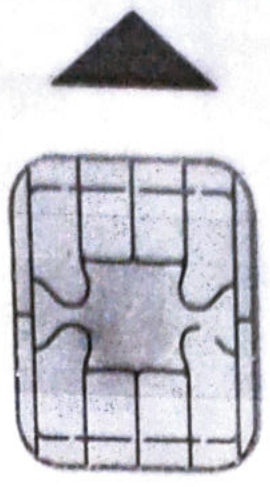




# Indian Union Driving Licence Issued by Uttar Pradesh

## UP35 20200018069



Issue Date 31-10-2020  
Validity (NT) 30-10-2030

Validity (TR) # \_\_\_\_\_

Name:

**ARVINDRA KUMAR**

Date of Birth:

**11-02-1989**

Blood Group:

Son/Daughter/Wife of:

**DWARIKA PRASAD**

Organ Donor:

**N**

Address:  
**H NO 322/7 JURAKHAN KHERA Unnao (NPP)  
Unnao, UP 209801**



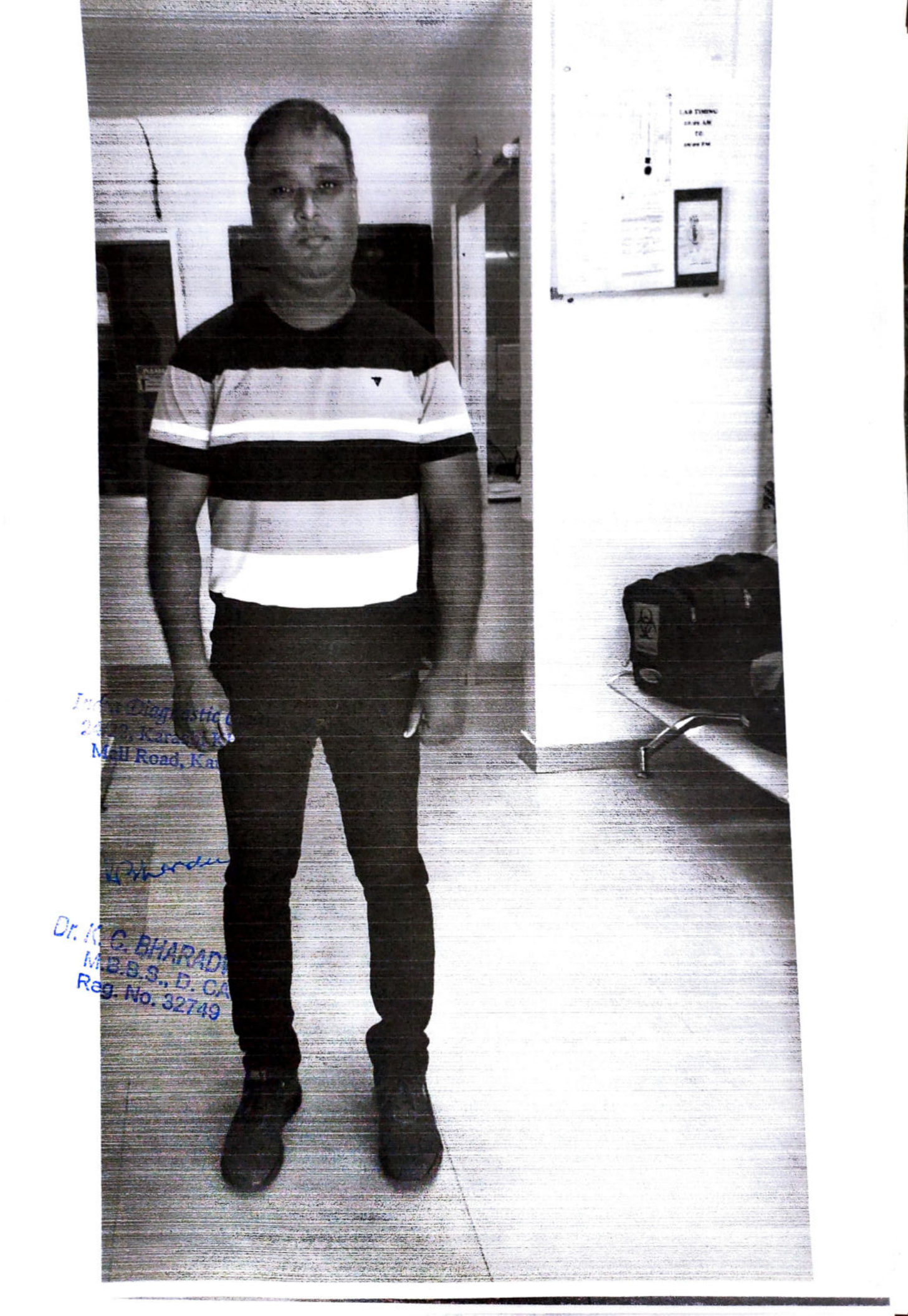
Holder's Signature

*K. C. Bhara...*  
**Dr. K. C. BHARADWAJ  
M.B.B.S., D. CARD  
Reg. No. 32749**

**K. J. Diagnostic Centre  
122, Karachi Khana  
Hall Road, Kanpur**

Date of First Issue **(31-10-2020)**

AK112229 @ Bank of Baroda, Co. In



Indra Diagnostic  
24/2, Karad  
Mall Road, Kar

*Dr. K. G. Bharadwaj*

Dr. K. G. BHARADWAJ  
M.B.B.S., D. CA  
Reg. No. 32749



# INDRA DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur

Ph: 9235432757,

CIN : U85110DL2003LC308206



Patient Name	: Mr.ARVINDRA KUMAR -PKG10000238	Registered On	: 18/Sep/2022 11:32:17
Age/Gender	: 33 Y 7 M 6 D /M	Collected	: 18/Sep/2022 12:08:20
UHID/MR NO	: IKNP.0000021262	Received	: 18/Sep/2022 18:23:34
Visit ID	: IKNP0041262223	Reported	: 18/Sep/2022 20:03:31
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
-----------	--------	------	--------------------	--------

#### Blood Group (ABO & Rh typing) \*\*, Blood

Blood Group	O
Rh ( Anti-D)	POSITIVE

#### Complete Blood Count (CBC) \*\*, Whole Blood

Haemoglobin	11.40	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	7,600.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils)	62.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	31.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	28.00	Mm for 1st hr.		
Corrected	16.00	Mm for 1st hr. <9		
PCV (HCT)	36.00	cc %	40-54	
<b>Platelet count</b>				
Platelet Count	3.0	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.70	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	49.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.34	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	4.52	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE



# INDRA DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur

Ph: 9235432757,

CIN : U85110DL2003LC308206



Patient Name	: Mr.ARVINDRA KUMAR -PKG10000238	Registered On	: 18/Sep/2022 11:32:17
Age/Gender	: 33 Y 7 M 6 D /M	Collected	: 18/Sep/2022 12:08:20
UHID/MR NO	: IKNP.0000021262	Received	: 18/Sep/2022 18:23:34
Visit ID	: IKNP0041262223	Reported	: 18/Sep/2022 20:03:31
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Blo. Ref. Interval	Method
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	78.80	fl	80-100	CALCULATED PARAMETER
MCH	25.30	pg	28-35	CALCULATED PARAMETER
MCHC	32.10	%	30-38	CALCULATED PARAMETER
RDW-CV	16.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	54.00	fl	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,712.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	152.00	/cu mm	40-440	



*Anupam*

Dr. Anupam Singh  
M.B.B.S.,M.D.(Pathology)





# INDRA DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur  
Ph: 9235432757,  
CIN : U85110DL2003LC308206



Patient Name	: Mr.ARVINDRA KUMAR -PKG10000238	Registered On	: 18/Sep/2022 11:32:18
Age/Gender	: 33 Y 7 M 6 D /M	Collected	: 18/Sep/2022 12:08:20
UHID/MR NO	: IKNP.0000021262	Received	: 18/Sep/2022 18:14:06
Visit ID	: IKNP0041262223	Reported	: 18/Sep/2022 19:24:01
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
-----------	--------	------	--------------------	--------

#### GLUCOSE FASTING \*\*, Plasma

Glucose Fasting	94.00	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
-----------------	-------	-------	--	---------

#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### Glucose PP \*\*

Sample: Plasma After Meal

Glucose PP **	125.10	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
---------------	--------	-------	--	---------

#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	44.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	131	mg/dl	

#### Interpretation:

#### NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.





# INDRA DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur  
Ph: 9235432757,  
CIN : U85110DL2003LC308206



Patient Name	: Mr. ARVINDRA KUMAR -PKG10000238	Registered On	: 18/Sep/2022 11:32:18
Age/Gender	: 33 Y 7 M 6 D /M	Collected	: 18/Sep/2022 12:08:20
UHID/MR NO	: IKNP.0000021262	Received	: 18/Sep/2022 18:14:06
Visit ID	: IKNP0041262223	Reported	: 18/Sep/2022 19:24:01
Ref Doctor	: Dr. MediWheel Knp	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
-----------	--------	------	--------------------	--------

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%) NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.  
\*\*Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

#### Clinical Implications:

- \*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.
- \*With optimal control, the HbA 1c moves toward normal levels.
- \*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy c. Alcohol toxicity d. Lead toxicity
- \*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss
- \*Pregnancy d. chronic renal failure. Interfering Factors:
- \*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

<b>BUN (Blood Urea Nitrogen) **</b> Sample: Serum	9.71	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine **</b> Sample: Serum	0.95	mg/dl	0.5-1.3	MODIFIED JAFFES
<b>Uric Acid **</b> Sample: Serum	4.80	mg/dl	3.4-7.0	URICASE

**LFT (WITH GAMMA GT) \*\* , Serum**





# INDRA DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur

Ph: 9235432757,

CIN : UR5110DL2003LC308206



Patient Name	: Mr.ARVINDRA KUMAR -PKG10000238	Registered On	: 18/Sep/2022 11:32:18
Age/Gender	: 33 Y 7 M 6 D /M	Collected	: 18/Sep/2022 12:08:20
UHID/MR NO	: IKNP.0000021262	Received	: 18/Sep/2022 18:14:06
Visit ID	: IKNP0041262223	Reported	: 18/Sep/2022 19:24:01
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
SGOT / Aspartate Aminotransferase (AST)	41.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	29.10	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	58.00	IU/L	11-50	OPTIMIZED SZAIZING
Protein	7.45	gm/dl	6.2-8.0	BIRUET
Albumin	4.83	gm/dl	3.8-5.4	B.C.G.
Globulin	2.62	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.84		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	188.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.45	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.19	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.26	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) ** , Serum</b>				
Cholesterol (Total)	198.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	52.60	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	111	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	34.22	mg/dl	10-33	CALCULATED
Triglycerides	171.10	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



*Arvi*  
Dr. Anupam Singh  
M.B.B.S., M.D. (Pathology)



# INDRA DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur

Ph: 9235432757,

CIN : U85110DL2003LC308206



Since 1991



Patient Name	: Mr.ARVINDRA KUMAR -PKG10000238	Registered On	: 18/Sep/2022 11:32:18
Age/Gender	: 33 Y 7 M 6 D /M	Collected	: 18/Sep/2022 12:54:14
UHID/MR NO	: IKNP.0000021262	Received	: 18/Sep/2022 18:17:30
Visit ID	: IKNP0041262223	Reported	: 18/Sep/2022 19:14:58
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
-----------	--------	------	--------------------	--------

#### URINE EXAMINATION, ROUTINE \*\*, Urine

Color	PALE YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic ( 5.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	OCCASIONAL			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			MICROSCOPIC EXAMINATION
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### SUGAR, FASTING STAGE \*\*, Urine

Sugar, Fasting stage	ABSENT	gms%
----------------------	--------	------

#### Interpretation:

(+) < 0.5  
(++) 0.5-1.0  
(+++) 1-2  
(++++) > 2





# INDRA DIAGNOSTIC CENTRE



Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur  
Ph: 9235432757,  
CIN : U85110DL2003LC308206



Patient Name	: Mr.ARVINDRA KUMAR -PKG10000238	Registered On	: 18/Sep/2022 11:32:18
Age/Gender	: 33 Y 7 M 6 D /M	Collected	: 18/Sep/2022 12:54:14
UHID/MR NO	: IKNP.0000021262	Received	: 18/Sep/2022 18:17:30
Visit ID	: IKNP0041262223	Reported	: 18/Sep/2022 19:14:58
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
-----------	--------	------	--------------------	--------

#### SUGAR, PP STAGE \*\*, Urine

Sugar, PP Stage ABSENT

#### Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%



*ASIM*

Dr. Anupam Singh  
M.B.B.S.M.D.(Pathology)



# INDRA DIAGNOSTIC CENTRE



Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur  
Ph: 9235432757,  
CIN : U85110DL2003LC308206



Patient Name	: Mr.ARVINDRA KUMAR -PKG10000238	Registered On	: 18/Sep/2022 11:32:18
Age/Gender	: 33 Y 7 M 6 D /M	Collected	: 18/Sep/2022 12:08:20
UHID/MR NO	: IKNP.0000021262	Received	: 18/Sep/2022 18:13:35
Visit ID	: IKNP0041262223	Reported	: 18/Sep/2022 18:51:55
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
-----------	--------	------	--------------------	--------

#### THYROID PROFILE - TOTAL \*\*, Serum


T3, Total (tri-Iodothyronine)	135.62	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.36	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.61	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.



  
Dr. Anupam Singh  
M.B.B.S., M.D. (Pathology)



# INDRA DIAGNOSTIC CENTRE



Since 1991

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur

Ph: 9235432757.

CIN : U85110DL2003LC308206



Patient Name	: Mr. ARVINDRA KUMAR -PKG10000238	Registered On	: 18/Sep/2022 11:32:18
Age/Gender	: 33 Y 7 M 6 D /M	Collected	: N/A
UHID/MR NO	: IKNP.0000021262	Received	: N/A
Visit ID	: IKNP0041262223	Reported	: 18/Sep/2022 16:28:24
Ref Doctor	: Dr. MediWheel Knp	Status	: Final Report

## DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### X-RAY DIGITAL CHEST PA \*

#### X- Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

#### IMPRESSION

**\* NO OBVIOUS DETECTABLE ABNORMALITY SEEN**

**\*\*\* End Of Report \*\*\***

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



*Roy*

Dr Raveesh Chandra Roy (MD-Radio)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Conduction Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*  
365 Days Open \*Facilities Available at Select Location

Page 9 of 9



Customer Care No.: 0522-6666600 E-mail: customercare.diagnostic@chandan.co.in Web.: www.chandan.co.in

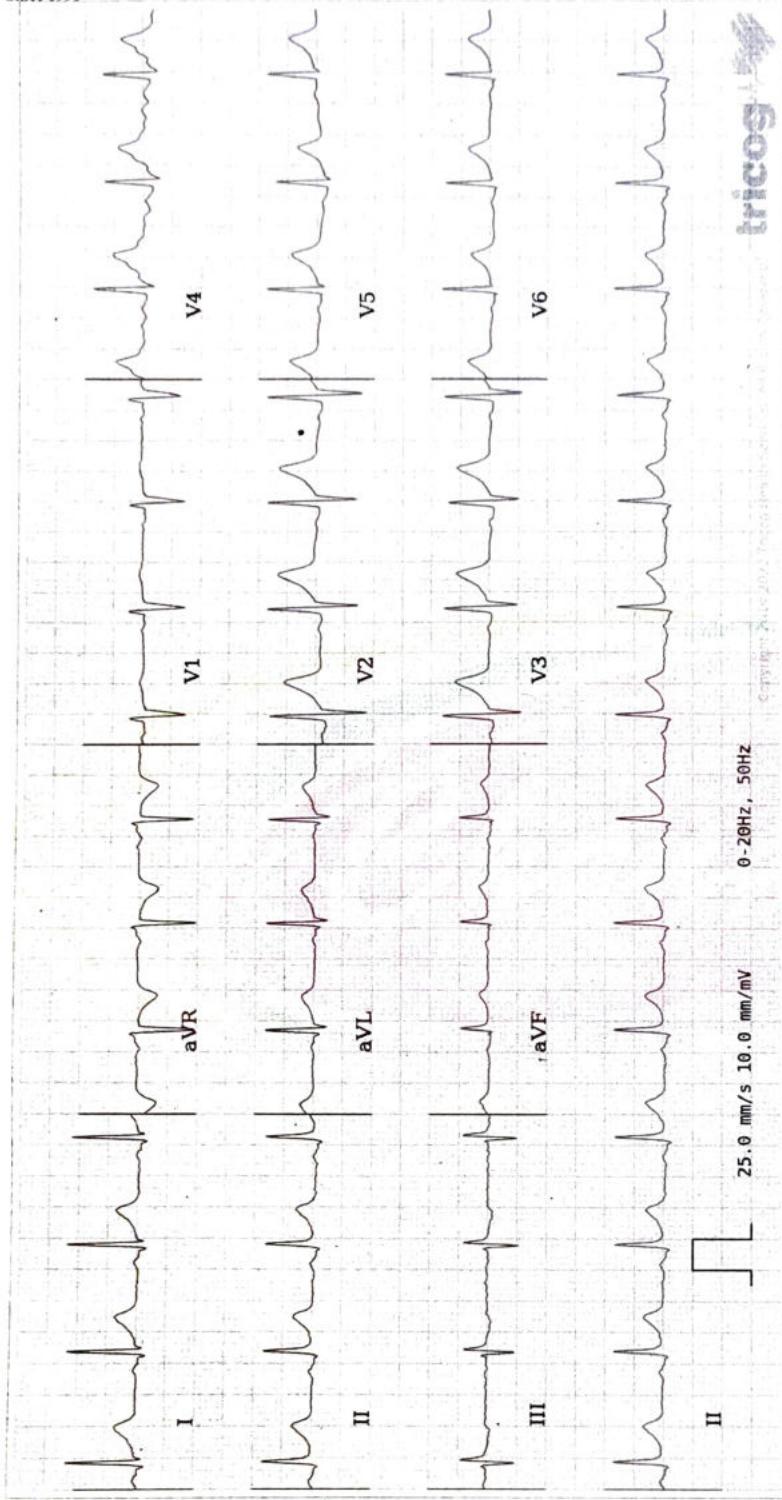
Home Sample Collection  
1800-419-0002

May 2022

Age / Gender: 33/Male Date and Time: 18th Sep 22 10:04 AM  
Patient ID: IKNF0041262223  
Patient Name: Mr.ARVINDRA KUMAR -PKG10000238



Since 1991



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

AUTHORIZED BY

Dr. Charit

M.D. DM: Cardiology  
A.3182

REPORTED BY

Dr. Prashant Subhik

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other investigations and must be interpreted by a qualified physician.

34384



**DR. A.K. GUPTA**

M.B.B.S., D.C.P., I.A.P.M., P.M.H.S.  
Ex Chief Medical Superintendent  
Senior Consultant

**ASHMEE CARE**

**ULTRASOUND**

**&  
CARDIO CENTRE**

**2D ECHO ★ COLOUR DOPPLER ★ ULTRASOUND ★ TMT ★ ECG**

\*\*\*\*\*  
NAME OF PATIENT: MR. ARVINDRA KUMAR

AGE: 33 SEX: M

REF. BY: DR. I.D.C

DATE: 18-09-2022  
\*\*\*\*\*

**ULTRASOUND REPORT WHOLE ABDOMEN**

- LIVER** : LIVER IS ENLARGED IN SIZE 182.8MM WITH FATTY CHANGES GRADE 2<sup>ND</sup>. NO FOCAL LESION SEEN. THE INTRA-HEPATIC BILLIARY RADICALS ARE NORMAL. THE HEPATIC VEINS ARE NORMAL.
- PORTAL VIEN** : NORMAL IN COURSE & CALIBER
- GALL BLADDER** : WELL DISTENDED, NORMAL WALL THICKNESS. IT HAS AN ECHO FREE LUMEN & THERE IS NO EVIDENCE OF GALLSTONES
- C B D** : NORMAL IN COURSE & CALIBER.
- PANCREAS** : NORMAL IN SIZE, SHAPE AND ECHO TEXTURE. PANCREATIC DUCT IS NORMAL IN COURSE & CALIBER. NO FOCAL LESION SEEN.
- RT. KIDNEY** : NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATION IS WELL MAINTAINED. NO CALCULUS/HYDRONEPHROSIS LESION SEEN.
- LT. KIDNEY** : NORMAL IN SIZE. POSITION AND AXIS. THE CORTICOMEDULLARY DIFFERENTIATION IS WELL MAINTAINED. NO CALCULUS/HYDRONEPHROSIS LESION SEEN.
- SPLEEN** : **SPLEEN IS ENLARGED IN SIZE 139.4MM**. SPLENIC VEIN IS NORMAL IN DIAMETER.
- U. BLADDER** : NORMAL IN SIZE SHAPE AND OUTLINE. ITS WALL THICKNESS IS NORMAL. NO INTRALUMINAL MASS LESION/CALCULUS NOTED. RESIDUAL URINE VOLUME 4 ML
- PROSTATE** : NORMAL IN SIZE & SHAPE WEIGHT 21.8 GMS. HOMOGENOUS ECHOTEXTURE
- IMPRESSION** :  
    > **HEPATOMEGALY WITH FATTY CHANGES GRADE 2<sup>ND</sup>**  
    > **SPLEENOMEGALY**

  
**SONOLOGIST**

**DR. RACHIT GUPTA**

Attending Cardiologist, MD (Physician)  
PG Diploma in Clinical Cardiology

PNDT Registration No- PNDT/REG/94/2012

**SHOP NO.37/54, CAPITAL TOWER, MESTON ROAD, KANPUR NAGAR - 208001 ★ M.: 9307775184**

Note : This report is to help clinician for better patient management. Discrepancies due to technical or typing errors should be reported within three days for correction. No compensation liability stands.

**NOT FOR MEDICO LEGAL PURPOSE**

