



Use a QR Code Scanner
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CID : 2220424270
Name : MR.VASUDEV KULKARNI
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 23-Jul-2022 / 08:51
Reported : 23-Jul-2022 / 14:08

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>
<u>RBC PARAMETERS</u>			
Haemoglobin	15.3	13.0-17.0 g/dL	Spectrophotometric
RBC	5.29	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.9	40-50 %	Measured
MCV	85	80-100 fl	Calculated
MCH	28.9	27-32 pg	Calculated
MCHC	34.1	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6220	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.7	20-40 %	
Absolute Lymphocytes	2158.3	1000-3000 /cmm	Calculated
Monocytes	7.5	2-10 %	
Absolute Monocytes	466.5	200-1000 /cmm	Calculated
Neutrophils	53.2	40-80 %	
Absolute Neutrophils	3309.0	2000-7000 /cmm	Calculated
Eosinophils	4.0	1-6 %	
Absolute Eosinophils	248.8	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	37.3	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	269000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	14.0	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-



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Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 3 2-15 mm at 1 hr. Westergren

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



MC-2111



Bmhaskar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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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	94.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	80.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.34	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.21	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	16.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	24.1	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	25.7	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	70.3	40-130 U/L	Colorimetric
BLOOD UREA, Serum	18.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.82	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	115	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.6	3.5-7.2 mg/dl	Enzymatic



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Reported : 23-Jul-2022 / 17:48

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 Borivali Lab, Borivali West
*** End Of Report ***



MC-2111

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

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

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



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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	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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.

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*** End Of Report ***



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Dr.MEGHA SHARMA
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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>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	25	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

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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 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:

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

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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	182.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	156.6	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	32.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	150.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	119.0	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	31.2	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.7	0-3.5 Ratio	Calculated

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.37	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 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)



Anupa

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*** End Of Report ***

SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: VASUDEV KULKARNI
Patient ID: 2220424270

Date and Time: 23rd Jul 22 11:16 AM

Age **33** **6** **22**
years months days

Gender **Male**

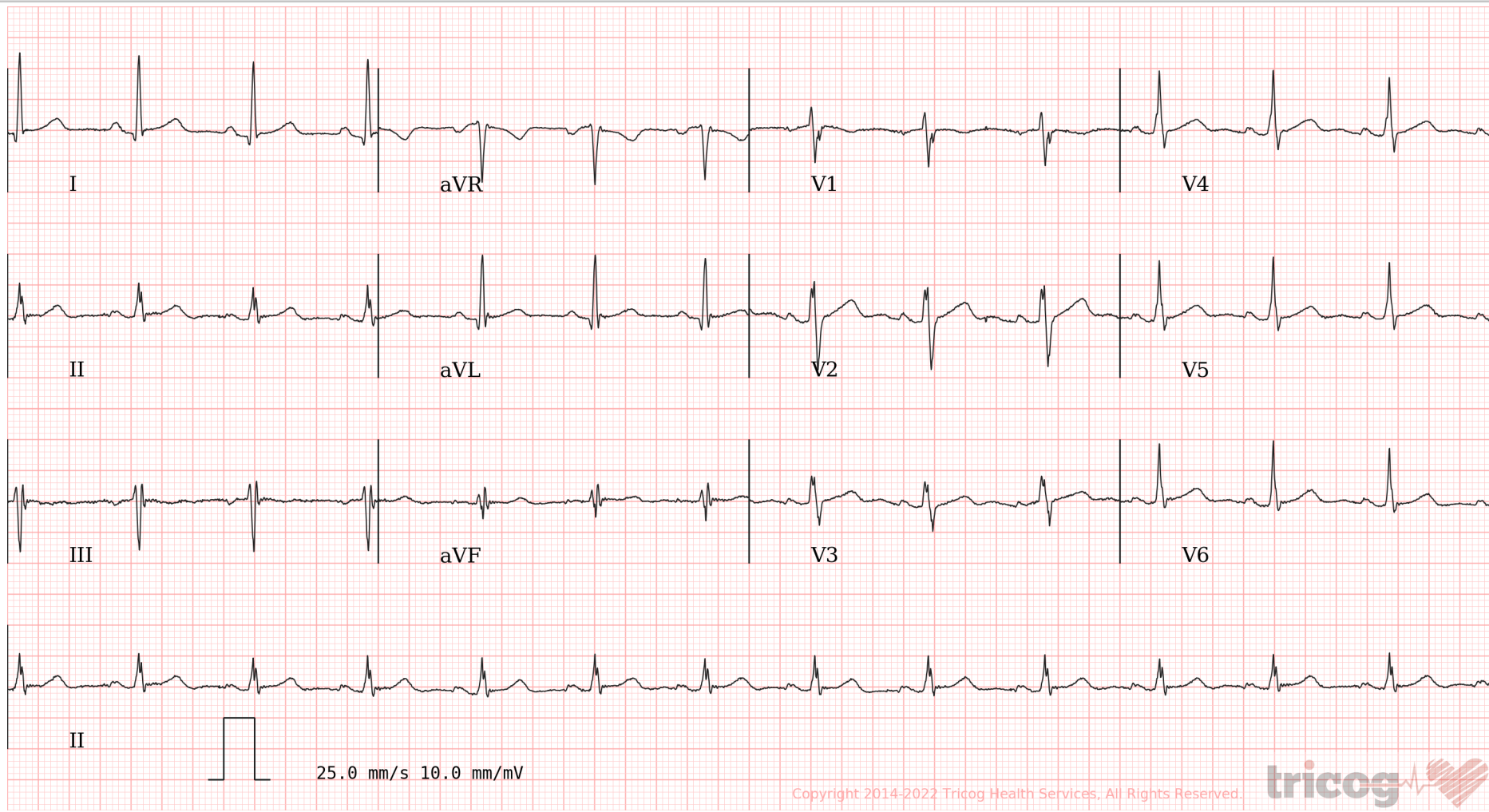
Heart Rate **81bpm**

Patient Vitals

BP: 140/80 mmHg
Weight: 56 kg
Height: 162 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 90ms
QT: 378ms
QTc: 439ms
PR: 150ms
P-R-T: 17° -2° 15°



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ECG Within Normal Limits: Sinus Rhythm, Normal Axis, Prominent R wave in V1- V3. No significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587

SURBURN DIAGNOSTICS (BHAYANDER)

Report

ACHPD

Email:

69 (22220424270) / VASUDEV KULKARNI / 33 Yrs / M / 162 Cms / 56 Kg
 Date: 23/07/2022 09:43:48 AM

Stage	Time	Duration	Speed(mph)	Elevation	MEIS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	068	36 %	140/80	095	00	
Standing	00:06	0:03	00.0	00.0	01.0	068	36 %	140/80	095	00	
HV	00:09	0:03	00.0	00.0	01.0	068	36 %	140/80	095	00	
ExStart	00:12	0:03	01.7	10.0	01.1	073	39 %	140/80	102	00	
BRUCE Stage 1	03:12	3:00	01.7	10.0	04.7	118	63 %	140/80	165	00	
BRUCE Stage 2	06:12	3:00	02.5	12.0	07.1	140	75 %	150/80	210	00	
PeakEX	06:36	0:24	03.4	14.0	07.5	160	86 %	160/80	256	00	
Recovery	07:36	1:00	01.1	00.0	01.1	124	66 %	160/80	198	00	
Recovery	08:36	2:00	00.0	00.0	01.0	100	53 %	150/80	150	00	
Recovery	10:36	4:00	00.0	00.0	01.0	094	50 %	140/80	131	00	
Recovery	10:44				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 06:24
 Initial HR (ExStrt) : 73 bpm 39% of Target 187
 Initial BP (ExStrt) : 140/80 (mm/Hg)
 Max Workload Attained : 7.5 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V6 & -1.6 mm in PeakEX
 Duke Treadmill Score : 05.7
 Test End Reasons : Test Complete, Test Complete

Max HR Attained 160 bpm 86% of Target 187
 Max BP Attained 160/80 (mm/Hg)
 VO2Max : 26.3 ml/Kg/min (Very Poor)

DR. SMITA VALANI
MBBS, D. CARDIOLOGY
 2011/03/0587

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 Phone No.: 022-61700900

Doctor: *Smita Valani*
SMITA VALANI

SUBURBAN DIAGNOSTICS (BHAYANDER)

REPORT



69 / VASUDEV KULKARNI / 33 Yrs / M / 162 Cms / 56 Kg Date: 23 / 07 / 2022 09:43:48 AM

REPORT :

TERMINATION	TEST COMPLETE
EXERCISE TOLERANCE	GOOD EFFORT TOLERANCE
EXERCISE INDUCED ARRHYTHMIAS	NO ANGINA OR ANGINA EQUIVALENT
	NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY.
HAEMODYNAMIC RESPONSE	GOOD INOTROPIC RESPONSE
CHRONOTROPIC RESPONSE	GOOD CHRONOTROPIC RESPONSE
FINAL IMPRESSION	NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD.

DR. SMITA VALANI
M.B.B.S, D. CARDIOLOGY
2011/03/0587

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 Wita, Bhayander Road, Bhayander (E)
 Dist. Thane-401105
 Phone No.: 222-61700000

Smita Valani
 Doctor : **SMITA VALANI**

Handwritten signature

आयकर विभाग
INCOME TAX DEPARTMENT
KULKARNI VASUDEV
SHRIKANT KULKARNI
01/01/1989
Permanent Account Number
BVRPK0170N
भारत सरकार
GOVT. OF INDIA
Signature

~~DR ANITA CHOUDHARY~~
M.B.B.S.
CONSULTANT PHYSICIAN
Reg. No. 2017/12/5553

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Above Raymond, Near Thunga Hospital
Mira - Bhayander Road, Bhaynader (E)
Dist. Thane-401105.
Phone No : 022 - 61700006

Date:- 22/7/22
Name:- Vasudev

CID: 2220424270
Sex / Age: 133/m

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

RE LE
6/6 6/6
N/6 N/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
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 Consulting Dr. : - Collected : 23-Jul-2022 / 08:43
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PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms):	162	Weight (kg):	56
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	140/80 mmHg	Nails:	NAD
Pulse:	82/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1S2-Normal
 Respiratory: Chest-Clear
 Genitourinary: NAD
 GI System: NAD
 CNS: NAD

(B+ve)

IMPRESSION: CBC, Bio chemistry, ECG, CXR all normal

Lipid Profile - borderline
 UGU in Hb. G-I fatty infiltration of liver

ADVICE: Expert consultation

CHIEF COMPLAINTS:

CID# : 2220424270
Name : MR.VASUDEV KULKARNI
Age / Gender : 33 Years/Male
Consulting Dr. : -
Reg.Location : Bhayander East (Main Centre)

Collected : 23-Jul-2022 / 08:43
Reported : 23-Jul-2022 / 16:39

1) Hypertension:	No
2) IHD	No
3) Arrhythmia	No
4) Diabetes Mellitus	No
5) Tuberculosis	No
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:

1) Alcohol	No
2) Smoking	No
3) Diet	Vegetarian
4) Medication	No

SUBURBAN DIAGNOSTICS (I) PVT. LTD
Shop No. 101-A, 1st Floor, Kshitij Building,
Above Raymond, Near Thane Hospital,
Vira - Bhayander Road, Bhayander (E)
Dist. Thane-401105.
Phone No. 022 - 61700000

DR. ANITA CHOUDHARY
M.B.B.S.
CONSULTANT PHYSICIAN
Reg. No. 2017/12/5553

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

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

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Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre
Reg. Date : 23-Jul-2022
Reported : 23-Jul-2022/10:42

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.3 cm), shape and shows smooth margins. It shows increased parenchymal echotexture. No evidence of any intra hepatic cystic or solid lesion seen. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion seen.

KIDNEYS:

Right kidney measures 10.0 x 4.9 cm. Left kidney measures 9.1 x 4.7 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (9.2 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.



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PROSTATE:

The prostate is normal in size, measures 3.3 x 2.3 x 2.6 cms and weighs 11.2 gms. Parenchymal echotexture is normal. No obvious mass or calcification made out.

There is no evidence of any lymphadenopathy or ascites.

IMPRESSION:

- **Grade I fatty infiltration of liver.**
- **No other significant abnormality made out.**

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR.VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



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X-RAY CHEST PA VIEW

Positional rotation seen.

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 and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

No significant abnormality detected.

Kindly correlate clinically.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR.VIBHA S KAMBLE
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