Add: Kamla Nehru Road, Old Katra,Prayagraj Ph: 9235447965,0532-2548257 CIN : U85110DL2003PLC308206

Patient Name	: Mr.CHANDRA SHEKHAR - 68435	Registered On	: 06/Nov/2022 10:48:50
Age/Gender	: 44 Y 0 M 29 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000107579	Received	: N/A
Visit ID	: ALDP0232052223	Reported	: 06/Nov/2022 18:55:58
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF CARDIOLOGY-ECG MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

### ECG / EKG \*

	1. Machnism, Rhythm		Sinus, Regular	
	2. Atrial Rate		57	/mt
	3. Ventricular Rate		57	/mt
	4. P - Wave		Normal	
	5. P R Interval		Normal	
	6. Q R S Axis : R/S Ratio : Configuration :		Normal Normal Normal	
	7. Q T c Interval		Normal	
	8. S - T Segment		Normal	
FINAL IMPRE	9. T – Wave <u>SSION</u> ECC Within Normal I	imita Sinu	Normal	a comoloto

ECG Within Normal Limits: Sinus Bradycardia.Please correlate clinically.





Add: Kamla Nehru Road, Old Katra,Prayagraj Ph: 9235447965,0532-2548257 CIN : U85110DL2003PLC308206

Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Mr.CHANDRA SHEKHAR : 44 Y 0 M 29 D /M : ALDP.0000107579 : ALDP0232052223 : Dr.Mediwheel - Arcofem		Registered O Collected Received Reported Status	n : 06/Nov/2022 1 : 06/Nov/2022 1 : 06/Nov/2022 1 : 06/Nov/2022 1 : Final Report	1:08:53 1:15:17
Test Name	IVIEDIVVH	IEEL BANK OF BA Result	Unit	Bio. Ref. Interval	Method
Blood Group (A	BO & Rh typing) * , Blood				
Blood Group		В			
Rh ( Anti-D)		POSITIVE			
Complete Blood	d Count (CBC) * , Whole Blo	ood			
Haemoglobin		14.70	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) <u>DLC</u>		5,800.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Ne	utrophils )	58.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes		38.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes		3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils		1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR		0.00	%	<1	ELECTRONIC IMPEDANCE
Observed		10.00	Mm for 1st hr.		
Corrected			Mm for 1st hr.	< 9	
PCV (HCT)		38.00	%	40-54	
Platelet count					
Platelet Count		1.65	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPI
PDW (Platelet Di	stribution width)	16.20	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet La	-	43.70	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Her	+	0.21	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Plate RBC Count	-	12.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count		4.75	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE

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Patient Name	: Mr.CHANDRA SHEKHAR - 68435	Registered On	: 06/Nov/2022 10:48:48
Age/Gender	: 44 Y O M 29 D /M	Collected	: 06/Nov/2022 11:08:53
UHID/MR NO	: ALDP.0000107579	Received	: 06/Nov/2022 11:15:17
Visit ID	: ALDP0232052223	Reported	: 06/Nov/2022 13:16:44
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

# DEPARTMENT OF HAEMATOLOGY

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	81.00	fl	80-100	CALCULATED PARAMETER
MCH	31.00	pg	28-35	CALCULATED PARAMETER
MCHC	38.20	%	30-38	CALCULATED PARAMETER
RDW-CV	12.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,364.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	58.00	/cu mm	40-440	





Dr. Akanksha Singh (MD Pathology)

Add: Kamla Nehru Road, Old Katra,Prayagraj Ph: 9235447965,0532-2548257 CIN : U85110DL2003PLC308206

Patient Name	: Mr.CHANDRA SHEKHAR - 68435	Registered On	: 06/Nov/2022 10:48:49
Age/Gender	: 44 Y O M 29 D /M	Collected	: 06/Nov/2022 14:24:07
UHID/MR NO	: ALDP.0000107579	Received	: 06/Nov/2022 15:06:07
Visit ID	: ALDP0232052223	Reported	: 06/Nov/2022 17:59:48
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING * , Plasma				
Glucose Fasting	87.30	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

### Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.b) 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.c) I.G.T = Impared Glucose Tolerance.

<b>Glucose PP *</b> Sample:Plasma After Meal	99.30	mg/dl	<140 Normal 140-199 Pre-diabetes	GOD POD
			>200 Diabetes	

### Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.

b) 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.

c) I.G.T = Impared Glucose Tolerance.



Dr. Akanksha Singh (MD Pathology)

Add: Kamla Nehru Road, Old Katra,Prayagraj Ph: 9235447965,0532-2548257 CIN : U85110DL2003PLC308206

Patient Name	: Mr.CHANDRA SHEKHAR - 68435	Registered On	: 06/Nov/2022 10:48:49
Age/Gender	: 44 Y O M 29 D /M	Collected	: 06/Nov/2022 11:08:53
UHID/MR NO	: ALDP.0000107579	Received	: 07/Nov/2022 11:16:01
Visit ID	: ALDP0232052223	Reported	: 07/Nov/2022 12:15:52
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

### DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit I	Bio. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** , EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	34.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	105	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 mnagement.

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)	<b>Degree of Glucose Control Unit</b>
> 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 1diabetics. 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.

#### **<u>Clinical Implications:</u>**

\*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

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Patient Name	: Mr.CHANDRA SHEKHAR - 68435	Registered On	: 06/Nov/2022 10:48:49
Age/Gender	: 44 Y 0 M 29 D /M	Collected	: 06/Nov/2022 11:08:53
UHID/MR NO	: ALDP.0000107579	Received	: 07/Nov/2022 11:16:01
Visit ID	: ALDP0232052223	Reported	: 07/Nov/2022 12:15:52
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

### DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method
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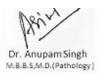
c. Alcohol toxicity d. Lead toxicity

\*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.





Add: Kamla Nehru Road, Old Katra,Prayagraj Ph: 9235447965,0532-2548257 CIN : U85110DL2003PLC308206

Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Mr.CHANDRA SHEKHAR - : 44 Y 0 M 29 D /M : ALDP.0000107579 : ALDP0232052223 : Dr.Mediwheel - Arcofemi		Registered On Collected Received Reported Status	: 06/Nov/2022 10 : 06/Nov/2022 11 : 06/Nov/2022 11 : 06/Nov/2022 13 : Final Report	:08:53 :15:17
			OF BIOCHEMIST		
Test Name	MEDIWHE	EL BANK OF BA	RODA MALE AI Unit	BOVE 40 YRS Bio. Ref. Interval	Method
restiname		Result	Unit	DIO. REI. IIITEI VAI	Method
BUN (Blood Urea N Sample:Serum	litrogen) *	8.50	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine *</b> Sample:Serum		1.00	mg/dl	0.7-1.3	MODIFIED JAFFES
<b>Uric Acid *</b> Sample:Serum		4.14	mg/dl	3.4-7.0	URICASE
LFT (WITH GAM	MA GT) * , Serum				
SGOT / Aspartate SGPT / Alanine Ai Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phospha Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect	Aminotransferase (AST) minotransferase (ALT) tase (Total) ) MINI ) * , <i>Serum</i>	25.80 18.60 14.40 6.20 4.60 <b>1.60</b> <b>2.87</b> 72.00 1.10 <b>0.50</b> 0.60	U/L U/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl mg/dl	< 35 < 40 11-50 6.2-8.0 3.8-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 < 0.30 < 0.8	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF
Cholesterol (Tota	1)	176.00	mg/dl	<200 Desirable 200-239 Borderline I > 240 High	CHOD-PAP High
HDL Cholesterol ( LDL Cholesterol (I	Good Cholesterol) Bad Cholesterol)	49.40 115	mg/dl mg/dl	30-70 < 100 Optimal 100-129 Nr. Optimal/Above Opti 130-159 Borderline I 160-189 High > 190 Very High	High
		12.04 60.20	mg/dl mg/dl	10-33 < 150 Normal 150-199 Borderline 200-499 High >500 Very High	Dr. Akanksha Singh (MD Pathology)

Add: Kamla Nehru Road, Old Katra,Prayagraj Ph: 9235447965,0532-2548257 CIN : U85110DL2003PLC308206

Patient Name	: Mr.CHANDRA SHEKHAR - 68435	Registered On	: 06/Nov/2022 10:48:49
Age/Gender	: 44 Y 0 M 29 D /M	Collected	: 06/Nov/2022 14:27:54
UHID/MR NO	: ALDP.0000107579	Received	: 06/Nov/2022 15:06:07
Visit ID	: ALDP0232052223	Reported	: 06/Nov/2022 17:09:09
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

### DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
RINE EXAMINATION, ROUTINE	* , Urine			
Color	LIGHT YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic ( 6.5 )			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			
Microscopic Examination:				
Epithelial cells	0-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			

Urine Microscopy is done on centrifuged urine sediment.

### SUGAR, FASTING STAGE \* , Urine

Sugar, Fast	ting stage	ABSENT	gms%
Interpreta	tion:		
(+) <	0.5		
(++) 0	.5-1.0		
(+++) 1-	2		

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Age/Gender	: 44 Y O M 29 D /M	Collected	: 06/Nov/2022 14:27:54
UHID/MR NO	: ALDP.0000107579	Received	: 06/Nov/2022 15:06:07
Visit ID	: ALDP0232052223	Reported	: 06/Nov/2022 17:09:09
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
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(++++) > 2

### SUGAR, PP STAGE \* , Urine

Sugar, PP Stage

ABSENT

### Interpretation:

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



Dr. Akanksha Singh (MD Pathology)

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Age/Gender	: 44 Y O M 29 D /M	Collected	: 06/Nov/2022 11:08:53
UHID/MR NO	: ALDP.0000107579	Received	: 07/Nov/2022 10:21:06
Visit ID	: ALDP0232052223	Reported	: 07/Nov/2022 11:17:53
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

### DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
PSA (Prostate Specific Antigen), Total **	0.660	na/mL	< 2.0	CLIA	
Sample:Serum	0.000	IIg/IIIL	< 2.0	CLIA	

#### **Interpretation:**

- 1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
- 2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone<sup>-</sup>
- 3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
- 4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
- 5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

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

T3, Total (tri-iodothyronine)	121.62	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.30	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.39	µIU/mL	0.27 - 5.5	CLIA

### Interpretation:

0.3-4.5	µIU/mL	First Trimest	er
0.5-4.6	µIU/mL	Second Trim	ester
0.8-5.2	µIU/mL	Third Trimes	ter
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.

Add: Kamla Nehru Road, Old Katra,Prayagraj Ph: 9235447965,0532-2548257 CIN : U85110DL2003PLC308206

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Age/Gender	: 44 Y O M 29 D /M	Collected	: 06/Nov/2022 11:08:53
UHID/MR NO	: ALDP.0000107579	Received	: 07/Nov/2022 10:21:06
Visit ID	: ALDP0232052223	Reported	: 07/Nov/2022 11:17:53
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

### DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

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.

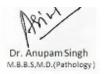
5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

**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.





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Patient Name	: Mr.CHANDRA SHEKHAR - 68435	Registered On	: 06/Nov/2022 10:48:50
Age/Gender	: 44 Y O M 29 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000107579	Received	: N/A
Visit ID	: ALDP0232052223	Reported	: 06/Nov/2022 11:53:43
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

### **DEPARTMENT OF X-RAY**

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

### X-RAY DIGITAL CHEST PA \*

### <u>X-RAY REPORT</u> (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) <u>CHEST P-A VIEW</u>

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.



Nidhikant.

Dr Nidhikant (MBBS, DMRD, DNB)

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Patient Name	: Mr.CHANDRA SHEKHAR - 68435	Registered On	: 06/Nov/2022 10:48:50
Age/Gender	: 44 Y 0 M 29 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000107579	Received	: N/A
Visit ID	: ALDP0232052223	Reported	: 06/Nov/2022 11:20:59
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

### DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

**LIVER**: - Normal in size, shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

**GALL BLADDER** :- Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.

**CBD** :- Normal in calibre at porta.

PORTAL VEIN: - Normal in calibre and colour uptake at porta.

**PANCREAS:** - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

SPLEEN: - Normal in size, shape and echogenicity.

**RIGHT KIDNEY**: - Normal in size, shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**LEFT KIDNEY**: - Normal in size, shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**URINARY BLADDER :-** Normal in shape, outline and distension. No e/o wall thickening / calculus.

**PROSTATE :-** Normal in size, shape and echo pattern.

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

### **IMPRESSION :** No significant abnormality seen.

### **Please correlate clinically**

