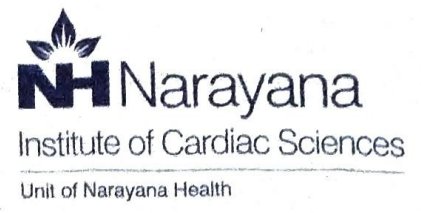


10/06/2023
Mr. Kiran BA
10200000275656

001318

CONSULTATION SUMMARY



Patient MRN : 10200000275656
Patient Name : Mr Kiran B A
Gender/Age/Dob : Male , 36 Years , 25/09/86
Patient Phone No : 9900743477
Patient Address : H no-666 , 2nd Cross , K N Halli , Bannerghatta ,Bengaluru, Bangalore Urban,Karnataka, India,-560083

Consultation Date : 10/06/2023 01:44 PM
Consultant : Dr. Ashutosh Vashistha (CARDIOLOGY - ADULT)
Consultation Type : OP , NEW VISIT



MEDICATION ORDER

- | DRUG NAME | PATIENT INSTRUCTION |
|--|---|
| 1) ROSUVASTATIN+FENOFIBRATE-TABLET-10MG+160MG-ROZULA F | Once Daily (0 - 0 - 0 - 1) Tablet After Food For 3 Months Qty: 90 Start Date: Jun 10, 2023 End Date: Sep 07, 2023 |
| 2) TAB OLMETOP 20 AM (OLMISARTAN 20MG + AMLODIPINE 5 MG) | Once Daily (1 - 0 - 0 - 0) Before Food Till Review Qty: 1 Start Date: Jun 10, 2023 |

VITALS

Blood Pressure: 144/90 mmHg Heart Rate: 80 bpm Conscious level: Alert
Height: 163 cm Weight: 65 kg BMI: 24.46 kg/m2
BSA: 1.72 m2

ADVICE

- BP CHECK
40 MIN CARDIO /DAY
GREEN LEAFY SALAD

CONSULTANT DETAILS

Dr. Ashutosh Vashistha , CONSULTANT , CARDIOLOGY - ADULT
KMC - 106538

One free consultation with the same doctor within next 6 days.

Printed By: Dr. Ashutosh Vashistha | Printed On: 10.06.2023 14:14

E-mail : info@hrudayalaya.com

DO NOT FOLD



ECHO REPORT – HEALTH CHECK

DATE :10/06/2023
NAME:KIRAN B A

MRN:10200000275656
AGE/GENDER:36 Y/M

IMPRESSION

- NORMAL CHAMBER DIMENSIONS
- NO RWMA
- MR-MILD,TR-MILD
- NORMAL PA PRESSURE
- NORMAL RV AND LV FUNCTIONS
- LVEF-55-60%

AO:19	LVID(d):41	IVS(d):10	RV:25
LA:30	LVID(s):32	PW(s):09	TAPSE:20

FINDINGS

CHAMBERS: NORMAL LV AND RV
RWMA: NO
VALVES: MR-MILD,TR-MILD
SEPTAE: INTACT
AORTA AND PA:AORTIC ANNULUS - 19 MM ,NORMAL
PERICARDIUM: NORMAL
PRESSURES: NORMAL, PASP - 25 MMHG
OTHERS: -

DR SATISH C GOVIND
SENIOR CONSULTANT

ASHNIKA SINHA
SONOGRAPHER

RR/ ROOM NUMBER - 2

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Kiran B A MRN : 10200000275656 Gender/Age : MALE , 36y (25/09/1986)

Collected On : 10/06/2023 10:16 AM Received On : 10/06/2023 10:47 AM Reported On : 10/06/2023 11:52 AM

Barcode : 012306101039 Specimen : Serum Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900743477

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.76	mg/dL	0.66-1.25
eGFR (Calculated)	116.1	mL/min/1.73m ²	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age.
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease)	7 L	mg/dL	9.0-20.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	5.0	mg/dL	3.5-8.5
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	181	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	325 H	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	36 L	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	145.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	95 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	65.0 H	mg/dL	0.0-40.0

Patient Name : Mr Kiran B A MRN : 10200000275656 Gender/Age : MALE , 36y (25/09/1986)

Cholesterol /HDL Ratio (Calculated) **5.1 H** - 0.0-5.0

LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method) 0.20 mg/dL 0.2-1.3

Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry) 0.00 mg/dL 0.0-0.3

Unconjugated Bilirubin (Indirect) (Calculated) 0.2 mg/dL 0.0-1.1

Total Protein (Colorimetric - Biuret Method) 7.60 gm/dL 6.3-8.2

Serum Albumin (Colorimetric - Bromo-Cresol Green) 4.70 gm/dL 3.5-5.0

Serum Globulin (Calculated) 2.9 gm/dL 2.0-3.5

Albumin To Globulin (A/G)Ratio (Calculated) 1.63 - 1.0-2.1

SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate)) 26 U/L 17.0-59.0

SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate)) 26 U/L <50.0

Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer) 81 U/L 38.0-126.0

Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method)) **168 H** U/L 15.0-73.0

Interpretation Notes

- Indirect Bilirubin result is a calculated parameter (Indirect Bilirubin = Total Bilirubin - Direct Bilirubin). Indirect bilirubin result includes the delta bilirubin fraction also. Delta Bilirubin is the bilirubin which is covalently bound to albumin. Delta Bilirubin is not expected to be present in healthy adults or neonates.

THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence) 1.31 ng/mL 0.97-1.69

Thyroxine (T4) (Enhanced Chemiluminescence) 6.98 µg/dl 5.53-11.0

Patient Name : Mr Kiran B A MRN : 10200000275656 Gender/Age : MALE , 36y (25/09/1986)

TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence) 1.756 μ IU/mL 0.4-4.049

Interpretation Notes

- TSH levels are subjected to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% , hence time of the day has influence on the measured serum TSH concentrations. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration.

--End of Report--



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry



Mrs. Latha B S
MSc, Mphil, Biochemistry
Incharge, Consultant Biochemistry

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.
(Lipid Profile, -> Auto Authorized)
(CR, -> Auto Authorized)
(, -> Auto Authorized)
(Uric Acid, -> Auto Authorized)
(Blood Urea Nitrogen (Bun) -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Kiran B A MRN : 10200000275656 Gender/Age : MALE , 36y (25/09/1986)

Collected On : 10/06/2023 10:16 AM Received On : 10/06/2023 10:51 AM Reported On : 10/06/2023 11:32 AM

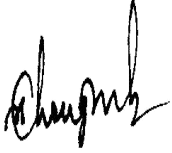
Barcode : 032306100171 Specimen : Urine Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900743477

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar (Fasting) (Enzyme Method (GOD POD))	Not Present	-

--End of Report--



Dr. Sudarshan Chougule
MBBS, MD, Pathology
Consultant & Head - Hematology & Flow Cytometry

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Kiran B A MRN : 10200000275656 Gender/Age : MALE , 36y (25/09/1986)

Collected On : 10/06/2023 10:16 AM Received On : 10/06/2023 10:51 AM Reported On : 10/06/2023 12:25 PM

Barcode : 032306100171 Specimen : Urine Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900743477

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
------	--------	------	-------------------------------

URINE ROUTINE & MICROSCOPY**PHYSICAL EXAMINATION**

Colour	STRAW	-	-
Appearance	Clear	-	-

CHEMICAL EXAMINATION

pH(Reaction) (pH Indicator Method)	5.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.019	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Not Present	-	Not Present
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	Not Present
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Not Present	-	Not Present
Blood Urine (Peroxidase Reaction)	Not Present	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present

MICROSCOPIC EXAMINATION

Pus Cells	1.1	/hpf	0-5
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Patient Name : Mr Kiran B A MRN : 10200000275656 Gender/Age : MALE , 36y (25/09/1986)

RBC	0.2	/hpf	0-4
Epithelial Cells	0.2	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	2.0	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	Not Present	-	Not Present

Interpretation Notes

- Since the analytical methodology of Urine Microscopy is Flow cytometry based and FDA approved the results of automated urine microscopy which includes RBCs, WBCs Epithelial cells etc are being reported in decimal fraction. Rounding off the value to nearest whole number is suggested.

--End of Report--

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Kiran B A MRN : 10200000275656 Gender/Age : MALE , 36y (25/09/1986)

Collected On : 10/06/2023 10:16 AM Received On : 10/06/2023 10:47 AM Reported On : 10/06/2023 11:09 AM

Barcode : 022306100597 Specimen : Whole Blood Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900743477

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	16.4	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.37	million/ μ l	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	47.4	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	88.3	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	30.6	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	34.7 H	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	12.5	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	301	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	11.6 H	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	65.5	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	22.0	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	4.6	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	7.4 H	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.5	%	0.0-2.0

Patient Name : Mr Kiran B A MRN : 10200000275656 Gender/Age : MALE , 36y (25/09/1986)

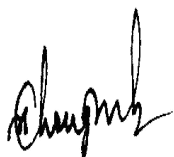
Absolute Neutrophil Count (Calculated)	7.6 H	x10 ³ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	2.56	x10 ³ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.54	x10 ³ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.86 H	x10 ³ cells/ μ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.06	-	-

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

Interpretation Notes

- Haemoglobin , RBC Count and PCV: If below reference range, indicates Anemia. Further evaluation is suggested .
RBC Indices aid in typing of anemia.
WBC Count: If below reference range, susceptibility to infection.
If above reference range- Infection*
If very high in lakhs-Leukemia
Neutrophils -If above reference range-acute infection, mostly bacterial
Lymphocytes -If above reference range-chronic infection/ viral infection
Monocytes -If above reference range- TB,Typhoid,UTI
Eosinophils -If above reference range -Allergy,cough,Common cold,Asthma & worms
Basophils - If above reference range, Leukemia, allergy
Platelets: If below reference range- bleeding disorder, Dengue, drug- induced, malignancies
* In bacterial infection with fever total WBC count increases.
Eg Tonsillitis,Sinusitis,Bronchitis,Pneumonia,Appendicitis,UTI -12000-25000 cells/cumm.
In typhoid and viral fever WBC may be normal.
DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert.

--End of Report-



Dr. Sudarshan Chougule
MBBS, MD, Pathology
Consultant & Head - Hematology & Flow Cytometry

Patient Name : Mr Kiran B A MRN : 10200000275656 Gender/Age : MALE , 36y (25/09/1986)

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Kiran B A MRN : 10200000275656 Gender/Age : MALE , 36y (25/09/1986)

Collected On : 10/06/2023 12:44 PM Received On : 10/06/2023 01:14 PM Reported On : 10/06/2023 01:50 PM

Barcode : 012306101634 Specimen : Plasma Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900743477

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Colorimetric - Glucose Oxidase Peroxidase)	114	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

--End of Report--



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry



Mrs. Latha B S
MSc, Mphil, Biochemistry
Incharge, Consultant Biochemistry

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.

(Post Prandial Blood Sugar (PPBS) -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Kiran B A MRN : 10200000275656 Gender/Age : MALE , 36y (25/09/1986)

Collected On : 10/06/2023 12:44 PM Received On : 10/06/2023 01:23 PM Reported On : 10/06/2023 01:50 PM


Barcode : 032306100275 Specimen : Urine Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900743477

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar (Post Prandial) (Enzyme Method (GOD POD))	Trace	-

--End of Report--



Dr. Sudarshan Chougule
MBBS, MD, Pathology
Consultant & Head - Hematology & Flow Cytometry

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Kiran B A MRN : 10200000275656 Gender/Age : MALE , 36y (25/09/1986)

Collected On : 10/06/2023 10:16 AM Received On : 10/06/2023 11:00 AM Reported On : 10/06/2023 12:17 PM

Barcode : 1B2306100028 Specimen : Whole Blood Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900743477

NARAYANA HRUDAYALAYA BLOOD CENTRE

Test	Result	Unit
------	--------	------

BLOOD GROUP & RH TYPING

Blood Group (Column Agglutination Technology)	B	-
---	---	---

RH Typing (Column Agglutination Technology)	Positive	-
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--End of Report--

Dr. Prathip Kumar B R
MBBS,MD, Immunohaematology & Blood Transfusion
Consultant

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Kiran B A MRN : 10200000275656 Gender/Age : MALE , 36y (25/09/1986)

Collected On : 10/06/2023 10:16 AM Received On : 10/06/2023 10:47 AM Reported On : 10/06/2023 11:58 AM

Barcode : 012306101038 Specimen : Whole Blood Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900743477

BIOCHEMISTRY**Test Result Unit Biological Reference Interval****HbA1C**

HbA1c (HPLC NGSP Certified)	5.2	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
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Estimated Average Glucose (Calculated)	102.54	-	-
--	--------	---	---

Interpretation:

- HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- Any sample with >15% should be suspected of having a haemoglobin variant.

--End of Report--

Mrs. Latha B S
MSc, Mphil, Biochemistry
Incharge, Consultant Biochemistry

Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



MC-2688



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Kiran B A MRN : 10200000275656 Gender/Age : MALE , 36y (25/09/1986)

Collected On : 10/06/2023 10:16 AM Received On : 10/06/2023 10:47 AM Reported On : 10/06/2023 11:22 AM

Barcode : 012306101037 Specimen : Plasma Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900743477

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	91	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020

--End of Report--



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry



Mrs. Latha B S
MSc, Mphil, Biochemistry
Incharge, Consultant Biochemistry

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.

(Fasting Blood Sugar (FBS) -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Kiran B A MRN : 10200000275656 Gender/Age : MALE , 36y (25/09/1986)

Collected On : 10/06/2023 10:16 AM Received On : 10/06/2023 10:47 AM Reported On : 10/06/2023 12:16 PM

Barcode : 022306100598 Specimen : Whole Blood - ESR Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900743477

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	1	mm/1hr	0.0-10.0

Interpretation Notes

- ESR high - Infections, chronic disorders,, plasma cell dyscrasias.

DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert

--End of Report--

Dr. Deepak M B
MD, PDF, Hematopathology
Consultant

Note

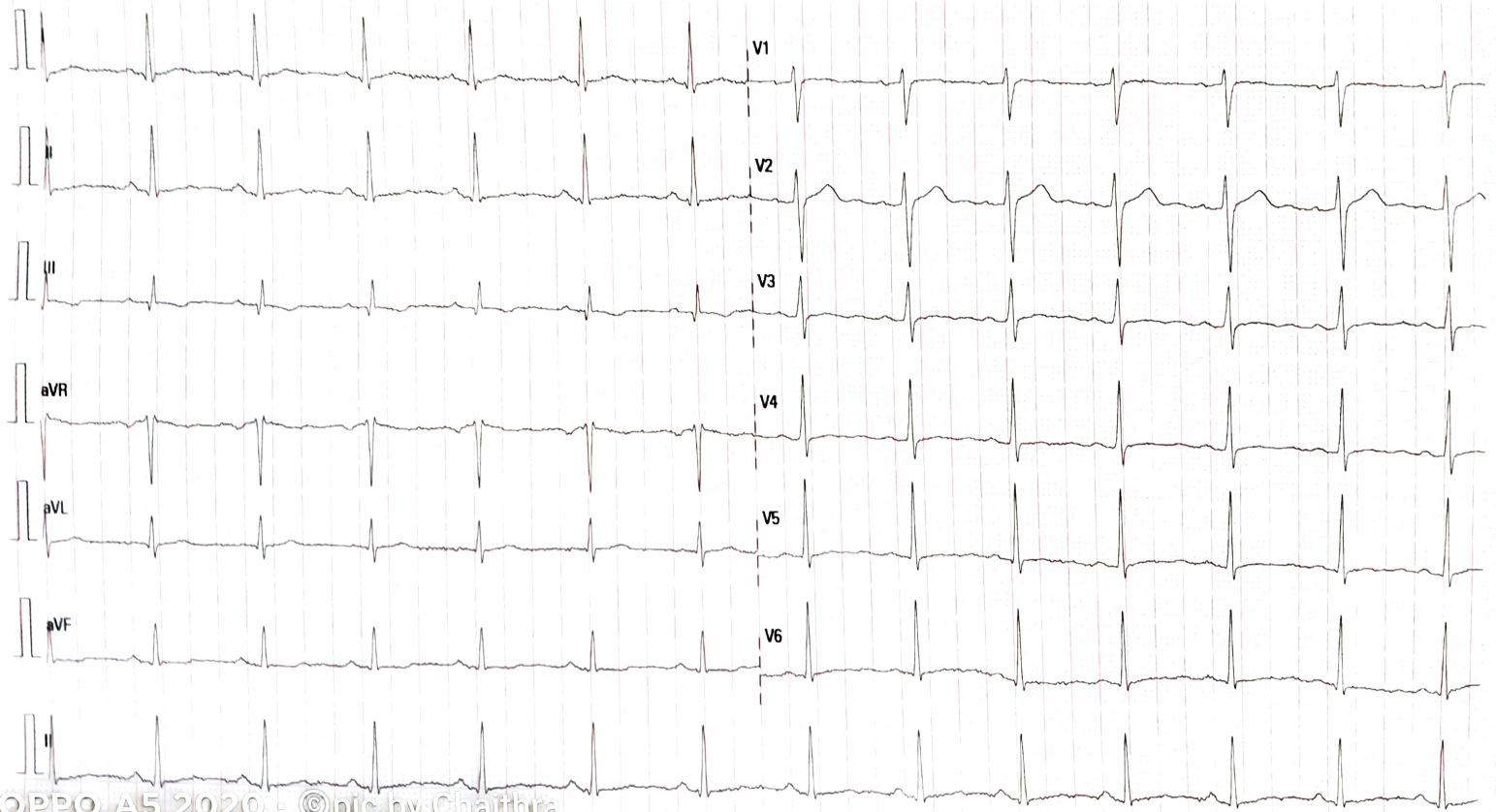
- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



ID: 1020000275656
Name: B A, Kiran
Age: 36 Years
Gender: Male

10-06-2023 11:16:14

Vent. Rate	80 bpm
PR Interval	162 ms
QRS Duration	84 ms
QT/QTc Interval	364/399 ms
P/QRS/T Axes	57/45/8 deg
QTc:Hodges	



OPPO A5 2020 - ©pic by Chaitra

2023/06/10 13:30

25 mm/s 10 mm/mV 50 Hz~ BDR 35 Hz

02.10.00/V28.4.1

SN:FN-32040689

Patient Name : Mr. B A Kiran

Age : 36 Years

Referring Doctor : EHC

MRN : 10200000275656

Sex : Male

Date : 10.06.2023

ULTRASOUND ABDOMEN AND PELVIS

CLINICAL DETAILS: Health check-up.

FINDINGS:

Liver is normal in size and echopattern. No intra or extra hepatic biliary duct dilatation. No focal lesions

Portal vein is normal in course, caliber and shows hepatopetal flow. Hepatic veins and their confluence draining into the IVC appear normal. **CBD** is obscured.

Gallbladder is contracted.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity.

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Retroperitoneum – Obscured by bowel gas.

Urinary Bladder is partially distended. No evidence of calculi, mass or mural lesion.

Prostate is normal in size (Volume = 13 cc).

Fluid - There is no ascites.

IMPRESSION:

- **No significant abnormality detected.**

**Dr. Akshata
Resident**

