



BHAILAL AMIN
GENERAL HOSPITAL



CONCLUSION OF HEALTH CHECKUP

ECU Number : 1716	MR Number : 23200183	Patient Name : ALOK KUMAR
Age : 32	Sex : Male	Height : 167
Weight : 85	Ideal Weight : 64	BMI : 30.48
Date : 10/02/2023		

Dr. Manish Mittal

Internal Medicine

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.



**BHAILAL AMIN
GENERAL HOSPITAL**

ESTD. 1964



H-2015-0297



MC-3004



E-2021-0037



ECU Number : 1716
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Weight : 85
Date : 10/02/2023

MR Number : 23200183
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Patient Name: ALOK KUMAR
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BMI : 30.48

Past H/O : NO P/H/O ANY MAJOR ILLNESS.

Present H/O : NO MEDICAL COMPLAINTS AT PRESENT.

Family H/O : FATHER : ANGIOPLASTY.

Habits : NO HABITS.

Gen.Exam. : G.C. GOOD

B.P : 120/70 mm Hg

Pulse : 90/MIN REG.

Others : SPO2 : 98 %

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :





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GENERAL HOSPITAL



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Ophthalmic Check Up :

Right

Left

Ext Exam
Vision Without Glasses
Vision With Glasses
Final Correction
Fundus
Colour Vision
Advice

Orthopaedic Check Up :

Ortho Consultation
Ortho Advice
ENT Check Up :
Ear
Nose
Throat
Hearing Test
ENT Advice

General Surgery Check Up :

General Surgery
Abdominal Lump
Hernia
External Genitals
PVR
Proctoscopy
Any Other
Surgical Advice

Dietary Assessment

ECU Number : 1716 MR Number : 23200183 Patient Name: ALOK KUMAR
Age : 32 Sex : Male Height : 167
Weight : 85 Ideal Weight : 64 BMI : 30.48
Date : 10/02/2023

Body Type : Normal / Underweight / Overweight
Diet History : Vegetarian / Eggetarian / Mixed

Frequency of consuming fried food : / Day / Week or occasional
Frequency of consuming Sweets : / Day / or occasional
Frequency of consuming outside food : / Day / Week or occasional
Amount of water consumed / day : Glasses / liters

Life style assessment :
Physical activity : Active / moderate / Sedentary / Nil
Alcohol intake : Yes / No
Smoking : Yes / No
Allergic to any food : Yes / No
Are you stressed out ? : Yes / No
Do you travel a lot ? : Yes / No

General diet instructions :
Have small frequent meals.
Avoid fatty products like oil, ghee, butter, cheese.
Take salt restricted diet and avoid table salt.
Consume fibrous food regularly like whole grains, Daliya, Oats, Bajra, Flex seeds, Pulses, Fruits and Salads.
Keep changing your cooking oil every three months.
Avoid Maida, Starchy foods and Bakery products.
Consume 1-2 seervings of all fruits and vegetables, For Diabetic patients avoid Mango, Chikoo, Banana, Grapes and Custurd apple.
Dring 3 to 4 liters (12 - 14 glass) of water daily.
Eat Beetroots, Figs, Almond, Walnut, Dates, Leafy vegetables, roasted Channa and Jeggary (Gur) for Heamoglobin in case of diabetic patient avoid Rasins, Dates and Jeggary
Drink green Tea or black Coffee once in a day.
Do brisk walking daily.



Patient Name : Mr. ALOK KUMAR
 Gender / Age : Male / 32 Years 9 Months 18 Days
 MR No / Bill No. : 23200183 / 231065536
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 105710
 Request Date : 10/02/2023 09:00 AM
 Collection Date : 10/02/2023 09:02 AM
 Approval Date : 10/02/2023 11:37 AM

Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Hazy		
Triglycerides (By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	370	mg/dL	1 - 150
Total Cholesterol (By enzymatic colorimetric method on RXL Dade Dimension < 200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	277	mg/dL	1 - 200
HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)	44	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	233	mg/dL	1 - 130
LDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	170	mg/dL	1 - 100
VLDL Cholesterol (calculated)	74	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	3.86		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	6.3		3.5 - 5

--- End of Report ---

Dr. Sejal Odedra
M.D.Pathology



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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.67	mg/dL	0 - 1
Bilirubin - Direct	0.15	mg/dL	0 - 0.3
Bilirubin - Indirect	0.52	mg/dL	0 - 0.7
(By Diazotized sulfanilic acid on RXL Dade Dimension.)			
Aspartate Aminotransferase (SGOT/AST)	51	U/L	15 - 40
(By IFCC UV kinetic method on RXL Dade Dimension.)			
Alanine Aminotransferase (SGPT/ALT)	90	U/L	16 - 63
(By IFCC UV kinetic method on RXL Dade Dimension.)			
Alkaline Phosphatase	95	U/L	53 - 128
(BY PNPP AMP method on RXL Dade Dimension.)			
Gamma Glutamyl Transferase (GGT)	74	U/L	15 - 85
(By IFCC method on RXL Dade Dimension.)			
Total Protein	8.40	gm/dL	6.4 - 8.2
Total Proteins	4.40	gm/dL	3.4 - 5
Albumin	4	gm/dL	3 - 3.2
Globulin	1.1		1.1 - 1.6
A : G Ratio			
(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)			

--- End of Report ---

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CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin	14.3	gm/dL	13 - 17
Haemoglobin	4.86	mill/cmm	4.5 - 5.5
Red Blood Cell Count (T-RBC)	40.7	%	40 - 50
Hematocrit (HCT)	83.7	fl	83 - 101
Mean Corpuscular Volume (MCV)	29.4	pg	27 - 32
Mean Corpuscular Haemoglobin (MCH)	35.1	%	31.5 - 34.5
MCH Concentration (MCHC)	12.4	%	11.6 - 14
Red Cell Distribution Width (RDW-CV)	37.5	fl	39 - 46
Red Cell Distribution Width (RDW-SD)			
Total Leucocyte Count (TLC)	9.17	thou/cmm	4 - 10
Total Leucocyte Count (TLC)			
Differential Leucocyte Count			
Polymorphs	58	%	40 - 80
Lymphocytes	36	%	20 - 40
Eosinophils	1	%	1 - 6
Monocytes	5	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	5.35	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	3.35	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.08	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.36	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.03	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.9	%	1 - 3 : Borderline > 3 : Significant
Platelet Count	163	thou/cmm	150 - 410
Platelet Count	Adequate		
Smear evaluation	Few giant platelets seen.		
Remarks	8	mm/1 hr	0 - 10
ESR			

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / Retest may be required.

365 Days / 24 Hours Laboratory Services

Home Collection Facility Available
(Mon To Sat 8:00 am to 5:00 pm)



BHAILAL AMIN
GENERAL HOSPITAL

📍 Bhaialal Amin Marg, Gorwa, Vadodara, Gujarat 390003.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. ALOK KUMAR
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CBC + ESR

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser + Smear verification. ESR on Ves metic 20, comparable to Westergrens method and in accordance to ICSH reference method.

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be required.



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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
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Triiodothyronine (T3)

1.11

ng/ml

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)
 Reference interval (ng/ml)

1 - 3 days : 0.1 - 7.4
 1 - 11 months : 0.1 - 2.45
 1 - 5 years : 0.1 - 2.7
 6 - 10 years : 0.9 - 2.4
 11 - 15 years : 0.8 - 2.1
 16 - 20 years : 0.8 - 2.1
 Adults (20 - 50 years) : 0.7 - 2.0
 Adults (> 50 years) : 0.4 - 1.8
 Pregnancy (in last 5 months) : 1.2 - 2.5
 (Reference : Tietz - Clinical guide to laboratory test, 4th edition)

Thyroxine (T4)

7.41

mcg/dL

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)
 Reference interval (mcg/dL)

1 - 3 days : 11.8 - 22.6
 1 - 2 weeks : 9.8 - 16.6
 1 - 4 months : 7.2 - 14.4
 4 - 12 months : 7.8 - 16.5
 1 - 5 years : 7.3 - 15.0
 5 - 10 years : 6.4 - 13.3
 10 - 20 years : 5.6 - 11.7
 Adults / male : 4.6 - 10.5
 Adults / female : 5.5 - 11.0
 Adults (> 60 years) : 5.0 - 10.7
 (Reference : Tietz - Clinical guide to laboratory test, 4th edition)

Thyroid Stimulating Hormone (US-TSH)

1.94

microIU/ml

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)
 Reference interval (microIU/ml)

Infants (1-4 days) : 1.0 - 39
 2-20 weeks : 1.7 - 9.1
 5 months - 20 years : 0.7 - 6.4
 Adults (21 - 54 years) : 0.4 - 4.2
 Adults (> 55 years) : 0.5 - 8.9
 Pregnancy :
 1st trimester : 0.3 - 4.5
 2nd trimester : 0.5 - 4.6
 3rd trimester : 0.8 - 5.2
 (Reference : Tietz - Clinical guide to laboratory test, 4th edition)

--- End of Report ---

Dr. Rakesh Vaidya
 MD (Path). DCP.



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Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	O		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontrol.
- This method check's group both on Red blood cells and in Serum for "ABO" group.

--- End of Report ---

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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
Fasting Plasma Glucose	124	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	149	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

---- End of Report ----

Dr. Sejal Odedra
M.D.Pathology



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DEPARTMENT OF LABORATORY MEDICINE

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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	20	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.90	mg/dL	0.9 - 1.3
Estimate Glomerular Filtration rate (Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)	More than 60		
Uric acid (By Uricase / Catalase method on RXL Siemens)	8.1	mg/dL	3.4 - 7.2

--- End of Report ---

Dr. Sejal Odedra
M.D.Pathology

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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
<i>HbA1c (Glycosylated Hb)</i>			
Glycosylated Hemoglobin (HbA1c)	6.1	%	
estimated Average Glucose (e AG) *	128.37	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

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

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Consultant	: Dr. Manish Mittal	Collection Date	: 10/02/2023 09:02 AM
Location	: OPD	Approval Date	: 10/02/2023 01:22 PM

Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
<i>Physical Examination</i>			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Clear		
<i>Chemical Examination (By Reagent strip method)</i>			
pH	6.0		
Specific Gravity	<=1.005		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
<i>Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)</i>			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	0 - 1	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.



DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23200183 Report Date : 10/02/2023
Request No. : 190052526 10/02/2023 9.00 AM
Patient Name : Mr. ALOK KUMAR
Gender / Age : Male / 32 Years 9 Months 18 Days

ADVANCED DIGITAL SOLUTIONS

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Echo Color Doppler

MITRAL VALVE : NORMAL, NO MS, NO MR
AORTIC VALVE : TRILEAFLET, NO AS, NO AR
TRICUSPID VALVE : NORMAL, NO TR, NO PAH
PULMONARY VALVE : NORMAL, NO PR, NO PS
LEFT ATRIUM : NORMAL SIZE
AORTA : NORMAL
LEFT VENTRICLE : NORMAL LVEF – 65 %, NO RWMA AT REST
RIGHT ATRIUM : NORMAL SIZE
RIGHT VENTRICLE : NORMAL SIZE
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NO EFFUSION
COLOUR/DOPPLER FLOW MAPPING : NO AR, MR, TR NO PAH

FINAL CONCLUSION:

1. NORMAL SIZED ALL CARDIAC CHAMBERS
2. NORMAL LV SYSTOLIC FUNCTION LVEF – 65 %
3. NO RESTING RWMA
4. NORMAL VALVES, NO MITRAL / AORTIC STENOSIS
5. NORMAL RIGHT HEART SIZE AND RV PRESSURE
6. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.

DR. V C CHAUHAN MD
INTERVENTIONAL CARDIOLOGIST

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
• NOT VALID FOR MEDICO-LEGAL PURPOSES
• CLINICAL CORRELATION RECOMMENDED





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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23200183 Report Date : 10/02/2023
Request No. : 190052422 10/02/2023 9.00 AM
Patient Name : Mr. ALOK KUMAR
Gender / Age : Male / 32 Years 9 Months 18 Days

ADVANCED DIGITAL SOLUTIONS

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

X-Ray Chest AP

Both lung fields are clear.
Both costophrenic sinuses appear clear.
Heart size is normal.
Hilar shadows show no obvious abnormality.
Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
• NOT VALID FOR MEDICO-LEGAL PURPOSES
• CLINICAL CORRELATION RECOMMENDED

Dr. Priyanka Patel, MD
Consultant Radiologist





DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23200183 Report Date : 10/02/2023
Request No. : 190052429 10/02/2023 9.00 AM
Patient Name : Mr. ALOK KUMAR
Gender / Age : Male / 32 Years 9 Months 18 Days

ADVANCED DIGITAL SOLUTIONS

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen

Liver is mild enlarged in size (16.5cm) and subtle coarse/increased in echopattern. No mass lesion identified. The hepatic veins are clear and patent. PV patent. No dilated IHBR.

Gall bladder is well distended and shows no obvious abnormality. Common bile duct measures 4 mm in diameter.

Pancreas shows no obvious abnormality. Tail obscured.
Spleen is mild enlarged size (12.5cm) and normal in echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

Prostate appears normal in size and volume is ~ 13 cc.
Prostate measures 29mm x 28mm x 30mm.

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

Mild hepatomegaly with increased and subtle coarse echopattern ---needs LFTs.
Mild splenomegaly.

Kindly correlate clinically

Prerna C Hasani

Dr.Prerna C Hasani, MD
Consultant Radiologist



• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

