



CID : 2431420331  
Name : MR.MAHENDER BIJARNIYA  
Age / Gender : 30 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 09-Nov-2024 / 09:21  
Reported : 09-Nov-2024 / 15:59

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	16.0	13.0-17.0 g/dL	Spectrophotometric
RBC	4.78	4.5-5.5 mil/cmm	Elect. Impedance
PCV	48.4	40-50 %	Calculated
MCV	101.2	81-101 fl	Measured
MCH	33.4	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4590	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	29.8	20-40 %	
Absolute Lymphocytes	1367.8	1000-3000 /cmm	Calculated
Monocytes	11.0	2-10 %	
Absolute Monocytes	504.9	200-1000 /cmm	Calculated
Neutrophils	46.6	40-80 %	
Absolute Neutrophils	2138.9	2000-7000 /cmm	Calculated
Eosinophils	11.8	1-6 %	
Absolute Eosinophils	541.6	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	36.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	219000	150000-410000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Measured
PDW	13.3	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis	Mild
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      5                                      2-15 mm at 1 hr.                                      Sedimentation

**Clinical Significance:** The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

**Limitations:**

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

**Reflex Test:** C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

**Reference:**

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

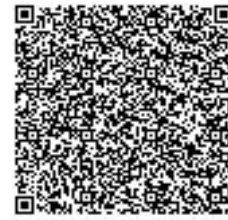
\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

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



*Anupa*

**Dr. ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist**



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	87.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	75.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.97	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.39	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.58	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	33.4	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	29.5	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	21.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	49.4	40-130 U/L	Colorimetric
BLOOD UREA, Serum	27.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	12.7	6-20 mg/dl	Calculated
CREATININE, Serum	1.07	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	96	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

URIC ACID, Serum	6.6	3.5-7.2 mg/dl	Enzymatic
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\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



*Bmhasakar*

**Dr.KETAKI MHASKAR**  
M.D. (PATH)  
Pathologist



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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



*Anupa*

**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist**



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.012	1.002-1.035	Refractive index
Reaction (pH)	5.5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	<b>Present (+)</b>	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Negative	Negative	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	0.2	0-5/hpf	
Red Blood Cells / hpf	<b>2.4</b>	0-2 /hpf	
Epithelial Cells / hpf	0.0	0-5/hpf	
Hyaline Casts	0.0	0-1/hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	16.5	0-29.5/hpf	
Yeast	Absent	Absent	



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Note: Microscopic examination performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.

Others -

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

**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist**



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**  
ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



**Dr. TRUPTI SHETTY**  
**M. D. (PATH)**  
**Pathologist**





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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	144.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	91.1	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	31.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	112.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	94.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	18.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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*J Thakker*

**Dr.JYOT THAKKER..**  
**M.D. (PATH), DPB**  
**Pathologist & AVP( Medical Services)**



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	11.2	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	11.1	0.35-5.5 microIU/ml microU/ml	ECLIA



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**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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*J Thakker*

**Dr.JYOT THAKKER**  
**M.D. (PATH), DPB**  
**Pathologist & AVP( Medical Services)**



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Reported : 09-Nov-2024 / 20:08

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



*Anupa*

**Dr.ANUPA DIXIT**  
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### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

No Complaint

#### EXAMINATION FINDINGS:

Height (cms):	175	Weight (kg):	75
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	122/80	Nails:	NAD
Pulse:	76/min	Lymph Node:	Not palpable

#### Systems

Cardiovascular: S1S2-Normal  
Respiratory: Chest-Clear *occasional wheeze*  
Genitourinary: NAD  
GI System: NAD  
CNS: NAD

#### IMPRESSION:

TSH

#### ADVICE:

Physician Ref<sup>v</sup>

#### CHIEF COMPLAINTS:

- |                      |    |
|----------------------|----|
| 1) Hypertension:     | No |
| 2) IHD               | No |
| 3) Arrhythmia        | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis      | No |
| 6) Asthama           | No |
| 7) Pulmonary Disease | No |

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- 8) **Thyroid/ Endocrine disorders** No
- 9) **Nervous disorders** No
- 10) **GI system** No
- 11) **Genital urinary disorder** No
- 12) **Rheumatic joint diseases or symptoms** No
- 13) **Blood disease or disorder** No
- 14) **Cancer/lump growth/cyst** No
- 15) **Congenital disease** No
- 16) **Surgeries** No
- 17) **Musculoskeletal System** No

**PERSONAL HISTORY:**

- 1) **Alcohol** No
- 2) **Smoking** No
- 3) **Diet** ~~Mixed~~ *veg*
- 4) **Medication** No

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

**DR. NITIN SONAVANE**  
M.B.B.S APLH, D.DIAB, D.CARD.  
CONSULTANT-CARDIOLOGIST  
REGD. NO: 87714

*NS*  
**Dr.NITIN SONAVANE**  
PHYSICIAN

Suburban Diagnostics (I) Pvt. Ltd.  
301& 302, 3<sup>rd</sup> Floor, Sai Elegance  
Above Taurus, Borivali West, L.T. Road,  
Borivali (W), Mumbai - 400092

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**X-RAY CHEST PA VIEW**

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

**Kindly correlate clinically.**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

-----End of Report-----

*Pranali*

**Dr. Pranali Mahale**  
**MD, Radiodiagnosis**  
**Consultant Radiologist**  
**Reg no. 2019/07/5682**

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<b>PATIENT'S NAME: MR.MAHENDER BIJARNIYA</b>	<b>AGE/SEX: 30Y/M</b>
<b>REF BY: -----</b>	<b>DATE: 09/11/2024</b>

### 2-D ECHOCARDIOGRAPHY

1. RA, LA RV is Normal Size.
2. No LV Hypertrophy.
3. Normal LV systolic function. LVEF 60 % by bi-plane
4. No RWMA at rest.
5. Aortic, Pulmonary, Mitral, Tricuspid valves normal.
6. Great arteries: Aorta: Normal
  - a. No mitral valve prolaps.
7. Inter-ventricular septum is intact and normal.
8. Intra Atrial Septum intact.
9. Pulmonary vein, IVC, hepatic are normal.
- 10.No LV clot.
- 11.No Pericardial Effusion
- 12.No Diastolic dysfunction. No Doppler evidence of raised LVEDP.



<b>PATIENT'S NAME: MR.MAHENDER BIJARNIYA</b>	<b>AGE/SEX: 30Y/M</b>
<b>REF BY: -----</b>	<b>DATE: 09/11/2024</b>


- |                        |          |
|------------------------|----------|
| 1. AO root diameter    | 3.0 cm   |
| 2. IVSd                | 1.2 cm   |
| 3. LVIDd               | 4.5cm    |
| 4. LVIDs               | 2.4 cm   |
| 5. LVPWd               | 1.2 cm   |
| 6. LA dimension        | 3.7 cm   |
| 7. RA dimension        | 3.7 cm   |
| 8. RV dimension        | 3.0 cm   |
| 9. Pulmonary flow vel: | 0.9 m/s  |
| 10. Pulmonary Gradient | 3.4 m/s  |
| 11. Tricuspid flow vel | 1.5 m/s  |
| 12. Tricuspid Gradient | 10 m/s   |
| 13. PASP by TR Jet     | 20 mm Hg |
| 14. TAPSE              | 2.2 cm   |
| 15. Aortic flow vel    | 1.1 m/s  |
| 16. Aortic Gradient    | 5 m/s    |
| 17. MV:E               | 0.7 m/s  |
| 18. A vel              | 0.5 m/s  |
| 19. IVC                | 16 mm    |
| 20. E/E'               | 8        |

**Impression:**  
**Normal 2d echo study.**

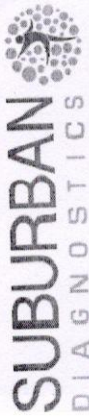
**Disclaimer**

Echo may have inter/Intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

\*\*\*End of Report\*\*\*

  
**DR. S. NITIN**  
**Consultant Cardiologist**  
**Reg. No. 87714**

Patient Name: MAHENDER BIJARNIYA  
Patient ID: 2431420331



PRECISE TESTING · HEALTHIER LIVING

Age 30 NA NA  
years months days

Gender Male

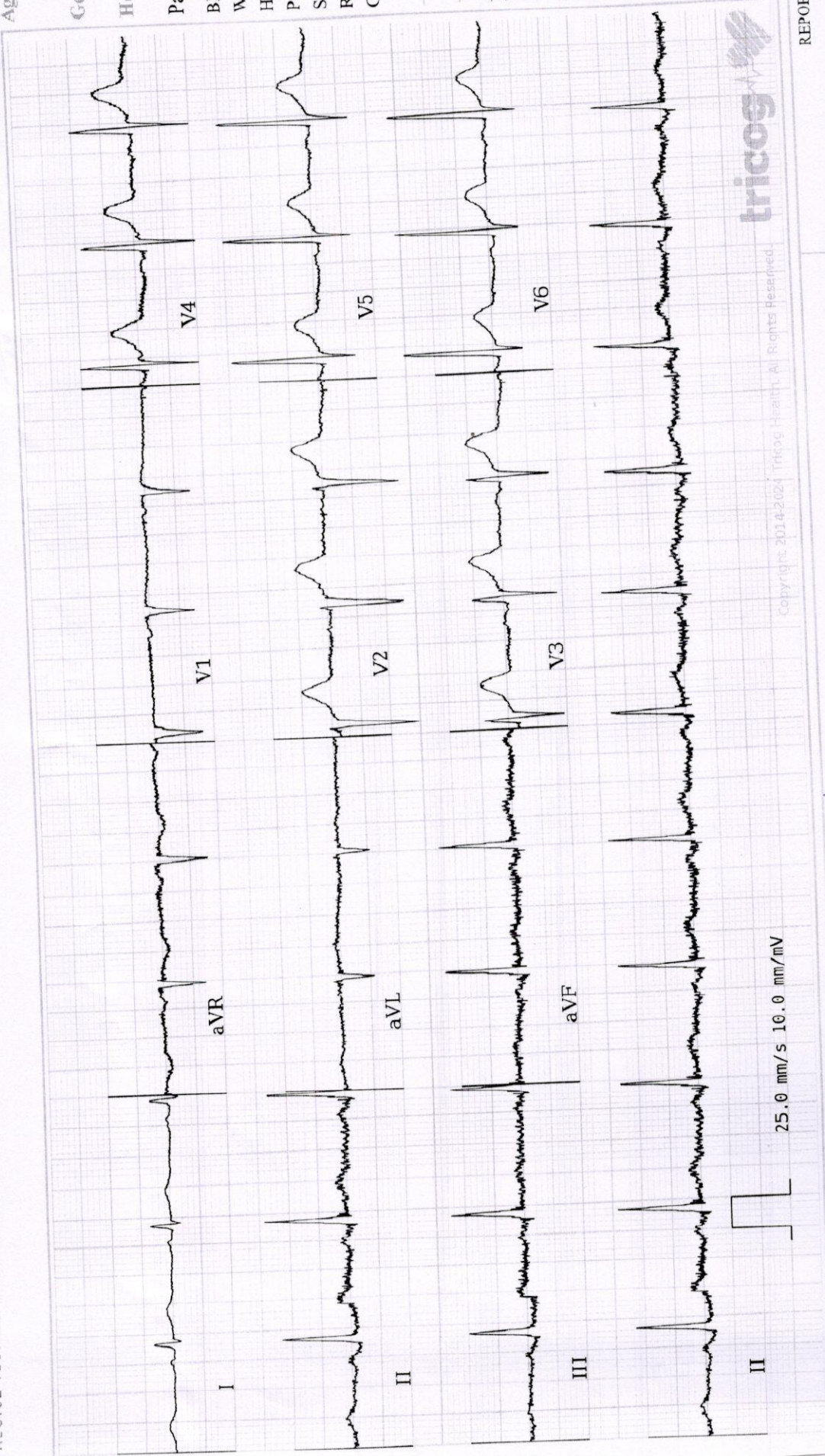
Heart Rate 73bpm

Patient Vitals

BP: NA  
Weight: 75 kg  
Height: 175 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others:

Measurements

QRSD: 82ms  
QT: 388ms  
QTcB: 427ms  
PR: 132ms  
P-R-T: 74° 83° 72°



REPORTED BY

*[Signature]*

Dr Nitin Sonawane  
M.B.B.S., A.F.I.C., D.D.I.A.B., D.C.A.R.D  
Consultant Cardiologist  
87714

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



CID : 2431420331  
Name : Mr MAHENDER BIJARNIYA  
Age / Sex : 30 Years/Male  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 09-Nov-2024  
Reported : 09-Nov-2024 / 10:02

## USG WHOLE ABDOMEN

**LIVER:** Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. **Small hemangioma of size 8.0 x 6.0 mm seen in right lobe of liver.**

**GALL BLADDER:** Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.  
(Tiny polyps/calculi may be missed due to technical limitations, sub-optimal distension of GB, adjacent gases and inter-machine variability in resolution settings)

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas obscured due to bowel gases.

**KIDNEYS:** Right kidney measures 10.4 x 4.5 cm. Left kidney measures 10.3 x 5.4 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**PROSTATE:** Prostate is normal in size and echotexture. Prostate measures 2.4 x 3.1 x 2.0 cm and prostatic weight is 12-13 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

Click here to view images [http://3.111.232.119/iRISViewer/NcoradViewer?](http://3.111.232.119/iRISViewer/NcoradViewer?Access)  
Access

sionNo=2024110909012085

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2431420331  
Name : Mr MAHENDER BIJARNIYA  
Age / Sex : 30 Years/Male  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 09-Nov-2024  
Reported : 09-Nov-2024 / 10:02

**Opinion:**

- No significant abnormality is detected apart from small liver hemangioma.

***For clinical correlation and follow up.***

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

-----End of Report-----

**Dr. Pranali Mahale**  
**MD, Radiodiagnosis**  
**Consultant Radiologist**  
**Reg no. 2019/07/5682**

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Report No = 2024110909012085

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL19000105286 of 2

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>nd</sup> Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

HEALTHLINE: 022-61700000 | E-MAIL: [customerservice@suburbandiagnosics.com](mailto:customerservice@suburbandiagnosics.com) | WEBSITE: [www.suburbandiagnosics.com](http://www.suburbandiagnosics.com)

Date:- \_\_\_\_\_ CID: 2431420331  
 Name:- Mahendra. Bijarniya Sex / Age: 30 / m

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} Nil RE CE  
 } 6/6 6/6  
 } Nil Nil

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (I) Pvt. Ltd.  
 301 & 302, 3rd Floor, Mid Elegance  
 Above Tank Junction, L. T. Road,  
 Borivali (West), Mumbai - 400 092