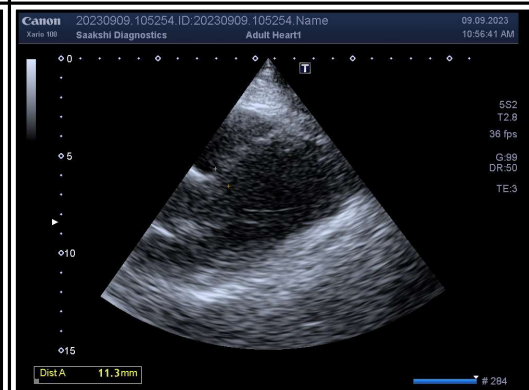
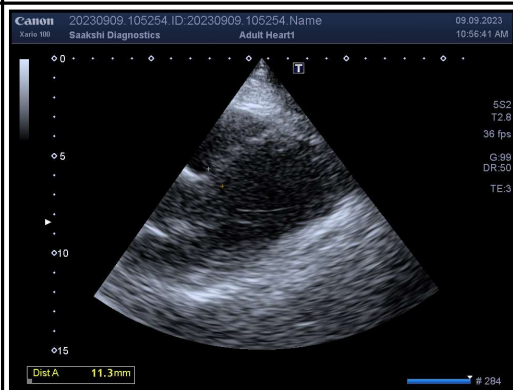
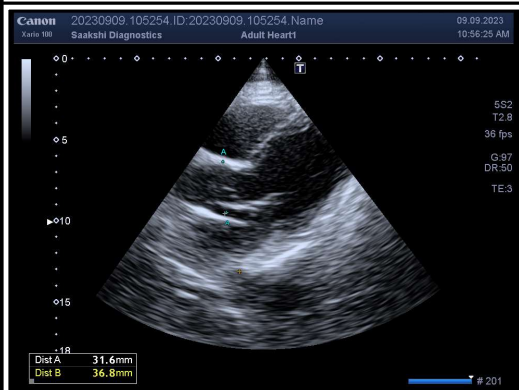
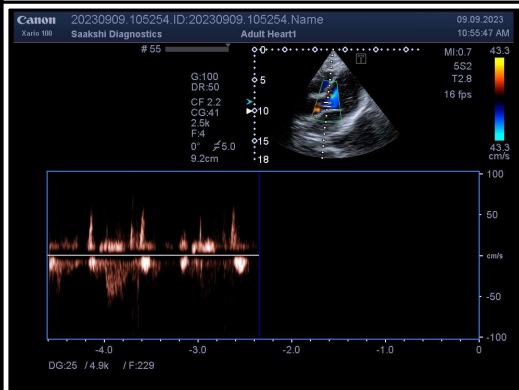
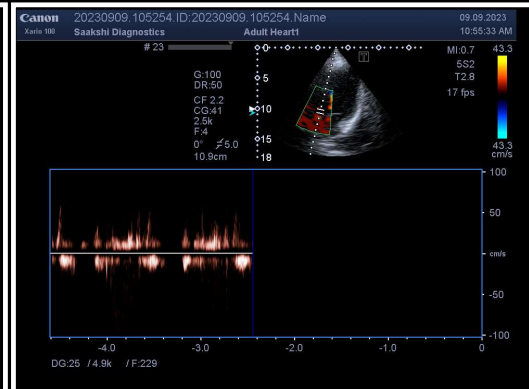
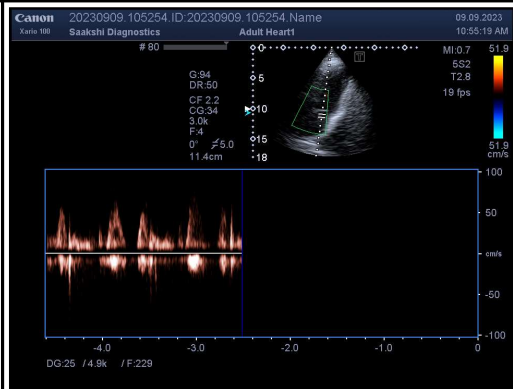
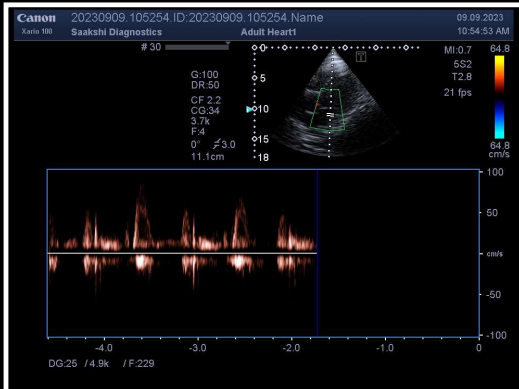
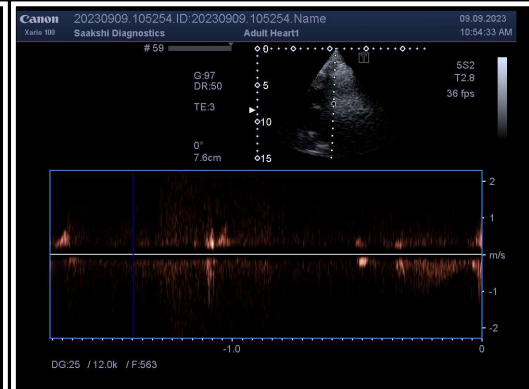
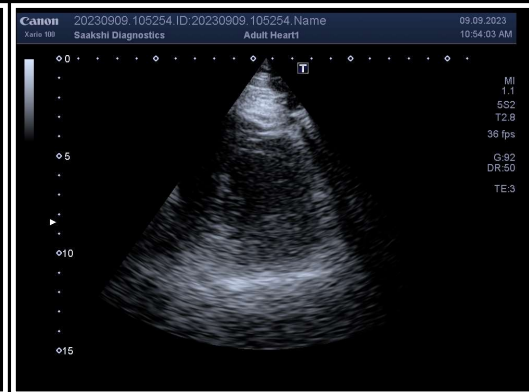
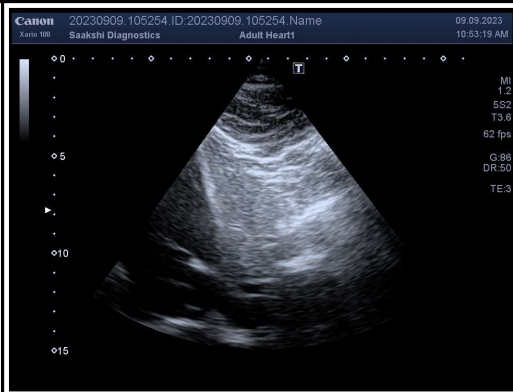
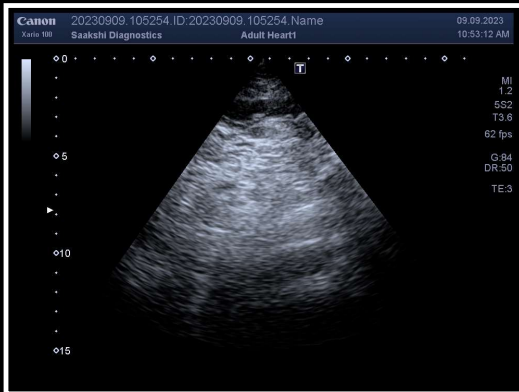


# SAAKSHI DIAGNOSTICS

Name : 20230909.105254.SANDIP

09 Sep 2023 10:53 AM Study : Abdomen





<b>NAME : Mr. Sandip Rokade</b>	<b>DATE : 09/09/2023</b>
<b>REF BY : Apollo Clinic</b>	<b>AGE : 45/SEX : M</b>

**2D echo report**

Parameters	Measured	
<b>LVIDD</b>	<b>44</b>	<b>mm</b>
<b>LVIDS</b>	<b>28</b>	<b>mm</b>
<b>IVS</b>	<b>10</b>	<b>mm</b>
<b>PW</b>	<b>10.5</b>	<b>mm</b>
<b>Aorta</b>	<b>30</b>	<b>mm</b>
<b>LA diameter</b>	<b>35</b>	<b>Mm</b>

Normal chamber size  
Regional wall motion abnormalities- Absent  
LVEF- 60 %  
Valves- normal  
IAS/IVS Intact  
No clots/effusion/ vegetations  
IVC not dilated.

**COLOUR DOPPLER STUDY**

No AR  
No MR  
*Minimal TR*  
No significant gradient across Aortic valve  
No significant pulmonary hypertension

**Impression-**

**No significant abnormality**

Dr. Sandeep D. Bendale  
MD

**Health Care Solutions**



भारत सरकार  
GOVERNMENT OF INDIA



रोकडे संदीप बाजिराव  
Rokade Sandip Bajirao  
जन्म तारीख/DOB: 29/07/1979  
पुरुष/ MALE  
Mobile No: 7387041979

**5613 4076 6707**  
VID : 9123 3384 7961 5650

माझे **आधार**, माझी ओळख



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

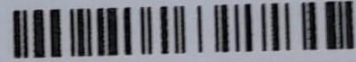


पत्ता:

एच नो 1042, आझाद नगर, मामूर्डी, डिफेन्स कॉलनी, देहु  
रोड, पुणे,  
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# SAAKSHI

## DIAGNOSTICS Health Care Solutions

An ISO 9001-2015  
Certified Centre



Regd. No. PH/CSP/RH-MAVAL/1572/2018

📍 Emerald Park, Parandwadi Road, Somatane Phata, Somatanegaon, Tal. Maval, Dist. Pune - 410 506

📧 sakshidiagnostic18@gmail.com 📞 + 91 7888123458 / 9028311541 / 9040583030 [www.sakshidiagnostic.com](http://www.sakshidiagnostic.com)

<b>Patient Name:</b> Sandip Rokade	<b>Age:</b> 45Yrs/Male
<b>Ref by:</b> Apollo	<b>Date:</b> 09/09/2023

## CHEST X RAY PA VIEW

Visualized lung fields grossly normal.  
Heart and mediastinum appear normal.  
Both the costo-phrenic angles clear.  
Both the domes of diaphragm appear normal.  
Bony thorax grossly appears normal.

### Impression :

➤ **NO SIGNIFICANT ABNORMALITY NOTED.**

**Adv: Clinical correlation and further imaging if clinically indicated.**

**DR ROHANKUMAR SADAR  
CONSULTING RADIOLOGIST**

# Health Care Solutions

• MRI 1.5 TESLA • CT SCAN WITH INJECTOR • PATHOLOGY • MICROBIOLOGY • SONOGRAPHY 4D • CLOUR DOPPLER • 2D ECHO • DIGITAL X-RAY  
• MAMMOGRAPHY • AUDIOMETRY • OPHTHALMOLOGY • TMT / BMD • UROFLOWMETRY • EMG, NCV, EEG, ECG • DENTAL CHECKUP





**SAAKSHI PATHOLOGY LABORATORY**

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PATIENT ID : 428 SAMPLE ID : 92188 REG.DATE : 09-09-2023  
PATIENT NAME : MR. SANDIP ROKADE AGE / SEX : 45 YEARS / MALE  
REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

**PSA - PROSTATE SPECIFIC ANTIGEN**

Investigation	Result	Unit	Reference Range
PSA TOTAL	: 1.55	ng/ml	Normal Range : Upto 4.0 Border line : 4 - 10 High Range : More than 10.0

Method : Electrochemiluminescence Immunoassay

Instrument : Cobas e411 Immunoassay Analyser , Roche Diagnostics Germany

Distribution of PSA value in BPH & Prostate Carcinoma.

PSa Level ng/ml	Benign Prostate Hyperplasia	Prostate Carcinoma
0 - 4	74 %	7 %
4 - 10	20 %	17 %
More than 10	6 %	76 %

TPSA as a Tumor marker is used as an additional test for prognosis and monitoring of therapy for patients with diagnosed malignant tumors. It may offer a diagnostic value for screening patients with suspected malignancies, as high values may be experienced in situations like benign prostatic hyperplasia, prostatitis, bladder catheterisation urinary retention, endoscopic examination. Value in between 4-10ng/ml may be an indication of Benign Prostate Hyperplasia or prostate Cancer, values greater than 10ng/ml indicates high risk of Cancer and Biopsy is mandatory in such cases.

Elevated levels of PSA are associated with prostate cancer, but may also be seen with prostatitis (Inflammation of the prostate) and benign prostatic hyperplasia (BPH). PSA test done along with free PSA provides additional information.

Studies have suggested that the percentage of free PSA in total PSA is lower in patients with prostate cancer than those with benign prostate hyperplasia.

Dr Suhas A Lunkad  
MD ( Path ) DPB  
( Reg No : 89089 )



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PATIENT ID : 428 SAMPLE ID : 92189 REG.DATE : 09-09-2023  
PATIENT NAME : MR. SANDIP ROKADE AGE / SEX : 45 YEARS / MALE  
REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

**COMPLETE BLOOD COUNT (CBC)**

Investigation	Result	Unit	Reference Range
HAEMOGLOBIN	: 15.1	g/dl	13.0 - 18.0

**RBC PARAMETERS**

Total RBC Count	: 5.39	mil/cmm	3.9 - 5.1
PCV ( Haematocrit )	: 47.2	%	33.0 - 49.0
MCV	: 87.6	fl	75 - 96
MCH	: 28.0	pg	25 - 32
MCHC	: 32.0	g/dl	30 - 36
RDW-CV	: 14.3	%	11.5 - 15.3
RDW-SD	: 47.0	fL	36.0 - 56.0

**WBC PARAMETERS**

Total WBC Count	: 6100	/cmm	4000 - 11000
-----------------	--------	------	--------------

**WBC DIFFERENTIAL COUNT**

Neutrophils	: 59.8	%	40 - 70
Lymphocytes	: 30.4	%	20 - 45
Eosinophils	: 3.6	%	0 - 4
Monocytes	: 5.6	%	0 - 10
Basophils	: 0.6	%	0 - 1

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	: 3647.8	/cmm	1600 - 7700
LYMPHOCYTES	: 1854.4	/cmm	800 - 4950
EOSINOPHILS	: 219.6	/cmm	40 - 440
MONOCYTES	: 341.6	/cmm	100 - 1200
BASOPHILS	: 36.6	/cmm	0 - 100

**PLATELET PARAMETERS**

Platelet Count	: 180000	/cmm	150000 - 450000
MPV	: 10.7	fl	6 - 12
PDW	: 16.1	%	8 - 18
PCT	: 0.193	%	0.15 - 0.5



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PATIENT ID : 428 SAMPLE ID : 92189 REG.DATE : 09-09-2023  
PATIENT NAME : MR. SANDIP ROKADE AGE / SEX : 45 YEARS / MALE  
REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

**COMPLETE BLOOD COUNT (CBC)**

Investigation	Result	Unit	Reference Range
<b>PERIPHERAL SMEAR EXAMINATION</b>			
RBC Morphology	: Normocytic Normochromic		
WBC Morphology	: Within Normal Limits		
Platelet Morphology	: Adequate On Smear		
Malarial Parasite Thick & Thin Smear	: Malarial Parasite Not seen		

Technology : BC5150 - Automated 5 part Haematology Analyzer

Method :

Haemoglobin : Photometry

Total WBC Count : Electrical impedance

Differential WBC Count : Flow Cytometry (FCM) + Laser scatter + Chemical dye method

Total RBC Count : Electrical impedance

Platelete Count : Electrical impedance

Staining & Microscopy

Note :

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood

2. Test conducted on EDTA whole blood

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PATIENT ID	: 428	SAMPLE ID	: 92186	REG.DATE	: 09-09-2023
PATIENT NAME	: MR. SANDIP ROKADE	AGE / SEX	: 45 YEARS / MALE	REPORT DATE	: 09-09-2023
REF BY	: APOLLO CLINIC				

**BLOOD GROUPING & Rh TYPING**

**Investigation**

**Result**

BLOOD GROUP & RH TYPE

: B Rh Positive

Method : haemagglutination

This is screening method of blood group . Confirmation should be done by reverse & forward grouping method.

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PATIENT ID : 428 SAMPLE ID : 92190 REG.DATE : 09-09-2023  
PATIENT NAME : MR. SANDIP ROKADE AGE / SEX : 45 YEARS / MALE  
REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

**ESR-ERYTHROCYTE SEDIMENTATION RATE**

Investigation	Result	Unit	Reference Range
ESR	: 16	mm/hr	Infant/Child : 0 - 10 mm  Adult Male < 50 Yrs : 0 - 15 mm > 50 Yrs : 0 - 20 mm  Adult Female < 50 Yrs : 0 - 20 mm > 50 Yrs : 0 - 30 mm

1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
2. Test conducted on EDTA whole blood at 37°C.
3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.

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PATIENT ID : 428 SAMPLE ID : 92192 REG.DATE : 09-09-2023  
 PATIENT NAME : MR. SANDIP ROKADE AGE / SEX : 45 YEARS / MALE  
 REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

**BLOOD SUGAR FASTING AND POST PRANDIAL**

<b>Investigation</b>	<b>Result</b>	<b>Unit</b>	<b>Reference Range</b>
BLOOD SUGAR FASTING	: 82.0	mg/dl	Normal : < 100.0 Prediabetes : 100.0 - 125.0 Diabetes : => 126.0
BLOOD SUGAR POST PRANDIAL II HR	: 96.0	mg/dl	Normal : < 140.0 Prediabetes : 140.0 - 199.0 Diabetes : => 200.0

Test Method : Glucose oxidase-peroxidase - Photometry

Note:

Reference range of blood sugar are given as per guidance of American Diabetes Association (ADA)

Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

Comments : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

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PATIENT ID : 428 SAMPLE ID : 92184 REG.DATE : 09-09-2023  
PATIENT NAME : MR. SANDIP ROKADE AGE / SEX : 45 YEARS / MALE  
REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

**LIVER FUNCTION TEST**

Investigation	Result	Unit	Reference Range
TOTAL BILIRUBIN	: 0.7	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	: 0.3	mg/dL	0.0 - 0.5
INDIRECT BILIRUBIN	: 0.4	mg/dL	0.1 - 1.0
TOTAL PROTEIN	: 6.9	gm/dL	6.4 - 8.3
ALBUMIN	: 4.0	g/dL	3.5 - 5.5
GLOBULIN	: 2.9	g/dL	2.3 - 3.5
A/G RATIO	: 1.38		1.25 - 2.5
SGOT (AST)	: 32.0	IU/L	5 - 40
SGPT (ALT)	: 28.0	IU/L	5 - 41
ALKALINE PHOSPHATASE	: 82.0	IU/L	41.0 - 137.0

Test Method :

Billirubin Total : Diazo With Sulphanalic Acid - Photometry  
Billirubin Direct : Diazo With Sulphanalic Acid - Photometry  
Billirubin Indirect : Calculated

Total Protein : Biuret - Endpoint Photometry  
Albumin : Bromseal Green - Endpoint Photometry  
Globulin : Calculated

SGOT : IFCC - Kinetic SGPT : IFCC - Kinetic ALP : AMP Buffer IFCC - Kinetic

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( Reg No : 89089 )



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PATIENT ID : 428 SAMPLE ID : 92183 REG.DATE : 09-09-2023  
PATIENT NAME : MR. SANDIP ROKADE AGE / SEX : 45 YEARS / MALE  
REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

**LIPID PROFILE**

Investigation	Result	Unit	Reference Range
SERUM TOTAL CHOLESTEROL	: 183.0	mg/dl	Desirable : < 200 mg/dl Borderline high : 200 - 239 mg/dl High : >= 240 mg/dl
SERUM TRIGLYCERIDES	: 140.2	mg/dl	Normal : < 150 mg/dl Borderline high : 150 - 199 mg/dl High : 200 - 499 mg/dl Very high : >=500 mg/dl
SERUM HDL CHOLESTEROL (Direct)	: 48.0	mg/dl	Desirable : > 60.0 mg/dl Borderline : 40.0 - 60.0 mg/dl High risk : < 40.0 mg/dl
SERUM LDL CHOLESTEROL (Direct)	: <b>107.0</b>	mg/dl	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
SERUM VLDL CHOLESTEROL	: 28.0	mg/dl	6 - 38
CHOL / HDL CHOL RATIO	: 3.8		0 - 4.5
LDL CHOL / HDL CHOL RATIO	: 2.2		0 - 3.5

Test Method

TOTAL CHOLESTEROL- Endpoint - CHOD-POD  
TRIGLYCERIDES - Endpoint - CHOD-POD  
HDL CHOLESTEROL - Endpoint - Direct Enzymatic  
LDL CHOLESTEROL - Endpoint - Direct Enzymatic  
VLDL - Calculated  
TC/HDLC RATIO - Calculated  
LDLC/HDLC RATIO - Calculated

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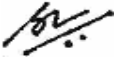


PATIENT ID : 428 SAMPLE ID : 92194 REG.DATE : 09-09-2023  
PATIENT NAME : MR. SANDIP ROKADE AGE / SEX : 45 YEARS / MALE  
REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

**RENAL FUNCTION TEST**

Investigation	Result	Unit	Reference Range
BLOOD UREA LEVEL	: 18.4	mg/dl	13.0 - 45.0
BLOOD UREA NITROGEN	: 8.7	mg/dl	6.0 - 21.2
SERUM CREATININE	: 1.10	mg/dL	0.6 - 1.4
SERUM SODIUM	: 139.9	mmol/l	135 - 148
SERUM POTASSIUM	: 3.9	mmol/l	3.5 - 5.3
SERUM CHLORIDE	: 106.0	mmol/l	98 - 107

Test Method  
Urea - Kinetic - GLDH  
Blood Urea Nitrogen - Calculated  
Creatinine - Kinetic - Enzymatic  
Sodium - ISE - Direct  
Potassium - ISE - Direct  
Chloride - ISE - Direct

  
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PATIENT ID : 428 SAMPLE ID : 92185 REG.DATE : 09-09-2023  
 PATIENT NAME : MR. SANDIP ROKADE AGE / SEX : 45 YEARS / MALE  
 REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

**GAMMA GT (GGTP)**

<b><u>Investigation</u></b>	<b><u>Result</u></b>	<b><u>Unit</u></b>	<b><u>Reference Range</u></b>
SERUM GAMMA GT (GGTP)	: 28.0	U/L	10 - 50

Dr Suhas A Lunkad  
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PATIENT ID : 428 SAMPLE ID : 92187 REG.DATE : 09-09-2023  
PATIENT NAME : MR. SANDIP ROKADE AGE / SEX : 45 YEARS / MALE  
REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<b>Investigation</b>	<b>Result</b>	<b>Unit</b>	<b>Reference Range</b>
GLYCOSYLATED HEMOGLOBIN (HbA1c)	: 5.20	%	Normal : < 5.7 Prediabetic : 5.7 - 6.4 Diabetic : >= 6.5  Guidance for Known Diabetic Good Control : < 6.5 Fair Control : 6.5 - 7.4 Unsatisfactory Control : 7.0 - 8.0 Poor Control > 8.0
MEAN PLASMA GLUCOSE	: 107.8	mg/dl	Good Control : 90.0 - 120.0 Fair Control : 121.0 - 150.0 Unsatisfactory Control : 151.0 - 180.0 Poor Control : > 180.0

Test Method : Quantitative Immunofluorescence Assay

Reference range given As per American Diabetes Association (ADA)

Note :

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly Controlled
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments : HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Dr Suhas A Lunkad  
MD ( Path ) DPB  
( Reg No : 89089 )



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PATIENT ID : 428 SAMPLE ID : 92193 REG.DATE : 09-09-2023  
PATIENT NAME : MR. SANDIP ROKADE AGE / SEX : 45 YEARS / MALE  
REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

**THYROID FUNCTION TEST**

Investigation	Result	Unit	Reference Range
T3 (TRIIODIOTHYRONINE)	: 0.699	ng/ml	0.69 - 2.15
T4 (THYROXINE)	: 6.81	ug/dl	5.20 - 12.7
ULTRA TSH	: 1.94	mIU/ml	0.30 - 5.50

Method : Electrochemiluminescence Immunoassay

Instrument : Cobas e411 Immunoassay Analyser , Roche Diagnostics Germany

T3 & T4 :

- Total T3 & T4 levels measure the hormone which is in the bound form and is not available to most tissues.  
- Severe systemic illness affects the thyroid binding proteins and can falsely alter Total T4 levels in the absence of a primary thyroid disease. Hence Free T3 & T4 levels are recommended for accurate assessment of thyroid dysfunction

Clinical Use - Diagnose Hypothyroidism and Hyperthyroidism when overt and / or due to pituitary or hypothalamic disease.

Increased Levels : Hyperthyroidism, Increased TBG, Familial dysalbuminemic hyperthyroxinemia, Increased Transthyretin, Estrogen therapy, Pregnancy

Decreased Levels : Primary hypothyroidism, Pituitary TSH deficiency, Hypothalamic TRH deficiency, Non thyroidal illness, Decreased TBG.

TSH Clinical Use : The ability to quantify circulating levels of thyroid stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (Thyroid) from secondary (Pituitary) and Tertiary (Hypothalamus) In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism TSH levels are low or normal . Concentration of 4.2 to 7.0 uIU/mL are considered borderline hypothyroid.

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 am and at a minimum between 6 - 10 pm , The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

Primary Hypothyroidism , Hyperthyroidism , Hypothalamic Pituitary hypothyroidism , Inappropriate TSH secretion , Nonthyroidal illness , Autoimmune thyroid disease , Pregnancy , associated thyroid disorders , Thyroid dysfunction in infancy and early childhood

Dr Suhas A Lunkad  
MD ( Path ) DPB  
( Reg No : 89089 )



**SAAKSHI PATHOLOGY LABORATORY**

Emerald Hills, Parandwadi Road, Somatane Phata, Somatane Gaon, Tal. Maval, Dist. Pune- 410506

sakshidiagnostic18@gmail.com www.saakshidiagnostics.com



PATIENT ID : 428 SAMPLE ID : 92191 REG.DATE : 09-09-2023  
PATIENT NAME : MR. SANDIP ROKADE AGE / SEX : 45 YEARS / MALE  
REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

**URINE ROUTINE ANALYSIS**

**Investigation Result Unit Reference Range**

**PHYSICAL EXAMINATION**

Volume (ml) : 20 ml  
Colour : Pale Yellow  
Apperance : Clear

**CHEMICAL EXAMINATION**

Reaction (pH) : 6.5 5.0 - 8.0  
Specific Gravity : 1.015 1.010 - 1.030  
Proteins / Albumin : Absent Absent  
Glucose / Sugar : Absent Absent  
Ketones : Absent Absent  
Blood : Absent Absent  
Urobilinogen : Normal Normal  
Bile Salts : Absent Absent  
Bile Pigments : Absent Absent  
Nitrate : Absent Absent  
Leucocyte Esterase : Absent Absent

**MICROSCOPIC EXAMINATION**

Leukocytes(Pus cells)/hpf : 2 - 3 Absent  
Epithelial Cells / hpf : 2 - 3 Absent  
Red Blood Cells / hpf : Absent Absent  
Casts : Absent  
Crystals : Absent  
Amorphous debris : Absent  
Bacteria / hpf : Absent Absent

Chemical Dipstik , Centrifuged Deposit, Quantities per High Power field.



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**URINE ROUTINE ANALYSIS**

<b><u>Investigation</u></b>	<b><u>Result</u></b>	<b><u>Unit</u></b>	<b><u>Reference Range</u></b>
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 Dr Suhas A Lunkad  
 MD ( Path ) DPB  
 ( Reg No : 89089 )



MER- MEDICAL EXAMINATION REPORT

Date of Examination-	09/09/2023		
NAME Sandip Rokade			
AGE 45	Gender	Male	
HEIGHT(cm) 176	WEIGHT (kg)	96.	
B.P.	123/88.		
ECG	Normal		
X Ray	Normal.		
Vision Checkup	Color Vision : -		
	Far Vision Ratio : -		
	Near Vision Ratio : (L) +0.50 (R) +0.25		
Present Ailments	N.A		
Details of Past ailments (If Any)	N.A.		
Comments / Advice : She /He is Physically Fit	He is medically fit		
Mrs. Sandip Rokade is medically fit			

Dr. SANDEEP D. BENDRE  
 MDRD  
 Reg No. 2011/04/07

Signature with Stamp of Medical Examiner

*(Handwritten signature)*



Clarity Medical TrueBeat 200 Ver2.2.5H

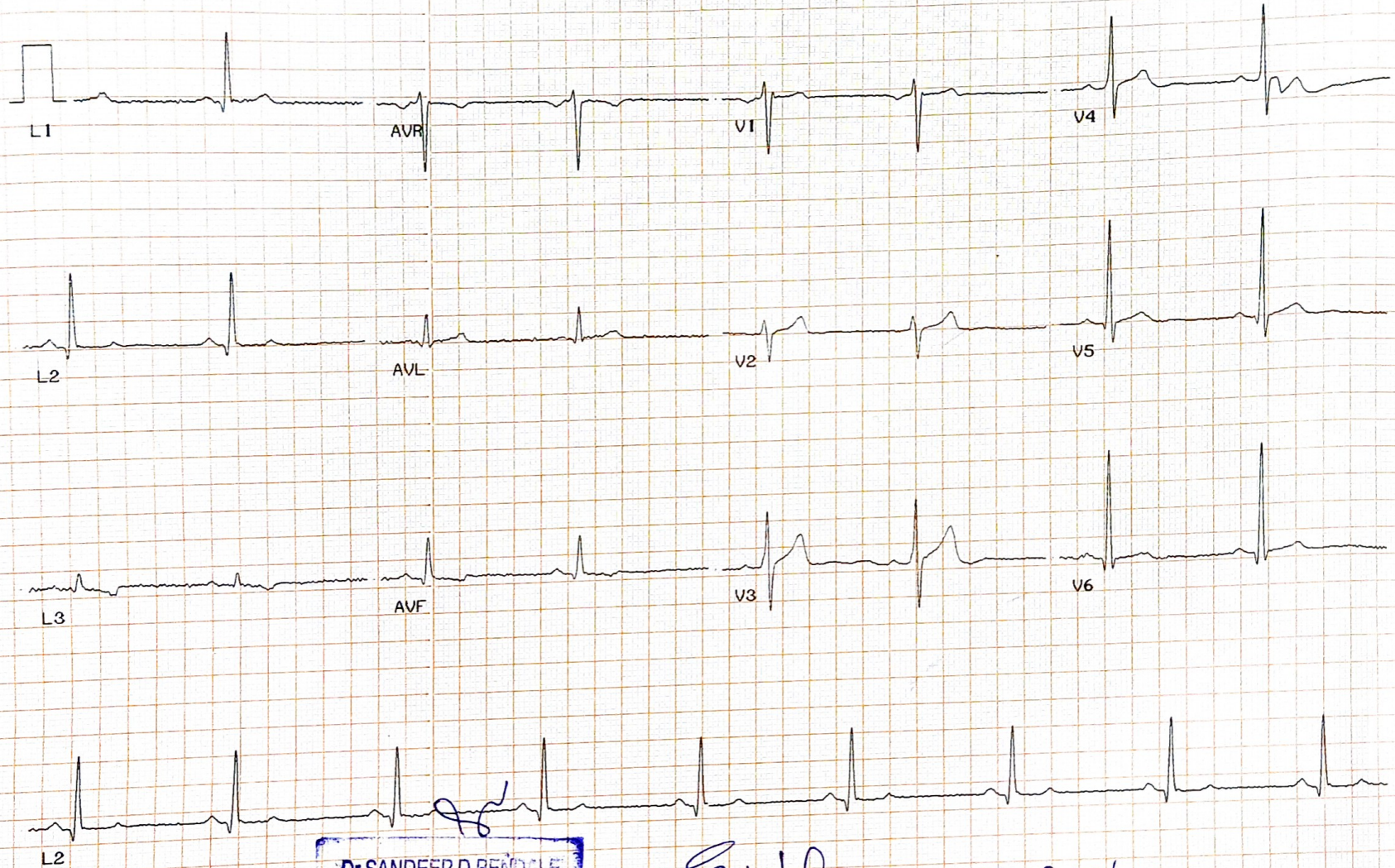
Sandip Rokade  
M 45Y 096Kg  
09:55 AM  
09/09/2023

25 mm/S  
10mm/mV  
0.1 - 35Hz  
50Hz Rej-Y  
AUTO 12LS  
BLC-Y

P = 97 mS  
QRS = 110 mS  
PQ = 140 mS  
QT = 362 mS  
QTc = 340 mS

QT/QTc = 106%  
QT/RR = 31%  
QRS axis = 30°  
P axis = 48°  
T axis = -16°

To be clinically correlated: HR = 53bpm  
Sinus Bradycardia  
Otherwise Normal ECG



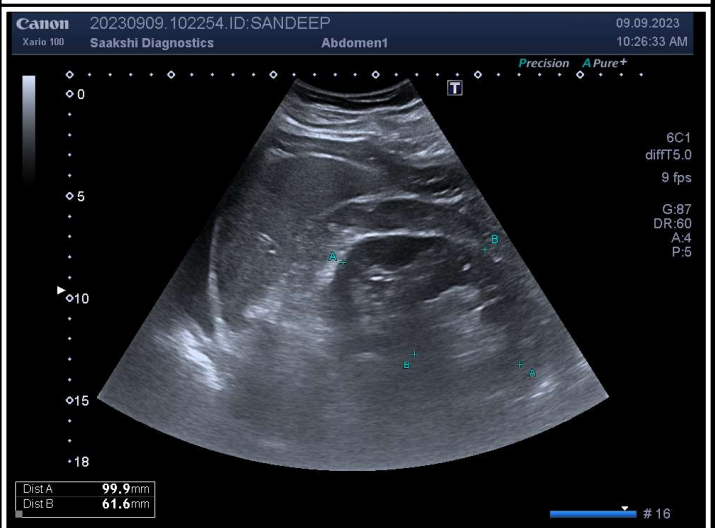
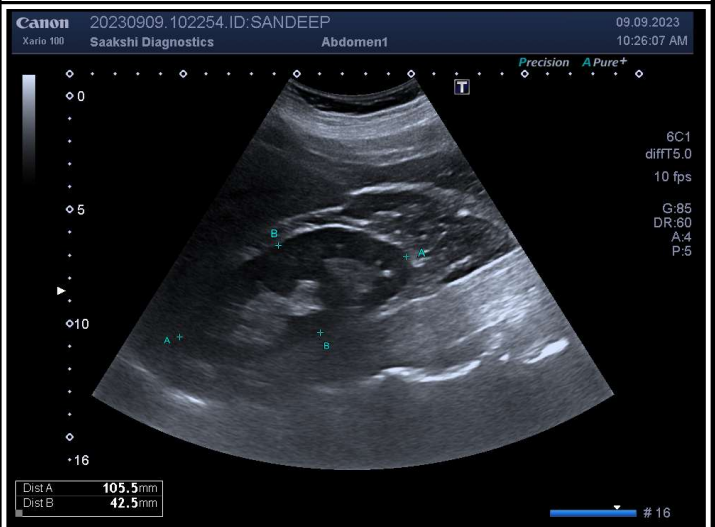
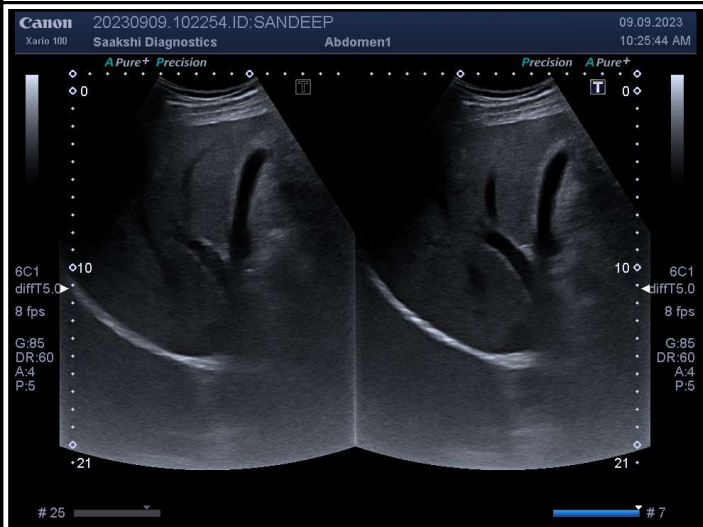
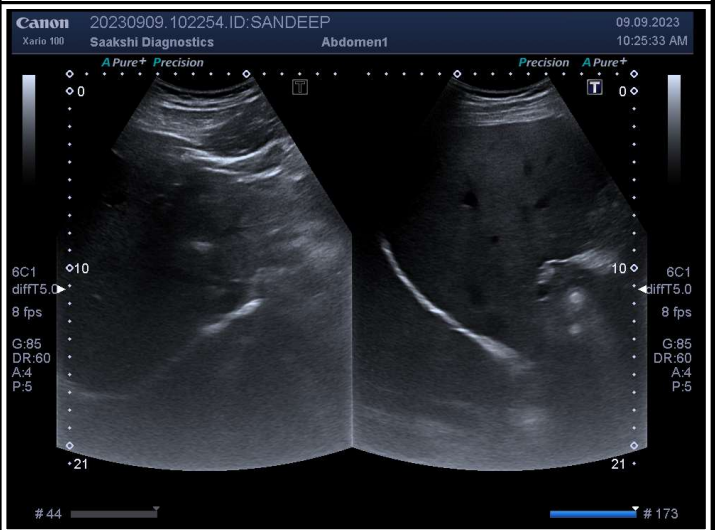
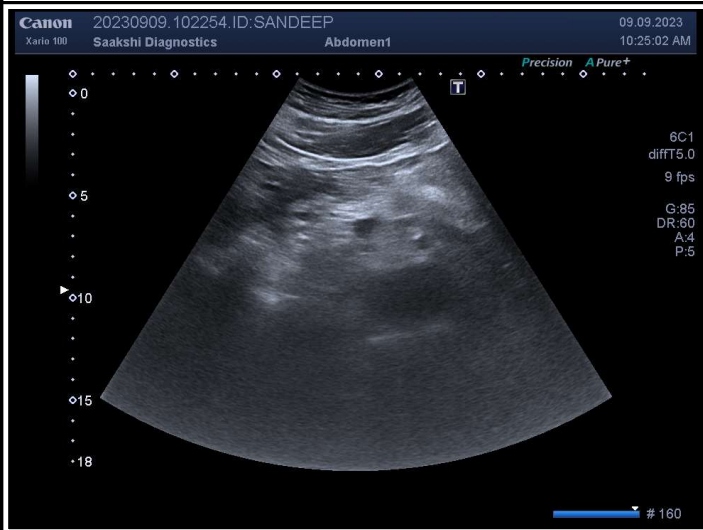
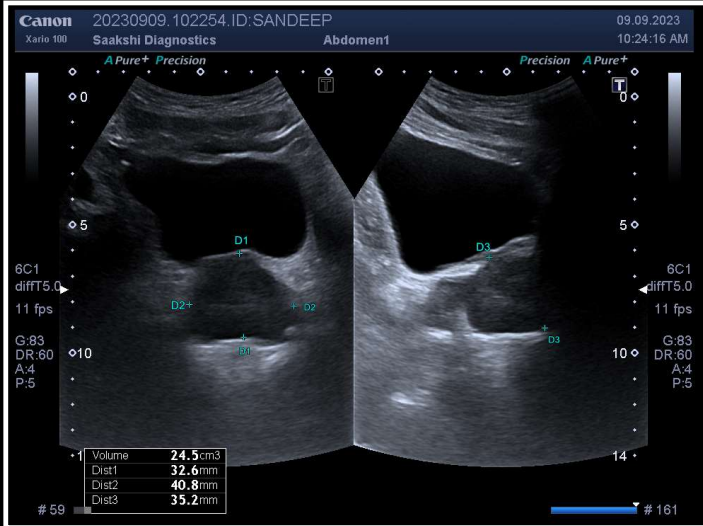
Dr. SANDEEP D. BENDALE  
MDRD  
Reg No. 2011/04/07  
Dr

S. S. Rokade

Ref By Apollo

SAAKSHI DIAGNOSTICS somtanegaon







<b>NAME : Sandip Bajirao Rokade</b>	<b>DATE : 09/08/2023</b>
<b>REF BY : Apollo Clinics</b>	<b>AGE/SEX : 45/M</b>

## **USG ABDOMEN+PELVIS (MALE)**

### **Suboptimal scan due to excessive bowel gas**

**Liver** is normal in size(13.5 cm) and shows raised echotexture.

There is no evidence of focal lesion or intrahepatic biliary dilatation.

Portal vein and CBD are normal.

**Gall bladder** is well distended .There is no evidence of gall-stones or focal lesion.

**Visualised pancreas** appears normal. No significant focal lesion is seen.

**Spleen** is normal in size(11cm) and echotexture. There is no evidence of focal lesion.

Both kidneys are normal in size , shape and echotexture and show normal cortico medullary differentiation.

Right kidney measures 10.5 x 4.2 cm, Left kidney measures 9.9 x 4.2 cm.

There is no evidence of hydronephrosis or calculus.

Excessive bowel gas present. Visualised bowel loops unremarkable.

No significant lymphadenopathy is seen.

No evidence of ascites is noted.

**Urinary bladder** is well distended. No intrinsic lesion is noted.

**Prostate** is normal in size(24.5 cc) and echotexture. There is no evidence of focal lesion.

### **Impression:**

- **GRADE I FATTY LIVER.**
- **REST , NO OTHER ABNORMALITY NOTED.**

**Suggest : Clinical correlation and further imaging if clinically indicated.**

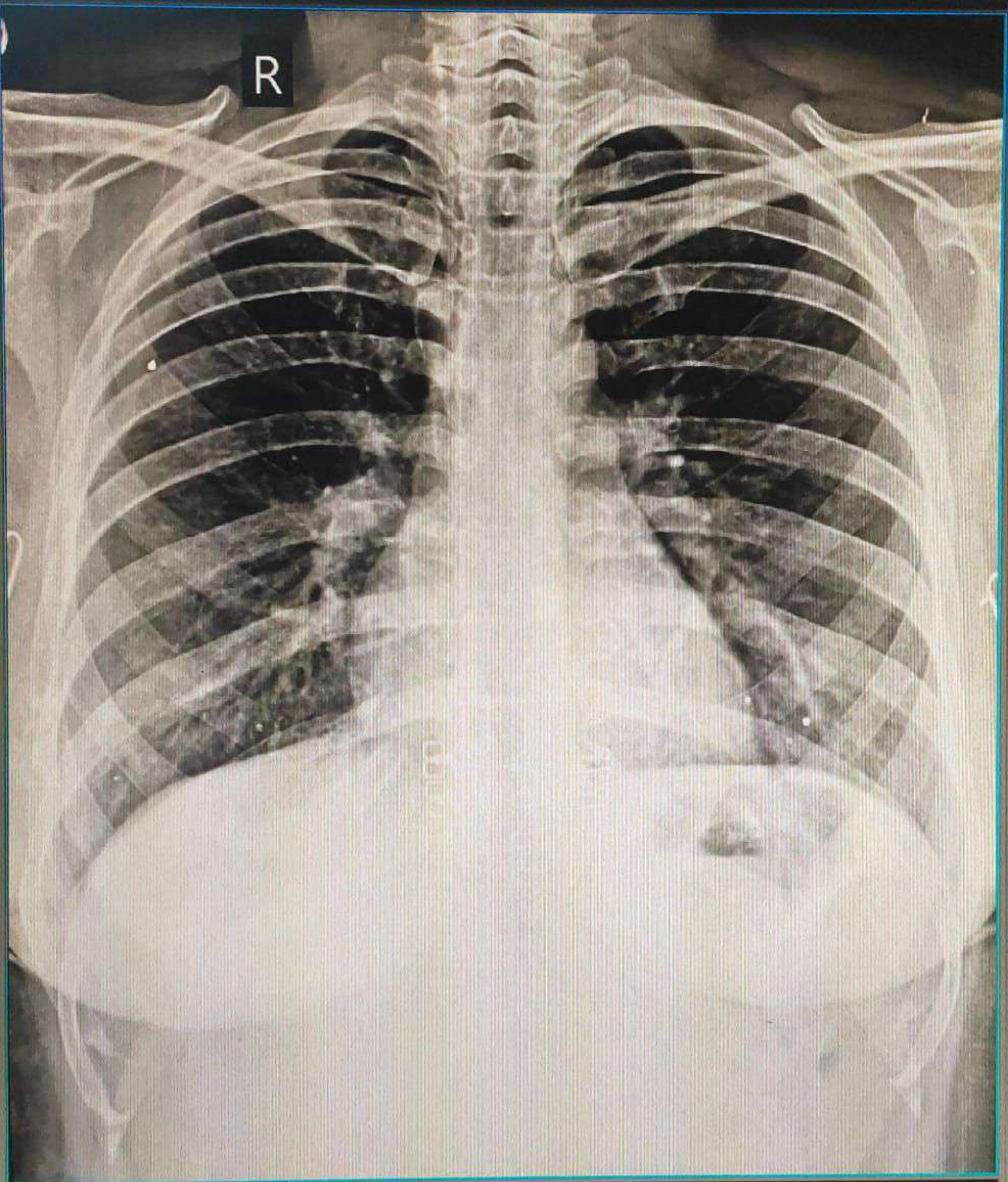
DR ROHANKUMAR SADAR  
CONSULTING RADIOLOGIST

*Disclaimer: It is an online interpretation of medical imaging based on the available clinical data. Patient's identification in online reporting is not established, so this report cannot be utilized for any medico legal purpose/ certifications. All modern machines/procedures have their own limitations. If there is any clinical discrepancy, or error in typing this investigation may be repeated or reassessed by other tests.*





**SUNITA ROKADE 39Y/F APOLLO F 09/09/202**



**SAAKSHI DIAGNOSTICS HEALTH CAR**