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Bank of Baroda

नाम विकास खण्डेल
Name **Vikas Khandel**


कर्मचारी कूट क्र. 117868
E.C. No. **117868**

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INCOME TAX DEPARTMENT


भारत सरकार
GOVT. OF INDIA



VIKAS KHADEL

VISHNU PRASAD KHADEL

10/07/1988
Permanent Account Number
CHAPK7160E



Signature

14112011

Vikas

SUBURBAN DIAGNOSTICS INDIA PVT. LTD.
Shop No. 06, R-Square, Runwal Anthurium,
L.B.S. Marg, Opp. Veena Nagar,
Mulund (West), Mumbai - 400 080.

Adrita Banerjee
Dr. Adrita Banerjee
MBBS, MD (MEDICINE)
Reg. 2021/08/7203

CID :- 2127555878
NAME :- MR.VIKAS KHANDEL
REF DR :- -

AGE :- 33 YRS / MALE
DATE :- 02.10.2021

2D-ECHOCARDIOGRAPHY REPORT

Structurally Normal : MV /AV/ TV / PV.

.No significant valvular stenosis.

Trivial MR.

No Pulmonary arterial hypertension.

PASP by TRjet vel.method = 22 mmHg.

LA / RA / RV Normal in dimension.

IAS / IVS is Intact.

MILD LVH

NO Left Ventricular Diastolic Dysfunction [LVDD] .

No thinning / scarring / dyskinesia of LV wall noted.

Normal LV systolic function. LVEF = 60 percent.

No e/o thrombus in LA /LV. No e/o Pericardial effusion.

IVC normal in dimension and good inspiratory collapse.

Impression:

MILD LVH

**NORMAL LV SYSTOLIC FUNCTION, LVEF=60 % ,
, NO PAH , NO LVDD**

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VALUE PAGE

M-MODE STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	10	mm	Mitral Valve E velocity	0.5	m/s
LVIDd	38	mm	Mitral Valve A velocity;	0.7	m/s
LVPWd	10	mm	E/A Ratio	1.2	-
IVSs	11	mm	Mitral Valve Deceleration Time	154	ms
LVIDs	28	mm	E/E'		-
LVPWs	11	mm	EPSS	N	
			Aortic valve		
			AVmax	3	m/s
			AV Peak Gradient	N	mmHg
2D STUDY			LVOT Vmax	N	m/s
LVOT	28	mm	LVOT Gradient	3	mmHg
LA	31	mm	Pulmonary Valve		
RA	24	mm	PVmax		m/s
RV	26	mm	PV Peak Gradient	1.7	mmHg
IVC	1.8	mm	Tricuspid Valve		
			TR jet vel.	1.5	m/s
			PASP	22	mmHg

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


DR. SAMEER DUMIR
MBBS;MD (CARDIOLOGY)
REG NO: 073827

Disclaimer: 2D Echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.



CID : 2127553336
Name : MR.VIKAS KHANDEL
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Mulund West (Main Centre)

Collected : 02-Oct-2021 / 09:35
Reported : 02-Oct-2021 / 12:55

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.7	13.0-17.0 g/dL	Spectrophotometric
RBC	5.51	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.1	40-50 %	Measured
MCV	78	80-100 fl	Calculated
MCH	26.6	27-32 pg	Calculated
MCHC	34.0	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7200	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.9	20-40 %	
Absolute Lymphocytes	2584.8	1000-3000 /cmm	Calculated
Monocytes	5.2	2-10 %	
Absolute Monocytes	374.4	200-1000 /cmm	Calculated
Neutrophils	50.4	40-80 %	
Absolute Neutrophils	3628.8	2000-7000 /cmm	Calculated
Eosinophils	8.5	1-6 %	
Absolute Eosinophils	612.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	195000	150000-400000 /cmm	Elect. Impedance
MPV	9.5	6-11 fl	Calculated
PDW	17.8	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	Occasional
Macrocytosis	-



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Collected : 02-Oct-2021 / 09:35
Reported : 02-Oct-2021 / 11:24

Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 3 2-15 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



MC-2427



Lynda Rodrigues
Dr.LYNDA RODRIGUES
MD Pathology
Pathologist

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com



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Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Mulund West (Main Centre)

Collected : 02-Oct-2021 / 09:35
Reported : 02-Oct-2021 / 12:18

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	105.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R	156.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.45	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.26	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	39.9	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	68.7	5-45 U/L	IFCC without pyridoxal phosphate activation
ALKALINE PHOSPHATASE, Serum	77.0	40-130 U/L	PNPP
BLOOD UREA, Serum	16.0	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.94	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	98	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.0	3.5-7.2 mg/dl	Uricase

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Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Mulund West (Main Centre)

Collected : 02-Oct-2021 / 09:35
Reported : 02-Oct-2021 / 15:22

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	mg/dl	Calculated

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.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***



MC-2111

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DR. LEENA SALUNKHE
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CID : 2127553336
Name : MR.VIKAS KHANDEL
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Mulund West (Main Centre)

Collected : 03-Oct-2021 / 11:08
Reported : 03-Oct-2021 / 16:57

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***



MC-2111

Dr. Trupti Shetty
Dr. TRUPTI SHETTY
M. D. (PATH)
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Name : MR.VIKAS KHANDEL
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Mulund West (Main Centre)

Collected : 02-Oct-2021 / 09:35
Reported : 02-Oct-2021 / 16:07

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



MC-2427



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CID : 2127553336
Name : MR.VIKAS KHANDEL
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Mulund West (Main Centre)

Collected : 02-Oct-2021 / 09:35
Reported : 02-Oct-2021 / 14:43

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti-H lectin.

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 G B Road Lab, Thane West

*** End Of Report ***



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Consulting Dr. : -
Reg. Location : Mulund West (Main Centre)

Collected : 02-Oct-2021 / 09:35
Reported : 02-Oct-2021 / 12:55

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	169.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	146.8	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	40.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	129	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	100.0	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	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	29.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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*** End Of Report ***



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Reg. Location : Mulund West (Main Centre)

Collected : 02-Oct-2021 / 09:35
Reported : 02-Oct-2021 / 11:48

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.24	0.35-5.5 microIU/ml	ECLIA

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between 5.5 to 15 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 transiently altered because 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: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.

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)

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*** End Of Report ***



MC-2427



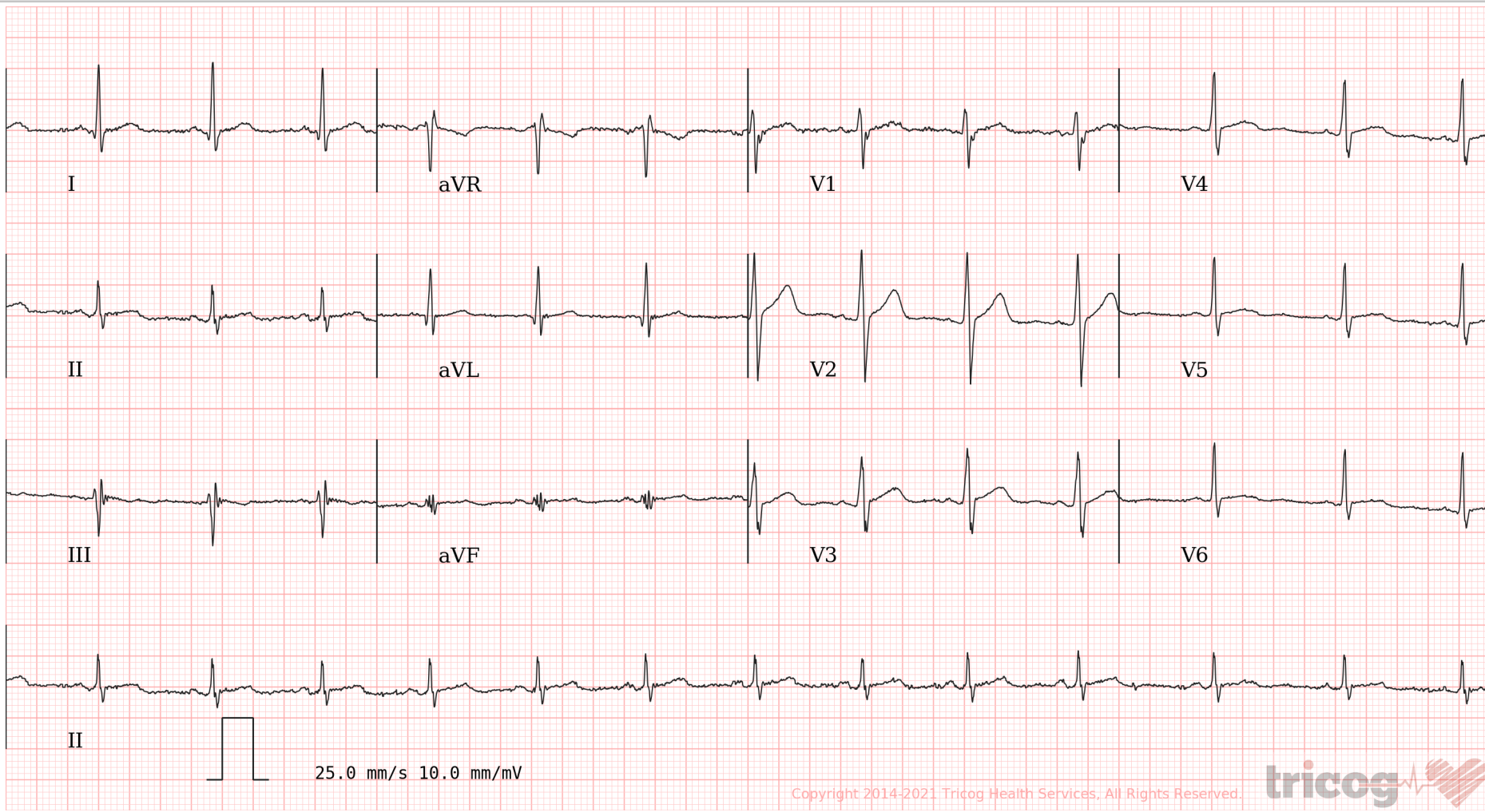
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Age **33** **2** **23**
years months days

Gender **Male**

Heart Rate **82 bpm**

Patient Vitals

BP: 140/100 mmHg

Weight: 103 kg

Height: 173 cm

Pulse: 82 bpm

Spo2: NA

Resp: NA

Others: _____

Measurements

QSRD: 86 ms

QT: 356 ms

QTc: 415 ms

PR: 122 ms

P-R-T: 47° 3° 23°

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

REPORTED BY

Adrita Banerjee

Dr. Adrita Banerjee
MBBS, MD (Medicine)

Reg.G-54078

CID	: 2127553336	SID	: 177804240028
Name	: MR.VIKAS KHANDEL	Registered	: 02-Oct-2021 / 09:25
Age / Gender	: 33 Years/Male	Collected	: 02-Oct-2021 / 09:25
Ref. Dr	: -	Reported	: 04-Oct-2021 / 13:12
Reg.Location	: Mulund West (Main Centre)	Printed	: 05-Oct-2021 / 15:23

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Symptoms P/H/O - None, Hospitalized last year for COVID-19 (O2 support needed) Moderate Disease
 F/H/O - Father and Mother -HTN

EXAMINATION FINDINGS:

Height (cms):	173 cms	Weight (kg):	103 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	140/100 mm/hg, 150/110 mm/hg	Nails:	Normal
Pulse:	82 bpm	Lymph Node:	Not palpable

Systems

Cardiovascular: S1/S2 +, No Murmurs
Respiratory: AFBE, no sounds
Genitourinary: NAD
GI System: No tenderness , no Organomegaly
CNS: Conscious , Oriented

IMPRESSION: NORMAL EXCEPT HIGH BP RECORDINGS.

IMPRESSION ON INVESTIGATIONS:

1. Eosinophilia
2. Raised SGPT
3. USG suggestive of mild hepatomegaly with fatty liver

ADVICE:

1. Low fat diet and regular exercise
2. Repeat repeat profile and liver function test after 3 months
3. If pulmonary symptoms need to further get absolute eosinophil count and IgE levels.

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO |
| 5) Tuberculosis | NO |
| 6) Asthama | NO |
| 7) Pulmonary Disease | NO |

CID	: 2127553336	SID	: 177804240028
Name	: MR.VIKAS KHANDEL	Registered	: 02-Oct-2021 / 09:25
Age / Gender	: 33 Years/Male	Collected	: 02-Oct-2021 / 09:25
Ref. Dr	: -	Reported	: 04-Oct-2021 / 13:12
Reg.Location	: Mulund West (Main Centre)	Printed	: 05-Oct-2021 / 15:23

8) Thyroid/ Endocrine disorders	NO
9) Nervous disorders	NO
10) GI system	NO
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	NO
17) Musculoskeletal System	NO

PERSONAL HISTORY:

1) Alcohol	None
2) Smoking	None
3) Diet	Veg
4) Medication	None

*** End Of Report ***



Dr.ADRITA BANERJEE
MBBS,MD (Medicine) Reg No. G-54078



CID : 2127553336
Name : Mr VIKAS KHANDEL
Age / Sex : 33 Years / Male
Ref. Dr :
Reg.Location : Mulund West Main Centre

SID : 177804240028
Registered : 02-Oct-2021 / 10:38
Reported : 02-Oct-2021 / 11:58
Printed : 02-Oct-2021 / 11:58

USG WHOLE ABDOMEN

LIVER:

The liver is mildly enlarged in size (RLS-16.2 cm) and shows increased parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is partially contracted .No obvious evidence of gall stones .

PANCREAS:

The pancreas is obscured by overlying bowel gases.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis seen.

Right kidney measures 10.2 x 3.9 cm. Left kidney measures 10.2 x 4.6 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.

The retroperitoneum, para aortic region and flanks are obscured by overlying bowel gases.

There is no evidence of ascites.

URINARY BLADDER:

The urinary bladder is partially distended .

PROSTATE:

The prostate is normal in size measures 3.6 x 2.8 x 3.1 cm and volume is 16.7 cc.

IMPRESSION:

Mild Hepatomegaly with Fatty Liver .

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

DR.KANCHAN TULSIANEY
DMRD ,DNB(RADIODIAGNOSIS)
Reg No - 83256
Consultant Radiologist

CID : 2127553336
Name : Mr VIKAS KHANDEL
Age / Sex : 33 Years / Male
Ref. Dr :
Reg.Location : Mulund West Main Centre

SID : 177804240028
Registered : 02-Oct-2021 / 09:44
Reported : 02-Oct-2021 / 10:35
Printed : 02-Oct-2021 / 10:35

X-RAY CHEST PA VIEW

Both lung fields are clear.

Suspicious right apical pleural thickening seen.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

No active pleuroparenchymal lesion seen.

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



DR. KANCHAN TULSIANEY
DMRD, DNB (RADIO DIAGNOSIS)
Reg No - 83256
Consultant Radiologist