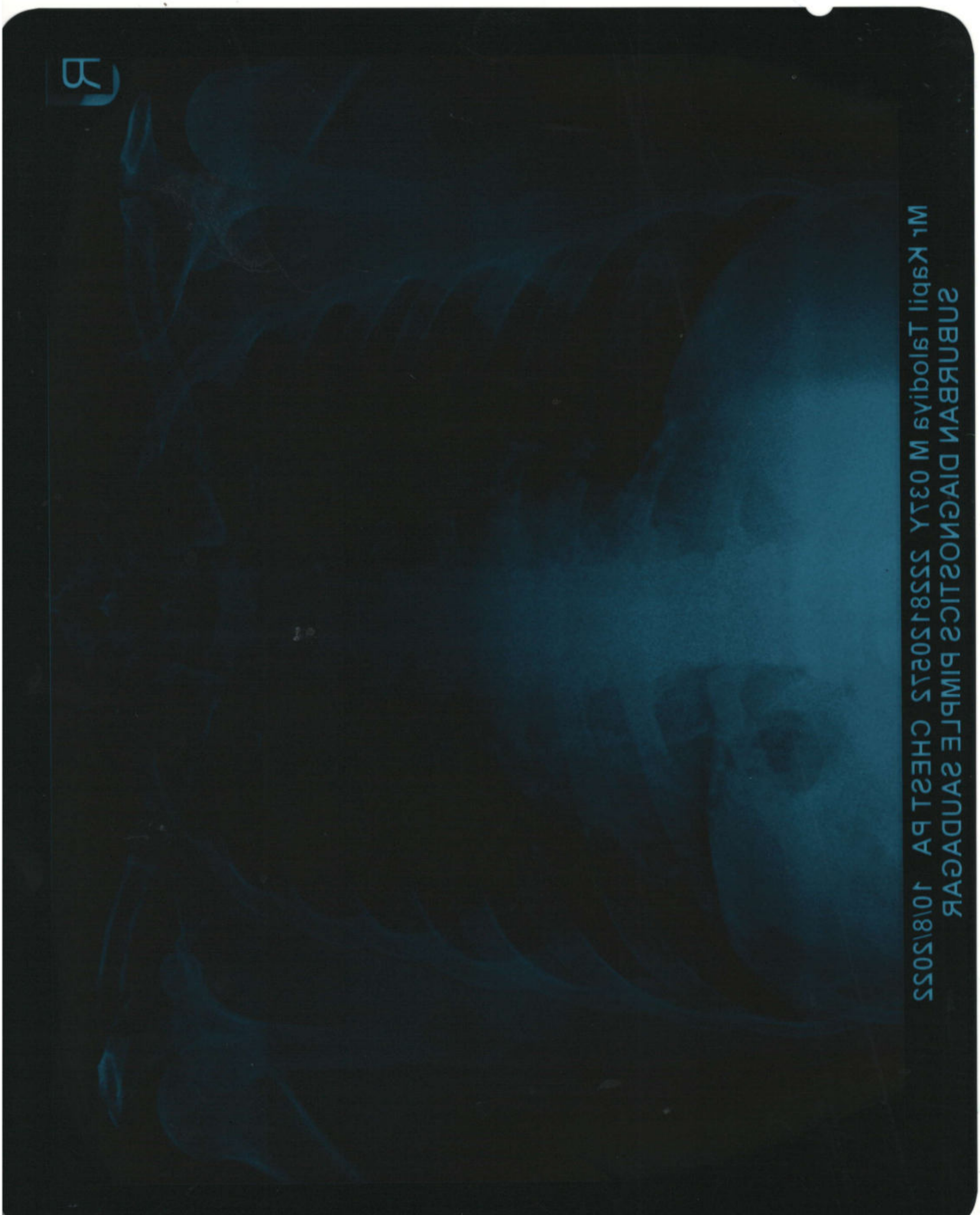
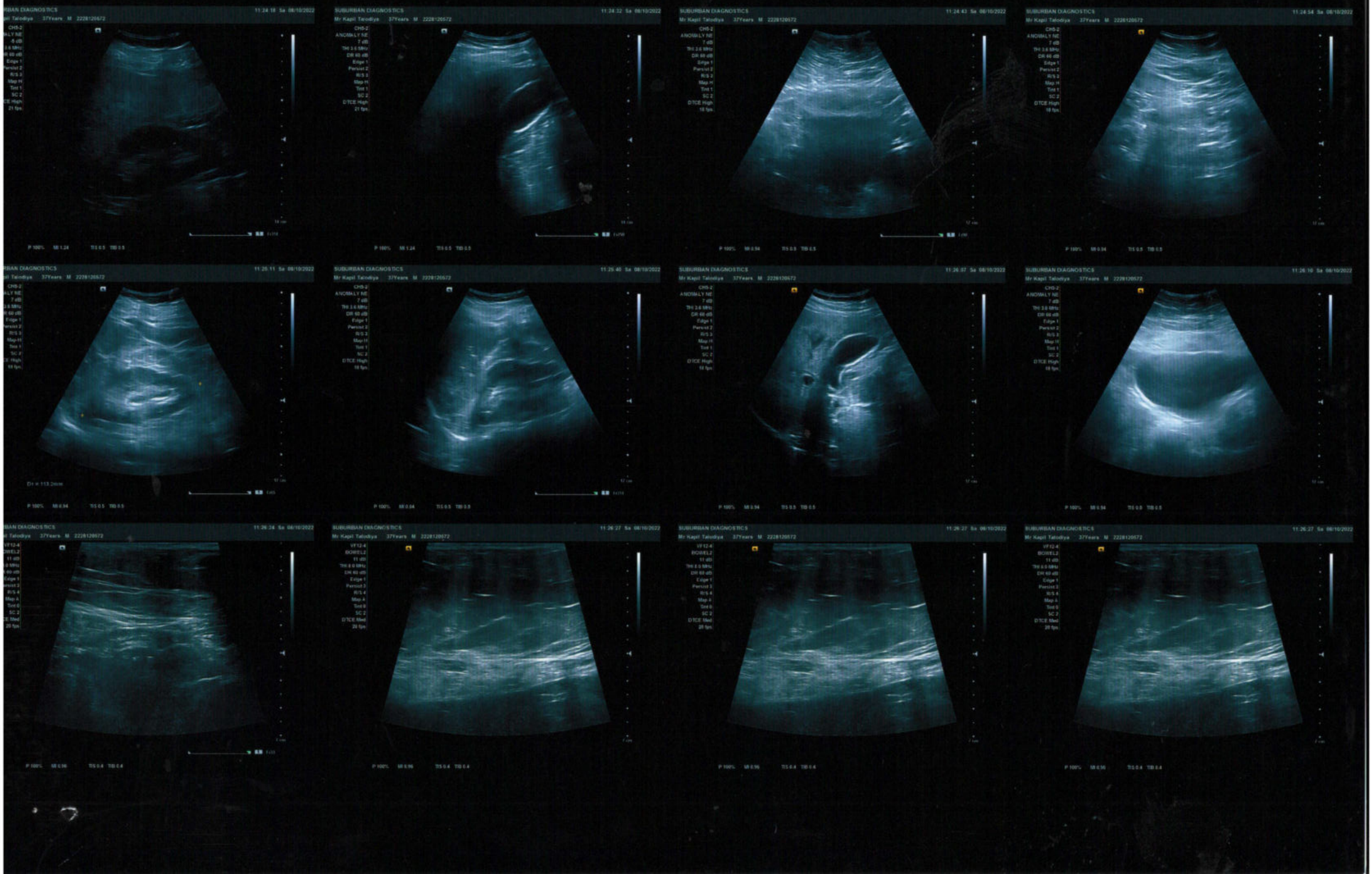

SUBURBAN DIAGNOSTICS PIMPLE SAUDAGAR
Mr Kapil Talodiya M 037Y 2228120572 CHEST PA 10/8/2022
R

SUBURBAN DIAGNOSTIC CENTRE

me : Mr Kapil Talodiya 037Y / M

08 Oct 2022 Study : EM



SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Kapil Talodiya

REPORT

PHY2.

History and Complaints:			
NIL			

EXAMINATION FINDINGS:			
Height (cms): 167		Weight (kg): 99	BMI
Temp (0c): Afebrile		Skin: Normal	WNL
Blood Pressure (mm/hg): 110/70		Nails: Healthy	
Pulse: 86		Lymph Node: Not Palpable	

Systems	
Cardiovascular: S1,S2 Normal No Murmurs	WNL
Respiratory: Air Entry Bilaterally Equal	
Genitourinary: Normal	
GI System: Soft non tender No Organomegaly	
CNS: Normal	

IMPRESSION:
FDT Fatty liver & Hypertriglyceridemia. ↑ Uric Acid.

ADVICE:
Clinical correlation for Gout Diet + Regular exercise.

CHIEF COMPLAINTS:		
1)	Hypertension:	
2)	IHD:	
3)	Arrhythmia:	
4)	Diabetes Mellitus :	NIL
5)	Tuberculosis :	
6)	Asthama:	
7)	Pulmonary Disease :	
8)	Thyroid/ Endocrine disorders :	

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

9)	**Nervous disorders :**	
10)	**GI system :**	
11)	**Genital urinary disorder :**	
12)	**Rheumatic joint diseases or symptoms :**	
13)	**Blood disease or disorder :**	NIL
14)	**Cancer/lump growth/cyst :**	
15)	**Congenital disease :**	
16)	**Surgeries :**	

PERSONAL HISTORY:

1)	**Alcohol**	Occasionally
2)	**Smoking**	No.
3)	**Diet**	Mixed
4)	Medication	NIL

Dr. KRUTIKA INGLE
MBBS, D.DM, PG in Diabetology (USA)
MMC Regd - 2012 103018

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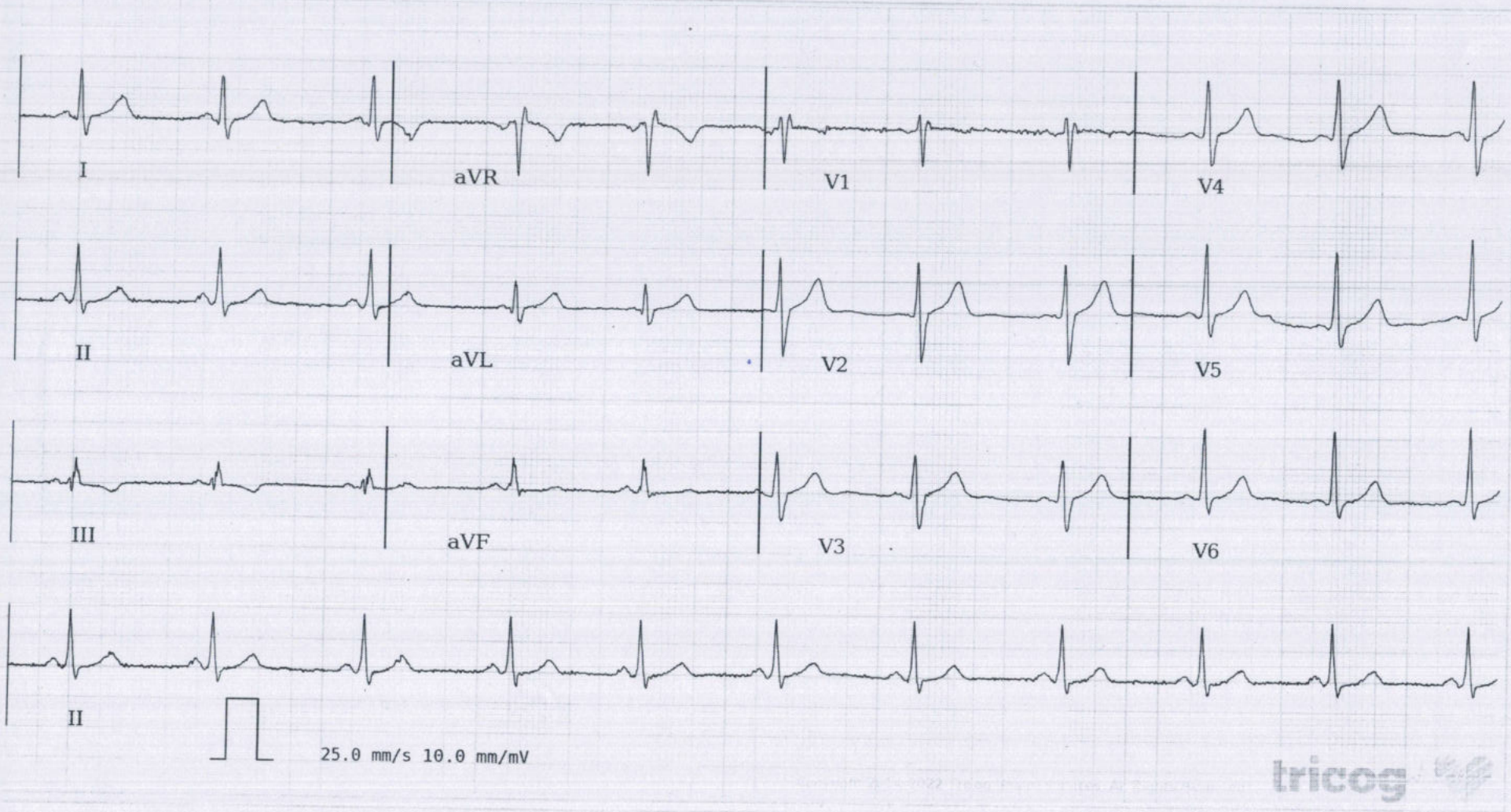
SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

SUBURBAN DIAGNOSTICS - PIMPLE SAUDAGAR, PUNE

Patient Name: KAPIL TALODIYA
Patient ID: 2228120572

Date and Time: 8th Oct 22 11:41 AM



Age 37 years 3 months 1 days

Gender **Male**

Heart Rate **67bpm**

Patient Vitals

BP:	110/70 mmHg
Weight:	99 kg
Height:	167 cm
Pulse:	86 bpm
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	98ms
QT:	384ms
QTc:	405ms
PR:	130ms
P-R-T:	45° 48° 11°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis, Incomplete Right Bundle Branch Block.Please correlate clinically.

REPORTED BY

Dr. Krutika Ingle
MBBS, D.DM, PG in Diabetology (USA)
2012103018

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

CID	: 2228120572
Name	: MR.KAPIL TALODIYA
Age / Gender	: 37 Years / Male
Consulting Dr.	: -
Reg. Location	: Pimple Saudagar, Pune (Main Centre)
Collected	: 08-Oct-2022 / 10:30
Reported	: 08-Oct-2022 / 15:02

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	11.3	13.0-17.0 g/dL	Spectrophotometric
RBC	5.98	4.5-5.5 mil/cmm	Elect. Impedance
PCV	39.0	40-50 %	Measured
MCV	65	80-100 fl	Calculated
MCH	18.9	27-32 pg	Calculated
MCHC	29.0	31.5-34.5 g/dL	Calculated
RDW	13.3	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5870	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	30.9	20-40 %	
Absolute Lymphocytes	1813.8	1000-3000 /cmm	Calculated
Monocytes	8.2	2-10 %	
Absolute Monocytes	481.3	200-1000 /cmm	Calculated
Neutrophils	57.1	40-80 %	
Absolute Neutrophils	3351.8	2000-7000 /cmm	Calculated
Eosinophils	2.7	1-6 %	
Absolute Eosinophils	158.5	20-500 /cmm	Calculated
Basophils	1.1	0.1-2 %	
Absolute Basophils	64.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	313000	150000-400000 /cmm	Elect. Impedance
MPV	10.5	6-11 fl	Calculated
PDW	21.9	11-18 %	Calculated

PUNE LAB ADDRESS: Seraph Centre, Opp. BSNL Exchange, Shahu College Road, Off Pune-Satara Road, Behind Panchami Hotel, Pune - 411009
CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053
HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343 | **For Feedback -** customerservice@suburbandiagnostics.com | **www.suburbandiagnostics.com**

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

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Consulting Dr.	: -		
Reg. Location	: Pimple Saudagar, Pune (Main Centre)	Collected	: 08-Oct-2022 / 10:30
		Reported	: 08-Oct-2022 / 16:23

RBC MORPHOLOGY

Hypochromia	++		
Microcytosis	++		
Macrocytosis	-		
Anisocytosis	Mild		
Poikilocytosis	Mild		
Polychromasia	Mild		
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others	Elliptocytes-occasional		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	-		
COMMENT	-		

. ADV : Iron studies & Sr. Ferritin level.

Specimen: EDTA Whole Blood

ESR, EDTA WB	04	2-15 mm at 1 hr.	Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab

*** End Of Report ***

Dr.SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist

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Reg. Location	: Pimple Saudagar, Pune (Main Centre)
Collected	: 08-Oct-2022 / 10:30
Reported	: 09-Oct-2022 / 09:17

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	86.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	105.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.41	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.19	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	25.6	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	29.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.7	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	55.9	40-130 U/L	Colorimetric
BLOOD UREA, Serum	10.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	4.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.87	0.67-1.17 mg/dl	Enzymatic

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Age / Gender	: 37 Years / Male		
Consulting Dr.	: -		
Reg. Location	: Pimple Saudagar, Pune (Main Centre)	Collected	: 08-Oct-2022 / 14:09
		Reported	: 08-Oct-2022 / 20:25

eGFR, Serum	105	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.6	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab

*** End Of Report ***

Dr.SHAMLA KULKARNI
MD (PATH)
Consultant Pathologist

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PRECISE TESTING · HEALTHIER LIVING

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Reg. Location	: Pimple Saudagar, Pune (Main Centre)	Collected	: 08-Oct-2022 / 10:30
		Reported	: 08-Oct-2022 / 16:20

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	128.4	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:
Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***

ilac-MRA

MC-2463

Dr.SHAMLA KULKARNI
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PRECISE TESTING · HEALTHIER LIVING

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Consulting Dr.	: -
Reg. Location	: Pimple Saudagar, Pune (Main Centre)
Collected	: 08-Oct-2022 / 10:30
Reported	: 08-Oct-2022 / 15:51

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***

ilac-MRA

MC-2463

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Reg. Location	: Pimple Saudagar, Pune (Main Centre)	Collected	: 08-Oct-2022 / 10:30
		Reported	: 08-Oct-2022 / 15:52

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin. Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***

ilac-MRA

MC-2463

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Reported	: 09-Oct-2022 / 09:17

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	139.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	92.2	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	35.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	103.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	85.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	18.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab

*** End Of Report ***

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Consulting Dr.	: -		
Reg. Location	: Pimple Saudagar, Pune (Main Centre)	Collected	: 08-Oct-2022 / 10:30
		Reported	: 08-Oct-2022 / 15:36

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.6	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	13.0	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	2.12	0.35-4.94 microlU/ml	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 15 microlU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH. 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.

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Consulting Dr.	: -		
Reg. Location	: Pimple Saudagar, Pune (Main Centre)	Collected	: 08-Oct-2022 / 10:30
		Reported	: 08-Oct-2022 / 15:36

Interpretation:
A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:
1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors
can give falsely high TSH.
2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests: Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:
1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***

ilac-MRA

MC-2463

Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist

PUNE LAB ADDRESS: Seraph Centre, Opp. BSNL Exchange, Shahu College Road, Off Pune-Satara Road, Behind Panchami Hotel, Pune - 411009
CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053
HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343 | **For Feedback -** customerservice@suburbandiagnostics.com | **www.suburbandiagnostics.com**

Date:- CID:

Name:- Sex / Age: /

EYE CHECK UP

Chief complaints:

Systemic Diseases: N I L

Past history:

Unaided Vision: W N L.

Aided Vision: N A

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/6				6/6
Near				N-6				N-6

Colour Vision: Normal / ~~Abnormal~~ Partial colourblindness

Remark: N I L

Dr. KRUTIKA INGLE
MBBS, D.DM, PG in Diabetology (USA)
MMC Regd - 2012 103018

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

CID	: 2228120572		
Name	: Mr Kapil Talodiya		
Age / Sex	: 37 Years/Male		
Ref. Dr	:	Reg. Date	: 08-Oct-2022
Reg. Location	: Pimple Saudagar, Pune Main Centre	Reported	: 08-Oct-2022 / 11:21

ULTRASOUND ABDOMEN AND PELVIS

Liver- Normal in enlarged size (16.5 cm), shape and shows raised echo pattern. No focal lesion. Intrahepatic biliary and portal radicals appear normal. Visualized portion of CBD appears normal in calibre. Portal vein appears normal.

Gall bladder– partially distended with normal wall thickness. No calculus or mass lesion is visualized. No pericholecystic collection.

Pancreas- Head and body are visualized and appear normal in size, shape and echo pattern. No focal lesion seen. No peripancreatic collection noted.

Spleen – Appears normal in size (10.4 cm), shape & echo pattern. No focal lesion seen.

Kidneys- Right kidney - 9.3 x 4.1 cm, Left kidney – 11 x 4.1 cm, both kidneys appear normal in size, shape, position & echo pattern with maintained corticomedullary differentiation. Tiny papillary concretions are noted in both the kidneys. No hydronephrosis, hydroureter or calculus noted.

Urinary bladder- Is partially distended & shows normal wall thickness. No calculus or mass lesion is noted.

Prostate - measures (vol.- 12cc) appears normal in size, shape and echo-pattern for age. No focal lesion .

No free fluid in abdomen and pelvis.

Visualized bowel loops are gaseously distended appear grossly normal and show normal peristalsis. No evidence of enlarged lymph nodes.

IMPRESSION:

- **Hepatomegaly with fatty liver.**

Advice – Clinical correlation and further evaluation if clinically indicated.

----------End of Report----------

This report is prepared and physically checked by before dispatch.

Dr. Divya Chaudhary
MBBS, M.D. RADIODIAGNOSIS,
DNB, RADIOLOGIST
MMC Reg - 2016/01/0064

Click here to view Images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022100810241931

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REPORT

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Use a QR Code Scanner Application To Scan the Code

CID	: 2228120572		
Name	: Mr Kapil Talodiya		
Age / Sex	: 37 Years/Male		
Ref. Dr	:		
Reg. Location	: Pimple Saudagar, Pune Main Centre	Reg. Date	: 08-Oct-2022
		Reported	: 08-Oct-2022 / 11:02

X-RAY CHEST PA VIEW

Both lung fields show bronchovascular prominence.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

- **Normal CXR.**

----------End of Report----------

This report is prepared and physically checked by Dr. Divya Chaudhary before dispatch.

Divya

Dr. Divya Chaudhary
MBBS, M.D. RADIODIAGNOSIS,
DNB, RADIOLOGIST
MMC Reg - 2016/01/0064

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checkup.

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