

010871879

mr kapil purti

3/25/2023 1:18:40 PM

39 Years

Male

Rate 63 . Sinus rhythm.....normal P axis, V-rate 50- 99
. Abnormal R-wave progression, early transition.....QRS area>0 in V2

PR 171
QRSD 89
QT 376
QTc 385

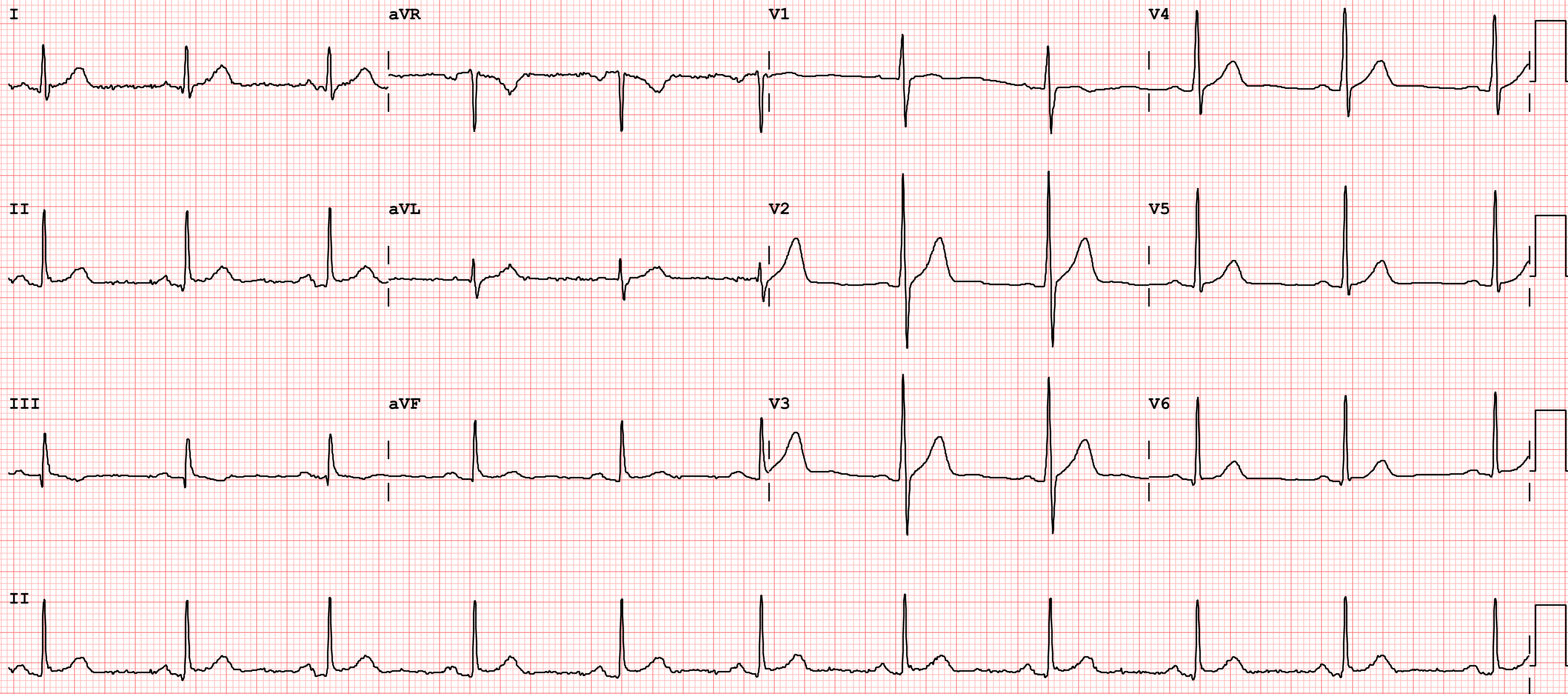
--AXIS--

P 62
QRS 69
T 22

- OTHERWISE NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

100B CL

P?

NAME	Kapil PURTI	STUDY DATE	25-03-2023 14:11:30
AGE / SEX	039Yrs / M	HOSPITAL NO.	MH010871879
REFERRING DEPT	OPD	MODALITY/Procedure Description	US /Echo-Cardiogram
REPORTED ON	26-03-2023 16:07:18	REFERRED BY	Dr. Health Check MHD

2D ECHOCARDIOGRAPHY REPORT

Findings:

	End diastole	End systole
IVS thickness (cm)	1.0	1.2
Left Ventricular Dimension (cm)	4.5	2.8
Left Ventricular Posterior Wall thickness (cm)	0.9	1.1

Aortic Root Diameter (cm)	2.9
Left Atrial Dimension (cm)	3.2
Left Ventricular Ejection Fraction (%)	55 %

LEFT VENTRICLE	:	Normal in size. No RWMA. LVEF= 55 %
RIGHT VENTRICLE	:	Normal in size. Normal RV function.
LEFT ATRIUM	:	Normal in size
RIGHT ATRIUM	:	Normal in size
MITRAL VALVE	:	Trace MR.
AORTIC VALVE	:	Normal
TRICUSPID VALVE	:	Trace TR, PASP~ 26mmHg.
PULMONARY VALVE	:	Normal
MAIN PULMONARY ARTERY & ITS BRANCHES	:	Appears normal.

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

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INTERATRIAL SEPTUM : Intact.

INTERVENTRICULAR SEPTUM : Intact.

PERICARDIUM : No pericardial effusion or thickening
DOPPLER STUDY

VALVE	Peak Velocity (cm/sec)	Maximum P.G. (mmHg)	Mean P. G. (mmHg)	Regurgitation	Stenosis
MITRAL	E= 73 A=55	-	-	Trace	Nil
AORTIC	107	-	-	Nil	Nil
TRICUSPID	-	N	N	Trace	Nil
PULMONARY	89	N	N	Nil	Nil

SUMMARY & INTERPRETATION:

- No LV regional wall motion abnormality with LVEF = 55 %
- Normal sized RA/RV/LV/LA with no chamber hypertrophy. Normal RV function.
- Trace MR.
- Trace TR, PASP~ 26mmHg.
- Normal mitral inflow pattern.
- IVC normal in size, >50% collapse with inspiration, suggestive of normal RA pressure.
- No clot/vegetation/pericardial effusion.

Please correlate clinically.



DR. SAMANJOY MUKHERJEE
MD, DM

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AGE / SEX	039Yrs / M	HOSPITAL NO.	MH010871879
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REPORTED ON	26-03-2023 16:07:18	REFERRED BY	Dr. Health Check MHD

CONSULTANT CARDIOLOGIST

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Name : MR KAPIL PURTI **Age** : 39 Yr(s) Sex :Male
Registration No : MH010871879 **Lab No** : 31230301256
Patient Episode : H03000053371 **Collection Date** : 25 Mar 2023 10:32
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 13:57
Receiving Date : 25 Mar 2023 11:15

Department of Transfusion Medicine (Blood Bank)

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)
Specimen-Blood

Blood Group & Rh Typing (Agglutination by gel/tube technique)

Blood Group & Rh typing AB Rh(D) Positive

Antibody Screening (Microtyping in gel cards using reagent red cells)

Cell Panel I NEGATIVE
Cell Panel II NEGATIVE
Cell Panel III NEGATIVE
Autocontrol NEGATIVE

Final Antibody Screen Result Negative

Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

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-----END OF REPORT-----

Dr Himanshu Lamba



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Name : MR KAPIL PURTI **Age** : 39 Yr(s) Sex :Male
Registration No : MH010871879 **Lab No** : 32230309769
Patient Episode : H03000053371 **Collection Date** : 25 Mar 2023 10:32
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 13:06
Receiving Date : 25 Mar 2023 10:46

BIOCHEMISTRY

Glycosylated Hemoglobin Specimen: EDTA Whole blood
HbA1c (Glycosylated Hemoglobin) 5.4 As per American Diabetes Association (ADA)
% [4.0-6.5] HbA1c in %
Non diabetic adults >= 18years <5.7
Prediabetes (At Risk) 5.7-6.4
Diagnosing Diabetes >= 6.5
Methodology (HPLC)
Estimated Average Glucose (eAG) 108 mg/dl

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.

Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.05	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	6.90	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	1.220	µIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>



Name : MR KAPIL PURTI Age : 39 Yr(s) Sex :Male
Registration No : MH010871879 Lab No : 32230309769
Patient Episode : H03000053371 Collection Date : 25 Mar 2023 10:32
Referred By : HEALTH CHECK MHD Reporting Date : 25 Mar 2023 13:02
Receiving Date : 25 Mar 2023 10:44

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
Lipid Profile (Serum)			
TOTAL CHOLESTEROL (CHOD/POD)	216 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	153 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	47	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	31	mg/dl	[10-40]
LDL- CHOLESTEROL	138 #	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189 4.0-5.0 Borderline >6 High Risk
T.Chol/HDL.Chol ratio	4.6		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	2.9		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.



Name : MR KAPIL PURTI **Age** : 39 Yr(s) Sex :Male
Registration No : MH010871879 **Lab No** : 32230309769
Patient Episode : H03000053371 **Collection Date** : 25 Mar 2023 10:32
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 13:02
Receiving Date : 25 Mar 2023 10:44

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.48	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.17	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	0.31	mg/dl	[0.20-1.00]
SGOT/ AST (P5P,IFCC)	25.10	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	37.00	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	83	IU/L	[45-135]
TOTAL PROTEIN (mod.Biuret)	7.8	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	5.0	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	2.8	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.79		[1.10-1.80]

Note:

**NEW BORN:Vary according to age (days), body wt & gestation of baby

*New born: 4 times the adult value





Name : MR KAPIL PURTI **Age** : 39 Yr(s) Sex :Male
Registration No : MH010871879 **Lab No** : 32230309769
Patient Episode : H03000053371 **Collection Date** : 25 Mar 2023 10:32
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 13:01
Receiving Date : 25 Mar 2023 10:44

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	10.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	1.02	mg/dl	[0.80-1.60]
SERUM URIC ACID (mod.Uricase)	5.8	mg/dl	[3.5-7.2]
SERUM CALCIUM (NM-BAPTA)	10.2 #	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	2.9	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	139.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.63	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	101.7	mmol/l	[95.0-105.0]
eGFR	92.2	ml/min/1.73sq.m	[>60.0]

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

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Name : MR KAPIL PURTI **Age** : 39 Yr(s) Sex :Male
Registration No : MH010871879 **Lab No** : 32230309770
Patient Episode : H03000053371 **Collection Date** : 25 Mar 2023 14:34
Referred By : HEALTH CHECK MHD **Reporting Date** : 26 Mar 2023 07:26
Receiving Date : 25 Mar 2023 15:14

BIOCHEMISTRY

Specimen Type : Plasma

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 106 mg/dl [70-140]

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Specimen Type : Serum/Plasma

Plasma GLUCOSE-Fasting (Hexokinase) 100 mg/dl [70-100]

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Name : MR KAPIL PURTI **Age** : 39 Yr(s) Sex :Male
Registration No : MH010871879 **Lab No** : 33230305803
Patient Episode : H03000053371 **Collection Date** : 25 Mar 2023 10:32
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 13:34
Receiving Date : 25 Mar 2023 10:47

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR 10.0 /1sthour [0.0-10.0]

Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	Result	Unit	Biological Ref. Interval
COMPLETE BLOOD COUNT (EDTA Blood)			
WBC Count (Flow cytometry)	7040	/cu.mm	[4000-10000]
RBC Count (Impedence)	4.98	million/cu.mm	[4.50-5.50]
Haemoglobin (SLS Method)	15.2	g/dL	[13.0-17.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	45.2	%	[40.0-50.0]
MCV (Calculated)	90.8	fL	[83.0-101.0]
MCH (Calculated)	30.5	pg	[25.0-32.0]
MCHC (Calculated)	33.6	g/dL	[31.5-34.5]
Platelet Count (Impedence)	160000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	13.2	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	67.7	%	[40.0-80.0]
Lymphocytes (Flowcytometry)	23.9	%	[20.0-40.0]

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Name : MR KAPIL PURTI **Age** : 39 Yr(s) Sex :Male
Registration No : MH010871879 **Lab No** : 33230305803
Patient Episode : H03000053371 **Collection Date** : 25 Mar 2023 10:32
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HAEMATOLOGY

Monocytes (Flowcytometry)	5.7	%	[2.0-10.0]
Eosinophils (Flowcytometry)	2.3	%	[1.0-6.0]
Basophils (Flowcytometry)	0.4 #	%	[1.0-2.0]
IG	0.10	%	
Neutrophil Absolute(Flourescence flow cytometry)	4.8	/cu mm	[2.0-7.0]x10 ³
Lymphocyte Absolute(Flourescence flow cytometry)	1.7	/cu mm	[1.0-3.0]x10 ³
Monocyte Absolute(Flourescence flow cytometry)	0.4	/cu mm	[0.2-1.2]x10 ³
Eosinophil Absolute(Flourescence flow cytometry)	0.2	/cu mm	[0.0-0.5]x10 ³
Basophil Absolute(Flourescence flow cytometry)	0.0	/cu mm	[0.0-0.1]x10 ³

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

-----END OF REPORT-----

Soma Pradhan

Dr. Soma Pradhan



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Name : MR KAPIL PURTI **Age** : 39 Yr(s) Sex :Male
Registration No : MH010871879 **Lab No** : 38230301994
Patient Episode : H03000053371 **Collection Date** : 25 Mar 2023 10:33
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 13:04
Receiving Date : 25 Mar 2023 11:06

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
CHEMICAL EXAMINATION		
Reaction[pH] (Reflectancephotometry(Indicator Method))	6.5	(5.0-9.0)
Specific Gravity (Reflectancephotometry(Indicator Method))	1.010	(1.003-1.035)
Bilirubin	Negative	NEGATIVE
Protein/Albumin (Reflectance photometry(Indicator Method)/Manual SSA)	Negative	(NEGATIVE-TRACE)
Glucose (Reflectance photometry (GOD-POD/Benedict Method))	NOT DETECTED	(NEGATIVE)
Ketone Bodies (Reflectance photometry(Legal's Test)/Manual Rotheras)	NOT DETECTED	(NEGATIVE)
Urobilinogen Reflectance photometry/Diazonium salt reaction	NORMAL	(NORMAL)
Nitrite	NEGATIVE	NEGATIVE
Reflectance photometry/Griess test		
Leukocytes	NIL	NEGATIVE
Reflectance photometry/Action of Esterase		
BLOOD (Reflectance photometry(peroxidase))	NIL	NEGATIVE
MICROSCOPIC EXAMINATION (Manual) Method: Light microscopy on centrifuged urine		
WBC/Pus Cells	0-1 /hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	1-2 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

Interpretation:



Name : MR KAPIL PURTI **Age** : 39 Yr(s) Sex :Male
Registration No : MH010871879 **Lab No** : 38230301994
Patient Episode : H03000053371 **Collection Date** : 25 Mar 2023 10:33
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 13:04
Receiving Date : 25 Mar 2023 11:06

CLINICAL PATHOLOGY

URINALYSIS--Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.

Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.

Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most Common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

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Dr. Soma Pradhan



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Name:	KAPIL PURTI	Hospital No:	MH010871879
Age:	39	Sex:	M
Doctor:	Health Check MHD	Episode No:	H03000053371
Order:	Ultrasound abdomen n pelvis	Result Date:	27 Mar 2023 11:06

USG WHOLE ABDOMEN

Results:

Liver is normal in size (14.1cm) and shows grade I fatty changes. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder appears echofree with normal wall thickness.
Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

Spleen is normal in size and echopattern.

Both kidneys are normal in position, size (RK = 110x40mm and LK =116x48mm) and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is partially distended.

Prostate is normal in size, shape and echopattern. It measures 16cc in volume (suboptimal study).

No significant free fluid is detected.

IMPRESSION: Grade I fatty liver

Kindly correlate clinically

Dr. Kumar Raju
ASSOCIATE CONSULTANT

NAME	Kapil PURTI	STUDY DATE	25-03-2023 11:12:35
AGE / SEX	039Yrs / M	HOSPITAL NO.	MH010871879
REFERRING DEPT	OPD	MODALITY/Procedure	CR /Xray chest PA (CXR)
REPORTED ON	26-03-2023 16:43:36	REFERRED BY	Dr. Health Check MHD

X-RAY CHEST - PA VIEW

Findings:

Prominent bronchovascular markings are seen.

Both hilar shadows appear prominent –likely vascular.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

Kindly correlate clinically.



Dr. Kumar Raju DMRD, DNB
DMC No. 106585
Associate Consultant, Radiology

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NAME	Kapil PURTI	STUDY DATE	25-03-2023 11:12:35
AGE / SEX	039Yrs / M	HOSPITAL NO.	MH010871879
REFERRING DEPT	OPD	MODALITY/Procedure	CR /Xray chest PA (CXR)
REPORTED ON	26-03-2023 16:43:36	REFERRED BY	Dr. Health Check MHD

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