

| | | | | | |
|------------|--------------------------------------|---------------|---------------|-----------------|----------|
| Name | MR. GOPAL ROA M | Reg. No. | :202112180002 | IPD/OPD Status | :OPD |
| Age/Sex | :38 Y/ | Accession No. | :20211218003 | Category | :PRIVATE |
| consultant | :Dr. PARTH STHAPAK/ CARDIOLOGY | IPD/Bill No | :,21B-004212 | Location/Bed.No | ., |

Sample Collected at: :18/12/2021 11:20:27 AM

Accept Time at:18/12/2021 11:20:27 AM

Report Gen at: 19/12/2021 11:52:49 AM



PATHOLOGY



Accession No

Registration No

SAMPLE TYPE : EDTA BLOOD

PATHOLOGY ANALYSIS REPORT

| Investigations | Status | Result | Unit | Biological Reference Interval |
|-----------------------------|--------|--------|---------------|-------------------------------|
| COMPLETE BLOOD COUNT | | | | |
| HAEMOGLOBIN | | 17.0 | g/dl | 13.00-18.00 |
| PCV | | 51.2 | % | 35-55 |
| RBC | | 5.86 | million/cumm | 4.0 - 6.20 |
| MCV | | 87.4 | fl | 80 - 100 |
| MCH | | 28.9 | pg | 26 - 34 |
| MCHC | | 33.1 | % | 31.5 - 34.5 |
| RDW | | 12.0 | % | 10 - 20 |
| PLATELET COUNT | | 2.08 | lacs/cumm | 1.5 - 4.5 |
| TOTAL LEUCOCYTES COUNT | | 6600 | thousand/cumm | 4000 - 11000 |
| DLC | | | | |
| Neutrophils | | 54 | % | 50 - 75 |
| Lymphocytes | | 38 | % | 20 - 45 |
| Monocytes | | 06 | % | 2 - 10 |
| Eosinophils | | 02 | % | 1 - 6 |
| Basophils | | 00 | % | 0 - 1 |

Checked By:

AKASH DILAWAR



Dr.DHANANJAY PRASAD

Address : Beside Kingsway Hotel, Near Airtel Office, Ring Road No. 1, Telibandha, Raipur (C.G.)

Contact Us : 9109152271, 0771-4982222, Email : anantsai99@gmail.com

| | | | | | |
|------------|--------------------------------------|---------------|---------------|-----------------|----------|
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| Age/Sex | :38 Y/ | Accession No. | :20211218003 | Category | :PRIVATE |
| consultant | :Dr. PARTH STHAPAK/ CARDIOLOGY | IPD/Bill No | :.21B-004212 | Location/Bed.No | : |

Sample Collected at: :18/12/2021 11:20:27 AM

Accept Time at:18/12/2021 11:20:27 AM

Report Gen at: 19/12/2021 11:51:53 AM



Accession No

HAEMATOLOGY



Registration No

SAMPLE TYPE : BLOOD

HAEMATOLOGY REPORT

| Investigations | Status | Result | Unit | Biological Reference Interval |
|----------------|--------|----------|------|-------------------------------|
| Blood Group | | A | | |
| Rh Typing | | POSITIVE | | |

*** End of Report ***

Checked By:

AKASH DILAWAR



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|------------|--------------------------------------|---------------|---------------|-----------------|----------|
| Name | MR. GOPAL ROA M | Reg. No. | :202112180002 | IPD/OPD Status | :OPD |
| Age/Sex | :38 Y/ | Accession No. | :20211218003 | Catagory | :PRIVATE |
| consultant | :Dr. PARTH STHAPAK/ CARDIOLOGY | IPD/Bill No | :.21B-004212 | Location/Bed.No | ; |

Sample Collected at: :18/12/2021 11:20:27 AM

Accept Time at:18/12/2021 11:20:27 AM

Report Gen at: 19/12/2021 11:51:39 AM



Accession No

HAEMATOLOGY



Registration No

SAMPLE TYPE : EDTA BLOOD

HAEMATOLOGY REPORT

| Investigations | Status | Result | Unit | Biological Reference Interval |
|----------------|--------|--------|------|-------------------------------|
| ESR | | 15 | mm/h | 0-20 |

*** End of Report ***

Checked By:

AKASH DILAWAR



Dr.DHANANJAY PRASAD

MBBS (DIPLOMA IN GERIATRY)

Address : Beside Kingsway Hotel, Near Airtel Office, Ring Road No. 1, Telibandha, Raipur (C.G.)

Contact Us : 9109152271, 0771-4982222, Email : anantsai99@gmail.com

| | | | | | |
|------------|--------------------------------------|---------------|---------------|-----------------|----------|
| Name | :MR. GOPAL ROA M | Reg. No. | :202112180002 | IPD/OPD Status | :OPD |
| Age/Sex | :38 Y/Male | Accession No. | :20211218003 | Category | :PRIVATE |
| consultant | :Dr. PARTH STHAPAK/ CARDIOLOGY | IPD/BIII No | ;;21B-004212 | Location/Bed.No | ; |

Sample Coll. at: 18/12/2021 11:20:27 AM

ACCEPT TIME AT:18/12/2021 11:20:27 AM

ReportGen at:19/12/2021 11:53:10 AM



PATHOLOGY



Accession No

Registration No

Glycosylated Hb (Hba1c)

| <u>TEST</u> | <u>Result</u> | <u>Units</u> | <u>Ref.Range</u> |
|-----------------|---------------|--------------|--|
| Glycosylated Hb | 6.00 | % | 4-5.9 (non diabetics) 6-7 (controlled diabetics) >7 (uncontrolled diabetics) |

Method: Dual system of nephelometry and turbidimetric.

INTRPRETATION:

| Glycosylated Hb(%) | Mean Plasma Glucose (mg/dl) |
|--------------------|-----------------------------|
| 1) 6 | 135 |
| 2) 7 | 170 |
| 3) 8 | 205 |
| 4) 9 | 240 |
| 5) 10 | 275 |
| 6) 11 | 310 |

Checked By:



Dr.DHANANJAY PRASAD

MBBS, MD, (P.C.D) (Diag)

Address : Beside Kingsway Hotel, Near Airtel Office, Ring Road No. 1, Telibandha, Raipur (C.G.)

Contact Us : 9109152271, 0771-4982222, Email : anantsai99@gmail.com

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| | | | | | |
|------------|-------------------------------------|---------------|--------------|------------------|---------|
| Name | MR. GOPAL BDA M | Reg. No. | 202112180002 | INSDPS Status | IPPS |
| Age/Sex | 38 Y/ | Accession No. | 202112180003 | Category | PRIVATE |
| Consultant | Dr. PARTH STHAPAK/ CARDIOLOGY | IPD/BIH No. | 218-000212 | Location/Bed No. | |

Sample Collected at: 18/12/2021 11:20:27 AM

Accept Time at 18/12/2021 11:20:27 AM

Report Gen at: 18/12/2021 11:20:27 AM



BIOCHEMISTRY



Registration No.

Accession No.

SAMPLE TYPE : SERUM

BIOCHEMISTRY ANALYSIS REPORT

| Investigations | Status | Result | Unit | Biological Reference Interval |
|---------------------|--------|--------|-------|-------------------------------|
| BLOOD SUGAR FASTING | | 104.2 | mg/dl | 60-110 |
| BLOOD SUGAR PP | | 128.8 | mg/dl | 70-160 |
| SERUM CREATININE | | 1.32 | mg/dl | 0.60-1.40 |
| URIC ACID | | 6.8 | mg/dl | 3.5-7.5 |
| BLOOD UREA | | 42.1 | mg/dl | 17-43 |

*** End of Report ***

Checked By:

AKASH DILAWAR

Address : Beside Kingsway Hotel, Near Airtel Office, Ring Road No. 1, Telibandha, Rajpur (C.G.)

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| Name | MR. GOPAL ROA M | Reg. No. | :202112180002 | IPD/OPD Status | :OPD |
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| consultant | :Dr. PARTH STHAPAK/ CARDIOLOGY | IPD/Bill No | :,21B-004212 | Location/Bed.No | ; |

Sample Collected at: 18/12/2021 11:20:27 AM

Accept Time at: 18/12/2021 11:20:27 AM

Report Gen at: 19/12/2021 11:51:11 AM



BIOCHEMISTRY



Accession No

Registration No

SAMPLE TYPE : SERUM

LIVER FUNCTION TEST

| Investigations | Status | Result | Unit | Biological Reference Interval |
|----------------------|--------|--------|-------|-------------------------------|
| Bilirubin Total | | 0.59 | mg/dl | 0.00 - 2.0 |
| Bilirubin Direct | | 0.21 | mg/dl | 0.00-0.40 |
| Bilirubin Indirect | | 0.38 | mg/dl | 0.0 - 1.0 |
| SGOT (AST) | | 30.5 | U/L | 15-40 |
| SGPT (ALT) | | 30.7 | U/L | 10-40 |
| ALKALINE PHOSPHATASE | | 96 | U/L | 30-120 |
| TOTAL PROTEIN | | 7.0 | g/dl | 6.6-8.3 |
| ALBUMIN | | 4.0 | g/dl | 3.5 - 5.2 |
| GLOBULIN | | 3.00 | g/dl | 1.9 - 3.5 |
| A-G Ratio | | 1.33 | | 1.0 - 2.2 |

*** End of Report ***



Checked By:

AKASH DILAWAR

Dr. DHANANJAY PRASAD

Address : Beside Kingsway Hotel, Near Airtel Office, Ring Road No. 1, Telibandha, Raipur (C.G.)

Contact Us : 9109152271, 0771-4982222, Email : anantsai99@gmail.com

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| | | | | | |
|------------|--------------------------------------|---------------|---------------|-----------------|----------|
| Name | MR. GOPAL ROA M | Reg. No. | :202112180002 | IPD/OPD Status | :OPD |
| Age/Sex | :38 Y/ | Accession No. | :20211218003 | Category | :PRIVATE |
| consultant | :Dr. PARTH STHAPAK/ CARDIOLOGY | IPD/Bill No | :.21B-004212 | Location/Bed.No | : |

Sample Collected at: 18/12/2021 11:20:27 AM

Accept Time at:18/12/2021 11:20:27 AM

Report Gen at: 19/12/2021 11:54:14 AM



CLINICAL BIOCHEMISTRY



Registration No

Accession No

SAMPLE TYPE : SERUM

CLINICAL BIOCHEMISRTY

| Investigations | Status | Result | Unit | Biological Reference Interval |
|--------------------|--------|--------|-------|-------------------------------|
| TOTAL CHOLESTROL | HH | 230 | mg/dl | <200 |
| TRIGLYCERIDES | HH | 330.1 | mg/dl | 30-150 |
| HDL CHOLESTROL | | 52.4 | mg/dl | 30-60 |
| LDL CHOLESTROL | | 111.58 | mg/dl | 50-140 |
| VLDL CHOLESTROL | H | 66.02 | mg/dl | <35 |
| TC/HDLC RATIO | | 4.39 | | Up To 5 |
| LDLC/HDLC Ratio | L | 2.13 | | 2.5 - 3.5 |
| NON HDL CHOLESTROL | H | 177.60 | mg/dl | 0-120 |

*** End of Report ***

Lipid Profile should performed on 12 hr fasting state.
When the Triglyceride values are more than 400 mg/dl, the assumptions to calculate
LDLC & VLDLC are invalid.

Checked By:

AKASH DILAWAR

Dr. DHANANJAY PRASAD

MBBS, MD (C.C.)

Address : Beside Kingsway Hotel, Near Airtel Office, Ring Road No. 1, Telibandha, Raipur (C.C.)

Contact Us : 9109152271, 0771-4982222, Email : anantsai99@gmail.com

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| | | | | | |
|------------|--------------------------------------|---------------|---------------|-----------------|----------|
| Name | :MR. GOPAL ROA M | Reg. No. | :202112180002 | IPD/OPD Status | :OPD |
| Age/Sex | :38 Y/Male | Accession No. | :20211218003 | Category | :PRIVATE |
| consultant | :Dr. PARTH STHAPAK/ CARDIOLOGY | IPD/Bill No | :,21B-004212 | Location/Bed.No | : |

Sample Coll. at: 18/12/2021 11:20:27 AM

ACCEPT TIME AT: 18/12/2021 11:20:27 AM

ReportGen at: 19/12/2021 11:53:22 AM



CLINICAL PATHOLOGY



Registration No

URINE ROUTINE EXAMINATION REPORT

| INVESTIGATION | RESULT | UNIT | NORMAL RANGE |
|--------------------------------|-----------|------|--------------|
| PHYSICAL EXAMINATION | | | |
| QUANTITY | 15 ML | | <30 ML |
| APPEARANCE | CLEAR | | CLEAR |
| COLOR | P. YELLOW | | P. YELLOW |
| CHEMICAL EXAMINATION | | | |
| REACTION(Ph) | 6.0 | | 5.5 - 7.5 |
| SPECIFIC GRAVITY | 1.015 | | 1.012-1.025 |
| PROTEIN | NIL | | ABSENT |
| SUGAR | ABSENT | | ABSENT |
| KETON BODY | ABSENT | | ABSENT |
| NITRATE | NEGATIVE | | NEGATIVE |
| BLOOD | NEGATIVE | | NEGATIVE |
| MICROSCOPIC EXAMINATION | | | |
| PUS CELLS | 2-3 | /HPF | 4-5 |
| RBC | NIL | /HPF | NIL |
| EPITHELIAL CELL | 2-3 | /HPF | 3-4 |
| CASTS | NIL | /HPF | NIL |
| CRYSTALS | NIL | /HPF | NIL |

Checked By:

Dr. DHANANJAY PRASAD

Address : Beside Kingsway Hotel, Near Airtel Office, Ring Road No. 1, Telibandha, Raipur (C.G.)

Contact Us : 9109152271, 0771-4982222, Email : anantsai99@gmail.com

2nd Floor, Piyank Tower, Near Hotel Vansh, Raja Talab Road, Raipur, 492001, Chhattisgarh

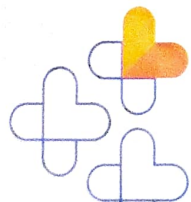
| | | |
|--|---|--|
| <p>Mr. M .GOPAL RAO</p> <p>Report Status : Final</p> <p>AGE : 38 Years SEX : MALE</p> <p>REF. BY : DR STHAPAK</p> | <p>REFERENCE</p> <p>SAMPLE COLLECTED AT:</p> <p>Shri Anant Sai Hospital Raipur</p> <p>Beside Kingsway hotel Near Airtel Office Ring Road No 1 Telibandha Raipur - CG</p> | <p>LAB ID:112104567</p> <p>RECEIVED ON : 18-Dec-2021 04:05 PM</p> <p>COLLECTED ON :</p> <p>REPORTED ON : 18-Dec-2021 06:46 PM</p> |
|--|---|--|

| TEST NAME | RESULT | UNIT | BIOLOGICAL REF. RANGE |
|--|--------|-------|--|
| Immunology PSA (ECLIA) | 0.54 | ng/mL | <40 years <1.4 40-50 years <2.0 51-60 years <3.1 61-70 years <4.1 >70 years <4.4 |

PSA is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in 2 forms, complexed to alpha-1-anti-chymotrypsin and free PSA. Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations. Decrease in total PSA level is seen 24 to 48 hours after ejaculation. Decrease in total PSA level occurs after prostatectomy and orchidectomy. Successful radiation therapy and therapy with anti- androgen drugs result in decline in PSA levels, over a period of time. PSA is also useful for determining possible recurrence after therapy when used in conjunction with other diagnostic indices. PSA levels routinely fall to a very low level, which may not be seen in patients undergoing radiation therapy. Monitoring PSA levels appears to be useful in detecting residual disease and early recurrence of tumor. 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. PSA levels should not be interpreted as absolute evidence of the presence or the absence of malignant disease. Before treatment, patients with confirmed prostate carcinoma frequently have levels of PSA within the range observed in healthy individuals. Elevated levels of PSA can be observed in the patients with non-malignant diseases. Measurement of PSA should always be used in conjunction with other diagnostic procedures, including information from the patient's clinical evaluation. Specimens for total PSA assay should be obtained before biopsy, prostatectomy or prostatic massage, since manipulation of the prostate gland may lead to elevated PSA levels persisting up to 2-3 weeks.

Dr. D. Prasad
 Dr. D. Prasad
 MD. Path
 Pathologist

————— End Of Report —————



Mr. M .GOPAL RAO

REFERENCE

LAB ID:112104567

Report Status : Final

SAMPLE COLLECTED AT:

RECEIVED ON :

AGE : 38 Years SEX : MALE

Shri Anant Sai Hospital Raipur

18-Dec-2021 04:05 PM

REF. BY : DR STHAPAK

Beside Kingsway hotel Near Airtel Office
Ring Road No 1 Telibandha Raipur - CG

COLLECTED ON :

REPORTED ON :

18-Dec-2021 05:58 PM

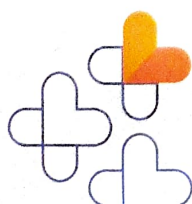
| TEST NAME | RESULT | UNIT | BIOLOGICAL REF. RANGE |
|--|--------|--------|-----------------------|
| Thyroid Function Test | | | |
| T3 (Triiodothyronine) (ECLIA) | 0.63 | ng/mL | 0.8 - 2.02 |
| T4 (Thyroxine) (ECLIA) | 7.34 | µg/dL | 5.1 - 14.06 |
| TSH (ECLIA) | 2.41 | µIU/ml | 0.27 - 4.2 |

Interpretation(s)

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T2) and triiodothyronine (T3), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRM) in response to low levels of circulating thyroid hormones. Elevated Levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the Hypothalamic-pituitary- thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/ or T3

Limitations:

T3 and T4 circulates in reversibly bound form with Thyroid binding globulins (TBG), and to a lesser Extent albumin and thyroid binding Pre Albumin, So Conditions in which TBG and protein levels alter Such as pregnancy, excess estrogens, androgens, steroids may falsely affect the T3 and T4 levels. Normal levels of T4 can also be seen in Hyperthyroid patients with: T3 Thyrotoxicosis, hypogroteinemia Or ingestion of certain drugs. Serum T4 levels in neonates and infants are higher than values in the normal adult, due to the increased concentration of TBG in neonate serum. TSH may be normal in central hypothyroidism recent rapid correction of hyperthyroidism or hypothyroidism pregnancy. Phenytoin therapy, Autoimmune disorders may produce spurious results. Various drugs can interfere With the test result, TSH has a diurnal rhythm so values may vary if sample collection is done at different times of the day.



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Client is advised to contact plus care in case of any unexpected or alarming results for possible corrective measures. Page 1 of 3

Mr. M.GOPAL RAO

Report Status : Final

AGE : 38 Years SEX : MALE

REF. BY : DR STHAPAK

REFERENCE

SAMPLE COLLECTED AT:

Shri Anant Sai Hospital Raipur

Beside Kingsway hotel Near Airtel Office
Ring Road No 1 Telibandha Raipur - CG

LAB ID:112104567

RECEIVED ON :
18-Dec-2021 04:05 PM

COLLECTED ON :

REPORTED ON :
18-Dec-2021 05:58 PM

| Parameter name | Unit | AGE Group | Expected valueswomen | Expected valuesMen |
|-----------------------------|--------|---------------------|----------------------|--------------------|
| T3 | ng/mL | 20 - 69 | 0.83 - 2.00 | 0.83 - 2.00 |
| | | First Trimester | 1.05 - 2.3 | |
| | | Second Trimester | 1.29 - 2.62 | |
| | | Third Trimester | 1.35 - 2.62 | |
| | | 0-6 days | 0.73 - 2.88 | 0.73 - 2.88 |
| | | >6 days - < 3months | 0.8 - 2.75 | 0.8 - 2.75 |
| | | >3 - <12 months | 0.86 - 2.65 | 0.86 - 2.65 |
| | | >1 - <6 yrs. | 0.92 - 2.48 | 0.92 - 2.48 |
| | | >6 - <11 yrs. | 0.93 - 2.31 | 0.93 - 2.31 |
| | | >11 - <20 yrs. | 0.91 - 2.18 | 0.91 - 2.18 |
| T4 | ug/dL | 20 - 69 | 5.13 - 14.1 | 5.13 - 14.1 |
| | | First Trimester | 7.33 - 14.8 | |
| | | Second Trimester | 7.93 - 16.1 | |
| | | Third Trimester | 6.95 - 15.7 | |
| | | 0-6 days | 5.04 - 18.5 | 5.04 - 18.5 |
| | | >6 days - < 3months | 5.41 - 17.0 | 5.41 - 17.0 |
| | | >3 - <12 months | 5.67 - 16 | 5.67 - 16 |
| | | >1 - <6 yrs. | 5.95 - 14.7 | 5.95 - 14.7 |
| | | >6 - <11 yrs. | 5.99 - 13.8 | 5.99 - 13.8 |
| | | >11 - <20 yrs. | 5.91 - 13.2 | 5.91 - 13.2 |
| Thyroid Stimulating Hormone | μIU/ml | 20 - 69 | 0.27-4.2 | 0.27-4.2 |
| | | First Trimester | 0.33 - 4.59 | |
| | | Second Trimester | 0.35 - 4.1 | |
| | | Third Trimester | 0.21 - 3.15 | |
| | | 0-6 days | 0.7 - 15.2 | 0.7 - 15.2 |
| | | >6 days - < 3months | 0.72 - 11.0 | 0.72 - 11.0 |
| | | >3 - <12 months | 0.73 - 8.35 | 0.73 - 8.35 |
| | | >1 - <6 yrs. | 0.7 - 5.97 | 0.7 - 5.97 |
| | | >6 - <11 yrs. | 0.6 - 4.84 | 0.6 - 4.84 |
| | | >11 - <20 yrs. | 0.51 - 4.3 | 0.51 - 4.3 |



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| | | | |
|----------|----------------|------------|-------------------|
| REG. No. | 202112180002 | IPD No. | |
| Acc. No. | 20211218003 | Date | 18-12-2021 |
| Name | MR. GOPAL ROAM | Ref. By | Dr. SELF |
| Age/ Sex | 38 Y/Male | Consultant | Dr. PARTH STHAPAK |

ULTRA SOUND SCAN - ABDOMEN AND PELVIS

Clinical information: Health checkup, for evaluation.

Clinical indication: To rule out intra-abdominal pathology.

Liver: Normal in size, shape and *Mild diffuse fatty infiltration of parenchyma*. IHBR/ CBD - not dilated. Hepatic and portal veins branching appear normal. No focal / diffuse lesions. Main portal vein - Normal.

Gall bladder: Normal in distension, caliber and outline. No echogenic focus seen in the body.

Pancreas: Appears normal in size and shape with normal parenchymal echotexture. Pancreatic duct is not dilated.

Spleen: Normal in size (7.5 cm) with normal shape and position with normal echotexture.

Aorta & Para Aortic region: Normal.

Right Kidney: Normal in size, shape and parenchymal echotexture. It measures 9.9 cms in length and 1.7 cms parenchymal thickness. Corticomedullary differentiation is normal. No pelvicalyceal system dilatation. No calculi.

Left Kidney: Normal in size, shape and parenchymal echotexture. It measures 10.7 cms in length and 1.7 cms parenchymal thickness. Corticomedullary differentiation is normal. No pelvicalyceal system dilatation. No calculi.


Urinary bladder: No free fluid noted in the abdomen / pleural space. Normal in distension, caliber and outline. No evidence of calculi or mass lesion.

Prostate: Normal in size shape (volume ~15 gm) and echotexture.

Visualized bowel loops appear normal. No definite evidence of wall thickening or mass lesions.

OPINION

1. Mild diffuse fatty infiltration of liver parenchyma. No focal lesion.
2. No other significant abnormality detected in the abdomen and pelvis.


DR. VIJENDRA M RUPRELA
MBBS, DMRD, DNB (RADIODIAGNOSIS)
MNAMS (NAMS) CGMC/1413/ 2008
CONSULTING RADIOLOGIST & SONOLOGIST
GOLD MEDALIST

Disclaimer: Impression is a professional opinion and not a diagnosis. The science of radiological diagnosis is based on the interpretation of various shades and is neither complete nor accurate. All modern machine/procedures have their limitations. Further pathological and radiological investigations with clinical correlations are required to enable the clinician to reach the final diagnosis. In case of any clinical/radiological discrepancy, please contact. Hard copy is attached for review. Not for medico-legal purposes. Patient identity cannot be verified.

Address : Beside Kingsway Hotel, Near Airtel Office, Ring Road No. 1, Tellbandha, Raipur (C.G.)

Contact Us : 9109152271, 0771-4982222, Email : anantsai99@gmail.com



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| | | | |
|----------|-----------------|------------|-------------------|
| REG. No. | 202112180002 | IPD No. | |
| Acc. No | 20211218003 | Date | 18-12-2021 |
| Name | MR. GOPAL RAO M | Ref. By | Dr. SELF |
| Age/ Sex | 38 Y/Male | Consultant | Dr. PARTH STHAPAK |

X-RAY CHEST (PA VIEW)

Clinical information: Health checkup, for evaluation.
Clinical indication: To rule out cardiopulmonary pathology.
Limitation: No.
Comparison: No.

FINDINGS:

- Bilateral lung parenchyma is clear.
- Both apices free.
- Trachea in mid line.
- C T ratio within normal limits.
- Both hila are normal.
- Both costo & cardiophrenic angles are clear.
- Bony cage normal.
- Soft tissue appears normal.

OPINION -

- No acute cardiopulmonary pathology detected.

DR. VIJENDRA M RUPRELA
MBBS, DMRD, DNB (RADIOLOGICALS)
MNAMS (NAMS) CGMC /1413/2008
CONSULTING RADIOLOGIST & SONOLOGIST
(GOLD MEDALIST)

Disclaimer: Impression is a professional opinion and not a diagnosis. The science of radiological diagnosis is based on the interpretation of various shadows and is neither complete nor accurate. All modern machines/procedures have their limitations. Further pathological and radiological investigations with clinical correlations are required to enable the clinician to reach the final diagnosis. In case of any clinical/other discrepancy, please contact. Hard copy is attached for review. Not for medico-legal purposes. Patient identity cannot be verified.

Address : Beside Kingsway Hotel, Near Airtel Office, Ring Road No. 1, Telibandha, Raipur (C.G.)
Contact Us : 9109152271, 0771-4982222, Email : anantsai99@gmail.com