

भारत सरकार GOVERNMENT OF INDIA



शुभो चटर्जी Subho Chatterjee जन्म वर्ष / Year of Birth : 1988 पुरुष / Male

6190 3560 5968



आधार — आम आदमी का अधिकार

Dr. Alka Patnaik

M.B.B.S., C.G.O.-Nagpur Reg. Ne. 73367

Dip. Psysextherapy-U.K. Reg. No. OF 355

SUBURBAN DIAGNOSTICS (I) PVT. LTD. Shop No 22, Ground Floor, Raikar Bnavan, Sector-17, Vashi, Navi Mumbai - 400 703 Tel 27884547 / 27864548.



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PHYSICAL EXAMINATION REPORT

Patient Name	My Subho Chatterje	e Sex/Age	33/male
Date	24/09/22	CID	2226723209

History and Complaints			
No any chest composains no Hld major (Il nei) in past.			
we the swant in past			

EXAMINATION FIN	DINGS:	T.		
Height (cms):	180cm	Temp (0c):	NAD	1
Weight (kg):	89kg	Skin:	NAD	
Blood Pressure	120/80	Nails:	NAD	
Pulse	92/mm	Lymph Node:	Net palpable	
BMI	27.5.			

Systems:	
Cardiovascular:	3,52 clear load,
Respiratory:	18/mm Arr entry equal on both soll
Genitourinary:	NAD.
GI System:	Acrdity (7) Sos Medicatron
CNS:	NADV

]	Impression: US 9 Shows Helpotomegaly with Grade I feetly liver and distintion of gay Riddel other Repeats wormand Domes	+
	Advice: -> Life style changer, Regular Exercise, dietary retraction Consultation with family physician for further management and Rellew up as suggested	

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HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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CHIE	CF COMPLAINTS:	
1)	Hypertension:	N
2)	IHD	NO
3)	Arrhythmia	N0
4)	Diabetes Mellitus	70
5)	Tuberculosis	200
6)	Asthama	NX
7)	Pulmonary Disease	No.
8)	Thyroid/ Endocrine disorders	NO
9)	Nervous disorders	NO
10)	GI system	Acidity (1) on sos med
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	NX
17)	Musculoskeletal System	NO.

PERS	SONAL HISTORY:	
1)	Alcohol	NO .
2)	Smoking	NO .
3)	Diet	my.
4)	Medication	200

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HEALTHLINE - **MUMBAI:** 022-6170-0000 | **OTHER CITIES:** 1800-266-4343



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Date: 24 09 22

CID: 222672 3209

Name: - Mr Suboh Chatterjee. Sex/Age: M/33

EYE CHECK UP

Chief complaints:

NO Complains

Systemic Diseases: No Hlo. major complains

Past history:

- No 410 major Monen m pair -

Unaided Vision:

Aided Vision:

Without glasses Winen-D-616 } Both Eyes RAL

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/6				6/6
Near				N/6				N/6.

Colour Vision: Normal / Abnormal

Remark:

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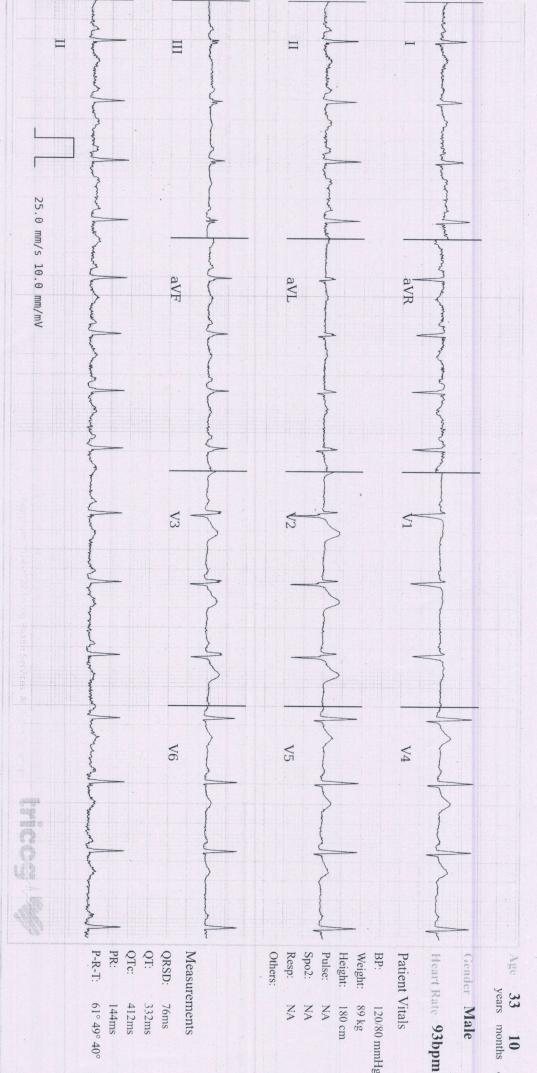
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SUBURBAN DIAGNOSTICS - VASHI

Patient Name: Patient ID: CHATTERJEE SUBHO 2226723209

Date and Time: 24th Sep 22 10:03 AM



180 cm

N N

89 kg

120/80 mmHg

10

days 24

ECG Within Normal Limits: Sinus Rhythm, Normal Axis, with Sinus Arrhythmia. Otherwise.Please correlate clinically.

REPORTED BY Aumsman

61° 49° 40°

412ms 332ms 76ms

144ms

Dr.Anand N Motwani M.D (General Medicine) Reg No 39329 M.M.C



Name : MR.CHATTERJEE SUBHO

Age / Gender : 33 Years / Male

Consulting Dr. : -

Reg. Location: Vashi (Main Centre)

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Reported :24-Sep-2022 / 11:42

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood				
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
RBC PARAMETERS				
Haemoglobin	16.5	13.0-17.0 g/dL	Spectrophotometric	
RBC	6.28	4.5-5.5 mil/cmm	Elect. Impedance	
PCV	53.8	40-50 %	Measured	
MCV	86	80-100 fl	Calculated	
MCH	26.3	27-32 pg	Calculated	
MCHC	30.7	31.5-34.5 g/dL	Calculated	
RDW	14.4	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	6960	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND ABS	OLUTE COUNTS			
Lymphocytes	35.8	20-40 %		
Absolute Lymphocytes	2491.7	1000-3000 /cmm	Calculated	
Monocytes	6.6	2-10 %		
Absolute Monocytes	459.4	200-1000 /cmm	Calculated	
Neutrophils	55.1	40-80 %		
Absolute Neutrophils	3835.0	2000-7000 /cmm	Calculated	
Eosinophils	1.9	1-6 %		
Absolute Eosinophils	132.2	20-500 /cmm	Calculated	
Basophils	0.6	0.1-2 %		
Absolute Basophils	41.8	20-100 /cmm	Calculated	
Immature Leukocytes				

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	275000	150000-400000 /cmm	Elect. Impedance
MPV	11.4	6-11 fl	Calculated
PDW	22.6	11-18 %	Calculated

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RBC MORPHOLOGY

Hypochromia Mild

Microcytosis
Macrocytosis
Anisocytosis
Poikilocytosis
Polychromasia
Target Cells
Basophilic Stippling
Normoblasts -

Others WBC MORPHOLOGY PLATELET MORPHOLOGY COMMENT -

Kindly correlate clinically

Specimen: EDTA Whole Blood

ESR, EDTA WB 4 2-15 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
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Dr.SHRUTI SEMWAL M.D (Path) Pathologist

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Name : MR.CHATTERJEE SUBHO

Age / Gender : 33 Years / Male

Consulting Dr. :

Reg. Location: Vashi (Main Centre)

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Collected : 24-Sep-2022 / 09:13

Reported :24-Sep-2022 / 12:14

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	97.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.67	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.31	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	1.36	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	39.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	63.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	24.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	131.2	40-130 U/L	Colorimetric
BLOOD UREA, Serum	13.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.76	0.67-1.17 mg/dl	Enzymatic

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Name : MR.CHATTERJEE SUBHO

:33 Years / Male Age / Gender

Consulting Dr.

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eGFR, Serum 126 Calculated >60 ml/min/1.73sqm

Kindly correlate clinically

URIC ACID, Serum 5.7

3.5-7.2 mg/dl

Enzymatic

Urine Sugar (Fasting) Absent Urine Ketones (Fasting) Absent

Absent Absent

Absent

Urine Sugar (PP) Absent Urine Ketones (PP) Absent

Absent

Collected

Reported

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M.D (Path) **Pathologist**

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Name : MR.CHATTERJEE SUBHO

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u> <u>RESULTS</u> <u>BIOLOGICAL REF RANGE</u> <u>METHOD</u>

Glycosylated Hemoglobin 5.5 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

Diabetic Level: >/= 6.5 %

Estimated Average Glucose 111.2 mg/dl Calculated

(eAG), EDTA WB - CC

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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Name : MR.CHATTERJEE SUBHO

:33 Years / Male Age / Gender

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

BIOLOGICAL REF RANGE RESULTS PARAMETER

PHYSICAL EXAMINATION

Colour Brown Brown Form and Consistency Semi Solid Semi Solid Mucus Absent Absent Blood Absent Absent

CHEMICAL EXAMINATION

Reaction (pH) Acidic (6.5)

Occult Blood Absent Absent

MICROSCOPIC EXAMINATION

Protozoa Absent Absent Flagellates **Absent Absent** Ciliates Absent Absent **Parasites** Absent Absent Macrophages Absent Absent Mucus Strands Absent Absent Fat Globules Absent Absent RBC/hpf Absent Absent WBC/hpf Absent Absent Yeast Cells Absent **Absent Undigested Particles** Present + Concentration Method (for ova) No ova detected Absent Reducing Substances Absent



Dr. VRUSHALI SHROFF M.D.(PATH) **Pathologist**

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Age / Gender : 33 Years / Male

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	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 Slight hazy Clear Volume (ml) 40 -

CHEMICAL EXAMINATION

Proteins Absent Absent pH Indicator **GOD-POD** Glucose Absent Absent Ketones Absent Absent Legals Test Blood **Absent Absent** Peroxidase Bilirubin Diazonium Salt Absent Absent Urobilinogen Normal Normal Diazonium Salt **Griess Test Nitrite** Absent Absent

MICROSCOPIC EXAMINATION

Leukocytes(Pus cells)/hpf 1-2 0-5/hpf
Red Blood Cells / hpf Absent 0-2/hpf

Epithelial Cells / hpf 0-1

CastsAbsentAbsentCrystalsAbsentAbsentAmorphous debrisAbsentAbsent

Bacteria / hpf 15-18 Less than 20/hpf

Others -



Dr.TRUPTI SHETTY M. D. (PATH) Pathologist

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^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
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Age / Gender : 33 Years / Male

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD GROUPING & Rh TYPING

PARAMETER RESULTS

ABO GROUP B

Rh TYPING Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
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:33 Years / Male Age / Gender

Consulting Dr.

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	142.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	183.5	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	32.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	110	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	73.0	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	37.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	5.39	0.35-5.5 microIU/ml	ECLIA

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Age / Gender : 33 Years / Male

Consulting Dr. : - Collected :24-Sep-2022 / 09:13

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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 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:

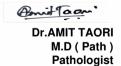
- 1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
- Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results.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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
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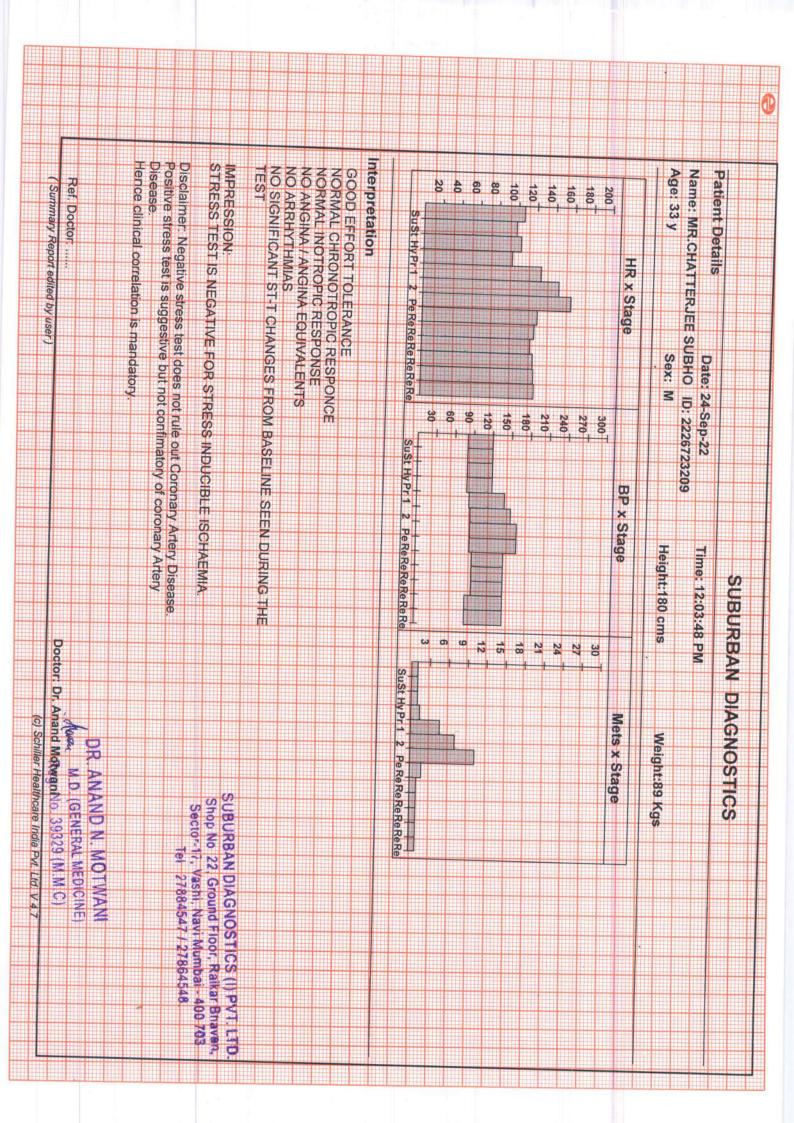
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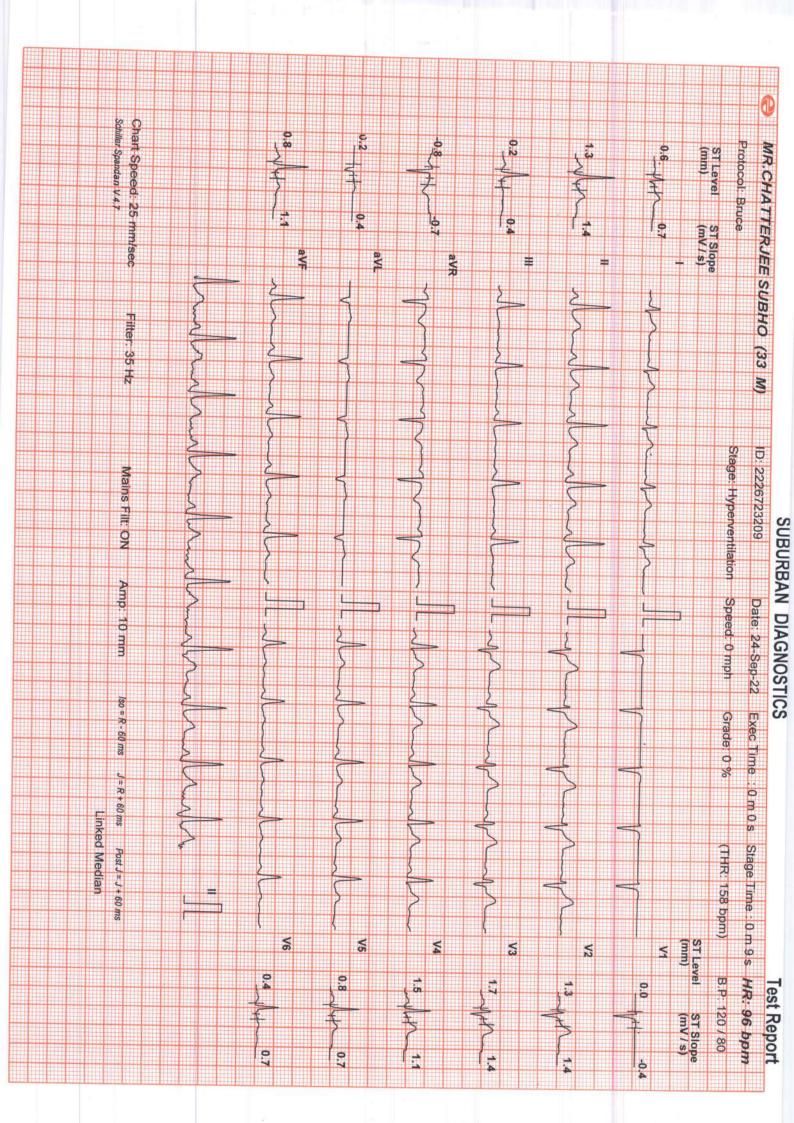
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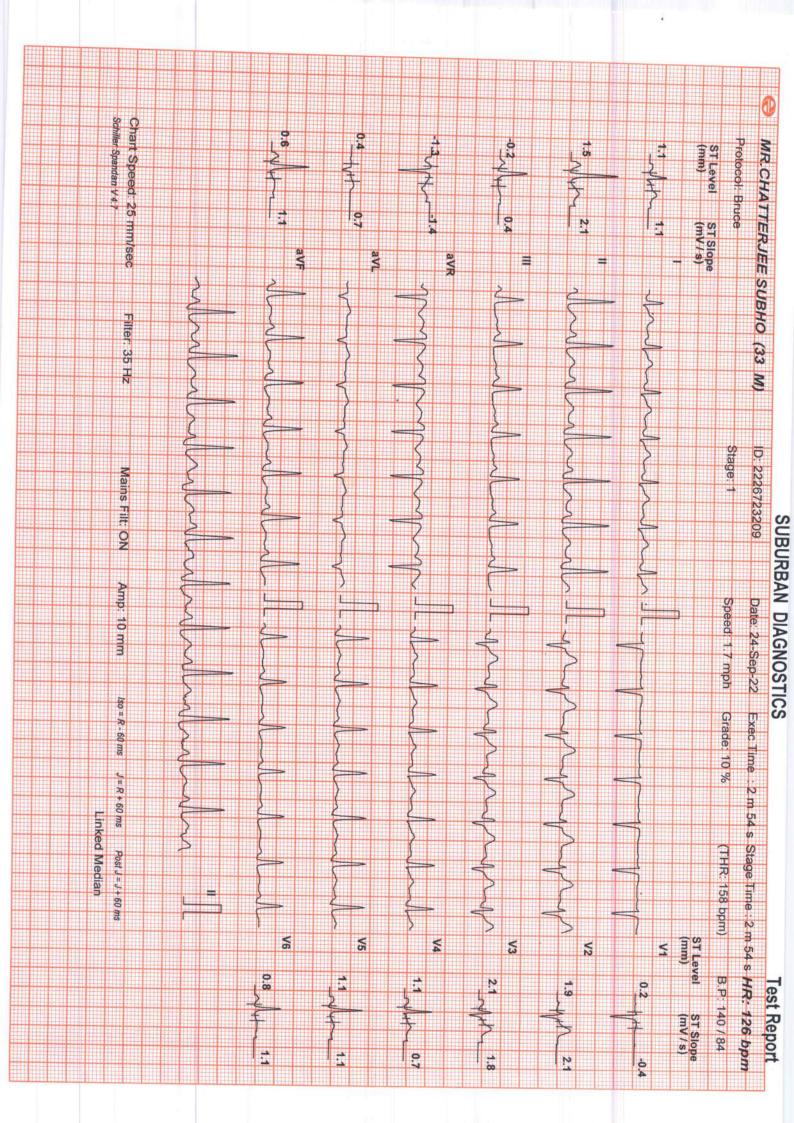
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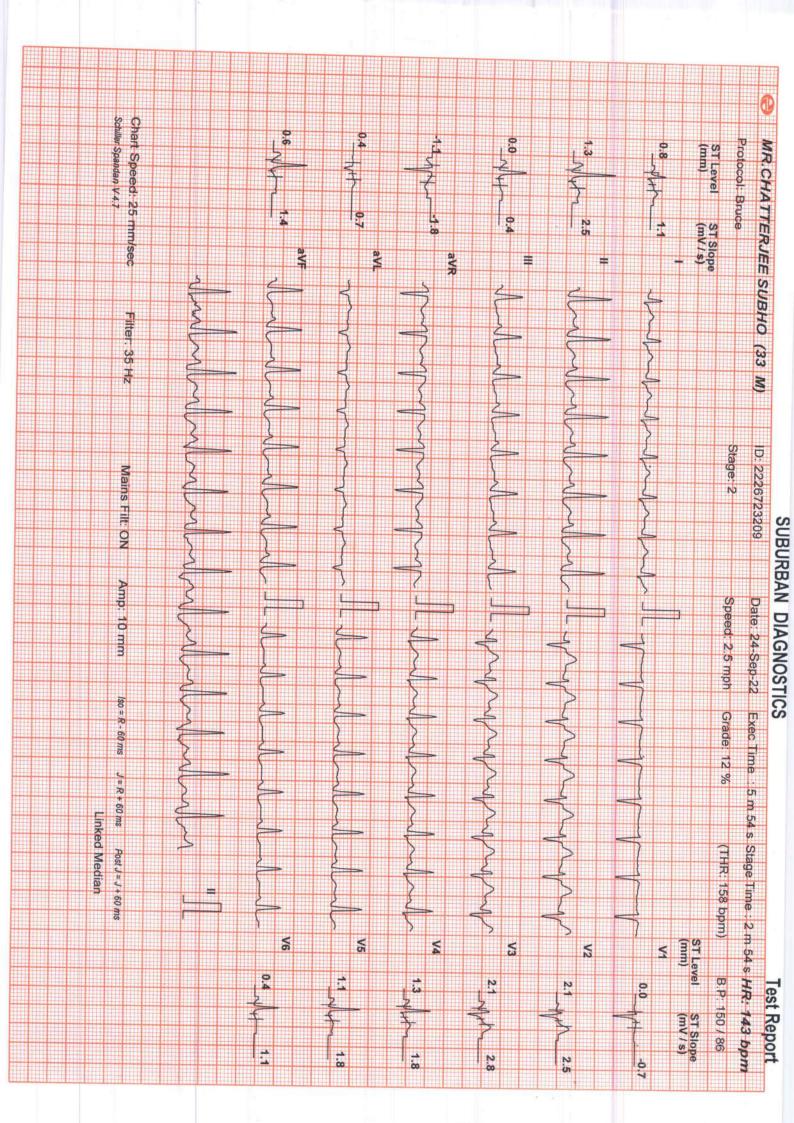


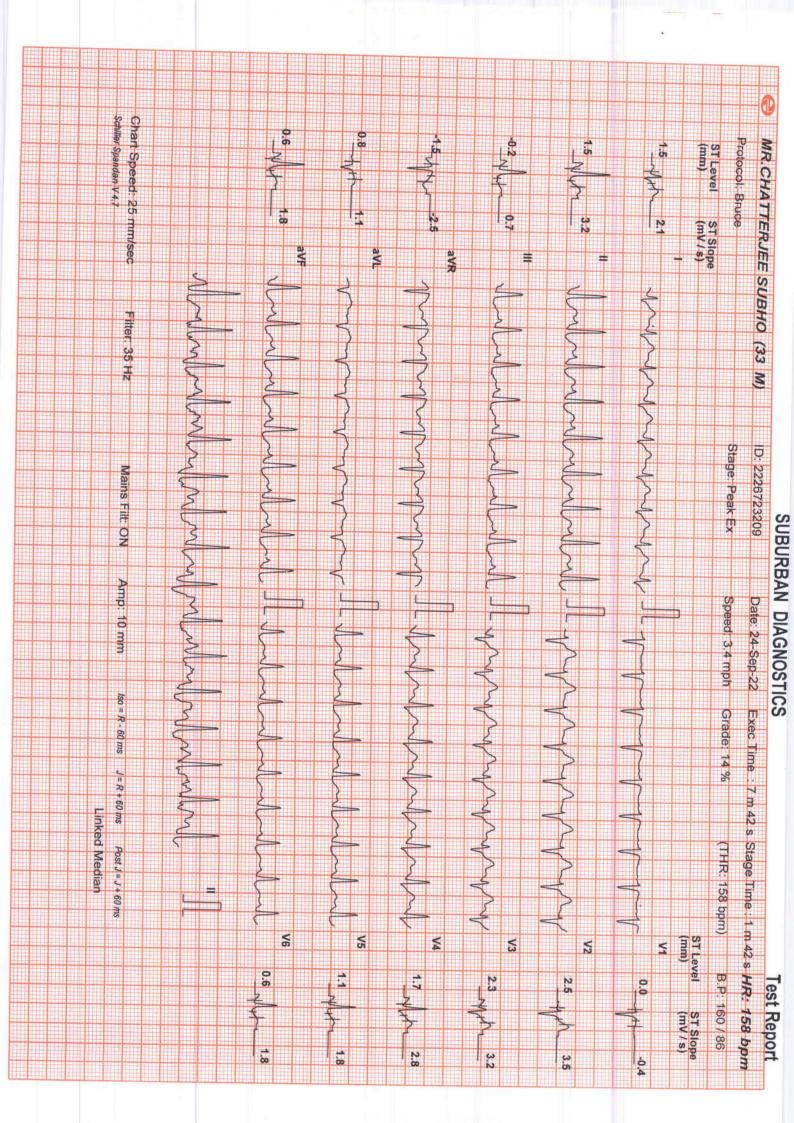


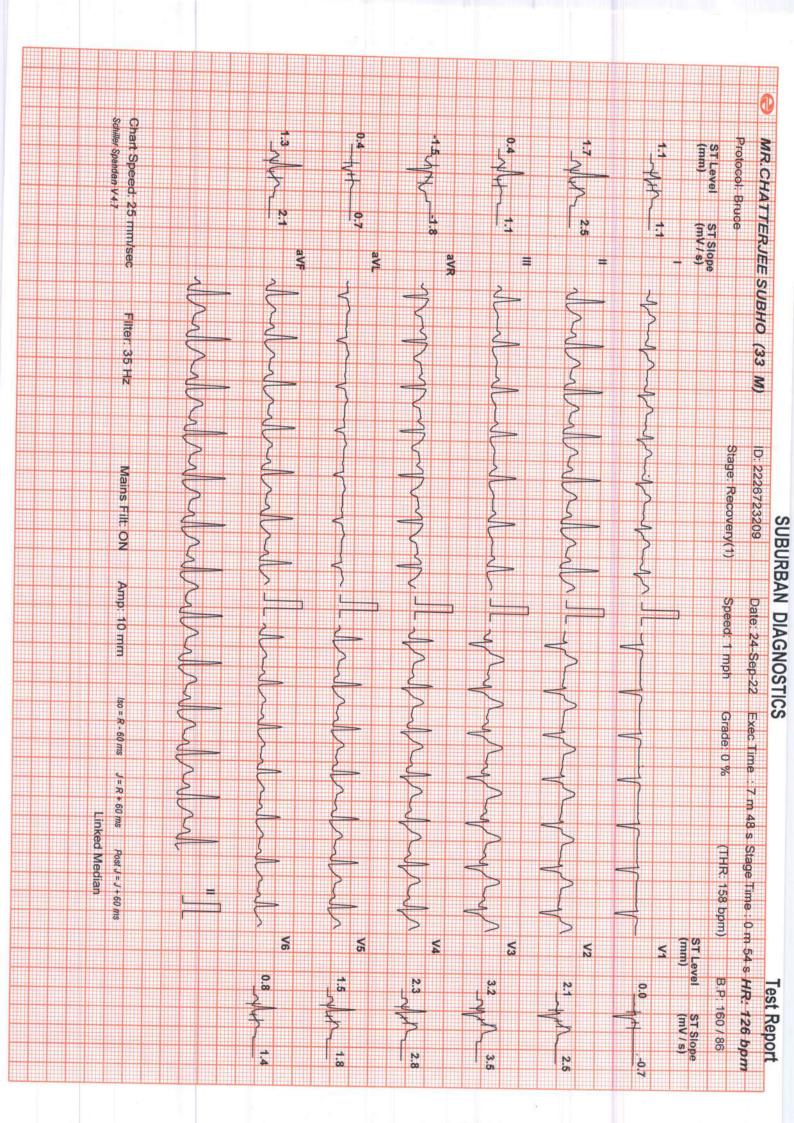








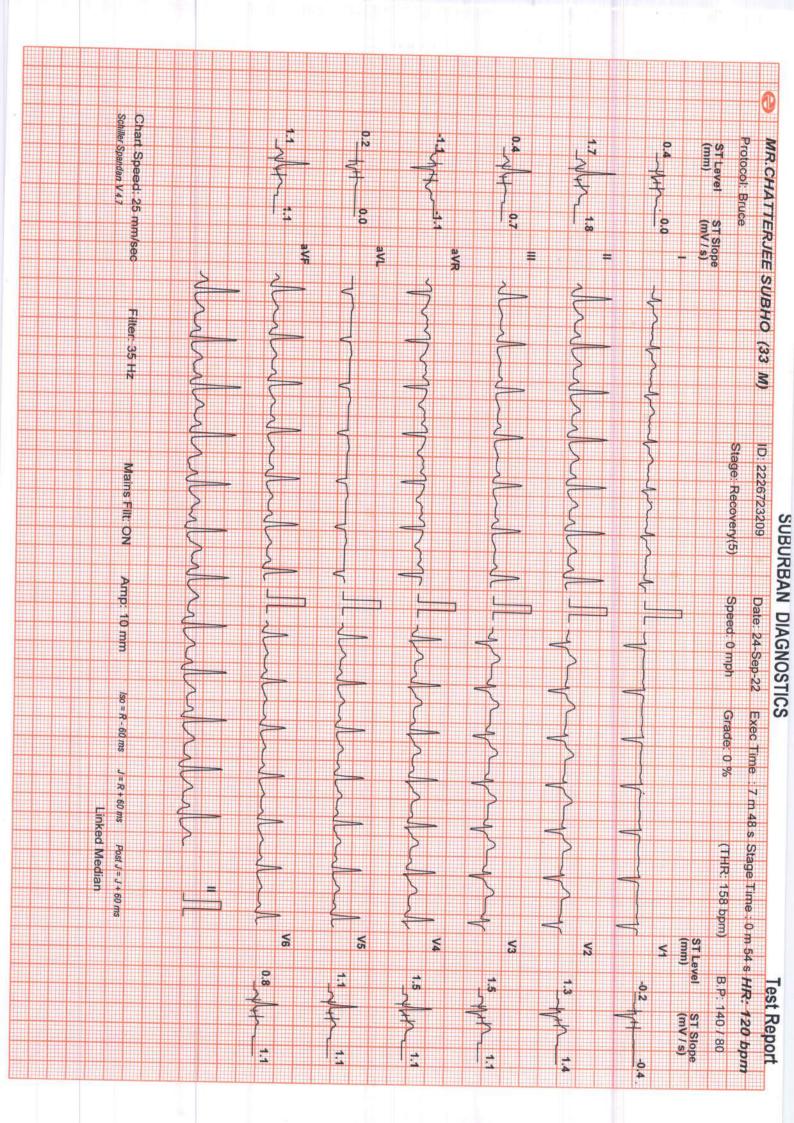
















Name : Mr CHATTERJEE SUBHO

Age / Sex : 33 Years/Male

Ref. Dr Reg. Date : 24-Sep-2022

: 24-Sep-2022/09:41 Reg. Location : Vashi Main Centre Reported



R \mathbf{E}

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USG WHOLE ABDOMEN

LIVER:

The liver is enlarged in size(16.4 cm), shape and smooth margins. It shows bright 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 grossly normal. No obvious evidence of gall stones or mass lesions seen. The neck of the gal bladder is not well visualized due to overlying gases.

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.

Right kidney measures 11.3 x 4.1 cm. Left kidney measures 10.9 x 4.9 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted. Gaseous distention of bowel loops is noted

URINARY BLADDER:

The urinary bladder is partially distended and reveal no obvious intraluminal abnormality.



Name : Mr CHATTERJEE SUBHO

Age / Sex : 33 Years/Male

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Reported : 24-Sep-2022/09:41

PROSTATE:

The prostate is normal in size. It measures 3.1 x 2.5 x 3.5 cm and volume is 15 cc.

IMPRESSION:

Early grade II fatty infiltration of liver with mild hepatomegaly. Needs correlation with lipid profile and liver function tests.

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

Dr Shilpa Beri MBBS DMRE

Reg No 2002/05/2302 Consultant Radiologist



Name : Mr CHATTERJEE SUBHO

Age / Sex : 33 Years/Male

Ref. Dr

Reg. Location : Vashi Main Centre

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Reg. Date : 24-Sep-2022

: 24-Sep-2022/09:41 Reported



Name : MR.CHATTERJEE SUBHO

Age / Gender : 33 Years/Male

Consulting Dr. : - Collected : 24-Sep-2022 / 09:09

Reg.Location : Vashi (Main Centre) Reported : 24-Sep-2022 / 13:35

X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

No significant abnormality detected.

*** End Of Report ***

Dr.R K BHANDARI M.D.,D.M.R.E CONSULTANT RADIOLOGIST

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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