

  
भारत सरकार  
Government of India


  
कपिल कडेला  
Kapil Kadela  
जन्म तिथि / DOB : 20/07/1984  
पुरुष / Male



4815 7298 4201

आधार - आम आदमी का अधिकार


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
पता:  
S/O: महावीर प्रसाद कडेला, 33/312  
पाल बिकला, अजमेर, अजमेर,  
राजस्थान, 305001

Address:  
S/O: Mahavir Prasad Kadela,  
33/312-pal bichala, Ajmer, Ajmer,  
Rajasthan, 305001

4815 7298 4201

  
1947  
1800 300 1947

  
help@uidai.gov.in

  
www.uidai.gov.in

*Kadela*



Rx

Name: Mr. KADELA KAPIL	Registration No.: 5070
Age/Gender: 36 Y/Male	Registered: 05/Jul/2021 10:48AM
Patient ID: 012107050011	Analysed: 05/Jul/2021 04:34PM
BacodeNo: 10005276	Reported:
Referred By: Dr. MEDIWHEEL	Report Status: Interim

### HARMONS

Test Name	Result	Unit	Biological Ref.Interval	Method
<b>TFT(T3T4TSH)</b>				
T3	0.99	ng/dl	0.60-1.81	
T4	8.20	ng/dl	4.5-10.9	
TSH	2.35	uIU/ml	0.35-5.50	

### Interpretation:

**NOTE: In pregnancy total T3,T4 increase to 1.5 times the normal range.**

#### Reference Range (T3)

Premature Infants 26-30 Weeks ,3-4 days	0.24 - 1.32 ng/ml
Full-Term Infants 1-3 days	0.89 - 4.05 ng/ml
1 Week	0.91 - 3.00 ng/ml
1- 11 Months	0.85 - 2.50 ng/ml
Prepubertal Children	1.19 - 2.18 ng/ml

#### Reference Ranges ( T4):

Premature Infants 26-30 weeks ,3-4 days	2.60 - 14.0 ug/dl
Full -Term Infants 1-3 days	8.20 - 19.9 ug/dl
1 weeks	6.0 - 15.9 ug/dl
1-11 Months	6.1 - 14.9 ug/dl
Prepubertal children 12 months-2yrs	6.8 - 13.5 ug/dl
prepubertal children 3-9 yrs	5.5 - 12.8 ug/dl

#### Reference Ranges (TSH)

Premature Infants 26-32 weeks ,3-4 Days	0.8 - 6.9 uIU/ml
Full Term Infants 4 Days	1.36 - 16 uIU/ml
Newborns : TSH surges within the first 15-60 Minutes of life reaching peak levels between 25- 60 uIU/ml at about 30 minutes. Values then decline rapidly and after one week are within the adult normal range.	

1 - 11 Months	0.90 - 7.70 uIU/ml
Prepubertal children	0.60 - 5.50 uIU/ml

Primary malfunction of the thyroid gland may result in excessive(hyper) or low(hypo) release of T3 or T4. In addition, as TSH

Kindly correlate clinically  
Not valid for Medicolegal purpose

*M*  
LALIT KUMAR

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Rx

Name:	Mr. KADELA KAPIL	Registration No.:	5070
Age/Gender:	36 Y/Male	Registered:	05/Jul/2021 10:48AM
Patient ID:	012107050011	Analysed:	05/Jul/2021 04:33PM
BacodeNo:	10005276	Reported:	Interim
Referred By:	Dr. MEDIWHEEL	Report Status:	

### HAEMATOLOGY

Test Name	Result	Unit	Biological Ref.Interval	Method
<b>COMPLETE BLOOD COUNT (CBC)</b>				
TOTAL LEUCOCYTE COUNT	7000	/cu.mm	4000 - 11000	Light Scattering
RBC	5.32	/L	4.5-5.5	Electronic Impedance
HEMOGLOBIN	15.1	g/dL	13 - 17	Electronic Impedance
HCT/PCV	45.7	%	42- 50	Calculated
MCV	35.9	fl	80-100	Electrical Imprdance
MCH	28.4	pg	27-32	Calculated
MCHC	33.0	gm/dl	32-37	Calculated
PLATELET COUNT	2.86	Lac/cu.mm	1.50 - 5.50	Electronic Impedance
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHILS	46.4	%	40 - 75	Microscope
LYMPHOCYTES	32.7	%	20 - 40	Microscope
MONOCYTES	18.6	%	02 - 10	Microscope
EOSINOPHILS	2.3	%	1-6	Microscope
BASOPHILS	00	%	0-1	Microscope
ABSOLUTE NEUTROPHIL COUNT	3248	µl/dl	1500-8000	Microscopic/Electronic Impedance
ABSOLUTE LYMPHOCYTE COUNT	2289	µl/dl	800-5000	Microscopic/Electronic Impedance
ABSOLUTE EOSINOPHIL COUNT	161.0	µl/dl	50-250	Microscopic/Electronic Impedance
ABSOLUTE MONOCYTE COUNT	1302	µl/dl	100-700	Microscopic/Electronic Impedance
ABSOLUTE BASOPHILS COUNT	00	µl/dl	0-25	Microscopic/Electronic Impedance
R.D.W - SD	41.9		0-40	Calculated
R.D.W - CV	12.1	%	11.6-14.0	Calculated
PDW	11.70		9.3 - 16	
MPV	9.70		6.8 - 10.1	
P-LCR	21.70			
PCT	0.28		0.19 - 0.4	

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# ARIHANT DIAGNOSTICS



M.: 8112287996, 6377655417

Ph.: 0145-2600011

Email : arihantdiagnosticsajmer@gmail.com

website : www.arihantdiagnostics.com



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## HAEMATOLOGY

Test Name	Result	Unit	Biological Ref.Interval	Method
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm/hour	2 - 20	Westergren/wintrobe

### Interpretation

ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

An ESR test or Erythrocyte Sedimentation Rate (ESR) test is a type of blood test that measures the rate at which the erythrocytes (red blood cells) sediment (fall) and settle at the bottom of a standardized tube that contains a blood sample. When a sample of blood is placed in a standardized tube, the red blood cells normally settle out slowly, leaving little clear plasma on the top of the tube. ESR test results are reported as the millimeters of plasma that is present in the top portion of the tube after one hour. In case of inflammation, the increased levels of acute phase reactants like fibrinogen cause the red blood cells to stick to each other. The red cells form stacks called Rouleaux which settle faster, due to their increased density, resulting in a higher value of ESR test. Since the introduction of automated analyzers into the clinical laboratory, the ESR test has been automatically performed. ESR test is a non-specific measure of inflammation caused by one or more conditions such as infections, tumors or autoimmune diseases. The rate of erythrocyte sedimentation is affected by non-inflammatory conditions as well, e.g anemia, kidney failure. Since ESR levels can not specifically diagnose any disease, if the ESR results are abnormal, the health care provider will need more information and will order more lab tests before making a diagnosis. ESR test is also known as Sed rate.

LAB TECHNICIAN

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B.K. KAUL NAGAR, AJMER

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M.: 8112287996, 6377655417  
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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref.Interval	Method
<b>BUN/CREATININE RATIO</b>				
BUN CREATININE RATIO	14.4	Ratio	-	Calculated

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 डॉ. मंगल सिंह  
 M.D. (अनुसंधान)  
 अरिहंत डायग्नोस्टिक्स  
 बी.के. कौल नगर, अजमेर

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**BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref.Interval	Method
Glycated Hemoglobin (HbA1c)	5.2	%	4.5-6.5	HPLC - Cation Exchange
ABG (AVERAGE BLOOD GLICOSE)	102	mg/dl	90-120 Very Good Control < 121-150 Adequate Control 151-180 Suboptimal Control 181-210 Poor Control > 211 Very Poor Control	

**Interpretation:**

Recommended DCCT NGSP Guidelines for HbA1C Levels:

- Normal : 4.5% - 6.5%
- Target for diabetics : < 7 %
- Therapeutic action required : > 8 %

HbA1c is an indicator of glycemic control. It represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 days life span of the red blood cell. recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in month two to four.  
Mean Plasma Glucose mg/dL=(HbA1c x 35.6)-77.3).

Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "Perfect".It Predicts or estimates average glucose from HbA1c and gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels very much more than daytime glucose levels, Which are easier to predict and control.

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# ARIHANT DIAGNOSTICS



M.: 8112287996, 6377655417  
Ph.: 0145-2600011  
Email : arihantdiagnosticsajmer@gmail.com  
website : www.arihantdiagnostics.com

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref.Interval	Method
<b>LIPID PROFILE PANEL</b>				
<b>LIPID PROFILE</b>				
CHOLESTEROL	165.9	mg/dl	Metabolic Desirable: <200 Borderline High: 200-239 High: >=240	CHOD-PAP
TRIGLYCERIDES	99.5	mg/dl	25-200	GPO-PAP
HDL CHOLESTEROL	33.1	mg/dl	low: <40 mg/dl High : >=60 mg/dl	Dextranulphate-PEG
LDL CHOLESTEROL	53.0	mg/dl	<100 mg/dl : Optimal 100 - 129 mg/dl :Near/above optimal 130 - 159 mg/dl :Borderline high 160 - 189 mg/dl :high >= 190 mg/dl: very high	Homogenous Enzymatic Assay
VLDL CHOLESTEROL	19.9	mg/dl	2 - 30	Calculated
LDL / HDL RATIO	1.60	Ratio	1.5-3.5	Calculated
TC / HDL RATIO	5		3-5	

## Interpretation

### Note:

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- Low HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify

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LAB TECHNICIAN

Dr. Mediwheel  
M.D. (Pathology)  
Jawahar Institute of Medical Sciences  
Ajmer, Rajasthan



# ARIHANT DIAGNOSTICS



M.: 8112287996, 6377655417

Ph.: 0145-2600011

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref.Interval	Method
<b>LIVER FUNCTION TEST</b>				
BILIRUBIN-TOTAL	0.9	mg/dl	0.3-1.3	Diazo
BILIRUBIN-DIRECT	0.3	mg/dl	0.1 - 0.3	Jendrassik grof
BILIRUBIN-INDIRECT	0.6	mg/dl	0.2-0.9	Calculated
Serum AST/SGOT	24.7	U/L	10 - 40	
Serum ALT/SGPT	31.8	U/L	10 - 40	
ALKALINE PHOSPHATSE	60.5	u/l	40-129 U/L at 37°c	Kinetic IFCC Liquid Assay
PROTEIN, TOTAL	8.1	gm/dL	5.7-8.2	Biuret
ALBUMIN	3.9	g/dL	3.22 - 4.5	
GLOBULIN	4.2	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	0.93	Ratio	0.9-2.0	Calculated

### Interpretation

This test panel assesses the functional activity of the liver. It is used for screening for liver damage, specially if someone has a condition or is taking a drug that may affect the liver.

### Note :

Enhanced liver fibrosis (ELF) test is used to evaluate liver fibrosis in patients with suspected chronic liver disease due to Viral Hepatitis B & C, Alcoholic liver disease and Non alcoholic fatty liver disease.

Kindly correlate clinically  
Not valid for Medicolegal purpose

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डॉ. प्रमोद जैन  
M.D.(पैथोलॉजी)  
अरिहन्त डायग्नोस्टिक्स  
बी.के. कौल नगर, अजमेर



# ARIHANT DIAGNOSTICS



M.: 8112287996, 6377655417

Ph.: 0145-2600011

Email : arihantdiagnosticsajmer@gmail.com

website : www.arihantdiagnostics.com



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Patient ID: 012107050011  
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Referred By: Dr. MEDIWHEEL

Registration No.: 5070  
Registered: 05/Jul/2021 10:48AM  
Analysed: 05/Jul/2021 04:21PM  
Reported: Interim  
Report Status:

## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref.Interval	Method
URIC ACID	6.4	mg/dl	3.1 - 7.0	Uricase

### Interpretation

Uric Acid is the end product of protein metabolism. High levels are seen with Gout, inherited metabolic disorders of purine metabolism, excessive purine dietary intake and increased cell turnover. Only 10-15% patients with hyperuricemia have Gout.

## BLOOD SUGAR (F)

GLUCOSE, FASTING	95.60		70 - 115
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### Interpretation:

Glucose determinations are useful in the detection and management of Diabetes mellitus.

## BLOOD SUGAR(PP)

GLUCOSE (PP)	120.5	mg/dl	110 - 140	GOD/POD
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### Interpretation:

Glucose determinations are useful in the detection and management of Diabetes mellitus.

Kindly correlate clinically  
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Add: S.D.M Tower, Near Mamta sweets, B.K. Kaul Nagar, Ajmer

# ARIHANT DIAGNOSTICS



M.: 8112287996, 6377655417

Ph.: 0145-2600011

Email : arihantdiagnosticsajmer@gmail.com

website : www.arihantdiagnostics.com

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Age/Gender: 36 Y/Male	Registered: 05/Jul/2021 10:48AM
Patient ID: 012107050011	Analysed: 05/Jul/2021 04:23PM
BacodeNo: 10005276	Reported: Interim
Referred By: Dr. MEDIWHEEL	Report Status:

## CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref.Interval	Method
<b>URINE ROUTINE EXAMINATION</b>				
<b>PHYSICAL EXAMINATION</b>				
VOLUME	.20	ml	-	Measurement
COLOUR	Pale Yellow		Pale Yellow	Physical
APPEARANCE	Clear		Clear	Physical
DEPOSIT	Absent		Absent	Physical
<b>CHEMICAL EXAMINATION</b>				
LEUCOCYTES	Absent	Leu/ul	Absent	Multistix
NITRITE	Absent		Absent	Multistix
UROBILINOGEN	NORMAL	mg/24 hrs	0.5-4.0	Multistix
PROTEIN	NEGATIVE	mg/24 hrs	< 150	Multistix
REACTION	6.00		4.6-8.0	pH Paper
BLOOD	Absent		ABSENT/PRESENT	Multistix
SP. GRAVITY	1.005		1.000 - 1.030	Multistix
KETONES	Absent		Absent	Multistix
BILE SALT & PIGMENT	Absent		Absent	Multistix
URINE SUGAR	Absent		Absent	Multistix/Benedicts
<b>MICROSCOPIC EXAMINATION</b>				
PUS CELLS	2-3	/H.P.F	Absent	Microscopic
EPITHELIAL CELLS	1-2	/H.P.F	0-1	Microscopic
R.B.C.	Absent	/H.P.F	Absent	Microscopic
CASTS	Absent		Absent	Microscopic
YEAST CELLS	Absent		Absent	Microscopic
MICRO-ORGANISM	Absent		Absent	Microscopic
<b>CRYSTALS</b>				
CALCIUM OXLATE	Absent		Absent	
CALCIUM PHOSPHATASE	Absent		Absent	
TRIPLE PHOSPHATASE	Absent		Absent	
OTHERS	Absent		ABSENT	Microscopic

### Interpretation

Kindly correlate clinically  
Not valid for Medicolegal purpose

डॉ. संतोष शर्मा  
M.D. (Pathology)  
ARIHANT DIAGNOSTICS



# ARIHANT DIAGNOSTICS.

MOBILE -9414676663(EMAIL@.arihantdiagnosticsajmer@gmail.com)  
ADD.BK KAUL NAGAR PANCHOLI CHORAHA SDM TOWER AJMER.  
Web. [www.arihantdiagnostics.](http://www.arihantdiagnostics.)

<i>Name Of Patient</i>	<i>MR. KADELA KAPIL</i>	<i>DATE</i>	<i>05/07/2021</i>
<i>Age</i>	<i>36 YRS</i>	<i>Sex</i>	<i>MALE</i>
<i>Dr.Name.</i>	<i>MEDIWHEEL</i>	<i>Reg.No</i>	

## X-RAY REPORT

BOTH LUNGS FIELD ARE CLEAR.

BOTH CP ANGLES ARE CLEAR.

CARDIAC SHADOW WITHIN NORMAL LIMITS.

NORMAL SKAIGRAM

\*\*\*END THE REPORT\*\*\*


डॉ. वंशज रॉय  
M.D. (RADIOLOGY)  
अरिहन्त डायग्नोस्टिक्स  
बी.के. कौल नगर, जयपुर


# ARIHANT DIAGNOSTICS.

MOBILE -9414676663 (EMAIL: arihantdiagnostics@mer@gmail.com)  
ADD. BK KAUL NAGAR PANCHOLI CHORANA SDH TOWER AJMER.  
Web: [www.arihantdiagnostics.com](http://www.arihantdiagnostics.com)

Name Of Patient	MR. KADELA KAPIL	DATE	05/07/2021
Age	36 YRS	Sex	MALE
Dr.Name.	MEDIWHEEL	Reg.No	

Investigation	Result
BLOOD GROUP	"O" POSITIVE

  
LAB TEL ..

  
श्री. डी. ए. शर्मा  
14, Durgam  
अरिहंत डायग्नोस्टिक्स  
बी.के. कौल नगर पंचोली चोराणा





# ARIHANT DIAGNOSTICS.

MOBILE -9414676663(EMAIL@.arihantdiagnosticsajmer@gmail.com)  
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Name Of Patient	MR. KADELA KAPIL	DATE	05/07/2021
Age	36 YRS	Sex	MALE
Dr.Name.	MEDIWHEEL	Reg.No	

Investigation	Result
URINE SUGAR(PP)	NEGATIVE

  
LAB TECHNICIAN

  
DR. ...  
M.D. (Pathology)  
ARIHANT DIAGNOSTICS  
BK. Kaul Nagar, Ajmer

# ARIHANT DIAGNOSTICS.


MOBILE -9414676663(EMAIL@arhantdiagnosticsajmer@gmail.com)  
ADD.BK KAUL NAGAR PANCHOLI CHORAHA SDM TOWER AJMER.  
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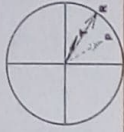
Investigation	Result
URINE SUGAR(FASTING)	NEGATIVE



LAB TECHNICIAN

  
डॉ. पंकज जैन  
M.D. (सीटीसी)  
अरिहन्त डायग्नोस्टिक्स  
बी.के. कौल नगर, अजमेर

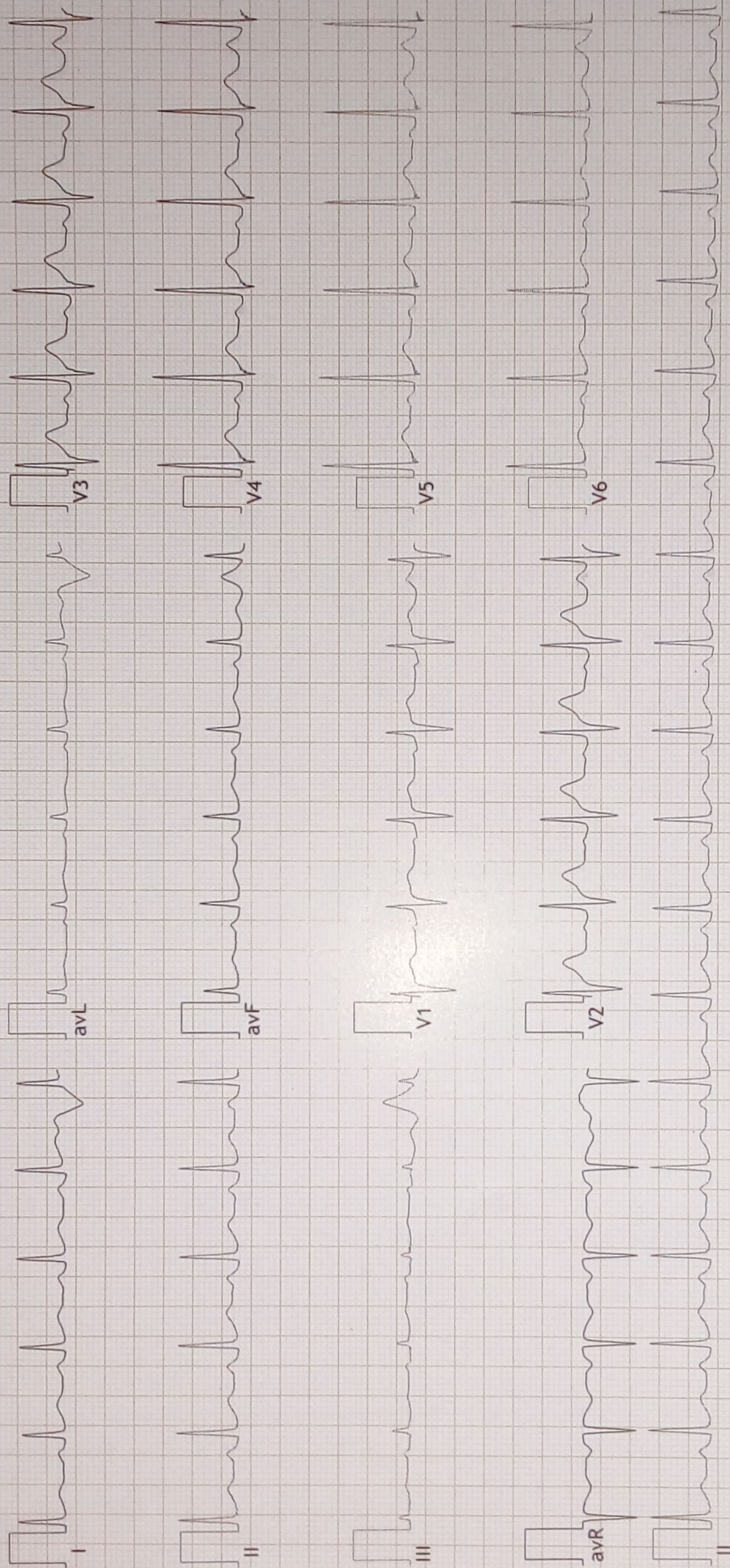




PR Interval: 102 ms  
 QRS Duration: 138 ms  
 QT/QTc: 351/459ms  
 P-QRS-T Axis: 58 - 32 - 24 (Deg)

HR: 102 bpm

183/Kadela Kapil 36Yrs/Male Kgs/31 Cms BP: \_\_\_/\_\_\_ mmHg  
 Ref.: Test Date: 05-Jul-2021(2:45:12 P) Notch: 50Hz 0.05Hz - 100Hz 10mm/mV 25mm/Sec



**FINDINGS:** Normal Sinus Rhythm with Abnormal QTc Interval  
 Vent Rate : 102 bpm PR Interval : 102 ms; QRS Duration: 138 ms; QT/QTc Int : 351/459 ms  
 P-QRS-T axis: 58• 32• 24• (Deg)  
 Comments :

डॉ. राज जैन  
 M.D. (Physiology)  
 अरिन्द क. एम. एडक  
 बी.के. कौल नगर, अजमेर





# Dr. Savita Diagnostic

COLOUR DOPPLER, SONOGRAPHY, COLOUR SONOGRAPHY, LEVEL II SCAN, 3D, 4D

SHOP NO. 5, J.L.N. SHOPPING CENTER, OPP. JLN HOSPITAL, AJMER 305001

Ref by :- DR.

Date :- JULY 05/ 2021

Patient's Name : MR.KAPIL

Age :- (Yrs) Sex : Male

**REAL TIME B MODE ULTRASOUND SCANNING OF ABDOMEN AND PELVIS IS PERFORMED.**

**LIVER:** Mid-clavicular length is **12.84** cm (Normal 13 cm). Normal in size, shape and **INCREASED ECHOGENICITY**. Echotexture is homogenous. No focal or diffuse pathology seen. No IHBD seen. The portal vein (Normal up to 13 mm), hepatic veins and IVC is normal.

**GALL BLADDER:** Normal in shape, size and echogenicity. Well distended with normal walls (Normal-2 mm, please correlate clinically -2 To 4 mm, thick-more than 4 mm). Calculi and masses not seen. CBD & Portal Vein are within normal limits.

**PANCREAS:** is normal size, shape and echotexture. Pancreatic Duct is not dilated. The head, body and tail is within normal limits. No calculus seen in pancreatic duct. No F/D lesion seen.

**SPLEEN:** Normal size at long axis **9.84** cms, shape and echotexture. No F/D lesion seen.

**KIDNEY:** Both kidneys are normal in size, shape and echotexture. No evidence of calculi / hydronephrosis bilaterally. Size: RIGHT: **10.39 X 4.12** cms LEFT: **10.44 X 4.24** cms


**URINARY BLADDER :** Well distended and is normal in shape, size and echotexture. Wall thickness is normal ( Normal-2 To 3 mm). No calculus/polyp/sludge/jet seen. The diameter of lower ureters are normal.

**PROSTATE :** Normal in size, shape and echo texture.

**OTHER FINDINGS:** No evidence of any free fluid in the peritoneal cavity. Para aortic and para iliac regions are normal. No lymphadenopathy. R.I.F.- Vermiform Appendix not seen.

**IMPRESSION: ULTRASOUND FINDINGS SUGGESTIVE OF FATTY LIVER [ FATTY GRADE 1].**

PLEASE CORRELATE CLINICALLY AND WITH OTHER INVESTIGATIONS. THANKS FOR REFERENCE.

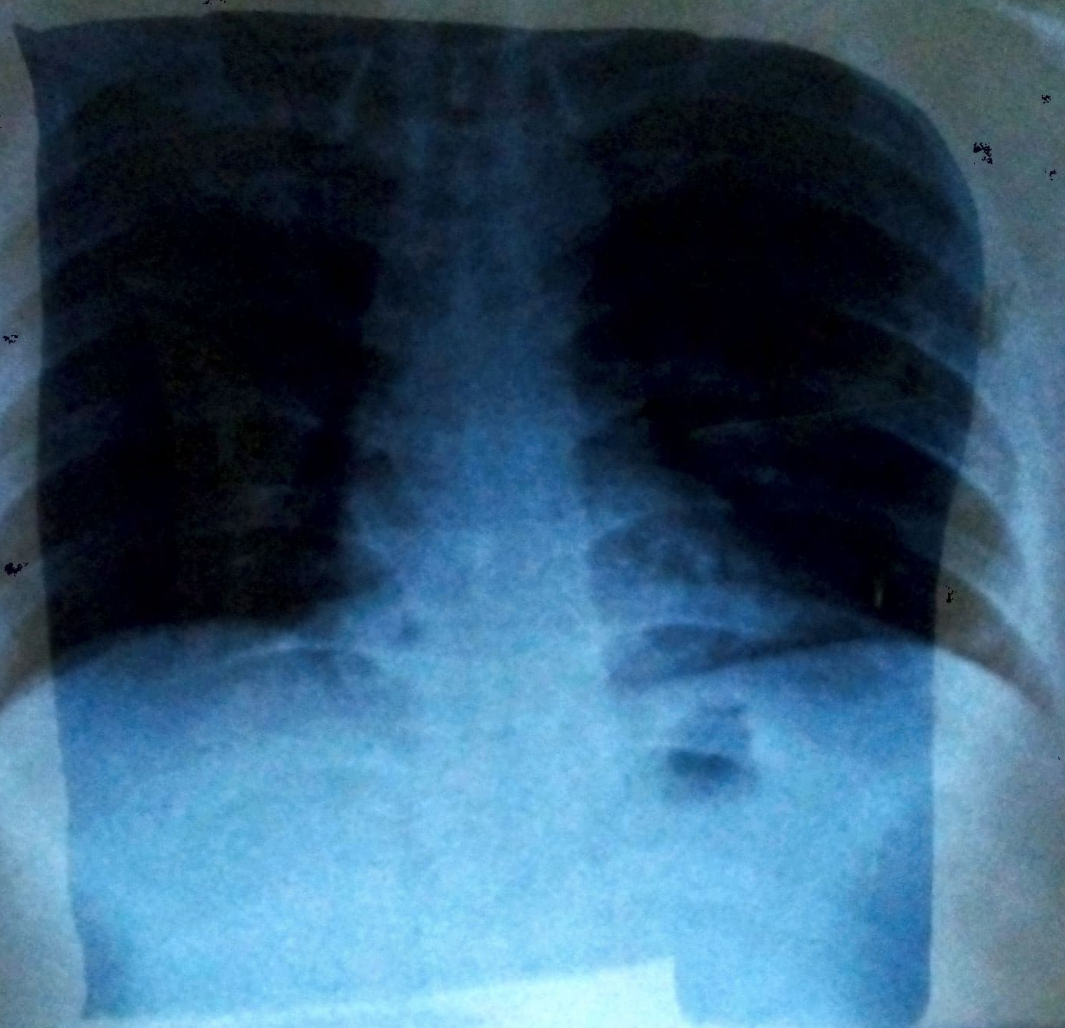
  
**DR. RAVINDRA REPSWAL**  
MD. RADIODIAGNOSIS  
RADIOLOGIST 26647/14889

Note:

1. This is a Professional opinion only and not the final Diagnosis
2. No. Ultrasonography is pathognomic, all findings are only suggestive, hence they should be reviewed with the relevant clinical history & relevant investigations before embarking upon the final Diagnosis and proceeding for management (Medical or Surgical)
3. Not all gross & major congenital anomalies of fetus are apparent, during scanning due to difficult & variable position attained by the fetus. Hence this report does not exclude all gross & major congenital fetal anomalies, Which could be visible, if scanned later or at any other time. Fetal cardiac anomalies are not included ask for fetal echocardiography whenever suspicion is there.
4. Whenever suspect congenital anomalies, ask for targeted scan along with serum alpha fetoprotein estimation.
5. In case of Disparity between clinical and sonographic please send patient again for review free of cost.
6. This report is not valid for medico legal purposes.
7. Any typing error or unintentional clerical reporting of removed organ needs immediate correction and if, not feasible, clinical correlation and self correction.
8. Even major abnormalities can be missed, due to overlying gaseous shadows patient's obesity or patient's condition. The same could be visualized, at some other time, if visualization window improves.
9. subject to Ajmer Jurisdiction only.

“ भ्रूण लिंग परीक्षण करवाना जघन्य अपराध है, तथा इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है”





MR KAPIL 050701 36YRS CHEST PA VIEW 7/5/2021  
DR. SAVITA DIAGNOSTICS AJMER





Date: 05.07.2021

To Arihant Diagnostics  
Ajmer..

Dear Sirs,

I Kapil Kadeja had applied for Annual Health  
checkup from Arihant Diagnostics. As in my Package  
of Health check some test like TMT / Echo includes.  
Therefore I recovered from Covid 19 positive from 10 June 21  
so somewhat I am not capable for this TMT Test.  
my Doctor Advise me for not to running so fast / not  
to use Treadmill for 3 months atleast.

Kindly Consider it.

Thanks & Regards,

Kapil Kadeja,

7568797280.

(Staff) Bamer of Bureada

Tower, Near Mamta Sweets, B.K. Kaul Nagar, Ajmer  
Kala Bagh, Ajmer Ph. 9024466389

डॉ. पंकज जैन  
M.D. (पैथोलोजी)  
अरिहन्त डायग्नोस्टिक  
बी.के. कौल नगर, अजमेर

arihantdiagnosticsajmer@gmail.com  
www.arihantdiagnostics.com



REGISTRATION

2%  
GA  
6663

Bank of Baroda

Handwritten notes on a piece of paper, including a pink notebook with decorative patterns.