

Patient Name	: Mr.RIZWAN ALAM	Collected	: 09/Mar/2024 08:29AM
Age/Gender	: 35 Y 7 M 10 D/M	Received	: 09/Mar/2024 09:12AM
UHID/MR No	: SCHI.0000018699	Reported	: 09/Mar/2024 11:48AM
Visit ID	: SCHIOPV27177	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: THTFYIUY		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



Dr. SHWETA GUPTA
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Consultant Pathology
SIN No:BED240062314



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.7	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	48.40	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.4	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.5	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,340	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	45	%	40-80	Electrical Impedance
LYMPHOCYTES	43.1	%	20-40	Electrical Impedance
EOSINOPHILS	3.5	%	1-6	Electrical Impedance
MONOCYTES	7.4	%	2-10	Electrical Impedance
BASOPHILS	1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3303	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3163.54	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	256.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	543.16	Cells/cu.mm	200-1000	Calculated
BASOPHILS	73.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.04		0.78- 3.53	Calculated
PLATELET COUNT	155000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	04	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

NO HEMOPARASITES SEEN



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Patient Name : Mr.RIZWAN ALAM	Collected : 09/Mar/2024 08:29AM
Age/Gender : 35 Y 7 M 10 D/M	Received : 09/Mar/2024 02:02PM
UHID/MR No : SCHI.0000018699	Reported : 09/Mar/2024 02:54PM
Visit ID : SCHIOPV27177	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	267	mg/dL	70-100	GOD - POD

Kindly correlate clinically.

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	329	mg/dL	70-140	GOD - POD

Kindly correlate clinically.

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				

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SIN No:EDT240028225

Patient Name : Mr.RIZWAN ALAM	Collected : 09/Mar/2024 08:29AM
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UHID/MR No : SCHI.0000018699	Reported : 09/Mar/2024 02:54PM
Visit ID : SCHIOPV27177	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : THTFYIUY	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

HBA1C, GLYCATED HEMOGLOBIN	12.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	306	mg/dL		Calculated
COMMENTS				

Kindly correlate clinically.


Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	201	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	193	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	44	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	157	mg/dL	<130	Calculated
LDL CHOLESTEROL	118.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	38.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.57		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.70	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.40	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	1.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	73	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	33.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	142.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.40	g/dL	6.3-8.2	Biuret
ALBUMIN	4.30	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

- 3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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Age/Gender : 35 Y 7 M 10 D/M	Received : 09/Mar/2024 02:12PM
UHID/MR No : SCHI.0000018699	Reported : 09/Mar/2024 05:20PM
Visit ID : SCHIOPV27177	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : THTFYIUY	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.68	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	24.70	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	11.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.87	mg/dL	3.5-8.5	Uricase
CALCIUM	9.40	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.25	mg/dL	2.5-4.5	PMA Phenol
SODIUM	134.1	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98.8	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.26	g/dL	6.3-8.2	Biuret
ALBUMIN	4.38	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.88	g/dL	2.0-3.5	Calculated
A/G RATIO	1.52		0.9-2.0	Calculated

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SIN No:BI18699713

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Age/Gender : 35 Y 7 M 10 D/M	Received : 09/Mar/2024 09:12AM
UHID/MR No : SCHI.0000018699	Reported : 09/Mar/2024 09:55AM
Visit ID : SCHIOPV27177	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : THTFYIUY	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	35.00	U/L	15-73	Glycylglycine Nitoranalide



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UHID/MR No : SCHI.0000018699	Reported : 09/Mar/2024 02:09PM
Visit ID : SCHIOPV27177	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : THTFYIUY	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.17	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.87	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	4.26	µIU/mL	0.25-5.0	ELFA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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Patient Name : Mr.RIZWAN ALAM	Collected : 09/Mar/2024 08:29AM
Age/Gender : 35 Y 7 M 10 D/M	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018699	Reported : 09/Mar/2024 07:14PM
Visit ID : SCHIOPV27177	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : THTFYIUY	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE (++)		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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SIN No:UR2300598



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Age/Gender : 35 Y 7 M 10 D/M	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018699	Reported : 09/Mar/2024 07:13PM
Visit ID : SCHIOPV27177	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : THTFYIUY	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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


Result/s to Follow:
GLUCOSE (POST PRANDIAL) - URINE

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SIN No:UF011006



Name : Mr. RIZWAN ALAM Address : DELHI Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 35 Y Sex : M	UHID :SCHL.0000018699  * SCHL . 0 0 0 0 0 1 8 6 9 9 * OP Number :SCHL0PV27177 Bill No :SCHL-OCR-9722 Date : 09.03.2024 08:28
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	LIVER FUNCTION TEST (LFT)	
3	GLUCOSE, FASTING	
4	HEMOGRAM + PERIPHERAL SMEAR	
5	DIET CONSULTATION	
6	COMPLETE URINE EXAMINATION	
7	URINE GLUCOSE(POST PRANDIAL)	
8	PERIPHERAL SMEAR	
9	ECG	
10	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
11	DENTAL CONSULTATION	
12	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
13	URINE GLUCOSE(FASTING)	
14	HbA1c, GLYCATED HEMOGLOBIN	
15	X-RAY CHEST PA	
16	ENT CONSULTATION	
17	CARDIAC STRESS TEST(TMT)	
18	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

NAME :	RIZWAN ALAM	AGE/SEX:	35	YRS./M
UHID :	18699			
REF BY :	APOLLO SPECTRA	DATE:-	09.03.2024	

ULTRASOUND WHOLE ABDOMEN

Liver: Appears normal in size, and shows increased parenchymal echogenicity which is most likely due to fatty changes. Intrahepatic biliary radicles are not dilated. CBD and portal vein are normal in calibre.

Gall Bladder: normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

Pancreas and Spleen: Appears normal in size and echotexture.

Both Kidneys: are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

Urinary Bladder: is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

Prostate: normal in size, weight 18.5 Gms. It is normal in echotexture with no breach in the capsule.

No free fluid seen.

IMPRESSION: FATTY CHANGES IN LIVER GRADE III

Please correlate clinically and with lab. Investigations.


DR. MONICA CHHABRA
Consultant Radiologist

ID: 18699

Rizwan Alam

Male 35Years

Req. No. :

09-03-2024 09:48:23

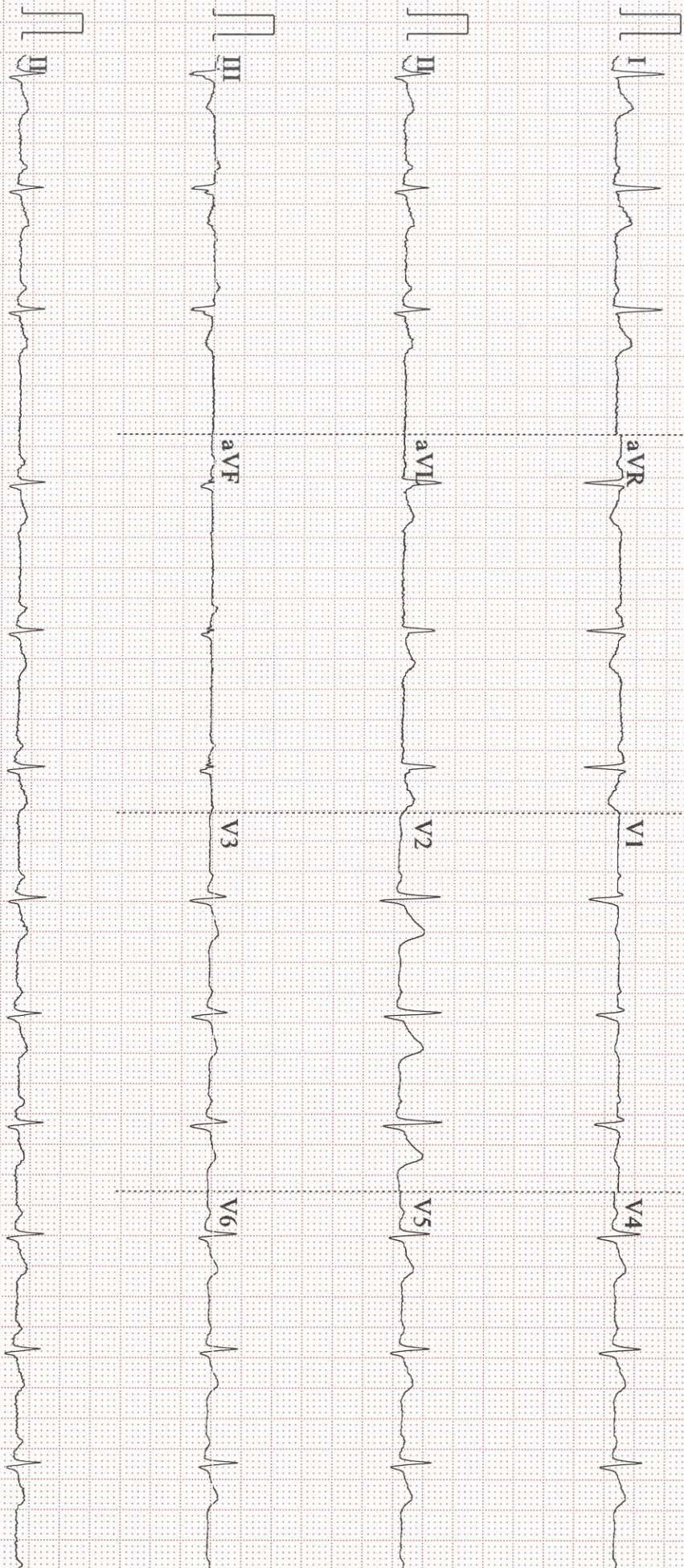
HR	: 75	bpm
P	: 96	ms
PR	: 142	ms
QRS	: 99	ms
QT/QTcBz	: 364/407	ms
P/QRS/T	: 58/1/7	°
RV5/SV1	: 0.514/0.420	mV

Diagnosis Information:

Sinus Arrhythmia
 Abnormal Q Wave(III,aVF)
 Suspect Inferior Myocardial Infarction?
 Low Voltage(Chest Leads)

Report Confirmed by:

Handwritten signature



DIGITAL X-RAY REPORT

NAME: RIZWAN	DATE: 09.03.2024
UHID NO : 18699	AGE: 35YRS/ SEX: M

X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations


DR. MONICA CHHABRA
Consultant Radiologist

Dr. MONICA CHHABRA
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