

Unique Identification Authority of India
Government of India

નોંધણીની ઓળખ / Enrollment No.: 1469/20777/05538

07/04/2017

To,
અમરેંદુ ભારત
Amarendu Bharat
S/O: Makeswar Prasad Mahto
39
Khodal Dham Residency
Near Kamrej Police Station Kamrejgam
Kamrej
Kamrej Kamrej Surat
Gujarat 394180
8511342928



SB280803551FH



તમારો આધાર નંબર / Your Aadhaar No. :

7265 7792 6924

મારો આધાર, મારી ઓળખ



ભારત સરકાર

Government of India



અમરેંદુ ભારત

Amarendu Bharat

જન્મ તારીખ / DOB : 02/01/1987

પુરુષ / Male



7265 7792 6924

મારો આધાર, મારી ઓળખ

rohda

HEALTHCARE

SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

PATHOLOGY | MOLECULAR BIOLOGY | MICROBIOLOGY | GENETICS TESTING
DRUG TESTING | VACCINATION | IPD CLINIC | DIGITAL X-RAY | ECG



GPS Map Camera



Bhuj, Gujarat, India
A9, Jadavji Nagar, Bhuj, Gujarat 370020, India
Lat 23.235082°
Long 69.650664°
09/12/23 08:46 AM GMT +05:30



LAB DIVISION

Patient ID	12232696	Collected On	09/12/2023 14:52:32
Patient Name	Mr. AMARENDU BHARAT	Received On	09/12/2023 14:52:33
Gender / Age	Male / 36 Yrs 11 Mon 7 Days	Released On	09/12/2023 14:56:43
Refd. By		Printed On	09/12/2023 14:56:48
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
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BIOCHEMISTRY

Glucose (Random) GOD-PAP	103.00	mg/dL	70.00 - 140.00
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- * Random glucose in plasma measures the glucose levels regardless of the last meal/intake.
- * Random testing is useful because glucose levels in healthy individuals do not vary widely throughout the day.
- * A random plasma glucose - $\geq / = 200$ mg/ dL denotes diabetes.
- $\geq / = 110$ but < 199 mg/ dL suggest fasting plasma glucose levels and proceed.

Ref : American Diabetes Association.




Dr. Dhairya Soneji
M.D Path.

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Patient Name	Mr. AMARENDU BHARAT	Received On	09/12/2023 09:26:03
Gender / Age	Male / 36 Yrs 11 Mon 7 Days	Released On	09/12/2023 14:56:43
Refd. By		Printed On	09/12/2023 14:56:51
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
Glucose (Fasting) GOD-PAP	108.00	mg/dL	60.00 - 110.00

Fasting Plasma Glucose (mg/dl)	2 hr plasma Glucose (mg/dl) Post Glucose load	Diagnosis
99 or below	139 or below	Normal
100 to 125	140 to 199	Pre-Diabetes (IGT)
126 or above	200 or above	Diabetes




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Gender / Age	Male / 36 Yrs 11 Mon 7 Days	Released On	09/12/2023 14:56:43
Refd. By		Printed On	09/12/2023 14:56:53
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
Glycosylated Hb HPLC	5.0	%	
Average Plasma Glucose	97		

Interpretation :

HbA1c %

<5.6	Normal
5.7-6.4	At Risk for Diabetes
≥6.5	Diabetes

Estimated Average Glucose (eAG) is a new way to understand how well you are managing your diabetes. Using eAG may help you get a better idea of how well you are taking care of your diabetes. And that can help you and your health care provider know what changes you may need to make to be as healthy as possible .

HbA1c %	5	5.5	6	6.5	7	7.5	8	8.5	9	10	11	12
(eAG) mg/dL	97	111	126	140	154	169	183	197	212	240	269	298

The HbA1c goal for people with diabetes is less than 7 percent. A 3 to 6 monthly monitoring is recommended in diabetics. People with diabetes should get the test done more often if their blood sugar stays too high or if their healthcare provider makes any change in the treatment plan. HbA1c concentration represents the integrated values for blood glucose over the preceding 6-10 wks and is not affected by daily glucose fluctuation, exercise & recent food intake. It is a more useful tool for clinical management of Diabetes mellitus through routine monitoring & assesses compliance with therapeutic regimen.




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Refd. By		Printed On	09/12/2023 14:56:56
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
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Blood group Gel Technique	"A" Positive		
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Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB. The test is performed by both forward as well as reverse grouping methods.

The report is of sample received. It is presumed that the sample belongs to the patient. In case of any discrepancy related to this report, contact lab.




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Gender / Age	Male / 36 Yrs 11 Mon 7 Days	Released On	09/12/2023 14:56:43
Refd. By		Printed On	09/12/2023 14:56:58
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
COMPLETE BLOOD COUNT			
Hemoglobin Cynmeth Photometric Measurement	11.4	gm/dL	13.0 - 17.0
Erythrocyte RBC Count Electrical Impedance	3.90	millions/cu.mm	4.50 - 5.50
HCT Electrical Impedance	34.8	%	40.0 - 50.0
Mean Cell Volume (MCV) Electrical Impedance	89.2	fL	80.0 - 100.0
Mean Cell Haemoglobin (MCH) Electrical Impedance	29.2	pg	27.0 - 32.0
Mean Corpuscular Hb Conc. (MCHC) Electrical Impedance	32.7	gm/dL	32.0 - 35.0
Red Cell Distribution Width (RDW-CV) Electrical Impedance	13.4	%	11.5 - 14.5
Total Leukocyte Count (TLC) Electrical Impedance	5.6	X10 ³ /uL	4.0 - 11.0
Differential Leukocyte Count (DLC)			
Neutrophils VCS	58	%	40 - 80
Lymphocytes VCS	35	%	20 - 40
Eosinophils VCS	03	%	01 - 06
Monocytes VCS	04	%	02 - 08
Basophils VCS	00	%	00 - 02
Platelet Count Electrical Impedance	149	x10 ³ /uL	150 - 450




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Refd. By		Printed On	09/12/2023 14:57:03
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
Erythrocyte Sedimentation Rate (ESR) Westergren's	14	mm in 1hr	00 - 15

- * Test conducted on EDTA whole blood at 37 degree Celsius.
- * ESR is an index of the presence of the active diseases of many types.
- * Increased- in most infections, anaemias, injection of foreign proteins, auto-immune disorders, conditions accompanied by hyperglobunemia and hypercholesterolaemia.
- * A rising ESR suggests a progressive disease.
- * Decreased- in polycythemia, congestive heart failure.
- * ESR is a useful but nonspecific marker of underlying inflammation, C-Reactive Protein(CRP) is the recommended test in a acute inflammatory conditions.




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Refd. By		Printed On	09/12/2023 14:57:05
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
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Peripheral Blood Smear

Microscopy

RBCs:- Normocytic normochromic.

WBCs:- Normal count. Few Neutrophils shows Toxic granulation.

Platelets - Decrease count and few giant pletelets seen.

PARASITE AND IMMATURE CELLS : Not seen.

Impression - Normocytic normochromic Anemia with thrombocytopenia (? Infection).




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Gender / Age	Male / 36 Yrs 11 Mon 7 Days	Released On	09/12/2023 14:56:43
Refd. By		Printed On	09/12/2023 14:57:08
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
Liver Function Test + GGT			
Billirubin – Total Diazonium Salt	1.84	mg/dL	0.20 - 1.30
Billirubin – Direct Diazo Reaction	0.61	mg/dL	0.00 - 0.50
Billirubin, Indirect Calculated	1.23	mg/dL	0.00 - 0.70
Gultamic Oxaloacetic Transaminase (SGOT, AST) ifcc	86.00	U/L	0.00 - 37.00
Gultamic Pyruvic Transaminase (SGPT, ALT) IFCC	113.00	U/L	0.00 - 41.00
ALP (Alkaline Phosphatase) IFCC	76.00	U/L	40.00 - 150.00
Total Protien Biuret method	7.49	g/dL	6.60 - 8.70
Albumin Bromcresol Green	4.50	g/dL	3.50 - 5.20
Globulin Calculated	2.99	g/dL	2.30 - 3.50
A:G (Albumin:Globulin) Ratio Calculated	1.51		1.20 - 2.00
Gamma Glutamyle Transpeptidas ifcc	48.70	U/L	0.00 - 55.00

These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of knowliver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Some tests are associated with functionality (e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract (gamma-glutamyl transferase and alkaline phosphatase). Conditions with elevated levels of ALT and AST include hepatitis A,B ,C, paracetamol toxicity etc. Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are also carried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medications are not adversely impacting the person's liver. Reference ranges vary between laboratories.

Note : The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation




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Refd. By		Printed On	09/12/2023 14:57:13
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
Kidney Function Test			
Urea, Serum Urease	23.00	mg/dL	13.00 - 43.00
Blood Urea Nitrogen Urease	10.75	mg/dL	7.00 - 21.00
Creatinine Modified jaffe's	0.99	mg/dL	0.60 - 1.30
Uric Acid, Serum enzymatic	9.40	mg/dL	3.50 - 7.20
Calcium Arsenazo III	9.59	mg/dl	8.40 - 10.20
Phosphorus UV PHOTOMETRIC	3.05	mg/dL	2.60 - 4.50
BUN Creatinine Ratio Serum	10.86	Ratio	6.00 - 22.00

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is a waste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. In blood, it is a marker of GFR. In urine, it can remove the need for 24-hour collections for many analytes or be used as a quality assurance tool to assess the accuracy of a 24-hour collection. Higher levels may be a sign that the kidneys are not working properly. As kidney disease progresses, the level of creatinine and urea in the blood increases. Certain drugs are nephrotoxic hence KFT is done before and after initiation of treatment with these drugs. Low serum creatinine values are rare; they almost always reflect low muscle mass. Apart from renal failure Blood Urea can increase in dehydration and GI bleed. Reference ranges vary between laboratories.

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M.D Path.



LAB DIVISION

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Refd. By		Printed On	09/12/2023 14:57:17
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
Lipid Profile			
Cholesterol TOTAL CHOD-PAP	155.00	mg/dL	Desirable < 200 Borderline 200 - 239 High Risk >= 240
Triglycerides Glycerol Phosphate Oxidase	293.00	mg/dL	Normal <150 Borderline 150-199 High 200-499 Very High >=500
DIRECT HDL Accelerator Selective Detergent	43.00	mg/dL	Major risk factor for heart disease < 40 Negative risk factor for heart disease =>60
VLDL Cholesterol Calculated	58.60	mg/dL	0.00 - 30.00
LDL Calculated	53.40	mg/dL	Recommended <130 Moderate Risk 130-159 High Risk >160
Total / HDL Cholesterol Ratio	3.60		Low Risk 3.3-4.4 Average Risk 4.4-7.1 Moderate Risk 7.1-11.0 High Risk >11.0
Non HDL Cholesterol Calculated	112.0	mg/dL	Adult Optimal <130 Above Optimal 130-159 Borderline High 160-189 High 190-219 Very High >=220

Lipid profile is a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks cardiovascular disease, certain forms of pancreatitis. Hypertriglyceridemia is indicative of insulin resistance when present with low high-density lipoprotein (HDL) and elevated low-density lipoprotein (LDL), while elevated triglyceride is a clinical risk factor for coronary artery disease (CAD), especially when low HDL is present. Very high levels of triglycerides are defined by serum levels of 500mg/dL or greater and can be concerning for development of pancreatitis. Reference range between laboratories.




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Investigation	Value	Unit	Biological Ref. Range
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Thyroid Function Test

Triiodothyronine (T3) Chemiluminescent Microparticle Immunoassay (CMIA)	1.45	ng/ml	0.69 - 2.15
Thyroxine (T4) Chemiluminescent Microparticle Immunoassay (CMIA)	59.28	ng/mL	52.00 - 127.00
Thyroid Stimulating Hormone (TSH) Chemiluminescent Microparticle Immunoassay (CMIA)	8.30	uIU/ml	0.45 - 5.60 Euthyroid 0.25 - 5.00 Hyperthyroid < 0.15 Hypothyroid > 7.00

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability, Subclinical Autoimmune Hypothyroidism,Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Raised	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy, Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies)Intermittent 14 therapy or T4 overdose •Drug interferenceAmiodarone, Heparin, Beta Blockers, steroids, anti-epileptics
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion'
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule •Transient thyroiditis Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in 13 level can be upto 25%.




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Urine Examination (Routine)

Physical Examination

Volume	30	mL	
Colour	PALE YELLOW		
Appearance	Clear		Clear
pH	5.0		Acidic
Specific Gravity	1.025		1.001-1.035

Chemical Examination

Urine Protein	Nil		Nil
Urine Glucose	Nil		Nil
Ketone	Negative		Negative
Nitrite	Negative		Negative
Blood	Nil		Nil
Urobilinogen	Not Increased		Not Increased
Bilirubin	Nil		Nil
Leukocyte esterase	NIL		NIL

Microscopic Examination.

Red Blood Cells	Nil	/hpf	Nil
Pus Cells (WBC)	2-3	/hpf	NIL
Epithelial Cells	0-1	/hpf	Nil
Casts	Nil	/hpf	Nil
Crystals	Nil		Nil
Bacteria	Nil		Nil
Yeast Cell	Nil		Nil
Mucous	Nil		Nil
Trichomonas	Nil		Nil
Amorphous Material	Nil		Nil

*** End of Report ***




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MER- MEDICAL EXAMINATION REPORT

Date of Examination	09/12/2023		
NAME	Amanendu Bharat		
AGE	36 y	Gender	Male
HEIGHT(cm)	163cm	WEIGHT (kg)	86.5kg
B.P.	123/80 mmHg.		
ECG	NO SR,		
X Ray			
Vision Checkup	Color Vision: (A) Far Vision Ratio : (A) 6/6 Near Vision Ratio : NC		
Present Ailments			
Details of Past ailments (If Any)	-		
Comments / Advice : She /He is Physically Fit	Fit		
ENT - (A) Dental - (A)			

Signature with Stamp of Medical Examiner

Dr. Ninad J. Gor
M.B.B.S.

Reg. No. : G-64033



SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Amanendu Bhasiat on 09/12/2023

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> Unfit 	<input type="checkbox"/>

Dr. Ninad J Gor

Medical Officer

The Apollo Clinic, (Bhuj)

Dr. Ninad J. Gor
M.B.B.S.

Reg. No. : G-64033

This certificate is not meant for medico-legal purposes

Patient Name : ., Amarendu Bharat
MR No : 091220231
Modality : DX
Gender : M
Age: 36Y11M7DY
Date :09/12/2023
Referred By :ROHA.HEALTH CARE

X RAY CHEST (PA)

Both the lung fields do not reveal any parenchymal abnormality.

Both CP angles are clear.

Cardiac size is within normal limits.

Both domes of the diaphragm appear normal.

Bony thoracic cage appears normal.

CONCLUSION:

NO SIGNIFICANT ABNORMALITY DETECTED.

ADV: Clinical correlation and further investigation.Thanks for ref...

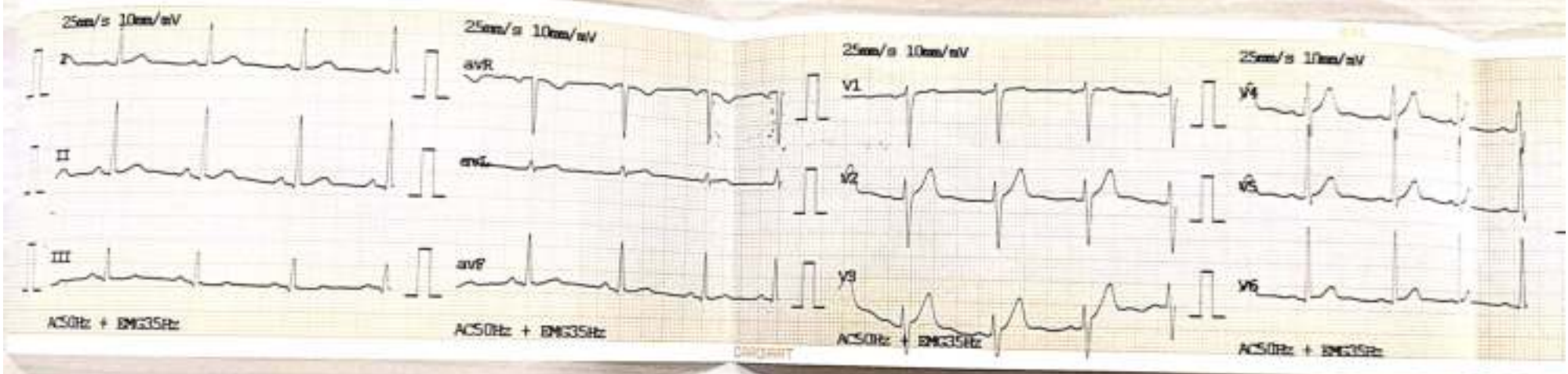


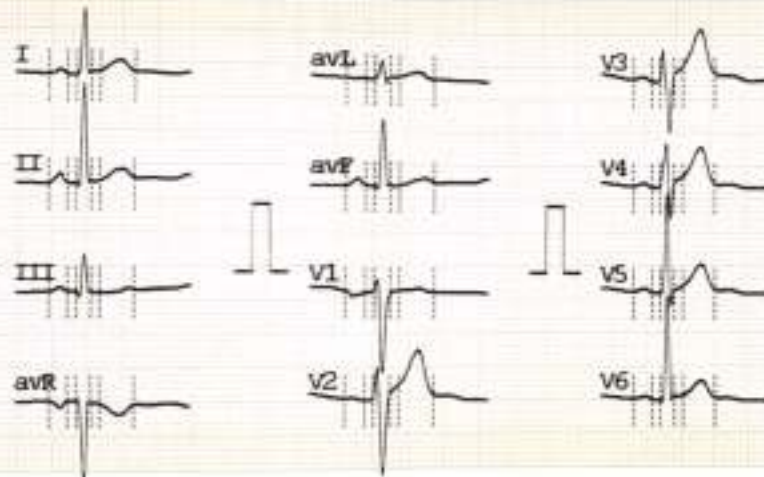
Dr.BHAVEN SHAH
M.D
RADIOLOGIST

KRICBHUI



Bharat





Date : 2023-12-09 10:46:34
 ID : 0000011
 Name : BHADAT AMKSNOW
 Sex : M
 Age :
 Weight : 86.5 kg
 Height : 163 cm

HR (bpm) : 83
 PR (ms) : 158
 P (ms) : 110
 QRS (ms) : 86
 T (ms) : 196
 QT/QTc (ms) : 332/386
 D/QRS/T : 54.7/51.0/38.6
 R (V5) / S (V1) (mV) : 1.484/1.213
 R (V5) + S (V1) (mV) : 2.697

<<Conclusion>>
 Normal Sinus Rhythm
 Cardiac electric axis normal

<<Report need physician confirm>>

Dr. Ninad J. Gor
 M.B.B.S.
 Reg. No. : 6-64033





SWAMINARAYAN HOSPITAL

NCD CLINIC & COUNSELLING CENTER

Dr. Jagdish Dhanji Halai

NAME : AMARENDU BHARAT

AGE/SEX : 37 / MALE
MBBS D.CARDIOLOGY & DIABETOLOGY

DATE : 09-12-2023

REF BY: ROHA HELATHCARE.

2D ECHO AND COLOUR DOPPLER STUDY

FINAL IMPRESSION:

- NORMAL LV SYSTOLIC FUNCTION WITH NORMAL LV SIZE.
- LVEF : 67.00 %, NO RWMA AT REST.
TRIVIAL AR/ TRIVIAL TR/AR & TRIVIAL MR. NO MS/AS/TS/PS.
- NO PAH, NORMAL RA/RV. NORMAL LA.
- NORMAL RV FUNCTION. NORMAL RA AND RV.
NORMAL LV COMPLAIME.
- NO ASD, NO VSD, NO PDA. NO PE.
- IVC : NORMAL.
- NO CHD, NO SHD, NO VHD

Dr. Jagdish Dhanji Halai

MBBS D.CARDIOLOGY & DIABETOLOGY

CLINICAL CARDIOLOGIST

Reg. No. G 42676 IG 27-200855/Sr. No. D-19188

DR. JAGDISH DHANJI HALAI

CLINICAL CARDIOLOGIST

नाम नोधाभा भाटे Appointment : 74074 98098

Education is Foundation For Prevention, Prevention is better than cure

स्वतःस्फुर्णा : स्वाट आजादीनो - Swata:Sfurna : The taste of Freedom





SWAMINARAYAN HOSPITAL

NCD CLINIC & COUNSELLING CENTER

Dr. Jagdish Dhanji Halai

MBBS, D. CARDIOLOGY & DIABETOLOGY

NAME : AMARENDU BHARAT

AGE/SEX : 37 /MALE

DATE : 09-12-2023

REF BY: ROHA HELATHCARE.

2D ECHO AND COLOUR DOPPLER STUDY

MITRAL VALVE : NORMAL.
AORTIC VALVE : NORMLA.
PULMONARY VALVE : NORMAL.
TRICUSPID VALVE : NORMAL.
AORTA : ROOT: 18.00 MM AND AORTA ST JUNCTION: 21.00 MM.
NORMAL ARCH AND WHOLE AORTA FROM ORIGINE TO BIFURCATION.
LA : NORMAL,
LV- D/LV-S : 44/27 MM.
LVEF : 67.00 %, NO RWMA AT REST.
IVS : INTACT, IVS: 10.20 MM.
IAS : INTACT, PW: 10.20 MM.
AOVP : 1.24 M/SEC. PVP: 0.86 M/SEC.
RA AND RV : NORMAL, PA: NORMAL.
RVSP : TR JET + RA MEAN PRESSURE: 28 MM HG TAPSE: 22.00 MM
COLOR DOPPLER STUDY : TRIVIAL MR, TRIVIAL TR, PR : NO , TRIVIAL AR.
NO AS, NO MS, NO TS/PS.
ALL VLVES ARE NORMAL WITH NORMAL HEMODYNAMIC.
MVIS : NORMAL.
NO PERICARDIAL EFFUSION.
NO VSR, NO SCAR, NO CLOT, NO VEGETATION.
NO THROMBUS IN LV/LVA.

नाम नोधामा माटे Appointment : 74074 98098

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Dr. Kripalsinh Jadeja

M.B., D.M.R.E.

Consultant Radiologist

Dr. Bhaven Shah

M.D.

Consultant Radiologist

Patient Name : ., BHARAT.AMARENDU
MR No : E00579
Modality : US
Gender : M
Age : 36YY
Date : 09/12/2023
Referred By : ROHA.HEALTH CARE

USG : ABDOMEN & PELVIS

LIVER : appears normal in size and show raised parenchymal echotexture. No evidence of focal or diffuse lesion. No evidence of dilated IHBR. PV and CBD appear normal in calibre.

GALL BLADDER : appears normal. No intrinsic lesion seen.

PANCREAS : appears normal in size and echotexture. No focal mass lesion or changes of pancreatitis seen.

SPLEEN : appears enlarged in size and measures 14.3 cm and show normal echotexture. No evidence of focal or diffuse lesion.

BOTH KIDNEYS : appear normal in size and echotexture with preservation of corticomedullary differentiation. No evidence of calculus, hydronephrosis or mass lesion involving either kidney.

RK: 10.6 x 4.4 cm LK: 11.5 x 4.7 cm

URINARY BLADDER : appears normal. No intrinsic lesion seen.

PROSTATE: Appears normal in size and measures: 3.9 x 3.5 x 3.1 cm , Weight: 22.7 gm.

No e/o Ascites or paraaortic lymphadenopathy seen.

CONCLUSION:

* Garde I Fatty liver.

* Mild Splenomegaly.

* **NORMAL SONOGRAPHY OF GB, PANCREAS, BOTH KIDNEYS , U.BLADDER & PROSTATE.**

ADV: Clinical correlation and further investigation.Thanks for ref...



Dr.BHAVEN SHAH
M.D
RADIOLOGIST

KRICBHUI

1.5 TESLA 196 CHANNEL MRI | 16 SLICE MDCT SCAN | 3D & 4D USG | COLOUR DOPPLER | DIGITAL X-RAY | MAMMOGRAPHY | CBCT | OPG

"KRIC", PLOT NO. 76/B, BANKER'S COLONY, MUNDRA ROAD, OPP. JUBILEE GROUND, BHUJ - KUTCH. PINCODE - 370001.
PH. : 02832 - 222178, Mob. : 84870 22178, **AMBULANCE : 81281 99249.**

KUTCH RADIOLOGY AND IMAGING CENTRE- BHUJ

09 Dec 2023 Study : ABD
Name : BHARATAMARENDU 036Y / M

Ref.By : ROHA HELATH CARE

