



APEX SUPERSPECIALITY HOSPITALS



L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,

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PHYSICIAN CONSULTATION

Mr. Nitesh Khobragade

- Age / Sex - 42 yrs / male.

Height - 174 cm

wt - 84 kg.

PRESENT COMPLAINT: Clo - Back pain : 3-4 months.

PAST MEDICAL / SURGICAL HISTORY:

no any medical history.

no any surgical history.

GENERAL EXAMINATION:

PULSE - 76/min

BP: - 120/80 mmHg

BMI - 27.7 kg/m² (Overweight).

APETITE: - Normal

THIRST: - Normal

STOOL: - Normal

URINE: - Normal

SLEEP: - Normal

SKIN: - LL Eczema / NA BFL varicose vein.

NAILS: - Normal

HABITAT: - NO.

SYSTEMIC EXAMINATION: Normal.

RESPIRATORY EXAMINATION: - AEBE clear.

CARDIOVASCULAR EXAMINATION: - S₁ S₂ ⊕ / CNS - conscious & oriented.

ABDOMINAL EXAMINATION: - Soft.

GYNACOLOGY / OBST HISTORY (FOR FEMALE): / NO.



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CASHLESS FACILITY

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OPHTHAL EXAMINATION:

FAR VISION: - Both eyes blurring of vision 20/20
NEAR VISION: - Both near vision Normal
COLOUR VISION: Normal

ENT EXAMINATION:

EAR: MASTOID TUNNIG FORK TEST: Both ear normal / no ear wax
NOSE: EXT NOSE/ POST NASAL SPACE: - mucor mycosis status (pos Covi)
THROAT: TOUNGE/ PALATE/ TEETH: Normal
NECK: NODES/ THYROID/TEETH: Normal

DENTAL EXAMINATION:

DECAY/ CRIES IF ANY: } Normal
PLAQUE IF ANY: }
GUMS: }

Dr. Priyanka P.

PHYSICIAN NAME

PHYSICIAN SIGNATURE

pt can not willing for chest
x-ray

pt name - Nitesh Khobragade

Sign - Khobragade

Date - 16-Mar-2024.

CAMP



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Where healing and care comes naturally
An ISO 9001:2008 Certified

Apex Super Speciality Hospitals

Shantagurga Mangesh Charity Trust Medical Centre 193-A, L.T. Road,
Beside Punjab & Sind Bank, Babbai, Borivali (W), Mumbai-400091
Tel : 022-28986677; 46-47/48 Web : apexgroupofhospitals.com
Email : medical.admin_ash@apexhospitals.in

Diet Chart

NAME :- NITESH .K

Age/Gender :- 42 yrs/ M

C/O- Weight Management

DIET :- FULL DIET , HIGH PROTEIN , LOW CARBS

Early Morning: 1 cup tea/ coffee/black coffee/ toned milk (without sugar) (preferable avoid)

Breakfast: 1 bowl upma/ poha/ daliya upma **OR** 2 small rava **or** moong dal idli/ 1 dosa with vegetable sambar **OR** 1 bowl oats in milk/water

Mid-morning: 1 fruit / **Truhand HP - 1 Scoop in 100ml Water**

Lunch: 1 bowl raw vegetable salad -
2 small roti/ 1 bhakri (jowar/Multigrain)
1 bowl bhaji / Pulse sabji (**1 Pulse needs to be added- moong, matki, soyabean, soychunks**)
1 bowl thick dal/ 1 medium piece of chicken or fish or egg preparation in curry
1 bowl rice - (**Preferable avoid/ once a week/ optional**)
OR 1 bowl vegetable daliya khichdi with vegetables
1 bowl curd/1 glass Buttermilk

Evening snack: 1 cup tea/ coffee/ toned milk/1 besan chilla **OR** 1 bowl boiled sprouts **OR** 1 vegetable egg/besan omelette with chapatti **OR** 1 rava/moong chilla with curd

Mid-evening: 1 bowl dal **OR** vegetable soup / Chicken soup/ **Add Truhand Hp - 1scoop in water**

Dinner: 1 bowl raw vegetable salad
2 small roti/ 1 bhakri (jowar/Multigrain)
1 bowl bhaji + Pulse Sabji
1 bowl thick dal
OR 1 bowl vegetable daliya khichdi with vegetables/ Pulses Pulavo with vegetable

Bedtime :- 1tsp Sesame seed

Remarks: Drink ample of fluids, upto 3 litres of water daily

Follow small frequent and regular meal pattern. Do not miss meals.

Oil usage ½ litre per month, i.e. 3 teaspoon a day. Preferably mustard oil, sesame oil or rice bran oil.

Salt usage to 3gm. i.e. ½ teaspoon a day.

Include more green leafy vegetables, fruits and pulses in the diet.

Include **calcium** rich foods like milk and milk product, nuts, seeds, etc.

Make sure you get ample of exposure to sunlight for **Vitamin D**.

Avoid red meats like mutton, pork and beef.

Avoid processed foods, refined flour products and fried food. Restrict bakery products.

Avoid all sources of extra salt like sauces, pickles, papads, chutneys, chips, etc.

Avoid all sources of simple sugars like white sugar, brown sugar honey, jaggery.

For detailed diet counselling: Consult Dietician Sakshi Gupta in OPD with prior appointment.



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DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. NITESH GHANSHYAM KHOBRAGADE	LabNo	186	
UHID/IP No	140022435 / 97	Sample Date	16/03/2024 9:55AM	
Age/Gender	41 Yrs/Male	Receiving Date	16/03/2024 11:16AM	
Bed No/Ward	OPD	Report Date	16/03/2024 6:51PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD SUGAR F&PP				
Sample: Fl. Plasma				
Glucose (Fasting Blood Sugar / FBS)	80.09	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	SNR			
Urine Fasting Ketone	SNR			
Blood Sugar(2 Hours PP)	139.4	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide
Urine PP Sugar	Absent		Absent	
Urine PP Ketone	Absent		Absent	

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :

The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

BUN (BLOOD UREA NITROGEN)

BUN - Blood Urea Nitrogen (SINGLE)	14.8	mg/dl	7 - 20
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LIPID PROFILE SERUM

Sample: Serum

Cholesterol-Total	167.4	mg/dl	< 200.00	Cholesterol Oxidase,Esterase,Peroxidase
Triglycerides	133.5	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	44.31	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	26.70	mg/dl	6.00 - 38.00	Calculated Value

Dr. Neeraj Gujar
MD PATHOLOGY



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LDL Cholesterol	96.39	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	3.78		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	2.18 L		2.50 - 3.50	Calculated Value

LIVER FUNCTION TEST (LFT) SERUM

Sample: Serum

Bilirubin Total (TBil)	0.71	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.19	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.52	mg/dl	1 - 1	
SGPT (ALT)	15.61	U/L	5 - 40	IFCC modified
SGOT (AST)	19.83	U/L	5 - 40	IFCC modified
Protein Total	6.95	gm/dl	6.00 - 8.00	Biuret
Albumin	3.81	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	3.14	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.21		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	57.33	IU/L	42 - 140	
GGTP (GAMMA GT)	29.07	IU/L	15.0 - 72.0	UV Kinetic IFCC

SERUM CREATININE

Sample: Serum

Creatinine	1.06	mg/dl	0.80 - 1.50	Jaffes
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URIC ACID (SERUM)

Sample: Serum

Uric Acid	5.53	mm/hr	3.5 - 8.5	URICASE- PEROXIDASE
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--End Of Report--

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CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
URINE ROUTINE				
Sample: Urine				
PHYSICAL EXAMINATION				
Quantity	20	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			Clear
Specific Gravity	1.020		1.010 - 1.025	
CHEMICAL EXAMINATION				
pH	6.5		4.5 - 8.5	
Protein	Absent			
Glucose	Trace		Nil	
Ketone	Absent			
Occult Blood	Absent			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
MICROSCOPIC EXAMINATION				
Pus Cells	2-3			
RBCs	Absent			
Epithelial Cells	3-4			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	Absent			

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HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	14.6	gm/dl	13.5 - 18.0	SLS- Hb Method
RBC Count (Red Blood Cell)	4.66 L	10 ⁶ /uL	4.70 - 6.00	
PCV (Haematocrit)	40.8	%	40.0 - 50.0	
MCV	87.55	fl	78 - 100	Calculated
MCH	31.33 H	pg	27 - 31	Calculated
MCHC	35.78	gm/dl	30 - 36	Calculated
RDW	12.8	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	6500	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	41	%	40 - 80	
Lymphocyte %	50 H	%	20 - 40	
Eosinophil %	04	%	0 - 6	
Monocytes %	05	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	2665	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	3250 H	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	260	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	325	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Lymphocytosis			
RBCs Morphology	Normocytic Normochromic.			
Platelet Count	271	10 ³ /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	8.6	fl	7 - 12	
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	17	mm/hr	0 * 20	Westergren

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Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD GROUPING Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"AB" Rh Positive			SLIDE METHOD

--End Of Report--

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MD PATHOLOGY

Patient Id : **PVD04223-24/73031** Sample ID : 24034711
 Patient : MR NITESH GHANSHYAM KHOBRADE Reg. Date : 16/03/2024
 Age/sex : 42 Yrs/ Male Report Date : 16/03/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	6.0	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	125.50	mg/dL	
Method : HPLC-Biorad D10-USA			


INTERPRETATION

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 \times A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
 - Excellent Control - 6 to 7 %,
 - Fair to Good Control - 7 to 8 %,
 - Unsatisfactory Control - 8 to 10 %
 - and Poor Control - More than 10 %.

Note : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

-----End Of Report-----

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DR. SANDEEP B. PORWAL
 MBBS MD (Path) Mumbai
 MMC Reg no 2001031640

Patient Id : **PVD04223-24/73031** Sample ID : 24034711
 Patient : MR NITESH GHANSHYAM KHOBRAGADE Reg. Date : 16/03/2024
 Age/sex : 42 Yrs/ Male Report Date : 16/03/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
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PROSTATE SPECIFIC ANTIGEN

Test Description	Result	Unit	Biological Reference Range
PSA (Prostate Specific Antigen)-Serum Total	0.67	ng/ml	Conventional for all ages: 0 - 4 69- 80 Years : 0 - 6.5 Above 80 yrs: 0 - 7.2


Method : ECLIA

INTERPRETATION :

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

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IMMUNOASSAY


Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	115.36	ng/dl	83-200 For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	7.01	ug/dL	5.13 - 14.10 For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	9.96	uIU/ml	0.27 - 4.20
Method : ECLIA			

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

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ई. सी. जी.

Name Nitesh Khobragade Date 16/3/24

Age 42 Gender: M F UHID NO _____ B.P 120/80 mmHg

ELECTROCARDIOGRAPHIC OBSERVATIONS

SpO2 = 98%

Rate 22 min Axis _____ Q.R.S. Complex _____

Rhythm _____ P. Wave _____ S.T. Segment _____

Standardisation: _____ P.R. Interval _____ T. Wave _____

Voltage: _____ Q. Wave: _____ Q. T. Interval _____

Impression: WLU @ LUT

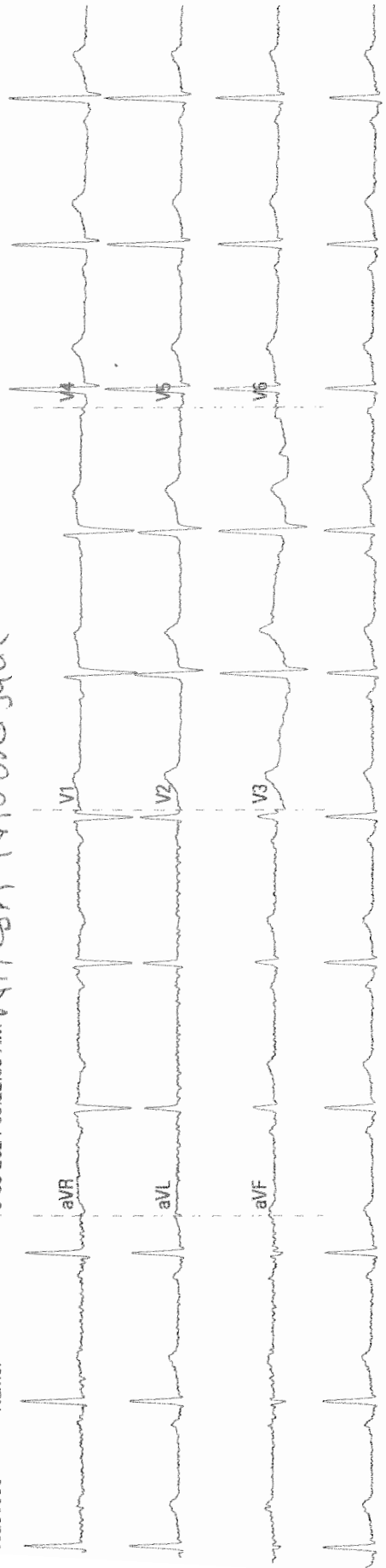
DR. CHIRAG V. SHAH
D.N.B.(M.D.)
CONSULTING PHYSICIAN/CARDIOLOGIST
Reg. No. 2003/04/1849

1461 9230855 NAME NITESH KHOBRAJDE

9230855 Name: 16-03-2024 09:22:58 AM Nitesh Khobragade

ID:2024031609230855
Name:
16-03-2024 09:22:58 AM

Sinus Rhythm
Unconfirmed Diagnosis.



10 mm/mV 50 Hz ~ BDR 35 Hz QTc: Bazett APEX SUPERSPECIALITY HOSPITAL 02.07.00\004.00.00 SN:FK-83014036

Ver
PR I
QRS
QT/
P/Q

UNI-EM

ELECTRONICS COMPLEX INDORE

TREADMILL TEST REPORT

nitesh
 ID : 22348
 DATE : 17/03/2024
 AGE/SEX : 42 / M
 HT/WT : 174 / 84
 REF. BY :

PROTOCOL : Bruce
 HISTORY :
 INDICATION :
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	R.P.P x100	ST LEVEL(MM)			METS
								II	V1	V5	
SUPINE					53	130 / 70	68	-0.5	-0.5	-0.6	
STANDING					54	130 / 70	70	-0.5	-0.6	-0.7	
HYPERTENT	0:5				54	130 / 70	70	-0.5	-0.5	-0.6	
VALSALVA					54	130 / 70	70	-0.5	-0.5	-0.6	
Stage 1	2:55	2:55	2.7	10	116	130 / 70	150	-1.8	-2.3	-2.5	4.67
Stage 2	5:55	2:55	4	12	139	130 / 70	180	1.8	0.9	1.6	7.04
Stage 3	8:55	2:55	5.4	14	174	130 / 70	226	1.7	-0.1	1.1	9.92
PK-EXERCISE	9:8	0:8	6.7	16	168	130 / 70	218	1.5	0.1	1.4	10.18

RESULTS

EXERCISE DURATION : 9:8
 MAX HEART RATE : 174 bpm
 MAX BLOOD PRESSURE : 130 / 70 mm Hg
 REASON OF TERMINATION : *Arthura THA*
 BP RESPONSE : *Normal*
 ARRHYTHMIA : *Normal*
 H.R. RESPONSE : *Normal*
IMPRESSIONS : *Normal*

MAX WORK LOAD : 10.18 METS

Shun but Neghar fu Arthura

DR. CHIRAG V. SHAH
 CONSULTING PHYSICIAN CARDIOLOGIST
 Reg. No. 2003 / 04 / 1649

Technician :

UNI-EM

nitesh khobragade
I.D. 22350
Age 42/M
Date 18/03/2024

RATE 101bpm

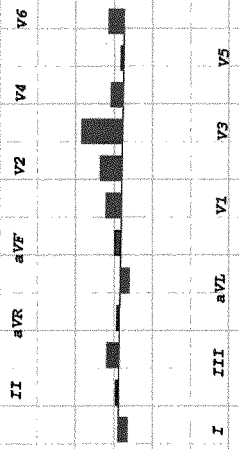
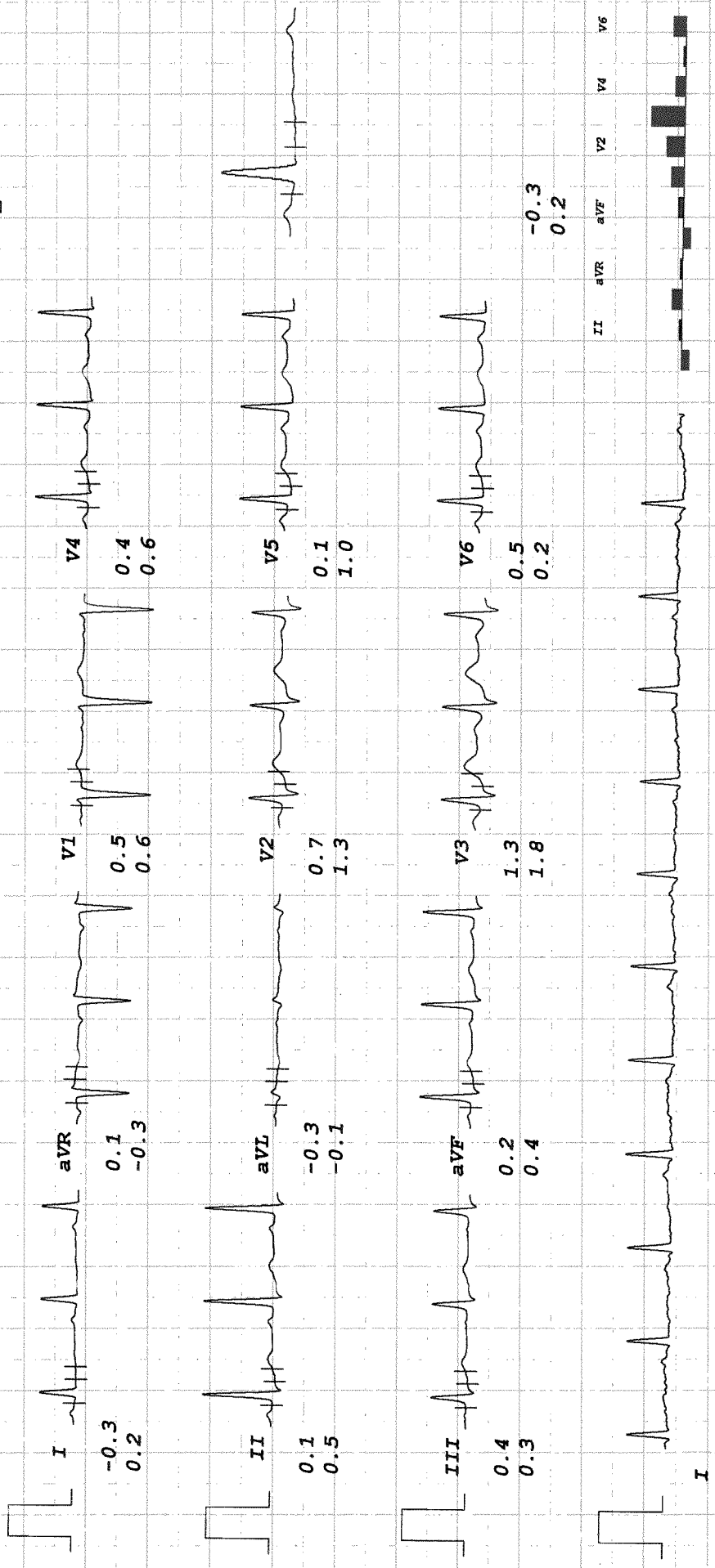
PRETEST
SUPINE

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

I



UNI-EM

nitesh khobragade

I.D. 22350

Age 42/M

Date 18/03/2024

RATE 101bpm

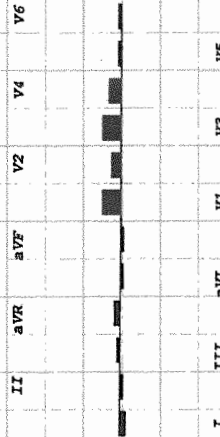
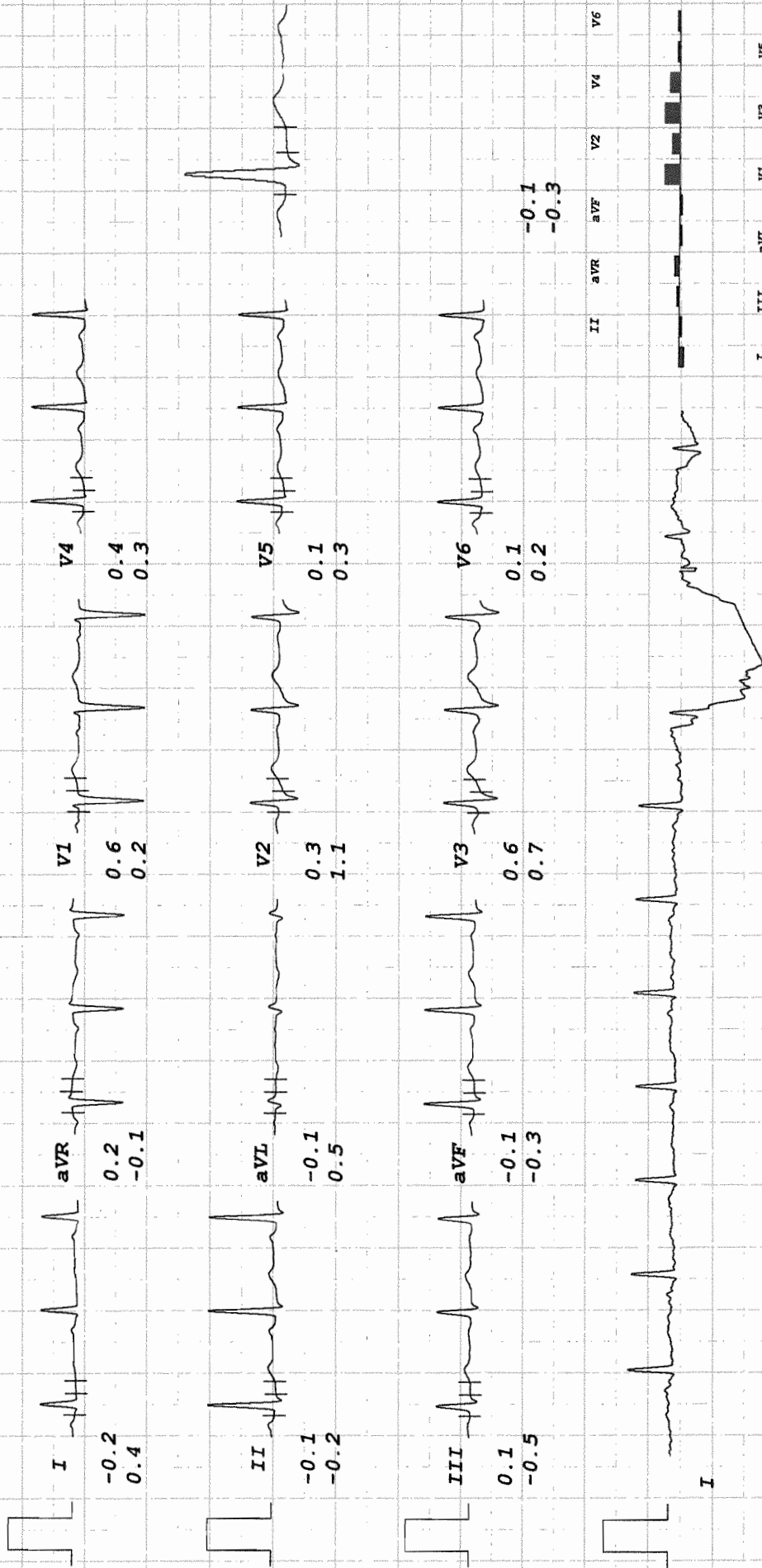
PRETEST
STANDING

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. x 2

aVF



UNI-EM

nitesh khobragade
 I.D. 22350
 Age 42/M
 Date 18/03/2024

RATE 115bpm

ST @ 10mm/mV
 80ms PostJ

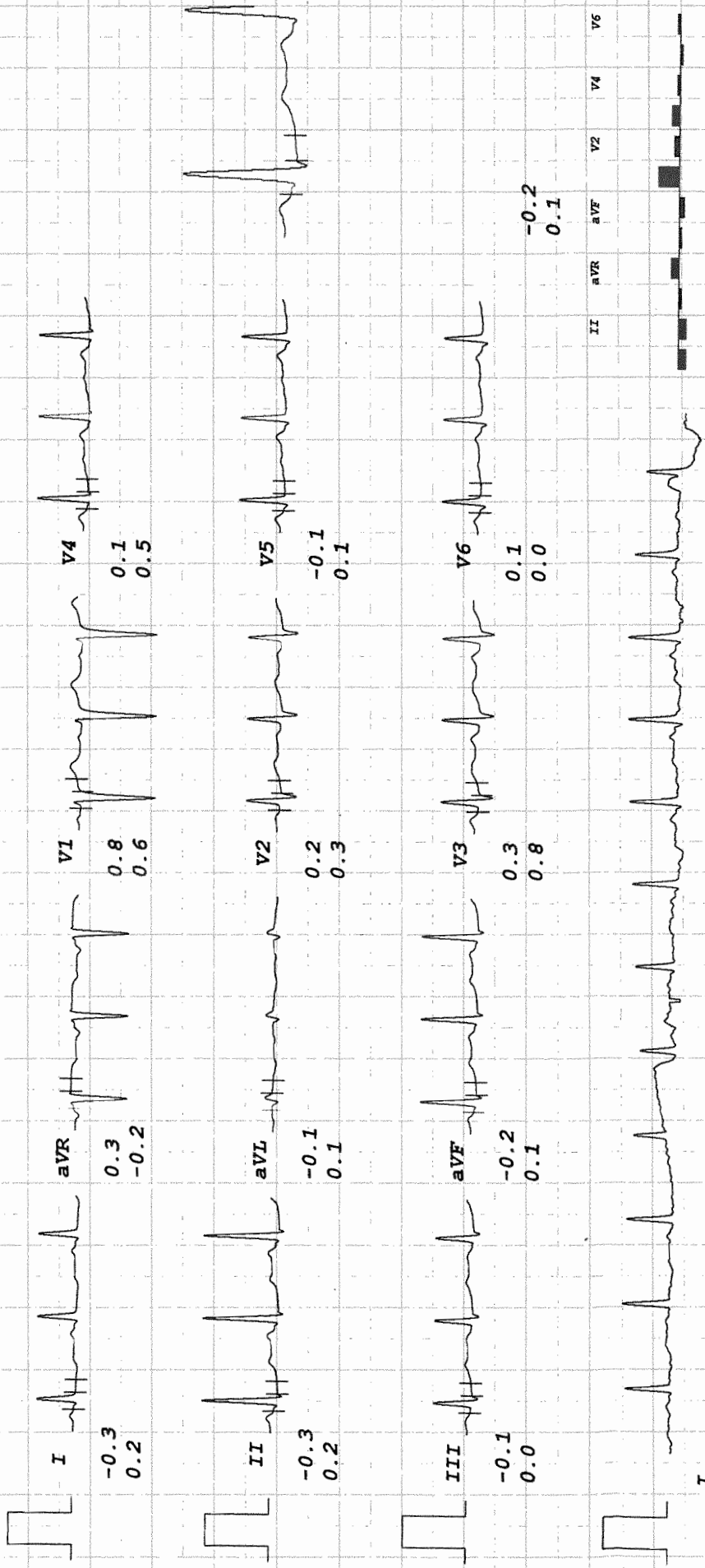
PRETEST
HYPERVENT

PHASE TIME 0:01

LINKED MEDIAN

Mag. x 2

aVF



UNI-EM

nitesh
I.D. 22348
Age 42/M
Date 17/03/2024

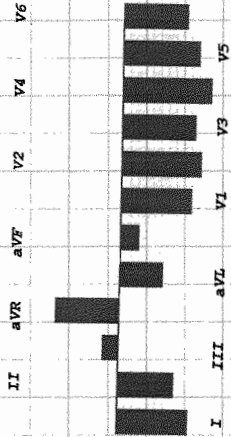
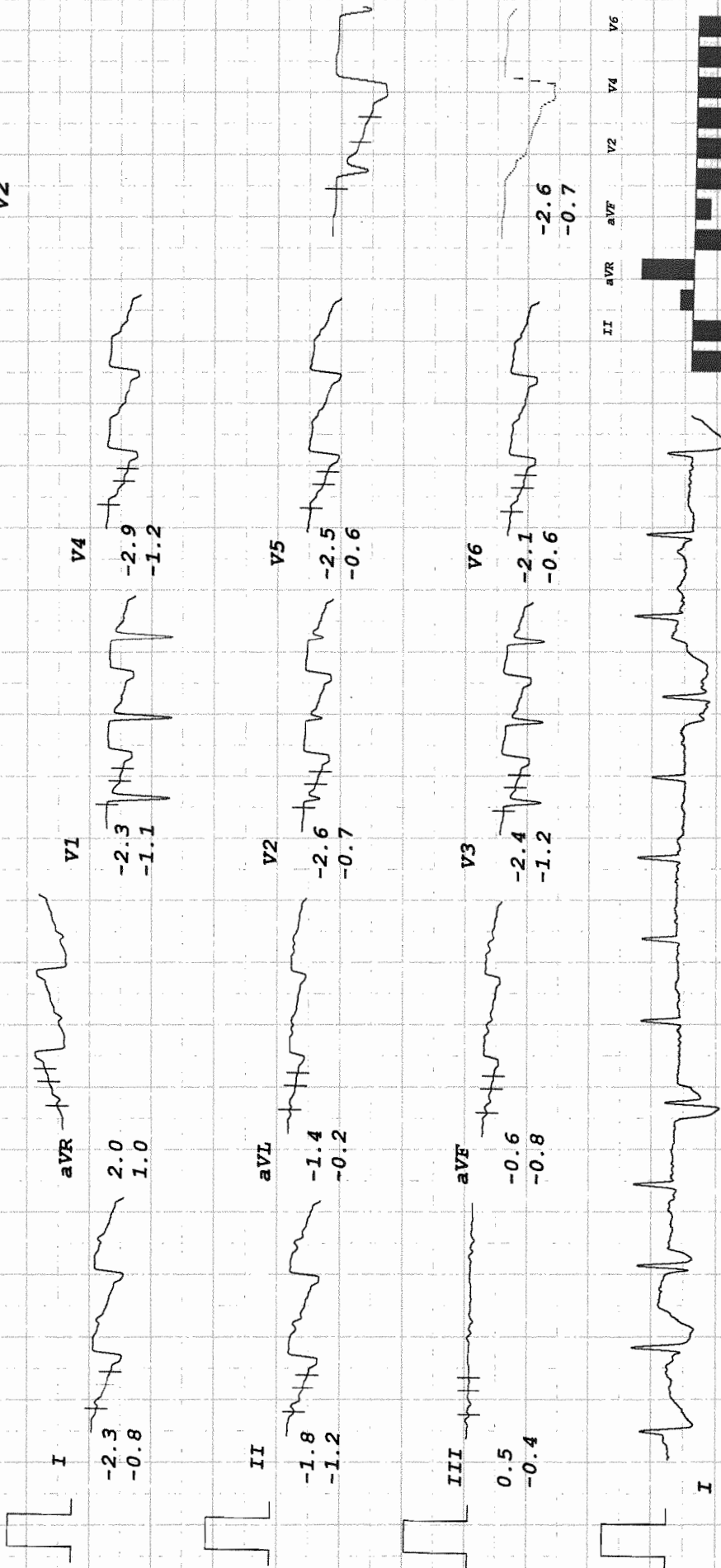
RATE 116bpm
B.P. 130/70

Bruce
Stage 1
TOTAL TIME 2:55
PHASE TIME 2:55
ST @ 10mm/mV
80ms PostJ
Speed 2.7 km/hr
SLOPE 10 %

LINKED MEDIAN

Mag. X 2

V2



UNI-EM

nitish
 I.D. 22348
 Age 42/M
 Date 17/03/2024

RATE 139bpm
 B.P. 130/70

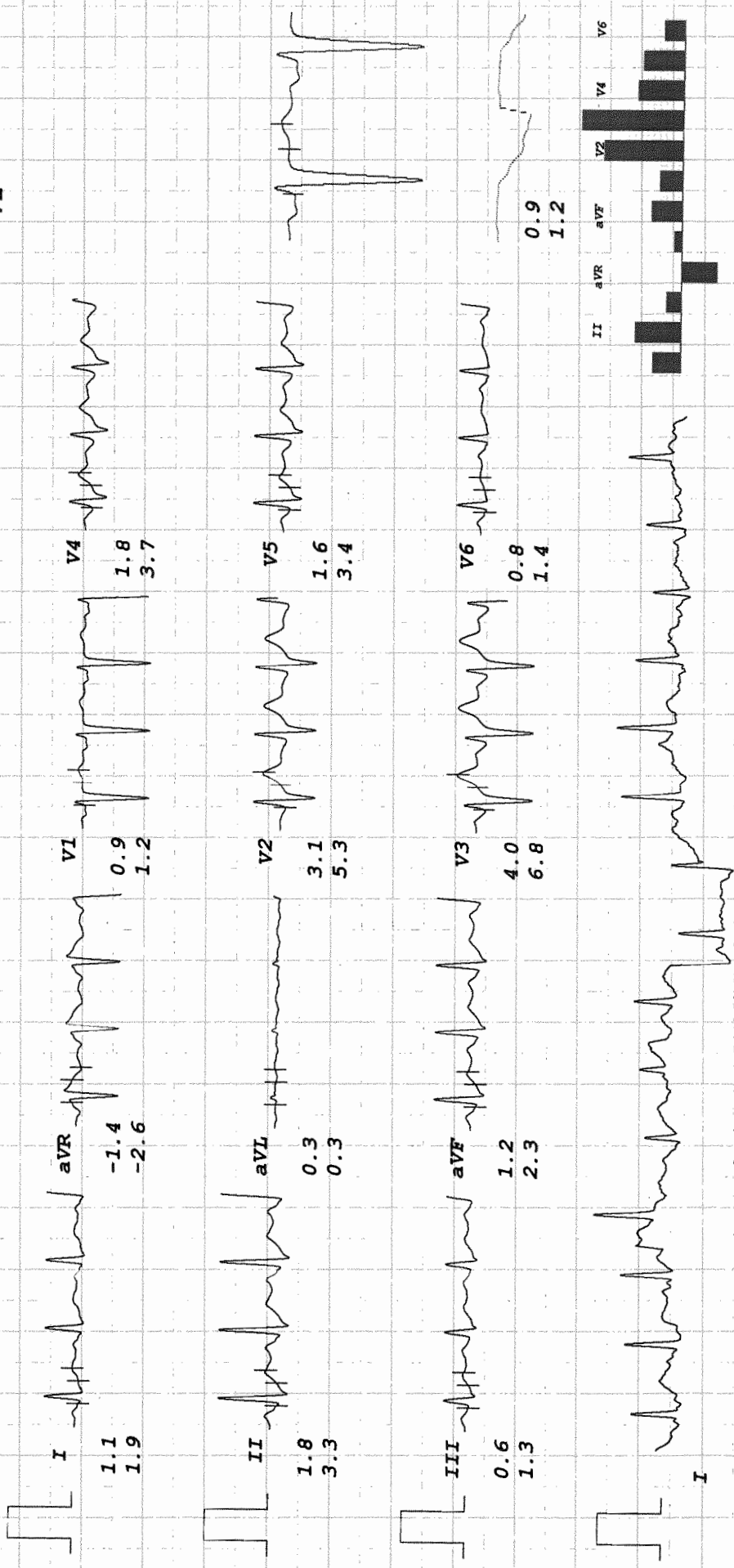
ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 %

Bruce
 Stage 2
 TOTAL TIME 5:55
 PHASE TIME 2:55

LINKED MEDIAN

Mag. x 2

V1



UNI-EM

nitesh
 I.D. 22348
 Age 42/M
 Date 17/03/2024

RATE 174bpm
 B.P. 130/70

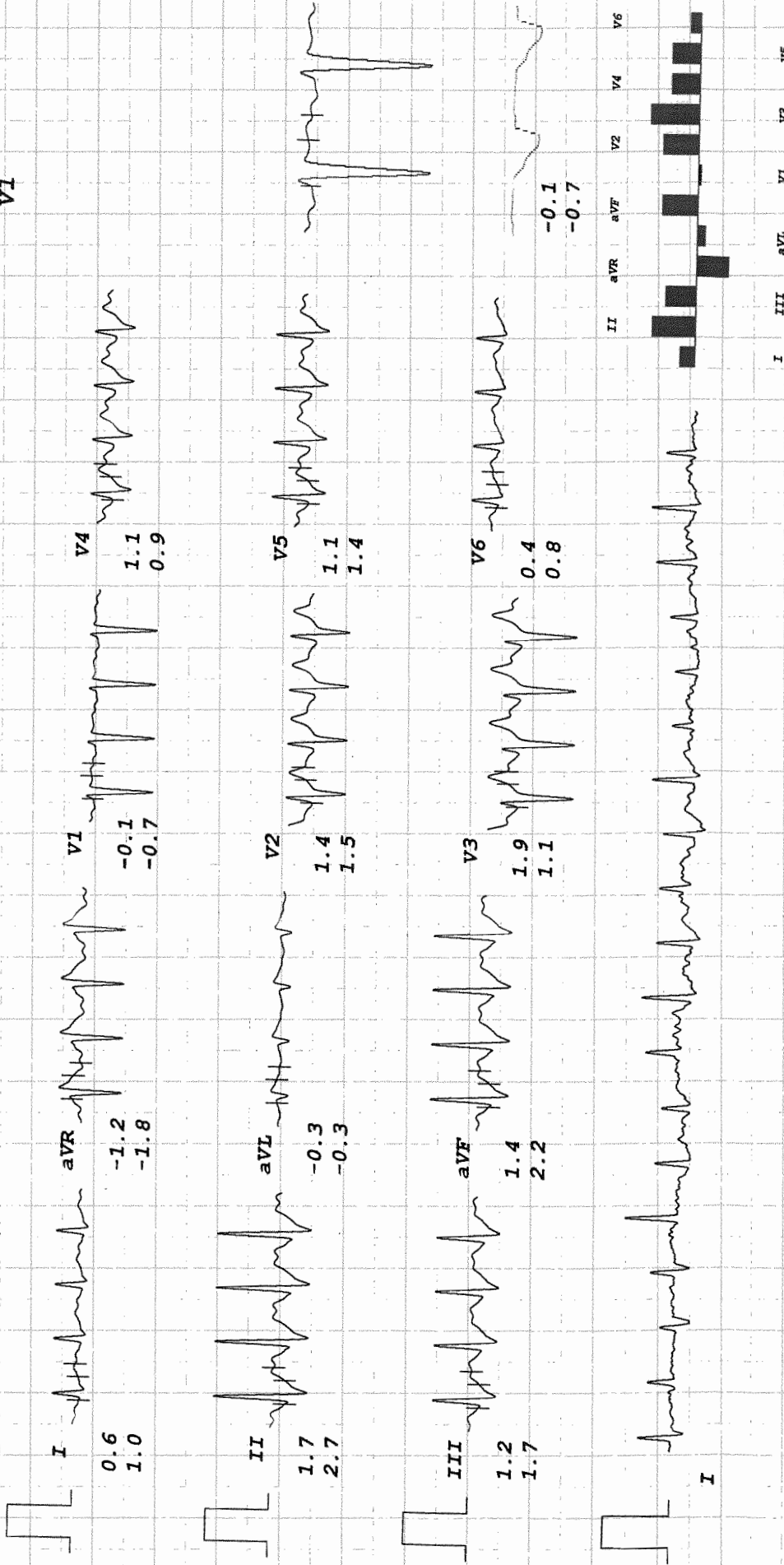
Brice
 Stage 3
 TOTAL TIME 8:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2

V1



UNI-EM

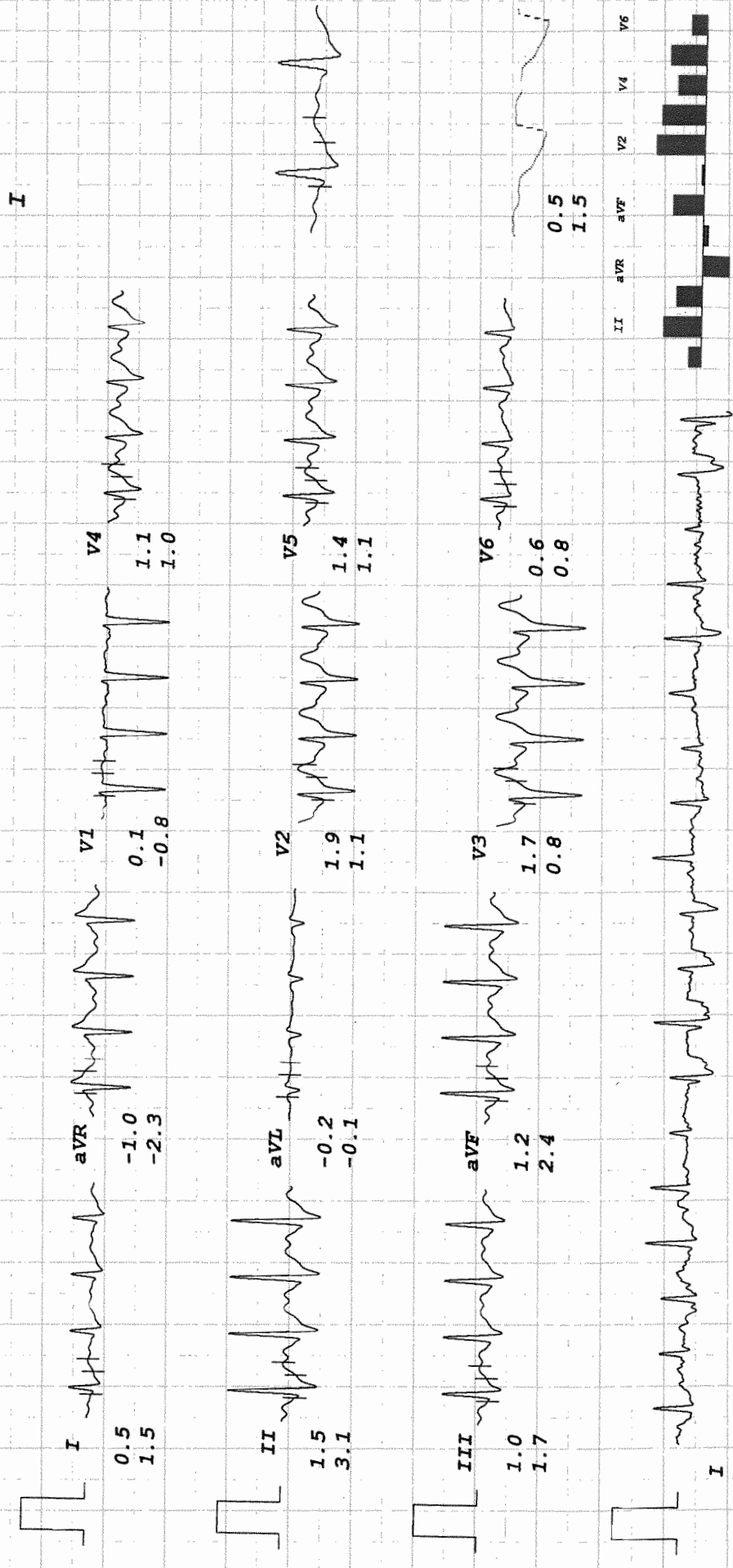
nitesh
I.D. 22348
Age 42/M
Date 17/03/2024

RATE 168bpm
B.P. 130/70

ST @ 10mm/mV
80ms PostJ
Speed 6.7 km/hr
SLOPE 16 %

LINKED MEDIAN

Mag. X 2



I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



UNI-EM

nitesh

I.D. 22348

Age 42/M

Date 17/03/2024

RATE 135bpm

B.P. 130/70

Bruce

RECOVERY

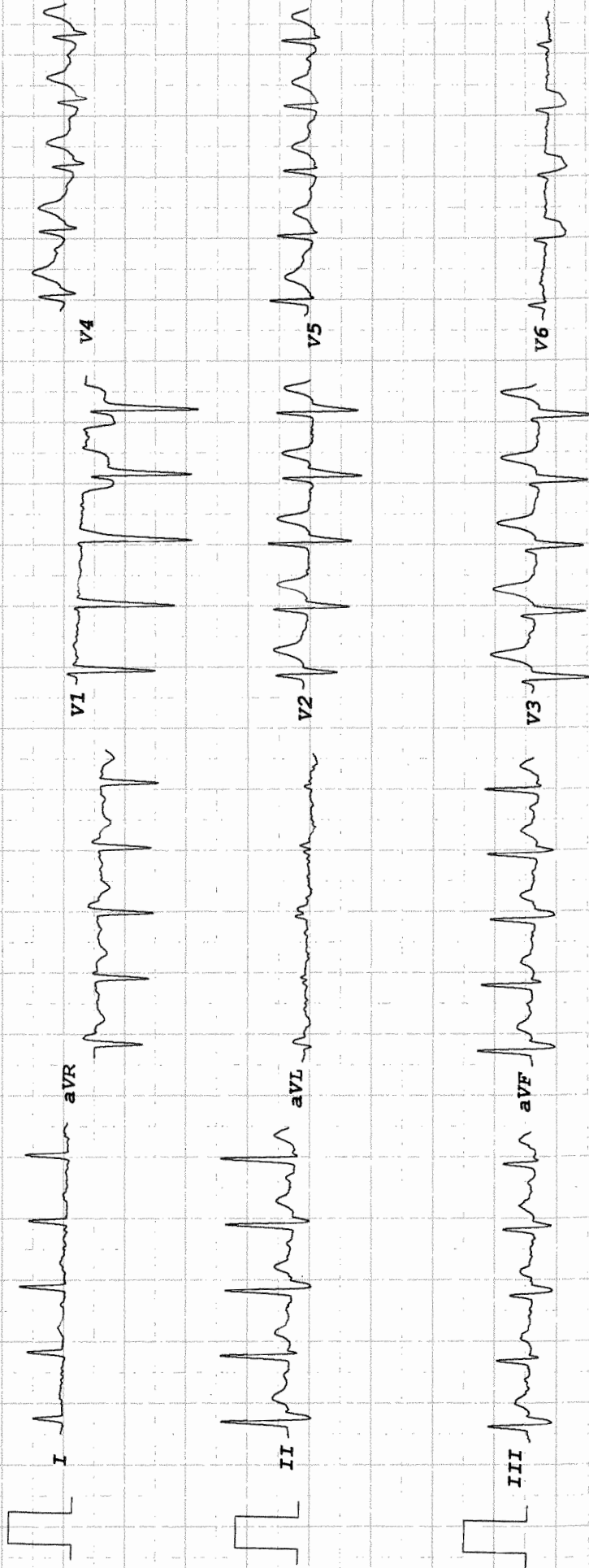
TOTAL TIME 10:25

PHASE TIME 1:07

ST @ 10mm/mV

80ms PostJ

RAW ECG



Rhythm: Filtered (35 Cycle)



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Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.:
022 - 2898 6677 / 46 / 47 / 48

DEPARTMENT OF RADIOLOGY

Patient Name	Mr. NITESH GHANSHYAM KHOBRADE	LabNo	186	
UHID/IP No	140022435 / 97	Order Date	16/03/2024 9:55AM	
Age/Gender	41 Yrs/Male	Receiving Date	16/03/2024 1:02PM	
Bed No/Ward	OPD	Report Date	16/03/2024 7:35PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

SONOGRAPHY OF ABDOMEN AND PELVIS MALE

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: 15.5 The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous normal echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It is normal in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 10 cm normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney: 9.3x 3.7 cm

Left kidney : 9.8 x 4.3 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

PROSTATE: It measures about 3.1 x 4.8 x 3.4 cms; volume is 27 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

Ø No significant abnormality noted.

--End Of Report--

Dr. SAUMIL PANDYA
MD, D.N.B, RADIOLOGIST