

SHASHI KAPOOR 33 4580 M CHEST,FRN P->A 30-03-2024 11:33 AM
LIFELINE HOSPITAL, GILL ROAD ,LUDHIANA

This medical fitness is only on the basis of clinical examination. No COVID -19 and other investigation has been done to reveal the fitness

MEDICAL EXAMINATION REPORT

Name SHASHI KAPOOR Age & Sex 33/M Date of MER 30/3/24

Identification Mark Scal MARK on (Rt) Hand ID Proof VID Card

Ht 162 Wt 90 Chest Exp/Insp 108/112 Abd 109 PR 71/min BP 110/70
 BMI \rightarrow 34

Any Operation NO

Any Medicine Taken NO

Any Accident NO

Alcohol/Tabacco/Drugs Consumption NO Duration -

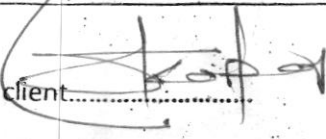
Qty -

Whether the person is suffering from any of the following diseases, give details

DISEASE	Yes/NO	DETAIL
Diabetes	NO	
Hypertension	NO	
Renal Complications	NO	
Heart Disease	NO	
Cancer	NO	
Any Other	NO	

Examination of systems

SYSTEMS(any evidence of past/present disease)	YES	NO	DETAILS
Brain or nervous system		<input checked="" type="checkbox"/>	
Lungs or other parts of respiratory system		<input checked="" type="checkbox"/>	
GI Tract		<input checked="" type="checkbox"/>	
Ears, Eyes, Nose, Throat, Neck		<input checked="" type="checkbox"/>	
Cardiovascular System		<input checked="" type="checkbox"/>	

Signature of client 

Signature of Doctor R.S. Maheshwari
 M.B.B.S. M.D. (Ped) P.C.M.S. (Ex.) M.I.A.P
 Consultant Physician & Child Specialist
 Seal of Centre **LIFE LINE HOSPITAL**
 GILL ROAD, LUDHIANA-141003
 Registration No 34970

Feedback – Medical Checks

This is to confirm & certify that I have gone through the medical examination through centre on _ to complete the requisite medical formalities towards my application for life insurance from BOB vide Proposal Form bearing no _____ dated 30/3/24

I do confirm specifically that the following medical activities have been performed for me:

- | | | |
|--|---|-----------------------------|
| 1. Full Medical Report (Medical Questionnaire) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 2. Sample Collection | | |
| a. Blood | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. Urine | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 3. Electro Cardio Gram (ECG) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 4. Treadmill Test (TMT) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 5. Others _____ | | |

I have furnished my ID Proof UID Card bearing ID No. 899003471198 at the time of my medical.

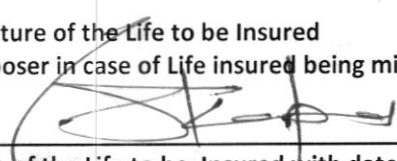
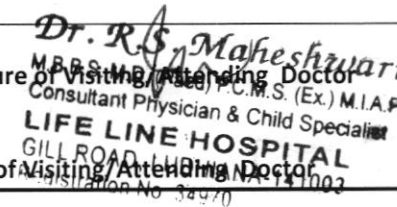
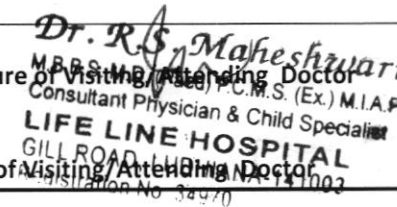
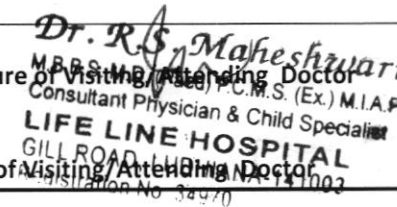
Feedback Form

- Behavior and cooperation of staff

Reception/ Clinic/ Hospital	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Technician/ Doctors	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
- Time Management Good Average Poor
- Upkeep of hospital Good Average Poor
- Technology & Skills Good Average Poor
- Please remark if the medical check procedure was satisfactory Yes No

(Medical Facility- Location; Facility Set-up, instruments, cleanliness; Process followed; etc. Also on the Medical Staff: Appearance; Technical Know-how; Behavior etc.)

- If No please provide details or let us know of anything additional you would like to provide

Signature of the Life to be Insured (Proposer in case of Life insured being minor)  <hr/> Name of the Life to be Insured with date <u>30/3/24</u> (Proposer (in case of Life insured being minor)) <p style="font-size: 1.2em; margin-top: 10px;">Shashi Kapoor</p>	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">  </td> </tr> <tr> <td>Signature of Visiting/Attending Doctor</td> </tr> <tr> <td>Name of Visiting/Attending Doctor</td> </tr> <tr> <td>MC Registration No: <u>34970</u></td> </tr> <tr> <td>Doctor Stamp with date <u>30/3/24</u></td> </tr> </table>		Signature of Visiting/Attending Doctor	Name of Visiting/Attending Doctor	MC Registration No: <u>34970</u>	Doctor Stamp with date <u>30/3/24</u>
						
Signature of Visiting/Attending Doctor						
Name of Visiting/Attending Doctor						
MC Registration No: <u>34970</u>						
Doctor Stamp with date <u>30/3/24</u>						

Self Declaration & Special COVID-19 Consent



Date: 30/03/24 ✓

Day:

Time:

Patient's Name/Client Name SHASHI KAPOOR

Age: 33 years

Sex: male

Case No/Proposal no

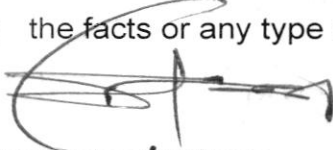
Address:

Profession:

- 1) Do you have Fever/Cough/Tiredness/Difficulty in Breathing? Yes/No ✓
- 2) Have you travelled outside India and came back during pandemic of COVID-19 or
Have you come from other country during pandemic of COVID-19? Yes/No ✓
- 3) Have you travelled anywhere in India in last 60 days? Yes/No ✓
- 4) Any Personal or Family History of Positive COVID-19 or Quarantine? Yes/No ✓
- 5) Any history of known case of Positive COVID-19 or Quarantine patient in your
Neighbors/Apartment/Society area Yes/No ✓
- 6) Are you suffering from any following diseases?
Diabetes/Hypertension/Lung Disease/Heart Disease Yes/No ✓
- 7) Are you healthcare worker or interacted/lived with Positive COVID-19 patients? Yes/No ✓

During the Lockdown period and with current situation of Pandemic of COVID-19, I came to this hospital/home visit by this hospital at my home for medical checkup..e.g. MER, Blood Sample, Urine sample and ECG. I also know that I may get infection from the hospital or from doctor, and I will take every precaution to prevent this from happening. for that I will never hold doctors or hospital staffs accountable if such infection occurs to me or my accompanying persons.

Above information is true as per best to my knowledge, I understand that giving false information or hiding the facts or any type of violence in the hospital are punishable offence in IPC.


Patient's Signature with Name

Dr. R.S. Maheshwari
M.B.B.S. M.D. (Pediatrics) M.A.P.
Consultant Physician & Child Specialist
LIFE LINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No. 34970

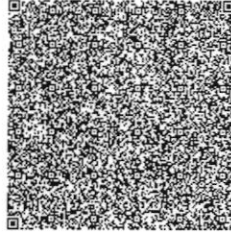


भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0648/00343/60448

To
शशि कपूर
Shashi Kapoor
S/O Late Kishan Chand,
Post Office Dal Lake Teh Dharamshala,
VTC: Dal Lake,
District: Kangra,
State: Himachal Pradesh,
PIN Code: 176216,
Mobile: 7572944355



Signature Not Verified
Digitally signed by S Unique
Identification Authority of India
05
Date: 2024.03.29 16:43:45
GMT+05:30

आपका आधार क्रमांक / Your Aadhaar No. :

8990 0347 1198

VID : 9198 7387 9802 5761

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Aadhaar no. issued: 29/04/2011



शशि कपूर
Shashi Kapoor
जन्म तिथि/DOB: 23/10/1990
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑनलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

8990 0347 1198

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या www.uidai.gov.in पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



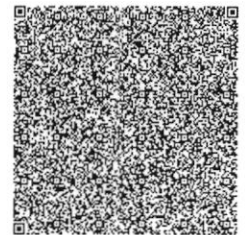
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
S/O स्व किशन चंद, पोस्ट ऑफिस डल लेक तह धर्मशाला,
डल लेक, कांगड़ा,
हिमाचल प्रदेश - 176216

Address:
S/O Late Kishan Chand, Post Office Dal Lake
Teh Dharamshala, Dal Lake, DIST: Kangra,
Himachal Pradesh - 176216

Details as on: 29/03/2024



8990 0347 1198

VID : 9198 7387 9802 5761

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Dr. R.S. Maheshwari
M.B.B.S. M.D. (Paed) P.C.M.S. (Ex.) M.I.A.P
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Registration No. 34670



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GILL ROAD, LUDHIANA-141003
Registration No. 34970



241/1, Dasmesh Nagar, New
Kartar Nagar, Ludhiana, Punjab
141003, India
30 Mar 2024 10:05 am

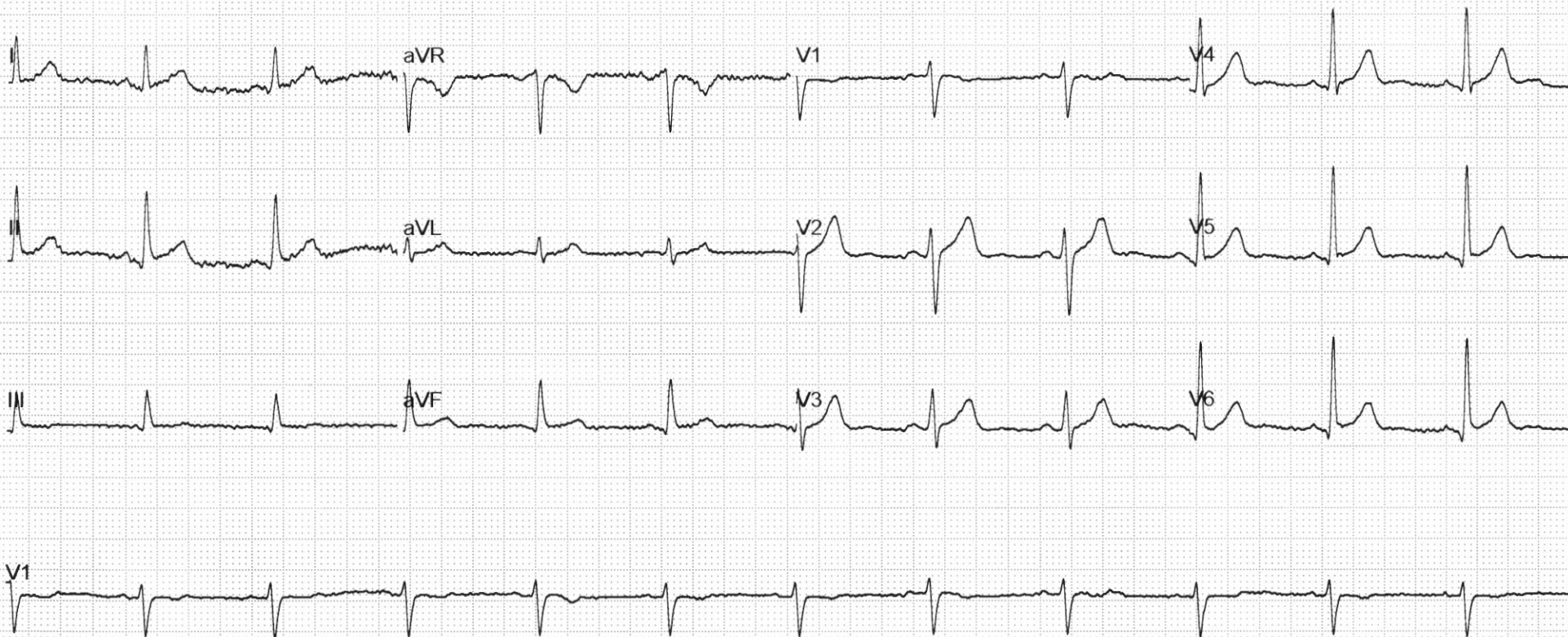
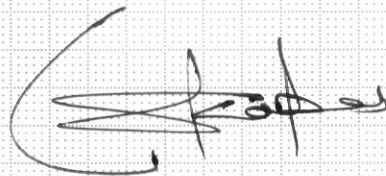
broken
clouds
28.0 °C

QRS 78 ms
QT / QTcBaz 364 / 395 ms
PR 130 ms
P 82 ms
RR / PP 840 / 845 ms
P / QRS / T 45 / 53 / 28 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Dr. Ravi Kant Singla
M.B.B.S. MD
Medical Specialist
Ex. Registrar CMC LDH.
Reg. No. 29182





I Shashi Kapoor not interested in doing TMT. As it is
—time consuming and I have to reach my branch.
Today is last working day of March closing. So I am not
in a position to do TMT.

Regards

SHASHI KAPOOR

Dr. R.S. Maheshwari
M.B.B.S. M.D. (Paed) P.C.M.S. (Ex.) M.I.A.F
Consultant Physician & Child Specialist
LIFE LINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No 34970

Lifeline Hospital

Multi Speciality & Super Speciality Hospital NABH Accredited



NAME Shashi Kapoor

EMP.CODE _____

AGE / SEX 33y/M

DATE 30/3/24

REF. BY BOB

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VIA	SPH	CYL	AXIS	VIA
DISTANCE	-4.75			6/6	-4.50			6/6
FOR NEAR ADD	_____				_____			

COLOR VISION (ISHIHARA'S CHART)

COLOR VISION : Normal

OTHER OPINION: _____

ENT DEPARTMENT
LIFELINE HOSPITAL
DOCTOR SIGNATURE
(NABH ACCREDITED)
GILL ROAD, LUDHIANA
CONTACT No. 0161-4646792

Lifeline Hospital

Multi Speciality & Super Speciality Hospital

NABH Accredited
ENTRY LEVEL



NAME : SHASHI KAPOOR

AGE/SEX: 33Y/M

HEIGHT:162 cms

WEIGHT: 90 kgs

B.P: 110/70mmHg

PULSE: 71BPM

- CVS - N.A.D.
- CNS – N.A.D.
- P/A – N.A.D.
- R/S – N.A.D.
- ENT - N.A.D.
- Skin Examination – N.A.D.
- Hearing Examination – N.A.D.
- Dental Examination – Good Oral Hygiene.

Dr. R.S. Maheshwari
M.B.B.S. M.D. (Paed) P.C.M.S. (Ex.) M.I.A.P
Consultant Physician & Child Specialist
DR. R.S. MAHESHWARI
M.B.B.S., M.D. LUDHIANA-141003
Registration No. 34970

Dr. Maheshwari's Complex, Gill Road, Ludhiana-141003. (India)

Tel. : 91-161-4646792, 4605353, 2501661 Helpline : 99886-39620

E-mail : lifelineldh@rediffmail.com ; info@lifelinehosp.com Web : www.lifelinehosp.com



NAME: SHASHI KAPOOR

AGE/SEX: 33Y/M

HEIGHT: 162 cms

WEIGHT: 90 kgs

B.P: 110/70mmHg

PULSE: 71BPM

- CVS - N.A.D.
- CNS - N.A.D.
- P/A - N.A.D.
- R/S - N.A.D.
- Not k/c/o of DM,HTN
- ENT - NAD
- Skin Examination - NAD
- TUNING FORK TEST- NORMAL

Dr. R.S. Maheshwari
M.B.B.S. M.D. (Paed) P.C.M.S. (Ex.) M.I.A.P
Consultant Physician & Child Specialist
M.B.B.S. M.D.
LIFELINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No. 34970



Lab ID. :	04	Date :	30/03/2024
Name :	SHASHI KAPOOR	Age/Sex :	33 /Years/Male
Ref. By :	BANK OF BARODA	Mac. No. :	630

Complete Blood Count

Test Performed on ERBA H360 Fully Automated Analyser

Parameters	Result	Units	Reference Range	Graphs
LEUKOCYTES				
Total WBC Count	9.52	10 ³ /uL	4.0 - 11.0	<p>WBC</p>
Lymphocytes%	42.1	%	20.0 - 50.0	
Mixed%	9.9	%	3.0 - 10.0	
Neutrophils%	48.0 L	%	50.0 - 70.0	
Lymphocytes#	4.01	10 ³ /uL	0.6 - 4.1	
Mixed#	0.94	10 ³ /uL	0.1 - 1.8	
Neutrophils#	4.57	10 ³ /uL	2.0 - 7.8	
ERYTHROCYTES				
Hemoglobin	13.2	g/dl	12.0 - 17.0	<p>RBC</p>
R.B.C Count	4.89	10 ⁶ /uL	3.50 - 5.50	
Haematocrit(PCV)	41.1	%	36.0 - 47.0	
MCV	84.2	fl	80.0 - 99.0	
MCH	27.0	pg	27.0 - 32.0	
MCHC	32.1	g/dl	32.0 - 36.0	
RDW-SD	49.4	fl	35.0 - 56.0	
RDW-CV	15.8 H	%	11.5 - 14.5	
THROMBOCYTES				
Platelets Count	123 L	10 ³ /uL	150 - 450	<p>PLT</p>
MPV	13.7 H	fl	7.4 - 10.4	
PDW	23.7 H	fl	10.0 - 17.0	
PDW-CV	17.0 H	%	10.0 - 17.0	
PCT	0.169	%	0.108 - 0.280	
P-LCR	55.7 H	%	13.0 - 43.0	
P-LCC	69.0	10 ³ /uL	30 - 90	
ESR	06	mm 1st hr	0 - 20	
Blood Group	"B" POSITIVE			

Surbhi
Dr. SURBHI GOYAL
 M.B.B.S. M.D. (PATHOLOGY)
 CONSULTANT PATHOLOGIST
 Reg No 40195

NAME : SHASHI KAPOOR
AGE/SEX : 33Y/M
REF BY : BANK OF BARODA
DATE : 30.03.2024

BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	90mg/dl
PPBS	70-140mg/dl	122mg/dl
UREA(BUN)	15-45mg/dl	26mg/dl
CREATININE	0.7-1.5mg/dl	0.88mg/dl
URIC ACID	3.0-7.2mg/dl	4.62 mg/dl
CHOLESTEROL	140-200mg/dl	153mg/dl
TRIGLYCRIDE	60-160mg/dl	129mg/dl
CHOLESTEROL HDL	35-60 mg/dl	47mg/dl
CHOLESTEROL LDL	60-150 mg/dl	81mg/dl
VLDL	20-40 mg/dl	25mg/dl
CHOLESTEROL/HDL Ratio	4.0:1-4.16:1 mg/dl	3.2:1mg/dl
LDL/HDL Ratio	1.71-2.5mg/dl	1.7mg/dl

Recommendation:-

- 1 This report is not valid for medico legal purposes .
2. The test can be repeated free of cost in case of any discrepancy.
3. Test to be clinically correlated.
4. All card tests require confirmation by serology
5. False negative or false positive results may occur in some cases.

Surbhi
Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No 40195

NAME : SHASHI KAPOOR
AGE/SEX : 33Y/M
REF BY : BANK OF BARODA
DATE : 30.03.2024

LIVER EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
BILLIRUBIN TOTAL	<1.2mg/dl.	0.74mg/dl
BILLIRUBIN DIRECT	<0.3mg/dl	0.21mg/dl
BILIRUBIN INDIRECT	<0.9mg/dl	0.53mg/dl
S.G.O.T.	5-50Units/L	83Units/L
S.G.P.T.	5-50 Units/L	117Units/L
GAMMA GT	9-52 Units/L	53Units/L
ALK. PHOSPHATASE	ADULTS-28-111Units/L CHILD-54-369units/L	117Units/L
TOTAL PROTEIN	6.0-8.0mg/dl	7.2mg/dl
ALBUMIN	3.5-5.3mg/dl	4.2mg/dl
S.GLOBULIN	2.0-4.0gm/dl	3.0gm/dl
A/G RATIO	1.25:1-1.75:1 mg/dl	1.40:1gm/dl

Recommendation:-

1. This report is not valid for medico legal purposes .
2. The test can be repeated free of cost in case of any discrepancy.
3. Test to be clinically correlated.
4. All card tests require confirmation by serology
5. False negative or false positive results may occur in some cases.

Surbhi
Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No 49195



NAME : SHASHI KAPOOR
AGE/SEX : 33Y/M
REF BY : BANK OF BARODA
DATE : 30.03.2024

HbA1C

Test name	results	units
HbA1c{GLYCOSYLATED HEMOGLOBIN}BLOOD	5.40	%

Interpretation

As per American Diabetes association {ADA}	
Reference Group	HbA1c in %
Non diabetic adults ≥ 18 years	4.0 - 6.0
At risk	≥ 6.0 to ≤ 6.5
Diagnosing diabetes	> 6.5
Therapeutic goals for glycemic Control	Adults Goal of therapy : < 7.0 Action suggested : > 8.0

Note : 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. target goals of < 7.0 % may be beneficial in patients with short duration of diabetes , long life expectancy and no significant cardiovascular disease .In patient with significant complications of diabetes , limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose level over the past 8-12 weeks & is a much better indicator of long term glycemic as compared to blood & urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels

HbA1c %	Mean plasma glucose {mg/dl }	HbA1c %	Mean plasma glucose {mg/dl }
5	98	9	212
6	126	10	240
7	154	11	269
8	183	12	298

Recommendation:-

1. This report is not valid for medico legal purposes.
2. The test can be repeated free of cost in case of any discrepancy.
3. Test to be clinically correlated.
4. All card tests require confirmation by serology

Surbhi
Dr. SURBHI ROYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No 40195



NAME : SHASHI KAPOOR
AGE/SEX : 33Y/M
REF BY : BANK OF BARODA
DATE : 30.03.2024

• URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	30ml
COLOUR	P.YELLOW
DEPOSIT	ABSENT
REACTION	ACIDIC
SECIFIC GRAVITY	1.020
B. CHEMICAL EXAMINATION	
UROBILINOGEN	NIL
BLOOD	NIL
PROTEIN	NIL
SUGAR	NIL
KETONE BODIES	NIL
BILIRUBIN	NIL
NITRITE	NIL
LEUKOCYTES	NIL
C. MICROSCOPIC EXAMINATION	
EPITHELIAL CELLS	NIL
PUS CELLS	2-4/hpf
R.B.C.	NIL
CRYSTALS	NIL
CAST	NIL

Recommendation:-

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2. The test can be repeated free of cost in case of any discrepancy.
3. Test to be clinically correlated.
4. All card tests require confirmation by serology
5. False negative or false positive results may occur in some cases

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NAME : SHASHI KAPOOR
AGE/SEX : 33Y/M
REF BY : BANK OF BARODA
DATE : 30.03.2024

TEST ASKED : -T3,T4,TSH

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	1.08 ng/ml	0.70-2.04 ng/ml
T4	5.68µg/dl	4.6-10.5 µg/dl
TSH	1.520µIU/ml	0.40-4.20µIU/ml

Recommendation:-

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NAME : SHASHI KAPOOR
AGE/SEX : 33Y/M
REF BY : BANK OF BARODA
DATE : 30.03.2024

URINE EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
POST URINE SUGAR	NIL	NIL

*Recommendation:-

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Name : SHASHI KAPOOR
Age/Sex : 33YRS/M
Date : 30/3/2024

X-ray Chest PA View

The cardiac size and shape is **normal**

Both hilla are normal.

The lungs on either side shows equal translucency.

The peripheral vasculature is normal

The domes of the diaphragm is normal

The pleural spaces are normal.

Haziness infiltration on right mid zone .

Bronchitis.

DR. R. S. MAHESHWARI
Dr. R. S. Maheshwari
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M.B.B.S., Paed. P.C.M.S. (Ex.) M.I.A.
Consultant Physician & Child Specialist
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LIFELINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No 34970



Patient's Name: SHASHI KAPOOR

DATE : 30/03/2024

Age/Sex : 33Yrs/M

ULTRASONOGRAPHY OF ABDOMEN

LIVER : Liver is normal in size & shape. Shows **fatty infiltration**. Hepatic biliary radicals are normally outlined. Portal vein is normal in caliber. No evidence of liver abscess. Movements of diaphragm are not restricted. No evidence of secondaries. CBD is of normal calibre.

GALL BLADDER : Gall Bladder is distended. Walls are normal. Lumen shows normal echo.

PANCREAS : Pancreas is normal in size, shape and echotexture. No evidence of any collection in the sac.

SPLEEN : Spleen is normal in size, shape and echotexture. Calibre splenic vein at hilum is WNL.

RIGHT KIDNEY : Right kidney is normal in size & shape. Cortical thickness is WNL. Pelvi-calyceal system is normal. There is no evidence of calculus. No backpressure changes or S.O.L. Corticomedullary differentiation is well maintained.

LEFT KIDNEY : Left kidney is normal in size & shape. Cortical thickness is WNL. Pelvi-calyceal system is normal. There is no evidence of calculus. No backpressure changes or S.O.L. Corticomedullary differentiation is well maintained. **Some concretions seen**.

URETERS : both ureters are normal.

URINARY BLADDER : UB is seen in filled stage.

PROSTATE : Prostate is normal in size. No focal lesion seen.

IMPRESSION: ~~GRADE 1 FATTY LIVER~~ //LEFT RENAL CONCRETIONS

Jr. R. S. Maheshwari
M.B.B.S., M.D (Ped)
SONOLOGIST

LIFE LINE HOSPITAL
DR. R. S. MAHESHWARI (ULTRASONOLOGIST)

This is only professional opinion and the diagnosis should be correlated clinically & with either investigation to come to final diagnosis.

