NAME	**MR , RAJENDRA KUMAR BHARDWAJ**	**STUDY DATE**	**15/05/2024 9:40AM**
AGE / SEX	**64 y / M**	**HOSPITAL NO.**	**MH004747445**
ACCESSION NO.	**R7413011**	**MODALITY**	**CR**
REPORTED ON	**15/05/2024 2:45PM**	**REFERRED BY**	**Health Check MHD**

X-RAY CHEST - PA VIEW

Results:

Few fibrotic opacities are seen in bilateral lung apex.

Bilateral lung fields show prominent bronchovascular markings

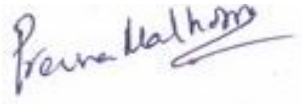
Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are blunted-? Pleural thickening

Kindly correlate clinically.



Dr. Prerna Malhotra MBBS, MD, DMC No: 90870
ASSOCIATE CONSULTANT

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

NAME	MR , RAJENDRA KUMAR BHARDWAJ	STUDY DATE	15/05/2024 12:10PM
AGE / SEX	64 y / M	HOSPITAL NO.	MH004747445
ACCESSION NO.	NM13866612	MODALITY	US
REPORTED ON	15/05/2024 3:47PM	REFERRED BY	Health Check MHD

2D Echocardiography Report

	End diastole	End systole
IVS thickness (cm)	**0.9**	**1.2**
Left Ventricular Dimension (cm)	**4.1**	**2.4**
Left Ventricular Posterior Wall thickness (cm)	**0.9**	**1.4**

Aortic Root Diameter (cm)	**2.8**
Left Atrial Dimension (cm)	**3.5**
Left Ventricular Ejection Fraction (%)	**55%**

LEFT VENTRICLE	:	Normal in size. No RWMA. LVEF=55%
RIGHT VENTRICLE	:	Normal in size. Normal RV function.
LEFT ATRIUM	:	Normal in size
RIGHT ATRIUM	:	Normal in size
MITRAL VALVE	:	Mild MR
AORTIC VALVE	:	Mild AR
TRICUSPID VALVE	:	Mild (PASP ~25mmHg)
PULMONARY VALVE	:	Normal
MAIN PULMONARY ARTERY & ITS BRANCHES	:	Appears normal.
INTERATRIAL SEPTUM	:	Intact.
INTERVENTRICULAR SEPTUM	:	Intact.
PERICARDIUM	:	No pericardial effusion or thickening

NAME	**MR , RAJENDRA KUMAR BHARDWAJ**	**STUDY DATE**	**15/05/2024 12:10PM**
AGE / SEX	**64 y / M**	**HOSPITAL NO.**	**MH004747445**
ACCESSION NO.	**NM13866612**	**MODALITY**	**US**
REPORTED ON	**15/05/2024 3:47PM**	**REFERRED BY**	**Health Check MHD**

DOPPLER STUDY

VALVE	Peak Velocity (cm/sec)	Maximum P.G. (mmHg)	Mean P. G. (mmHg)	Regurgitation	Stenosis
MITRAL	E= 46 A=73	-	-	Mild	Nil
AORTIC	145	-	-	Mild	Nil
TRICUSPID	-	N	-	Mild	Nil
PULMONARY	84	N	N	Nil	Nil

SUMMARY & INTERPRETATION:

- No LV regional wall motion abnormality with LVEF =55 %
- Normal sized RA/RV/LV/LA with no chamber hypertrophy. Normal RV function.
- Mild MR
- Mild AR
- Mild TR (PASP ~25mmHg)
- Grade I diastolic dysfunction.
- IVC normal in size, >50% collapse with inspiration, suggestive of normal RA pressure.
- No clot/vegetation/pericardial effusion.

Please correlate clinically.

Dr. Sarita Gulati MD, DM DMC No.22600

Senior Interventional Cardiologist

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

Name	:	MR RAJENDRA KUMAR BHARDWAJ	**Age**	:	64 Yr(s) Sex :Male
Registration No	:	MH004747445	**Lab No**	:	31240500748
Patient Episode	:	H03000063098	**Collection Date :**		15 May 2024 09:23
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		15 May 2024 12:01
Receiving Date	:	15 May 2024 10:52			

Department of Transfusion Medicine (Blood Bank)

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)
Specimen-Blood

Blood Group & Rh Typing (Agglutinaton by gel/tube technique)	
Blood Group & Rh typing	A Rh(D) Positive
Antibody Screening (Microtyping in gel cards using reagent red cells)	
Final Antibody Screen Result	Negative

Technical Note:
ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.
Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell,Duffy,Kidd, Lewis, P,MNS,Lutheran and Xg antigens using gel technique.

----------END OF REPORT----------

Dr Himanshu Lamba

Name	:	MR RAJENDRA KUMAR BHARDWAJ	**Age**	:	64 Yr(s) Sex :Male
Registration No	:	MH004747445	**Lab No**	:	32240508238
Patient Episode	:	H03000063098	**Collection Date :**		15 May 2024 09:23
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		15 May 2024 10:58
Receiving Date	:	15 May 2024 09:53			

BIOCHEMISTRY

Specimen: EDTA Whole blood

			As per American Diabetes Association(ADA) 2010
HbA1c (Glycosylated Hemoglobin)	5.7	%	[4.0-6.5] HbA1c in % Non diabetic adults : < 5.7 % Prediabetes (At Risk) : 5.7 % - 6.4 % Diabetic Range : > 6.5 %
Estimated Average Glucose (eAG)	117	mg/dl	

Use :
1.Monitoring compliance and long-term blood glucose level control in patients with diabetes.
2.Index of diabetic control (direct relationship between poor control and development of complications).
3. Predicting development and progression of diabetic microvascular complications.

Limitations :
1. A1C values may be falsely elevated or decreased in those with chronic kidney disease.
2.False elevations may be due in part to analytical interference from carbamylated hemoglobin formed in the presence of elevated concentrations of urea, with some assays.
3. False decreases in measured A1C may occur with hemodialysis and altered red cell turnover, especially in the setting of erythropoietin treatment

References : Rao.L.V.,Michael snyder.L.(2021).Wallach's Interpretation of Diagnostic Tests. 11th Edition. Wolterkluwer. NaderRifai,Andrea Rita Horvath,Carl T.wittwer. (2018)Teitz Text book of Clinical Chemistry and Molecular Diagnostics.First edition,Elsevier,South Asia.

Department Of Laboratory Medicine

Name	:	MR RAJENDRA KUMAR BHARDWAJ	**Age**	:	64 Yr(s) Sex :Male
Registration No	:	MH004747445	**Lab No**	:	32240508238
Patient Episode	:	H03000063098	**Collection Date :**		15 May 2024 09:23
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		15 May 2024 11:15
Receiving Date	:	15 May 2024 09:55			

BIOCHEMISTRY

Lipid Profile (Serum)

TOTAL CHOLESTEROL (CHOD/POD)	164	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	126	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	39	mg/dl	[30-60]
Methodology: Homogenous Enzymatic			
VLDL - Cholesterol (Calculated)	25	mg/dl	[10-40]
(CALCULATED)LDL- CHOLESTEROL	**100 #**	**mg/dl**	**[<100]** Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	4.2		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	2.6		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.

Technical Notes:
Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of these tests can identify certain genetic

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Name	:	MR RAJENDRA KUMAR BHARDWAJ	**Age**	:	64 Yr(s) Sex :Male
Registration No	:	MH004747445	**Lab No**	:	32240508238
Patient Episode	:	H03000063098	**Collection Date :**		15 May 2024 09:23
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		15 May 2024 11:15
Receiving Date	:	15 May 2024 09:55			

BIOCHEMISTRY

diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases.

Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	2.630	ng/mL	[<4.500]

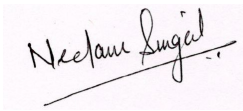
Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

----------END OF REPORT----------



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

Name	: MR RAJENDRA KUMAR BHARDWAJ	**Age**	: 64 Yr(s) Sex :Male
Registration No	: MH004747445	**Lab No**	: 32240508238
Patient Episode	: H03000063098	**Collection Date :**	15 May 2024 09:23
Referred By	: HEALTH CHECK MHD	**Reporting Date :**	15 May 2024 12:22
Receiving Date	: 15 May 2024 09:55		

BIOCHEMISTRY

THYROID PROFILE, Serum — **Specimen Type : Serum**

T3 - Triiodothyronine (ECLIA)	1.480	ng/ml	[0.400-1.810]
T4 - Thyroxine (ECLIA)	7.270	µg/dl	[5.000-10.700]
Thyroid Stimulating Hormone (ECLIA)	3.660	µIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.
* References ranges recommended by the American Thyroid Association
1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
2) http://www.thyroid-info.com/articles/tsh-fluctuating.html

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (Diazonium Ion)	0.59	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (Diazotization)	0.19	mg/dl	[0.00-0.30]
BILIRUBIN - INDIRECT (Calculated)	0.40	mg/dl	[0.20-1.00]
SGOT/ AST (UV without P5P)	27	U/L	[10-50]
SGPT/ ALT (UV without P5P)	32	U/L	[0-41]
ALP (p-NPP,kinetic)*	87	U/L	[45-135]
TOTAL PROTEIN (Biuret)	7.5	g/dl	[7.0-9.0]
SERUM ALBUMIN (BCG-dye)	4.3	g/dl	[3.5-5.2]
SERUM GLOBULIN (Calculated)	3.2	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio(Calculated)	1.34		[1.10-1.80]

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Name	: MR RAJENDRA KUMAR BHARDWAJ	**Age**	: 64 Yr(s) Sex :Male
Registration No	: MH004747445	**Lab No**	: 32240508238
Patient Episode	: H03000063098	**Collection Date :**	15 May 2024 09:23
Referred By	: HEALTH CHECK MHD	**Reporting Date :**	15 May 2024 11:15
Receiving Date	: 15 May 2024 09:55		

BIOCHEMISTRY

Technical Notes:
Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	9.00	mg/dl	[8.00-23.00]
SERUM CREATININE (Jaffe's method)	0.93	mg/dl	[0.80-1.60]
SERUM URIC ACID (Uricase)	6.8	mg/dl	[3.5-7.2]
SERUM CALCIUM (NM-BAPTA)	9.16	mg/dl	[8.00-10.50]
SERUM PHOSPHORUS (Molybdate, UV)	3.7	mg/dl	[2.5-4.5]
SERUM SODIUM (ISE)	141.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.40	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE Indirect)	**107.9 #**	**mmol/L**	**[95.0-105.0]**
eGFR	86.4	ml/min/1.73sq.m	[>60.0]

Technical Note
eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

----------END OF REPORT----------

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

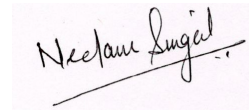
Name	: MR RAJENDRA KUMAR BHARDWAJ	**Age**	: 64 Yr(s) Sex :Male
Registration No	: MH004747445	**Lab No**	: 32240508240
Patient Episode	: H03000063098	**Collection Date :**	15 May 2024 09:22
Referred By	: HEALTH CHECK MHD	**Reporting Date :**	15 May 2024 11:04
Receiving Date	: 15 May 2024 09:54		

BIOCHEMISTRY

Specimen Type : Plasma

GLUCOSE-Fasting (Hexokinase)	104	mg/dl	[82-115]

----------END OF REPORT----------



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

Name	: MR RAJENDRA KUMAR BHARDWAJ	**Age**	: 64 Yr(s) Sex :Male
Registration No	: MH004747445	**Lab No**	: 32240508241
Patient Episode	: H03000063098	**Collection Date :**	15 May 2024 09:22
Referred By	: HEALTH CHECK MHD	**Reporting Date :**	15 May 2024 14:48
Receiving Date	: 15 May 2024 13:39		

BIOCHEMISTRY

Specimen Type : Plasma

PLASMA GLUCOSE – PP

Plasma GLUCOSE – PP (Hexokinase)	**143 #**	**mg/dl**	**[70–140]**

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

----------END OF REPORT----------

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

Name	: MR RAJENDRA KUMAR BHARDWAJ	**Age**	: 64 Yr(s) Sex :Male
Registration No	: MH004747445	**Lab No**	: 33240504920
Patient Episode	: H03000063098	**Collection Date :**	15 May 2024 09:24
Referred By	: HEALTH CHECK MHD	**Reporting Date :**	15 May 2024 12:04
Receiving Date	: 15 May 2024 09:53		

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR	6.0	mm/1sthour	[0.0-12.0]

Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	Result	Unit	Biological Ref. Interval
COMPLETE BLOOD COUNT (EDTA Blood)			
WBC Count (Flow cytometry)	7190	/cu.mm	[4000-10000]
RBC Count (Impedence)	4.80	million/cu.mm	[4.50-5.50]
Haemoglobin (SLS Method)	14.8	g/dL	[13.0-17.0]
Haematocrit (PCV)	44.5	%	[40.0-50.0]
(RBC Pulse Height Detector Method)			
MCV (Calculated)	92.7	fL	[83.0-101.0]
MCH (Calculated)	30.8	pg	[25.0-32.0]
MCHC (Calculated)	33.3	g/dL	[31.5-34.5]
Platelet Count (Impedence)	**149000 #**	**/cu.mm**	**[150000-410000]**
RDW-CV (Calculated)	13.8	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	49.5	%	[40.0-80.0]
Lymphocytes (Flowcytometry)	36.4	%	[20.0-40.0]

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Name	: MR RAJENDRA KUMAR BHARDWAJ	**Age**	: 64 Yr(s) Sex :Male
Registration No	: MH004747445	**Lab No**	: 33240504920
Patient Episode	: H03000063098	**Collection Date :**	15 May 2024 09:24
Referred By	: HEALTH CHECK MHD	**Reporting Date :**	15 May 2024 10:12
Receiving Date	: 15 May 2024 09:53		

HAEMATOLOGY

Monocytes (Flowcytometry)	6.4	%	[2.0-10.0]
Eosinophils (Flowcytometry)	**6.7 #**	**%**	**[1.0-6.0]**
Basophils (Flowcytometry)	1.0	%	[1.0-2.0]
IG	0.10	%	
Neutrophil Absolute(Flouroscence flow cytometry)	3.6	/cu mm	[2.0-7.0]x10³
Lymphocyte Absolute(Flouroscence flow cytometry)	2.6	/cu mm	[1.0-3.0]x10³
Monocyte Absolute(Flouroscence flow cytometry)	0.5	/cu mm	[0.2-1.2]x10³
Eosinophil Absolute(Flouroscence flow cytometry)	0.5	/cu mm	[0.0-0.5]x10³
Basophil Absolute(Flouroscence flow cytometry)	0.1	/cu mm	[0.0-0.1]x10³

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

----------END OF REPORT----------

Dr. Shalakha Agrawal
Associate Consultant,M.B.B.S,M.D. Pathology

Name	: MR RAJENDRA KUMAR BHARDWAJ	**Age**	: 64 Yr(s) Sex :Male
Registration No	: MH004747445	**Lab No**	: 38240501522
Patient Episode	: H03000063098	**Collection Date :**	15 May 2024 09:23
Referred By	: HEALTH CHECK MHD	**Reporting Date :**	15 May 2024 13:50
Receiving Date	: 15 May 2024 13:03		

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
CHEMICAL EXAMINATION		
Reaction[pH] (Reflectancephotometry(Indicator Method))	5.0	(5.0-9.0)
Specific Gravity (Reflectancephotometry(Indicator Method))	1.010	(1.003-1.035)
Bilirubin	Negative	NEGATIVE
Protein/Albumin (Reflectance photometry(Indicator Method)/Manual SSA)	Negative	(NEGATIVE-TRACE)
Glucose (Reflectance photometry (GOD-POD/Benedict Method))	NOT DETECTED	(NEGATIVE)
Ketone Bodies (Reflectance photometry(Legal's Test)/Manual Rotheras)	NOT DETECTED	(NEGATIVE)
Urobilinogen Reflactance photometry/Diazonium salt reaction	NORMAL	(NORMAL)
Nitrite Reflactance photometry/Griess test	NEGATIVE	NEGATIVE
Leukocytes Reflactance photometry/Action of Esterase	NIL	NEGATIVE
BLOOD (Reflectance photometry(peroxidase))	NIL	NEGATIVE
MICROSCOPIC EXAMINATION (Manual)	**Method: Light microscopy on centrifuged urine**	
WBC/Pus Cells	1-2 /hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	1-2 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

Interpretation:

Name	: MR RAJENDRA KUMAR BHARDWAJ	**Age**	: 64 Yr(s) Sex :Male
Registration No	: MH004747445	**Lab No**	: 38240501522
Patient Episode	: H03000063098	**Collection Date :**	15 May 2024 09:23
Referred By	: HEALTH CHECK MHD	**Reporting Date :**	15 May 2024 13:50
Receiving Date	: 15 May 2024 13:03		

CLINICAL PATHOLOGY

URINALYSIS-Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders
Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria,dehydration, urina tract infections and acute illness with fever
Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.
Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.
Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.
Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.
Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.
Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys Most Common cause is bacterial urinary tract infection.
Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration duri infection increases with length of time the urine specimen is retained in bladder prior to collection.
pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.
Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decrease Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.
Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.
Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

----------END OF REPORT----------

Shalakha

Dr. Shalakha Agrawal
Associate Consultant,M.B.B.S,M.D. Pathology

NAME	**MR , RAJENDRA KUMAR BHARDWAJ**	**STUDY DATE**	**15/05/2024 11:05AM**
AGE / SEX	**64 y / M**	**HOSPITAL NO.**	**MH004747445**
ACCESSION NO.	**R7413010**	**MODALITY**	**US**
REPORTED ON	**15/05/2024 12:47PM**	**REFERRED BY**	**Health Check MHD**

USG WHOLE ABDOMEN

Results:

Liver is enlarged in size (~15.9 cm) and shows grade I /II fatty infiltration. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder appears echofree with normal wall thickness.

Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

Spleen is normal in size (~ 10.1 cm) and echopattern.

Both kidneys are normal in position, size (RK ~10.4 x 4.2 cm and LK ~10.7 x 5.7 cm) and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

Prostate is enlarged in size and normal in echotexture. It measures approx. 37.4 cc in volume.

No significant free fluid is detected.

IMPRESSION:

- **Hepatomegaly with grade I/II fatty liver.**
- **Prostatomegaly.**

Please correlate clinically.

NAME	**MR , RAJENDRA KUMAR BHARDWAJ**	**STUDY DATE**	**15/05/2024 11:05AM**
AGE / SEX	**64 y / M**	**HOSPITAL NO.**	**MH004747445**
ACCESSION NO.	**R7413010**	**MODALITY**	**US**
REPORTED ON	**15/05/2024 12:47PM**	**REFERRED BY**	**Health Check MHD**

Dr. Nipun Gumber MBBS, MD DMC No.90272

ASSOCIATE CONSULTANT

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