



F-41, P.C. Colony, Opp. Madhuban Complex, Near Malahi Pakari Chowk, Kankarbagh, Patna-20

9264278360, 9065875700, 8789391403

info@aarogyamdiagnostics.com

www.aarogyamdiagnostics.com

Name :-

Anshuman Singh

Refd by :-

BoB

Age/Sex:- 29yrs/M

Date:-15/10/2022

Thanks for referral.

## REPORT OF USG OF WHOLE ABDOMEN

Liver

:- Enlarged in size(16.0cm) with raised echotexture. No focal or diffuse lesion is seen. IHBR are not dilated. PV is normal in course and calibre with echofree lumen.

G. Bladder:- It is normal in shape, size & position. It is echofree & shows no evidence of calculus, mass or sludge.

**CBD** 

:- It is normal in calibre & is echofree.

Pancreas

:- Normal in shape, size & echotexture. No evidence of parenchymal/ductal calcification is seen. No definite peripancreatic collection is seen.

Spleen

:- Normal in size(11.3cm) with normal echotexture. No focal lesion is seen. No evidence of varices is noticed.

Kidneys

:- Both kidneys are normal in shape, size & position. Sinus as well as cortical echoes are normal. No evidence of calculus, space occupying lesion or hydronephrosis is seen.

Right Kidney measures 8.4cm and Left Kidney measures 8.2cm.

U. Bladder:-

It is echofree. No evidence of calculus, mass or diverticulum is seen. :- Normal in size(8.1cc) & echotexture.

Prostate Others

:- No ascites or abdominal adenopathy is seen.

No free subphrenic / basal pleural space collection is seen. A small oval shape fibrus tissue seen in pelvis region.

**IMPRESSION:-**

Hepatomegaly with Grade I Fatty Liver. A small Fibrus Tissue seen in Pelvis Region. Otherwise normal scan.

> Dr. U. Kumar MBBS\_MD (Radio-Diagnosis) Consultant Radiologist



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| Date           | 15/10/2022         | Srl No | . 40    | Patient Id | 2210150040 |
|----------------|--------------------|--------|---------|------------|------------|
| Name           | Mr. ANSHUMAN SINGH | Age    | 29 Yrs. | Sex        | M          |
| Ref. By Dr.BOB |                    |        |         |            |            |

| Value       | Unit  | Normal Value   |
|-------------|---|--|
|             |   |  |
| 1.35        | ng/ml   | 0.60 - 1.81  |
| 8.46        | ug/dl   | 4.5 - 10.9   |
| 1.95        | ulU/ml  |  |
|             | •               |  |
| 0.39 - 6.16 | ulu/ml  |  |
|             | 1.35<br>8.46<br>1.95<br>1-20<br>0.5 - 6.5<br>0.5 - 4. | 1.35 ng/ml<br>8.46 ug/dl<br>1.95 ulU/ml<br>1-20 ulu/ml<br>0.5 - 6.5 ulu/ml<br>0.5 - 6.0 ulu/ml<br>0.5 - 4.5 ulu/ml |

**Note**: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates  $\pm$  50 %, hence time of the day has influence on the measured serum TSH concentration.

Assay performed on enhanced chemi lumenescence system (Centaur-Siemens)

Serum T3,T4 & TSH measurements form the three components of Thyroid screening panel, useful in diagnosing various disorders of Thyroid gland function.

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.



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Test Name Value Unit Normal Value

- 2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
- 3. Normal T4 levels are accompanied by increased T3 in patients with T3 thyrotoxicosis.
- 4. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.
- 5. Although elevated TSH levels are nearly always indicative of primary hyporthyroidism, and may be seen in secondary thyrotoxicosis.

\*\*\*\* End Of Report \*\*\*\*

Dr.R.B.RAMAN MBBS, MD

**CONSULTANT PATHOLOGIST**