

Health Check up Booking Confirmed Request(bobE50780),Package Code-PKG10000241,  
Beneficiary Code-14717

Mediwheel <wellness@mediwheel.in>

Fri 11/17/2023 2:57 PM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>  
Cc:customercare@mediwheel.in <customercare@mediwheel.in>



011-41195959

Email:wellness@mediwheel.in

Hi Manipal Hospitals,

Diagnostic/Hospital Location :NH-24 Hapur Road,Oppo. Bahmeta Village, Near Lancroft  
Golf Links Apartment, City:Ghaziabad

We have received the confirmation for the following booking .

**Beneficiary Name** : PKG10000241

**Beneficiary Name** : MS. GUPTA NEHA

**Member Age** : 30

**Member Gender** : Female

**Member Relation** : Employee

**Package Name** : Medi-Wheel Metro Full Body Health Checkup Female Below 40

**Location** : GHAZIABAD, Uttar Pradesh-201001

**Contact Details** : 9971725077

**Booking Date** : 17-11-2023

**Appointment Date** : 25-11-2023

**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

We request you to facilitate the employee on priority.





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Government of India

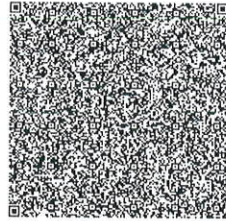
भारतीय विशिष्ट पहचान प्राधिकरण  
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नामांकन क्रम/ Enrolment No.: 1211/71710/25082

To  
नेहा गुप्ता  
Neha Gupta  
D/O: Ashok Kumar  
House No-105  
Near SBI  
Navyug Market  
Ghaziabad  
Ghaziabad Uttar Pradesh - 201001  
9971725077

Signature invalid

Digital Signature  
UNIQUE IDENTIFICATION  
AUTHORITY OF INDIA  
Date: 06/03/2023  
UTC



आपका आधार क्रमांक / Your Aadhaar No. :

9562 1287 0072

VID : 9108 3498 4596 4551

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



नेहा गुप्ता  
Neha Gupta  
जन्म तिथि/DOB: 13/10/1990  
महिला/ FEMALE

Issue Date: 11/02/2015

9562 1287 0072

VID : 9108 3498 4596 4551

मेरा आधार, मेरी पहचान



सत्यमेव जयते  
Government of India



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
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- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
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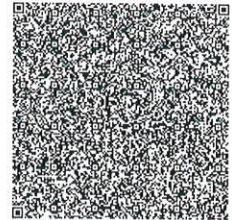


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
आत्मजा: अशोक कुमार, मकान न-105, एसबीआई के पास, नवयुग मार्केट, गाजियाबाद, गाजियाबाद, उत्तर प्रदेश - 201001

Address:  
D/O: Ashok Kumar, House No-105, Near SBI, Navyug Market, Ghaziabad, Ghaziabad, Uttar Pradesh - 201001



9562 1287 0072

VID : 9108 3498 4596 4551



1947



help@uidai.gov.in



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*(Handwritten signature)*



## INVESTIGATION REPORT

Patient Name	<b>NEHA GUPTA</b>	Location	Ghaziabad
Age/Sex	33Year(s)/Female	Visit No	: V00000000001-GHZB
MRN No	MH011510636	Order Date	:25/11/2023
Ref. Doctor	HCP	Report Date	:25/11/2023

### Echocardiography

#### Final Interpretation

1. No RWMA, LVEF=60%.
2. Normal cardiac chambers.
3. Trace MR, No AR.
4. Trace TR, No PAH.
5. No intracardiac clot/mass/pericardial pathology.

#### Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal.
- **Tricuspid Valve:** It appears normal.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

#### Description:

- LV is normal size with normal contractility.

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P: 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P: +91 80 4936 0300 E: info@manihospitals.com www.manipalhospitals.com



## INVESTIGATION REPORT

Patient Name	<b>NEHA GUPTA</b>	Location	Ghaziabad
Age/Sex	33Year(s)/Female	Visit No	: V0000000001-GHZZB
	MH011510636	Order Date	25/11/2023
Ref. Doctor	: HCP	Report Date	25/11/2023

### Echocardiography

#### Measurements (mm):

	Observed values	Normal values
Aortic root diameter	26	20-36 (22mm/M <sup>2</sup> )
Aortic valve opening	19	15-26
Left atrium size	32	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	45	33	(ED=37-56:Es=22-40)
Interventricular septum	10	13	(ED=6-12)
Posterior wall thickness	10	13	(ED=5-10)

LV Ejection Fraction (%)	60%	55%-80%
HR		

#### Color & Doppler evaluation

Valve	Velocity(cm/s)	Regurgitation
Mitral	E/A -102/59 DT-	Trace
Aortic	118	Nil
Tricuspid	55	Trace
Pulmonary	105	Nil

**Dr. Bhupendra Singh**  
MD, DM (CARDIOLOGY), FACC  
Sr. Consultant Cardiology

**Dr. Abhishek Singh**  
MD, DNB (CARDIOLOGY), MNAMS  
Sr. Consultant Cardiology

**Dr. Sudhanshu Mishra**  
Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

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Page 2 of 2

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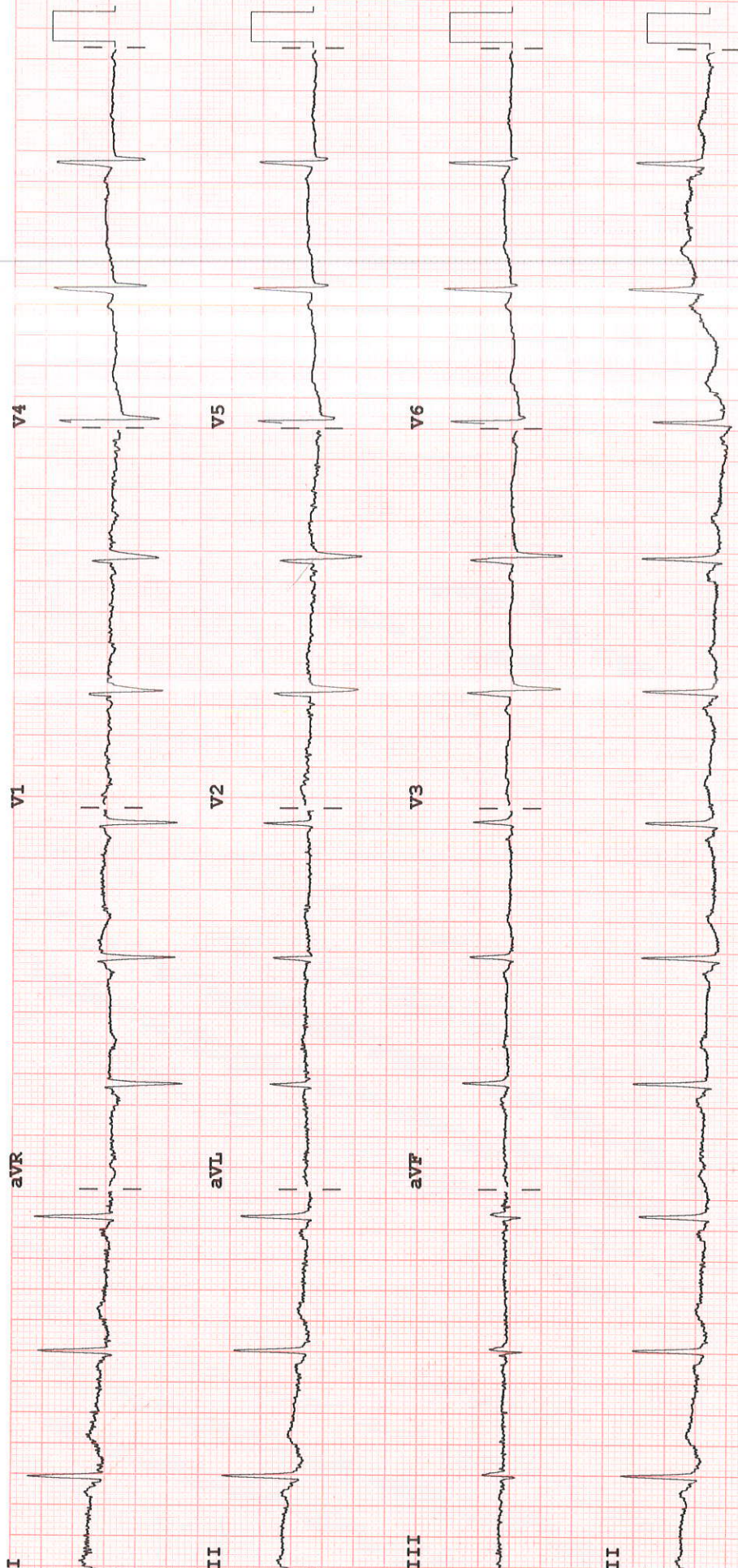
CIN: U85110KA2003PTC033055

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- BORDERLINE ECG -

Unconfirmed Diagnosis



Dev:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL P?

Name : MRS NEHA GUPTA Age : 33 Yr(s) Sex :Female  
 Registration No : MH011510636 Lab No : 32231110359  
 Patient Episode : R03000055865 Collection Date : 25 Nov 2023 20:16  
 Referred By : MANIPAL HOSPITALS GHAZIABAD Reporting Date : 26 Nov 2023 07:32  
 Receiving Date : 25 Nov 2023 20:33

## BIOCHEMISTRY

## THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	1.010	ng/ml	[0.800-2.040]
T4 - Thyroxine (ECLIA)	7.120	µg/dl	[5.500-11.000]
Thyroid Stimulating Hormone (ECLIA)	2.790	µIU/mL	[0.340-4.250]
1st Trimester:0.6 - 3.4	micIU/mL		
2nd Trimester:0.37 - 3.6	micIU/mL		
3rd Trimester:0.38 - 4.04	micIU/mL		

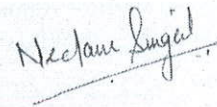
Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

\* References ranges recommended by the American Thyroid Association

- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
- 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

Page 1 of 1

-----END OF REPORT-----



Dr. Neelam Singal  
CONSULTANT BIOCHEMISTRY



**LABORATORY REPORT**

Name : MRS NEHA GUPTA  
Registration No : MH011510636  
Patient Episode : H18000001477  
Referred By : HEALTH CHECK MGD  
Receiving Date : 25 Nov 2023 08:58

Age : 33 Yr(s) Sex :Female  
Lab No : 202311004045  
Collection Date : 25 Nov 2023 08:58  
Reporting Date : 25 Nov 2023 11:27

**HAEMATOTOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
SPECIMEN-EDTA Whole Blood			
COMPLETE BLOOD COUNT (AUTOMATED)			
RBC COUNT (IMPEDENCE)	4.74	millions/cumm	[3.80-4.80]
HEMOGLOBIN	12.2	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	39.2	%	[36.0-46.0]
MCV (DERIVED)	82.7 #	fL	[83.0-101.0]
MCH (CALCULATED)	25.7	pg	[25.0-32.0]
MCHC (CALCULATED)	31.1 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.8	%	[11.6-14.0]
Platelet count	303	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	9.7		
WBC COUNT (TC) (IMPEDENCE)	9.46	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	57.0	%	[40.0-80.0]
Lymphocytes	37.0	%	[20.0-40.0]
Monocytes	5.0	%	[2.0-10.0]
Eosinophils	1.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	40.0 #	mm/1sthour	[0.0-





**LABORATORY REPORT**

<b>Name</b>	: MRS NEHA GUPTA	<b>Age</b>	: 33 Yr(s) Sex :Female
<b>Registration No</b>	: MH011510636	<b>Lab No</b>	: 202311004045
<b>Patient Episode</b>	: H18000001477	<b>Collection Date</b>	: 25 Nov 2023 08:58
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 25 Nov 2023 18:30
<b>Receiving Date</b>	: 25 Nov 2023 08:58		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.6	%	[0.0-5.6]
Method: HPLC			
			As per American Diabetes Association(ADA)
			HbA1c in %
			Non diabetic adults >= 18years <5.7
			Prediabetes (At Risk )5.7-6.4
			Diagnosing Diabetes >= 6.5
Estimated Average Glucose (eAG)	114	mg/dl	

Comments : 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.

**ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine**

**MACROSCOPIC DESCRIPTION**

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction [pH]	5.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

**CHEMICAL EXAMINATION**

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)



**LABORATORY REPORT**

<b>Name</b>	: MRS NEHA GUPTA	<b>Age</b>	: 33 Yr(s) Sex :Female
<b>Registration No</b>	: MH011510636	<b>Lab No</b>	: 202311004045
<b>Patient Episode</b>	: H18000001477	<b>Collection Date</b>	: 25 Nov 2023 10:33
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 25 Nov 2023 13:27
<b>Receiving Date</b>	: 25 Nov 2023 10:33		

**CLINICAL PATHOLOGY**

**MICROSCOPIC EXAMINATION (Automated/Manual)**

Pus Cells	2-4 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	4-6 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

**Serum LIPID PROFILE**

Serum TOTAL CHOLESTEROL	179	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	106	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	41.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	21	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	117.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
T.Chol/HDL.Chol ratio(Calculated)	4.4		
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.9		<3 Optimal 3-4 Borderline >6 High Risk



**LABORATORY REPORT**

Name	: MRS NEHA GUPTA	Age	: 33 Yr(s) Sex :Female
Registration No	: MH011510636	Lab No	: 202311004045
Patient Episode	: H18000001477	Collection Date	: 25 Nov 2023 08:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 25 Nov 2023 11:02
Receiving Date	: 25 Nov 2023 08:58		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Note:  
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

**KIDNEY PROFILE**

Specimen: Serum			
UREA	10.6 #	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	5.0 #	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.47 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	8.2	mg/dl	[4.0-8.5]
Method:uricase PAP			

SODIUM, SERUM	136.40	mmol/L	[136.00-144.00]
---------------	--------	--------	-----------------

POTASSIUM, SERUM	4.91	mmol/L	[3.60-5.10]
SERUM CHLORIDE	107.3	mmol/L	[101.0-111.0]
Method: ISE Indirect			

eGFR (calculated)	130.2	ml/min/1.73sq.m	[>60.0]
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Technical Note  
eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.



**LABORATORY REPORT**

Name : MRS NEHA GUPTA  
Registration No : MH011510636  
Patient Episode : H18000001477  
Referred By : HEALTH CHECK MGD  
Receiving Date : 25 Nov 2023 08:58

Age : 33 Yr(s) Sex :Female  
Lab No : 202311004045  
Collection Date : 25 Nov 2023 08:58  
Reporting Date : 25 Nov 2023 11:02

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.44	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.08	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.36	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.00	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.14	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.90	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.45		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	28.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	35.70	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	64.0	IU/L	[32.0-91.0]
GGT	19.0	U/L	[7.0-50.0]



**LABORATORY REPORT**

Name : MRS NEHA GUPTA Age : 33 Yr(s) Sex :Female  
Registration No : MH011510636 Lab No : 202311004045  
Patient Episode : H18000001477 Collection Date : 25 Nov 2023 08:58  
Referred By : HEALTH CHECK MGD Reporting Date : 25 Nov 2023 11:02  
Receiving Date : 25 Nov 2023 08:58

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing B Rh(D) Positive

**Technical note:**

*ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.*

Page 6 of 8

**NOTE:**

# - Abnormal Values

-----END OF REPORT-----

**Dr. Charu Agarwal**  
Consultant Pathologist



**LABORATORY REPORT**

Name	: MRS NEHA GUPTA	Age	: 33 Yr(s) Sex :Female
Registration No	: MH011510636	Lab No	: 202311004046
Patient Episode	: H18000001477	Collection Date	: 25 Nov 2023 08:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 25 Nov 2023 11:02
Receiving Date	: 25 Nov 2023 08:58		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	91.0	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).  
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),  
Drugs-  
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

Page 7 of 8

**NOTE:**

# - Abnormal Values

-----END OF REPORT-----

**Dr. Charu Agarwal**  
Consultant Pathologist



**LABORATORY REPORT**

Name : MRS NEHA GUPTA Age : 33 Yr(s) Sex :Female  
Registration No : MH011510636 Lab No : 202311004047  
Patient Episode : H18000001477 Collection Date : 25 Nov 2023 13:52  
Referred By : HEALTH CHECK MGD Reporting Date : 25 Nov 2023 16:04  
Receiving Date : 25 Nov 2023 13:52

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b> Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase Note: Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise	119.0	mg/dl	[80.0-140.0]

**NOTE:**

# - Abnormal Values

-----END OF REPORT-----

**Dr. Alka Dixit Vats**  
Consultant Pathologist



## RADIOLOGY REPORT

NAME	MRS Neha GUPTA	STUDY DATE	25/11/2023 10:19AM
AGE / SEX	33 y / F	HOSPITAL NO.	MH011510636
ACCESSION NO.	R6450069	MODALITY	US
REPORTED ON	25/11/2023 11:53AM	REFERRED BY	HEALTH CHECK MGD

### USG ABDOMEN & PELVIS

#### FINDINGS

*The patient has a high body mass index and excessive bowel echoes are seen all over the abdomen obscuring the details. Hence suboptimal study is possible.*

LIVER: appears grossly enlarged in size (measures 180 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade II fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 71 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 11.1 mm.

COMMON BILE DUCT: Appears normal in size and measures 4.6 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 97 x 40 mm.

Left Kidney: measures 92 x 45 mm. It shows a concretion measuring 2.3 mm at upper calyx.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

UTERUS: Uterus is anteverted, normal in size (measures 70 x 38 x 35 mm) and shape but shows coarse myometrial echotexture.

Endometrial thickness measures 6.3 mm. Cervix appears normal.

OVARIES: Right ovary is normal in size (measures 36 x 32 x 16 mm with volume 10.1 cc), shape and echotexture. Multiple follicles are seen within along with a dominant follicle seen within measuring 17 x 8 mm. Rest normal.

Left ovary is normal in size and measures 38 x 36 x 21 mm with volume 14.9 cc and shows multiple (15-18) small follicles arranged peripherally with central echogenic stroma suggesting polycystic appearing left ovary. The largest follicle measures 6 x 4 mm.

Bilateral adnexa is clear.

BOWEL: Visualized bowel loops appear normal.

#### IMPRESSION

**-Gross hepatomegaly with diffuse grade II fatty infiltration in liver.**

**-Left renal concretion.**

**-Coarse myometrial echotexture of uterus.**

**-Polycystic appearing left ovary.**

**-Dominant follicle seen in right ovary.**

**ADV: Serum LH/FSH estimation for further evaluation, if clinically indicated.**

Recommend clinical correlation.



## RADIOLOGY REPORT

NAME	MRS Neha GUPTA	STUDY DATE	25/11/2023 9:18AM
AGE / SEX	33 y / F	HOSPITAL NO.	MH011510636
ACCESSION NO.	R6450068	MODALITY	CR
REPORTED ON	25/11/2023 9:38AM	REFERRED BY	HEALTH CHECK MGD

## XR- CHEST PA VIEW

**FINDINGS:**

LUNGS: Normal.  
TRACHEA: Normal.  
CARINA: Normal.  
RIGHT AND LEFT MAIN BRONCHI: Normal.  
PLEURA: Normal.  
HEART: Normal.  
RIGHT HEART BORDER: Normal.  
LEFT HEART BORDER: Normal.  
PULMONARY BAY: Normal.  
PULMONARY HILA: Normal.  
AORTA: Normal.  
THORACIC SPINE: Normal.  
OTHER VISUALIZED BONES: Normal.  
VISUALIZED SOFT TISSUES: Normal.  
DIAPHRAGM: Normal.  
VISUALIZED ABDOMEN: Normal.  
VISUALIZED NECK: Normal.

**IMPRESSION:**

**No significant abnormality noted.**

Recommend clinical correlation.



Dr. Monica Shekhawat MBBS, DNB  
CONSULTANT RADIOLOGIST

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