 36 Y 0 M 0 D /F

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Client Name : MEDI WHEELS

Client Add : F-701, Lado Sarai, Mehravli, N

Hospital Name

UHID/MR No : YGT.0000052318

Client Code : YOD-DL-0021

Barcode No : 10910432

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Registration : 03/Feb/2024 08:59AM

Collected : 03/Feb/2024 09:06AM

Reported : 03/Feb/2024 10:23AM

: 03/Feb/2024 09:20AM

DEPARTMENT OF HAEMATOLOGY				
Test Name	Result	Unit	Biological Ref. Range	Method

ESR (ERYTHROCYTE SEDIMENTATION RATE)					
Sample Type : WHOLE BLOOD EDTA					
ERYTHROCYTE SEDIMENTATION RATE	25	mm/1st hr	0 - 15		Capillary Photometry

#### COMMENTS:

ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency).

Falsely decreased levels may indicate: Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

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DEPARTMENT OF HAEMATOLOGY						
Test Name	Result	Unit	Biological Ref. Range	Method		

BLOOD GROUP ABO & RH Typing				
Sample Type : WHOLE BLOOD EDTA				
ABO	A			
Rh Typing	POSITIVE			

Method: Hemagglutination Tube method by forward and reverse grouping

### COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

 $\label{lem:Disclaimer:There is no trackable record of previous ABO \& RH test for this patient in this lab. Please correlate with previous blood group findings. Advsied cross matching before transfusion$ 

Verified By : M VENKATA KRISHNA



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Hospital Name

 Visit ID
 : YGT52486
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 : YGT.0000052318

 Patient Name
 : Mrs. RADHA
 Client Code
 : YOD-DL-0021

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Test Name Result Unit Biological Ref. Range Method

CBC(COMPLETE BLOOD COUNT)				
Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	12.1	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	4.61	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	36.6	%	36.0 - 46.0	RBC pulse height detection
MCV	79.4	fL	83 - 101	Automated/Calculated
MCH	26.4	pg	27 - 32	Automated/Calculated
MCHC	33.2	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	13.8	%	11.0-16.0	Automated Calculated
RDW - SD	40.7	fl	35.0-56.0	Calculated
MPV	8.6	fL	6.5 - 10.0	Calculated
PDW	15.7	fL	8.30-25.00	Calculated
PCT	0.3	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	6,300	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	61	%	40 - 80	Impedance
LYMPHOCYTE	32	%	20 - 40	Impedance
EOSINOPHIL	01	%	01 - 06	Impedance
MONOCYTE	06	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	3.51	Lakhs/cumm	1.50 - 4.10	Impedance

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Client Add : F-701, Lado Sarai, Mehravli, N Reported : 03/Feb/2024 10:17AM

Hospital Name :

DEPARTMENT OF BIOCHEMISTRY				
Test Name	Result	Unit	Biological Ref. Range	Method

THYROID PROFILE (T3,T4,TSH)						
Sample Type : SERUM						
T3	0.93	ng/ml	0.60 - 1.78	CLIA		
T4	6.61	ug/dl	4.82-15.65	CLIA		
TSH	2.97	ulU/mL	0.30 - 5.60	CLIA		

### INTERPRETATION:

- 1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- 2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- 3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly 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 propanolol and propylthiouracil.
- 5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- 6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- 8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.
- 9. REFERENCE RANGE

TEL ELECTOR TOTAL CE			
PREGNANCY	TSH in uIU/ mL		
1st Trimester	0.60 - 3.40		
2nd Trimester	0.37 - 3.60		
3rd Trimester	0.38 - 4.04		

( References range recommended by the American Thyroid Association)

Comments:

- 1. During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
- 2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

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DEPARTMENT OF BIOCHEMISTRY				
Test Name	Result	Unit	Biological Ref. Range	Method

LIVER FUNCTION TEST(LFT)				
Sample Type : SERUM				
TOTAL BILIRUBIN	0.41	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.08	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.33	mg/dl		Calculated
AST (S.G.O.T)	30	U/L	< 35	KINETIC WITHOUT P5P- IFCC
ALT (S.G.P.T)	27	U/L	< 35	KINETIC WITHOUT P5P- IFCC
ALKALINE PHOSPHATASE	77	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.6	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.5	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.1	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.45			Calculated

Verified By: M VENKATA KRISHNA



Approved By:



Visit ID : YGT52486 UHID/MR No : YGT.0000052318 **Patient Name** : Mrs. RADHA : YOD-DL-0021 Client Code

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Hospital Name

DEPARTMENT OF BIOCHEMISTRY				
Test Name	Result	Unit	Biological Ref. Range	Method

LIPID PROFILE				
Sample Type : SERUM				
TOTAL CHOLESTEROL	228	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	43	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	164.2	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	104	mg/dl	See Table	GPO
VLDL	20.8	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	5.30	11	Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	2.42	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	185	mg/dl	< 130	Calculated

Interpretation					
NATIONAL CHOLESTEROL EDUCATION PROGRAMME (NCEP)		TOTAL CHOLESTEROL	TRI GLYCERI DE	LDL CHOLESTEROL	NON HDL CHOLESTEROL
Optimal		<200	<150	<100	<130
Above Optimal		-			130 - 159
Borderline High		200-239	150-199	130-159	160 - 189
High		>=240	200-499	160-189	190 - 219
Very High		-	>=500	>=190	>=220
REMARKS	Cholesterol : HDL	Ratio		-	
Low risk	3.3-4.4	•	]		
Average risk	4.5-7.1				

High risk

7.2-11.0 Moderate risk >11.0

Note:

- 1.Measurements in the same patient can show physiological& analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol
- 2. NLA-2014 identifies Non HDL Cholesterol(an indicator of all atherogenic lipoproteins such as LDL , VLDL, IDL, Lpa, Chylomicron remnants)along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL &Non HDL.

3.Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved

4. Additional testing for Apolipoprotein B, hsCRP, Lp(a ) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

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DEPARTMENT OF BIOCHEMISTRY						
Test Name Result Unit Biological Ref. Range Method						

HBA1C Sample Type: WHOLE BLOOD EDTA						
ESTIMATED AVG. GLUCOSE	126	mg/dl				

#### Note

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .

2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions targeting a goal of < 7.0 % may not be appropriate.

co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control.

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Test Name	Result	Unit	Biological Ref. Range	Method		

: YGT.0000052318

: YOD-DL-0021

BLOOD UREA NITROGEN (BUN)						
Sample Type : Serum						
SERUM UREA	23	mg/dL	13 - 43	Urease GLDH		
Blood Urea Nitrogen (BUN)	10.8	mg/dl	5 - 25	GLDH-UV		

#### Increased In:

Impaired kidney function, Reduced renal blood flow {CHF, Salt and water depletion, (vomiting, diarrhea, diuresis, sweating), Shock}, Any obstruction of urinary tract, Increased protein catabolism, AMI, Stress

## Decreased In:

Diuresis (e.g. with over hydration), Severe liver damage, Late pregnancy, Infancy, Malnutrition, Diet (e.g., low-protein and high-carbohydrate, IV feedings only), Inherited hyperammonemias (urea is virtually absent in blood)

## Limitations:

Urea levels increase with age and protein content of the diet.

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DEPARTMENT OF BIOCHEMISTRY						
Test Name	Result	Unit	Biological Ref. Range	Method		

FBS (GLUCOSE FASTING)						
Sample Type : FLOURIDE PLASMA						
FASTING PLASMA GLUCOSE	107	mg/dl	70 - 100	HEXOKINASE		

# INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

### Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

Verified By : M VENKATA KRISHNA



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Client Add : F-701, Lado Sarai, Mehravli, N Reported : 03/Feb/2024 12:17PM

Hospital Name :

DEPARTMENT OF BIOCHEMISTRY						
Test Name	Result	Unit	Biological Ref. Range	Method		

PPBS (POST PRANDIAL GLUCOSE)						
Sample Type : FLOURIDE PLASMA						
POST PRANDIAL PLASMA GLUCOSE	130	mg/dl	<140		HEXOKINASE	

## **INTERPRETATION:**

### <u>Increased In</u>

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

## Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

Verified By : M VENKATA KRISHNA



Approved By:



Visit ID : YGT52486 UHID/MR No : YGT.0000052318 **Patient Name** : Mrs. RADHA Client Code : YOD-DL-0021

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DEPARTMENT OF BIOCHEMISTRY						
Test Name	Result	Unit	Biological Ref. Range	Method		

SERUM CREATININE						
Sample Type : SERUM						
SERUM CREATININE		0.71	mg/dl	0.70 - 1.30	KINETIC-JAFFE	

### Increased In:

- Diet: ingestion of creatinine (roast meat), Muscle disease: gigantism, acromegaly,
- Impaired kidney function.

#### Decreased In:

- Pregnancy: Normal value is 0.4-0.6 mg/dL. A value >0.8 mg/dL is abnormal and should alert the clinician to further diagnostic evaluation.
- Creatinine secretion is inhibited by certain drugs (e.g., cimetidine, trimethoprim).

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Approved By:



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DEPARTMENT OF BIOCHEMISTRY							
Test Name	Result	Unit	Biological Ref. Range	Method			

URIC ACID -SERUM					
Sample Type : SERUM					
SERUM URIC ACID		4.3	mg/dl	2.6 - 6.0	URICASE - PAP

Interpretation

Uric acid is the final product of purine metabolism in the human organism. Uric acid measurements are used in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and of patients receiving cytotoxic drugs.

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DEPARTMENT OF BIOCHEMISTRY					
Test Name Result Unit Biological Ref. Range Method					

BUN/CREATININE RATIO						
Sample Type : SERUM						
Blood Urea Nitrogen (BUN)	10.8	mg/dl	5 - 25	GLDH-UV		
SERUM CREATININE	0.71	mg/dl	0.70 - 1.30	KINETIC-JAFFE		
BUN/CREATININE RATIO	15.14	Ratio	6 - 25	Calculated		

Verified By: M VENKATA KRISHNA



Approved By:

Dr. Sumalatha MBBS,DCP Consultant Pathologist

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## DEPARTMENT OF RADIOLOGY

# **2D ECHO DOPPLER STUDY**

MITRAL VALVE : Normal

AORTIC VALVE : Normal

TRICUSPID VALVE : Normal

PULMONARY VALVE : Normal

RIGHT ATRIUM : Normal

RIGHT VENTRICLE : Normal

LEFT ATRIUM : 2.9 cms

LEFT VENTRICLE : EDD : 3.1 cm IVS(d) :0.8 cm LVEF : 68%

ESD: 2.0 cm PW (d):0.9 cm FS: 37%

No RWMA

IAS : Intact

IVS : Intact

AORTA : 2.2cms

PULMONARY ARTERY : Normal

PERICARDIUM : Normal

IVS/ SVC/ CS : Normal

PULMONARY VEINS : Normal

INTRA CARDIAC MASSES: No

Verified By:

M VENKATA KRISHNA



Approved By:

Dr.B.Nagaraju MD(Internal Medicine) DN(CARDIOLOGY) APNC Reg.No 70760



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### DEPARTMENT OF RADIOLOGY

**DOPPLER STUDY:** 

MITRAL FLOW : E -0.5 m/sec, A -0.4 m/sec.

AORTIC FLOW : 1.0m/sec

PULMONARY FLOW : 0.9m/sec

TRICUSPID FLOW : TRJV : 1.7m/sec, RVSP -27 mmHg

**COLOUR FLOW MAPPING:** NORMAL

## **IMPRESSION:**

- \* NORMAL SIZED CARDIAC CHAMBERS
- \* NO RWMA OF LV
- \* GOOD LV FUNCTION
- \* NORMAL LV FILLING PATTERN
- \* NO MR/ NO AR/ NO PR
- \* NO TR/ NO PAH
- \* NO PE / CLOT / VEGETATIONS.

Verified By : M VENKATA KRISHNA



Approved By:

Dr.B.Nagaraju MD(Internal Medicine) DN(CARDIOLOGY) APNC Reg.No 70760



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DEPARTMENT OF CLINICAL PATHOLOGY					
Test Name	Result	Unit	Biological Ref. Range	Method	

	CUE (COMPLETE U	RINE EXAMIN	NATION)	
Sample Type : SPOT URINE				
PHYSICAL EXAMINATION				
TOTAL VOLUME	20 ML	ml		
COLOUR	PALE YELLOW	$\wedge$		
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.015		1.003 - 1.035	Bromothymol Blue
CHEMICAL EXAMINATION				<b>-</b>
рН	5.5		4.6 - 8.0	Double Indicator
PROTEIN	NEGATIVE		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	NEGATIVE	<b>V</b>	NEGATIVE	Glucose Oxidase
UROBILINOGEN	NEGATIVE	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	NEGATIVE	//	NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	NEGATIVE		Negative	Azocoupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidin
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction
MICROSCOPIC EXAMINATION	·			
PUS CELLS	1 - 2	cells/HPF	0-5	
EPITHELIAL CELLS	2 - 4	/hpf	0 - 15	
RBCs	NIL	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	NIL		Nil	
OTHER	NIL			

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 : 03/Feb/2024 08:59AM

Client Name : MEDI WHEELS Received :

Client Add : F-701, Lado Sarai, Mehravli, N Reported : 03/Feb/2024 11:57AM

Hospital Name :

### DEPARTMENT OF RADIOLOGY

: YGT.0000052318

: YOD-DL-0021

: 10910432

## **ULTRASOUND WHOLE ABDOMEN & PELVIS**

Clinical Details: General check-up.

LIVER: Normal in size(12.7 cm) and increased echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated.

GALL BLADDER: Well distended. No evidence of calculi / wall thickening. Visualised common bile duct & portal vein appears normal.

PANCREAS: Normal in size and outlines. Parenchymal texture normal. No ductal dilatation. No calcifications / calculi.

SPLEEN: Normal in size (9.0cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY: measures 9.6 \* 4.0 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

LEFT KIDNEY: measures 9.1\*4.0 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

URINARY BLADDER: Well distended. No evidence of calculi or wall thickening.

UTERUS : Retroverted, measures 7.3 \* 5.3 \* 6.0 cm, normal in size. Myometrium shows normal echo-texture. Endometrial thickness is normal 7 mm.

• Multiple nabothian cysts noted in cervix largest measuring 2.1 \* 2.1 cm.

Right ovary measures 2.4 \* 1.6 cm and left ovary measures 1.8 \* 1.2 cm.

A 10 \* 9 mm follicle / cyst noted in right ovary.

Both ovaries are normal in size & echotexture.

No enlarged nodes are visualised. No retro-peritoneal lesion is identified. Great vessels appear normal.

Verified By:

M VENKATA KRISHNA



Approved By:

Dr.SUSHMA VUYYURU MBBS;MD(Radio-Diagnosis) CONSULTANT RADIOLOGIST



Age/Gender : 36 Y 0 M 0 D /F Barcode No : 10910432

DOB : Registration : 03/Feb/2024 08:59AM

Ref Doctor : SELF Collected : 03/Feb/2024 08:59AM

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## DEPARTMENT OF RADIOLOGY

Received

Minimal free fluid is seen in pouch of douglas.

: MEDI WHEELS

### **IMPRESSION:**

- GRADE I FATTY LIVER.
- NABOTHIAN CYSTS IN CERVIX.
- FOLLICLE / CYST IN RIGHT OVARY.

suggested clinical correlation.

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

Verified By : M VENKATA KRISHNA



Approved By:

Dr.SUSHMA VUYYURU
MBBS;MD(Radio-Diagnosis)
CONSULTANT RADIOLOGIST

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# Dr Keerthi Kishor

MBBS, MD (General Medicine) Consultant Physician & Diabetologist

Reg.	Nα.	64905
neg.	INO.	04703

Name:	MY8.	Kedha		
			sex: Female	
Address:				



Routine Health Checkup No complaint NOTIO HINIDMICAD

TEMP:

B.P: 120/80 MH/Hg

PULSE: ...8.9..... 48 WEIGHT: .5/..... K95

HEIGHT: ...J.S.3 CMS

LDL-164mg | dl HBAC-6.0 1. FBS-107mg/d1

PPBC-130ms ldl

78 Comult Synaecologist ) Low Fat Diet

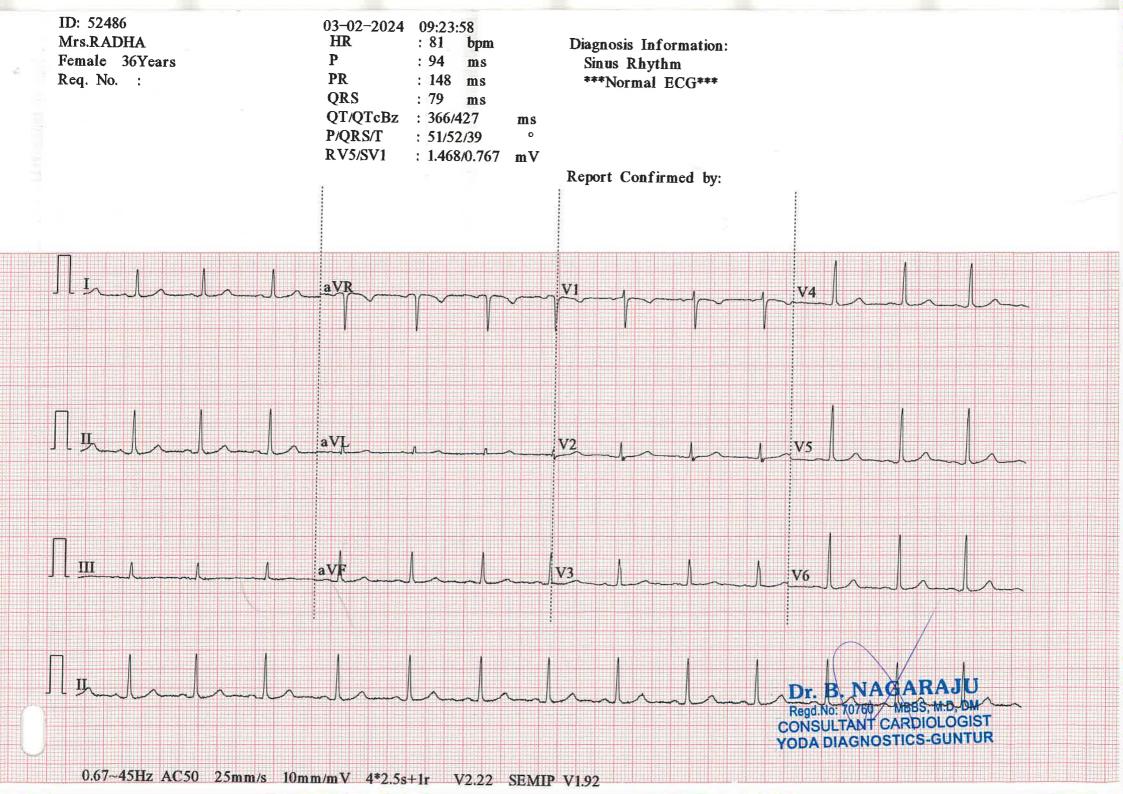
2) Daily Erercine

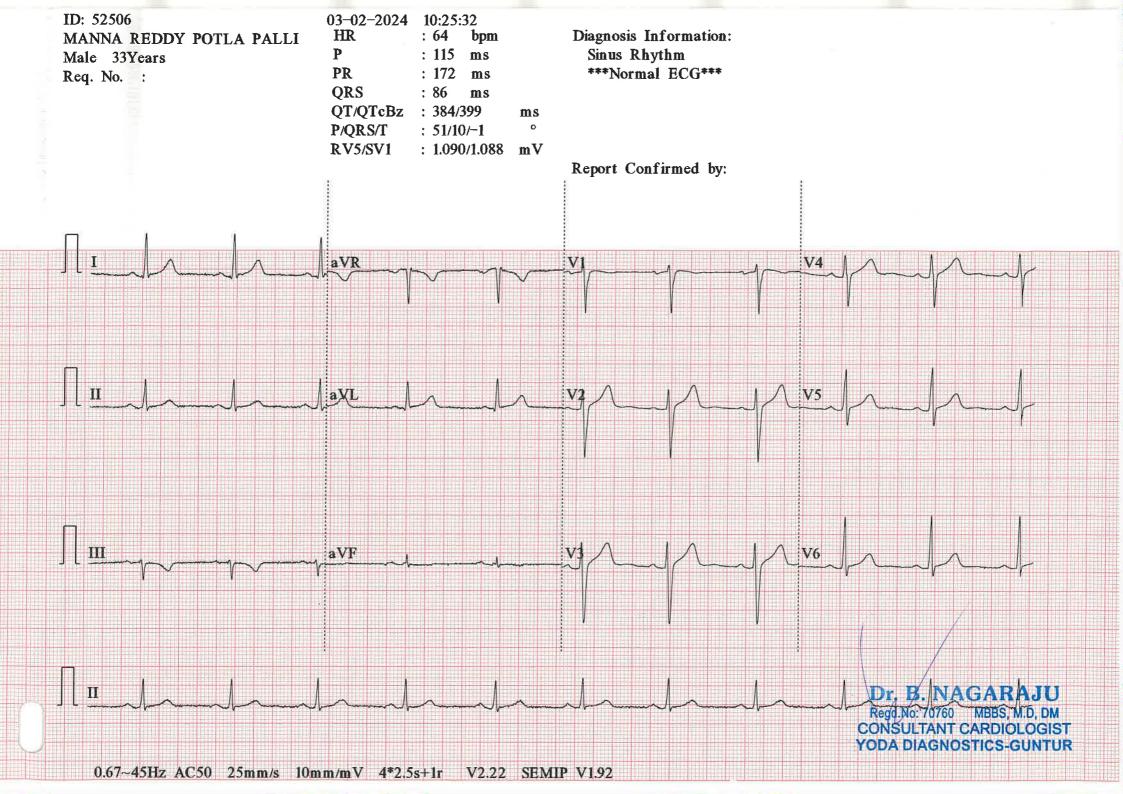
3) Tab. JAKROSIZ

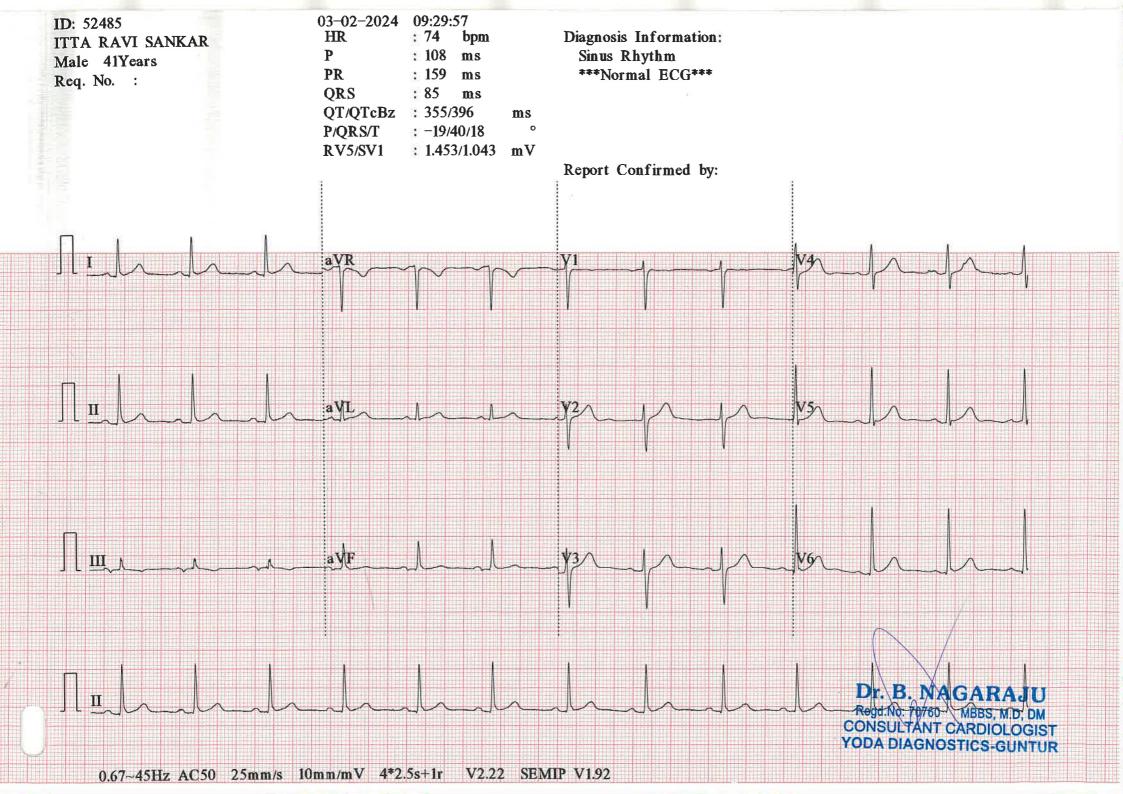
4) Cap. J-POWER

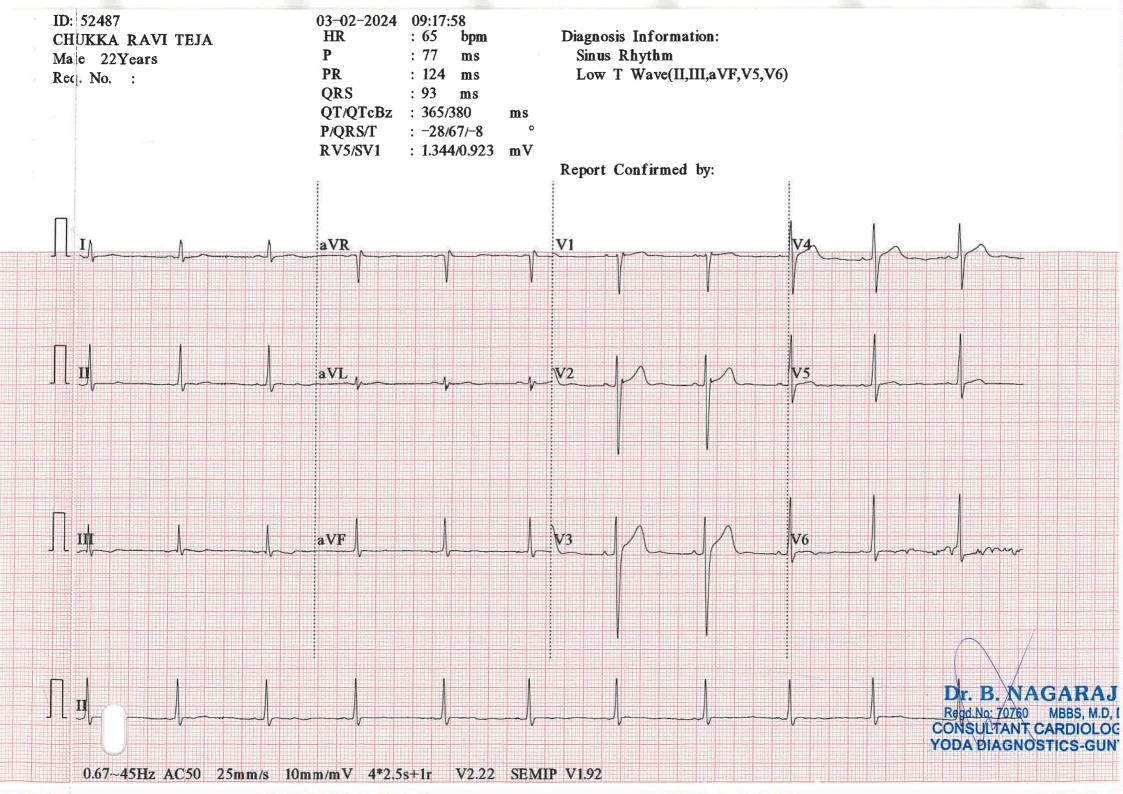
Dr. KEERTHI KISHORE NAGALLA Regd.No: 64905 MBBS, M.D. General Medicine

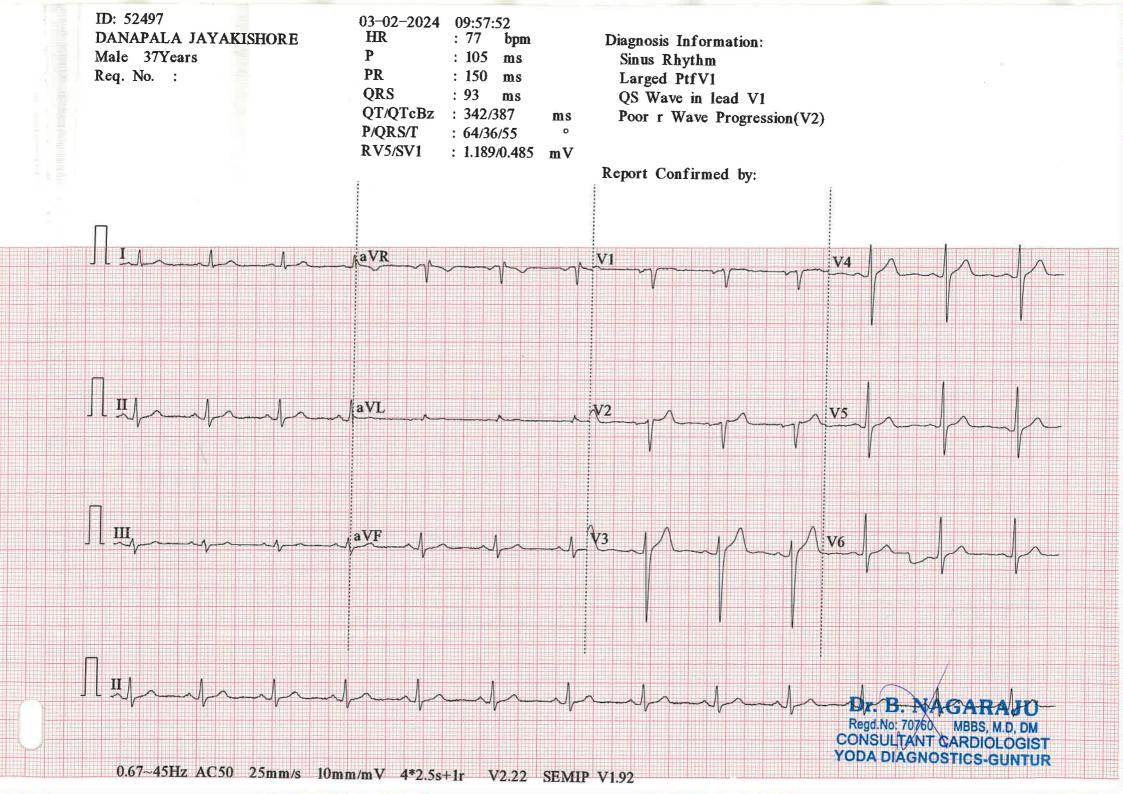
CONSULTANT GENERAL PHYSICIAN YODA DIAGNOSTICS-GUNTUR













RADHA 36Y FEMALE YGT52486 CHEST PA 03-Feb-24
YODA DIAGNOSTICS