

CID : 2427223768
Name : MR.VIVEK RANJAN
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

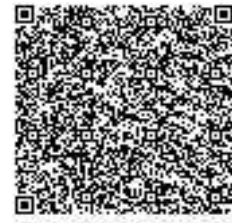
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.9	13.0-17.0 g/dL	Spectrophotometric
RBC	5.24	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.2	40-50 %	Calculated
MCV	88.3	80-100 fl	Calculated
MCH	28.5	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5730	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	31.2	20-40 %	
Absolute Lymphocytes	1787.8	1000-3000 /cmm	Calculated
Monocytes	6.8	2-10 %	
Absolute Monocytes	389.6	200-1000 /cmm	Calculated
Neutrophils	59.4	40-80 %	
Absolute Neutrophils	3403.6	2000-7000 /cmm	Calculated
Eosinophils	1.7	1-6 %	
Absolute Eosinophils	97.4	20-500 /cmm	Calculated
Basophils	0.9	0.1-2 %	
Absolute Basophils	51.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	250000	150000-400000 /cmm	Elect. Impedance
MPV	11.3	6-11 fl	Calculated
PDW	24.8	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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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	97.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	91.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.51	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.27	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	29.6	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	55.6	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	39.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	109	40-130 U/L	Colorimetric
BLOOD UREA, Serum	24.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.98	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	104	(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	

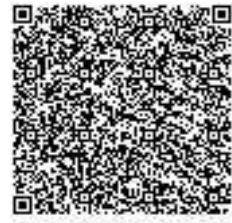
Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

URIC ACID, Serum	5.6	3.5-7.2 mg/dl	Enzymatic
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*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



Dr.CHANDRAKANT PAWAR
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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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.

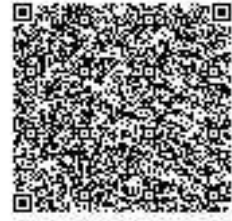
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Signature

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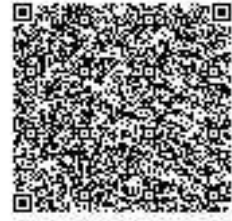
AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	-
Transparency	Clear	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	4-5	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	6-8	0-20/hpf	

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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 Semi- automated column agglutination technology (CAT)

This sample has been tested for bombay group/ bombay phenotype/ OH using anti H letin.

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

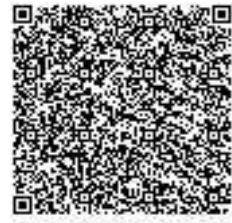
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Dr. Chandrakant Pawar

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

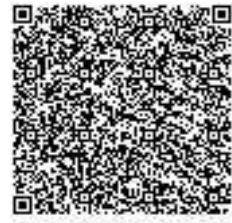
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	207	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	156	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	42.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	164.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	134	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	30.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
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Signature

Dr.CHANDRAKANT PAWAR
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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	5.3	3.10-6.80 pmol/L	ECLIA
Free T4, Serum	18.2	12-22 pmol/L	ECLIA
sensitiveTSH, Serum	3.36	0.270-4.20 mIU/ml microU/ml	ECLIA

Note: TSH values between 5.5 to 15 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 transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.



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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:

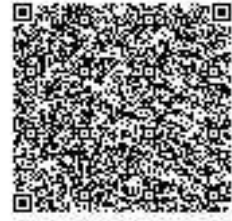
1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results.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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
PPUS and KETONES

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

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*** End Of Report ***



Dr.CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist

Name : MR.VIVEK RANJAN

Age / Gender : 34 Years/Male

Consulting Dr. :

Collected : 28-Sep-2024 / 09:44

Reg.Location : Lulla Nagar, Pune (Main Centre)

Reported : 28-Sep-2024 / 12:39

PHYSICAL EXAMINATION REPORT**History and Complaints:**

No

EXAMINATION FINDINGS:

Height (cms):177

Weight (kg):78

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg):120/80

Nails: Healthy

Pulse:68/min

Lymph Node: Not Palpable

Systems

Cardiovascular: S1,S2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: Normal

GI System: Soft non tender No Organomegaly

CNS: Normal

CHIEF COMPLAINTS:

- | | |
|-----------------------------------|---------------|
| 1) Hypertension: | Since 9 years |
| 2) IHD: | No |
| 3) Arrhythmia: | No |
| 4) Diabetes Mellitus : | No |
| 5) Tuberculosis : | No |
| 6) Asthama: | No |
| 7) Pulmonary Disease : | No |
| 8) Thyroid/ Endocrine disorders : | No |
| 9) Nervous disorders : | No |
| 10) GI system : | No |
| 11) Genital urinary disorder : | No |

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- 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

PERSONAL HISTORY:

- 1) Alcohol : No
- 2) Smoking : No
- 3) Diet : Veg
- 4) Medication : Antihypertensive

*** End Of Report ***

Shinde
Dr.Milind Shinde
MBBS, DNB, Consuling Physician,
Diabetologist & Echocardiologist

*Cholesterol (LDL) 207
Triglycerides: 158
USG ATP: Grade (F) fatty
liver
Ref to primary physician*

Shinde



Dr. MILIND SHINDE
MBBS, DNB Medicine
Reg. No. 2011/05/1544

Date:- 28/09/2024

CID: 2427223768

Name:- Mr. Vevek Ranjan

Sex / Age: M / 34 Years.

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

No

HO

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	←			6/6	←			6/6
Near	←			6/6	←			6/6

Colour Vision: Normal / Abnormal

Remark:

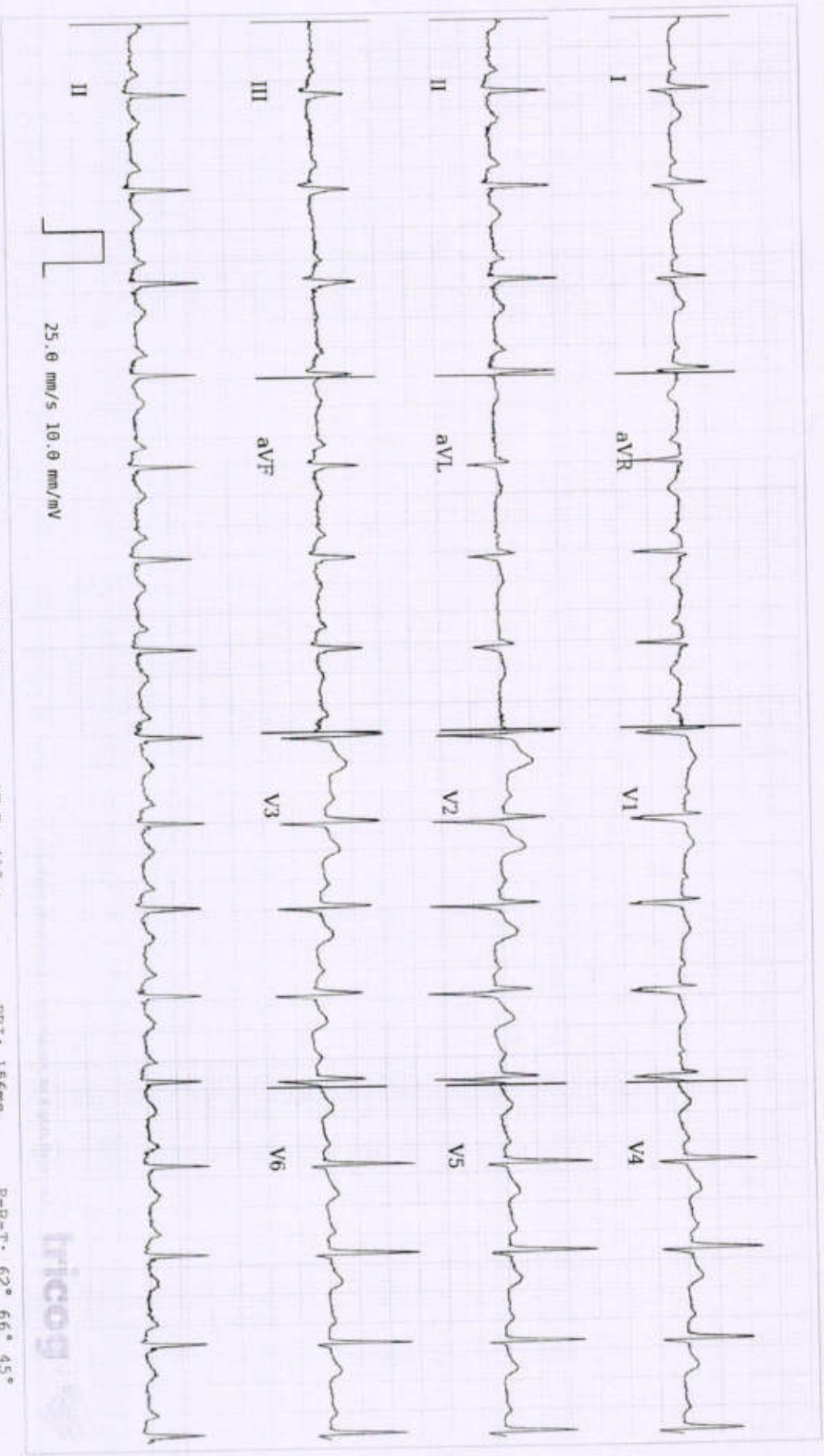


Dr. MILIND SHINDE
MBBS, DNB Medicine
Reg. No. 2011/05/1544



Age / Gender: 34/Male
Patient ID: 2427223768
Patient Name: VIVEK RANJAN

Date and Time: 28th Sep 24 11:49 AM



AR: 99bpm VR: 99bpm QRSD: 82ms QT: 322ms QTcB: 413ms PRI: 156ms P-R-T: 62° 66° 45°

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

Disclaimer: Analysis in this report is based on ECG alone and should only 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.

REPORTED BY

Dr. H. P. DIXIT

Dr. H. P. DIXIT
M.B.B.S. MD (MEDICINE)

44738



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USG WHOLE ABDOMEN

LIVER: The liver is normal in size, shape and smooth margins. It shows raised parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER: The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

PANCREAS: The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS: Both the kidneys are normal in size shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN: The spleen is normal in size and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER: The urinary bladder is well distended and reveal no intraluminal abnormality.

PROSTATE: The prostate is normal in size.

IMPRESSION:
Grade I fatty liver.

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



DR. ANUPRIYA BATRA
MD Radiology
Reg. No. 2021/12/8725

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