



Indira Health And Lifestyle Private Limited.

NABL Accredited Laboratory

The Emerald, 1st Floor, Plot No. 195, Sector-12,
Besides Neel Siddhi Tower, Vashi-Navi Mumbai-400703.

Tel.: (022) - 2788 1322 / 23 / 24 ☎ 8291490000

Email: apolloclinicvashi@gmail.com

Apollo Clinic
VASHI

Name : Mr. Satish Chand Dirisala Gender : Male Age : 42 Years
UHID : FVAH 10752. Bill No : Lab No : V-3358-23
Ref. by : SELF Sample Col.Dt : 24/02/2024 15:00
Barcode No : 37 Reported On : 26/02/2024 14:18

TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Post Prandial Plasma Glucose : 128 mg/dL Normal < 140 mg/dL
Impaired Post Prandial glucose : 140 to 199 mg/dL
Diabetes Mellitus : \geq 200 mg/dL
(on more than one occasion)
(American diabetes association guidelines 2016)

Method : Hexokinase

Alsaba Shaikh
Entered By

Ms Kaveri Gaonkar
Verified By

Dr. Milind Patwardhan
M.D(Path)
Chief Pathologist

End of Report
Results are to be correlated clinically

NAME:	Mr. Sahish Dorecha	UHID:	
AGE:	42	DATE OF HEALTHCHECK:	24/12/24
GENDER:	M		

HEIGHT:	169	MARITAL STATUS:	M
WEIGHT:	95.8	NO OF CHILDREN:	2
BMI:	33.5		

C/O: —

K/C/O: —

PRESENT MEDICATION: — No

P/M/H: Asthma

P/S/H: Fistulotomy eye Bode

ALLERGY: — No

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING:

FAMILY HISTORY FATHER: — IHD.

ALCOHOL: — Occ.

MOTHER: — DM.

TOBACCO/PAN:

O/E:

LYMPHADENOPATHY:

BP: 130/80 PULSE: — 94/min

PALLOR/ICTERUS/CYNOSIS/CLUBBING:) NA

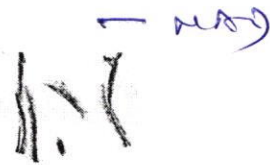
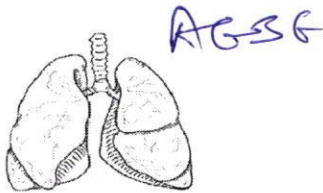
TEMPERATURE: — SCARS:

OEDEMA:

S/E:

P/A:

RS:



CVS: S1S2+

Extremities & Spine: — NA

CNS: Cervical intervertebral

ENT:] NA
Skin:] NA

Vision:

	Without Glass		With Glass	
	Right Eye	Left Eye	Right Eye	Left Eye
FAR :				
NEAR :				
COLOUR VISION:				

• ANDHERI • COLABA • NASHIK • VASHI

Name: Satish . C. Dixitla Age: 42 Date of Health check-up: 24/02/24

Findings and Recommendation:

Findings:-

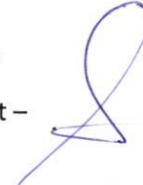
- Cholesterol ↑
- VAT
- TnT ⊕
- PLG

Recommendation:-

- Diet / Exercise
- T. Febuc 60 mg - 12M
- T. Rosuvastatin ASP 20
- Cardiologist consult

Signature:

Consultant -



DR. ANIRBAN DASGUPTA
MBBS, D.N.B MEDICINE
DIPLOMA CARDIOLOGY
MMC- 2005/02/0920



OPHTHALMIC EVALUATION

UHID No.: _____

Date : 29/2/24

Name : Mr. Satish Age : 42 Gender : Male/Female

Without Correction :

Distance: Right Eye _____ Left Eye _____

Near : Right Eye _____ Left Eye _____

With Correction :

Distance: Right Eye 6/6 Left Eye 6/6

Near : Right Eye N6 Left Eye N6

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	<u>0.50</u>					<u>0.50</u>				
Near										

Colour Vision : WHD

Anterior Segment Examination : WHD

Pupils : _____

Fundus : _____

Intraocular Pressure : 12 mmHg (30)

Diagnosis : _____

Advice : _____

Re-Check on 6 mths (This Prescription needs verification every year)

Dr. [Signature]
(Consultant Ophthalmologist)

DR. RUCHIRA SHARMA
M. S. (OPHTH)
CONSULTING OPHTHALMOLOGIST
& MICRO-SURGEON

■ Consultation ■ Diagnostics ■ Health Check Ups ■ Dentistry

REG. No.: 3262 / 09 / 02

DENTAL CHECKUP

Name: Satish Drisala	MR NO:
Age/Gender : 42 IM	Date: 24/2/24

Medical history: Diabetes Hypertension

EXAMINATION	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Calculus & Stains				
Mobility				
Caries (Cavities)				
a) Class 1 (Occlusal)	✓			
b) Class 2 (Proximal)				
c) Class 5 (Cervical)				
Faulty Restoration				
Faulty Crown				
Fractured Tooth				
Root Pieces				
Impacted Tooth				
Missing Tooth				
Existing Denture				

TREATMENT ADVISED:

TREATMENT	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Restoration / Filling				
Root Canal Therapy				
Crown				
Extraction	✓			

Oral Prophylaxis: Scaling & polishing
 Orthodontic Advice for Braces: Yes / No
 Prosthetic Advice to Replace Missing Teeth: Denture Bridge Implant
 Oral Habits: Tobacco Cigarette Others since ___ years
 Advice to quit any form of tobacco as it can cause cancer.

Other Findings: _____

- Extraction 2 of 8 (if it pains).

DR. AQSA SHAIKH
B. D. S

• ANDHERI • COLABA • NASHIK • VASHI No: A 42611



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TEST

RESULTS

Blood Grouping (ABO & Rh)-WB(EDTA) Serum

ABO Group: **:B:**
Rh Type: **Positive**
Method : Matrix gel card method (forward and reverse)

Sheetal Nakate
Entered By

Ms Kaveri Gaonkar
Verified By



Dr. Milind Patwardhan
M.D(Path)
Chief Pathologist

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Results are to be correlated clinically

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Fasting Plasma Glucose : 89 mg/dL Normal < 100 mg/dL
Impaired Fasting glucose : 101 to 125 mg/dL
Diabetes Mellitus : \geq 126 mg/dL
(on more than one occasion)
(American diabetes association guidelines 2016)

Method : Hexokinase

Ms Kaveri Gaonkar
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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 5.5 % Normal <5.7 %
Pre Diabetic 5.7 - 6.5 %
Diabetic >6.5 %
Target for Diabetes on therapy < 7.0 %
Re-evaluation of therapy > 8.0 %

Mean Blood Glucose : 111.15 mg/dL

Corelation of A1C with average glucose

A1C (%)	Mean Blood Glucose (mg/dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298


Method High Performance Liquid Chromatography (HPLC).

INTERPRETATION

- * The HbA1c levels corelate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose.
- * This Methodology is better then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints and uremia does not INTERFERE with the results in this methodology.
- * It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled daibetics .
- * Mean blood glucose (MBG) in first 30 days (0-30)before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

Anushka Chavan
Entered By

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Dr. M. D. Patwardhan
Page 3 of 3
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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LIPID PROFILE - Serum

S. Cholesterol(Oxidase)	207	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	155	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	31	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	39.4	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	136.6	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	5.3		3.5 - 5
Ratio of LDL/HDL	3.5		2.5 - 3.5

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
LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	6.93	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.30	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.63	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.63		0.9 - 2
S.Total Bilirubin (DPD):	0.50	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.19	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.31	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	23	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	24	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	93	U/L	40 - 129
S.GGT(IFCC Kinetic):	18	U/L	11 - 50

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	BIOCHEMISTRY	
S.Urea(Urease Method)	22.5 mg/dl	10.0 - 45.0
BUN (Calculated)	10.5 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.86 mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	12.21	9:1 - 23:1
S.Uric Acid(Uricase Method)	7.3 mg/dl	3.4 - 7.0

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

Thyroid (T3,T4,TSH)- Serum

Total T3 (Tri-iodo Thyronine) (ECLIA)	1.96	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	117.5	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	2.01	□IU/ml	Euthyroid : 0.35 - 5.50 □IU/ml Hyperthyroid : < 0.35 □IU/ml Hypothyroid : > 5.50 □IU/ml

Grey zone values observed in physiological/therapeutic effect.

Note:

T3 :

1. Decreased values of T3 (T4 and TSH normal) have minimal Clinical significance and not recommended for diagnosis of hypothyroidism.
2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites ,Pregnancy, Drugs (Androgens,Estrogens,O C pills, Phenytoin) etc. In such cases Free T3 and free T4 give corrected Values.
3. Total T3 may decrease by < 25 percent in healthy older individuals

T4 :

1. Total T3 and T4 Values may also be altered in other condition due to changes in serum proteins or binding sites, Pregnancy Drugs (Androgens,Estrogens,O C pills, Phenytoin), Nerphrosis etc. In such cases Free T3 and Free T4 give Corrected values.

TSH :

1. TSH Values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart failure. Severe burns, trauma and surgery etc.
2. Drugs that decrease TSH values e,g L dopa, Glucocorticoids.
3. Drugs that increase TSH values e.g. Iodine,Lithium, Amiodarone

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M.D(Path)

Page 9 of 40 Chief Pathologist

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
PROSTATE SPECIFIC ANTIGEN		
Prostate Specific Antigen (ECLIA):	0.342ng/mL	0.03 - 3.5 ng/ml

INTERPERETATION

Serum PSA is a useful diagnostic tool for diagnosis of prostatic cancer. PSA levels should always be assessed in conjunction with the patient's medical history, clinical examination, prostatic acid phosphatase and radiological findings
Elevated levels are indicative of pathologic conditions of prostatitis, Benign hyperplasia or Prostatic adenocarcinoma
Rate of the fall of PSA levels to non detectable levels can occur following radiotherapy, hormonal therapy or radical surgical removal of the prostate & provides information of the success of treatment.
Inflammation or trauma of prostate can lead to elevated PSA levels of varying magnitude and duration.

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

URINE REPORT

PHYSICAL EXAMINATION

QUANTITY	30	mL
COLOUR	Pale Yellow	
APPEARANCE	Slightly Hazy	Clear
SEDIMENT	Absent	Absent

CHEMICAL EXAMINATION(Strip Method)

REACTION(PH)	5.0	4.6 - 8.0
SPECIFIC GRAVITY	1.020	1.005 - 1.030
URINE ALBUMIN	Absent	Absent
URINE SUGAR(Qualitative)	Absent	Absent
KETONES	Absent	Absent
BILE SALTS	Absent	Absent
BILE PIGMENTS	Absent	Absent
UROBILINOGEN	Normal(<1 mg/dl)	Normal
OCCULT BLOOD	Absent	Absent
Nitrites	Absent	Absent

MICROSCOPIC EXAMINATION

PUS CELLS	2 - 3 / hpf	0 - 3/hpf
RED BLOOD CELLS	Nil /HPF	Absent
EPITHELIAL CELLS	1 - 2 / hpf	3 - 4/hpf
CASTS	Absent	Absent
CRYSTALS	Absent	Absent
BACTERIA	Absent	Absent

Anushka Chavan
Entered By

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Verified By



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M.D(Path)

Page 1 of 1 Chief Pathologist

End of Report

Results are to be correlated clinically

42 Years Male

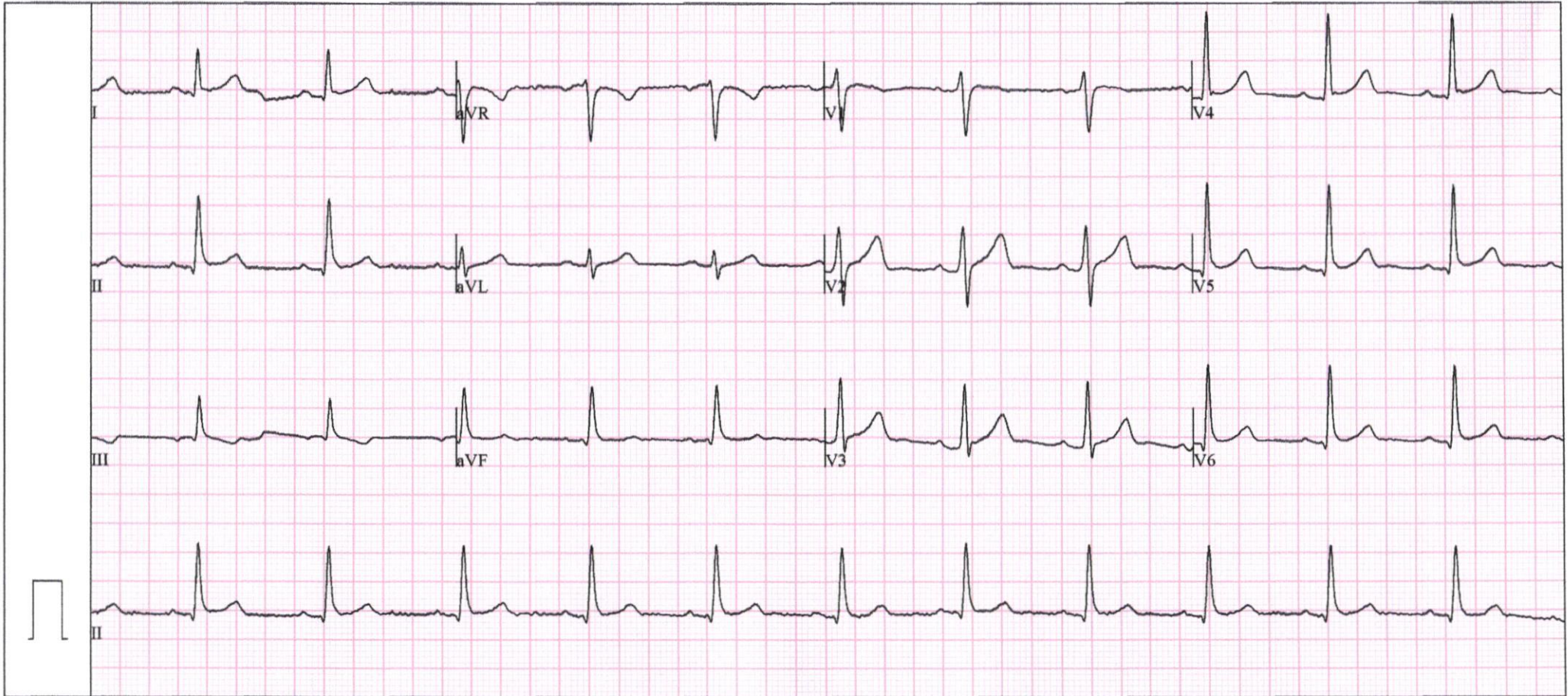
NORMAL ECG

QRS : 98 ms
QT / QTcBaz : 392 / 423 ms
PR : 160 ms
P : 86 ms
RR / PP : 852 / 857 ms
P / QRS / T : 6 / 56 / 8 degrees

Normal sinus rhythm
Normal ECG

Wm


Dr. ANIRBAN DASGUPTA
M.B., B.S., D.N.B. Medicine
Diploma Cardiology
MMC - 2005/02/0920



Apollo Clinic
The Emerald, Plot No-195/B, Sector-12,
Neel Siddhi Towers, Vashi-400703

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: SATISH, DIRISALA
Patient ID: 10752
Height:
Weight:

DOB: 08.09.1981
Age: 42yrs
Gender: Male
Race: Asian

Study Date: 24.02.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: --
Attending Physician: DR. ANIRBAN DASGUPTA
Technician: SWAPNALI LAKHIMALE

Medications:
NIL

Medical History:
NIL

Reason for Exercise Test:
Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:18	0.00	0.00	85	130/80	
	STANDING	00:12	0.00	0.00	84		
	HYPERV.	00:16	0.00	0.00	85		
EXERCISE	WARM-UP	00:07	0.00	0.00	86		
	STAGE 1	03:00	1.70	10.00	127	140/80	
	STAGE 2	03:00	2.50	12.00	160	150/90	
	STAGE 3	00:31	3.40	14.00	166	150/90	
RECOVERY		01:04	0.00	0.00	131	180/90	

The patient exercised according to the BRUCE for 6:31 min:s, achieving a work level of Max. METS: 8.50. The resting heart rate of 86 bpm rose to a maximal heart rate of 169 bpm. This value represents 94 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/80 mmHg, rose to a maximum blood pressure of 180/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: ST DEPRESSION.
Overall impression: Positive stress test.

Conclusions

TMT IS POSITIVE FOR INDUCIBLE MYOCARDIAL ISCHAEMIA AT THE WORKLOAD ACHIEVED.

Physician-DR. ANIRBAN DASGUPTA

Anirban Dasgupta
Dr. ANIRBAN DASGUPTA
M.B., B.S., D.N.B. Medicine
Diploma Cardiology
MMC -2005/02/0920

SATISH DIRISALA
Patient ID: 10752
24.02.2024
13:24:22

12-LEAD REPORT

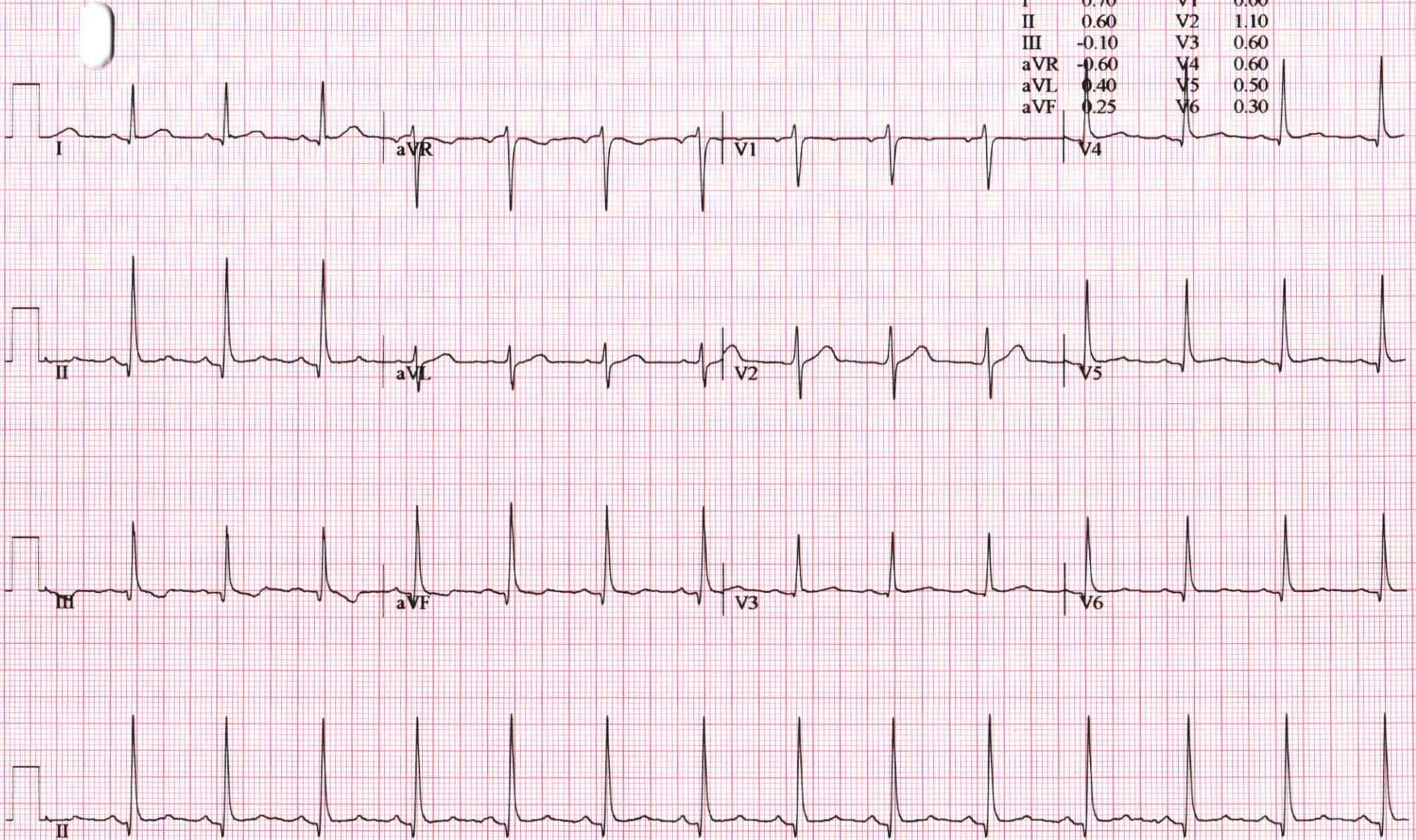
86 bpm
130/80 mmHg

PRETEST
SUPINE
00:10

BRUCE
0.0 mph
0.0 %

Apollo Clinic
Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.70	V1	0.00
II	0.60	V2	1.10
III	-0.10	V3	0.60
aVR	-0.60	V4	0.60
aVL	0.40	V5	0.50
aVF	0.25	V6	0.30



SATISH DIRISALA

Patient ID: 10752

24.02.2024

13:24:38

12-LEAD REPORT

84 bpm
130/80 mmHg

PRETEST
STANDING
00:26

BRUCE
0.0 mph
0.0 %

Apollo Clinic
Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.65	V1	0.00
II	0.60	V2	1.10
III	-0.05	V3	0.60
aVR	-0.65	V4	0.60
aVL	-0.35	V5	0.50
aVF	0.25	V6	0.35



SATISH DIRISALA
Patient ID: 10752
24.02.2024
13:24:53

12-LEAD REPORT

84 bpm
130/80 mmHg

PRETEST
HYPERV.
00:41

BRUCE
0.0 mph
0.0 %

Apollo Clinic
Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.65	V1	0.00
II	0.60	V2	1.15
III	-0.10	V3	0.55
aVR	-0.65	V4	0.60
aVL	0.35	V5	0.50
aVF	0.25	V6	0.35



SATISH DIRISALA
Patient ID: 10752
24.02.2024
13:27:52

12-LEAD REPORT

125 bpm
140/80 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %

Apollo Clinic
Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.30	V1	0.40
II	-0.45	V2	1.05
III	-0.75	V3	-0.10
aVR	0.05	V4	-0.15
aVL	0.55	V5	-0.35
aVF	-0.60	V6	-0.40



SATISH DIRISALA
Patient ID: 10752
24.02.2024
13:30:52

12-LEAD REPORT

160 bpm
150/90 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0 %

Apollo Clinic
Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.00	V1	0.85
II	-1.90	V2	1.00
III	-1.90	V3	-0.80
aVR	0.95	V4	-1.00
aVL	1.00	V5	-1.20
aVF	-1.90	V6	-1.40



SATISH DIRISALA

Patient ID: 10752

24.02.2024

13:31:33

LINKED MEDIANS (PEAK EXERCISE)

Apollo Clinic

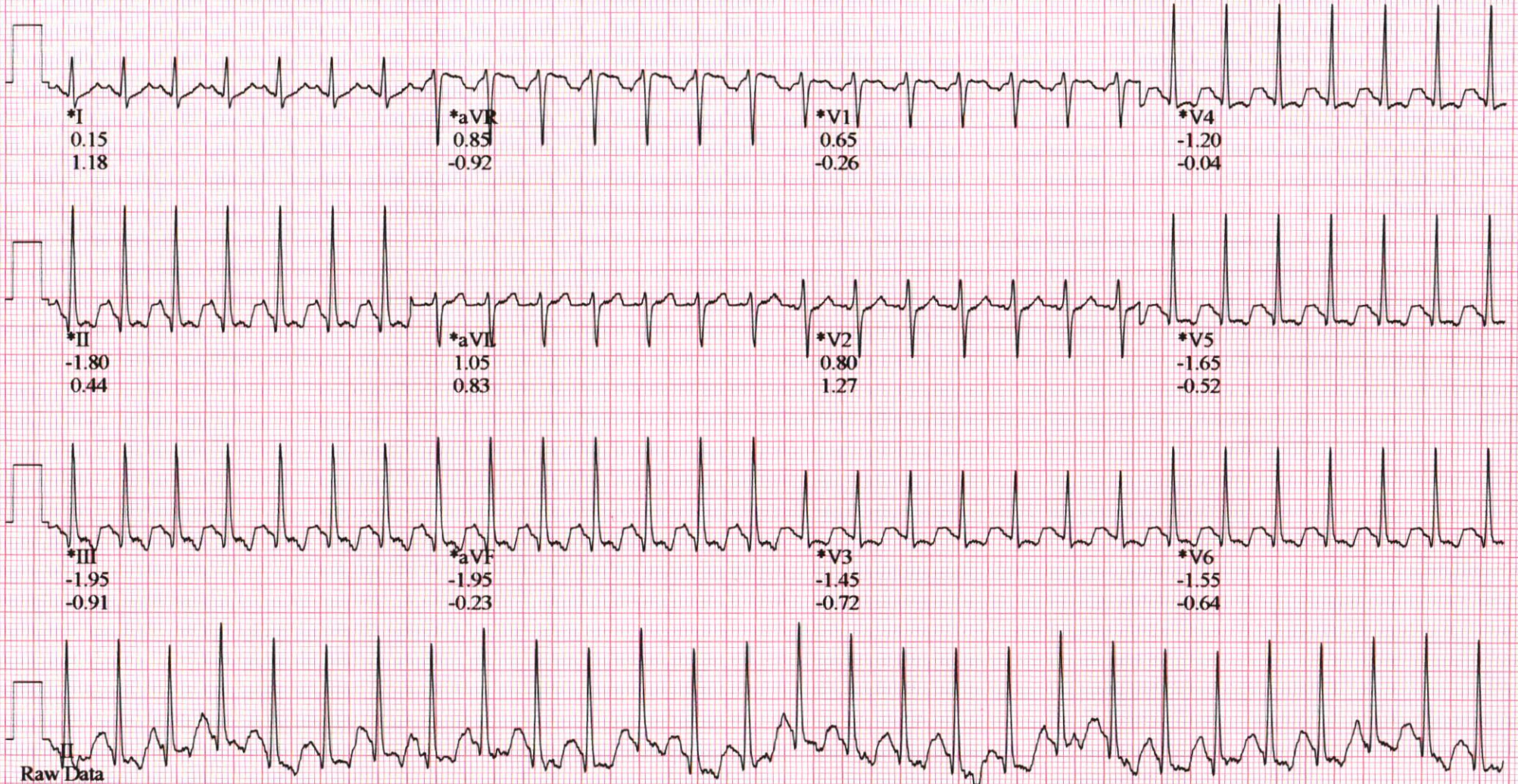
166 bpm
150/90 mmHg

EXERCISE
STAGE 3
06:31

BRUCE
3.4 mph
14.0%

Lead
ST Level (mm)
ST Slope (mV/s)

ST @ 10mm/mV
60 ms post J



*Computer Synthesized Rhythms

SATISH DIRISALA
Patient ID: 10752
24.02.2024
13:31:48

12-LEAD REPORT

160 bpm
150/90 mmHg

RECOVERY
#1
00:14

BRUCE
0.0 mph
0.0 %

Apollo Clinic
Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.10	V1	0.70
II	-1.60	V2	0.75
III	-1.70	V3	-0.80
aVR	0.75	V4	-1.25
aVL	0.90	V5	-1.35
aVF	-1.70	V6	-1.30



SATISH DIRISALA

Patient ID: 10752

24.02.2024

13:32:23

12-LEAD REPORT

133 bpm
180/90 mmHg

RECOVERY
#1
00:50

BRUCE
0.0 mph
0.0 %

Apollo Clinic

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.60	V1	0.40
II	-0.45	V2	1.40
III	-1.05	V3	0.30
aVR	-0.05	V4	0.10
aVL	0.80	V5	-0.15
aVF	-0.70	V6	-0.45



SATISH, DIRISALA

Patient ID 10752

24.02.2024

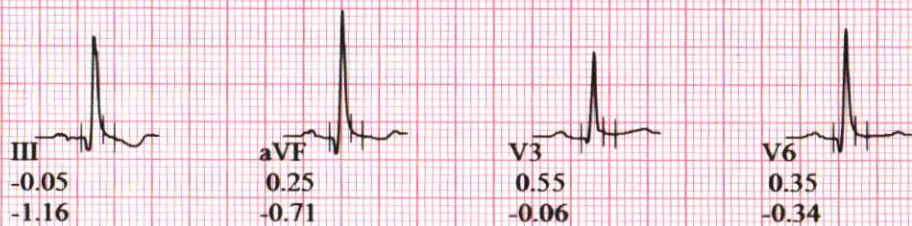
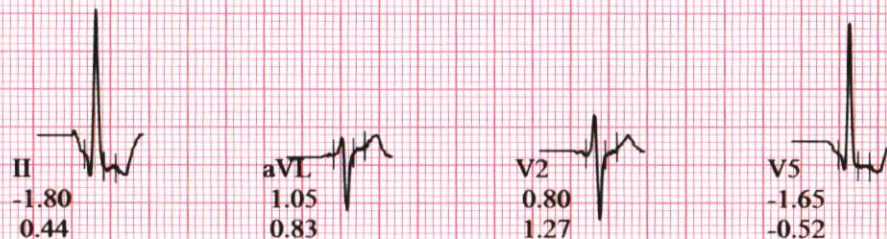
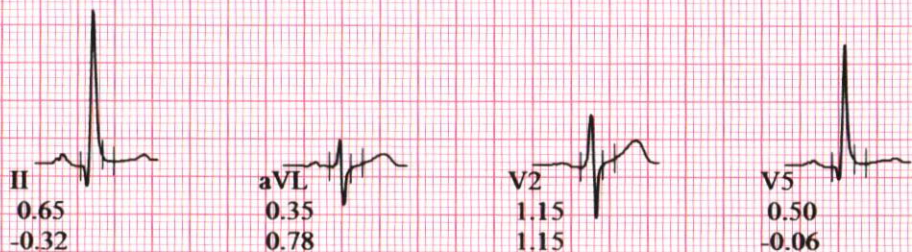
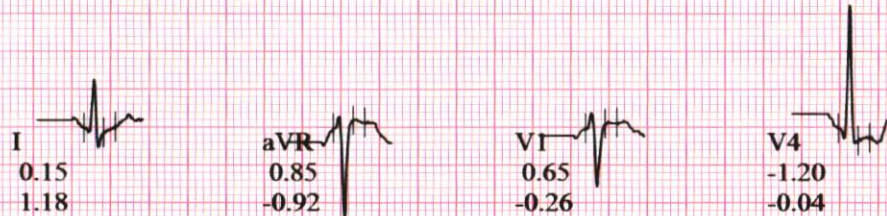
13:24:11

BASELINE

PEAK EXERCISE

EXERCISE STAGE 1 86 bpm ST @ 10mm/mV
 0:00 1.0 METS 130/80 mmHg 60ms post J

EXERCISE STAGE 3 166 bpm ST @ 10mm/mV
 6:31 8.5 METS 150/90 mmHg 60ms post J



Tabular Summary

SATISH, DIRISALA

Patient ID 10752

24.02.2024 Male

13:24:11 42yrs Asian

Meds: NIL

Test Reason: Screening for CAD

Medical History: NIL

Ref. MD: Ordering MD:

Technician: SWAPNALI LAKHIMALE Test Type: Treadmill Stress T

Comment:

BRUCE: Total Exercise Time 06:31

Max HR: 169 bpm 94% of max predicted 178 bpm HR at rest: 86

Max BP: 180/90 mmHg BP at rest: 130/80 Max RPP: 24660 mmHg*bpm

Maximum Workload: 8.50 METS

Max. ST: -1.95 mm, 0.00 mV/s in III; EXERCISE STAGE 3 06:31

Arrhythmia: PSVC:1

ST/HR index: 2.43 μ V/bpm

Reasons for Termination: Target heart rate achieved

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: ST DEPRESSION. Overall impression: Positive stress test.

Conclusion: TMT IS POSITIVE FOR INDUCIBLE MYOCARDIAL ISCHAEMIA AT THE WORKLOAD ACHIEVED.

Prognosis:

Duke Treadmill Score: -7

Risk Category: moderate

5 Year Survival: 85.5%

Average Annual Mortality: 2.9%

Location Number: * 0 *

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (III mm)	Comment
PRETEST	SUPINE	00:18	0.00	0.00	1.0	85	130/80	11050	0	-0.05	
	STANDING	00:12	0.00	0.00	1.0	84			0	-0.10	
	HYPERV.	00:16	0.00	0.00	1.0	85			0	-0.10	
	WARM-UP	00:07	0.00	0.00	1.0	86			0	-0.10	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	127	140/80	17780	0	-0.80	
	STAGE 2	03:00	2.50	12.00	7.0	160	150/90	24000	0	-1.40	
	STAGE 3	00:31	3.40	14.00	8.5	166	150/90	24900	0	-1.95	
RECOVERY		01:04	0.00	0.00	1.0	131	180/90	23580	0	-1.00	

PATIENT'S NAME	SATISH CHAND DIRISALA	AGE :- 42 Y/M
UHID	10752	DATE :- 26 Feb. 24

X-RAY CHEST PA VIEW

OBSERVATION:

Bilateral lung fields are clear.
Both hila are normal.
Bilateral cardiophrenic and costophrenic angles are normal.
The trachea is central.
Aorta appears normal.
The mediastinal and cardiac silhouette are normal.
Soft tissues of the chest wall are normal.
Bony thorax is normal.

IMPRESSION:

- No significant abnormality seen.



DR. DISHA MINOCHA
DMRE (RADIOLOGIST)

PATIENT'S NAME	SATISH CHAND DIRISALA	AGE :- 42y/M
UHID NO	10752	24 Feb 2024

SONOGRAPHY OF ABDOMEN AND PELVIS

Liver is normal in size measuring about 11.2 cm in cranio-caudal dimension. It shows increased echogenicity and reflectivity. There is no focal lesion seen. The portal vein and common bile duct are normal in course and caliber. There is no evidence of intra-hepatic biliary duct dilatation seen.

Gall Bladder is physiologically distended. No calculus, abnormal wall thickening or pericholecystic fluid collection is seen.

The visualized **Pancreas** is normal in size, shape and echotexture. There is no focal lesion seen.

Spleen is normal in size, shape and echotexture. There is no focal lesion seen.

Right Kidney measures 9.2 x 4.8 cm. **Left Kidney** measures 10 x 6.2 cm. Both kidneys are normal in size, shape and echotexture. No evidence of any focal lesion is noted. No hydronephrosis, hydroureter or calculus is noted in both kidneys. Cortico medullary differentiation is well maintained.

Urinary Bladder is well distended. There is no evidence of focal lesion. No evidence of any calculus is seen.

Prostate gland is normal in size, shape and echopattern.

There is no free fluid or abdominal lymphadenopathy.

IMPRESSION: FINDINGS ARE SUGGESTIVE OF
- DIFFUSE FATTY INFILTRATION OF LIVER.
- NO OTHER SIGNIFICANT ABNORMALITY IS DETECTED.

Clinico-haematological correlation and imaging follow-up is recommended.

Thanking you for the referral,
With regards,



DR. SIDDHI PATIL
Cons. Radiologist