

# SUBURBAN DIAGNOSTICS - SWARGATE, PUNE



Patient Name: KUMAR ASHISH  
Patient ID: 2220424994

Date and Time: 23rd Jul 22 10:40 AM

Age **33** **4** **6**  
years months days

Gender **Male**

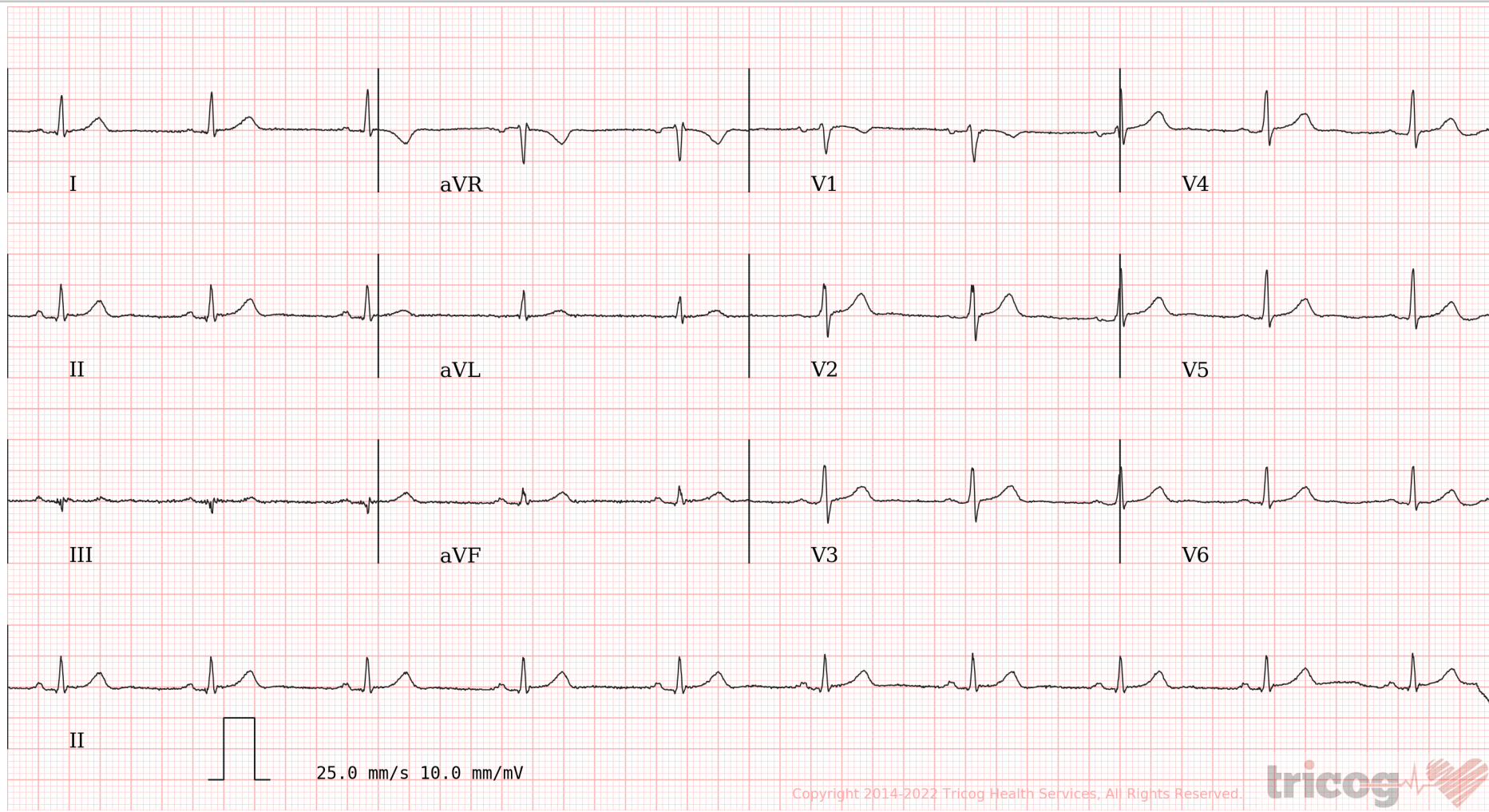
Heart Rate **62bpm**

### Patient Vitals

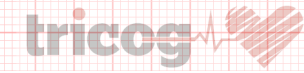
BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 82ms  
QT: 372ms  
QTc: 377ms  
PR: 152ms  
P-R-T: 65° 27° 43°



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ECG Within Normal Limits: Within normal limit except Low Voltage QRS, Sinus Rhythm, Normal Axis. Please correlate clinically.

REPORTED BY

DR ISHWARLAL BAMB  
M.B.B.S MD (MEDICINE)  
cardiologist  
39452

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.



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**CID** : 2220424994  
**Name** : Mr KUMAR ASHISH  
**Age / Sex** : 33 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Swargate, Pune Main Centre

**Reg. Date** : 23-Jul-2022  
**Reported** : 23-Jul-2022/12:30

**USG WHOLE ABDOMEN**

**LIVER:** Normal in size ( measures 13.1 cms) and **shows generalised increased echogenicity.** No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

**GALL BLADDER :** Partially distended. No evidence of any pericholecystic collection.

**PANCREAS :** Normal in size and echotexture. Pancreatic duct is normal.

**SPLEEN :** Normal in size and echopattern. No focal lesion. Splenic vein is normal.

**RIGHT KIDNEY :** Measures 9.7 x 4.4 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

**LEFT KIDNEY :** Measures 9.8 x 4.8 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

**Retroperitoneum and flanks obscured due to bowel gas.**  
Paraaortic and paracaval region appears to be normal.  
No evidence of lymphnodes noted.  
No free fluid in abdomen.

**URINARY BLADDER :** Well distended. No calculi. Wall thickness is normal.

**PROSTATE :** Normal in size and shows normal echotexture.

**IMPRESSION :** Normal size liver with grade I fatty changes.

Clinical correlation is indicated.-----End of Report-----

This report is prepared and physically checked by Dr Nikhil Joshi before dispatch.

**DR. NIKHIL G. JOSHI**  
**M.B.B.S., D.M.R.E.**  
**REG. NO. 2001/02/397**



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**X-RAY CHEST PA VIEW**

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

**IMPRESSION** : Essentially normal X-ray of the chest.

Clinical corelation is indicated.

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

**This report is prepared and physically checked by Dr Nikhil Joshi before dispatch.**

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**M.B.B.S., D.M.R.E.**  
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Name : MR.KUMAR ASHISH  
Age / Gender : 33 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

Collected : 23-Jul-2022 / 09:43  
Reported : 23-Jul-2022 / 11:34

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	15.6	13.0-17.0 g/dL	Spectrophotometric
RBC	4.83	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.7	40-50 %	Calculated
MCV	97	80-100 fl	Calculated
MCH	<b>32.3</b>	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	13.1	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6700	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	31.0	20-40 %	
Absolute Lymphocytes	2077.0	1000-3000 /cmm	Calculated
Monocytes	5.7	2-10 %	
Absolute Monocytes	381.9	200-1000 /cmm	Calculated
Neutrophils	53.0	40-80 %	
Absolute Neutrophils	3551.0	2000-7000 /cmm	Calculated
Eosinophils	<b>9.8</b>	1-6 %	
Absolute Eosinophils	<b>656.6</b>	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	33.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	197000	150000-400000 /cmm	Elect. Impedance
MPV	10.4	6-11 fl	Calculated
PDW	<b>18.5</b>	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		







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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	94.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	118.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.27	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.14	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	26.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	35.1	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	47.4	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	109.7	40-130 U/L	Colorimetric
BLOOD UREA, Serum	16.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.96	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	96	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.9	3.5-7.2 mg/dl	Enzymatic





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**Reported** : 23-Jul-2022 / 15:13


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 Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



MC-2463



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

**ADDRESS:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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 \*\*\*



MC-2463

*Signature*

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

**ADDRESS:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Reported : 24-Jul-2022 / 14:24

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Trace	Absent
Blood	Absent	Absent
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction (pH)	Acidic (6.0)	-
Occult Blood	Absent	Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Flakes +	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Occasional	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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\*\*\* End Of Report \*\*\*



MC-2463

*Shruti Ramteke*

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**M.B.B.S, DCP (PATH)**  
**Pathologist**

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Slight Hazy	Clear	-
Volume (ml)	50	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	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	6-8	Less than 20/hpf	

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



MC-2463

*Gourav*

**Dr.GOURAV AGRAWAL**  
DCP, DNB (Path)  
Pathologist

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

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
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

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	139.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	73.7	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	36.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	102.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	88.0	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	14.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.2	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	12.8	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	2.73	0.35-4.94 microIU/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 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 transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.



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**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 transiently altered because 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 \*\*\*



MC-2463

*Shamla Kulkarni*

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

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

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

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

CID#	: 2220424994	SID#	: 177805339930
Name	: MR.KUMAR ASHISH	Registered	: 23-Jul-2022 / 09:39
Age / Gender	: 33 Years/Male	Collected	: 23-Jul-2022 / 09:39
Consulting Dr.	: -	Reported	: 23-Jul-2022 / 12:29
Reg.Location	: Swargate, Pune (Main Centre)	Printed	: 23-Jul-2022 / 12:31

## **USG WHOLE ABDOMEN**

**LIVER:** Normal in size ( measures 13.1 cms) and **shows generalised increased echogenicity.** No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

**GALL BLADDER :** Partially distended. No evidence of any pericholecystic collection.

**PANCREAS :** Normal in size and echotexture. Pancreatic duct is normal.

**SPLEEN :** Normal in size and echopattern. No focal lesion. Splenic vein is normal.

**RIGHT KIDNEY :** Measures 9.7 x 4.4 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

**LEFT KIDNEY :** Measures 9.8 x 4.8 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

**Retroperitoneum and flanks obscured due to bowel gas.**

Paraaortic and paracaval region appears to be normal.

No evidence of lymphnodes noted.

No free fluid in abdomen.

**URINARY BLADDER :** Well distended. No calculi. Wall thickness is normal.

**PROSTATE :** Normal in size and shows normal echotexture.

**IMPRESSION :** Normal size liver with grade I fatty changes.

Clinical correlation is indicated.

\*\*\* End Of Report \*\*\*

**Dr.NIKHIL JOSHI**

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**CONSULTANT RADIOLOGIST**

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### X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm are normal.

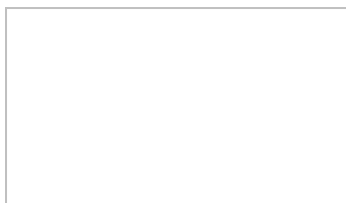
The cardio and costophrenic angles are clear.

Bony thorax is normal.

**IMPRESSION** : Essentially normal X-ray of the chest.

Clinical corelation is indicated.

\*\*\* End Of Report \*\*\*



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## PHYSICAL EXAMINATION REPORT

### History and Complaints:

NO

### EXAMINATION FINDINGS:

<b>Height (cms):</b>	172cm	<b>Weight (kg):</b>	82kg
<b>Temp (0c):</b>	Afebrile	<b>Skin:</b>	Normal
<b>Blood Pressure (mm/hg):</b>	120/80mmHg	<b>Nails:</b>	Healthy
<b>Pulse:</b>	62/min	<b>Lymph Node:</b>	Not Palpable

### Systems

**Cardiovascular:** S1 S2 Normal NO Murmurs  
**Respiratory:** Normal  
**Genitourinary:** Normal  
**GI System:** Soft non tender no Organomegaly  
**CNS:** Normal

### IMPRESSION:

### ADVICE:

### CHIEF COMPLAINTS:

- |                             |    |
|-----------------------------|----|
| 1) <b>Hypertension:</b>     | NO |
| 2) <b>IHD</b>               | NO |
| 3) <b>Arrhythmia</b>        | NO |
| 4) <b>Diabetes Mellitus</b> | NO |
| 5) <b>Tuberculosis</b>      | NO |

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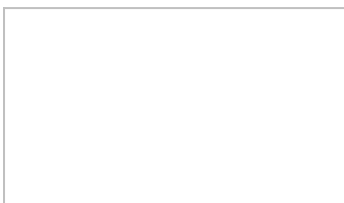
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- |  |     |
|--|-----|
| 6) Asthama                               | NO  |
| 7) Pulmonary Disease                     | NO  |
| 8) Thyroid/ Endocrine disorders          | NO  |
| 9) Nervous disorders                     | NO  |
| 10) GI system                            | 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                            | Yes |
| 17) Musculoskeletal System               | NO  |

**PERSONAL HISTORY:**

- |               |       |
|---------------|-------|
| 1) Alcohol    | NO    |
| 2) Smoking    | NO    |
| 3) Diet       | Mixed |
| 4) Medication | NO    |

\*\*\* End Of Report \*\*\*



**Dr.I U BAMB**