

NABH ACCREDITED

PRAKASH

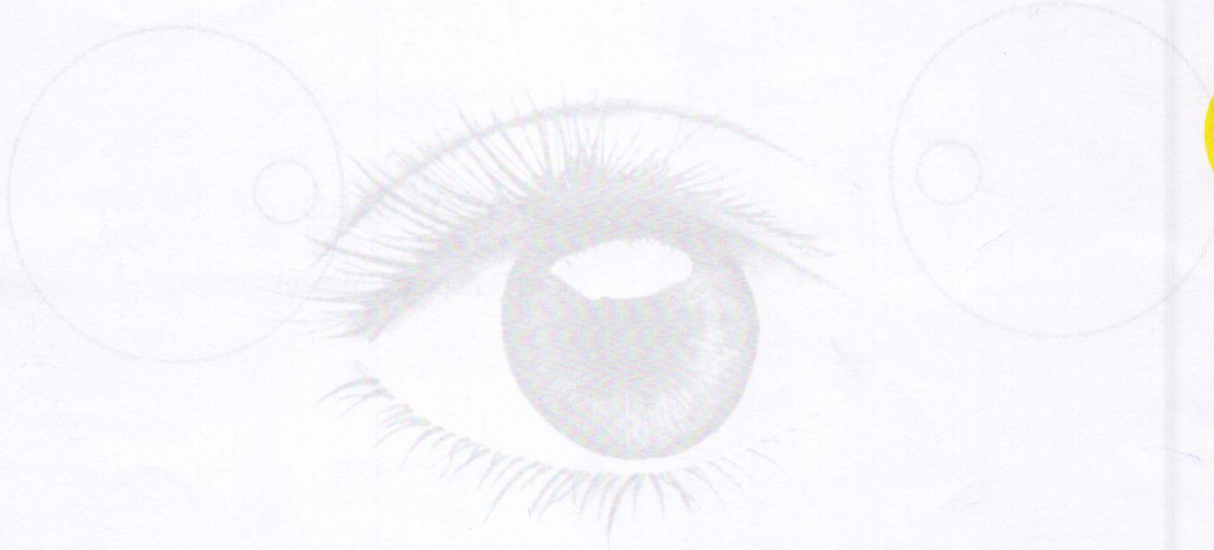
EYE HOSPITAL & LASER CENTRE

Dr. AMIT GARG

M.B.B.S., D.N.B. (Oph.)
I-Lasik (Femto) Bladefree Topical Micro Phaco
& Medical Retina Specialist
Ex. Micro Phaco Surgeon
Venu Eye Institute & Research Centre, New Delhi

Name Rishabh Saini Age/Sex 29 / M C/o Routine checkup Date 09/04/2022

LEFT EYE				RIGHT EYE					
Distance	Near	Sph.	Cyl.	Axis	Distance	Near	Sph.	Cyl.	Axis



Accredited Eye Hospital Western U.P.

First NABH ECO

प्रकाश आँखों का अस्पताल एवं लेजर सेंटर



Website: www.prakasheyehospital.in
Facebook: <http://www.prakasheyehospital.in>

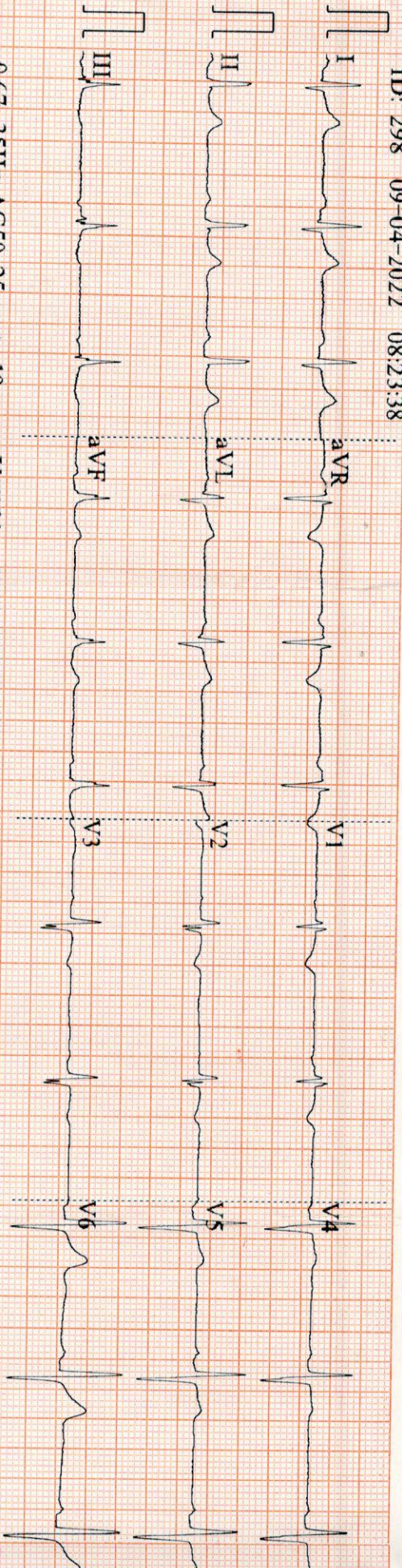
Counsellor 9837066186
7535832832
Manager 7895517715
OT 730222373
TPA 9837897788

(परचा सात दिन तक मान्य है)

Timings Morning : 10:00 am to 2:00 pm.
Evening : 5:00 pm to 8:00 pm.
Sunday : 10:00 am to 2:00 pm.
Near Nai Sarak, Garh Road, Meerut
E-mail : prakasheyehosp@gmail.com

ID: 298 09-04-2022 08:23:38

0.67~35Hz AC50 25mm/s 10mm/mV ●64 V1.0 SEMIP V1.7



ID: 298

Male
29 Years
cm

kg

kPa

Diagnosis Information:

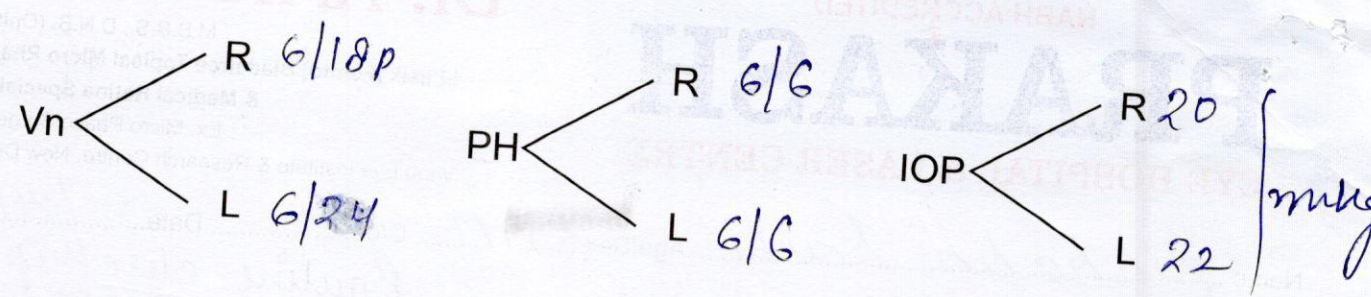
Sinus Rhythm

Normal ECG

HR	63	bpm
P	112	ms
PR	168	ms
QRS	93	ms
QT/QTc	366/375	ms
P/ORS/T	19/67/20	°
RV5/SV1	0.833/0.304	mV

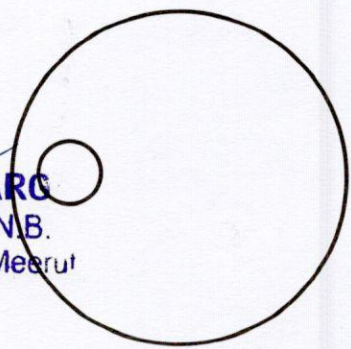
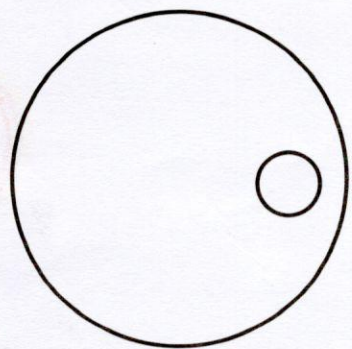
Report Confirmed by:

DR. MONIKA GARG
M.B.S. M.D. (Path.)
GARG PATHOLOGY



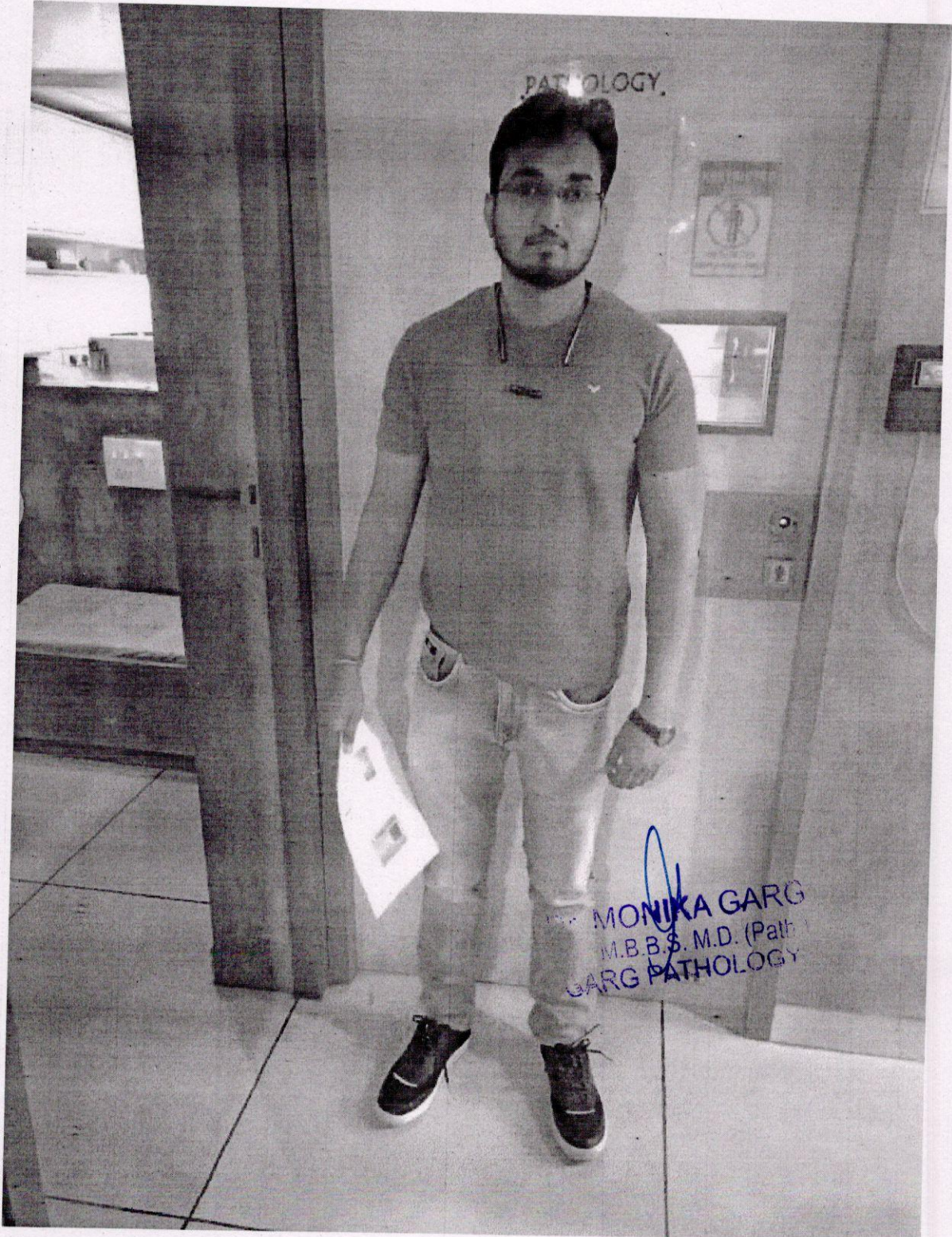
	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance	1.50	0.75	10°	6/6	2.00	1.00	180°	6/6
Near				N6				N6

BE Color Vision Normal.



Dr. AMIT GARG
 M.B.B.S., D.M.B.
 Garg Pathology, Meerut





Monika Garg
MONIKA GARG
M.B.B.S. M.D. (Path)
GARG PATHOLOGY

भारत सरकार
Government of India

आधार

Issue Date: 02/01/2012



रिषभ सैनी
Rishabh Saini
जन्म तिथि / DOB : 06/04/1993
पुरुष / Male

6995 8735 1510

मेरा आधार, मेरी पहचान

(Handwritten signature)

(Handwritten signature)
Dr. MONIKA GARG
M.B.B.S. M.D. (Path.)
GARG PATHOLOGY

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

आधार

Print Date: 29/01/2022

पता: S/O कृपाल सिंह सैनी, 163/9, प्रेम पुरी,
मुजफ्फरनगर, मुजफ्फरनगर, उत्तर प्रदेश,
251002
Address: S/O Kripal Singh Saini, 163/9,
PREM PURI, Muzaffarnagar, Muzaffarnagar,
Uttar Pradesh, 251002



6995 8735 1510

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Garg Pathology

Certified by :
National Accreditation Board For Testing & Calibration Laboratories
ISO 9001:2008
Garden House Colony, Near Nai Sarak, Garh Road, Meerut
Ph.: 0121-2600454, 8979608687, 9837772828

DR. MONIKA GARG

M.D. (Path) Gold Medalist

Former Pathologist :

St. Stephan's Hospital, Delhi

PUID : 220409/601 **C. NO:** 601 **Collection Time** : 09-Apr-2022 8:15AM
Patient Name : Mr. RISHABH SAINI 29Y / Male **Receiving Time** : 09-Apr-2022 9:05AM
Referred By : Dr. BANK OF BARODA **Reporting Time** : 09-Apr-2022 9:35AM
Sample By : **Centre Name** : Garg Pathology Lab - TPA
Organization :



Investigation	Results	Units	Biological Ref-Interval
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HAEMATOLOGY (EDTA WHOLE BLOOD)

COMPLETE BLOOD COUNT

HAEMOGLOBIN (Colorimetry)	15.4	gm/dl	13.0-17.0
TOTAL LEUCOCYTE COUNT (Electric Impedence)	7430	*10 ⁶ /L	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	55	%.	40-80
Lymphocytes	40	%.	20-40
Eosinophils	03	%.	1-6
Monocytes	02	%.	2-10
Absolute neutrophil count	4.09	x 10 ⁹ /L	2.0-7.0(40-80%)
Absolute lymphocyte count	2.97	x 10 ⁹ /L	1.0-3.0(20-40%)
Absolute eosinophil count	0.22	x 10 ⁹ /L	0.02-0.5(1-6%)

Method:- (EDTA Whole blood, Automated /

ESR (Automated Wsetergren`s) 5 mm/1st hr 0.0 - 10.0

RBC Indices

TOTAL R.B.C. COUNT (Electric Impedence)	5.28	Million/Cumm	4.5 - 6.5
Haematocrit Value (P.C.V.)	47.1	%	26-50
MCV (Calculated)	89.2	fL	80-94
MCH (Calculated)	29.2	pg	27-32
MCHC (Calculated)	32.7	g/dl	30-35
RDW-SD	47.1	fL	37-54



*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

Dr. Monika Garg
MBBS, MD(Path)
(Consultant Pathologist)

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(Calculated)			
RDW-CV	13.0	%	11.5 - 14.5
(Calculated)			
Platelet Count	1.87	/Cumm	1.50-4.50
(Electric Impedence)			
MPV	9.6	%	7.5-11.5
(Calculated)			
GENERAL BLOOD PICTURE			
NLR	1.38		1-3
6-9 Mild stres			
7-9 Pathological cause			

-NLR is a reflection of physiologic stress,perhaps tied most directly to cortisol and catecholamine levels.
-NLR can be a useful tool to sort out patients who are sicker, compared to those who are less sick (its not specific to infection).
-NLR has proven more useful than white blood cell count (WBC) when the two are directly compared. Ultimately, NLR may be a logical replacement for the WBC. In some situations, NLR is competitive with more expensive biomarkers (e.g. procalcitonin,lactate).
-With specific clinical contexts (e.g. pancreatitis, pulmonary embolism), NLR may have surprisingly good prognostic value.

BLOOD GROUP * **"O" POSITIVE** \$ \$



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GLYCATED HAEMOGLOBIN (HbA1c)*	4.5	%	4.3-6.3
ESTIMATED AVERAGE GLUCOSE	82.5	mg/dl	

EXPECTED RESULTS :

 Non diabetic patients & Stabilized diabetics : 4.3% to 6.30%
 Good Control of diabetes : 6.4% to 7.5%
 Fair Control of diabetes : 7.5% to 9.0%
 Poor Control of diabetes : 9.0 % and above

-Next due date for HBA1C test : After 3 months

-High HbF & Trig.level, iron def.anaemia result in high GHb

-Haemolytic anemia, presence of HbS, HbC and other Haemoglobinopathies may produce low values. three months.

INTERPRETATION: HbA1c is an indicator of glycemic control.HbA1c represents average glycemia over the past six to eight weeks.Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Mean Plasma Glucose mg/dl = (HbA1c x 35.6) - 77.3 Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control.

As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

BIOCHEMISTRY (FLORIDE)

PLASMA SUGAR FASTING 87.0 mg/dl 70 - 110
 (GOD/POD method)

PLASMASUGAR P.P. 115.0 mg/dl 80-140
 (GOD/POD method)

BIOCHEMISTRY (SERUM)

SERUM CREATININE 1.1 mg/dl 0.6-1.4
 (Enzymatic)

BLOOD UREA NITROGEN 14.00 mg/dL. 8-23



*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

Page 3 of 8

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Organization : 

Investigation	Results	Units	Biological Ref-Interval
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LIVER FUNCTION TEST

SERUM BILIRUBIN

TOTAL 0.8 mg/dl 0.1-1.2
(Diazo)

DIRECT 0.3 mg/dl <0.3
(Diazo)

INDIRECT 0.5 mg/dl 0.1-1.0
(Calculated)

S.G.P.T. 40.0 U/L 8-40
(IFCC method)

S.G.O.T. **38.0** U/L 6-37
(IFCC method)

SERUM ALKALINE PHOSPHATASE 69.0 IU/L 50-126
(IFCC KINETIC)

SERUM PROTEINS

TOTAL PROTEINS 6.9 Gm/dL 6-8
(Biuret)

ALBUMIN 4.0 Gm/dL 3.5-5.0
(Bromocresol green Dye)

GLOBULIN 2.90 Gm/dL 2.5-3.5
(Calculated)

A : G RATIO **1.38** 1.5-2.5
(Calculated)



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PSA*	0.910	ng/ml	
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ECLIA

NORMAL VALUE

Age (years)	Median (ng/ml)
<49	<2.0
50-59	<3.5
60-69	<4.5
70-79	<6.5



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LIPID PROFILE

SERUM CHOLESTEROL (CHOD - PAP)	210.0	mg/dl	150-250
SERUM TRIGLYCERIDE (GPO-PAP)	171.0	mg/dl	70-150
HDL CHOLESTEROL * (PRECIPITATION METHOD)	42.7	mg/dl	30-60
VLDL CHOLESTEROL * (Calculated)	34.2	mg/dl	10-30
LDL CHOLESTEROL * (Calculated)	133.1	mg/dL.	0-100
LDL/HDL RATIO * (Calculated)	03.1	ratio	<3.55
CHOL/HDL CHOLESTROL RATIO* (Calculated)	4.9	ratio	3.8-5.9

Interpretation :

Patient Should be Fast overnight For Minimum 12 hours and normal diet for one week

NOTE :

Lipid Profile Ranges As PER NCEP-ATP III :

SERUM CHOESTEROL : Desirable : < 200 Borderline : 200 - 239 Elevated : > 240 mg/dl
HDLCHOLESTEROL : Desirable : > 60 Borderline : 40- 60 Decreased : < 40 mg/dl
LDL CHOLESTEROL : Desirable : 100 mg/dl, Borderline : 100- 159 Elevated : >160 mg/dl
Triglycerides : Desirable : 150 Borderline : 150- 199 High : 200 - 499 Very High : >500

Friedwald Equation, VLDL & LDL values are not applicable for triglyceride > 400 mg/dl.

SERUM SODIUM (Na) * 138.0 mEq/litre 135 - 155
(ISE method)
(ISE)



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THYROID PROFILE*

Triiodothyronine (T3) * (ECLIA)	1.325	ng/dl	0.79-1.58
Thyroxine (T4) * (ECLIA)	8.427	ug/dl	4.9-11.0
THYROID STIMULATING HORMONE (TSH) * (ECLIA)	1.186	uIU/ml	0.38-5.30

Hyperthyroid patient have suppressed TSH values, with the exception of those few individuals whos have hyperthyroidism caused by TSH producing pituitary tumor or other rare disorders such as pituitary resistance to thyroid hormones. Subclinical hyperthyroidism is defined as low TSH with levels of T4 and T3 within the reference interval. In most patients with hypothyroidism,serum TSH results are markedly elevated, but results are low in individuals with hypothyroidism caused by pituitary or hypothalamic disorders. An important cause of both incresed and decreased TSH results is NTI. Patients with NTI tend to have low TSH results during their acute illness ,then TSH rises to within or above the reference range with resolution of the underlying illness,and finally returns to within the reference range. The situation is complicated because drugs,including glucagon and dopamine,suppress TSH . Sensitive TSH assays are helpful in evaluation of treatment with thyroid hormone both for replacement therapy and suppressive doses for malignant thyroid disease.

SERUM POTASSIUM (K) * (ISE method)	4.0	mEq/litre.	3.5 - 5.5
SERUM CALCIUM (Arsenazo)	9.8	mg/dl	9.2-11.0

BIOCHEMICAL EXAMINATION

URIC ACID	7.1	mg/dL.	3.6-7.7
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Patient Name : Mr. RISHABH SAINI 29Y / Male **Receiving Time** : 09-Apr-2022 9:05AM
Referred By : Dr. BANK OF BARODA **Reporting Time** : 09-Apr-2022 1:55PM
Sample By : **Centre Name** : Garg Pathology Lab - TPA
Organization :



Investigation	Results	Units	Biological Ref-Interval
---------------	---------	-------	-------------------------

URINE

PHYSICAL EXAMINATION

Volume	20	ml	
Colour	Pale Yellow		
Appearance	Clear		Clear
Specific Gravity	1.010		1.000-1.030
PH (Reaction)	Acidic		

BIOCHEMICAL EXAMINATION

Protein	Nil		Nil
Sugar	Nil		Nil

MICROSCOPIC EXAMINATION

Red Blood Cells	Nil	/HPF	Nil
Pus cells	1-2	/HPF	0-2
Epithelial Cells	1-2	/HPF	1-3
Crystals	Nil		
Casts	Nil		
@ Special Examination			
Bile Pigments	Absent		
Blood	Nil		
Bile Salts	Absent		

-----{END OF REPORT }-----



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24 घंटे सुविधा उपलब्ध है।



MR. RISHABH SAINI

ID : 91

HWT : 173/68

Recorded : 9-4-2022 11:54

TREADMILL TEST SUMMARY REPORT

Protocol: BRUCE

Ref. by :
 Indication 1 :
 Indication 2 :
 Indication 3 :

History :
 Medication 1 :
 Medication 2 :
 Medication 3 :

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	II	ST LEVEL (mm) V2	V5	MET
SUPINE											
HYPERVENT	0:26	0:26			77	120/80	92	0.6	0.4	0.6	
STANDING					84	120/80	100	0.6	0.4	0.9	
					67	120/80	80	0.3	0.4	0.3	
STAGE 1	2:59	2:59	2.70	10.00	109	120/80	130	0.5	0.4	0.6	4.80
STAGE 2	5:59	2:59	4.00	12.00	126	130/80	163	0.3	0.6	0.5	7.10
STAGE 3	8:59	2:59	5.40	14.00	149	140/90	208	0.0	0.7	0.3	10.00
STAGE 4	10:44	1:44	6.70	16.00	164	150/90	246	0.1	1.1	0.5	12.32
PEAK EXER	10:55	1:55			169	150/90	253	0.2	1.1	0.7	12.52
EVENT	1:00	1:00	0.00	0.00	112	150/90	168	1.1	1.3	1.7	
EVENT	2:00	2:00	0.00	0.00	100	150/90	150	0.4	0.6	0.4	
RECOVERY	2:59	2:59	0.00	0.00	98	140/90	137	0.1	0.3	0.1	

RESULTS

Exercise Duration : 10:55 Minutes
 Max Heart Rate : 169 bpm 88% of target heart rate 191 bpm
 Max Blood Pressure : 150/90 mmHg
 Max Work Load : 12.57 METS
 Reason of Termination : Achieved THR

IMPRESSIONS

GOOD EFFORT TOLERANCE. NORMAL IONOTROPIC AND CHRONOTROPIC RESPONSE.
 NO ANGINA/ARRYTHMIAS/ NO SIGNIFICANT ST CHANGES AT PEAK OF TEST.
 TEST IS NEGATIVE FOR EXERCISE INDUCED REVERSIBLE ISCHEMIA.


 DR HARJOT TYAGI MD, DM (CARDIOLOGY)

LOKPRIYA HOSPITAL

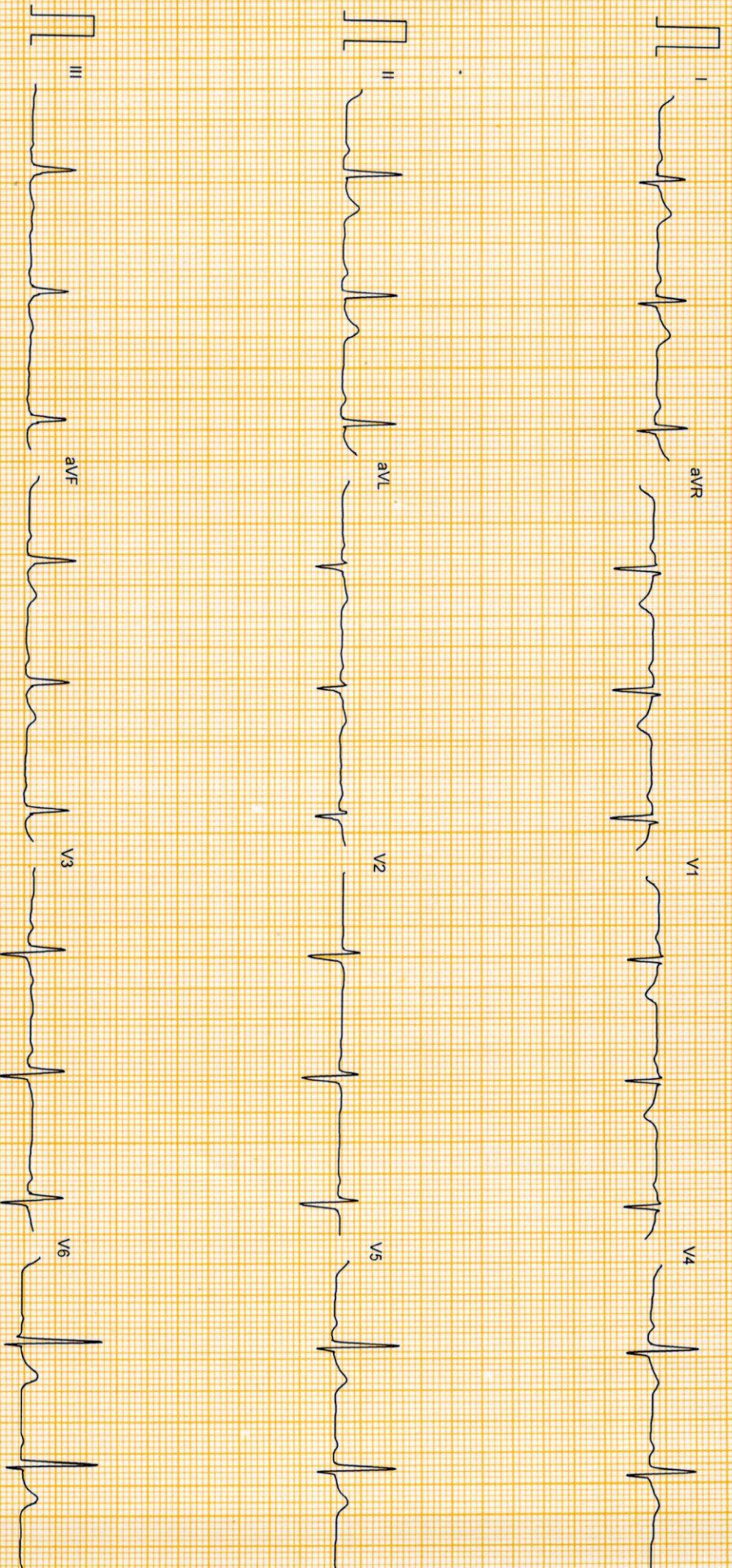
SUPINE
PRETEST

ST @ 10mm/mV
80ms PostJ

Mr. RISHABH SAINI
I.D. : 91
AGE/SEX : 29/M
RECORDED : 9-4-2022 11:54

RATE : 77 BPM
B.P. : 120/80 mmHg

RAW E.C.G.



Filtered

25mm/sec 10mm/mV

CardiCom, INDIA Ph.:091-731-2620740, TeleFax:091-731-2431214

LOKPRIYA HOSPITAL

HYPERVENTILATION
PRETEST

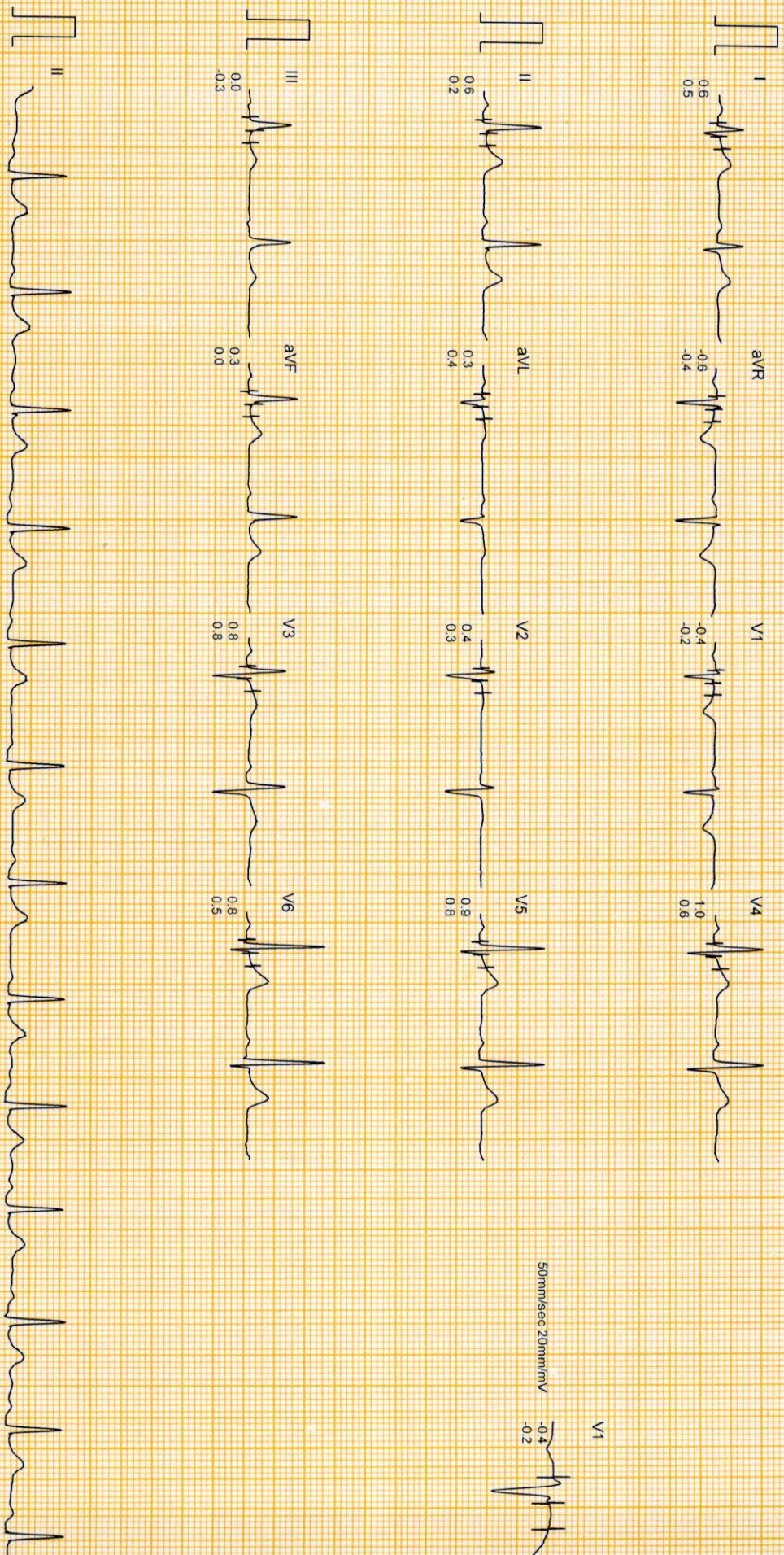
ST @ 10mm/mV
80ms PostJ

Mr. RISHABH SAINI
I.D. : 91
AGE/SEX : 29/M
RECORDED : 9-4-2022 11:54

RATE : 84 BPM
B.P. : 120/80 mmHg

STAGE TIME : 0:26

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph.:091-731-2620740, TeleFax:091-731-2431214

LOKPRIYA HOSPITAL

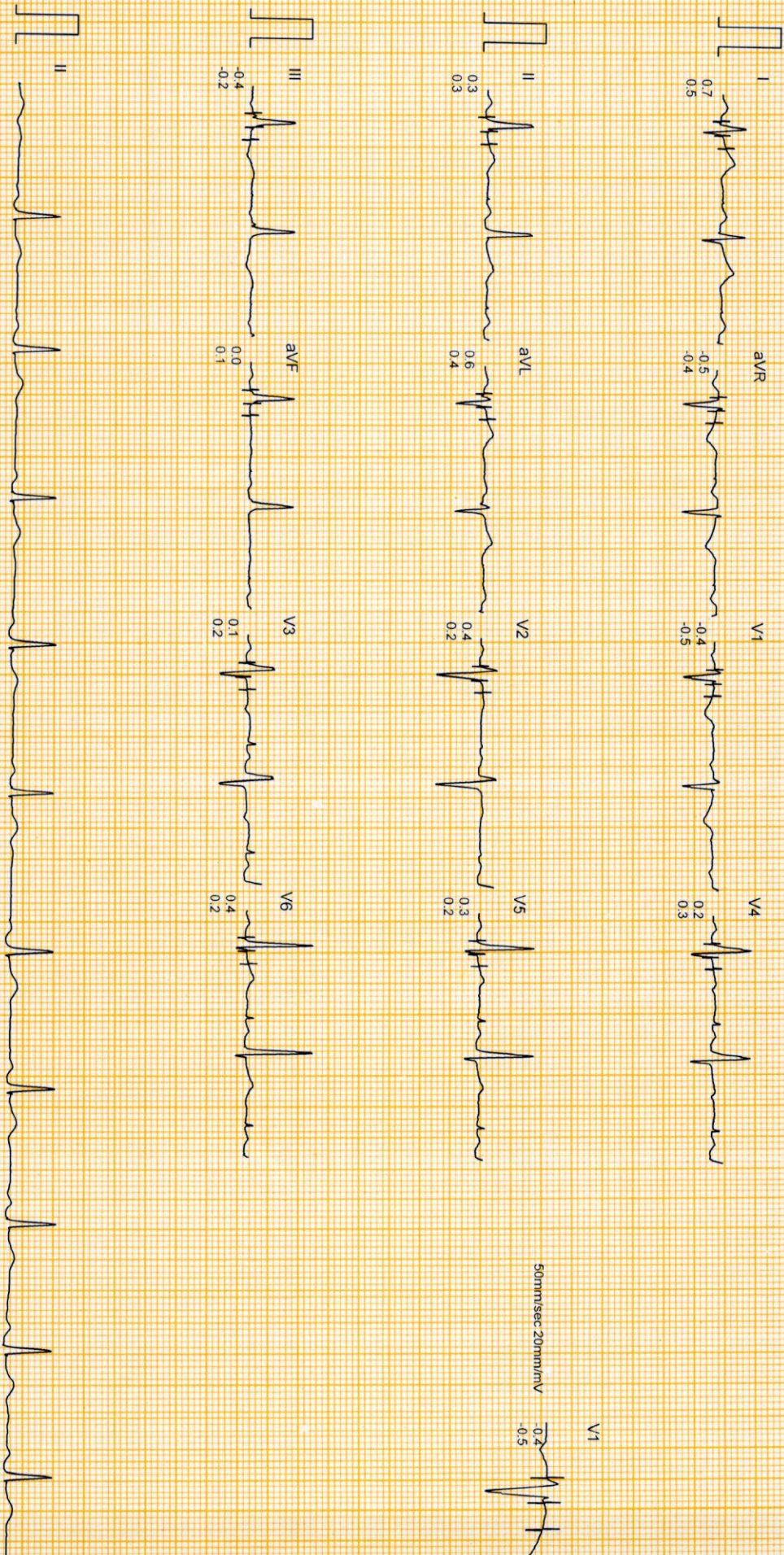
STANDING
PRETEST

ST @ 10mm/mV
80ms PostJ

Mr. RISHABH SAINI
I.D. : 91
AGE/SEX : 29/M
RECORDED : 9-4-2022 11:54

RATE : 67 BPM
B.P. : 120/80 mmHg

LINKED MEDIUM



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph. :091-731-2620740, TeleFax:091-731-2431214

LOKPRIYA HOSPITAL

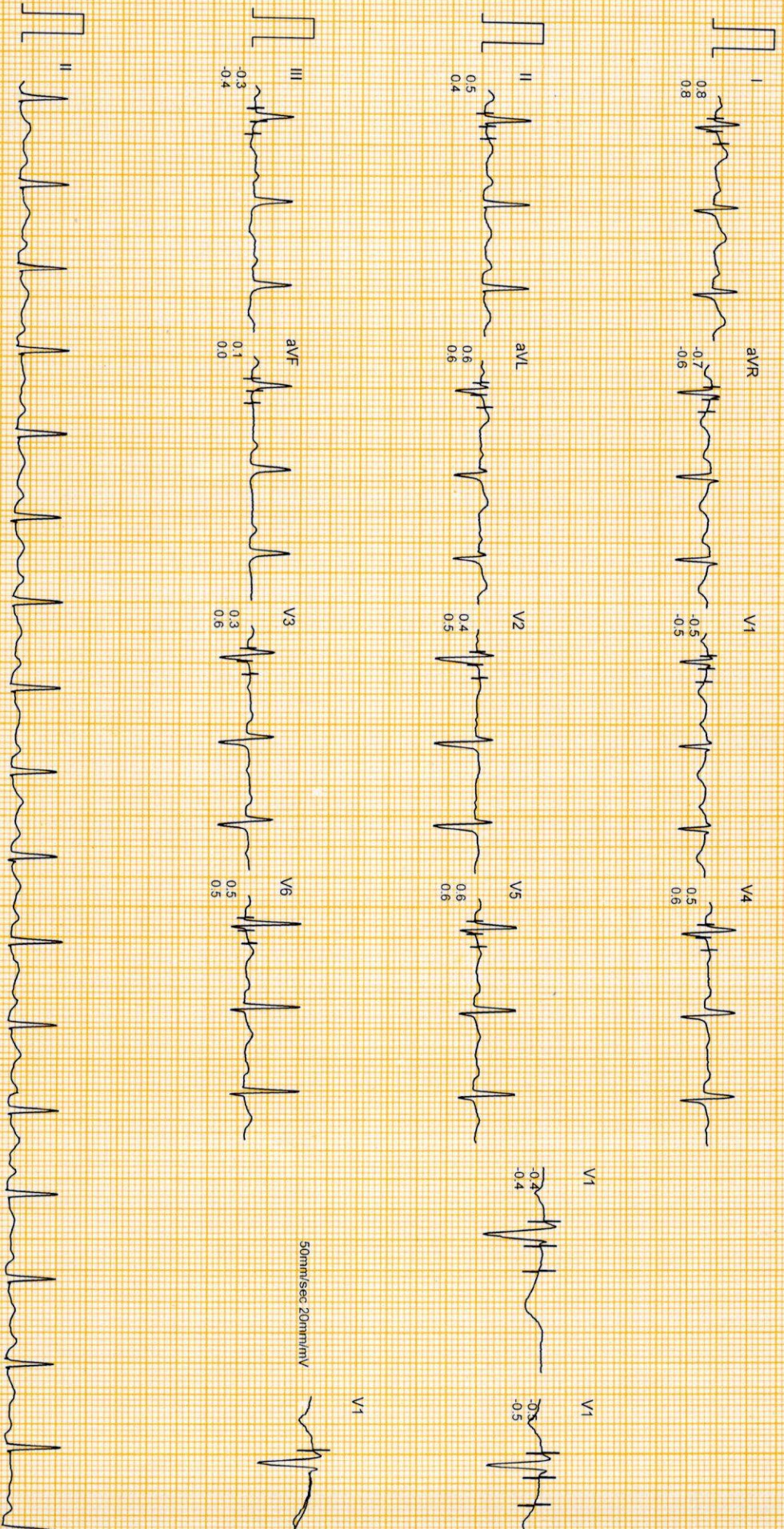
Mr. RISHABH SAINI
I.D. : 91
AGE/SEX : 29/M
RECORDED : 9-4-2022 11:54

RATE : 109 BPM
B.P. : 120/80 mmHg

BRUCE
EXERCISE 1
PHASE TIME : 2:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 2.7 Km./Hr.
GRADE : 10.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph.:091-731-2620740, TeleFax:091-731-2431214

LOKPRIYA HOSPITAL

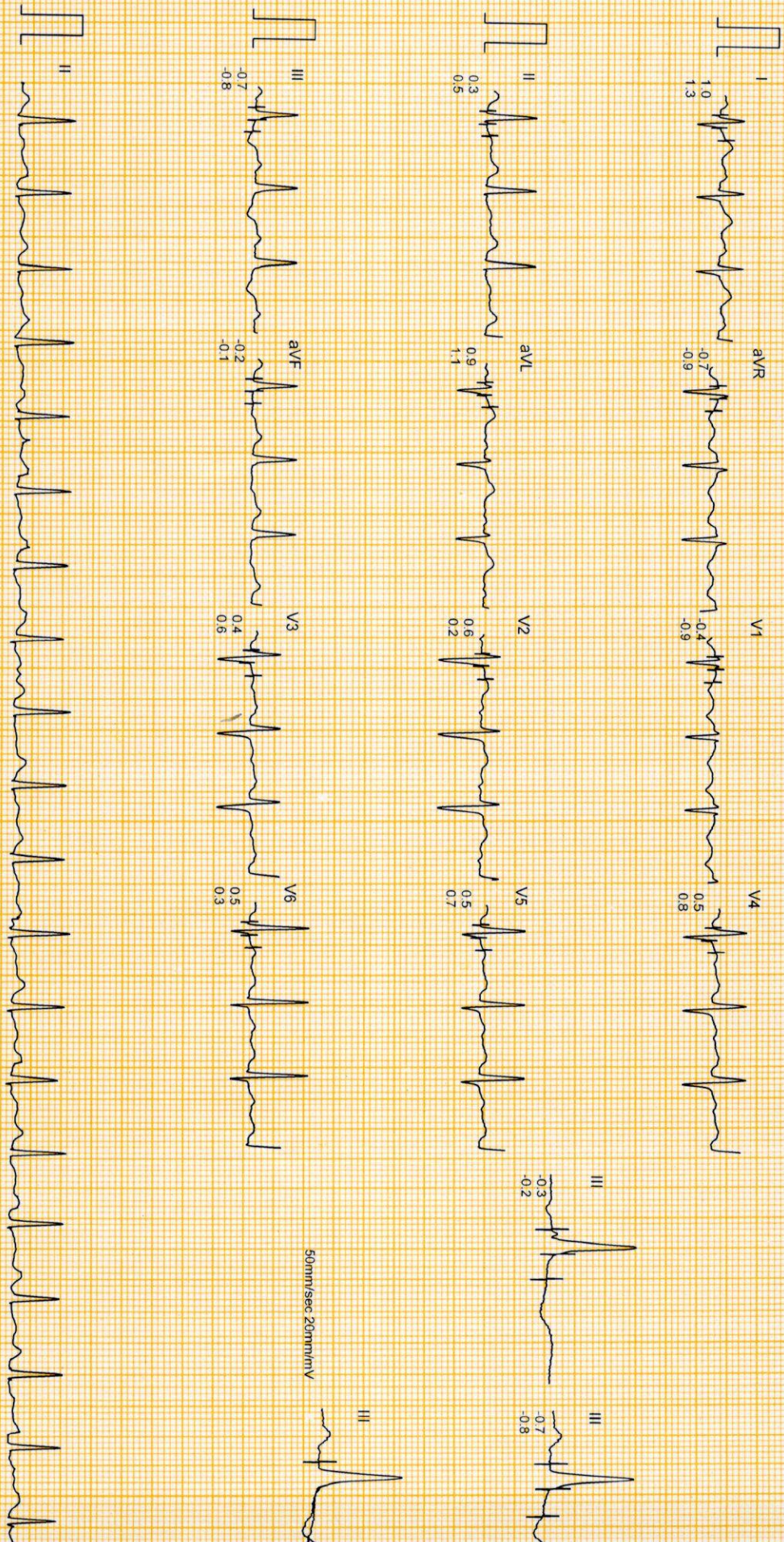
Mr. RISHABH SAINI
I.D. : 91
AGE/SEX : 29/M
RECORDED : 9-4-2022 11:54

RATE : 126 BPM
B.P. : 130/80 mmHg

BRUCE
EXERCISE 2
PHASE TIME : 5:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 4.0 Km./Hr.
GRADE : 12.0%

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/Sec 10mm/mV

CardiCom, INDIA Ph.:091-731-2620740, TeleFax:091-731-2431214

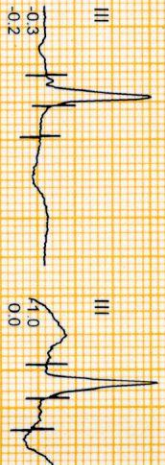
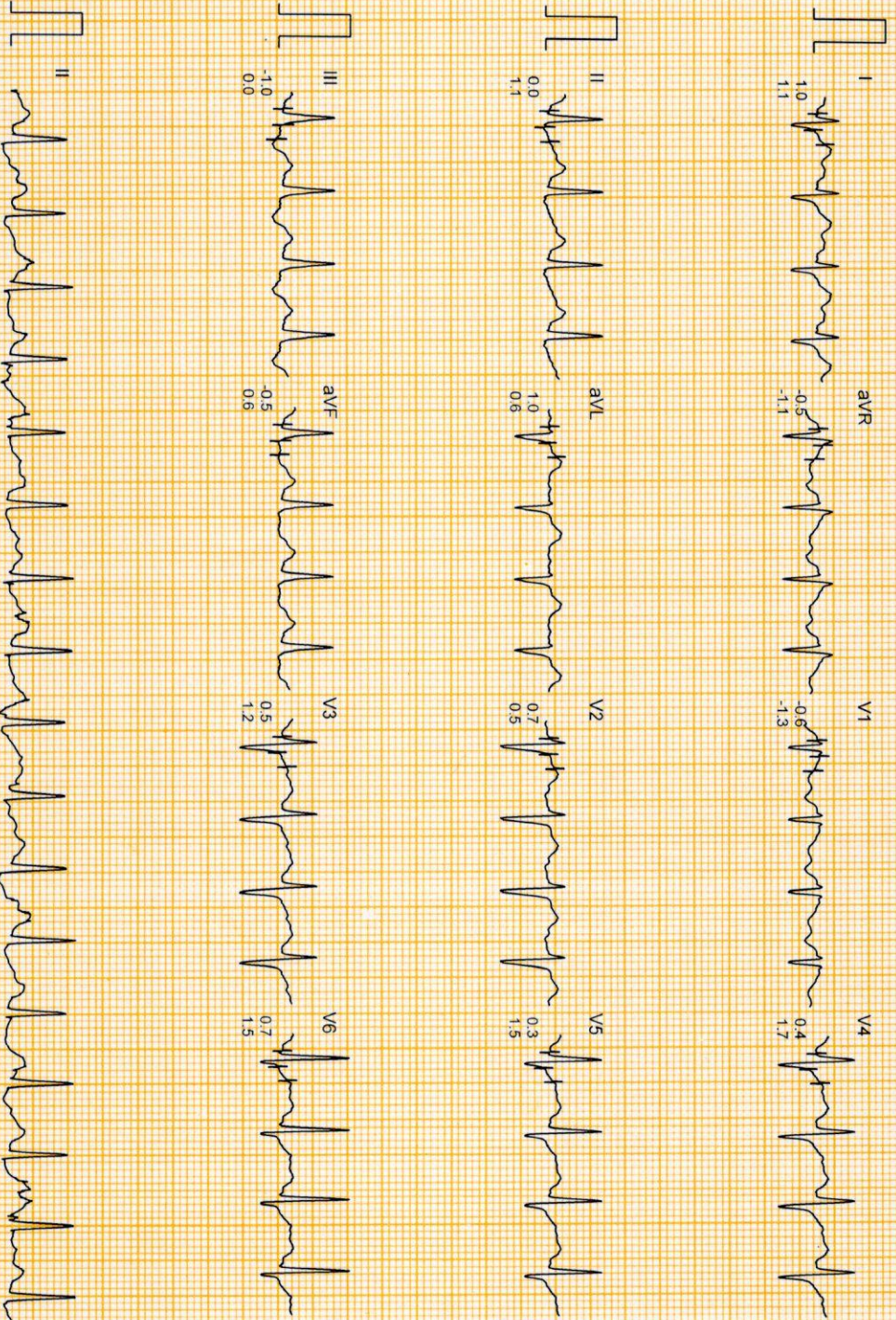
LOKPRIYA HOSPITAL

M. RISHABH SAINI
I.D. : 91
AGE/SEX : 29/M
RECORDED : 9-4-2022 11:54

BRUCE
EXERCISE 3
PHASE TIME : 8:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 5.4 Km./Hr.
GRADE : 14.0 %

LINKED MEDIAN



50mm/sec 20mm/mV



Filtered Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph.:091-731-2620740, TeleFax:091-731-2431214

LOKPRIYA HOSPITAL

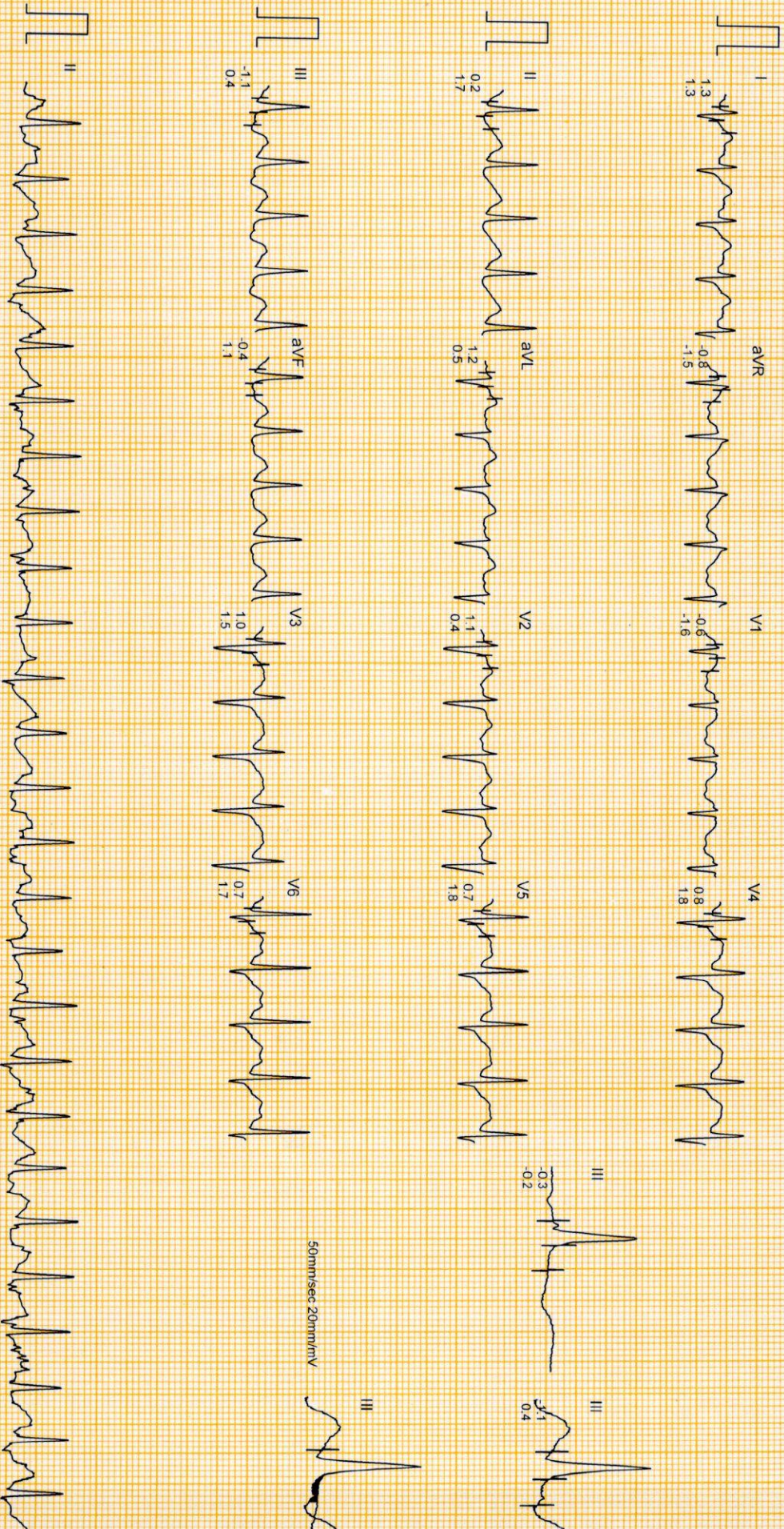
Mr. RISHABH SAINI
I.D. : 91
AGE/SEX : 29/M
RECORDED : 9-4-2022 11:54

RATE : 169 BPM
B.P. : 150/90 mmHg

BRUCE
PEAK EXER
PHASE TIME : 10:55
STAGE TIME : 1:55

ST @ 10mm/mV
80ms PostJ
SPEED : 6.7 Km./Hr.
GRADE : 16.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

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LOKPRIYA HOSPITAL

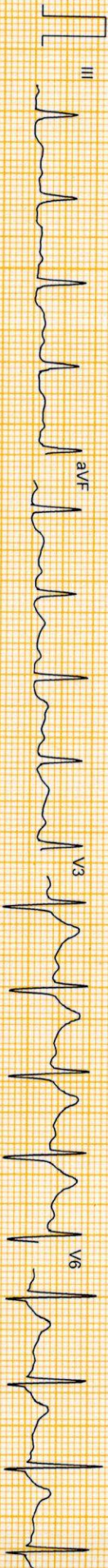
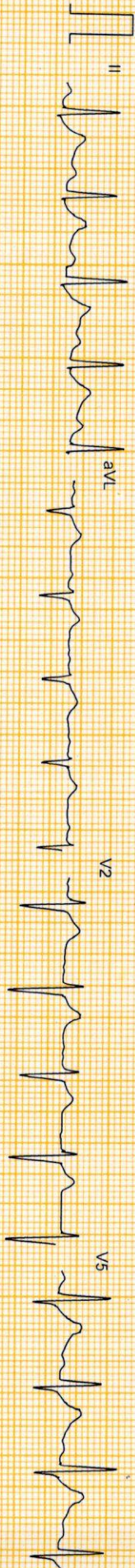
MR. RISHABH SAINI
I.D. : 91
AGE/SEX : 29M
RECORDED : 9-4-2022 11:54

RATE : 112 BPM
B.P. : 150/90 mmHg

BRUCE
RECOVERY (E.,JNT)
PHASE TIME : 1:00

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %

RAW E.C.G.



Filtered

25mm/sec 10mm/mV

CardiCom, INDIA Ph.:091-731-2620740, TeleFax:091-731-2431214

LOKPRIYA HOSPITAL

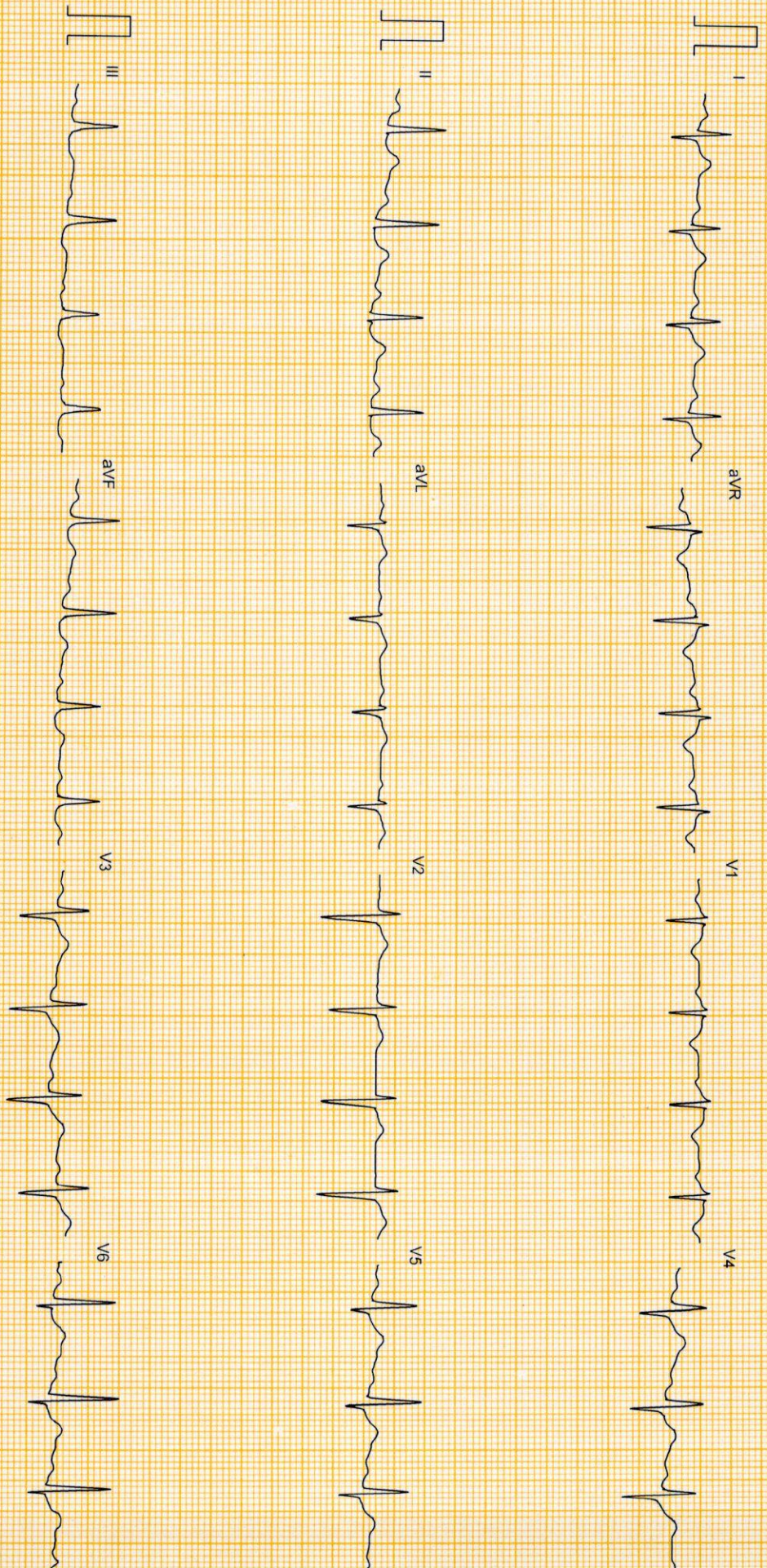
Mr. RISHABH SAINI
I.D. : 91
AGE/SEX : 29/M
RECORDED : 9-4-2022 11:54

RATE : 100 BPM
B.P. : 150/90 mmHg

BRUCE
RECOVERY (E_{max} - NT)
PHASE TIME : 2:00

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %

RAW E.C.G.



Filtered

25mm/Sec 10mm/mV

CardiCom, INDIA Ph.:091-731-2620740 TeleFax:091-731-2431214

LOKPRIYA HOSPITAL

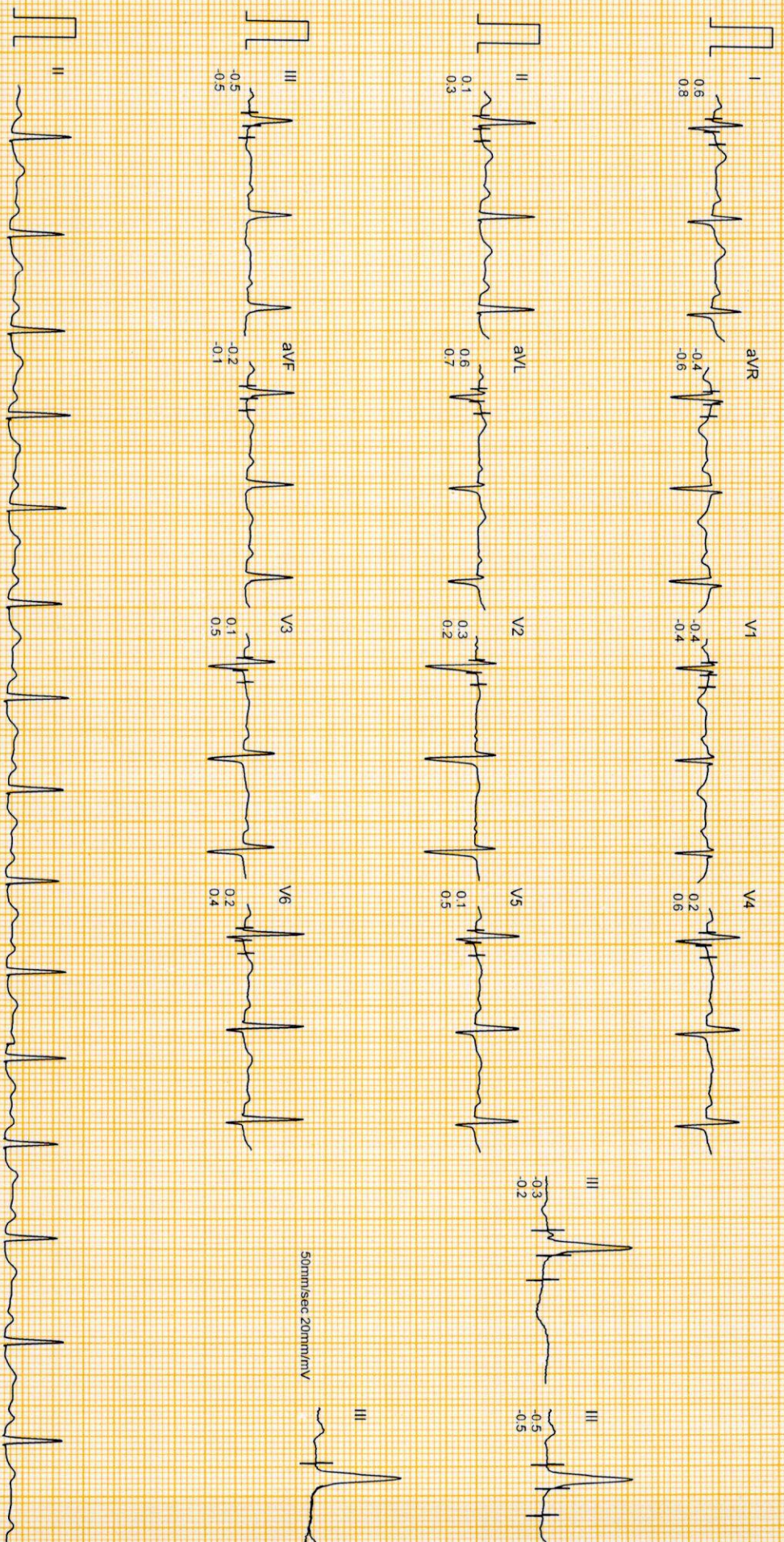
Mr. RISHABH SAINI
I.D. : 91
AGE/SEX : 29/M
RECORDED : 9-4-2022 11:54

RATE : 98 BPM
B.P. : 140/90 mmHg

BRUCE
RECOVERY
PHASE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %

LINKED MEDIAN



50mm/sec 20mm/mV

Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph.:091-731-2620740, TeleFax:091-731-2431214

DATE	09.04.2022	REF. NO.	324		
PATIENT NAME	RISHABH SAINI	AGE	29 YRS	SEX	M
INVESTIGATION	X-RAY CHEST PA VIEW	REF. BY	GARG (PATHOLOGY)		

REPORT

- Trachea is central in position.
- **Both lung show mildly prominent broncho vascular marking.**
- Cardiac size is within normal limits.
- Both costophrenic angles are clear.
- Both domes of diaphragm are normal in contour and position.

IMPRESSION

Both lung show mildly prominent broncho vascular marking.

Dr. P.D. Sharma
 M.B.B.S., D.M.R.D. (VIMS & RC)
 Consultant Radiologist and Head

1. Impression is a professional opinion & not a diagnosis
2. All modern machines & procedures have their limitations. if there is variance clinically this examination may be repeated or reevaluated by other investigations
 Ps. All congenital anomalies are not picked upon ultrasounds.
3. Suspected typing errors should be informed back for correction immediately.
4. Not for medico-legal purpose. Identity of the patient cannot be verified.

• 1.5 Tesla MRI • 64 Slice CT • Ultrasound
 • Doppler • Dexa Scan / BMD • Digital X-ray

**PRENATAL DETERMINATION OF SEX IS BANNED,
 PREVENT FEMALE FOETICIDE**

Helpline Numbers : 0121-2792500, 2601901

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DATE	09.04.2022	REF. NO.	171		
PATIENT NAME	RIHABH SAINI	AGE	29YRS	SEX:	M
INVESTIGATION	USG WHOLE ABDOMEN	REF. BY	GARG (PATHOLOGY)		

REPORT

Liver - appears normal in size and echotexture. No mass lesion seen. Portal vein is normal.

Gall bladder - Wall thickness is normal. No calculus / mass lesion seen. CBD is normal.

Pancreas- appears normal in size and echotexture. No mass lesion seen.

Spleen- is normal in size and echotexture.

Right Kidney - Normal in size and echotexture. Show well maintained corticomedullary differentiation. No calculus / hydronephrosis is noted.

Left Kidney - Normal in size and echotexture. Show well maintained corticomedullary differentiation. No calculus / hydronephrosis is noted.

Urinary bladder - appears distended. Wall thickness is normal. No calculus / mass seen.

Prostate - Normal in size (18g) & echotexture.

IMPRESSION

Normal study

Dr. P.D. Sharma
M.B.B.S., D.M.R.D. (VIMS & RC)
Consultant Radiologist and Head

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2. All modern machines & procedures have their limitations. If there is variance clinically this examination may be repeated or reevaluated by other investigations
Ps. All congenital anomalies are not picked upon ultrasounds.
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• 1.5 Tesla MRI • 64 Slice CT • Ultrasound
• Doppler • Dexa Scan / BMD • Digital X-ray

**PRENATAL DETERMINATION OF SEX IS BANNED,
PREVENT FEMALE FOETICIDE**

Helpline Numbers : 0121-2792500, 2601901

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