

CID	: 2228120881
Name	: MR.PRATIK KIRTANE
Age / Gender	: 29 Years / Male
Consulting Dr. Reg. Location	: - : Thane Kasarvadavali (Main Centre)

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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	15.1	13.0-17.0 g/dL	Spectrophotometric
RBC	5.32	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.6	40-50 %	Calculated
MCV	87.6	80-100 fl	Measured
MCH	28.5	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	12.0	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7850	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND AE	SOLUTE COUNTS		
Lymphocytes	23.2	20-40 %	
Absolute Lymphocytes	1821.2	1000-3000 /cmm	Calculated
Monocytes	6.4	2-10 %	
Absolute Monocytes	502.4	200-1000 /cmm	Calculated
Neutrophils	67.4	40-80 %	
Absolute Neutrophils	5290.9	2000-7000 /cmm	Calculated
Eosinophils	2.9	1-6 %	
Absolute Eosinophils	227.7	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	7.9	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	309000	150000-400000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Measured
PDW	14.0	11-18 %	Calculated

Page 1 of 10

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

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PRECISE TESTING · HEAL				E
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_				0
Name	: MR.PRATIK KIRTANE			0
Age / Gender	: 29 Years / Male		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	:08-Oct-2022 / 11:09	27232
Reg. Location	: Thane Kasarvadavali (Main Centre)	Reported	:08-Oct-2022 / 15:00	т

RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		
Anisocytosis	-		
Poikilocytosis			
Polychromasia			
Target Cells			
Basophilic Stippling	-		
Normoblasts	-		
Others	Normocytic,Normochromic		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	-		
COMMENT	-		
Specimen: EDTA Whole Blood			
ESR, EDTA WB	6	2-15 mm at 1 hr.	Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab *** End Of Report ***



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Dr.JYOT THAKKER M.D. (PATH), DPB Pathologist & AVP(Medical Services)

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:2228120881

: -

: MR.PRATIK KIRTANE

: 29 Years / Male

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE			
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	97.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	87.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.58	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.37	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.2	1 - 2	Calculated
SGOT (AST), Serum	18.0	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	22.8	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	18.7	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	87.1	40-130 U/L	PNPP
BLOOD UREA, Serum	10.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	4.9	6-20 mg/dl	Calculated

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Urine Sugar (PP)

RECISE TESTING - HEAT	THIER LIVING				E
CID	: 22281208	81			Р
Name	: MR.PRATI	K KIRTANE			0
Age / Gender	:29 Years	/ Male		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -		Collected	:08-Oct-2022 / 16:45	
Reg. Location	: Thane Kas	sarvadavali (Main Centre)	Reported	:08-Oct-2022 / 18:56	т
CREATININE,	Serum	0.7	0.67-1.17 mg/dl	Enzymatic	
eGFR, Serum		142	>60 ml/min/1.73sqm	Calculated	
URIC ACID, Se	erum	5.2	3.5-7.2 mg/dl	Uricase	
Urine Sugar (Fa	asting)	Absent	Absent		
Urine Ketones	(Fasting)	Absent	Absent		

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

Absent

Absent



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Dr.AMIT TAORI M.D (Path) Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE <u>GLYCOSYLATED HEMOGLOBIN (HbA1c)</u> RESULTS BIOLOGICAL REF RANGE METHOD

mg/dl

Non-Diabetic Level: < 5.7 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

PARAMETER

Glycosylated Hemoglobin 5.9 (HbA1c), EDTA WB - CC

Estimated Average Glucose 122.6 (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.

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



Dr.ANUPA DIXIT M.D.(PATH) Consultant Pathologist & Lab Director

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:08-Oct-2022 / 16:51

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	

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





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Dr.AMIT TAORI M.D (Path) Pathologist

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

PARAMETER

RESULTS

ABO GROUP 0 **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:

Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia 1 2. AABB technical manual

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE I IPID PROFILE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	133.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	120.6	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	33.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	100	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	76.0	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	24.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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PARAMETER

Free T3, Serum

Free T4, Serum

sensitiveTSH, Serum

TAGNOSTI	C S			
CID Name	: 2228120881 : MR.PRATIK KIRTANE			
Age / Gender	: 29 Years / Male		Use a QR Code Scanner Application To Scan the Code	
Consulting Dr.	: -	Collected	:08-Oct-2022 / 11:09	
Reg. Location	: Thane Kasarvadavali (Main Centre)	Reported	:08-Oct-2022 / 15:00	

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

BIOLOGICAL REF RANGE

3.5-6.5 pmol/L

11.5-22.7 pmol/L

0.35-5.5 microIU/ml

RESULTS

5.6

20.4

2.44

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METHOD

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: 2228120881

: -

: MR. PRATIK KIRTANE

: 29 Years / Male

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:08-Oct-2022 / 11:09

:08-Oct-2022 / 15:00

Interpretation:

Age / Gender

Consulting Dr.

Reg. Location

CID

Name

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

: Thane Kasarvadavali (Main Centre)

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

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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.

2. 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)

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आयकर विमाग INCOME TAX DEPARTMENT TURT TAT THE Father'S Name RAVIKUMAR MADHUKAR KIRTANE 10/09/1993 जन्म की नगरिए I Dam of Burth PRATIK RAVIKUMAR KIRTANE म्बादी लेखा संख्या कार्ड Permanent Account Number Card DJSPK7983Q 101 मारत सरकार GOVT. OF INDIA のためです

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PHYSICAL EXAMINATION REPORT

Patient Name	MR. PRATIK KIRTANE	Sex/Age	MALE/ 29 YRS
Date	08/10/22	Location	KASARVADAVALI

History and Complaints

C/O Back pain.

Family history – Mother having NIDDM. Past History – Fissure operated in June 2022

EXAMINATION FINDINGS:

Height	163.5 cm	Temp (0c):	Afebrile
Weight	62.5 kg	Skin:	NAD
Blood Pressure	100/60 mm of Hg	Nails:	NAD
Pulse	70/min	Lymph Node:	NAD

Systems :

Cardiovascular:	S1S2 +, No murmur
Cardiovascular.	5152 ', No marma
Respiratory:	NAD
Genitourinary:	NAD
GI System:	NAD
CNS:	NAD
Impression:	

Raised HbA1C (Pre-diabetic levels)

ADVICE :

Regular exercise. Avoid fried, fatty food & sweets.

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R E P O R

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SUBURBAN

CHIEF COMPLAINTS:

1)	Hypertension:	Nil
2)	IHD	Nil
3)	Arrhythmia	Nil
4)	Diabetes Mellitus	Nil
5)	Tuberculosis	Nil
6)	Asthma	Nil
7)	Pulmonary Disease	Nil
8)	Thyroid/ Endocrine disorders	Nil
9)	Nervous disorders	Nil
10)	GI system	Nil
11)	Genital urinary disorder	Nil
12)	Rheumatic joint diseases or symptom	Nil
13)	Blood disease or disorder	Nil
14)	Cancer/lump growth/cyst	Nil
15)	Congenital disease	Nil
16)	Surgeries	Nil

PERSONAL HISTORY:

1)	Alcohol	No	
2)	Smoking	No	
3)	Diet	Veg	
4)	Medication	Nil	



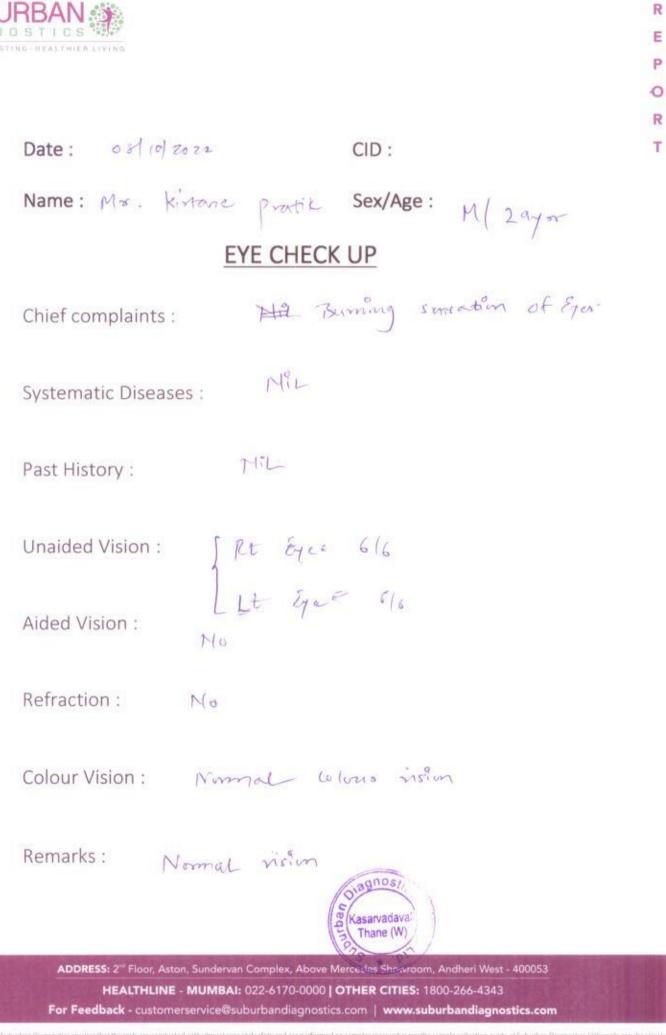


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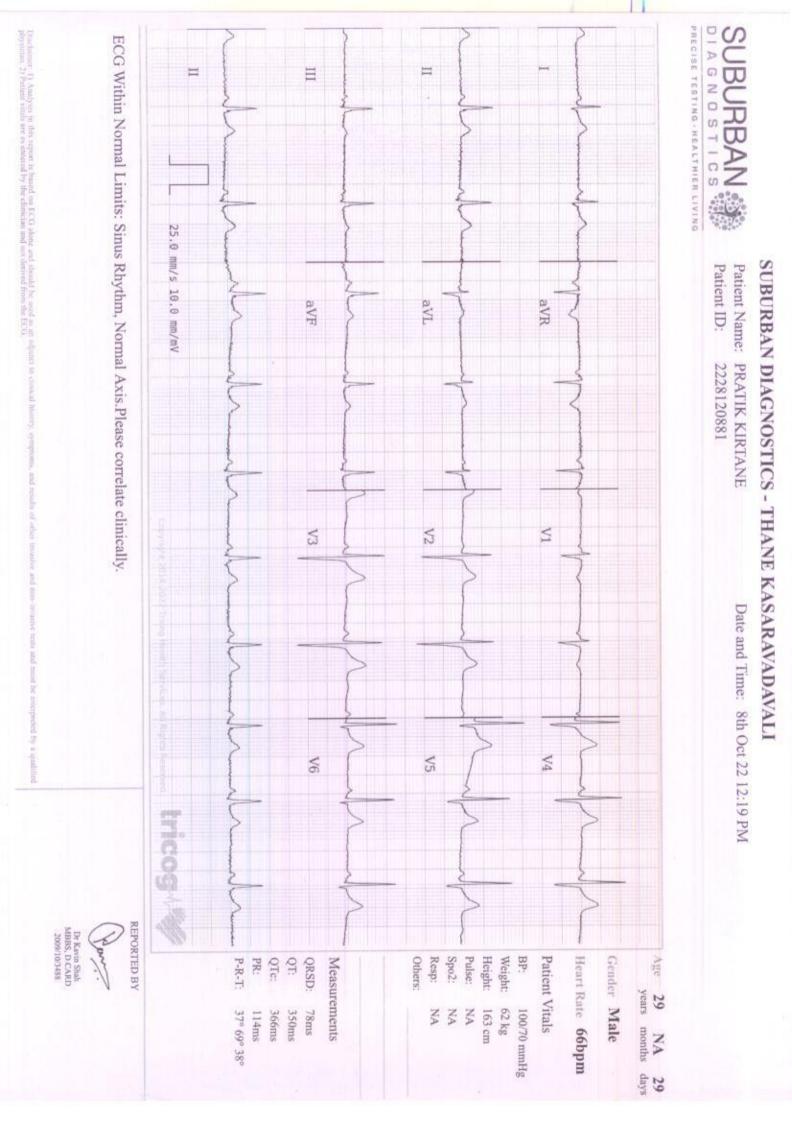
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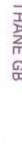


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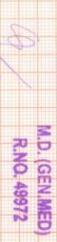




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1014 (2228120881) / PRATIK KIRTANE / 29 Yrs / M / 163 Cms / 62 Kg Date: 08-Oct-2022

							, Fatigue,	: Heart Rate Acheived, Fatigue	: Heart	ß	Test End Reasons
						60	induced stres	: 8.3 Fair response to induced stress	: 8.3 Fa	Attained	Max WorkLoad Attained
								0	: 150/80		Max br Attained
							get 191	: 162 bpm 85% of Target 191	: 162 b	- 0.	Max HR Attained
									: 07:08		Exercise Time
											FINDINGS :
	8	000		0%	000	00.0				11:41	Recovery
	8	115	130/80	47 %	680	01.0	00.0	00.0	4:00	11:33	Hecovery
	8	147	150/80	51 %	860	01.0	00.0	00.0	2:00	09:33	Hecovery
	8	189	150/80	% 99	126	01.1	00.0	00.0	1:00	08:33	Hecovery
	00	243	150/80	85 %	162	08.3	14.0	03.4	1:08	07:33	PeakEx
	8	193	140/80	72 %	138	07.1	12.0	02.5	3:00	06:25	BRUCE Stage 2
	8	146	130/80	59 %	113	04.7	10.0	01.7	3:00	03:25	BRUCE Stage 1
	8	094	120/80	41 %	079	01.1	10.0	01.7	0:04	00:25	ExStart
	8	087	120/80	38 %	073	01.0	00.0	00.0	0:04	00:21	
	8	780	120/80	38 %	073	01.0	00.0	00.0	0:05	00:17	Supurar
	8	087	120/80	38 %	073	01.0	00.0	00.0	0:12	00:12	Supine
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Doctor : DR SHAILAJA PILLAI

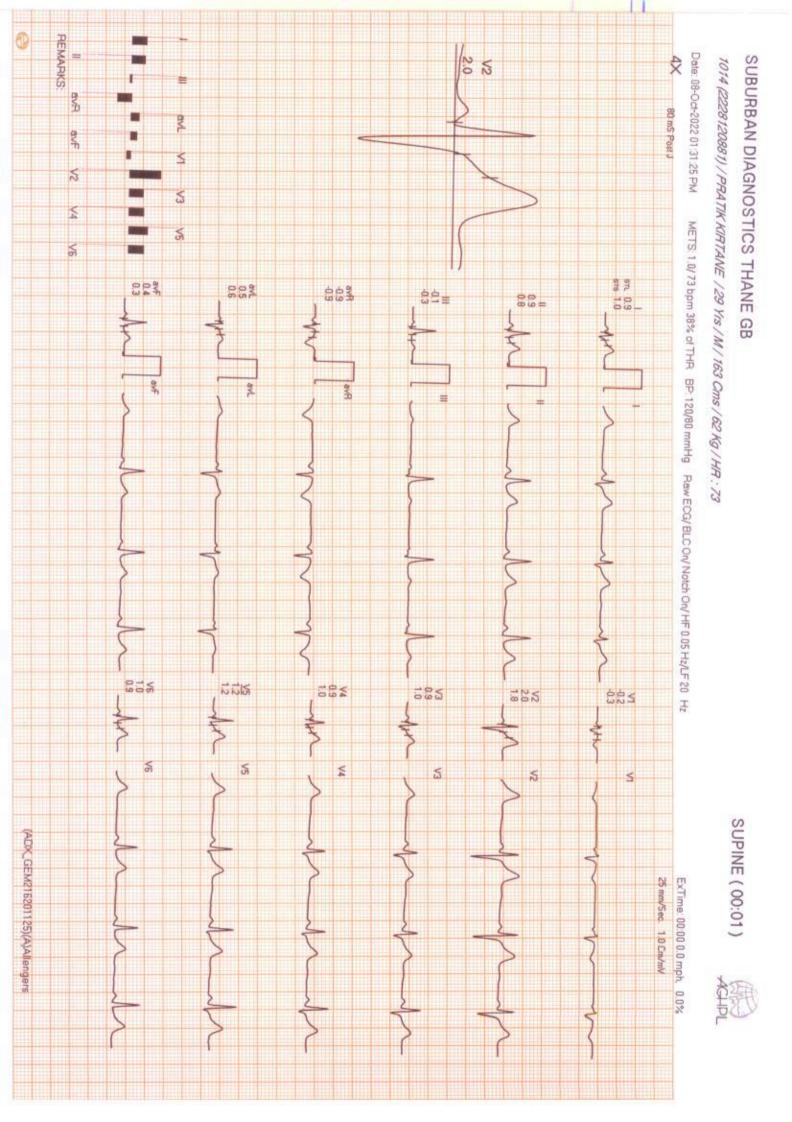
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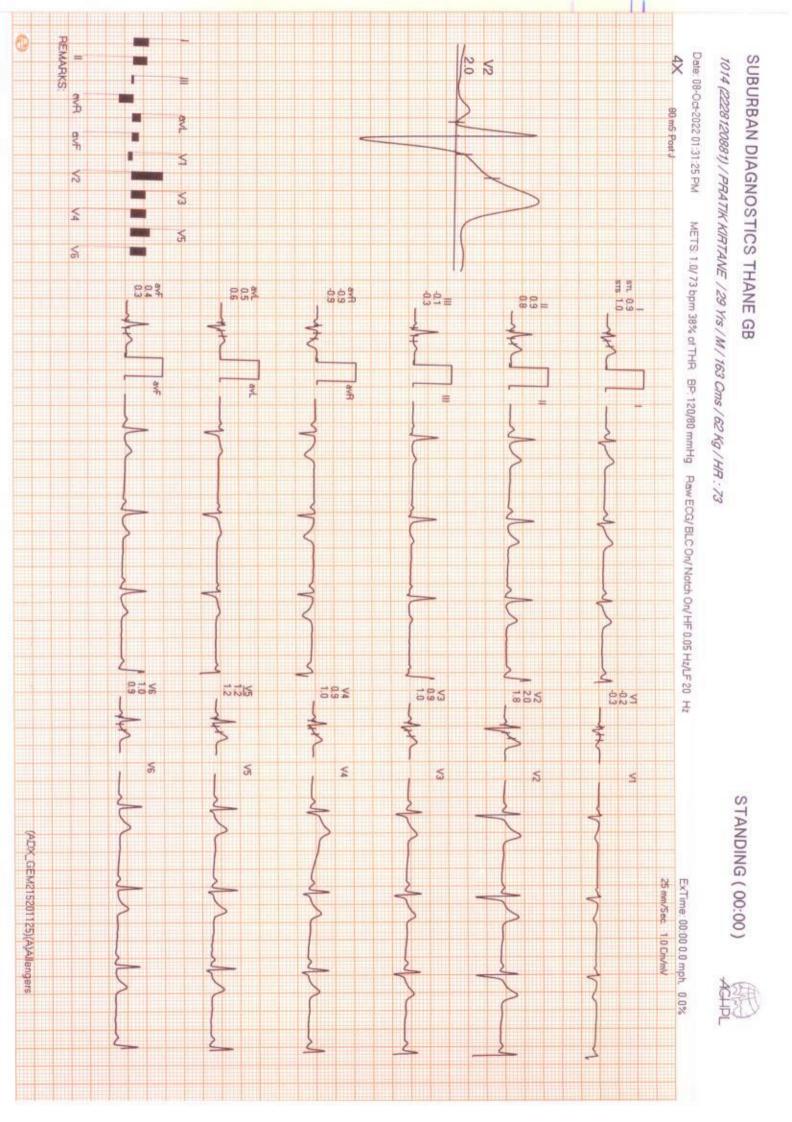
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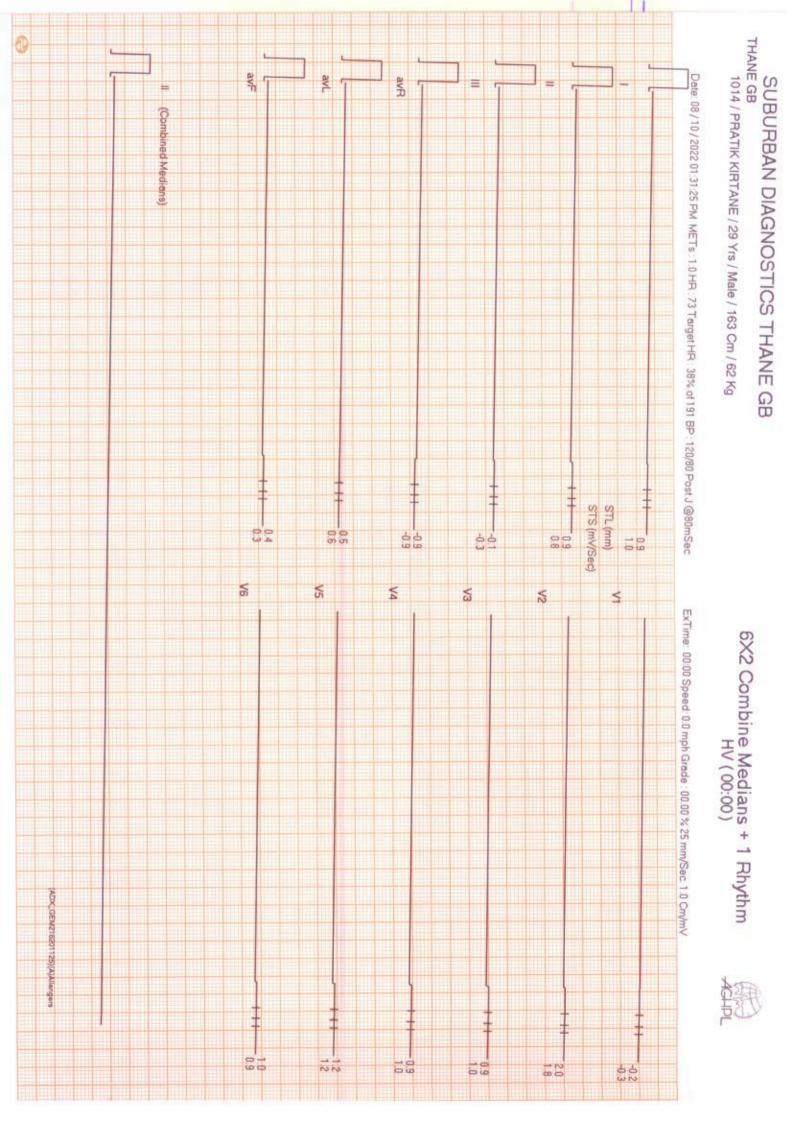


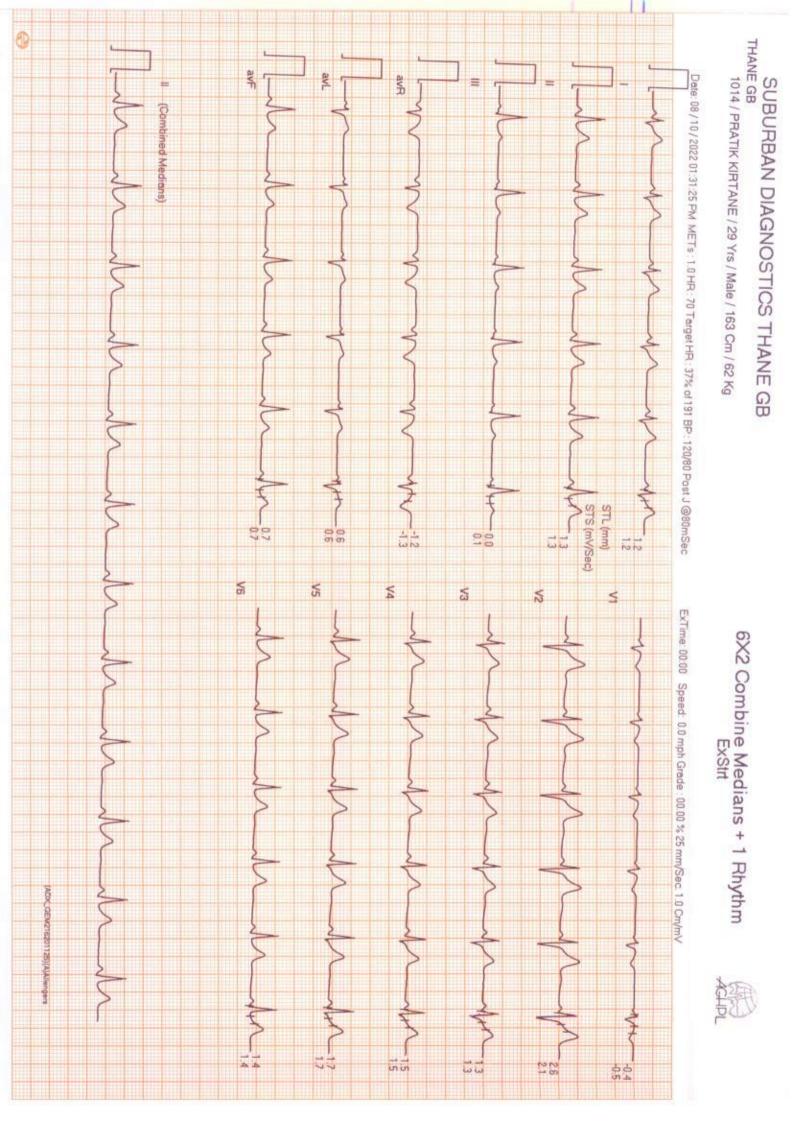
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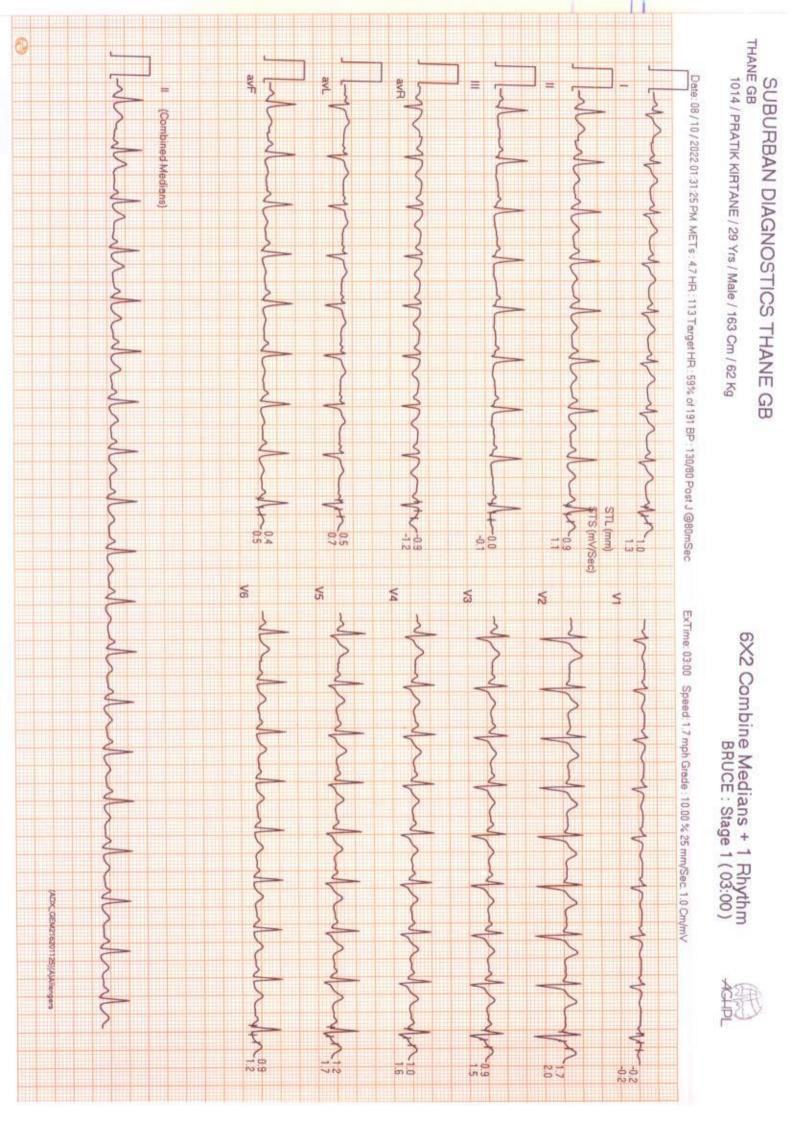
Doctor : DR SHAILAJA PILLAI





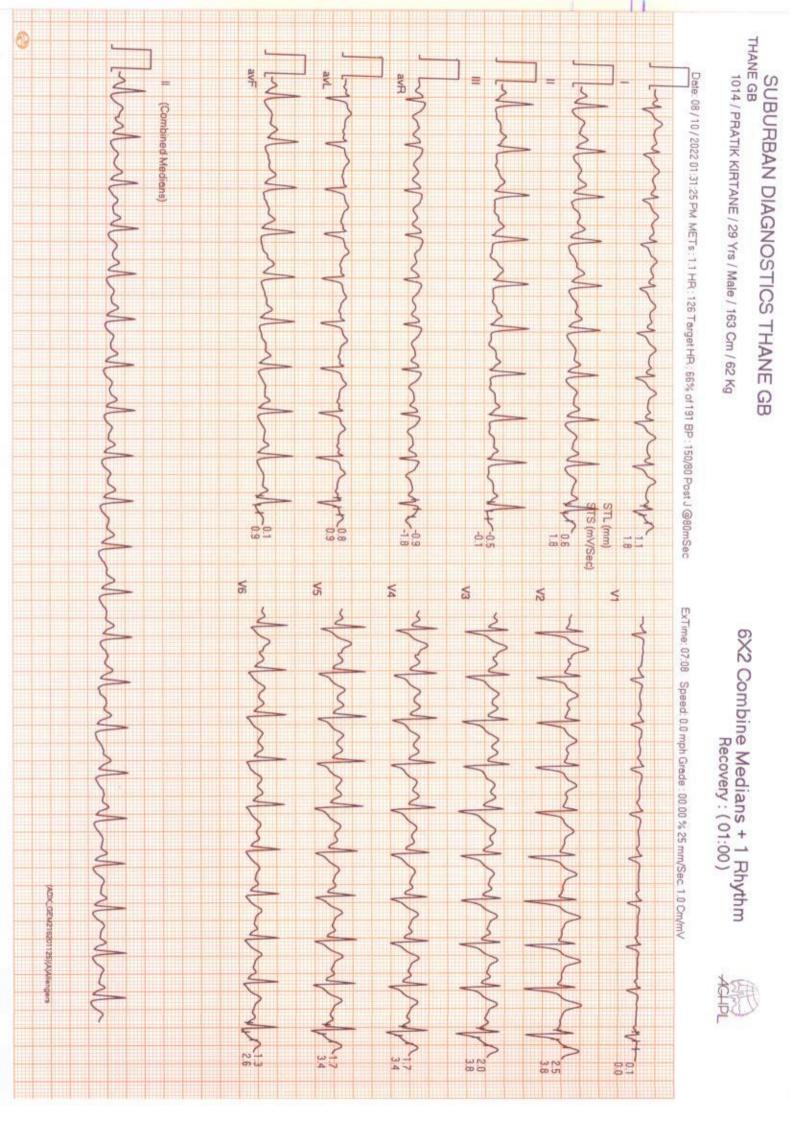


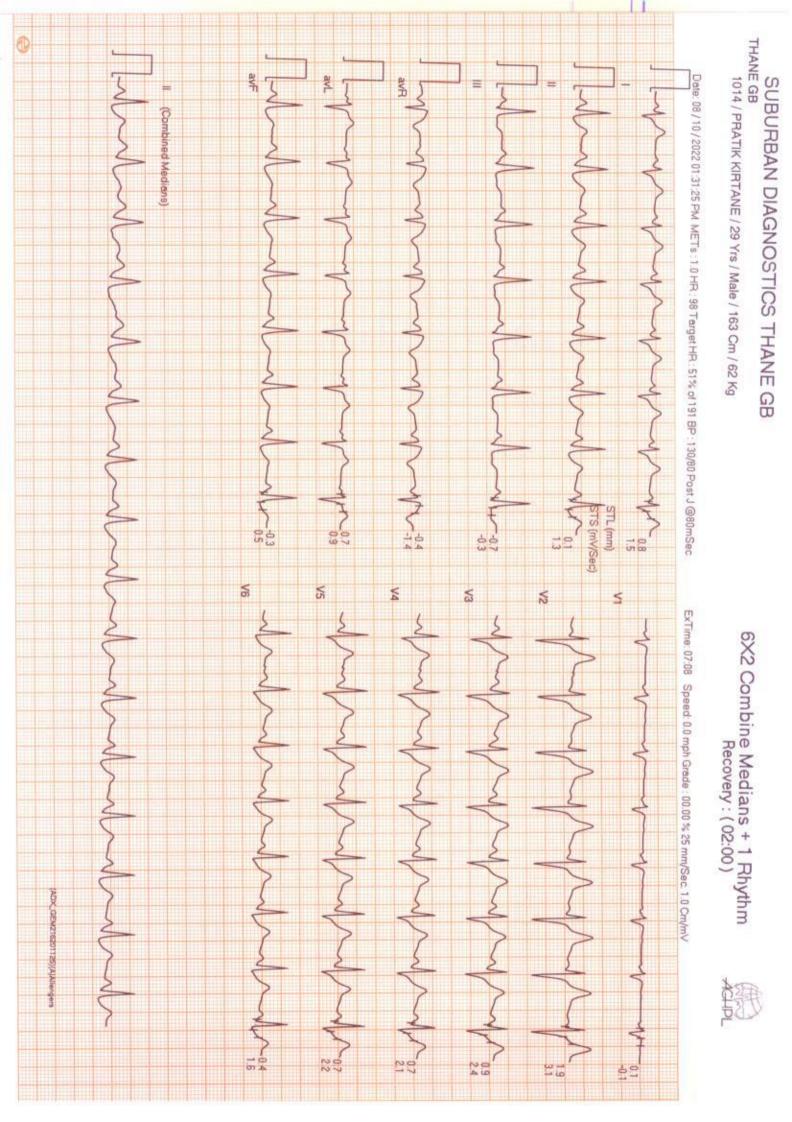


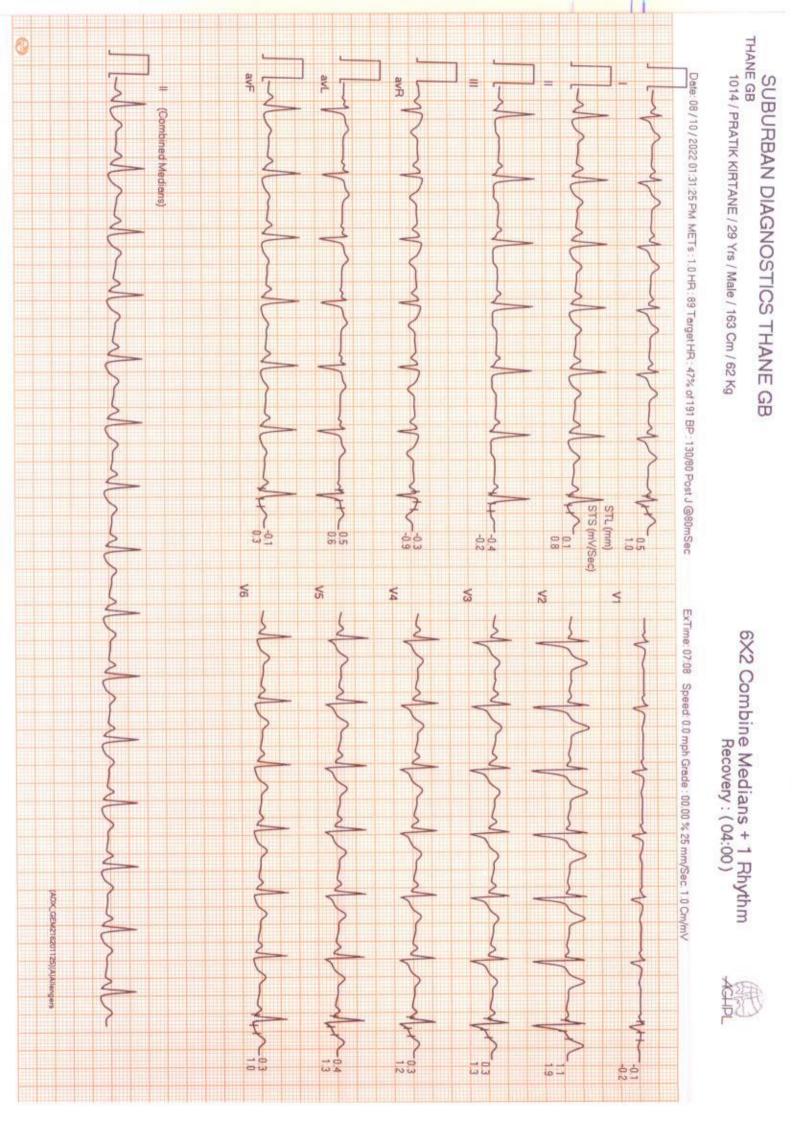


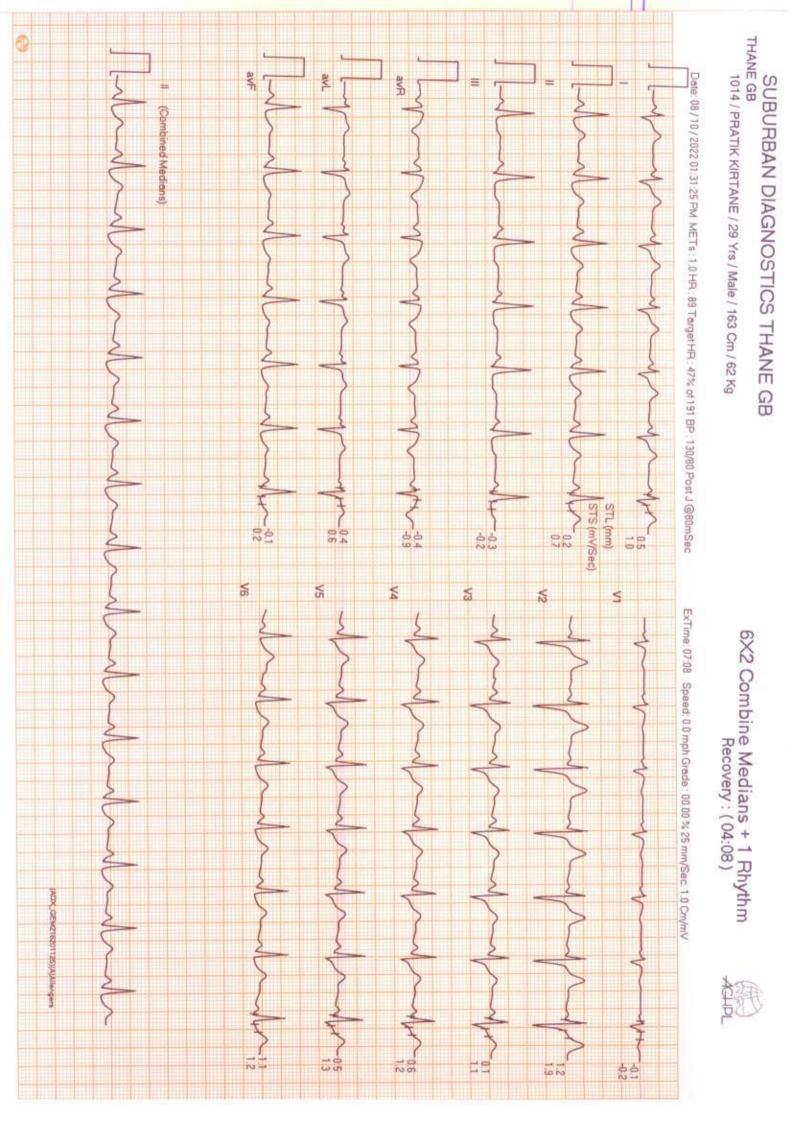
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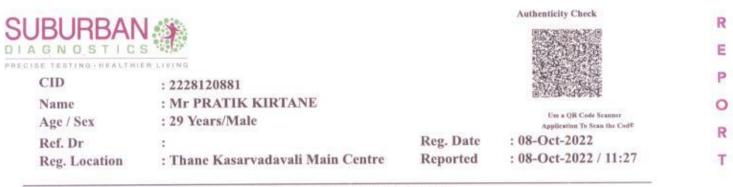
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	SUBURBAN DIAGNOSTICS THANE GB











USG ABDOMEN AND PELVIS

LIVER:

Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER:

Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN:

Portal vein is normal. CBD: CBD is normal.

PANCREAS:

Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS:

Right kidney measures 10.1 x 5.2 cm. Left kidney measures 10.0 x 4.2 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN:

Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER:

Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE:

Prostate is normal in size, echotexture and measures 2.5 x 3.5 x 2.9 cm in dimension and 14.0 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

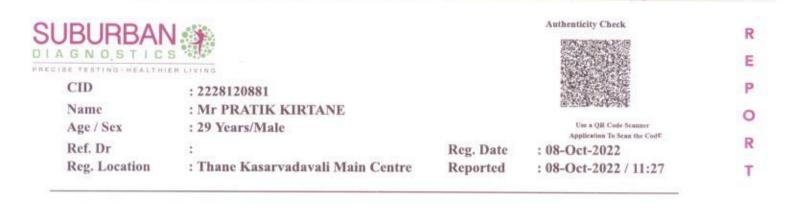
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IMPRESSION: NO SIGNIFICANT ABNORMALITY IS DETECTED.

Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have interobserver variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

This report is prepared and physically checked by DR GAURAV FARTADE before dispatch.

G. R. Forth

Dr.GAURAV FARTADE MBBS, DMRE Reg No -2014/04/1786 Consultant Radiologist

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CID : 2228120881				E
				Ρ
Name	: Mr PRATIK KIRTANE		Use a QR Code Scanner	0
Age / Sex	: 29 Years/Male	D D (Application To Scan the Code : 08-Oct-2022	R
Ref. Dr Reg. Location	: : Thane Kasarvadavali Main Centre	Reg. Date Reported	: 08-Oct-2022 / 12:26	т

X-RAY CHEST PA VIEW

Both lung fields are clear.

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 SIGNIFICANT ABNORMALITY IS DETECTED.

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

This report is prepared and physically checked by DR GAURAV FARTADE before dispatch.

G. R. Forth

Authenticity Check

R

Dr. GAURAV FARTADE MBBS, DMRE Reg No -2014/04/1786 **Consultant Radiologist**

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