Patient Name	Subhendu Mishra	Date	25/11/23
Age	32	UHID No	
Sex	M	Ref By	Mediwheel
Occupation	Desk job	Phone No	9550479255
		Email	

HEALTH ASSESSMENT FORM

A - GENERAL EXAMINATION

CHIEF COMPLAINTS: Nil (Regular health check)

PAST HISTORY: Fatty liver

MEDICAL HISTORY

Hypertension	Asthama	Heart Disease	Thyroid Disorder	Allergy
Yes ~~No~~	No	No	No	No
Diabetes	**Stroke**	**Kidney Disorder**	**Tuberculosis**	**Liver Disorde**
No	No	No	No	No
Other History	No			

SURGICAL HISTORY

Piles	Fissures	Fistula	Hernia	Gall Bladder Stone
No	No	No	No	No

CURRENT MEDICATIONS

Sr. No	Complaints	Dosage	Duration
1.	~~Tab~~ ROSUVASTATIN (10)	0-1-0	

Adv-

① Regular BP monitoring (twice a day) for 7days.

② Weight loss.

③ Dietitian Ref. 25/11/23

NAME	SUBHENDU MISHRA	Weight	27.4 kgs
BP	120/90 mmhg.	Height	173 cms
Pulse	74/min.	SPO2	98% on RA
Temperature	Afebrile	Peripheral Pulses	(+)
Oedema	No	Breath Sound	AEBE clear.
Heart Sound	S1S2 (N)		

B - SYSTEMIC EXAMINATION

FILL YES/NO

CONSTITUTIONAL		**GENITOURINARY SYSTEM**	
Fever	No	Frequency of urine	No
Chills	No	Blood in urine	No
Recent weight gain	No	Incomplete empty of bladder	No
EYES		Nycturia	No
Eye pain	No	Dysuria	No
Spots before eyes	No	Urge Incontinence	No
Dry eyes	No	**OBS/GYNE.**	
Wearing glasses	Yes	Abnormal bleed	
Vision changes	No	Vaginal Discharge	
Itchy eyes	No	Irregular menses	
EAR/NOSE/THROAT		Midcycle bleeding	
Earaches	No	**MUSCULOSKELETAL**	
Nose bleeds	No	Joint swelling	No
Sore throat	No	Joint pain	No
Loss of hearing	No	Limb swelling	No
Sinus problems	No	Joint stiffness	No
Dental problems	No	**INTEGUMENTARY(SKIN)**	
CARDIOVASCULAR		Acne	
Chest pain	No	Breast pain	
Heart rate is fast/slow	No	Change in mole	
Palpitations	No	Breast	
Leg swelling	No	**NEUROLOGICAL**	
RESPIRATORY		Confused	No
Shortness of breath	No	Sensation in limbs	No
Cough	No	Migraines	No
Orthopnoea	No	Difficulty walking	No
Wheezing	No	**PSYCHIATRIC**	
Dyspnoea	No	Suicidal	No
Respiratory distress in sleep		Change in personality	No
GASTROINTESTINAL		Anxiety	No
Abdominal pain	No	Sleep Disturbances	No
Constipation	No	Depression	No
Heartburn	No	Emotional	No
Vomiting	No		
Diarrhoea	No		
Melena	No		

Dr Sandeep Deshpande
MD (CARDIOLOGIST)
REG - 72944

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Mobile No.: 7506155909 / 7045955909

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Report

VRX HEALTH CARE PVT. LTD.

Name	: MR. SUBHENDU MISHRA		Id	: VRX-33779
Age/Gender	: 34 years 10 months /M		Registered On	: 25/11/2023 08:07
Referred By	: MEDIWHEEL		Collected Time	: 25/11/2023 08:09
			Reported On	: 25/11/2023 11:19

Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY PLUS ANNUAL CHECK ADVANCED MALE			
CBC-COMPLETE BLOOD COUNT			
HAEMOGLOBIN	14.9	13.0 - 17.0 gm/dl	
C COUNT	***5.58***	4.5 - 5.5 Millions/Cmm	
PACKED CELL VOLUME	45.6	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	***81.72***	83.0 - 101.0 fL	
MEAN CORP HB (MCH)	***26.7***	27 - 32 pg	
MEAN CORP HB CONC (MCHC)	32.68	31.5 - 34.5 g/dl	
RDW	12.5	11.6 - 14.0 %	
WBC COUNT	9.4	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	52.7	40 - 80 %	
LYMPHOCYTES	37.0	20 - 40 %	
EOSINOPHILS	3.4	1 - 6 %	
MONOCYTES	6.3	2 - 10 %	
BASOPHILS	0.6		
PLATELETS COUNT	319	150 - 410 *1000/Cmm	
ATELETS ON SMEAR	Adequate		
MPV	8.0	6.78 - 13.46 %	
PDW	17.6	9 - 17 %	
RBC MORPHOLOGY	***HYPOCHROMIA(+) MICROCYTOSIS(+)***		

REMARKS

*EDTA Whole Blood - Tests done on Automated **NIHON KOHDEN MEK-7300K 5 Part** Analyzer. (Haemoglobin by Photometric and WBC, RBC, Platelet count by Impedance method, WBC differential by Floating Discriminator Technology and other parameters are calculated)*
All Abnormal Haemograms are reviewed and confirmed microscopically. Differential count is based on approximately 10,000 cells.

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Dr. Vipul Jain
M.D.(PATH)

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G

APPROVED BY

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Report

VRX HEALTH CARE PVT. LTD.

Name	:	MR. SUBHENDU MISHRA	Id	:	VRX-33779
Age/Gender	:	34 years 10 months /M	Registered On	:	25/11/2023 08:07
Referred By	:	MEDIWHEEL	Collected Time	:	25/11/2023 08:09
			Reported On	:	25/11/2023 11:19

Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY PLUS ANNUAL CHECK ADVANCED MALE			
ESR	13	< 20 mm at the end of 1Hr.	WESTERGREN
INTERPRETATION ***ESR(Erythrocyte Sedimentation Rate)****-The ESR measures the time required for erythrocytes from a whole blood sample to settle to the bottom of a vertical tube. Factors influencing the ESR include red cell volume, surface area, density, aggregation, and surface charge. The ESR is a sensitive, but non-specific test that is frequently the earliest indicator of disease. It often rises significantly in widespread inflammatory disorders due to infection or autoimmune mechanisms. Such elevations may be prolonged in localized inflammation and malignancies.* *Increased ESR: may indicate pregnancy, acute or chronic inflammation, tuberculosis, rheumatic fever, paraproteinemias, rheumatoid arthritis, some malignancies, or anemia.* *Decreased ESR: may indicate polycythemia, sickle cell anemia, hyperviscosity, or low plasma protein.*			
BLOOD GROUP	B POSITIVE		SLIDE AGGLUTINATION - FORWARD GROUPING

--- End of the Report ---

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CHECKED BY - SNEHA G

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Name	: MR. SUBHENDU MISHRA	Id	: VRX-33779
Age / Gender	: 34 years 10 months /M	Registered On	: 25/11/2023 08:07
Referred By	: MEDIWHEEL	Collected Time	: 25/11/2023 08:09
		Reported On	: 25/11/2023 11:19

Investigations	Observed Value	Bio. Ref. Interval	METHOD

MEDIWHEEL FULL BODY PLUS ANNUAL CHECK ADVANCED MALE

FASTING BLOOD SUGAR

FBS	98.9	< 100 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

INTERPRETATION
SAMPLE : FLUORIDE,PLASMA
Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl
Diabetic : >/= 126 mg/dl
Pre-Diabetic : 100 – 125 mg/dl
Plasma Glucose Post Lunch : Non-Diabetic : < 140
Diabetic : >/= 200 mg/dl
Pre-Diabetic : 140- 199 mg/dl.
Random Blood Glucose : Diabetic : >/= 200 mg/dl
*References : **ADA(American Diabetic Association Guidelines 2016)***
*Technique : Fully Automated **PENTRA C-200** Clinical Chemistry Analyser .*
***All Test Results are subjected to stringent International External and Internal Quality Control Protocols*

PPBS

PPBS	100.5	< 140 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

INTERPRETATION
SAMPLE : FLUORIDE,PLASMA
Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl
Diabetic : >/= 126 mg/dl
Pre-Diabetic : 100 – 125 mg/dl
Plasma Glucose Post Lunch : Non-Diabetic : < 140
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Pre-Diabetic : 140- 199 mg/dl.
Random Blood Glucose : Diabetic : >/= 200 mg/dl
References : ADA(American Diabetic Association Guidelines 2016)

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Name	:	MR. SUBHENDU MISHRA	Id	:	VRX-33779
Age/Gender	:	34 years 10 months /M	Registered On	:	25/11/2023 08:07
Referred By	:	MEDIWHEEL	Collected Time	:	25/11/2023 08:09
			Reported On	:	25/11/2023 11:19

Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY PLUS ANNUAL CHECK ADVANCED MALE			
Lipid Test			
TOTAL CHOLESTEROL	152.3	130 - 200 mg/dl	
TRIGLYCERIDES	136.7	25 - 160 mg/dl	
HDL CHOLESTEROL	***29.2***	35 - 80 mg/dl	
LDL CHOLESTEROL	95.76	< 100 mg/dl	
VLDL CHOLESTEROL	27.34	7 - 35 mg/dl	
LDL-HDL RATIO	3.28	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	***5.22***	2.5 - 4.0 mg/dl	

INTERPRETATION
SAMPLE : SERUM,PLAIN
Note : Non HDL is the best risk predictor of all cholesteral measures, both for CAD(Coronary Artery Diseases) events and for strokes. High Risk patients like Diabetics,Hypertension .With family history of IHD, Smokers, the Desirable reference values for cholesterol & Triglyceride are further reduced by 10 mg % each.
**VLDL and LDL Calculated.*
*(References : **Interpretation of Diagnostic Tests by Wallach's)***
*Technique : Fully Automated **Pentra C-200** Biochemistry Analyzer.*
***All Test Results are subjected to stringent international External and Internal Quality Control Protocols.*

--- End of the Report ---

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Name	:	MR. SUBHENDU MISHRA	Id	:	VRX-33779
Age/Gender	:	34 years 10 months /M	Registered On	:	25/11/2023 08:07
Referred By	:	MEDIWHEEL	Collected Time	:	25/11/2023 08:09
			Reported On	:	25/11/2023 11:19

MEDIWHEEL FULL BODY PLUS ANNUAL CHECK ADVANCED MALE

Investigations	Observed Value	Bio. Ref. Interval	METHOD
RENAL FUNCTION TEST			
BLOOD UREA NITROGEN	8.87	7.0 - 20.5 mg/dl	
CREATININE	0.92	0.5 - 1.4 mg/dl	
URIC ACID	***8.5***	3.5 - 7.2 mg/dl	
CALCIUM	***8.5***	8.6 - 10.3 mg/dl	
PHOSPHORUS	3.6	2.5 - 4.5 mg/dl	
TOTAL PROTEINS	7.17	6.0 - 8.3 mg/dl	
ALBUMIN	3.95	3.5 - 5.2 mg/dl	
GLOBULIN	3.22	2.0 - 3.5 g/dl	
A-G RATIO	1.23	1.0 - 2.0 mg/dl	
SODIUM	***133.6***	135 - 148 mEq/l	
POTASSIUM	4.34	3.5 - 5.3 mEq/l	
CHLORIDES	105.4	98 - 107 mEq/l	

REMARKS
SAMPLE : SERUM,PLAIN
BIOCHEMISTRY TESTS PERFORMED ON FULLY AUTOMATED **PENTRA C-200 BIOCHEMISTRY ANALYZER.*
*ELECTROLYTE PERFORMED ON **PROLYTE ELECTROLYTE ANALYZER***

--- End of the Report ---

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VRX HEALTH CARE PVT. LTD.

Name	:	MR. SUBHENDU MISHRA	Id	:	VRX-33779
Age/Gender	:	34 years 10 months /M	Registered On	:	25/11/2023 08:07
Referred By	:	MEDIWHEEL	Collected Time	:	25/11/2023 08:09
			Reported On	:	25/11/2023 11:19

Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY PLUS ANNUAL CHECK ADVANCED MALE			
LIVER FUNCTION TEST			
SGOT	29.1	5 - 40 U/L	
PT	***52.6***	5 - 45 U/L	
TOTAL BILIRUBIN	0.58	0.1 - 1.2 mg/dl	
DIRECT BILIRUBIN	***0.19***	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.39	0.1 - 1.0 mg/dl	
TOTAL PROTEINS	7.17	6.0 - 8.3 g/dl	
ALBUMIN	3.95	3.5 - 5.2 g/dl	
GLOBULIN	3.22	2.0 - 3.5 g/dl	
A/G RATIO	1.23	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATES	85.4	53 - 128 U/L	
GGTP	37.5	3 - 60 U/L	

REMARKS
SAMPLE : SERUM,PLAIN
*PERFORMED ON FULLY AUTOMATED **PENTRA C-200** BIOCHEMISTRY ANALYZER.*

--- End of the Report ---

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VRX HEALTH CARE PVT. LTD.

Name	: MR. SUBHENDU MISHRA	Id	: VRX-33779
Age/Gender	: 34 years 10 months /M	Registered On	: 25/11/2023 08:07
Referred By	: MEDIWHEEL	Collected Time	: 25/11/2023 10:57
		Reported On	: 25/11/2023 11:48

MEDIWHEEL FULL BODY PLUS ANNUAL CHECK ADVANCED MALE

Investigations	Observed Value	Bio. Ref. Interval	METHOD
URINE ROUTINE			
COLOUR	PALE YELLOW		
APPEARANCE	*HAZY*		
SPECIFIC GRAVITY	1.025		
REACTION (PH)	5.0		
PROTEIN	Absent		
SUGAR	Absent		
KETONE	Absent		
BILE SALT	Absent		
BILIRUBIN	Absent		
OCCULT BLOOD	Absent		
PUS CELLS	1-2	< 6 hpf	
EPITHELIAL CELLS	2-4	< 5 hpf	
RBC	NIL	< 2 hpf	
CASTS	NIL		
CRYSTALS	NIL		
AMORPHOUS DEBRIS	Absent		
BACTERIA	NIL		
YEAST CELLS	Absent		
SPERMATOZOA	Absent		

--- End of the Report ---

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Report

VRX HEALTH CARE PVT. LTD.

Name:	Mr.Subhendu Mishra	**Age/Gender:**	34 Year(s) 0 Months(s) 0 Day(s)/Male
Referred By:	N.A	**Client Name:**	N.A
Collection Date:	25-11-2023 14:03:00	**Report Release Date:**	25-11-2023 16:25:48

No.	Investigation	Observed Value	Unit	Biological Reference Interval

HbA1c (Whole Blood)

1	HBA1c-Glycated Haemoglobin EDTA Whole Blood, Method: HPLC	6.4	%	Non-diabetic: 4-6 Excellent Control: 6-7 Fair to good control: 7-8 Unsatisfactory control: 8-10 Poor Control: >10
2	Estimated Average Glucose (eAG) EDTA Whole Blood, Method: Calculated	136.98	mg/dL	90-120 mg/dL : Good control 121-150 mg/dL : Fair control 151-180 mg/dL : Unsatisfactory control >180 mg/dL : Poor control

Interpretation

1. The term HbA1c refers to Glycated Haemoglobin. Measuring HbA1c gives an overall picture of what the average blood sugar levels have been over a period of weeks/month. Higher the HbA1c, the greater the risk of developing diabetes-related complications.

2. HbA1c has been endorsed by clinical groups and ADA (American Diabetes Assocation) guidelines 2012, for the diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is between 4-6%. Patients with HBA1c value between 6.0-6.5% are considered at risk for developing diabetes in the future. Trends in HbA1c area a better indicator of glucose control than standalone test.

3. To estimate the eAG from the HbA1c value, the following equation is used: eAG(mg/dl) =28.7*A1c-46.7.

4. Diabetic must aspire to keep values under 7% to avoid the various complications resulting from diabetes.

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End Of Report

* The analyte is not in the lab scope.
CRM No :6609506
Sample Recd. Time: 25-11-2023 15:03
Report Time: 25-11-2023 16:25:48
Patient Name: Mr.Subhendu Mishra
Patient ID: 6609506

Authorized Signatory
Dr. Pramod Ingale
MD (Biochemistry)

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Report

VRX HEALTH CARE PVT. LTD.

Name:	Mr.Subhendu Mishra	**Age/Gender:**	34 Year(s) 0 Months(s) 0 Day(s)/Male
Referred By:	N.A	**Client Name:**	N.A
Collection Date:	25-11-2023 14:03:00	**Report Release Date:**	25-11-2023 16:25:48

No.	Investigation	Observed Value	Unit	Biological Reference Interval
1	**Vitamin B12** Serum, Method: CLIA	**104.0**	**pg/ml**	**120 - 807**

Interpretation

Low B12 level in a person with signs and symptoms indicates that the person has a deficiency but does not necessarily reflect the severity of the anemia or associated neuropathy. Vitamin B12 levels are decreased in megaloblastic anaemia, partial/total gastrectomy, pernicious anaemia, peripheral neuropathy, chronic alcoholism, senile dementia, and treated epilepsy. Associated increased in homocysteine levels and Vitamin B12 has better predictivity for cardiovascular disease and deep vein thrombosis. Holo-Transcobalamin II levels and methylmalonic acid levels are more accurate markers of active Vitamin B12 component. Additional tests are usually done to investigate the underlying cause of the deficiency.

In method comparison study done at our centre, we found acceptable correlation and these results showed that there was no statistically significant between our methods and other Lab procedures (like, CLIA, CMIA, ELISA, IFA etc). The harmonization between total vitamin B12 assays is variable and individual results can differ significantly between assays. Though cut-off value of 200 pg/mL was used commonly, however, since there is not a reference method for measuring vitamin B12, this cut-off value may not be suitable to use in the evaluation of cobalamin deficiency diagnosis. Until the harmonization study between measurement methods is concluded, it is always suggested by NABL that laboratories should use their own reference values or reference values for Lab assay methods instead of cut-off value of 200 pg/mL.

2	**25 - OH Vitamin D** Serum, Method: CLIA	**5.5**	**ng/mL**	**Deficiency: <20** **Insufficiency: 20 - 30** **Sufficiency: 30 - 100** **Toxicity: > 100**

Interpretation

1. The 25-hydroxyvitamin D is the major form found in the blood and is the relatively inactive precursor to the active hormone, 1,25-dihydroxyvitamin D. Because of its long half-life and higher concentration, 25-hydroxyvitamin D is commonly measured to assess and monitor vitamin D status in individuals. A low blood level of 25-hydroxyvitamin D may mean that a person is not getting enough exposure to sunlight or enough dietary vitamin D to meet his or her body's demand or that there is a problem with its absorption from the intestines.

2. Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol (vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol(vitamin D2) present mainly in dietary sources.Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin D in liver. 3. Testing for 25(OH) vitamin D is recommended as it is the best indicator of vitamin D nutritional status.

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* The analyte is not in the lab scope.
CRM No :6609506
Sample Recd. Time: 25-11-2023 15:03
Report Time: 25-11-2023 16:25:48
Patient Name: Mr.Subhendu Mishra
Patient ID: 6609506

Authorized Signatory
Dr. Sunil Kode
MBBS, DPB(Pathology)

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Report

VRX HEALTH CARE PVT. LTD.

Name:	Mr.Subhendu Mishra	**Age/Gender:**	34 Year(s) 0 Months(s) 0 Day(s)/Male
Referred By:	N.A	**Client Name:**	N.A
Collection Date:	25-11-2023 14:03:00	**Report Release Date:**	25-11-2023 16:25:48

No.	Investigation	Observed Value	Unit	Biological Reference Interval

Thyroid Profile - Total T3,Total T4,TSH (TFT)

1	Total T3 Serum, Method: CLIA	110.8	ng/dL	60 - 200
2	Total T4 Serum, Method: CLIA	8.01	µg/dL	4.5 - 14.5
3	TSH (Thyroid Stimulating Hormone) Serum, Method: CLIA	2.749	µIU/ml	0.35 - 5.5

Interpretation

1. Triodothyronine (T3) is produced by the thyroid gland and along with thyroxine (T4) help control the rate at which the body uses energy.Elevated T3 denote hyperthyroidism while low levels indicate hypothyroidism.

2.The most common causes of thyroid dysfunction are related to autoimmune disorders. Graves disease causes hyperthyroidism, but it can also be caused by thyroiditis, thyroid cancer, and excessive production of TSH. Total T3 is used to assess thyroid function.

3. Elevated T4 levels may indicate hyperthyroidism. They may also indicate other thyroid problems, such as thyroiditis or toxic multinodular goiter. Abnormally low levels of T4 may indicate: dietary issues, such as fasting, malnutrition, or an iodine deficiency, medications that affect protein levels, hypothyroidism, illness.

4. Thyroid-stimulating hormone (TSH) stimulates the production and release of T4 (primarily) and T3. They help control the rate at which the body uses energy and are regulated by a feedback system. Most of the T4 circulates in the blood bound to protein, while a small percentage is free (not bound).

5. Lab has estimated Total T4 reference intervals that are specific for India, using the indirect sampling technique following CLSI EP28-A3c document: Defining Establishing, and Verifying Reference Intervals in the Clinical Laboratory: Approved Guideline-Third Edition.

5. Thyroid hormone status during pregnancy:

Pregnancy stage	TSH (µIU/ml)	T3 (ng/dl)	T4 (µg/dL)
First trimester	0.05-3.70	71-175	6.5-10.1
Second trimester	0.31-4.35	91-195	7.5-10.3
Third trimester	0.41-5.18	104-182	6.3-9.7

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CRM No :6609506
Sample Recd. Time: 25-11-2023 15:03
Report Time: 25-11-2023 16:25:48
Patient Name: Mr.Subhendu Mishra
Patient ID: 6609506

Authorized Signatory
Dr. Sunil Kolte
MBBS, DPB(Pathology)

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Report

VRX HEALTH CARE PVT. LTD.

Patient Name:	MR.SUBHENDU MISHRA	M/ 35 Yrs
Ref. by:	MEDI WHEEL	**Date:** 25/11/2023

XRAY CHEST PA VIEW

Expiratory radiograph.

Ill defined haziness is seen in both lower zones. Please correlate clinically.

Rest of the lung on either side shows adequate translucency and exhibit normal vasculature.

Bilateral hila are symmetrical in outline size and density.

Trachea is central in position and no mediastinal abnormality is visible.

The costophrenic angles appear clear.

Cardiac shadow is unremarkable.

Bone thorax appears unremarkable.

Thanks for the reference.
With regards,

VRX HEALTHCARE PVT. LTD.
Shop No 34-38, Gayatri Satsang Building,
Behind Vishnu Shriram Mall,
Thakur Village, Kandivali East,
Mumbai, Maharashtra - 400 101.
Mobile No.: 7506155023 / 7045055023

Dr. Saumil Pandya
MD, DNB Consultant Radiologist

Physio Lounge™ | Diagno Lounge™

Report

VRX HEALTH CARE PVT. LTD.

NAME	**MR.SUBHENDU MISHRA**	**DATE:**	**:25/11/2023**
		AGE	**: 35 YRS**
~~REF. BY~~	**~~MEDI WHEEL~~**	**~~SEX~~**	**: MALE**

2D-ECHO

1) Cardiac contractility LVEF = **65%**

2) Doppler across Mitral and Aortic valves shows: **Normal Flow**

3) Cardiac chambers are **Normal.**

4) The Cardiac valves are **Normal**

5) Regional wall motion abnormality **Absent**

6) IAS / IVS **Intact**

7) Intracardiac Thrombus **Absent**

FINDINGS:

LA = **31**

LVID (D) = **46**

AO = **28**

LVID (S) = **28**

EPSS = **07**

IVS = **09**

IMPRESSION:

LVEF = **65%. Normal**

CARDIAC CONTRACTILITY LVEF = **65%**

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Mobile No.: 7506155099 / 7045955999

Dr. Sandeep Deshpande
M.D Med.
Reg No. 72944

Patient Name: MR. SUBHENDU SEKHAR **M / 32 Yrs**

Ref. by: MEDIWHEEL **Date: 25/11/2023**

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is mildly enlarged in size , measures 16.8 cm , normal in shape and has smooth margins. The hepatic parenchyma shows increased homogeneous echogenecity without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It measures 8 mm in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and part of body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 8.7 cm and is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
9.6 x 5.6 cm	11.3 x 4.5 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is partially distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.
Pre void – 100 cc

.....Continue On Page 2

(MR. SUBHENDU SEKHAR.....PG 2)

PROSTATE: It measures about 3.3 x 3.5 x 3.6 cm; volume is 22.6 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

Mild hepatomegaly with grade II fatty infiltration of liver .
No other significant abnormality.

Thanks for the reference.
With regards,

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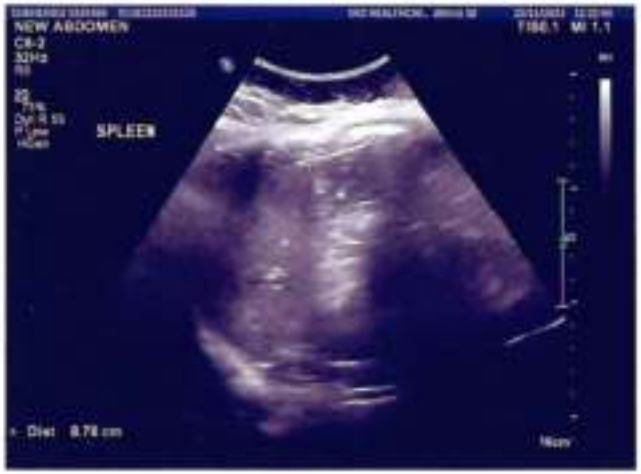
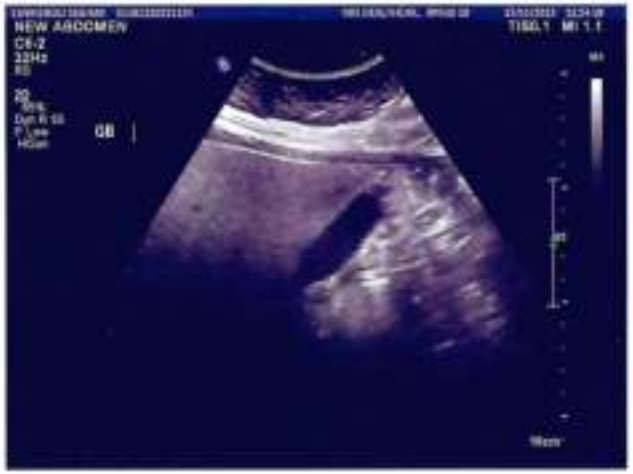
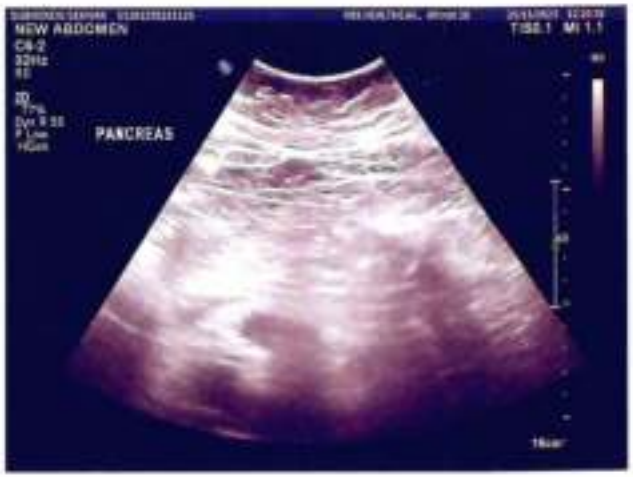
DR FORAM KOTHARI
Consultant Radiologist DMRD DNB


NEW ABDOMEN
SPLEEN


NEW ABDOMEN
GB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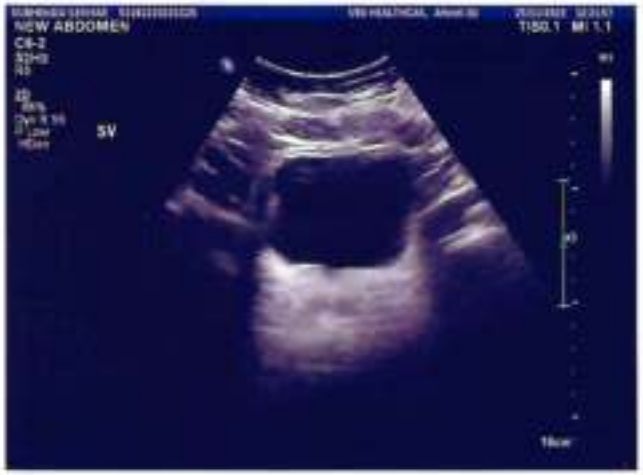
PANCREAS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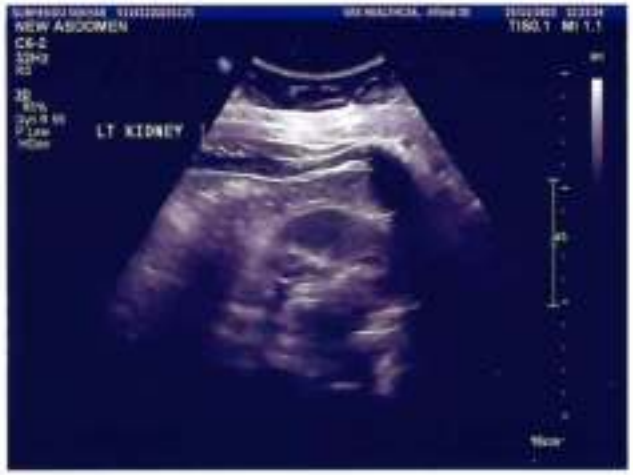
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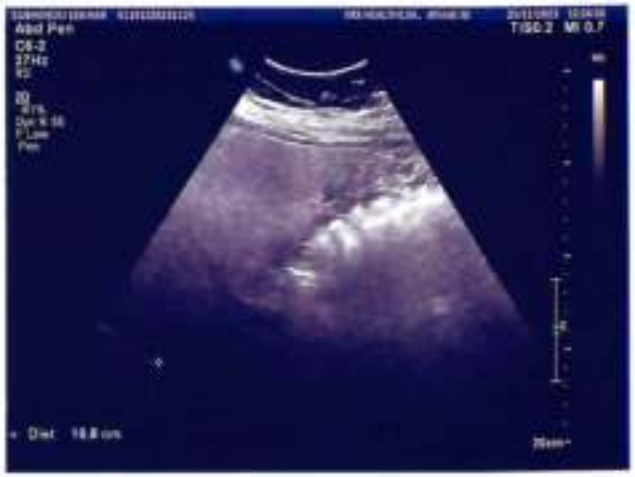
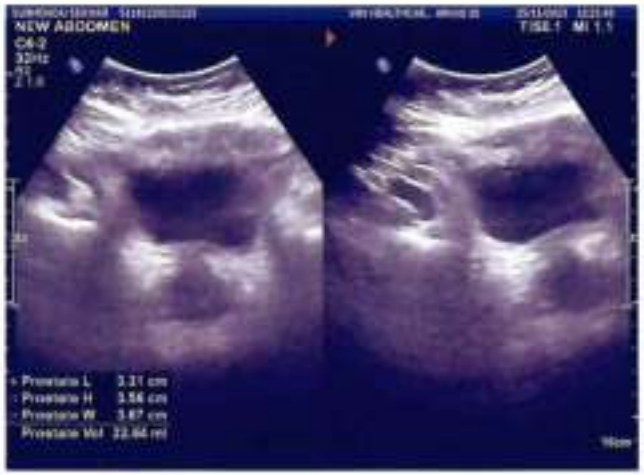
LT KIDNEY


Abd Pen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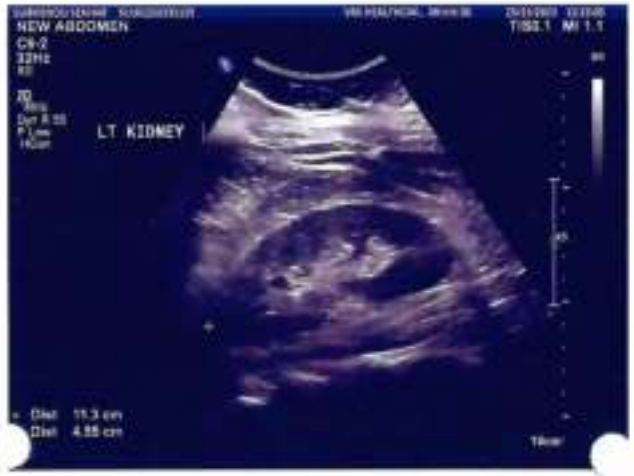
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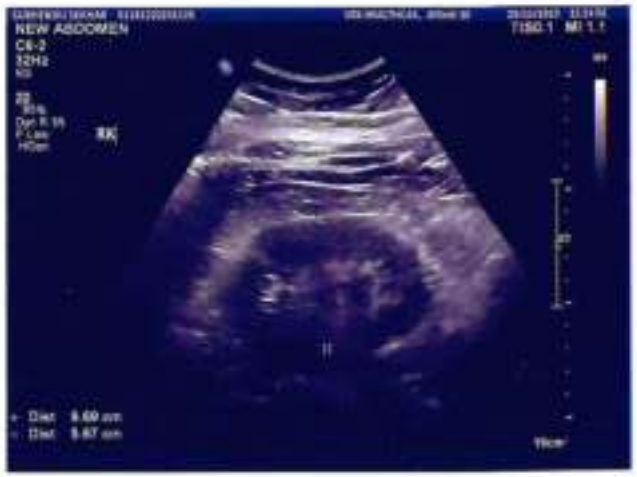
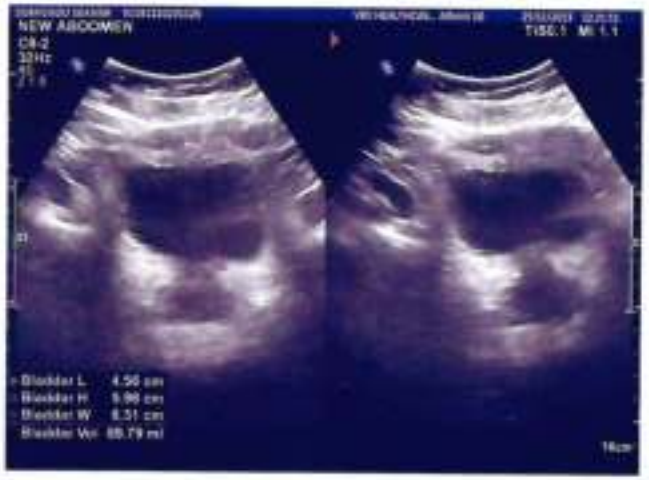
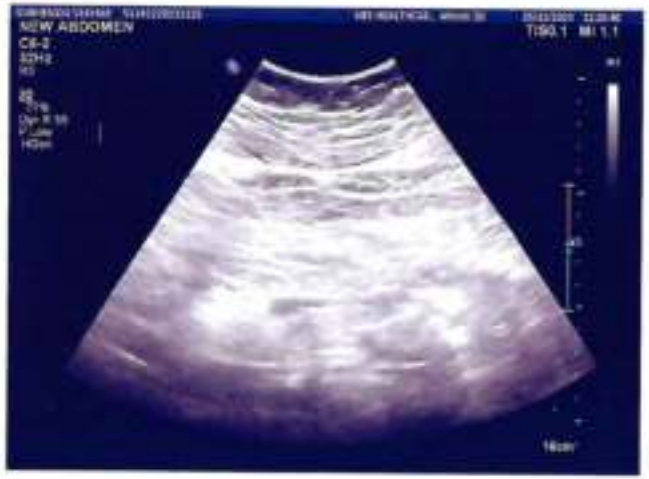
LT KIDNEY


NEW ABDOMEN
RK


NEW ABDOMEN
C6-2
32Hz
TIS0.1 MI 1.1
Bladder L 4.56 cm
Bladder H 5.86 cm
Bladder W 8.31 cm
Bladder Vol 88.79 ml
16cm


NEW ABDOMEN
C6-2
32Hz
TIS0.1 MI 1.1
16cm