SUBURBAN DIAGNOSTICS
PRECISE TESTING • HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

REPORT

CID	: 2327217152		
Name	: MR.ARUNESH SHAHI		
Age / Gender	: 39 Years / Male		
Consulting Dr.	: -	**Collected**	: 29-Sep-2023 / 09:54
Reg. Location	: Malad West (Main Centre)	**Reported**	: 29-Sep-2023 / 17:59

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	14.4	13.0-17.0 g/dL	Spectrophotometric
RBC	**4.43**	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.2	40-50 %	Calculated
MCV	99.8	80-100 fl	Measured
MCH	**32.5**	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5330	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	**41.6**	20-40 %	
Absolute Lymphocytes	2217.3	1000-3000 /cmm	Calculated
Monocytes	**10.1**	2-10 %	
Absolute Monocytes	538.3	200-1000 /cmm	Calculated
Neutrophils	42.0	40-80 %	
Absolute Neutrophils	2238.6	2000-7000 /cmm	Calculated
Eosinophils	6.0	1-6 %	
Absolute Eosinophils	319.8	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	**16.0**	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	**75000**	150000-400000 /cmm	Elect. Impedance
MPV	**14.6**	6-11 fl	Measured
PDW	**39.1**	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com
Corporate Identity Number (CIN): U85110MH2002PTC136144

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Name	: MR.ARUNESH SHAHI		
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Consulting Dr.	: -	**Collected**	: 29-Sep-2023 / 09:54
Reg. Location	: Malad West (Main Centre)	**Reported**	: 29-Sep-2023 / 15:36

Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic,Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Megaplatelets seen on smear
COMMENT	-

Specimen: EDTA Whole Blood

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***

MC-2111

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

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Reg. Location	: Malad West (Main Centre)	**Reported**	: 29-Sep-2023 / 14:00

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	100.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	93.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.90	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.29	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.61	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	**2.2**	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	**2.3**	1 - 2	Calculated
SGOT (AST), Serum	27.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	32.1	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	27.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	100.3	40-130 U/L	Colorimetric
BLOOD UREA, Serum	13.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.83	0.67-1.17 mg/dl	Enzymatic

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Name	: MR.ARUNESH SHAHI		
Age / Gender	: 39 Years / Male		
Consulting Dr.	: -	**Collected**	: 29-Sep-2023 / 12:59
Reg. Location	: Malad West (Main Centre)	**Reported**	: 29-Sep-2023 / 18:11

eGFR, Serum	114	(ml/min/1.73sqm) 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	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	5.3	3.5-7.2 mg/dl	Enzymatic
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 ***

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MC-2111

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director

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Reg. Location	: Malad West (Main Centre)	**Reported**	: 29-Sep-2023 / 14:37

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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 ***

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Reg. Location	: Malad West (Main Centre)	**Reported**	: 29-Sep-2023 / 15:28

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

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*** End Of Report ***

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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.

Refernces:

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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Reg. Location	: Malad West (Main Centre)	**Reported**	: 29-Sep-2023 / 14:45

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	**226.5**	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	139.8	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	57.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	**168.9**	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	**141.0**	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	27.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

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Reg. Location	: Malad West (Main Centre)	**Reported**	: 29-Sep-2023 / 13:16

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.69	0.35-5.5 microIU/ml	ECLIA

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 becuase 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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Reg. Location	: Malad West (Main Centre)	**Reported**	: 29-Sep-2023 / 13:16

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THE UNION OF INDIA

MAHARASHTRA STATE MOTOR DRIVING LICENCE

DL No :MH47 20170016985

Valid Till : 09-12-2033 (NT)

DOI : 25-04-2017

AUTHORISATION TO DRIVE FOLLOWING CLASS OF VEHICLES THROUGHOUT INDIA

COV	DOI
LMV	25-04-2017
MCWG	25-04-2017

FORM 7
RULE 16 (2)

Name :ARUNESHKUMAR SHAHI

DOB : 10-12-1983 BG :

S/D/W of:GOPALPRASAD SHAHI

Add :1002 MOONLIGHT 1ST DOMINICLANE NEAR AXIS BANK ATM ORLAM MALAD (W) MUMBAI

PIN :400064

Signature & ID of Issuing Authority: MH47 20173

Signature/Thumb Impression of Holder

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Name	: Mr . Arunesh Shahi		
VID	: 2327217152	Reg Date	: 29-Sep-2023 09:35
Ref By	: Arcofemi Healthcare Limited	Age/Gender	: 39 Years
		Regn Centre	: Malad West (Main Centre)

History and Complaints:
Nil

EXAMINATION FINDINGS:

Height (cms):	171	**Weight (kg):**	69
Temp (0c):	Afebrile	**Skin:**	Normal
Blood Pressure (mm/hg):	120/80	**Nails:**	Normal
Pulse:	72/min	**Lymph Node:**	Not Palpable

Systems

Cardiovascular:	Normal
Respiratory:	Normal
Genitourinary:	Normal
GI System:	Normal
CNS:	Normal

IMPRESSION:

Renal calculus.

ADVICE:

Drink plenty of liquids
USG KUB after 3 mths.

CHIEF COMPLAINTS:

1)	**Hypertension:**	No
2)	**IHD**	No
3)	**Arrhythmia**	No
4)	**Diabetes Mellitus**	No

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Name	: Mr . Arunesh Shahi		
VID	: 2327217152	Reg Date	: 29-Sep-2023 09:35
Ref By	: Arcofemi Healthcare Limited	Age/Gender	: 39 Years
		Regn Centre	: Malad West (Main Centre)

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
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**	Yes
2)	**Smoking**	Yes
3)	**Diet**	Non-veg
4)	**Medication**	No

DR. SONALI HONRAO
MD (G.MED)
CONSULTING PHYSICIAN
REG NO.2001/04/1882

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Shivomi Castle,
Opp. Cleopatra Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

Sonali P.

Dr.Sonali Honrao
MD physician
Sr. Manager-Medical Services (Cardiology)

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Date:- 29/09/23

Name:- Arunesh. Shahi

CID: 2327217152

Sex / Age: 39Y/M

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision: DV - RE - 6/6 NV - RE - 6/6
LE - N/6 LE - N/6

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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Link Road, Malad (W), Mumbai - 400 064.

SUBURBAN DIAGNOSTICS
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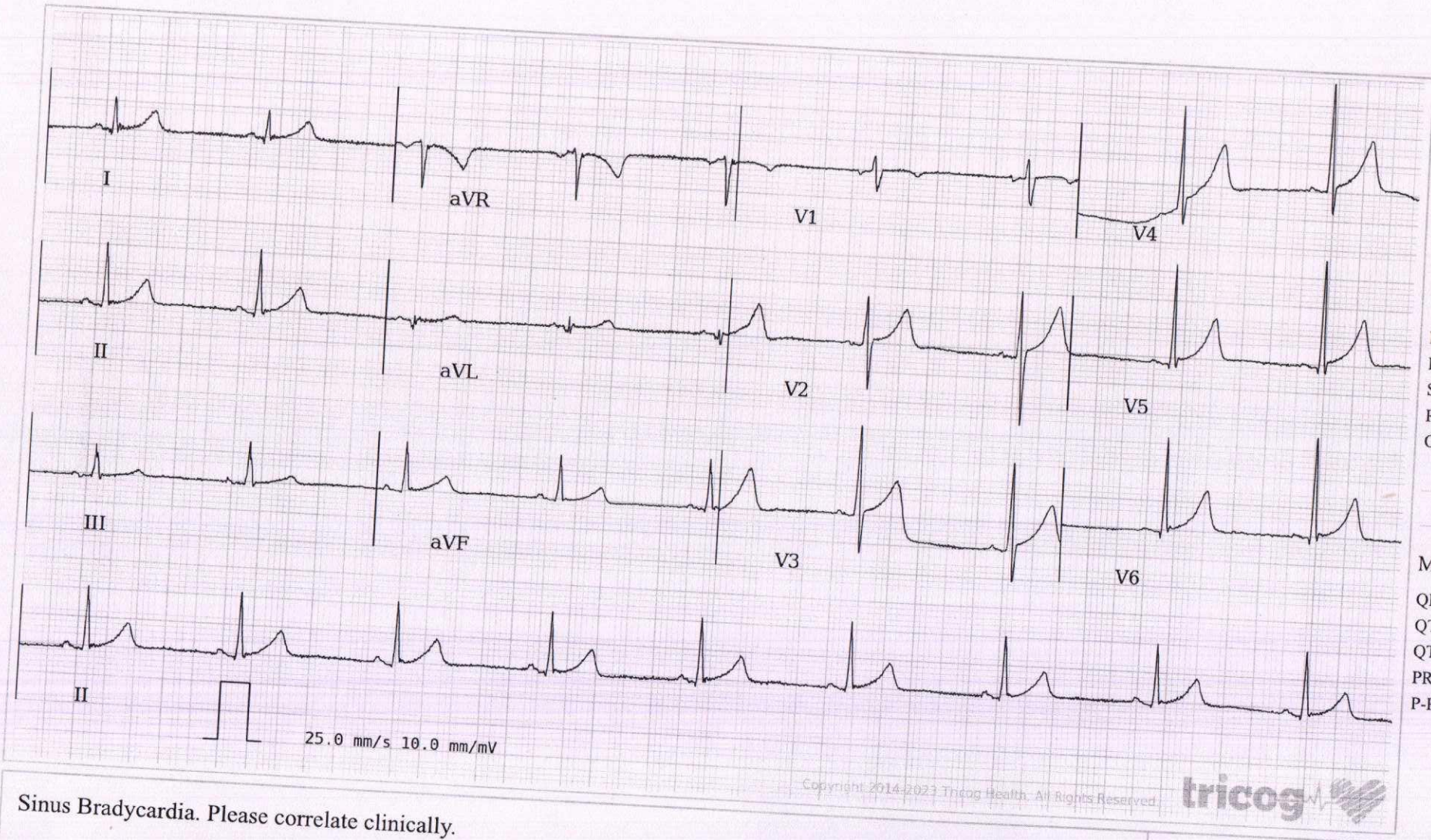
SUBURBAN DIAGNOSTICS - MALAD WEST

Patient Name: ARUNESH SHAHI
Patient ID: 2327217152
Date and Time: 29th Sep 23 10:36 AM



Age 39 years 9 month
Gender Female
Heart Rate 56bp

Patient Vitals

BP:	120/80 mm
Weight:	69 kg
Height:	171 cm
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	76ms
QT:	404ms
QTcB:	389ms
PR:	122ms
P-R-T:	43° 65° 47°

Sinus Bradycardia. Please correlate clinically.

REPORTED BY

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

CID	**: 2327217152**		
Name	**: Mr Arunesh Shahi**		
Age / Sex	**: 39 Years/Male**		
Ref. Dr	**:**		
Reg. Location	**: Malad West Main Centre**	**Reg. Date**	**: 29-Sep-2023**
		Reported	**: 29-Sept-2023 / 13:56**

X-RAY CHEST PA VIEW

Mild prominent bronchovascular markings are seen bilaterally.

Both costo-phrenic angles are clear.

No hilar abnormality is seen.

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.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X- ray is known to have inter-observer variations. FThey only help in diagnosing the disease in correlation to clinical symptoms and other related tests.further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

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REPORT

CID	: 2327217152		
Name	: Mrs Arunesh Shahi		
Age / Sex	: 39 Years/Female		
Ref. Dr	:		
Reg. Location	: Malad West Main Centre	Reg. Date	: 29-Sep-2023
		Reported	: 29-Sept-2023 / 10:16

USG WHOLE ABDOMEN

LIVER:
The liver is normal in size (10.3 cm), shape and smooth margins. It shows normal 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 (8.3 mm) and CBD (3.6 mm) 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 hydronephrosis or mass lesion seen.
Right kidney measures 10.6 x 4.6 cm.
Left kidney measures 9.2 x 5.1 cm.
A 3.6 mm calculus is seen in mid pole calyx of left kidney.

SPLEEN:
The spleen is normal in size (10.3 cm), 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 and measures 3.6 x 2.0 x 1.9 cm and volume is 7.5 cc.

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IMPRESSION:

Left renal calculus.

Suggestion: Clinicopathological correlation.

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 case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

DR. NILIMA CHOUDHARY
DNB (RADIOLOGY)
REG NO. 2009072865

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