



790641473

09/11/2024  
Pankaj Kumar

34 Years  
Male  
34 Years  
SJM Hospital  
Sector 63  
Gurgaon, Haryana, India

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

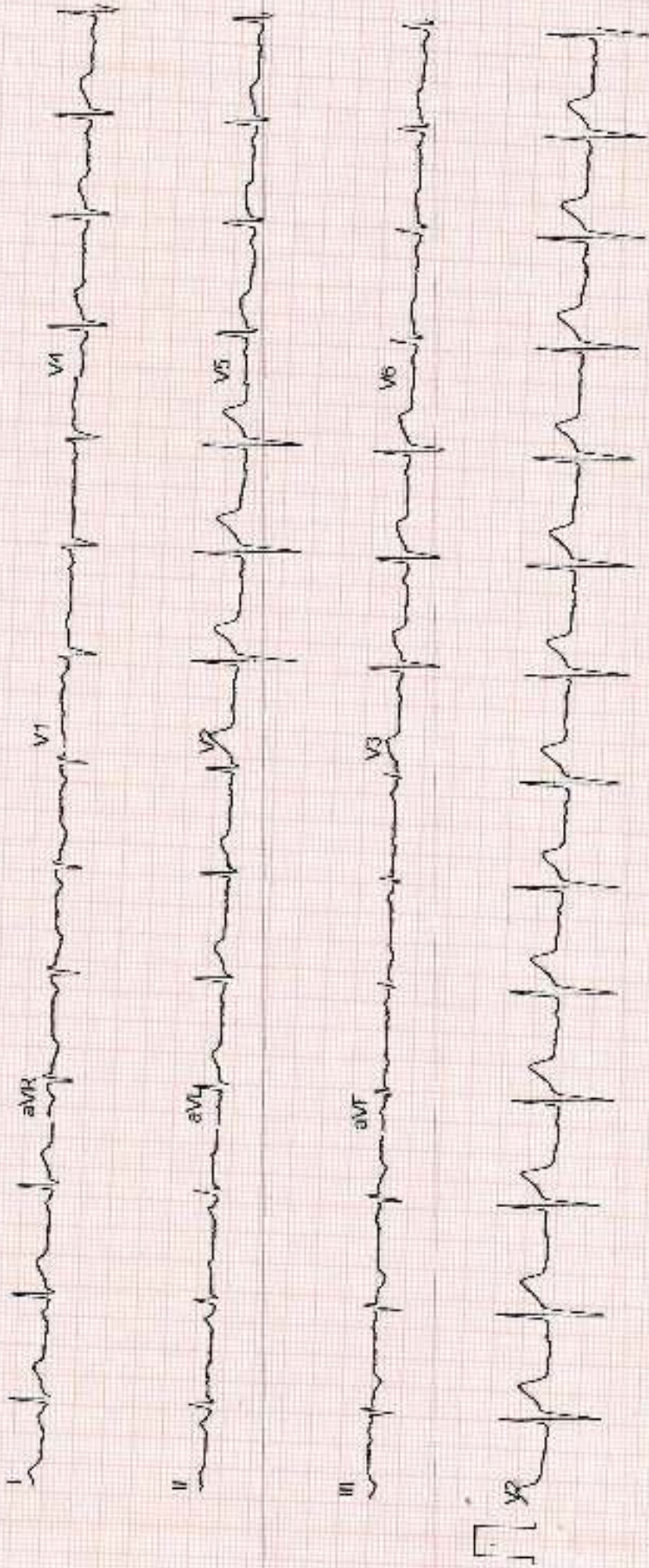
Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

84 bpm  
-- mmHg

QRS: 80 ms  
QT/QTc/Baz: 350 / 413 ms  
PR: 140 ms  
P: 108 ms  
RR/PP: 718 / 714 ms  
P/ORS/T: 51 / 10 / 4 degrees

Normal sinus rhythm  
Non-specific ST and T wave abnormality  
Abnormal ECG

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:



## Laboratory Report

Lab Serial no. : LSHHI307951  
Patient Name : Mr. PANKAJ KUMAR  
Age / Sex : 34 Yrs / M  
Referred by : Dr. SELF  
Doctor Name : Dr. AKASH MISHRA  
OPD : OPD

Mr. No : 123594  
Req. Date & Time : 09-Nov-2024 09:16 AM  
Sample Receive Date : 09-Nov-2024 09:26 AM  
Result Entry Date : 09-Nov-2024 12:34PM  
Reporting Time : 09-Nov-2024 12:34 PM

### HAEMATOLOGY

#### CBC / COMPLETE BLOOD COUNT

|                  | results     | unit                     | reference   |
|------------------|-------------|--------------------------|-------------|
| HB (Haemoglobin) | 16.50       | gmi/dL                   | 12.0 - 17.0 |
| TLC              | 5.27        | Thousand/mm <sup>3</sup> | 4.0 - 11.0  |
| DLC              |             |                          |             |
| Neutrophil       | 60          | %                        | 40 - 70     |
| Lymphocyte       | 34          | %                        | 20 - 40     |
| Eosinophil       | 02          | %                        | 01 - 06     |
| Monocyte         | 04          | %                        | 02 - 08     |
| Basophil         | 00          | %                        | 00 - 01     |
| R.B.C.           | <b>6.02</b> | Thousand / UI            | 3.8 - 5.10  |
| P.C.V            | <b>47.8</b> | million/UI               | 00 - 40     |
| M.C.V.           | 79.3        | fl.                      | 78 - 100    |
| M.C.H.           | 27.4        | pg                       | 27 - 31     |
| M.C.H.C.         | 34.5        | g/dl                     | 32 - 36     |
| Platelet Count   | 2.09        | 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: Miss. Deepali Rajput

*Dr. Rajeev Goel*

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

Page 1

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

## Laboratory Report

|                                 |  |
|---------------------------------|--|
| Lab Serial no. : L5HH1307951    | Mr. No : 123594                            |
| Patient Name : Mr. PANKAJ KUMAR | Reg. Date & Time : 09-Nov-2024 09:16 AM    |
| Age / Sex : 34 Yrs / M          | Sample Receive Date : 09-Nov-2024 09:26 AM |
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| OPD : OPD                       |  |

### HAEMATOLOGY

results unit reference

#### ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate) 10 mm/hr 00 - 22

##### 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 readily 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

HbA1C 5.30 % 4.0 - 5.6  
ESTIMATED AVERAGE GLUCOSE  
eAG[Calculated] 105.41 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 :

Tested By : Miss. Deepa Rajput





# SJM SUPER SPECIALITY HOSPITAL

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E-mail.: email@sjmhospital.com  
Web.: www.sjmhospital.com



## Laboratory Report

|                |                    |                     |                        |
|----------------|--------------------|---------------------|------------------------|
| Lab Serial no. | : LSH-1307951      | Mr. No.             | : 123594               |
| Patient Name   | : Mr. PANKAJ KUMAR | Reg. Date & Time    | : 09-Nov-2024 09:16 AM |
| Age / Sex      | : 34 Yrs / M       | Sample Receive Date | : 09-Nov-2024 09:26 AM |
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| Doctor Name    | : Dr. AKASH MISHRA | Reporting Time      | : 09-Nov-2024 12:34 PM |
| OPD            | : OPD              |                     |                        |

### BIOCHEMISTRY

#### KFT, Serum

|                          | results | unit   | reference  |
|--------------------------|---------|--------|------------|
| Blood Urea               | 37.8    | mg/dL  | 18 - 55    |
| Serum Creatinine         | 0.80    | mg/dl  | 0.7 - 1.3  |
| Uric Acid                | 5.40    | mg/dl  | 3.5 - 7.2  |
| Calcium                  | 10.10   | mg/dl  | 8.8 - 10.2 |
| Sodium (Na+)             | 137.90  | mEq/L  | 135 - 150  |
| Potassium (K+)           | 4.23    | mEq/L  | 3.5 - 5.0  |
| Chloride (Cl)            | 99.6    | mmol/L | 94 - 110   |
| BUN/ Blood Urea Nitrogen | 17.66   | mg/dL  | 7 - 18     |
| PHOSPHORUS-Serum         | 3.98    | mg/dl  | 2.5 - 4.5  |

#### 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.



Technician :

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

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|                                 |  |
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### BIOCHEMISTRY

#### LIVER FUNCTION TEST, Serum

|                        | results      | unit  | reference   |
|------------------------|--------------|-------|-------------|
| Bilirubin- Total       | <b>2.34</b>  | mg/dL | 0.1 - 2.0   |
| Bilirubin- Direct      | <b>1.18</b>  | mg/dL | 0.0 - 0.20  |
| Bilirubin- Indirect    | 1.16         | mg/dL | 0.2 - 1.2   |
| SGOT/AST               | <b>35.6</b>  | IU/L  | 00 - 35     |
| SGPT/ALT               | <b>68.8</b>  | IU/L  | 00 - 45     |
| Alkaline Phosphate     | <b>163.0</b> | U/L   | 53 - 128    |
| Total Protein          | 7.59         | g/dL  | 6.4 - 8.3   |
| Serum Albumin          | 4.70         | gm%   | 3.50 - 5.20 |
| Globulin               | 2.89         | gm/dl | 1.8 - 3.6   |
| Albumin/Globulin Ratio | 1.63         | %     |             |

#### 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 :

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Page 1

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Pathologist & Microbiologist

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### BIOCHEMISTRY

#### LIPID PROFILE, Serum

| results      | unit  | reference   |
|--------------|-------|-------------|
| <b>213.0</b> | mg/dl | < - 200     |
| 38.40        | mg/dl | 35.3 - 79.5 |
| 144.3        | mg/dl | 50 - 150    |
| 30.3         | mg/dl | 00 - 40     |
| 151.4        | mg/dl | 00 - 170    |
| <b>5.50</b>  | %     | 3.30 - 4.40 |

#### INTERPRETATION:

Lipid profile of 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.

Centre for Excellent Patient Care



technician :

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*Dr. R. Goel*

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Page 1

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|                                 |  |
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### BIOCHEMISTRY

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

#### BLOOD SUGAR (PP), Serum

|          |       |       |          |
|----------|-------|-------|----------|
| SUGAR PP | 149.8 | mg/dl | 80 - 140 |
|----------|-------|-------|----------|

##### Comments:

Accurate measurement of 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) | 100.8 | mg/dl | 70 - 110 |
|-----------------|-------|-------|----------|

##### Comments:

Accurate measurement of 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 : Miss. Deepali Rajpal

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Page 1

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Age/Sex : 34 Yrs /M  
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Doctor Name : Dr. AKASH MISHRA  
OPD/IPD : OPD

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### TEST NAME

### VALUE

ABO

"B"

Rh

POSITIVE

#### 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 H on the cell's surface that are responsible for the ABO types. Blood group is further classified as RH positive or RH negative.



Miss. Deepa Rajput

  
**Dr. Rajeev Goel**  
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### URINE SUGAR (EBS)

#### CHEMICAL EXAMINATION

Glucose : Nil

### URINE SUGAR (PPBS)

#### CHEMICAL EXAMINATION

Glucose : Trace



*Dr. Rajeev*

**Dr. Rajeev Goel**  
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Miss. Deepali Rajput

**Dr. Bupinder Zutshi**  
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### URINE EXAMINATION TEST

#### PHYSICAL EXAMINATION

Quantity: 20 ml  
Color: Straw  
Transparency: clear

#### CHEMICAL EXAMINATION

Albumin: nil  
Glucose: Trace  
PH: Acidic

#### MICROSCOPIC EXAMINATION

Pus cells: 0-1 /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.



**Dr. Rajeev Goel**  
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Miss. Deepa Rajput

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



# Immuno Diagnostics Pvt. Ltd.

Leading Immuno Assays Laboratory of Northern India

ISO 9001:2015 CERTIFIED LABORATORY

CIN No. U74899DL1979PTC009991



|                             |                                 |                   |                       |
|-----------------------------|---------------------------------|-------------------|-----------------------|
| Reference No.               | : 2411017745                    | Age/Gender        | : 34 Yrs/Male         |
| Pt's Name                   | : Mr. PANKAJ KUMAR              |                   |                       |
| Referral By                 | : NA                            |                   | MJT-SJM               |
| Sample Collection Date/Time | : 10-Nov-2024                   | Date              | : 10-Nov-2024         |
| Sample Receiving Date/Time  | : 10-Nov-2024 01:56AM           | Approved Date     | : 10-Nov-2024 03:22AM |
| Sample From                 | : SJM SUPER SPECIALITY HOSPITAL | Report Print Time | : 10-Nov-2024 11:55AM |

| Test Description   | Observed Value          | Biological Reference Interval |
|--|-------------------------|-------------------------------|
|  | <b>T3 T4 TSH, Serum</b> |                               |
| Triiodothyronine, Total (T3), Serum<br><i>Chemiluminometric Immuno Assay</i>   | 116                     | 80-180 ng/dL                  |
| Thyroxine, Total (T4), Serum<br><i>Chemiluminometric Immuno Assay</i>          | 5.3                     | 4.5-10.8 ug/dL                |
| 3rd Gen. (TSH) Ultra-sensitive (sTSH)<br><i>Chemiluminometric Immuno Assay</i> | 1.32                    | 0.35-5.50 (u)U/mL             |

### COMMENT:

The levels of thyroid hormones (T3 & T4) are low in case of Primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also. Increased levels are found in graves' disease, hyperthyroidism and thyroid hormone resistance. T3 levels are also raised in T3 thyrotoxicosis. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

### In Pregnancy:

| LEVEL         | TOTAL T3 | TOTAL T4 | TSH     |
|---------------|----------|----------|---------|
| 1st Trimester | 81-199   | 6.6-12.4 | 0.1-2.5 |
| 2nd Trimester | 100-260  | 6.6-15.5 | 0.2-3.0 |
| 3rd Trimester | 100-260  | 6.6-15.5 | 0.3-3.0 |

Laboratory is NABL Accredited

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



Dr. Nidhi Vachher  
M.B.B.S., M.D. (Pathology)  
Senior Consultant Pathologist

Dr. Ajay Kumar  
Ph.D (BARC)  
Thyroid Physiologist

Dr. Rohini Ghoshia  
M.B.B.S., M.D. (Pathology)  
Senior Consultant Pathologist

Dr. Mani Goyal  
M.B.B.S., M.D. (Pathology)  
Senior Consultant Pathologist  
Page 1 of 1

TM1265878 dated by Immuno Diagnostics Pvt Ltd

B-17, Okhla Phase-II, Industrial Area, New Delhi-110020

All results should be correlated clinically; if results are alarming or unexpected, contact the laboratory immediately. Not valid for Medico-Legal. Result pertain to the specimen submitted.

## Ultrasound Report

### TRANSTHORASCIC ECHO-DOPPLER REPORT

|                          |                   |                  |
|--------------------------|-------------------|------------------|
| Name: Mr. Pankaj         | Age /sex: 34Yrs/M | Date: 09/11/2024 |
| ECHO WINDOW: FAIR WINDOW |                   |                  |

|                          | Observed values (cm) |                  | Normal values (mm) |
|--------------------------|----------------------|------------------|--------------------|
| Aortic root diameter     | 2.6                  |                  | 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 1/2 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 DILATION, HYPOKINESIA, LVEF 60%
- 2.) No MR/MS, NO A5/AR NO TR
- 3.) No Intra cardiac clot, vegetation, pericardial effusion

**DR. AMIT KOTHARI**  
 Non Invasive Cardiologist.





## Ultrasound Report

Name: Mr. Pankaj

Age: 34Y /M

Date: 09/11/2024

### Ultrasound - Male Abdomen

**Liver:** Liver appears fatty infiltration of grade 1. 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.

**KIDNEYS:** -Both the kidneys 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 both sides.

**PARAAORTIC REGIONS:** Any mass/ lymph nodes: - no mass or lymph nodes seen.

**URINARY BLADDER:** - Adequately distended, Wall were regular and thin. Contents are Normal. No stone formation seen.

**PROSTATE:** - Normal in shape and position. Parenchymal echotexture is normal. No free ascetic fluid or pleural effusion seen.

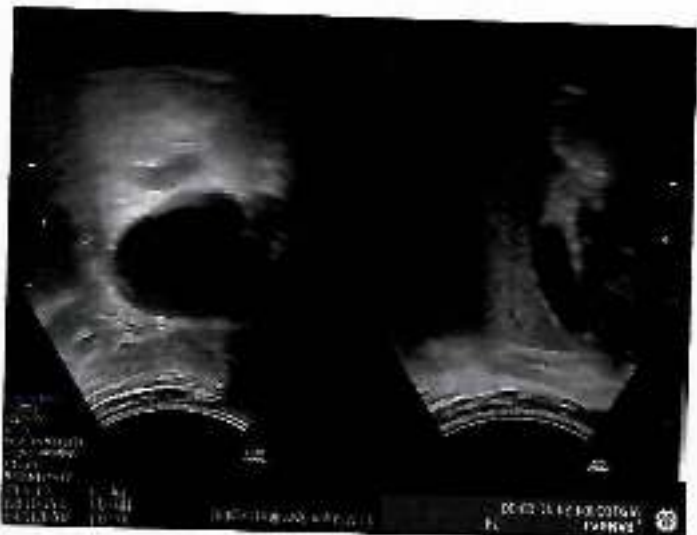
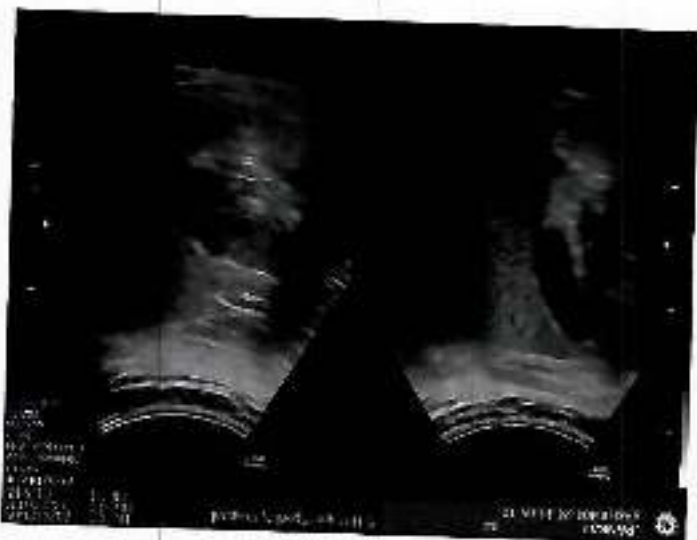
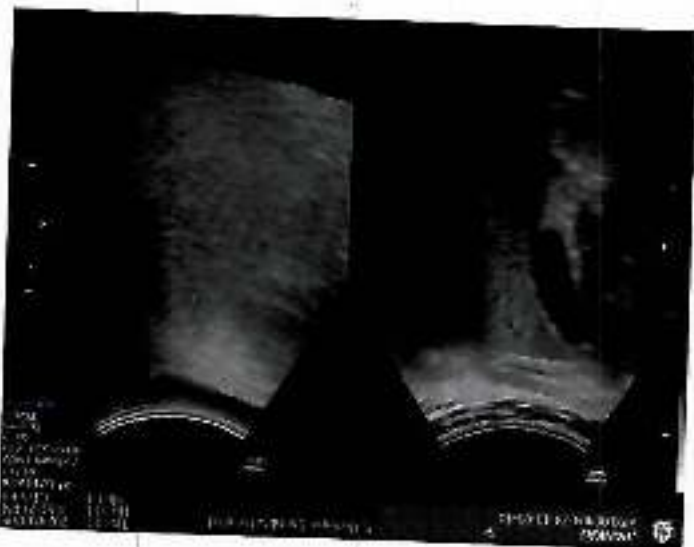
**IMPRESSION:-** Fatty liver grade I.



SJM Super Specialty Hospital

DR. PUSHPA KAUL







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(125 Bedded Fully Equipped with Modern Facilities)

Sector-83, Noida, NH-09, Near Hindon Bridge  
Tel.: 0120-6530900 / 10 Mob.: +91 9599259072



## X-Ray Report

|            |             |              |                   |
|------------|-------------|--------------|-------------------|
| PATIENT ID | : 51299 OPD | PATIENT NAME | : MR PANKAJ KUMAR |
| AGE        | : 034Y      | SEX          | : Male            |
| REF. PHY.  |             | STUDY DATE   | : 09-Nov-2024     |

### RADIOLOGY REPORT

EXAM: X RAY CHEST

CLINICAL HISTORY: NA

COMPARISON:  
None

TECHNIQUE:  
Frontal projections of the chest were obtained

**FINDINGS:**  
Mild Prominent bronchovascular markings noted at bilateral lung fields.  
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:**  
Mild Prominent bronchovascular markings noted at bilateral lung fields.

Dr. Aditya Pravin Vyas  
Consultant Radiologist  
MBBS, MD  
Regn. No. 2024/07/6829

Dr. Aditya Vyas  
09/11/2024

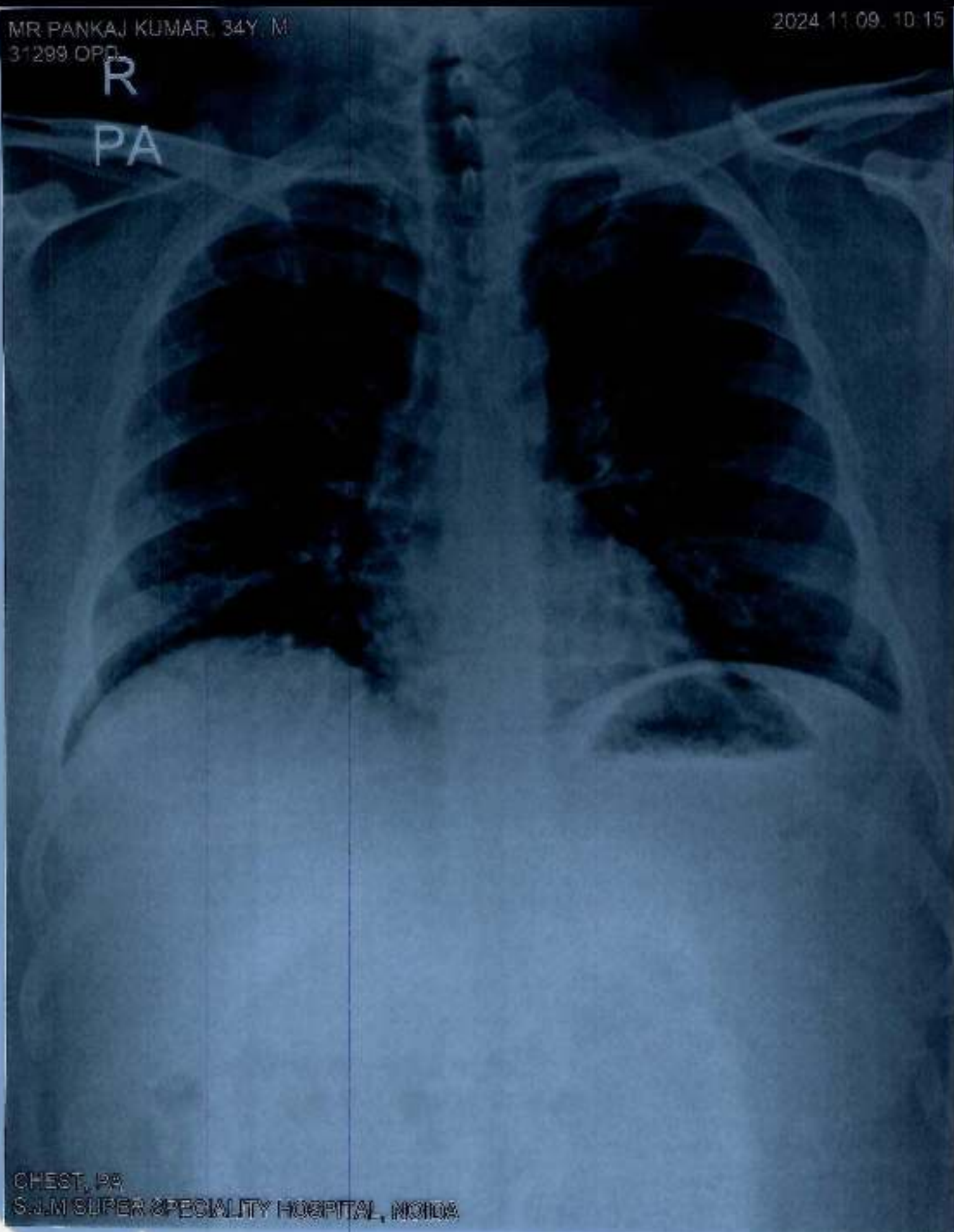


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