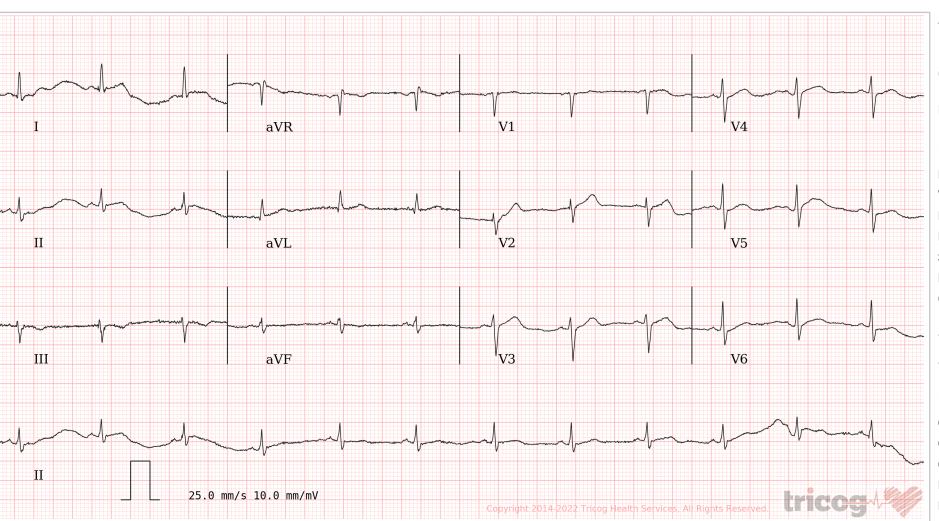
SUBURBAN DIAGNOSTICS PRECISE TESTING HEALTHIER LIVING

SUBURBAN DIAGNOSTICS - BORIVALI WEST

Patient Name: RSKV SURYANARAYANA

Patient ID: 2207021277

Date and Time: 11th Mar 22 9:52 AM



Age 51 10 26 years months days

Gender Male

Heart Rate 75bpm

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QSRD: 80ms
QT: 354ms
QTc: 395ms
PR: 118ms
P-R-T: 58° 4° 10°

Sinus Rhythm, Normal Axis, Nonspecific ST and T wave Abnormality. Please correlate clinically.

REPORTED BY

The

Dr Nitin Sonavane M.B.B.S.AFLH, D.DIAB,D.CARD Consultant Cardiologist 87714

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



E

R

CID# : 2207021277 SID# : 177805021639

Name : MR.RSKV SURYANARAYANA Registered : 11-Mar-2022 / 08:41

Age / Gender : 51 Years/Male Collected : 11-Mar-2022 / 08:41

Consulting Dr. : - Reported : 11-Mar-2022 / 15:34

Reg.Location : Borivali West (Main Centre) Printed : 11-Mar-2022 / 15:41

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):166cmsWeight (kg):67kgTemp (0c):AfebrileSkin:NormalBlood Pressure (mm/hg):120/80 mm of hgNails:Normal

Pulse: 76/min Lymph Node: Not palpable

Systems

Cardiovascular: S1S2 audible

Respiratory: AEBE **Genitourinary:** NAD

GI System: Liver & spleen not palpable

CNS: NAD

IMPRESSION:

ADVICE:

CHIEF COMPLAINTS:

Hypertension: NO
 IHD NO
 Arrhythmia NO

4) **Diabetes Mellitus** Since 4yrs

5) Tuberculosis NO

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: 2207021277

CID#

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6) Asthama NO

7) Pulmonary Disease NO

8) Thyroid/ Endocrine disorders NO

9) Nervous disorders NO

10) **GI system** NO

11) Genital urinary disorder NO

12) Rheumatic joint diseases or symptoms NO

13) Blood disease or disorder NO

14) Cancer/lump growth/cyst NO

15) Congenital disease NO

16) Surgeries NO

17) Musculoskeletal System NO

PERSONAL HISTORY:

Alcohol
 Smoking
 Diet
 NO
 Mix

4) **Medication** DM on Rx

*** End Of Report ***

Dr.NITIN SONAVANE PHYSICIAN

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:51 Years / Male Age / Gender

Consulting Dr. Reg. Location

: Borivali West (Main Centre)



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Reported :11-Mar-2022 / 12:50

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood				
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
RBC PARAMETERS				
Haemoglobin	16.6	13.0-17.0 g/dL	Spectrophotometric	
RBC	5.53	4.5-5.5 mil/cmm	Elect. Impedance	
PCV	49.3	40-50 %	Measured	
MCV	89	80-100 fl	Calculated	
MCH	30.1	27-32 pg	Calculated	
MCHC	33.7	31.5-34.5 g/dL	Calculated	
RDW	14.5	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	5970	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND ABS	OLUTE COUNTS			
Lymphocytes	19.6	20-40 %		
Absolute Lymphocytes	1170.1	1000-3000 /cmm	Calculated	
Monocytes	7.0	2-10 %		
Absolute Monocytes	417.9	200-1000 /cmm	Calculated	
Neutrophils	71.6	40-80 %		
Absolute Neutrophils	4274.5	2000-7000 /cmm	Calculated	
Eosinophils	1.3	1-6 %		
Absolute Eosinophils	77.6	20-500 /cmm	Calculated	
Basophils	0.5	0.1-2 %		
Absolute Basophils	29.9	20-100 /cmm	Calculated	
Immature Leukocytes	-			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	195000	150000-400000 /cmm	Elect. Impedance
MPV	10.4	6-11 fl	Calculated
PDW	24.3	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-	
Microcytosis	-	

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Reg. Location : Borivali West (Main Centre) Reported :11-Mar-2022 / 12:54

Macrocytosis -

Anisocytosis -

Poikilocytosis -

Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY Few megaplatelets seen on smear

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 3 2-20 mm at 1 hr. Westergren

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Hexokinase

Hexokinase

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

GLUCOSE (SUGAR) FASTING. 148.9 Non-Diabetic: < 100 mg/dl Fluoride Plasma Impaired Fasting Glucose:

100-125 mg/dl

Diabetic: >/= 126 mg/dl

Collected

GLUCOSE (SUGAR) PP. Fluoride 248.9 Non-Diabetic: < 140 mg/dl

Plasma PP/R Impaired Glucose Tolerance:

140-199 mg/dl

Diabetic: >/= 200 mg/dl

Urine Sugar (Fasting) Absent Absent Urine Ketones (Fasting) **Absent Absent**

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Anto **Dr.ANUPA DIXIT** M.D.(PATH) **Consultant Pathologist & Lab** Director

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETERRESULTSBIOLOGICAL REF RANGEMETHODGlycosylated Hemoglobin7.3Non-Diabetic Level: < 5.7 %</td>HPLC

(HbA1c), EDTA WB - CC

Prediabetic Level: 5.7-6.4 %
Diabetic Level: >/= 6.5 %

Estimated Average Glucose 162.8 mg/dl Calculated

(eAG), EDTA WB - CC

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.

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Dr.JYOT THAKKER M.D. (PATH), DPB Pathologist & AVP(Medical Services)

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO PROSTATE SPECIFIC ANTIGEN (PSA) **BIOLOGICAL REF RANGE**

TOTAL PSA, Serum **ECLIA** 0.824 0.03-3.5 ng/ml

Clinical Significance:

PARAMETER

PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.

RESULTS

- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- Prostate cancer screening 4.The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer. 5. Calculation of % free PSA (ie. FPSA/TPSA x 100), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

Increased In- Prostate diseases, Cancer, Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection, Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta, Acute renal failure, Acute myocardial

Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artifactual (e.g., improper specimen collection; very high PSA levels). Finasteride (5-α reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA, USG Prostate

Limitations:

tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallelmeasurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.

Reference:

- Wallach's Interpretation of diagnostic tests, 10th Edition
- Pack insert

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Annha **Dr.ANUPA DIXIT** M.D.(PATH) **Consultant Pathologist & Lab** Director

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO **URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
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	1-2	0-5/hpf	
Red Blood Cells / hnf	Absont	0-2/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 4-5 Less than 20/hpf

Others



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO **BLOOD GROUPING & Rh TYPING**

PARAMETER RESULTS

ABO GROUP В

Rh TYPING **POSITIVE**

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

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:

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

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO LIPID PROFILE

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	164.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	189.1	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	37.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	127.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	90.0	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	37.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO,	2.4	0-3.5 Ratio	Calculated

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO KIDNEY FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BLOOD UREA, Serum	20.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.91	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	93	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
URIC ACID, Serum	5.9	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.0	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	4.5	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO **THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.95	0.35-5.5 microIU/ml	ECLIA

Interpretation:

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

Clinical Significance:

- 1)TSH Values between 5.5 to 15 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: 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.

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)

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO **LIVER FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.66	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.41	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	15.3	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	24.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	28.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	92.8	40-130 U/L	Colorimetric

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***







Annha **Dr.ANUPA DIXIT** M.D.(PATH) Consultant Pathologist & Lab Director

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnostics.com | www.suburbandiagnostics.com

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Name : Mr RSKV SURYANARAYANA

Age / Sex : 51 Years/Male

Ref. Dr :

Reg. Location : Borivali West

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Authenticity Check

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: 11-Mar-2022 / 09:38

: 11-Mar-2022 / 14:01

X-RAY CHEST PA VIEW

Reg. Date

Reported

Both lung fields are clear.

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:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

End of Report	_
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This report is prepared and physically checked by Dr.Vikrant Patil before dispatch.



Dr. VIKRANT S. PATIL M. D. Radio Diagnosis Reg No 2014052421

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Name : Mr RSKV SURYANARAYANA

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Ref. Dr :

Reg. Location : Borivali West



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: 11-Mar-2022 / 10:30

Reported : 11-Mar-2022 / 12:22

USG WHOLE ABDOMEN

Reg. Date

<u>LIVER:</u> Liver is normal in size with mild generalized increase in parenchymal echotexture. There is no intrahepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 11.2 x 4.4 cm. Left kidney measures 11.9 x 4.5cm.

Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

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Name : Mr RSKV SURYANARAYANA

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: 11-Mar-2022 / 12:22

Opinion:

Grade I fatty infiltration of liver.

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

This report is prepared and physically checked by Dr. Vikrant Patil before dispatch.

+

Reg. Date

Reported

Dr. VIKRANT S. PATIL M. D. Radio Diagnosis Reg No 2014052421