

MEDALL

7/10 80



# NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

## OPD SHEET

Date: 13/11/21

Patient's Name: Nar Chandrashekar Reddy sube OP No. 1169877

31/M

3:08 PM

Dr. Priya P.

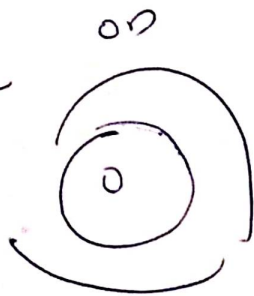
for medical checkup

O/E

BCVA

6/6, NG

Ant segment



pupil 3mm RRR



IOP (by

NCT)

15

16 mm Hg

Colour

vision

(BE)

38/38

MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 13-Nov-2021 10:41 AM

Customer Name : **MR.CHANDRASHEKAR REDDY SURE**

DOB : **13 Aug 1990**

Ref Dr Name : **MediWheel**

Age : **31Y/MALE**

Customer Id : **MED110704125**

Visit ID : **712138683**

Email Id :

Phone No : **8919824185**

Corp Name : **MediWheel**

Address : **BALLAL CIRCLE**

Package Name : **Mediwheel Full Body Health Checkup Male Below 40**

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)				
2	LAB	GLUCOSE - FASTING				
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
5	LAB	LIPID PROFILE				
6	LAB	LIVER FUNCTION TEST (LFT)				
7	LAB	URIC ACID				
8	LAB	URINE GLUCOSE - FASTING				
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
10	LAB	COMPLETE BLOOD COUNT WITH ESR				
11	LAB	THYROID PROFILE/ TFT( T3, T4, TSH)				
12	LAB	STOOL ANALYSIS - ROUTINE				
13	LAB	URINE ROUTINE				
14	LAB	CREATININE				
15	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)				
16	LAB	BUN/CREATININE RATIO				
17	OTHERS	physical examination	MYS2587660102651			
18	US	ULTRASOUND ABDOMEN	MYS2587660103462			

	OTHERS	Treadmill / 2D Echo <sup>Done.</sup>	MYS2587660127528		
N	20	OTHERS	EYE CHECKUP	MYS2587660135592	
	21	X-RAY	X RAY CHEST ✓	MYS2587660145199	
	22	OTHERS	Consultation Physician	MYS2587660148004	
	23	ECHO	ELECTROCARDIOGRAM ECG	MYS2587660149333	

done

Registered By  
(A.JAYASHREE)

Hf - 163 cm  
 wt - 68 kg  
 BP - 120/80 mmHg  
 pulse - 84/min  
 Hip - 37 inch  
 Wai - 32 inch

Name : Mr. CHANDRASHEKAR  
REDDY SURE

PID No. : MED110704125

SID No. : 712138683

Age / Sex : 31 Year(s) / Male

Type : OP

Ref. Dr : MediWheel

Register On : 13/11/2021 2:48 PM

Collection On : 13/11/2021 4:17 PM

Report On : 14/11/2021 1:50 PM

Printed On : 14/11/2021 2:20 PM



**Investigation** **Observed Value** **Unit** **Biological Reference Interval**

## HAEMATOLOGY

### Complete Blood Count With - ESR

Haemoglobin 15.7 g/dL 13.5 - 18.0  
(EDTA Blood/Spectrophotometry)

**INTERPRETATION:** Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit 44.8 % 42 - 52  
(EDTA Blood/Derived)

RBC Count 4.79 mill/cu.mm 4.7 - 6.0  
(EDTA Blood/Automated Blood cell Counter)

MCV (Mean Corpuscular Volume) 94.0 fL 78 - 100  
(EDTA Blood/Derived from Impedance)

MCH (Mean Corpuscular Haemoglobin) 32.7 pg 27 - 32  
(EDTA Blood/Derived)

MCHC (Mean Corpuscular Haemoglobin concentration) 35.0 g/dL 32 - 36  
(EDTA Blood/Derived)

RDW-CV 11.17 % 11.5 - 16.0  
(Derived)

RDW-SD 36.75 fL 39 - 46  
(Derived)

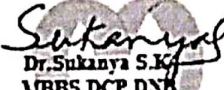
Total WBC Count (TC) 7500 cells/cu.mm 4000 - 11000  
(EDTA Blood/Derived from Impedance)

Neutrophils 60 % 40 - 75  
(Blood/Impedance Variation & Flow Cytometry)

Lymphocytes 33 % 20 - 45  
(Blood/Impedance Variation & Flow Cytometry)

  
Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY

  
Dr. Sukanya S.K.  
MBBS, DCP, DNB  
Consultant Pathologist  
KMC No: 100727

APPROVED BY

The results pertain to sample tested.

Page 1 of 9

Mr. CHANDRASHEKAR  
REDDY SURE

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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	02	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	05	%	02 - 08
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 01
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.50	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.48	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.15	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.38	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	228	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood/Derived)	08.96	fL	7.9 - 13.7
PCT	0.20	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	08	mm/hr	< 10

  
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Sr. Lab Technician

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Investigation Observed Value Unit Biological Reference Interval


## BIOCHEMISTRY

### Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.7	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.3	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.40	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	9.0	gm/dl	6.2 - 8.0
Albumin (Serum/Bromocresol green)	4.6	gm/dl	3.0 - 5.0
Globulin (Serum/Derived)	4.40	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.05		1.2 - 2.5
<b>INTERPRETATION: Remark : Electrophoresis is the preferred method</b>			
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	30	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	34	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	72	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	19	U/L	< 55

  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	118	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	103	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immuno-inhibition)	43	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	54.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	20.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	75.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

  
Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY

  
Dr. Sukanya S. K.  
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Consultant Pathologist  
KMC No: 100727

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The results pertain to sample tested.

Page 4 of 9

Dr. CHANDRASHEKAR  
REDDY SURE

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INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.  
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.


Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	2.7		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY

  
Dr. Sukanya S. K.  
MBBS, DCP, DNB  
Consultant Pathologist  
KMC No: 190727

APPROVED BY

The results pertain to sample tested.

Page 5 of 9



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.7	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

Remark: Kindly correlate clinically.


Estimated Average Glucose 116.89 mg/dL  
(Whole Blood)

**INTERPRETATION: 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.  
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.  
Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

  
Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY

  
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MBBS, DCP, DNB  
Consultant Pathologist  
KMC No: 100727

APPROVED BY

The results pertain to sample tested.

Page 6 of 9

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Phone No : 712138683  
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Investigation	Observed Value	Unit	Biological Reference Interval
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**IMMUNOASSAY**

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.2	ng/mL	0.7 - 2.04
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**INTERPRETATION:**

**Comment :**  
Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

**Remark:** Test is outsource to an external NABL lab.

T4 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	8.25	µg/dL	4.2 - 12.0
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**INTERPRETATION:**

**Comment :**  
Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	3.58	µIU/mL	0.35 - 5.50
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**INTERPRETATION:**

Reference range for cord blood - upto 20

- 1 st trimester: 0.1-2.5
  - 2 nd trimester 0.2-3.0
  - 3 rd trimester : 0.3-3.0
- (Indian Thyroid Society Guidelines)

**Comment :**

- 1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.
- 2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.
- 3.Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

*Sukanya*  
Dr. Sukanya S.K  
MBBS, DCP, DNB  
Consultant Pathologist  
KMC No: 100727

APPROVED BY

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Dr. CHANDRASHEKAR  
REDDY SURE

: MED110704125

: 712138683

/ Sex : 31 Year(s) / Male

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Investigation

BIOCHEMISTRY

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	10.4		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	80	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Urine sugar, Fasting (Urine - F)	Nil		Nil
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	97	mg/dL	70 - 140

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Sugar (PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	11.4	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	1.1	mg/dL	0.9 - 1.3

**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists, N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	5.5	mg/dL	3.5 - 7.2
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Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY

Dr. Sukanaya S. K.  
MBBS, DCP, DNB  
Consultant Pathologist  
KMC No: 100727

APPROVED BY

-- End of Report --

Customer Name	MR.CHANDRASHEKAR REDDY SURE	Customer ID	MED110704125
Age & Gender	31Y/MALE	Visit Date	13/11/2021
Ref Doctor	MediWheel		

### 2 D ECHOCARDIOGRAPHIC STUDY

#### M mode measurement:

AORTA	:	2.9cms
LEFT ATRIUM	:	2.9cms
LEFT VENTRICLE (DIASTOLE)	:	4.4cms
(SYSTOLE)	:	2.5cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.2cms
EDV	:	72ml
ESV	:	28ml
FRACTIONAL SHORTENING	:	37%
EJECTION FRACTION	:	63%
RVID	:	1.2cms

#### DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.82m/s	'A' - 0.29m/s	NO MR
AORTIC VALVE	:	0.99m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.75m/s	'A' - 0.29m/s	NO TR
PULMONARY VALVE	:	0.89m/s		NO PR

Customer Name	MR.CHANDRASHEKAR REDDY SURE	Customer ID	MED110704125
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**2D ECHOCARDIOGRAPHY FINDINGS:**

Left ventricle : Normal size, Normal systolic function.  
No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapsed.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

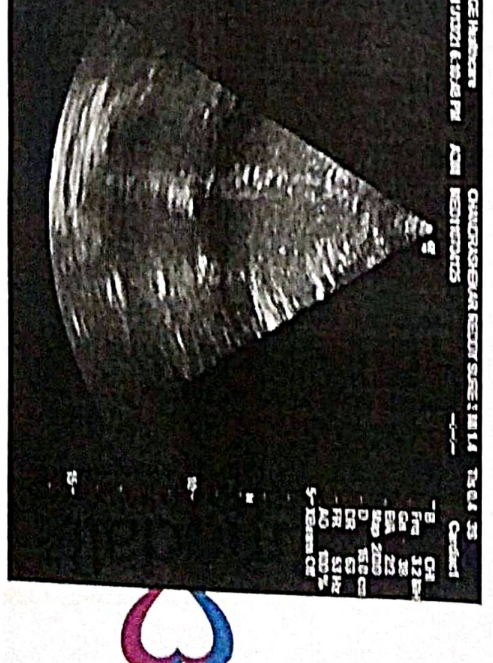
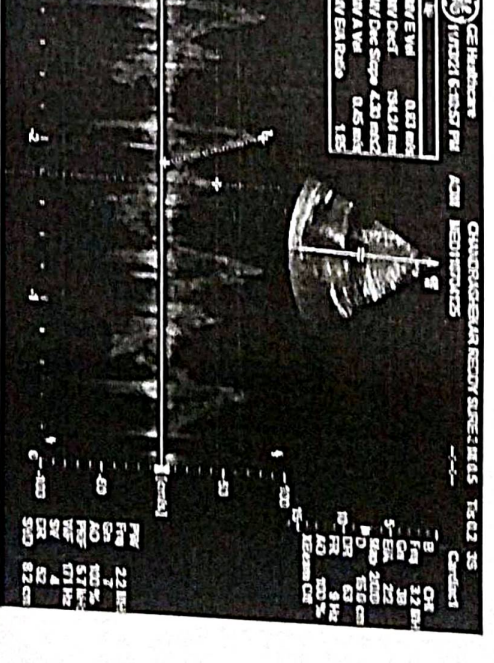
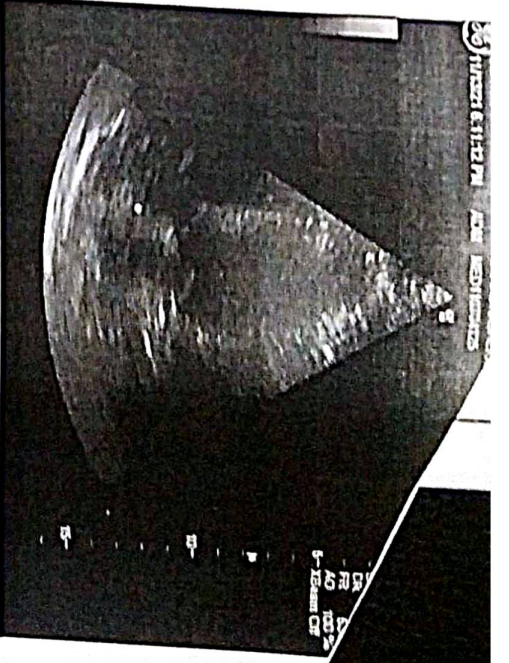
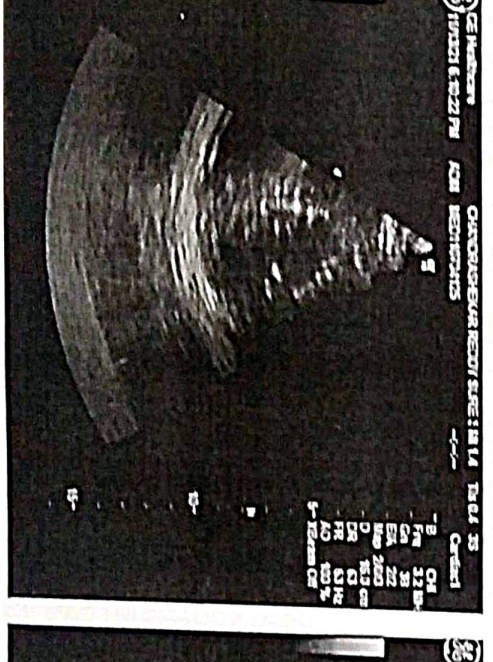
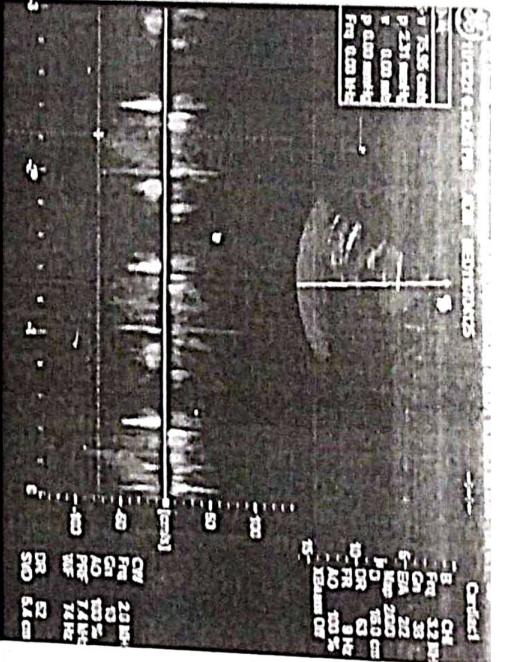
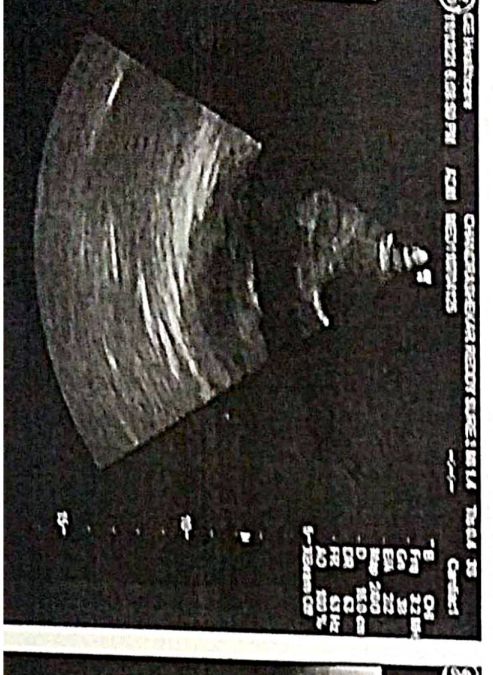
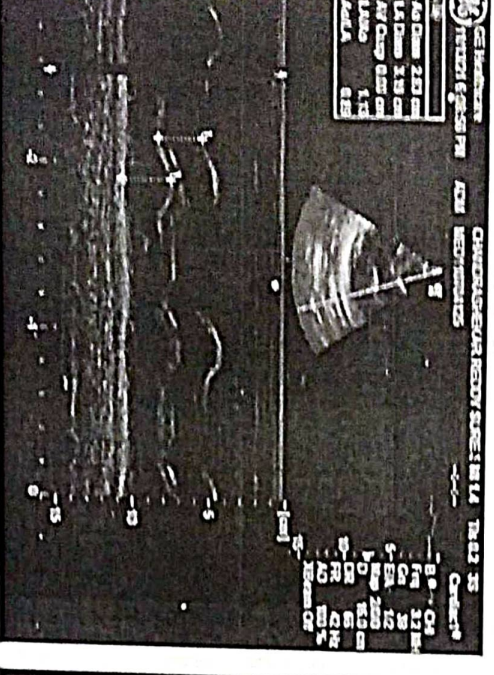
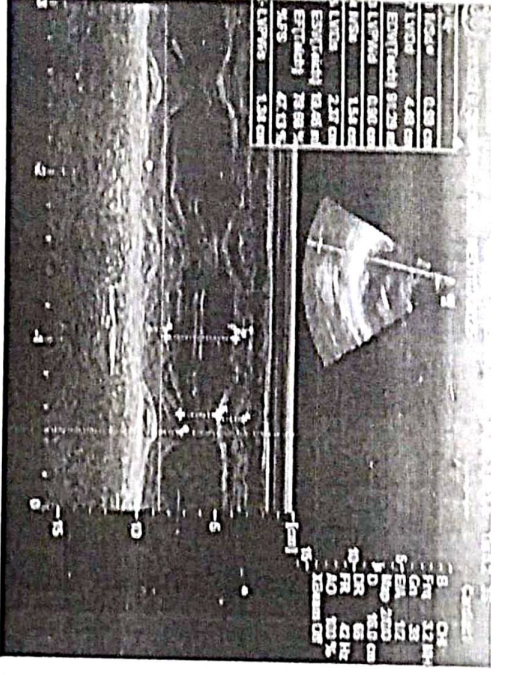
Pericardium : No pericardial effusion.

**IMPRESSION:**

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 63%.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.



**DR. NIKHIL B**  
**INTERVENTIONAL CARDIOLOGIST**  
NB/MS



Name	CHANDRASHEKAR REDDY SURE	ID	MED110704125
Age & Gender	31Y/M	Visit Date	Nov 13 2021 12:00AM
Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

**LUNGS:**

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

**CARDIA:**

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

**IMPRESSION:**

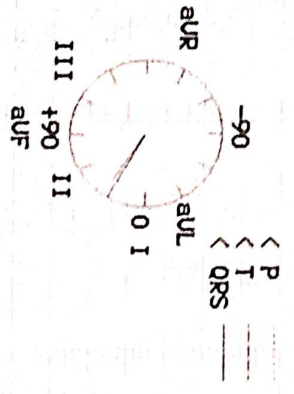
- **NORMAL CHEST X-RAY.**



**Dr. Anitha Adarsh**  
Consultant Radiologist



AGE: 31  
 Measurement Results:  
 QRS : 92 ms  
 QT/QTcB : 404 / 422 ms  
 PR : 138 ms  
 P : 110 ms  
 RR/PP : 918 / 915 ms  
 P/QRS/T : 30 / 35 / 30 degrees  
 QTd/QTcBD : 20 / 21 ms  
 Sokolow : 2.2 mV  
 NK : 9



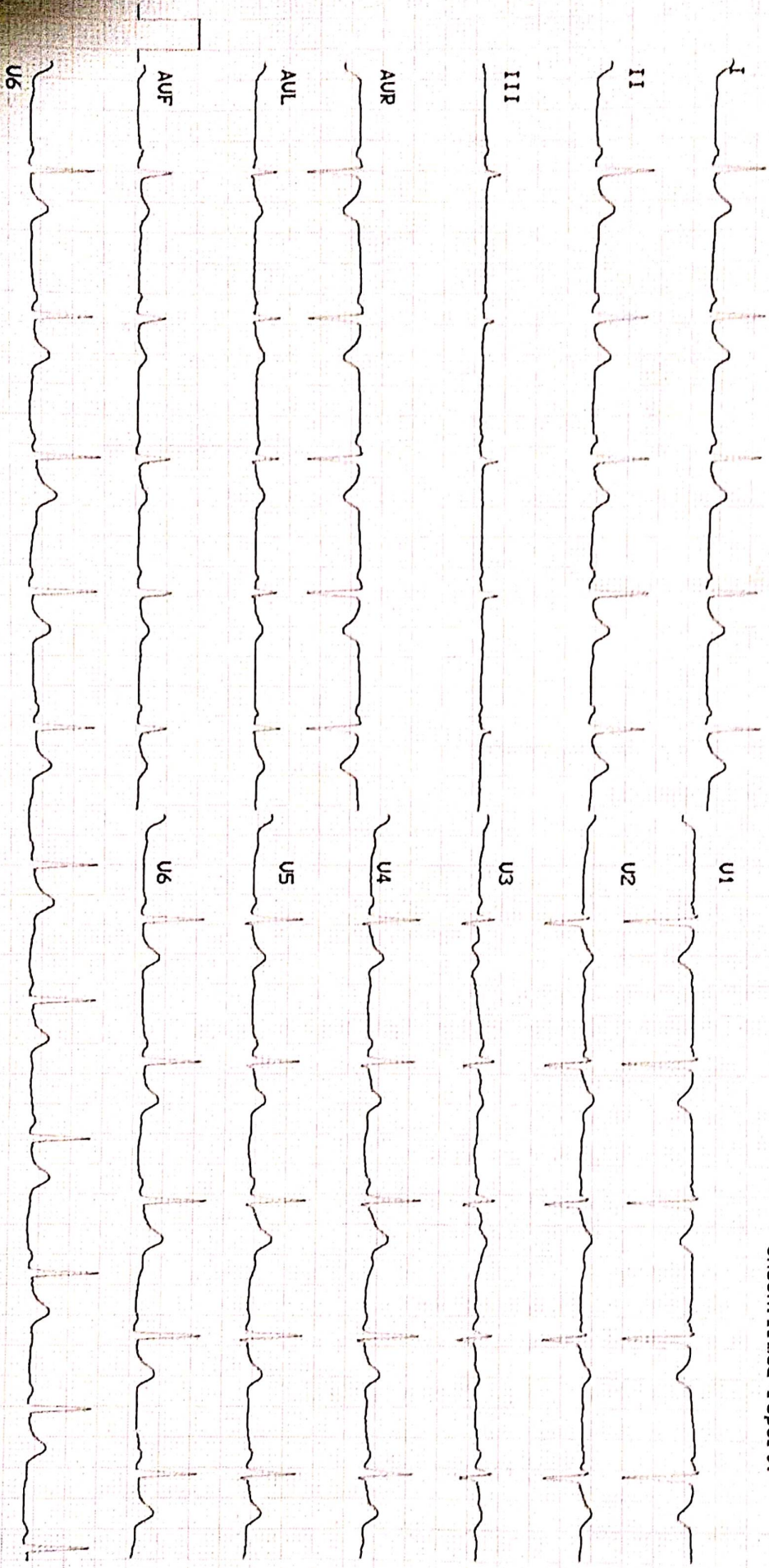
Interpretation:

normal ECG

*normal sinus rhythm*

*Veru*

Unconfirmed report.





**medall**  
DIAGNOSTICS  
experts who care

Customer Name	MR.CHANDRASHEKAR REDDY SURE	Customer ID	MED110704125
Age & Gender	31Y/MALE	Visit Date	13/11/2021
Ref Doctor	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in size and shows slightly increased echotexture.

No evidence of focal lesion or intrahepatic biliary ductal dilatation.

Hepatic and portal vein radicals are normal.

**GALL BLADDER** show normal shape and has clear contents.

Gall bladder wall is of normal thickness. CBD is of normal calibre.

**PANCREAS** has normal shape, size and uniform echopattern.

No evidence of ductal dilatation or calcification.

**SPLEEN** show normal shape, size and echopattern.

**KIDNEYS** move well with respiration and have normal shape, size and echopattern.

Cortico- medullary differentiations are well madeout.

No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	8.7	1.9
Left Kidney	9.5	1.7

**URINARY BLADDER** partially distended.

**PROSTATE** shows normal shape, size and echopattern.

No evidence of ascites.

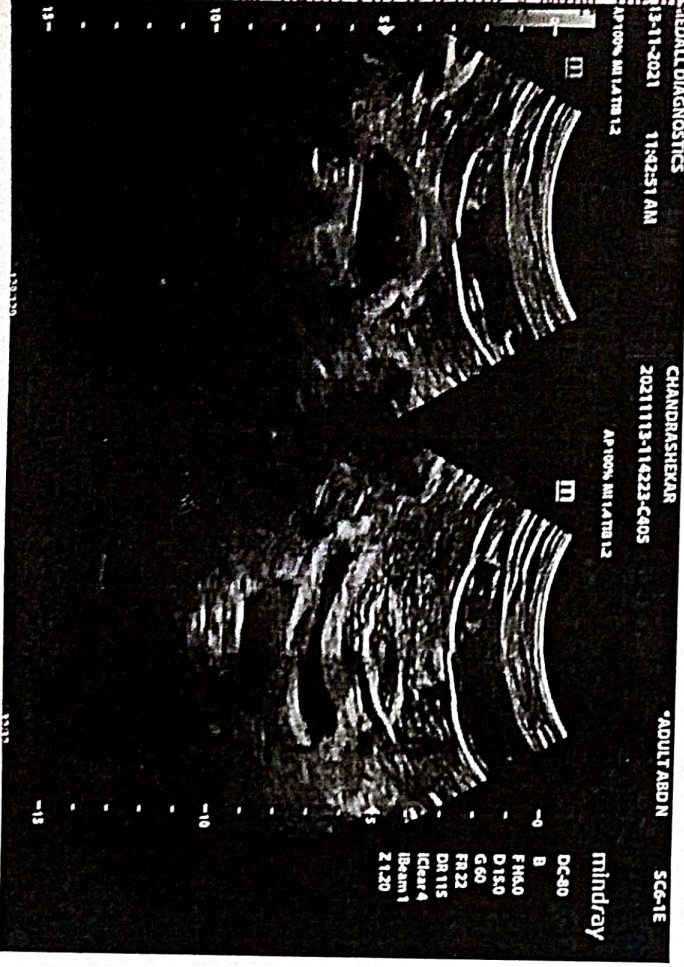
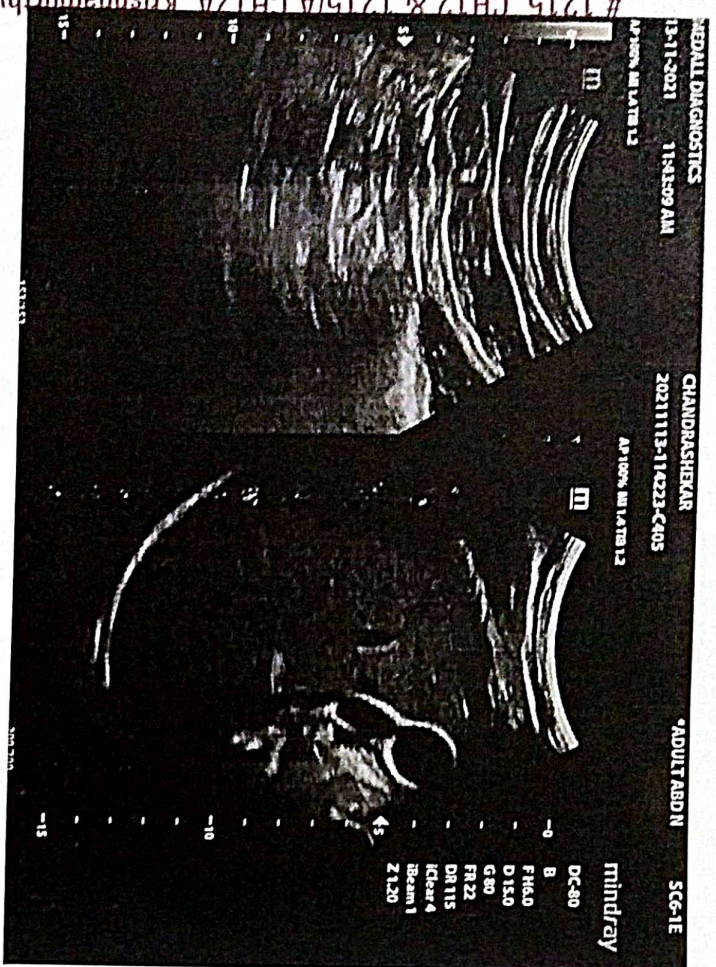
#### Impression:

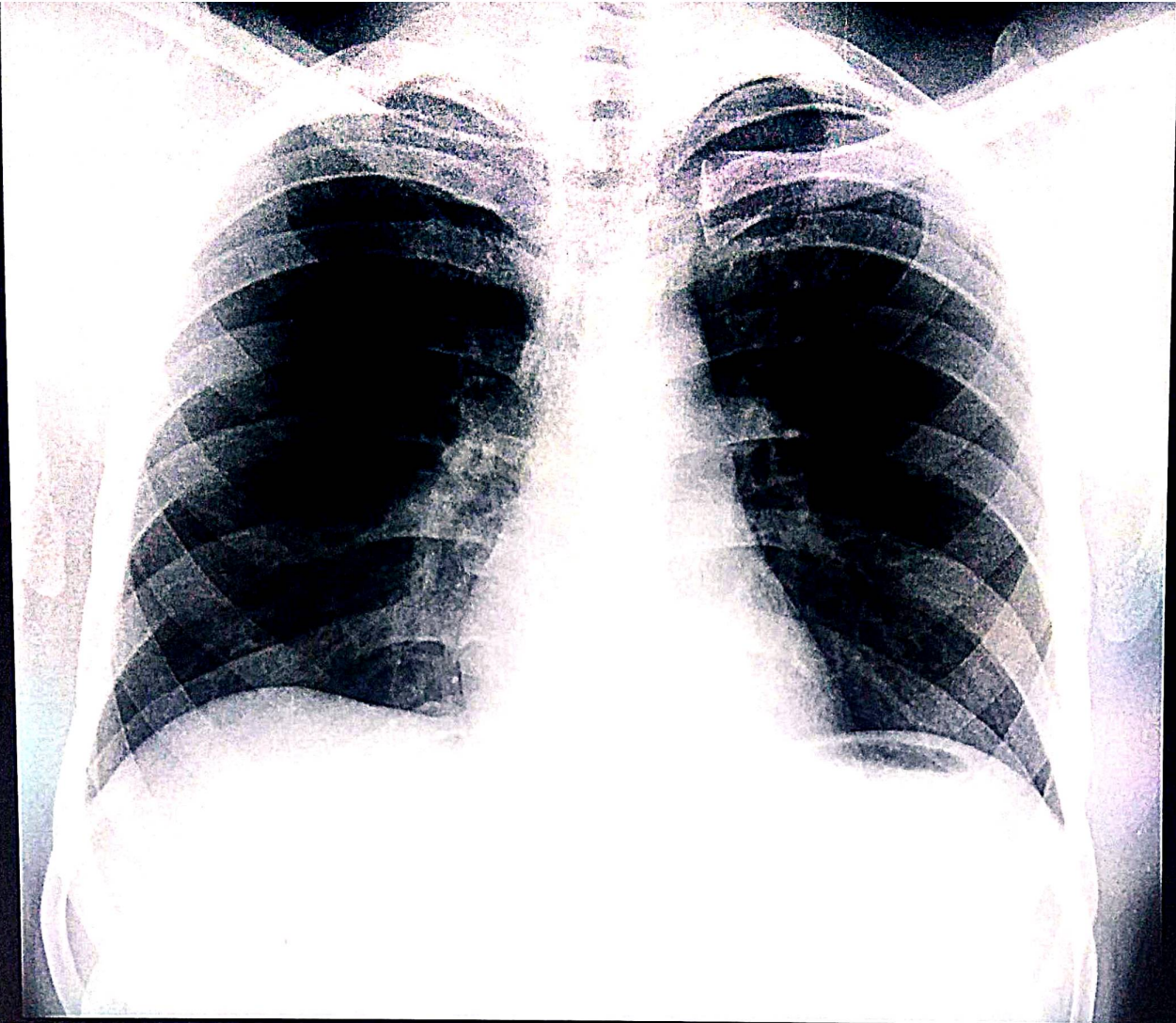
➤ **GRADE I FATTY CHANGES IN LIVER.**

#### CONSULTANT RADIOLOGISTS

**DR. ANITHA ADARSH**  
MB/MG

**DR. MOHAN B**





CHANDRASHEKAR REDDY SURE 31 MED110704125 M CHEST PA 11/13/2021  
MEDALL CLUMAX DIAGNOSTIC