

Manju singh
ID: 0000

17.02.2024 9:03:19 AM

76 bpm

-- / -- mmHg

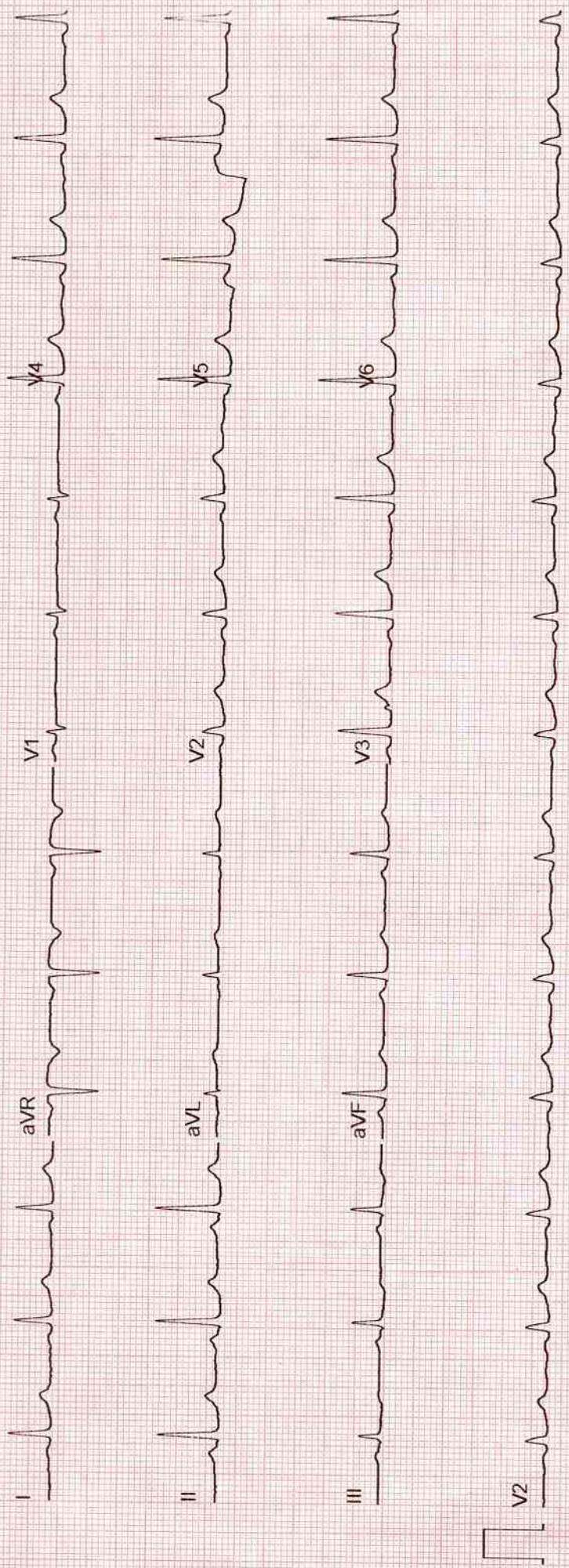
Female

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Normal sinus rhythm
Normal ECG

QRS : 58 ms
QT / QTcBaz : 378 / 425 ms
PR : 160 ms
P : 124 ms
RR / PP : 788 / 789 ms
P / QRS / T : 65 / 56 / 39 degrees

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:





SJM SUPER SPECIALITY HOSPITAL
 Centre for Excellent Patient Care
 Sector-63, Noida, Near NH-24, Hindon bridge
 Tel.: 0120-6530900 / 10, Mob.: 9599259072



Reg. No.
 Date
 Name
 Age / Sex
 Panel Name / Cash

Ms Manju Singh
1702-24
90 BOB

UHID No. :
 Doctor Name : Dr. Vinod Bhat
 MBBS, MD
 Regn. No.: 30989 (DMC)
 Department of Medicine

Chief Complaint & Present Illness

Past History

*Physically &
 Mentally fit*

Provisional Diagnosis

*1
 HPT*

Treatment Advised

Allergies

General Examination

Temp
 Pulse
 B.P.
 R.R.
 SPO2



Investigation

Nutritional Screening

Follow up

Signature of Doctor
 SJM/SSH/MED/OPD/07

Laboratory Report

Lab Serial no. : LSHHI277854	Mr. No : 112994
Patient Name : Mrs. MANJU SINGH	Reg. Date & Time : 15-Mar-2024 11:09 AM
Age / Sex : 50 Yrs / F	Sample Receive Date : 15-Mar-2024 12:55 PM
Referred by : Dr. SELF	Result Entry Date : 15-Mar-2024 02:18PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 15-Mar-2024 02:18 PM
OPD : OPD	

HAEMATOLOGY

CBC / COMPLETE BLOOD COUNT

	results	unit	reference
HB (Haemoglobin)	8.5	gm/dL	12.0 - 16.0
TLC	7.6	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	71	%	40 - 70
Lymphocyte	21	%	20 - 40
Eosinophil	06	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.10	Thousand / UI	3.8 - 5.10
P.C.V	30.4	million/UI	0 - 40
M.C.V.	74.1	fL	78 - 100
M.C.H.	20.7	pg	27 - 32
M.C.H.C.	28.0	g/dl	32 - 36
Platelet Count	3.08	Lacs/cumm	1.5 - 4.5

INTERPRETATION:

To determine your general health status; to screen for, diagnose, or monitor any one of a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer

technician :

Typed By : Mr. BIRJESH



Laboratory Report

Lab Serial no. : LSHHI277854	Mr. No : 112994
Patient Name : Mrs. MANJU SINGH	Reg. Date & Time : 15-Mar-2024 11:09 AM
Age / Sex : 50 Yrs / F	Sample Receive Date : 15-Mar-2024 12:55 PM
Referred by : Dr. SELF	Result Entry Date : 15-Mar-2024 02:18PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 15-Mar-2024 02:18 PM
OPD : OPD	

BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	27.1	mg/dL	13 - 40
Serum Creatinine	0.86	mg/dl	0.6 - 1.1
Uric Acid	6.6	mg/dl	2.6 - 6.0
BUN/ Blood Urea Nitrogen	12.66	mg/dL	7 - 18

Comment:-

Kidneys play an important role in the removal of waste products and maintenance of water and electrolyte balance in the body. Kidney Function Test (KFT) includes a group of blood tests to determine how well the kidneys are working.

LIPID PROFILE,Serum

S. Cholesterol	174.0	mg/dl	< - 200
HDL Cholesterol	41.4	mg/dl	42.0 - 88.0
LDL Cholesterol	117.2	mg/dl	50 - 150
VLDL Cholesterol	15.4	mg/dl	00 - 40
Triglyceride	77.2	mg/dl	00 - 170
Chloestrol/HDL RATIO	4.2	%	3.30 - 4.40

INTERPRETATION:

Lipid profile Or lipid panel IS a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

technician :

Typed By : Mr. BIRJESH

Laboratory Report

Lab Serial no. : LSHHI277854	Mr. No : 112994
Patient Name : Mrs. MANJU SINGH	Reg. Date & Time : 15-Mar-2024 11:09 AM
Age / Sex : 50 Yrs / F	Sample Receive Date : 15-Mar-2024 12:55 PM
Referred by : Dr. SELF	Result Entry Date : 15-Mar-2024 02:18PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 15-Mar-2024 02:18 PM
OPD : OPD	

BIOCHEMISTRY

	results	unit	reference
--	---------	------	-----------

BLOOD SUGAR (PP), Serum

SUGAR PP	114.8	mg/dl	80 - 140
----------	-------	-------	----------

Comments:

Accurate measurement if glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions. High levels of serum glucose may be seen in case of diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents. Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

METHOD:- GOD-POD METHOD, END POINT

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	95.5	mg/dl	70 - 110
-----------------	------	-------	----------

Comments:

Accurate measurement if glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions.

High levels of serum glucose may be seen in case of Diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents.

Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.



technician :

Typed By : Mr. BIRJESH

Laboratory Report

Lab Serial no. : LSHHI277854	Mr. No : 112994
Patient Name : Mrs. MANJU SINGH	Reg. Date & Time : 15-Mar-2024 11:09 AM
Age / Sex : 50 Yrs / F	Sample Receive Date : 15-Mar-2024 12:55 PM
Referred by : Dr. SELF	Result Entry Date : 15-Mar-2024 02:18PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 15-Mar-2024 02:18 PM
OPD : OPD	

HAEMATOLOGY

results	unit	reference
---------	------	-----------

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	22	mm/1hr	00 - 20
--------------------------------------	-----------	--------	---------

Comments

The ESR is a simple non-specific screening test that indirectly measures the presence of inflammation in the body. It reflects the tendency of red blood cells to settle more rapidly in the face of some disease states, usually because of increases in plasma fibrinogen, immunoglobulins, and other acute-phase reaction proteins. Changes in red cell shape or numbers may also affect the ESR.

BIOCHEMISTRY

results	unit	reference
---------	------	-----------

HbA1C / GLYCATED HEMOGLOBIN / GHb

Hb A1C	4.8	%	4.0 - 6.0
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	91.06	mg/dl	

INTERPRETATION-

	HbA1C
NON DIABETIC	4-6 %
GOOD DIABETIC CONTROL	6-8 %
FAIR CONTROL	8-10 %
POOR CONTROL	>-10 %

The Glycosylated haemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a 3 months period. AMERICAN DIABETES ASSOCIATION recommends the testing twice an year in patients with stable blood glucose, and quarterly if treatment changes or blood glucose is abnormal



technician :

Typed By : Mr. BIRJESH

Laboratory Report

Lab Serial no. : LSHHI277854	Mr. No : 112994
Patient Name : Mrs. MANJU SINGH	Reg. Date & Time : 15-Mar-2024 11:09 AM
Age / Sex : 50 Yrs / F	Sample Receive Date : 15-Mar-2024 12:55 PM
Referred by : Dr. SELF	Result Entry Date : 15-Mar-2024 02:18PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 15-Mar-2024 02:18 PM
OPD : OPD	

BIOCHEMISTRY

	results	unit	reference
<u>LIVER FUNCTION TEST, Serum</u>			
Bilirubin- Total	1.38	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.54	mg/dL	0.00 - 0.20
Bilirubin- Indirect	0.84	mg/dL	0.2 - 1.2
SGOT/AST	14.9	IU/L	00 - 31
SGPT/ALT	12.4	IU/L	00 - 34
Alkaline Phosphate	94.0	U/L	42.0 - 98.0
Total Protein	8.07	g/dL	6.4 - 8.3
Serum Albumin	4.40	gm%	3.50 - 5.20
Globulin	3.67	gm/dl	2.0 - 4.0
Albumin/Globulin Ratio	1.20	%	

INTERPRETATION

A Liver Function test or one or more of its component tests may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments.



technician :

Typed By : Mr. BIRJESH

Laboratory Report

Lab Serial No.	: LSHHI277854	Reg. No.	: 112994
Patient Name	: MRS. MANJU SINGH	Reg. Date & Time	: 15-Mar-2024 11:09 AM
Age/Sex	: 50 Yrs /F	Sample Collection Date	: 15-Mar-2024 12:55 PM
Referred By	: SELF	Sample Receiving Date	: 15-Mar-2024 12:55 PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 15-Mar-2024 02:18 PM
OPD/IPD	: OPD		:

TEST NAME

VALUE

ABO

"B"

Rh

NEGATIVE

Comments:

Human red blood cell antigens can be divided into four groups A, B, AB AND O depending on the presence or absence of the corresponding antigens on the red blood cells. There are two glycoprotein A and B on the cell's surface that are responsible for the ABO types. Blood group is further classified as RH positive and RH negative.

URINE SUGAR (FBS)

CHEMICAL EXAMINATION

Glucose : Nil

URINE SUGAR (PPBS)

CHEMICAL EXAMINATION

Glucose : Nil



Mr. BIRJESH

<http://rgcipac3/SJM/Design/Finanace/LabTextReport.aspx>

3/15/2024

Dr. Rajeev Goel
M.D. (Pathologist)
36548 (MCI)

Dr. Bupinder Zutshi
(M.B.B.S., MD)
Pathologist & Microbiologist



MRS. MANJU SINGH

SJM SUPER SPECIALITY HOSPITAL

Sector-63, Noida, NH-9, Near Hindon Bridge

Tel.: 0120-6530900 / 10 Mob.: +91 9599259072

E-mail.: email@sjmhospital.com

Web.: www.sjmhospital.com



Laboratory Report

Lab Serial No.	: LSHHI277854	Reg. No.	: 112994
Patient Name	: MRS. MANJU SINGH	Reg. Date & Time	: 15-Mar-2024 11:09 AM
Age/Sex	: 50 Yrs /F	Sample Collection Date	: 15-Mar-2024 12:55 PM
Referred By	: SELF	Sample Receiving Date	: 15-Mar-2024 12:55 PM
Doctor Name	: Dr. Vinod Bhat	ReportingTime	: 15-Mar-2024 02:18 PM
OPD/IPD	: OPD		:

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml

Color: Straw

Transparency: clear

CHEMICAL EXAMINATION

Albumin: nil

Glucose: nil

PH: Acidic

MICROSCOPIC EXAMINATION

Pus cells: 1-2 /HPF

RBC's: nil

Crystals: nil

Epithelial cells: 0-1 /HPF

Others: nil

Note:-

A urinalysis is a test of your urine. It's used to detect and manage a wide range of disorders, such as urinary tract infections, kidney disease and diabetes. A urinalysis involves checking the appearance, concentration and content of urine.



Mr. BIRJESH


<http://rgcipac3/SJM/Design/Finanace/LabTextReport.aspx>

3/15/2024

Dr. Rajeew Goel
M.D. (Pathologist)
36548 (MCI)

Dr. Bupinder Zutshi
(M.B.B.S., MD)
Pathologist & Microbiologist

Visit ID : IQD81622	Registration : 17/Feb/2024 01:36PM
UHID/MR No : IQD.0000079567	Collected : 17/Feb/2024 02:16PM
Patient Name : Mrs.MANJU SINGH	Received : 17/Feb/2024 02:29PM
Age/Gender : 50 Y O M O D /F	Reported : 17/Feb/2024 03:31PM
Ref Doctor : Dr.SELF	Status : Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code : iqd2151
Employee Code :	Barcode No : 240203576



DEPARTMENT OF HORMONE ASSAYS

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

Sample Type : SERUM

THYROID PROFILE (T3,T4,TSH)				
T3	0.98	ng/ml	0.61-1.81	CLIA
T4	9.4	ug/dl	5.01-12.45	CLIA
TSH	5.17	uIU/mL	0.35-5.50	CLIA

REFERENCE RANGE :

Age	TSH in uIU/mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs	0.70 - 6.40
>55 Yrs	0.50 - 8.90

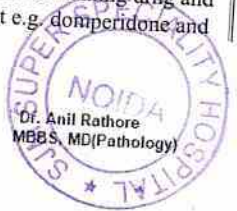
Interpretation:

Triiodothyronine T3, Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-iodine treatment
2	High	Normal	Normal	Normal	(1) Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, iodine containing drug and dopamine antagonist e.g. domperidone and



Dr. Ankita Singhal
 MBBS, MD (Microbiology)




Dr. Anil Rathore
 MBBS, MD (Pathology)

Dr. Prashant Singh
 MBBS, MD (Pathology)

Authenticity of report can be checked by Scanning QR Code
 Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301

Visit ID	: IQD81622		
UHID/MR No	: IQD.0000079567	Registration	: 17/Feb/2024 01:36PM
Patient Name	: Mrs.MANJU SINGH	Collected	: 17/Feb/2024 02:16PM
Age/Gender	: 50 Y 0 M 0 D /F	Received	: 17/Feb/2024 02:29PM
Ref Doctor	: Dr.SELF	Reported	: 17/Feb/2024 03:31PM
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Status	: Final Report
Employee Code	:	Client Code	: iqd2151
		Barcode No	: 240203576



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method	
3	Normal/Low	Low	Low	Low	other physiological reasons. (1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3) Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of clinical chemistry 2. Guid lines of the American Thyroid association during pregnancy and Postpartum, 2011

NOTE: It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4. TSH is not affected by variation in thyroid-binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

*** End Of Report ***



Dr. Ankit Singh
MBBS, MD (Microbiology)

Dr. Anil Rathore
MBBS, MD (Pathology)

Dr. Prashant Singh
MBBS, MD (Pathology)

Page 2 of 2



Authenticity of report can be checked by Scanning QR Code
Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301

Case ID 103240014573
Patient Name MANJU SINGH
Age/Sex 50 Year /Female
Hospital Location Noida, Uttar Pradesh, India
Hospital Name SJM Hospital and IVF Centre
Physician Name Dr. Pushpa Kaul
Date & Time of Accessioning 17/02/2024 16:50 Hrs
Date & Time of Reporting 19/02/2024 10:52 Hrs



TEST NAME

Pap Smear-LBC

SPECIMEN INFORMATION

LBC. Lab No C/780/24 Collected on 17/02/2024 at 13:30 Hrs

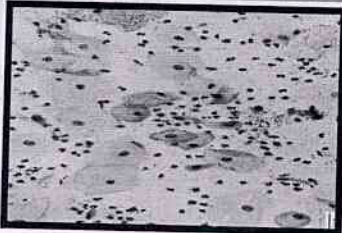
CLINICAL HISTORY

NA

METHODOLOGY

Cytology

CYTOLOGY REPORT



Satisfactory for Evaluation

Transformation zone: Present

Squamous cellularity: Adequate

Inflammatory change: Severe


Negative for intraepithelial lesion or malignancy (NILM)

COMMENT

1. If the symptomatology persists, a repeat pap test is advised after a course of antibiotic therapy.
2. The reporting was done as per Bethesda System of Reporting of Cervical Cytology, 2014.

Disclaimer:-PAP test is a screening test for cervical cancer with inherent false negative results.




Dr. Sudhir Jain, MD
Reg. No. DMC 1767



Scan to Connect

Question?

Contact us at +91 124 4615 615

Toll Free Helpline +91 8882899999

CONDITIONS OF REPORTING

1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient named or identified in the bill/test request form.
2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory.
3. The reported results are for information and are subject to confirmation and interpretation by the referring doctor.
4. Some tests are referred to other laboratories to provide a wider test menu to the customer.
5. Core Diagnostics Pvt. Ltd. shall in no event be liable for accidental damage, loss, or destruction of specimen, which is not attributable to any direct and mala fide act or omission of Core Diagnostics Pvt. Ltd. or its employees. Liability of Core Diagnostics Pvt. Ltd. for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.

This report is the property of CORE Diagnostics. The information contained in this report is strictly confidential and is only for the use of those authorized. If you have received this report by mistake, please contact CORE Diagnostics

CORE Diagnostics (Central Reference Lab) - Gurugram (102)

406, Udyog Vihar, Phase III, Gurgaon-122016

CORE Diagnostics Lab - New Delhi (103)

C-13, Green Park Extension, New Delhi-110016

CORE Diagnostics Lab - Lucknow (109)

J.S. Tower, Plot No. K-702, Sector-K, Ashiyana,
Near Raj Luxmi Sweets, Lucknow-226012

CORE Diagnostics Satellite Lab (110)

New Delhi 67, Hargobind Enclave, New Delhi - 110092

CORE Diagnostics Lab - Bangalore (105)

1st Floor, KMK Tower, 142 KH Road, Bangalore-560027

CORE Diagnostics Lab - Bhubaneswar (108)

Plot No. 249, Near Police Academy, AIIMS Nagar,
Patrapada, Bhubaneswar-751019

CORE Diagnostics and Realab Diagnostics (111)

New Delhi H64, Block H, Bali Nagar, New Delhi, Delhi 110015

CORE Diagnostics Satellite Lab

Guwahati Ground Floor, Honuram Boro Path, Shubham Velocity, GS Road, Dispur, Kamrup Metropolitan
Guwahati, Assam - 781005



The test was processed in Lab 103.

Ultrasound Report

TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: Mrs .Manju	Age /sex:50Yrs/F	Date- 17/02/2024
ECHO WINDOW: FAIR WINDOW		

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.5		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.8		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.1	2.4	(ED =39 -58)
Interventricular Septum	0.9		(ED = 6 -11)
Posterior Wall thickened	0.9		(ED = 6- 10)
LV Ejection Fraction (%)	60		55% -65 %

Doppler Velocities (cm / sec)

Pulmonary valve = Normal		Aortic valve = Normal	
Max velocity		Max velocity	
Mean PG		Max PG	
Pressure ½ time		Mean velocity	
Acceleration Time		Mean PG	
RVET		LVET	
Mitral valve =Normal		Tricuspid valve = Normal	
E	E>A	Max Velocity	
A		Mean Velocity	
DT		Mean PG	
E/E		TAPSE	



Ultrasound Report

Regurgitation: -

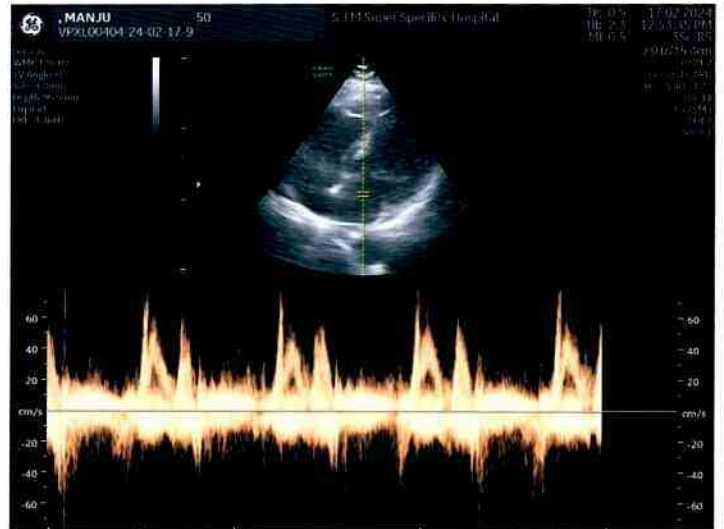
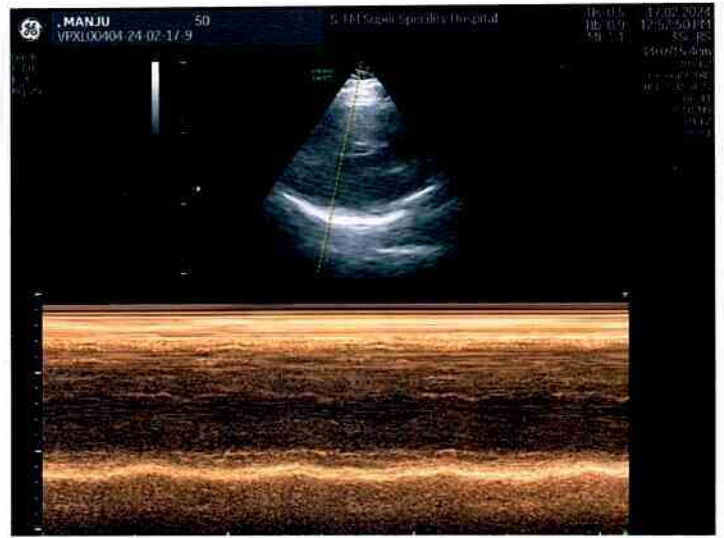
MR =NIL		TR = NIL	
Severity		Severity	
Max Velocity		RVSP	
AR		PR	
Severity	NIL	Severity	NIL
Jet width /LVOT ratio		Mean PAP	

Final Interpretation: -

- 1.) NO LV HYPOKINASIA GLOBAL LVEF 60%
- 2.) No MS\NOMR NO AS/AR, No TR
- 3.) No Intra cardiac clot, vegetation, pericardial effusion


DR. AMIT KOTHARI

Non-Interventional Cardiologist.



Ultrasound Report

NAME: Mrs. Manju

AGE: 50yrs/f

DATE: 17/02/2024

Real time USG of abdomen and pelvis reveals –

LIVER -- Liver is normal in size & shape. contour and echo pattern. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicles appear normal. Portal vein and common bile duct are normal.

GALL BLADDER-Gall bladder is physiologically distended. The wall thickness is normal. There is no Evidence of any intraluminal mass lesion or calculi seen.

PANCREAS-Pancreas is normal in size, shape and echo pattern. No focal mass lesion seen. Pancreatic duct is not dilated.

SPLEEN-Spleen show normal size, shape and homogeneous echo pattern. No focal mass lesion is seen in parenchyma.

KIDNEY -Both the kidneys are normal in size, shape, position and axis. Parenchymal echo pattern is normal bilaterally. No focal solid or cystic lesion is seen. There is no evidence of renal calculi on left side. **Right kidney shows renal calculus mesa 6.32 mm mid pole.**

RETROPERITONIUM- -There is no evidence of ascites or Para – aortic adenopathy seen. Retroperitoneal structures appear normal.

URINARY BLADDER- Adequately distended. Walls were regular and thin. Contents are Normal. No stone formation seen.

UTERUS-Uterus and both ovaries are normal in size, shape and echo pattern. No focal lesion is seen. Endometrial appears normal. There is no evidence of free fluid seen in the pelvis. There is no evidence of adnexal mass is seen.

IMPRESSION: Right renal calculus

DR. PUSHPA KAUL

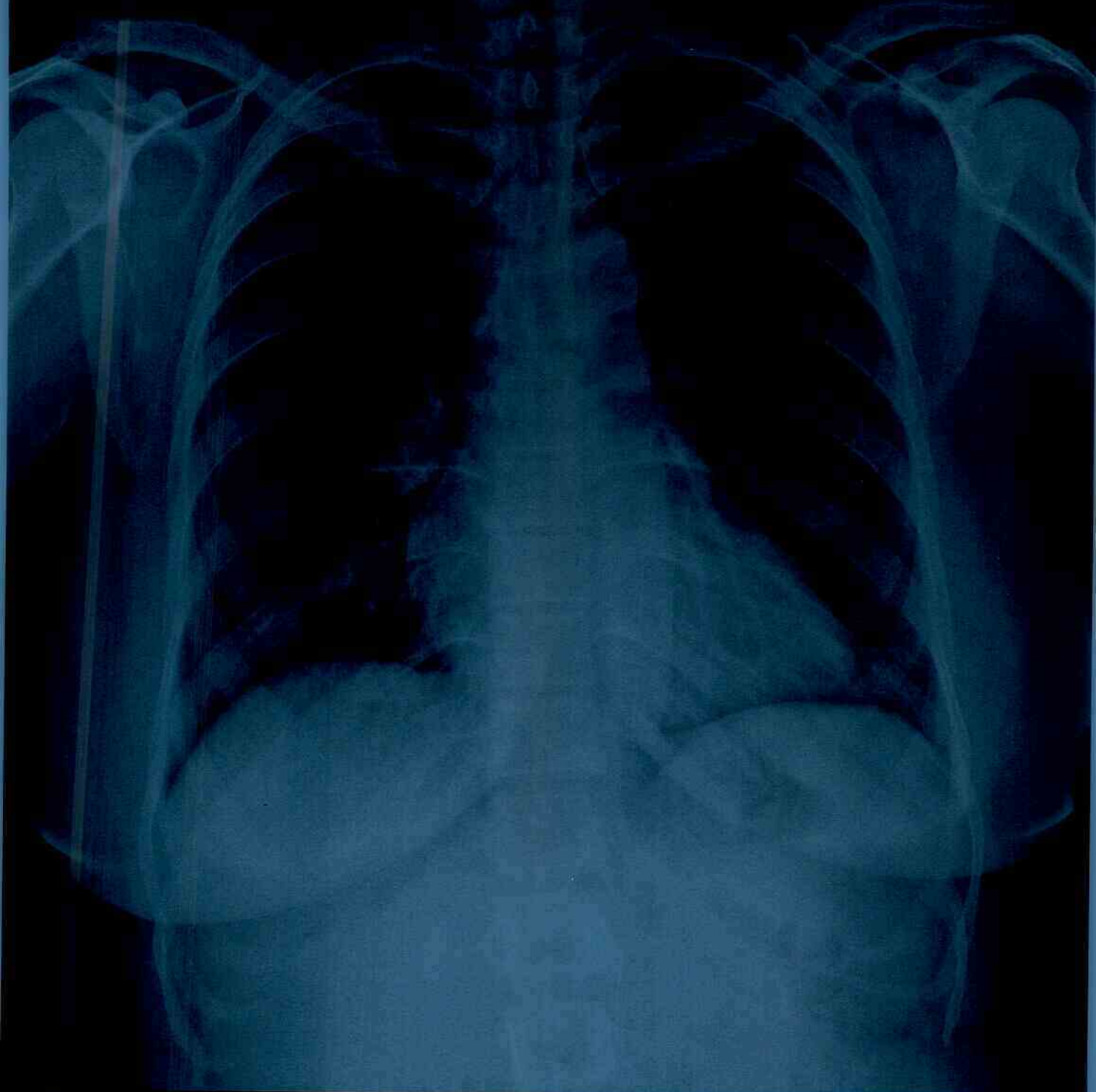


For SJM Super Specialty Hospital

DR. RAKESH GUJJAR



R
PA



X-Ray Report

PATIENT ID	: 26288 OPD	PATIENT NAME	: MRS, MANJU SINGH
AGE	: 050Y	SEX	: Female
REF. PHY.	:	STUDY DATE	: 17-Feb-2024

RADIOLOGY REPORT

EXAM: X RAY CHEST

CLINICAL HISTORY: NA

COMPARISON:

None

TECHNIQUE:

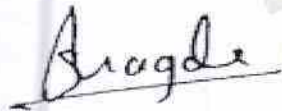
Frontal projections of the chest were obtained

FINDINGS:

Both lung fields are clear.
Both costophrenic angles appear normal.
The tracheal lucency is centrally placed.
The mediastinal and diaphragmatic outlines appear normal.
The heart shadow is normal.
The bony thoracic cage and soft tissues are normal.

IMPRESSION:

1. The study is within normal limits.



Dr Sonam Kagde
Consultant Radiologist
MBBS, DMIRE
Regn No: 2017/09/4619

Dr Sonam Kagde
17th Feb 2024

