

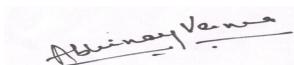
## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

<b>Patient Name</b>	Mrs. JYOTI MAHESHWARI	<b>Lab No</b>	4018046
<b>UHID</b>	40000940	<b>Collection Date</b>	21/12/2023 12:27PM
<b>Age/Gender</b>	50 Yrs/Female	<b>Receiving Date</b>	21/12/2023 1:11PM
<b>IP/OP Location</b>	O-OPD	<b>Report Date</b>	21/12/2023 3:33PM
<b>Referred By</b>	EHS CONSULTANT	<b>Report Status</b>	Final
<b>Mobile No.</b>	9413205033		

### BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample:
<b><u>BLOOD GLUCOSE (FASTING)</u></b>				Sample: Fl. Plasma
BLOOD GLUCOSE (FASTING)	92.6	mg/dl	74 - 106	
Method: Hexokinase assay. Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.				
				Sample: Serum
VITAMIN B12	488	ng/mL	239 - 931	
Method : ElectroChemiLuminescence ImmunoAssay - ECLIA Interpretation:-Nutritional and macrocytic anemias can be caused by a deficiency of vitamin B12. Malabsorption is the major cause of this deficiency through pancreatic deficiency, gastric atrophy or gastrectomy, intestinal damage, loss of intestinal vitamin B12 binding protein (Intrinsic factor), production of autoantibodies directed against intrinsic factor, or related causes. Untreated deficiencies will lead to megaloblastic anemia, and vitamin B12 deficiency results in irreversible central nervous system degeneration.				
				Sample: Serum
VITAMIN D - TOTAL (25 - Hydroxyvitamin D)	27.2	ng/mL	Severe Deficiency : <20 ng/ml /(<50 nmol/L) Insufficiency : 20 -< 30 ng/ml / (50-<75 nmol/L) Sufficiency : 30 - 100 ng/ml / (75-250 nmol/L) Potential Toxicity : >100 ng/ml /(>250 nmol/L)	
Method: ElectroChemiLuminescence ImmunoAssay - ECLIA Interpretation:-Vit D deficiency is a common cause of secondary hyperparathyroidism.				
<b><u>THYROID T3 T4 TSH</u></b>				Sample: Serum
T3	1.500	ng/mL	0.970 - 1.690	
T4	10.50	ug/dl	5.53 - 11.00	
TSH	1.88	μIU/mL	0.40 - 4.05	

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

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### BIOCHEMISTRY

**T3**:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

**T4**:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T4 assay employs a competitive test principle with an antibody specifically directed against T4.

**TSH - THYROID STIMULATING HORMONE** :- ElectroChemiLuminescenceImmunoAssay - ECLIA

Interpretation:-The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH levels.

### LFT (LIVER FUNCTION TEST)

Sample: Serum

BILIRUBIN TOTAL	0.52	mg/dl	0.00 - 1.20
BILIRUBIN INDIRECT	0.44	mg/dl	0.20 - 1.00
BILIRUBIN DIRECT	0.08	mg/dl	0.00 - 0.40
SGOT	23.6	U/L	0.0 - 40.0
SGPT	18.6	U/L	0.0 - 40.0
TOTAL PROTEIN	8.1	g/dl	6.6 - 8.7
ALBUMIN	4.7	g/dl	3.5 - 5.2
GLOBULIN	3.4		1.8 - 3.6
ALKALINE PHOSPHATASE	51.0	U/L	39 - 118
A/G RATIO	<b>1.4 L</b>	Ratio	1.5 - 2.5
GGTP	24.2	U/L	6.0 - 38.0

RESULT ENTERED BY : SUNIL EHS

*Abhinay Verma*

Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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### BIOCHEMISTRY

**BILIRUBIN TOTAL** :- Method: DPD assay. Interpretation:-Total Bilirubin measurements are used in the diagnosis and treatment of various liver diseases, and of haemolytic and metabolic disorders in adults and newborns. Both obstruction damage to hepatocellular structure.

**BILIRUBIN DIRECT** :- Method: Diazo method Interpretation:-Determinations of direct bilirubin measure mainly conjugated, water soluble bilirubin.

**SGOT - AST** :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGOT(AST) measurements are used in the diagnosis and treatment of certain types of liver and heart disease.

**SGPT - ALT** :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGPT(ALT) Ratio Is Used For Differential Diagnosis In Liver Diseases.

**TOTAL PROTEINS** :- Method: Biuret colorimetric assay. Interpretation:-Total protein measurements are used in the diagnosis and treatment of a variety of liver and kidney diseases and bone marrow as well as metabolic and nutritional disorder.

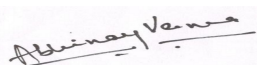
**ALBUMIN** :- Method: Colorimetric (BCP) assay. Interpretation:-For Diagnosis and monitoring of liver diseases, e.g. liver cirrhosis, nutritional status.

**ALKALINE PHOSPHATASE** :- Method: Colorimetric assay according to IFCC. Interpretation:-Elevated serum ALT is found in hepatitis, cirrhosis, obstructive jaundice, carcinoma of the liver, and chronic alcohol abuse. ALT is only slightly elevated in patients who have an uncomplicated myocardial infarction. **GGTP-GAMMA GLUTAMYL TRANSPEPTIDASE** :- Method: Enzymatic colorimetric assay. Interpretation:- $\gamma$ -glutamyltransferase is used in the diagnosis and monitoring of hepatobiliary disease. Enzymatic activity of GGT is often the only parameter with increased values when testing for such diseases and is one of the most sensitive indicator known.

#### LIPID PROFILE

TOTAL CHOLESTEROL	216		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	57.2		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	150.0		Optimal :- <100 mg/dl Near or Above Optimal :- 100-129 mg/dl Borderline :- 130-159 mg/dl High :- 160-189 mg/dl Very High :- >190 mg/dl
CHOLESTERO VLDL	18	mg/dl	10 - 50
TRIGLYCERIDES	88.8		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	3.8	%	

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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### BIOCHEMISTRY

CHOLESTEROL TOTAL :- Method: CHOD-PAP enzymatic colorimetric assay.

interpretation:-The determination of the individual total cholesterol (TC) level is used for screening purposes while for a better risk assessment it is necessary to measure additionally lipid & lipoprotein metabolic disorders.

HDL CHOLESTEROL :- Method:-Homogenous enzymatic colorimetric method.

Interpretation:-HDL-cholesterol has a protective against coronary heart disease, while reduced HDL-cholesterol concentrations, particularly in conjunction with elevated triglycerides, increase the cardiovascular disease.

LDL CHOLESTEROL :- Method: Homogenous enzymatic colorimetric assay.

Interpretation:-LDL play a key role in causing and influencing the progression of atherosclerosis and in particular coronary sclerosis. The LDL are derived from VLDL rich in TG by the action of various lipolytic enzymes and are synthesized in the liver.

CHOLESTEROL VLDL :- Method: VLDL Calculative

TRIGLYCERIDES :- Method: GPO-PAP enzymatic colorimetric assay.

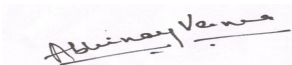
Interpretation:-High triglyceride levels also occur in various diseases of liver, kidneys and pancreas. DM, nephrosis, liver obstruction.

CHOLESTEROL/HDL RATIO :- Method: Cholesterol/HDL Ratio Calculative

Sample: Serum

UREA	27.30	mg/dl	16.60 - 48.50
BUN	12.8	mg/dl	6 - 20
CREATININE	0.61	mg/dl	0.50 - 0.90
SODIUM	138.0	mmol/L	136 - 145
POTASSIUM	4.65	mmol/L	3.50 - 5.50
CHLORIDE	100.4	mmol/L	98 - 107
URIC ACID	4.2	mg/dl	2.6 - 6.0
CALCIUM	10.06	mg/dl	8.60 - 10.30

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**CREATININE - SERUM** :- Method:-Jaffe method, Interpretation:-To differentiate acute and chronic kidneydisease.

**URIC ACID** :- Method: Enzymatic colorimetric assay. Interpretation:- Elevated blood concentrations of uricacid are renal diseases with decreased excretion of waste products, starvation,drug abuse and increased alcohol consume.

**SODIUM**:- Method: ISE electrode. Interpretation:-Decrease: Prolonged vomiting or diarrhea,diminshed reabsorption in the kidney and excessive fluid retention. Increase: excessive fluid loss, high salt intake andkidney reabsorption.

**POTASSIUM** :- Method: ISE electrode. Intrapretation:-Low level: Intake excessive loss formbodydue to diarrhea, vomiting renal failure, High level: Dehydration, shock severe burns, DKA, renalfailure.

**CHLORIDE - SERUM** :- Method: ISE electrode. Interpretation:-Decrease: reduced dietary intake,prolonged vomiting and reduced renal reabsorption as well as forms of acidosisand alkalosis.

Increase: dehydration, kidney failure, some form ofacidosis, high dietary or parenteral chloride intake, and salicylate poisoning.

**UREA**:- Method: Urease/GLDH kinetic assay. Interpretation:-Elevations in blood urea nitrogenconcentration are seen in inadequate renal perfusion, shock, diminished bloodvolume, chronic nephritis, nephrosclerosis, tubular necrosis, glomerularnephritis and UTI.

**CALCIUM TOTAL** :- Method: O-Cresolphthaleine complexone. Interpretation:-Increase in serum PTH or vit-D are usuallyassociated with hypercalcemia. Increased serum calcium levels may also beobserved in multiple myeloma and other neoplastic diseases. Hypocalcemia may beobserved in hypoparathyroidism, nephrosis, and pancreatitis.

RESULT ENTERED BY : SUNIL EHS

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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### BLOOD BANK INVESTIGATION

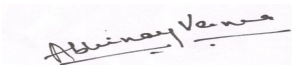
Test Name	Result	Unit	Biological Ref. Range
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BLOOD GROUPING	"B" Rh Positive		
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Note :

1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

RESULT ENTERED BY : SUNIL EHS



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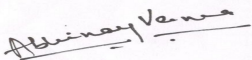
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<b>Mobile No.</b>	9413205033		

### CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	
<b><u>URINE SUGAR (RANDOM)</u></b>				Sample: Urine
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE	
				Sample: Urine
<b>PHYSICAL EXAMINATION</b>				
VOLUME	20	ml		
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	CLEAR		CLEAR	
<b>CHEMICAL EXAMINATION</b>				
PH	<b>5.0 L</b>		5.5 - 7.0	
SPECIFIC GRAVITY	1.015		1.016-1.022	
PROTEIN	NEGATIVE		NEGATIVE	
SUGAR	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
BLOOD	NEGATIVE			
KETONES	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
UROBILINOGEN	NEGATIVE		NEGATIVE	
LEUCOCYTE	NEGATIVE		NEGATIVE	
<b>MICROSCOPIC EXAMINATION</b>				
WBCS/HPF	1-2	/hpf	0 - 3	
RBCS/HPF	0-0	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	1-2	/hpf	0 - 1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	
BACTERIA	NIL		NIL	
OHTERS	NIL		NIL	

RESULT ENTERED BY : SUNIL EHS



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<b>Mobile No.</b>	9413205033		

Methodology:-

Glucose: GOD-POD, Bilirubin: Diazo-Azo-coupling reaction with a diazonium, Ketone: Nitro Pruside reaction, Specific Gravity: Proton release from ions, Blood: Psuedo-Peroxidase activity oh Haem moiety, pH: Methye Red-Bromothymol Blue (Double indicator system), Protein: H+ Release by buffer, microscopic & chemical method. interpretation: Diagnosis of Kidney function, UTI, Presence of Protein, Glucoses, Blood. Vocubulary syntax: Kit insert

RESULT ENTERED BY : SUNIL EHS



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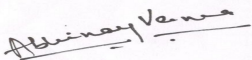
### HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
<b><u>CBC (COMPLETE BLOOD COUNT)</u></b>			
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	12.3	g/dl	12.0 - 15.0
PACKED CELL VOLUME(PCV)	39.9	%	36.0 - 46.0
MCV	<b>79.3 L</b>	fl	82 - 92
MCH	<b>24.5 L</b>	pg	27 - 32
MCHC	<b>30.8 L</b>	g/dl	32 - 36
RBC COUNT	<b>5.03 H</b>	millions/cu.mm	3.80 - 4.80
TLC (TOTAL WBC COUNT)	6.95	10 <sup>3</sup> / uL	4 - 10
<b><u>DIFFERENTIAL LEUCOCYTE COUNT</u></b>			
NEUTROPHILS	51.7	%	40 - 80
LYMPHOCYTE	39.1	%	20 - 40
EOSINOPHILS	3.7	%	1 - 6
MONOCYTES	4.9	%	2 - 10
BASOPHIL	<b>0.6 L</b>	%	1 - 2
PLATELET COUNT	3.65	lakh/cumm	1.500 - 4.500

**HAEMOGLOBIN** :- Method:-SLS HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.  
**MCV** :- Method:- Calculation bysystemex.  
**MCH** :- Method:- Calculation bysystemex.  
**MCHC** :- Method:- Calculation bysystemex.  
**RBC COUNT** :- Method:-Hydrodynamicfocusing.Interpretation:-Low-Anemia,High-Polycythemia.  
**TLC (TOTAL WBC COUNT)** :- Method:-Optical Detectorblock based on Flowcytometry.Interpretation:-High-Leucocytosis, Low-Leucopenia.  
**NEUTROPHILS** :- Method: Optical detectorblock based on Flowcytometry  
**LYMPHOCYTS** :- Method: Optical detectorblock based on Flowcytometry  
**EOSINOPHILS** :- Method: Optical detectorblock based on Flowcytometry  
**MONOCYTES** :- Method: Optical detectorblock based on Flowcytometry  
**BASOPHIL** :- Method: Optical detectorblock based on Flowcytometry  
**PLATELET COUNT** :- Method:-Hydrodynamicfocusing method.Interpretation:-Low-Thrombocytopenia, High-Thrombocytosis.  
**HCT**: Method:- Pulse Height Detection. Interpretation:-Low-Anemia, High-Polycythemia.  
**NOTE**: CH- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

ESR (ERYTHROCYTE SEDIMENTATION RATE)	<b>35 H</b>	mm/1st hr	0 - 15
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RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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Method:-Modified Westergrens.

Interpretation:-Increased in infections, sepsis, and malignancy.

RESULT ENTERED BY : SUNIL EHS

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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### X Ray

Test Name	Result	Unit	Biological Ref. Range
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#### X-RAY CHEST P. A. VIEW

**Rotation noted.**

Both lung fields are clear.

Both CP angles are clear.

Both hemi-diaphragms are normal in shape and outlines.

Cardiac shadow is within normal limits.

Visualized bony thorax is unremarkable.

**Correlate clinically & with other related investigations.**

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

RESULT ENTERED BY : SUNIL EHS



APOORVA JETWANI

Select

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

<b>Patient Name</b>	Mrs. JYOTI MAHESHWARI	<b>Lab No</b>	591567
<b>UHID</b>	332265	<b>Collection Date</b>	21/12/2023 2:40PM
<b>Age/Gender</b>	50 Yrs/Female	<b>Receiving Date</b>	21/12/2023 2:42PM
<b>IP/OP Location</b>	O-OPD	<b>Report Date</b>	21/12/2023 3:17PM
<b>Referred By</b>	Dr. EHCC Consultant	<b>Report Status</b>	Final
<b>Mobile No.</b>	9773349797		



### BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
HBA1C	6.3	%	< 5.7% Nondiabetic 5.7-6.4% Pre-diabetic > 6.4% Indicate Diabetes
			Sample: WHOLE BLOOD EDTA
			Known Diabetic Patients < 7 % Excellent Control 7 - 8 % Good Control > 8 % Poor Control

Method : - High - performance liquid chromatography HPLC

Interpretation:-Monitoring long term glycemic control, testing every 3 to 4 months is generally sufficient.  
The approximate relationship between HbA1C and mean blood glucose values during the preceding 2 to 3 months.

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

RESULT ENTERED BY : Mr. Ravi

Dr. SURENDRA SINGH  
CONSULTANT & HOD  
MBBS|MD| PATHOLOGY

Dr. ASHISH SHARMA  
CONSULTANT & INCHARGE PATHOLOGY  
MBBS|MD| PATHOLOGY

## DEPARTMENT OF CARDIOLOGY

<b>UHID / IP NO</b>	40000940 (17385)	<b>RISNo./Status :</b>	4018046/
<b>Patient Name :</b>	Mrs. JYOTI MAHESHWARI	<b>Age/Gender :</b>	50 Y/F
<b>Referred By :</b>	EHS CONSULTANT	<b>Ward/Bed No :</b>	OPD
<b>Bill Date/No :</b>	21/12/2023 11:41AM/ OPSCR23-24/9708	<b>Scan Date :</b>	
<b>Report Date :</b>	21/12/2023 12:36PM	<b>Company Name:</b>	Provisional

**REFERRAL REASON: DOE II**

### 2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

**M MODE DIMENSIONS: -**

		Normal		Normal
<b>IVSD</b>	<b>10.1</b>	<b>6-12mm</b>	<b>LVIDS</b>	<b>27.9</b>
<b>LVIDD</b>	<b>41.4</b>	<b>32-57mm</b>	<b>LVPWS</b>	<b>18.3</b>
<b>LVPWD</b>	<b>10.6</b>	<b>6-12mm</b>	<b>AO</b>	<b>30.3</b>
<b>IVSS</b>	<b>19.3</b>	<b>mm</b>	<b>LA</b>	<b>32.7</b>
<b>LVEF</b>	<b>60-62</b>	<b>&gt;55%</b>	<b>RA</b>	<b>-</b>

### DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
		E	0.92	e'	-		
MITRAL VALVE	NORMAL	A	0.74	E/e'	-	-	NIL
		E	0.58				
TRICUSPID VALVE	NORMAL	A	0.47		-	NIL	
		E	1.16				
AORTIC VALVE	NORMAL	0.85				-	NIL
PULMONARY VALVE	NORMAL	-				-	NIL

**COMMENTS & CONCLUSION: -**

- ALL CARDIAC CHAMBERS ARE NORMAL
- NO RWMA, LVEF 60-62%
- NORMAL LV SYSTOLIC FUNCTION
- NORMAL LV DIASTOLIC FUNCTION
- ALL CARDIAC VALVES ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

**IMPRESSION: - NORMAL BI VENTRICULAR FUNCTIONS**

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**MBBS, M.D., D.M. (CARDIOLOGY)**  
**INCHARGE & SR. CONSULTANT**  
**INTERVENTIONAL CARDIOLOGY**

**DR ROOPAM SHARMA**  
**MBBS, PGDCC, FIAE**  
**CONSULTANT & INCHARGE**  
**EMERGENCY, PREVENTIVE CARDIOLOGY**  
**AND WELLNESS CENTRE**

## DEPARTMENT OF RADIO DIAGNOSIS

<b>UHID / IP NO</b>	40000940 (17385)	<b>RISNo./Status :</b>	4018046/
<b>Patient Name :</b>	Mrs. JYOTI MAHESHWARI	<b>Age/Gender :</b>	50 Y/F
<b>Referred By :</b>	EHS CONSULTANT	<b>Ward/Bed No :</b>	OPD
<b>Bill Date/No :</b>	21/12/2023 11:41AM/ OPSCR23-24/9708	<b>Scan Date :</b>	
<b>Report Date :</b>	21/12/2023 1:00PM	<b>Company Name:</b>	Mediwheel - Arcofemi Health Care Ltd.

### USG REPORT - BOTH BREASTS

#### RIGHT BREAST:

##### **Parenchyma**

Skin Thickness normal

Sub cutaneous fat normal.

No ductal Dilatation.

**A subcentimetric simple cyst size of 3x4mm seen at 3 O' clock position.**

**A well-defined heterogeneous lesion with coarse calcification size of 6x11mm is seen at 3 O' clock position.**

Fibroglandular echogenicity normal.

Nipple areolar complex normal.

##### **Retromammary**

Retromammary area appeared normal.

##### **Axillary Tail**

Axillary Tail: Normal.

##### **Axillary Nodes**

**Few small volume lymphnodes with intact fatty hilum are seen in right axilla, largest 5mm in short axis.**

#### LEFT BREAST:

##### **Parenchyma**

Skin Thickness normal.

Sub cutaneous fat normal.

No ductal Dilatation.

No focal lesion seen.

Fibroglandular echogenicity normal.

## DEPARTMENT OF RADIO DIAGNOSIS

<b>UHID / IP NO</b>	40000940 (17385)	<b>RISNo./Status :</b>	4018046/
<b>Patient Name :</b>	Mrs. JYOTI MAHESHWARI	<b>Age/Gender :</b>	50 Y/F
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Nipple areolar complex normal.

### **Retromammary**

Retromammary area appeared normal

### **Axillary Tail**

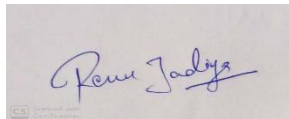
Axillary Tail: Normal.

### **Axillary Nodes**

Few small volume lymphnodes with intact fatty hilum are seen in left axilla, largest 5mm in short axis.

### **IMPRESSION:**

- A subcentimetric simple cyst at 3 O' clock position of right breast (BIRADS-II).
- A well-defined heterogeneous lesion with coarse calcification at 3 O' clock position of right breast -? Fibroadenoma (BIRADS-III -Adv. Interval follow-up imaging).
- Left breast parenchyma is normal (BIRADS-I).
- Radiologically benign appearing bilateral axillary lymphnodes.
  - Suggested clinical correlation for further evaluation.



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**Consultant – Radiology**

**MBBS, DNB**

## DEPARTMENT OF RADIO DIAGNOSIS

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<b>Patient Name :</b>	Mrs. JYOTI MAHESHWARI	<b>Age/Gender :</b>	50 Y/F
<b>Referred By :</b>	EHS CONSULTANT	<b>Ward/Bed No :</b>	OPD
<b>Bill Date/No :</b>	21/12/2023 11:41AM/ OPSCR23-24/9708	<b>Scan Date :</b>	
<b>Report Date :</b>	21/12/2023 12:55PM	<b>Company Name:</b>	Mediwheel - Arcofemi Health Care Ltd.

### USG REPORT - ABDOMEN AND PELVIS

#### LIVER:

Is normal in size and shows diffuse increased echotexture.

No obvious focal lesion seen. No intra hepatic biliary radical dilatation seen.

#### GALL BLADDER:

Adequately distended with no obvious wall thickening/pericholecystic fat stranding/fluid. No obvious calculus/polyp/mass seen within.

#### PANCREAS:

Appears normal in size and shows uniform echo texture. The pancreatic duct is normal. No calcifications are seen.

#### SPLEEN:

Appears normal in size and it shows uniform echo texture.

#### RIGHT KIDNEY:

The shape, size and contour of the right kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

#### LEFT KIDNEY:

The shape, size and contour of the left kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

#### URINARY BLADDER:

Partially distended.

#### UTERUS:

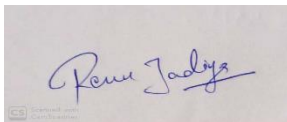
Post-menopausal status.

No adnexal mass seen.

No focal fluid collections seen.

#### IMPRESSION:

Grade-I fatty liver.



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