



## Patient Details

UHID : AFD000014865  
Patient Name : MR. DEVENDER KUMAR  
Age / Gender : 35 Yrs 5 Mth / MALE / 27-03-1987  
Company : Acrofemi Healthcare Ltd  
Address : C- 202 EMERALD HEIGHTS, SECTOR-88, FARIDABAD, HARYANA, INDIA, Zip No.-121002

Bill Date : 10-09-2022 09:50:15  
Bill No. : AFDHC220000505  
Receipt No. : AFDPRT220023810

## Service Details

S. No.	Investigation	Rooms	Remarks
1	MEDIWHEEL PKG FOR MALE BELOW 40YRS		
2	CBC-1( COMPLETE BLOOD COUNT )		
3	ESR		
4	URINE, ROUTINE EXAMINATION		
5	STOOL ROUTINE EXAMINATION		<i>Refused</i>
6	BLOOD GROUP (ABO & RH)		
7	GLUCOSE PLASMA (FASTING)		
8	GLUCOSE PLASMA (PP) POST PRANDIAL		10:50
9	GLYCATED HAEMOGLOBIN (HBA1C)		
10	THYROID PROFILE (FT3+FT4+TSH)		
11	LIPID PROFILE		
12	KFT/RFT-KIDNEY/RENAL PANEL 1		
13	LIVER FUNCTION TESTS (LFT)		
14	ECG		
15	2D ECHO DR. MITHLESH KUMAR / DR. SUBHASH KUMAR DEV		
16	XRAY-CHEST P.A.		
17	USG-FOR WHOLE ABDOMEN		
18	OPD Consultation-Internal Medicine DR. MUKUND SINGH		
19	OPD Consultation-Ophthal DR. UPASANA / DR. SATISH JERIA		

Prepared By : MR. NIKHIL SHARMA

**FINAL REPORT**

Bill No. : AFDHC220000505	Bill Date : 10-09-2022 09:50
Patient Name : MR. DEVENDER KUMAR	UHID : AFD000014865
Age / Gender : 35 Yrs 5 Mth / MALE	Patient Type : OPD If PHC :
Ref. Consultant : SELF	Ward / Bed : /
Sample ID : AFD22016104	Current Ward / Bed : /
	Receiving Date & Time : 10-09-2022 10:16
	Reporting Date & Time : 10-09-2022 11:55

**HAEMATOLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: EDTA Whole Blood

**MEDIWHEEL PKG FOR MALE BELOW 40YRS**

**CBC -1 (COMPLETE BLOOD COUNT)**

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		5.1	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	L	3.6	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		13.2	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	37.9	%	40 - 50
MEAN CORPUSCULAR VOLUME	H	104.3	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	H	36.4	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	H	34.9	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		153	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	61.1	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	14.6	%	11.6 - 14

**DIFFERENTIAL LEUCOCYTE COUNT**

NEUTROPHILS		48	%	40 - 80
LYMPHOCYTES		38	%	20 - 40
MONOCYTES		6	%	2 - 10
EOSINOPHILS	H	8	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	33	mm 1st hr	0 - 10

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low



**DR. RICHA KAUSHIK MISHRA**  
MBBS, DNB  
CONSULTANT



**FINAL REPORT**

Bill No.	: AFDHC220000505	Bill Date	: 10-09-2022 09:50
Patient Name	: MR. DEVENDER KUMAR	UHID	: AFD000014865
Age / Gender	: 35 Yrs 5 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22016138	Current Ward / Bed	: /
		Receiving Date & Time	: 10-09-2022 11:49
		Reporting Date & Time	: 10-09-2022 13:19

**CLINICAL PATH REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: Urine

**MEDIWHEEL PKG FOR MALE BELOW 40YRS**

**URINE, ROUTINE EXAMINATION**

**PHYSICAL EXAMINATION**

QUANTITY		40 mL		
COLOUR		Pale yellow		Pale Yellow
TURBIDITY		Slight turbid		

**CHEMICAL EXAMINATION**

PH		5.0		5.0 - 8.5
PROTEINS		Negative		Negative
SUGAR		Negative		Negative
SPECIFIC GRAVITY, URINE		1.015		1.005 - 1.030

**MICROSCOPIC EXAMINATION**

LEUCOCYTES		3-4	/HPF	0 - 5
RBC's		1-2		
EPITHELIAL CELLS		0-1		
CASTS		Nil		
CRYSTALS		Nil		

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low

*RV Mishra*

**DR. RICHA KAUSHIK MISHRA**  
MBBS, DNB  
CONSULTANT

Tel: 0129-4333000, 9311500455, L 1111111111

**FINAL REPORT**

Bill No.	: AFDHC220000505	Bill Date	: 10-09-2022 09:50
Patient Name	: MR. DEVENDER KUMAR	UHID	: AFD000014865
Age / Gender	: 35 Yrs 5 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22016105	Current Ward / Bed	: /
		Receiving Date & Time	: 10-09-2022 10:16
		Reporting Date & Time	: 10-09-2022 13:55

**BLOOD BANK REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: EDTA Whole Blood

**MEDIWHEEL PKG FOR MALE BELOW 40YRS**

**BLOOD GROUP (ABO & RH)**

ABO GROUP	"A"
RH TYPE	POSITIVE

Forward grouping done by slide method.

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low



**DR. RICHA KAUSHIK MISHRA**  
MBBS, DNB  
CONSULTANT





**FINAL REPORT**

No.	: AFDHC220000505	Bill Date	: 10-09-2022 09:50
Patient Name	: MR. DEVENDER KUMAR	UHID	: AFD000014865
Age / Gender	: 35 Yrs 5 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC :</span>
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22016170	Current Ward / Bed	: /
		Receiving Date & Time	: 10-09-2022 13:58
		Reporting Date & Time	: 10-09-2022 15:43

Sample Type: Plasma, Serum

**MEDIWHEEL PKG FOR MALE BELOW 40YRS**

GLUCOSE-PLASMA (FASTING) (UV Hexokinase)	88.2	mg/dL	70 - 100
--	------	-------	----------

Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.  
(As per American Diabetes Association recommendation)

GLUCOSE-PLASMA (POST PRANDIAL) (UV Hexokinase)	96.8	mg/dL	70 - 140
--	------	-------	----------

Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.  
(As per American Diabetes Association recommendation)

**KFT/RFT- KIDNEY/RENAL PANEL 1**

BLOOD UREA (Urease-GLDH Kinetic)	27	mg/dL	15 - 45
CREATININE-SERUM (Modified Jaffe s Kinetic)	<b>L</b> 0.8	mg/dL	0.9 - 1.3
SODIUM-SERUM (Indirect Ion-Selective Electrode)	140	m.mol/L	135 - 145
POTASSIUM-SERUM (Indirect Ion-Selective Electrode)	3.8	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM (Indirect Ion-Selective Electrode)	103	m.mol/L	98 - 107

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low

*DR. Richa Kaushik Mishra*  
**DR. RICHA KAUSHIK MISHRA**  
MBBS, DNB  
CONSULTANT



H-2011-0058  
24th June 2020 - 23rd June 2023  
since 24th June 2011

**FINAL REPORT**

Bill No.	: AFBCB220002939	Bill Date	: 10-09-2022 12:17
Patient Name	: MR. DEVENDER KUMAR	UHID	: AFD000014865
Age / Gender	: 35 Yrs 5 Mth / MALE	Patient Type	: /
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFB22292453	Current Ward / Bed	: /
		Receiving Date & Time	: 10-09-2022 13:02
		Reporting Date & Time	: 10-09-2022 14:07

**HAEMATOLOGY REPORTING**

Test (Methodology)	Sample Type: EDTA Whole Blood	Flag	Result	UOM	Biological Reference Interval
*GLYCATED HAEMOGLOBIN (HBA1C)					
HBA1C (HPLC)					

INTERPRETATION:

HbA1c %	5.2	%	4.27 - 6.07
>8%	Degree of Glucose Control		
7.1 - 8.0	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy		
<7.0	Fair Control		
	Good Control		

Note:

1. A three monthly monitoring is recommended in diabetics.
2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low



**DR. UMA R**  
MD, PATHOLOGY  
Sr. Consultant & Head of the Deptt.



**FINAL REPORT**

Ref. No.	: AFBCB220002939	Bill Date	: 10-09-2022 12:17
Patient Name	: MR. DEVENDER KUMAR	UHID	: AFD000014865
Age / Gender	: 35 Yrs 5 Mth / MALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFB22292454	Current Ward / Bed	: /
		Receiving Date & Time	: 10-09-2022 13:02
		Reporting Date & Time	: 10-09-2022 16:20

**SEROLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: Serum

**\*THYROID PROFILE (FT3+FT4+TSH)**

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.20	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.15	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		3.86	mIU/L	0.27-4.20

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low

*Shilpa*

**DR. SHILPA G**  
MD, PATHOLOGY  
Sr Consultant



**FINAL REPORT**

Reg. No.	: AFDHC220000505	Bill Date	: 10-09-2022 09:50
Patient Name	: MR. DEVENDER KUMAR	UHID	: AFD000014865
Age / Gender	: 35 Yrs 5 Mth / MALE	Patient Type	: OPD
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22016170	Current Ward / Bed	: /
		Receiving Date & Time	: 10-09-2022 13:58
		Reporting Date & Time	: 10-09-2022 15:43

**BIOCHEMISTRY REPORTING**

Test (Methodology)

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
Sample Type: Plasma, Serum				
<b>MEDIWHEEL PKG FOR MALE BELOW 40YRS</b>				

CHOLESTROL-TOTAL (CHO-POD)		135	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Inhibition		51	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection		83	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - POD)		106	mg/dL	0 - 160
NON-HDL CHOLESTROL		84.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		2.6		1/2 Average Risk <3.3 Average Risk 3.3-4.4 2 Times Average Risk 4.5-7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		1.6		1/2 Average Risk <1.0 Average Risk 1.0-3.6 2 Times Average Risk 3.7-6.3 3 Times Average Risk 6.4-8.0
CHOLESTROL-VLDL		21	mg/dL	10 - 35

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
  - Cigarette smoking.
  - Hypertension.
  - Family history of premature coronary heart disease.
  - Pre-existing coronary heart disease.

**LIVER FUNCTION TESTS (LFT)**

BILIRUBIN-TOTAL (DPD)	H	1.60	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)	H	0.31	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	H	1.29	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		7.0	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.2	g/dL	
S.GLOBULIN		2.8	g/dL	2.8-3.8
A/G RATIO		1.50		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		58.6	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (IFCC)		24.3	IU/L	10 - 42
ALANINE AMINO TRANSFERASE (IFCC)		21.3	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTID (IFCC)		15.4	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC; L-P)		147.7	IU/L	0 - 248

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low



BAD'S  
PITAL

Asian fidelis  
SPECIALITY HOSPITAL

3

# LABORATORY REPORT



## FINAL REPORT

Sample ID	: AFDHC220000505	Bill Date	: 10-09-2022 09:50
Patient Name	: MR. DEVENDER KUMAR	UHID	: AFD000014865
Gender	: 35 Yrs 5 Mth / MALE	Patient Type	: OPD
Consultant	: SELF	Ward / Bed	: /
		Current Ward / Bed	: /
		Receiving Date & Time	: 10-09-2022 13:58
		Reporting Date & Time	: 10-09-2022 15:43
			If PHC : /

*Richa Kaushik*

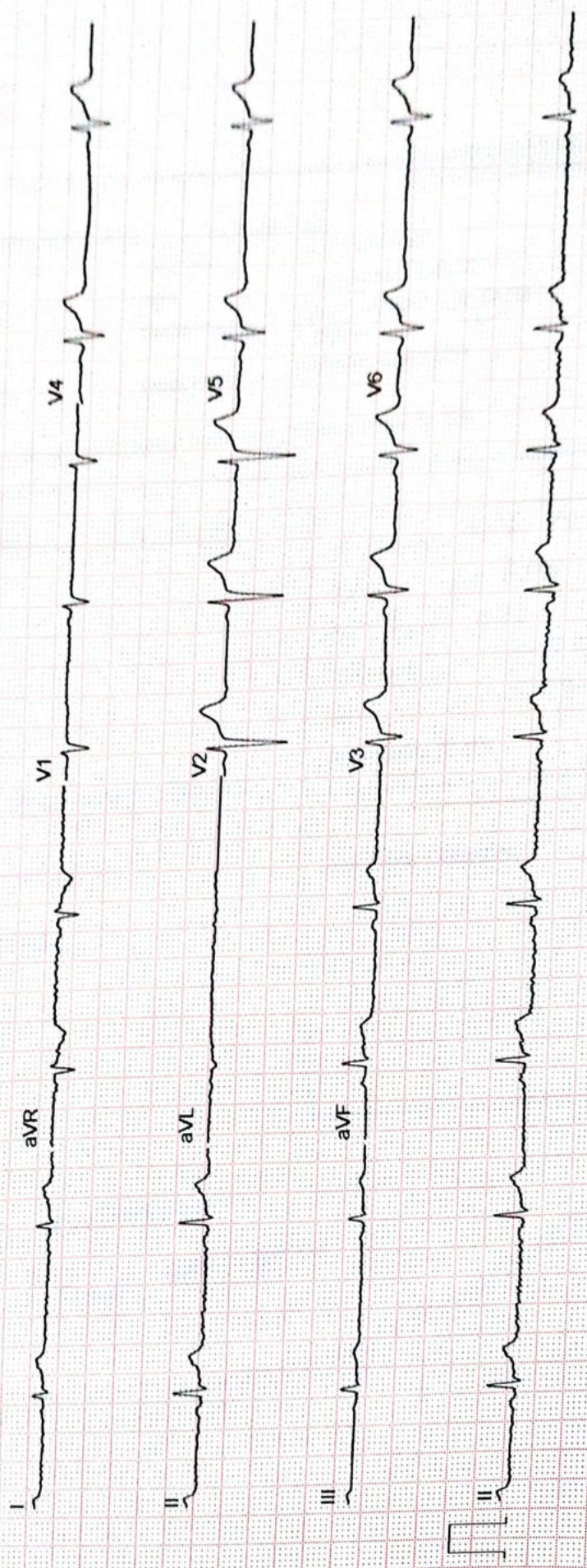
DR. RICHA KAUSHIK MISHRA  
MISS, DNS  
CONSULTANT



QRS :  
QT / QTcBaz : 370 / 357 ms  
PR : 122 ms  
P : 82 ms  
RR / PP : 1062 / 1071 ms  
P / QRS / T : 63 / 74 / 58 degrees

Sinus bradycardia with marked sinus arrhythmia  
Otherwise normal ECG

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:



GE MAC2000 1.1 12SL™ Y241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz

Unconfirmed  
4x2.5x3\_25\_R1





### NON INVASIVE CARDIOLOGY

Patient Name	: MR. DEVENDER KUMAR	IPD No.	:
Age	: 35 Yrs 5 Mth	UHID	: AFD000014865
Gender	: MALE	Bill No.	: AFBCB220002944
Ref. Doctor	: DR. KUMAR HRISHIKESHAsian FBD	Bill Date	: 10-09-2022 12:57:25
Ward	:	Room No.	:
		Procedure Date	: 10-09-2022 13:18:50

### ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

MEASUREMENTS	ABSOLUTE VALUE		NORMAL VALUE
Aortic Root Diameter	3.0		2.0-3.7cm < 2.2cm/M2
Aortic Valve Opening	N		1.5-2.6cm
Left Atrial Dimension	2.8		1.9-4.0cm < 2.2cm/M2
RV Dimensions	N		0.7-2.6cm
RV thickness	N		0.3-0.9cm
LV ED Dimension	4.2		3.7-5.6 cm < 3.2cm /M2
LV ES Dimension	2.9		2.2-4.0 cm
IVS thickness	ED - 0.9	ES - 1.7	0.6-1.2cm
LVPW Thickness	ED - 1.0	ES - 1.4	0.5-1.1cm
IVS/ LVPW Ratio	N		
Mitral Valve	DE - N	EF - N	

INDICES OF LV FUNCTION		
EPSS		<9mm
FS%		24-42%
LV Ejection Fraction	60%	60+/-6%

## NON INVASIVE CARDIOLOGY

Patient Name	: MR. DEVENDER KUMAR	IPD No.	:
Age	: 35 Yrs 5 Mth	UHID	: AFD000014865
Gender	: MALE	Bill No.	: AFBCB220002944
Ref. Doctor	: DR. KUMAR HRISHIKESHAsian FBD	Bill Date	: 10-09-2022 12:57:25
Ward	:	Room No.	:
		Procedure Date	: 10-09-2022 13:18:50

### IMAGING:

2D- imaging in PLAX.SAX and apical views revealed normal left ventricle. Movement of septum, posterior and lateral walls are normal. Global LVEF is 60%. Mitral valve opening is normal. No evidence of mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted. Tricuspid valve leaflets move normally, Pulmonary valve is normal. Interatrial and Interventricular septal are intact, No intracardiac mass or thrombus is seen. No pericardial pathology is observed.

### MORPHOLOGICAL DATA

Mitral Valve : AML PML	Normal	Interatrial Septum	Intact
Aortic Valve	Normal	Interventricular Septum	Intact
Tricuspid Valve	Normal	Pulmonary Artery	Normal
Pulmonary Valve	Normal	Aorta	Normal
Right Ventricle	Normal	Right Atrium	Normal
Left Ventricle	Normal	Left Atrium	Normal

### DOPPLER STUDY

	Cm/s	Cm/s	
MITRAL VELOCITY	E-82	A-57	MR 2/4
TRICUSPID VELOCITY	cm/s		TR 2/4
AORTIC VELOCITY	100 cm/s		AR 0/4
PULMONARY VELOCITY	57 cm/s		PR 0/4
PA Pressure	33mmHg		

M/Hg

M



## NON INVASIVE CARDIOLOGY


Patient Name	: MR. DEVENDER KUMAR	IPD No.	:
Age	: 35 Yrs 5 Mth	UHID	: AFD000014865
Gender	: MALE	Bill No.	: AFBCB220002944
Ref. Doctor	: DR. KUMAR HRISHIKESH Asian FBD	Bill Date	: 10-09-2022 12:57:25
Ward	:	Room No.	:
		Procedure Date	: 10-09-2022 13:18:50

**COLOUR FLOW MAPPING**  
Mild MR, Mild TR.

### FINAL IMPRESSION

1. No RWMA, LVEF-60%.
2. Normal RV systolic function.
3. Normal cardiac chamber dimension.
4. Mild MR, Mild TR (PASP=33mmHg).
5. Normal mitral inflow pattern.
6. No clot/mass/vegetation/PE.

DR. SUBRAT AKHOURY  
MD.DM (Cardiology). FSCAI (USA)  
Director & Sr. Consultant  
Interventional Cardiologist

  
DR. KUMAR HRISHIKESH  
MBBS, PGDCC  
Fellowship in Non Invasive Cardiology  
Consultant Cardiology

DR. PRATEEK CHAUDHARY  
MBBS, MD, DM (Cardio)  
Consultant Cardiology  
Interventional Cardiologist

For The perusal of a medical professional only  
The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.  
It is not the diagnosis & must be correlated clinically.

NOT FOR MEDICOLEGAL PURPOSES  
.....End of Report.....

Prepare By.  
KUMAR.HRISHIK  
ES



**OPD Assessment Form (First visit/Follow-up)**

Name	: MR. DEVENDER KUMAR	UHID No.	: AFD000014865
FATHER	: MAHINDER SINGH	Date	: 10-09-2022 09:46:35
Age / Gender	: 35 Yrs 5 Mth / MALE	Doctor / Unit	: DR. UPASANA / DR. SATISH JERIA / ✓
CPG	: CORPORATE CASHAIMS2122_FD	Department	: OPHTHALMOLOGY
Inst. Name	: Acrofemi Healthcare Ltd		
Address	: C- 202 EMERALD HEIGHTS, SECTOR-88, FARIDABAD, HARYANA, INDIA, Zip No.-121002		

Present Complaints: *C/O Routine checkup*

BP (mm Hg)	<i>90/60 mm/Hg</i>
Pulse	<i>66 b/m</i>
RR (SpO <sub>2</sub> )	<i>98%</i>
Ht/Length	<i>169.5 cm</i>
Wt-	<i>65.6 kg</i>
Pain Score (1-10)	

Past / Family History: *H/p Lasik surgery done  
7-8 Years Ago  
No H/p Dm/HTN*

Any known Allergies

History Given By:  
Clinical Findings:

*Vu*  $\left\{ \begin{array}{l} G/B UB \\ G/B UB \end{array} \right.$

*R/E K-Lcas  
Flap - well apposed*

Provisional Diagnosis:

*R-T-U.*

**DR. UPASANA / DR. SATISH JERIA, M.D./MS, CONSULTANT-OPHTHALMOLOGY, Reg. No: DMC-71812**

**Note :**  
Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.  
**WHEN TO OBTAIN URGENT CARE :** In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom



## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MR. DEVENDER KUMAR	IPD No.	:	
Age	: 35 Yrs 5 Mth	UHID	:	AFD000014865
Gender	: MALE	Bill No.	:	AFDHC220000505
Ref. Doctor	: SELF	Bill Date	:	10-09-2022 09:50:15
Ward	:	Room No.	:	
		Print Date	:	10-09-2022 12:40:06

CHEST PA VIEW :

Multiple tiny fibrotic bands and calcification are seen involving left upper & right hilar region (? Old healed infective sequelae).

Cardiac shadow appears normal.

Both domes of diaphragm and both CP angles are clear.

Soft tissues and bony cage appear normal.

Please correlate clinically.

.....End of Report.....



DR. BHANOO CHAUDHARY, MBBS, MD  
CONSULTANT

Prepare By.  
BHANOO

**Note :** The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MR. DEVENDER KUMAR	IPD No.	:
Age	: 35 Yrs 5 Mth	UHID	: AFD000014865
Gender	: MALE	Bill No.	: AFDHC220000505
Ref. Doctor	: SELF	Bill Date	: 10-09-2022 09:50:15
Ward	:	Room No.	:
		Print Date	: 10-09-2022 10:10:24

### USG WHOLE ABDOMEN

#### FINDINGS:

- Liver is normal in size (longitudinal span 11.7 cm), contour and echotexture. No evidence of any focal lesion is seen. No dilated intrahepatic biliary radicles are seen. Common duct and portal vein are normal in course and caliber.
- The gall bladder is well distended with normal wall thickness. No intraluminal calculi focal lesion seen. No pericholecystic pathology seen.
- *Visualized Pancreas is normal in size and parenchymal echogenicity. Rest of the pancreas and retroperitoneal structures are obscured by overlying bowel gas shadows.*
- Spleen is normal in size and echo pattern with no focal lesion.
- Both the kidneys are normal in size, shape and position. **Tiny concretions are seen at all the poles of right kidney. A calculus of size 3.2 mm is seen in the upper pole of left kidney.** No evidence of any hydronephrosis is noted on either side. Normal corticomedullary differentiation is maintained bilaterally. The cortical thickness is within normal limits. The right kidney measures 10.0 x 3.6 cm. The left kidney measures 9.6 x 4.4 cm.
- The Urinary Bladder is partially distended.
- Prostate is normal in size, shape and echotexture.
- No ascites/retroperitoneal lymphadenopathy/pleural effusion.


#### IMPRESSION:

- **Bilateral renal calculi.**

*Please correlate clinically.*

.....End of Report.....

Prepare By.  
BHANOO

  
DR. BHANOO CHAUDHARY, MBBS, MD  
CONSULTANT

**Note :** The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.