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Date 08/03/15

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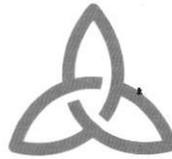
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Prescription Prescription Prescription



DR. FENIL KALARIYA
M.B.B.S, E.MD/MRCEM
CT/IDCCM
EMERGENCY PHYSICIAN &
CONSULTANT INTENSIVIST
REG.NO-G71225, 22/K-1562

UHID:		Date: 08/3/25	Time: 8:30pm
Patient Name: Gaurav Kakhija		Height:	
Age/Sex: 38Y / Male	LMP:	Weight:	
History:			
C/C/O: - NO any fresh complaints		History: -	
Allergy History: Not known		Addiction: -	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: Afebrile	OWS	/ NAD	
Pulse: 80bpm	RS		
BP: 96/60			
SPO2: 98% on RA			
Provisional Diagnosis: -			

Prescription



LABORATORY REPORT



Name : GAURAV A MAKHIJA	Sex/Age : Male / 38 Years	Case ID : 50302200371
Ref.By :	Dis. At :	Pt. ID : 5647943
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 08-Mar-2025 09:36	Sample Type :	Mobile No :
Sample Date and Time :	Sample Coll. By :	Ref Id1 : OSP36186
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O24259731

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
MCHC (Calc)	35.8	gm/dL	31.50 - 34.50
Eosinophil	8.0	%	1.00 - 6.00
Lipid Profile			
HDL Cholesterol	35.1	mg/dL	40 - 60
Chol/HDL	4.94		0 - 4.1
LDL Cholesterol	127.54	mg/dL	0.00 - 100.00
Plasma Glucose - F	116.34	mg/dL	70 - 100
Plasma Glucose - PP	146.73	mg/dL	70.0 - 140.0

Abnormal Result(s) Summary End

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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LABORATORY REPORT



Name : GAURAV A MAKHIJA Sex/Age : Male / 38 Years Case ID : 50302200371
 Ref.By : Dis. At : Pt. ID : 5647943
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:36 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 08-Mar-2025 09:36 Sample Coll. By : Ref Id1 : OSP36186
 Report Date and Time : 08-Mar-2025 11:15 Acc. Remarks : Normal Ref Id2 : O24259731

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	15.9	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.07	millions/cumm	4.50 - 5.50
PCV(Calc)	44.26	%	40.00 - 50.00
MCV (RBC histogram)	87.3	fL	83 - 101
MCH (Calc)	31.3	pg	27.00 - 32.00
MCHC (Calc)	H 35.8	gm/dL	31.50 - 34.50
RDW (RBC histogram)	12.70	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

		UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	5290	/μL	4000.00 - 10000.00		
Neutrophil	[%] 57.0	%	40.00 - 70.00	3015	/μL 2000.00 - 7000.00
Lymphocyte	26.0	%	20.00 - 40.00	1375	/μL 1000.00 - 3000.00
Eosinophil	H 8.0	%	1.00 - 6.00	423	/μL 20.00 - 500.00
Monocytes	9.0	%	2.00 - 10.00	476	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	285000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.19		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Eosinophilia
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

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Ref.By :	Dis. At :	Pt. ID : 5647943
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 08-Mar-2025 09:36	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Mar-2025 09:36	Sample Coll. By :	Ref Id1 : OSP36186
Report Date and Time : 08-Mar-2025 11:15	Acc. Remarks : Normal	Ref Id2 : O24259731

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	04	mm after 1hr	3 - 15	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Ref.By :	Dis. At :	Pt. ID : 5647943
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 08-Mar-2025 09:36	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Mar-2025 09:36	Sample Coll. By :	Ref Id1 : OSP36186
Report Date and Time : 08-Mar-2025 11:33	Acc. Remarks : Normal	Ref Id2 : O24259731

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS

**BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)
(Both Forward and Reverse Group)**

ABO Type	B
Rh Type	NEGATIVE

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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LABORATORY REPORT



Name : **GAURAV A MAKHIJA** Sex/Age : **Male / 38 Years** Case ID : **50302200371**
 Ref.By : Dis. At : Pt. ID : **5647943**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:36 Sample Type : Plasma Fluoride F,Plasma Fluoride PP,Serum Mobile No :
 Sample Date and Time : 08-Mar-2025 09:36 Sample Coll. By : Ref Id1 : **OSP36186**
 Report Date and Time : 08-Mar-2025 12:05 Acc. Remarks : Normal Ref Id2 : **O24259731**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>Photometric,Hexokinase</i>	H 116.34	mg/dL	70 - 100	
Plasma Glucose - PP <i>Photometric,Hexokinase</i>	H 146.73	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <i>GLDH</i>	11.5	mg/dL	8.90 - 20.60	
Uric Acid <i>Uricase-Peroxidase method</i>	6.36	mg/dL	3.6 - 7.2	
Creatinine <i>Enzymatic</i>	0.96	mg/dL	0.70 - 1.30	

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 Ref.By : Dis. At : Pt. ID : 5647943
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:36	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Mar-2025 09:36	Sample Coll. By :	Ref Id1 : OSP36186
Report Date and Time : 08-Mar-2025 12:41	Acc. Remarks : Normal	Ref Id2 : O24259731

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C <i>Immunoturbidimetric</i>	4.69	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	87.90	mg/dL	Not available	

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.
 Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
 Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
 Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
 In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
 The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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 Ref.By : Dis. At : Pt. ID : 5647943
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:36 Sample Type : Serum Mobile No :
 Sample Date and Time : 08-Mar-2025 09:36 Sample Coll. By : Ref Id1 : OSP36186
 Report Date and Time : 08-Mar-2025 12:05 Acc. Remarks : Normal Ref Id2 : O24259731

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>CHOD-POD</i>	173.3	mg/dL	110 - 200
HDL Cholesterol <i>Accelerator Selective Detergent</i>	L 35.1	mg/dL	40 - 60
Triglyceride <i>Glycerol Phosphate Oxidase</i>	53.3	mg/dL	<150
VLDL <i>Calculated</i>	10.66	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H 4.94		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H 127.54	mg/dL	0.00 - 100.00

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value
Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpeartion available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:36	Sample Type : Serum	Mobile No :
Sample Date and Time : 08-Mar-2025 09:36	Sample Coll. By :	Ref Id1 : OSP36186
Report Date and Time : 08-Mar-2025 12:06	Acc. Remarks : Normal	Ref Id2 : O24259731

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>IIFC method without pyridoxal phosphate activation</i>	31.3	U/L	0.0 - 45.0
S.G.O.T. <i>IIFC method without pyridoxal phosphate activation</i>	19.7	U/L	0.0 - 35.0
Alkaline Phosphatase <i>PNPP-AMP Buffer</i>	63.4	U/L	50.0 - 116.0
Gamma Glutamyl Transferase <i>IFCC</i>	23.4	U/L	0.0 - 55.0
Proteins (Total) <i>Colorimetric, Biuret</i>	7.90	gm/dL	6.40 - 8.30
Albumin <i>Bromo Cresol Green</i>	4.70	g/dL	3.4 - 5.0
Globulin <i>Calculated</i>	3.20	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.47		1.0 - 2.1
Bilirubin Total <i>Diazotized Sulfanilic Acid Method</i>	0.74	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	0.21	mg/dL	0.0 - 0.3
Bilirubin Unconjugated <i>Calculated</i>	0.53	mg/dL	0 - 0.8

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 Ref.By : Dis. At : Pt. ID : **5647943**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 08-Mar-2025 09:36	Sample Type : Serum	Mobile No :
Sample Date and Time : 08-Mar-2025 09:36	Sample Coll. By :	Ref Id1 : OSP36186
Report Date and Time : 08-Mar-2025 11:15	Acc. Remarks : Normal	Ref Id2 : O24259731

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Triiodothyronine (T3)	110.13	ng/dL	70 - 204	
Thyroxine (T4) CMA	7.54	ng/dL	4.87 - 11.72	
TSH CMA	1.38	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy Reference range (microIU/ml)

First trimester 0.24 - 2.00

Second trimester 0.43-2.2

Third trimester 0.8-2.5

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Sample Date and Time : 08-Mar-2025 09:36	Sample Coll. By :	Ref Id1 : OSP36186
Report Date and Time : 08-Mar-2025 11:15	Acc. Remarks : Normal	Ref Id2 : O24259731

Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). When the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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Ref.By :	Dis. At :	Pt. ID : 5647943
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 08-Mar-2025 09:36	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 08-Mar-2025 09:36	Sample Coll. By :	Ref Id1 : OSP36186
Report Date and Time : 08-Mar-2025 11:15	Acc. Remarks : Normal	Ref Id2 : O24259731

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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URINE EXAMINATION

Physical Examination

Colour	Pale yellow
Transparency	Clear

Chemical Examination

Sp.Gravity	1.015	1.005 - 1.030
pH	6.5	5 - 8
Leucocytes (ESTERASE)	Negative	Negative
Protein	Negative	Negative
Glucose	Negative	Negative
Ketone Bodies Urine	Negative	Negative
Urobilinogen	Negative	Negative
Bilirubin	Negative	Negative
Blood	Negative	Negative
Nitrite	Negative	Negative

Microscopic Examination

Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Nil	/µL	Nil
Yeast	Nil	/µL	Nil
Cast	Nil	/HPF	Nil
Crystals	Nil	/HPF	Nil

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 Sample Date and Time : 08-Mar-2025 09:36 Sample Coll. By : Ref Id1 : **OSP36186**
 Report Date and Time : 08-Mar-2025 11:15 Acc. Remarks : **Normal** Ref Id2 : **O24259731**

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

----- End Of Report -----

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

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Printed On : 08-Mar-2025 13:38



Neuberg Diagnostics Private Limited

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PATIENT NAME:GAURAV A MAKHIJA
GENDER/AGE:Male / 38 Years
DOCTOR:DR.HASIT JOSHI
OPDNO:OSP36186

DATE:08/03/25

2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 31mm	
LEFT ATRIUM	: 36mm	
LV Dd / Ds	: 40/28mm	EF 60%
IVS / LVPW / D	: 10.6/10mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1.3/1m/s	
AORTIC	: 1.26m/s	
PULMONARY	: 1.2m/s	
COLOUR DOPPLER	: MILD MR / NO PAH	
RVSP	: 30mmHg	
CONCLUSION	: VPC +	
	MILD TR, NO PAH;	
	NORMAL LV SIZE / FUNCTION FUNCTION.	


CARDIOLOGIST
DR.HASIT JOSHI (9825012235)

REPORT REPORT REPORT REPORT REPORT



PATIENT NAME: GAURAV A MAKHIJA

GENDER/AGE: Male / 38 Years

DATE: 08/03/25

DOCTOR:

OPDNO: OSP36186

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

GALL BLADDER: Gall bladder is collapsed.

PANCREAS: Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

SPLEEN: Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

KIDNEYS: Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.1 x 4.6 cms in size.

Left kidney measures about 10.6 x 4.8 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen.

PROSTATE: Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 11 cc.

COMMENT: Normal sonographic appearance of liver, Pancreas, spleen, kidneys, para-aortic region, bladder and prostate.

RADIOLOGIST

DR. MEHUL PATELIYA

REPORT

08.03.2025 11:05:50 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

Room:

85 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 80 ms
QT / QTcBaz : 364 / 433 ms
PR : 116 ms
P : 56 ms
RR / PP : 708 / 705 ms
P / QRS / T : 31 / 60 / 61 degrees

Sinus rhythm with occasional premature ventricular complexes
Nonspecific ST abnormality
Abnormal ECG

Gaurambhai
38 yr / m

