



Indira Health And Lifestyle Private Limited.
NABL Accredited Laboratory
Eucharistic Congress Bldg. No. 1, Opp. Café Leopold,
Close to Delhi Darbar Hotel, Convent Street, Colaba, Mumbai - 400 001.
Tel.: 022-22021122, ☎: 8450982226,
E:apolloclinicmumbai@gmail.com, apollocliniccolaba@gmail.com



Name : Mr. Kirti Vardhan Gender : Male Age : 33 Years
UHID : AF-001001714 Bill No : Lab No : c-339-23
Ref. by : Arcofemi Healthcare Sample Col.Dt : 04/04/2023 08:57
Barcode No : 1324 Reported On : 04/04/2023 15:08

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

URINE REPORT

PHYSICAL EXAMINATION

| | | |
|------------|--------|--------|
| QUANTITY | 20 | mL |
| COLOUR | Yellow | |
| APPEARANCE | Clear | Clear |
| SEDIMENT | Absent | Absent |

CHEMICAL EXAMINATION(Strip Method)

| | | |
|--------------------------|------------------|---------------|
| REACTION(PH) | 5.0 | 4.6 - 8.0 |
| SPECIFIC GRAVITY | 1.020 | 1.005 - 1.030 |
| URINE ALBUMIN | Absent | Absent |
| URINE SUGAR(Qualitative) | Absent | Absent |
| KETONES | Absent | Absent |
| BILE SALTS | Absent | Absent |
| BILE PIGMENTS | Absent | Absent |
| UROBILINOGEN | Normal(<1 mg/dl) | Normal |
| OCCULT BLOOD | Absent | Absent |
| Nitrites | Absent | Absent |

MICROSCOPIC EXAMINATION

| | | |
|------------------|-------------|-----------|
| PUS CELLS | 1 - 2/hpf | 0 - 3/hpf |
| RED BLOOD CELLS | Nil /HPF | Absent |
| EPITHELIAL CELLS | 1 - 2 / hpf | 3 - 4/hpf |
| CASTS | Absent | Absent |
| CRYSTALS | Absent | Absent |
| BACTERIA | Absent | Absent |

Shweta Unavane
Entered By

Ms Kaveri Gaonkar
Verified By

Dr. Milind Patwardhan
M.D(Path)
Chief Pathologist

End of Report
Results are to be correlated clinically



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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 4.9 % Normal <5.7 %
 Pre Diabetic 5.7 - 6.5 %
 Diabetic >6.5 %
 Target for Diabetes on therapy < 7.0 %
 Re-evaluation of therapy > 8.0 %

Mean Blood Glucose : 93.93 mg/dL

Correlation of A1C with average glucose

| A1C (%) | Mean Blood Glucose (mg/dl) |
|---------|----------------------------|
| 6 | 126 |
| 7 | 154 |
| 8 | 183 |
| 9 | 212 |
| 10 | 240 |
| 11 | 269 |
| 12 | 298 |

Method High Performance Liquid Chromatography (HPLC).

INTERPRETATION

- * The HbA1c levels correlate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose.
- * This Methodology is better than the routine chromatographic methods & also for the diabetic pts. having HEMOGLBINOPATHIES OR UREMIA as Hb variants and uremia does not INTERFERE with the results in this methodology.
- * It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts. & every 3 - 4 months in well controlled diabetics .
- * Mean blood glucose (MBG) in first 30 days (0-30) before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

Sushant Gaikwad
Entered By

Ms Kaveri Gaonkar
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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL


LFT(Liver Function Tests)-Serum

| | | | |
|---------------------------------------|--------------|-------|-----------|
| S.Total Protein (Biuret method) | 9.12* | g/dL | 6.6 - 8.7 |
| S.Albumin (BCG method) | 4.50 | g/dL | 3.5 - 5.2 |
| S.Globulin (Calculated) | 4.62 | g/dL | 2 - 3.5 |
| S.A/G Ratio:(Calculated) | 0.97 | | 0.9 - 2 |
| S.Total Bilirubin (DPD): | 0.83 | mg/dL | 0.1 - 1.2 |
| S.Direct Bilirubin (DPD): | 0.37 | mg/dL | 0.1 - 0.3 |
| S.Indirect Bilirubin (Calculated) | 0.46 | mg/dL | 0.1 - 1.0 |
| S.AST (SGOT)(IFCC Kinetic with P5P): | 91 | U/L | 5 - 40 |
| S.ALT (SGPT) (IFCC Kinetic with P5P): | 70 | U/L | 5 - 41 |
| S.Alk Phosphatase(pNPP-AMP Kinetic): | 113 | U/L | 40 - 129 |
| S.GGT(IFCC Kinetic): | 83 | U/L | 11 - 50 |

Remarks : *** Rechecked & confirmed. Kindly Correlate Clinically**

Ms Kaveri Gaonkar
Entered By

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

Lipid Profile- Serum

| | | | |
|----------------------------|--------------------|-------|---|
| S. Cholesterol(Oxidase) | 171 | mg/dL | Desirable < 200 Borderline:>200-<240 Undesirable:>240 |
| S. Triglyceride(GPO-POD) | 79 | mg/dL | Desirable < 150 Borderline:>150-<499 Undesirable:>500 |
| S. VLDL:(Calculated) | 15.8 | mg/dL | Desirable <30 |
| S. HDL-Cholesterol(Direct) | <u>38.5</u> | mg/dL | Desirable > 60 Borderline:>40-<59 Undesirable:<40 |
| S. LDL:(calculated) | 116.7 | mg/dL | Desirable < 130 Borderline:>130-<159 Undesirable:>160 |
| Ratio Cholesterol/HDL | 4.4 | | 3.5 - 5 |
| Ratio of LDL/HDL | 3 | | 2.5 - 3.5 |

Vasanti Gondal
Entered By

Ms Kaveri Gaonkar
Verified By

Dr. Milind Patwardhan
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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

RFT - Renal Profile-serum

| | | | |
|-----------------------------------|--------------|--------|-------------|
| S.Urea(Urease-GLDH) | 18.7 | mg/dL | 10.0 - 45.0 |
| S. Urea Nitrogen(Calculated) | 8.72 | mg/dL | 5 - 20 |
| S.Creatinine(Jaffe's Kinetic) | 0.84 | mg/dL | 0.50 - 1.3 |
| S.Uric Acid(Uricase-POD) | 6.4 | mg/dL | 3.4 - 7.0 |
| S.Total Protein(Biuret) | 9.12* | g/dL | 6.6 - 8.7 |
| S.Albumin(BCG) | 4.50 | g/dL | 3.5 - 5.2 |
| S.Globulin(Calculated) | 4.62 | g/dL | 2 - 3.5 |
| A/G Ratio(Calculated) | 0.97 | | 0.9 - 2 |
| S.Sodium(Na) (ISE-Direct) | 138 | mmol/L | 135 - 145 |
| S.Potassium(K) (ISE-Direct) | 4.2 | mmol/L | 3.5 - 5.3 |
| S.Chloride(Cl) (ISE-Direct) | 102 | mmol/L | 95 - 106 |
| S.Calcium(NM-BAPTA) | 9.33 | mg/dL | 8.6 - 10.0 |
| S.Phosphorus(UV Phosphomolybdate) | 3.13 | mg/dL | 2.5 - 4.5 |

Remarks *** Rechecked & confirmed. Kindly Correlate Clinically**

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HAEMOGRAM(CBC,ESR,P/S)-WB (EDTA)

| | | | |
|--|--|----------------|--------------|
| Haemoglobin(Colorimetric method) | 11.9 | g/dl | 13 - 18 |
| RBC Count (Impedance) | 3.81 | Millions/cumm. | 4 - 6.2 |
| PCV/Haematocrit(Calculated) | 38 | % | 35 - 55 |
| MCV:(Calculated) | 99.8 | fl | 78 - 98 |
| MCH:(Calculated) | 31.2 | pg | 26 - 34 |
| MCHC:(Calculated) | 31.3 | gm/dl | 30 - 36 |
| RDW-CV: | 18.1 | % | 11.5 - 16.5 |
| Total Leucocyte count(Impedance) | 5490 | /cumm. | 4000 - 10500 |
| Neutrophils: | 58 | % | 40 - 75 |
| Lymphocytes: | 35 | % | 20 - 40 |
| Eosinophils: | 03 | % | 0 - 6 |
| Monocytes: | 04 | % | 2 - 10 |
| Basophils: | 00 | % | 0 - 2 |
| Platelets Count(Impedance method) | 0.75 | Lakhs/c.mm | 1.5 - 4.5 |
| MPV | 11.8 | fl | 6.0 - 11.0 |
| ESR(Westergren Method) | 64 | mm/1st hr | 0 - 20 |
| Peripheral Smear (Microscopic examination) | | | |
| RBCs: | Anisocytosis(+) | | |
| WBCs: | Normal | | |
| Platelets | <u>Reduced, Large Platelet , Manual platelet count =1.35 Lakhs/c.mm</u> | | |
| Note: | Test Run on 5 part cell counter. Manual diff performed. | | |

Sushant Gaikwad
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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

Thyroid (T3,T4,TSH)- Serum

| | | | |
|---|------------------|--------|---|
| Total T3 (Tri-iodo Thyronine) (ECLIA) | 1.01 | nmol/L | 1.3 - 3.1 nmol/L |
| Total T4 (Thyroxine) (ECLIA) | 24.73 | nmol/L | 66 - 181 nmol/L |
| TSH-Ultrasensitive (Thyroid-stimulating hormone) | >100.0 | μIU/ml | Euthyroid : 0.35 - 5.50 μIU/ml Hyperthyroid : < 0.35 μIU/ml Hypothyroid : > 5.50 μIU/ml |

Method : ECLIA

Remarks:

*** Rechecked & confirmed. Kindly Correlate Clinically**

Grey zone values observed in physiological/therapeutic effect.

Note:

T3 :

1. Decreased values of T3 (T4 and TSH normal) have minimal Clinical significance and not recommended for diagnosis of hypothyroidism.
2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites ,Pregnancy, Drugs (Androgens,Estrogens,O C pills, Phenytoin) etc. In such cases Free T3 and free T4 give corrected Values.
3. Total T3 may decrease by < 25 percent in healthy older individuals

T4 :

1. Total T3 and T4 Values may also be altered in other condition due to changes in serum proteins or binding sites, Pregnancy Drugs (Androgens,Estrogens,O C pills, Phenytoin), Nerphrosis etc. In such cases Free T3 and Free T4 give Corrected values.

TSH :


1. TSH Values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart failure. Severe burns, trauma and surgery etc.
2. Drugs that decrease TSH values e,g L dopa, Glucocorticoids.
3. Drugs that increase TSH values e.g. Iodine,Lithium, Amiodarone

Ms Kaveri Gaonkar
Entered By

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Verified By

Dr. Milind Patwardhan
M.D(Path)
Chief Pathologist

End of Report
Results are to be correlated clinically

| | | |
|--------------|---|--------|
| Patient Name | Mr. KIRTI VARDHAN 33 08:56 M 04-04-2023 AF-001001714 | MR No: |
| Age/Sex |  SR01369166 | Date: |
| Referred By | | |

Health Check-Up Report

PRESENT COMPLAINTS:

- *Insomnia*

PRESENT MEDICATIONS:

PERSONAL HISTORY

Unmarried / Married

Diet : Eggetarian / Vegetarian / Mixed

Habits: Tobacco : *5* Chews/Smokes
Alcohol : *P.*

Bladder : *normal*

Bowels : *constipation*

Sleep : Normal / Disturbed

Physical Activity : Active / Moderate / Sedentary

Drug / Any other allergy : No

Menstrual History : NA

PAST MEDICAL HISTORY

NS

FAMILY HISTORY

Father (IHD, DM, HTN)

Physical Examination Findings

General Examination

| | | |
|--|--------|-------------------|
| Height | 164 | cm |
| Weight | 78 | kg |
| BMI | 29.0 | kg/m ² |
| Pulse | 80 | /min |
| BP | 120/80 | mm of Hg |
| RR | 16 | /min |
| Evidence of : pallor/ icterus / Pedal Gedema / Cyanosis/Clubbing | | |

Abdominal Examination:

Cardiovascular System:

Respiratory System:

Musculoskeletal System:

Advice:

Normal.

Doctor's Sign & Stamp:

Dr Merchant Adnaan
Regn.No I-80064-A
Physician

ENT EVALUATION

Name:
Age/Gender:

Mr. KIRTI VARDHAN
33 08:56 M
04-04-2023 AF-001001714

UR874585

MR NO:
Date:

COMPLAINTS, IF ANY:

Ear:-

Tympanic Membrane:
Pre-auricular:-
Pina / EAC:
Mastoid Tuning Fork tests:-

NOSE:-

External Nose:-
Anterior Rhinoscopy:-
Post - Nasal space:-

THROAT:-

Tongue / palate / Teeth:-


NECK:-

Nodes:-
Thyroid:-
Glands:-

None

INVESTIGATIONS:

IMPRESSION:- ENT examination was


Dr. Sameer Lambay
M.S. (ENT Surgeon), D.O.R.L
Reg No. MMC/ 84342

OPHTHALMIC EVALUATION

| | | |
|-----------------|--|---------------|
| Name: | Mr. KIRTI VARDHAN 33 08:56 M | MR NO: |
| Age/Sex: | 04-04-2023 AF-001001714  SR01369166 | Date: |

Examination

Right Eye

Left Eye

Visual Acuity

Distance Vision

— 6/6 —

Near Vision

— N6 —

Color Vision

Normal/~~Defective~~

Refraction Prescription :

| Right Eye | | | Left Eye | | |
|----------------|------|------|----------------|------|------|
| Sph. | Cyl. | Axis | Sph. | Cyl. | Axis |
| | | | | | |
| Remarks | | | Remarks | | |


SLIT LAMP EXAMINATION:

Anterior Segment: NAD

IOP :- 14 mm of Hg.

Posterior Segment: WNL

REMARKS: NORMAL.


Dr. Poonawala Murtaza H.
 M.S. (Ophthal)
 Reg. No. 85594
Consultant Ophthalmologist

WNL = Within Normal Limits
NAD = No abnormality detected.

DENTAL CHECKUP

Mr. KIRTI VARDHAN

| | | | |
|---------------------|-------------------------|---------------|--|
| Name: | 33 08:56 M | MR NO: | |
| Age/Gender : | 04-04-2023 AF-001001714 | Date: | |



Medical history: Diabetes Hypertension _____

| EXAMINATION | UPPER RIGHT | UPPER LEFT | LOWER LEFT | LOWER RIGHT |
|----------------------|-------------|------------|------------|-------------|
| Calculus& Stains | + | + | + | + |
| Mobility | | | | |
| Caries (Cavities) | | | | |
| a)Class 1 (Occlusal) | 18 | | | |
| b)Class 2 (Proximal) | | | | |
| c)Class 5 (Cervical) | | | | |
| Faulty Restoration | | | | |
| Faulty Crown | | | | |
| Fractured Tooth | | | | |
| Root Pieces | | | | |
| Impacted Tooth | | | | |
| Missing Tooth | | | | |
| Existing Denture | | | | |

TREATMENT ADVISED:

| TREATMENT | UPPER RIGHT | UPPER LEFT | LOWER LEFT | LOWER RIGHT |
|-----------------------|-------------|------------|------------|-------------|
| Restoration / Filling | 18 | | | |
| Root Canal Therapy | | | | |
| Crown | | | | |
| Extraction | | | | |

Oral Prophylaxis: Scaling & polishing
 Orthodontic Advice for Braces: Yes / No
 Prosthetic Advice to Replace Missing Teeth: Denture Bridge Implant
 Oral Habits: Tobacco Cigarette Others since ___ years
 Advice to quit any form of tobacco as it can cause cancer.
 Other Findings: _____



Dr. Prachi Shah Manudhane
 BDS, GDC Mumbai (Reg.No. A-17381)
 Advanced Prosthodontics, UCLA, California, USA

NUTRITION PRESCRIPTION

Iron Rich Foods (in low Hb listed food should be added)

Cereals

Whole wheat, Bajra, Rice flakes (poha), Jowar, Puffed rice (kurmura)

Pulses

Soybean, Moth beans (mukti/math), Roasted Bengal Gram (Bhuna Chana), Lentil (Masoor)

Vegetables

Mint, Colacassia leaves, Lotus stem, Spinach, Shepu, Amaranth (Chowlai), Lettuce

Nuts and oilseeds

Til seeds, Garden cress seeds, Dates, Black current, Raisins, Fig

Animal source

Egg, Fish dried

Vitamin C Rich Foods (listed food should be added for better absorption of Iron)

Fruit

Amla, Guava, Orange, Mango, Sweet lime, Papaya, Lemon, Muskmelon, Strawberry, Tomato

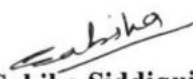
Vegetables

Drumstick leaves, Capsicum, Drumstick, Cabbage, Parsley, Amaranth

Pulses

Sprouted Pulses

Vitamin C rich foods should not be cut and kept open as its easily destroyed on exposure to air, hence should be consumed when fresh.


Dr. Sabiha Siddiqui
BHSc, P.G. Dietetics, CDE, DNYS
(Head Clinical Dietitian & Nutritionist)


Mr. KIRTI VARDHAN
 33 08:56 M
 04-04-2023 AF-001001714
 UR874585

| DIET CHART | | | |
|-----------------|---------------|--|------------------------------------|
| TIME | MEAL | MENU | AMOUNT [HOUSEHOLD MEASURES] |
| 7:30 am | Early morning | Warm Water | 1 glass |
| | | Aerobic Exercise | 45 mins. (minimum) |
| 9:00am | Breakfast | Tea / coffee/ Milk (skimmed) | 50 ml milk |
| | | Veg poha /Oats Upma / Veg Dahlia | 1 vati |
| | | Phulka / Methi Khakra / Bhakri | Medium size -2 nos (no oil / ghee) |
| 11:00am | Mid – Morning | Fruit | 1 Medium size |
| 1: 00 pm | Lunch | Salad / Thin soup | 1 Big Bowl |
| | | Cucumber ,Tomato, cabbage, onion , sprouted pulses . etc | |
| | | Roti / Phulka | 2 small / 1 big |
| | | Vegetables | 1-2 Vati (cook in 1 tsp oil) |
| | | Rice | 1 vati |
| | | Dal | 1 Vati |
| | | Curd (skimmed)/ Buttermilk | 1/2 cup /1 glass |
| 4:00pm – 6.00pm | Evening | Diet Khakra / digestive oats biscuit | 1 / 2 nos only |
| | | Roasted chana/Roastedrice flakes / sprouts bhel, /sweet corns | 1 handful 1 small katori |
| | | Tea | 1 cup |

| | | | |
|---------|------------|--|---------------------------|
| 8:30pm | Dinner | SAME AS LUNCH (except rice) | |
| | OPTIONS | Veg khichdi + kadhi /curd | 2 Vatis / 1 vati |
| | OPTIONS | Bhakri -Wheat /Bajra/Jowar Vegetable Dal | 2 nos 1 vati 1 vati |
| 10:00pm | Bed – Time | Milk (Skimmed) | 100 ml milk |

| | | |
|--------------------|----------------|-------------------|
| Total calories/day | Oil /Ghee /day | Salt/day |
| 1500 Kcals | 4 tsps | $\frac{3}{4}$ tsp |

- Oil intake should be $\frac{1}{2}$ liter per person per month.
- Consume Green tea/ Herbal tea 2-3 cups/ day.
- Take 1 Tsp Flaxseed (Aisi) after lunch and dinner (optional)


Dr. Sabiha Siddiqui
BHSc, P.G. Dietetics, CDE, DNYS
(Head Clinical Dietitian & Nutritionist)

MR KIRTI VARDHAN
1714

13 Years

Male

QRS : 80 ms
QT / QTcbaz : 356 / 389 ms
PR : 146 ms
P : 74 ms
RR / PP : 832 / 833 ms
P / QRS / T : 42 / 25 / 1 degrees

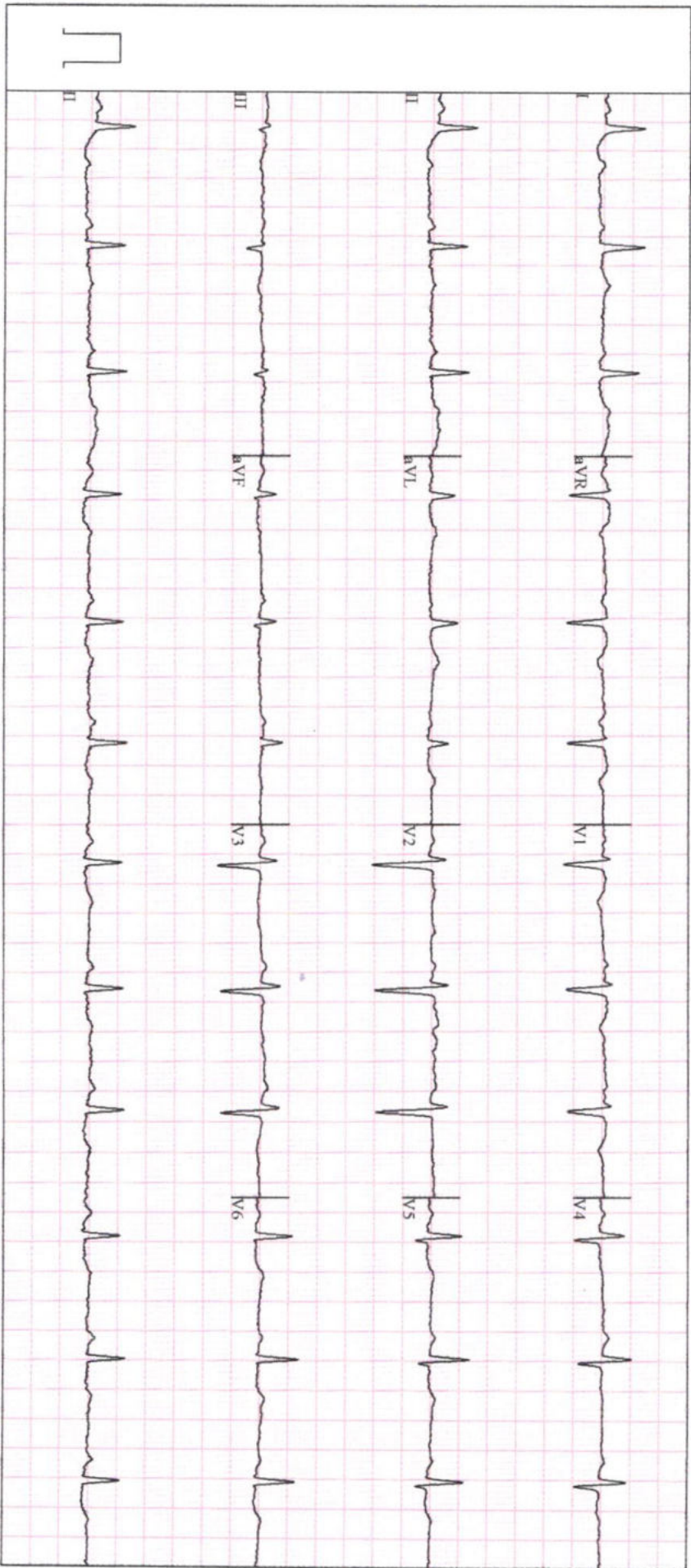
Normal sinus rhythm
Nonspecific ST and T wave abnormality
Abnormal ECG

04.04.2023 9:57:10
THE APOLLO CLINIC
COLABA
MUMBAI-400001

72 bpm
-- / -- mmHg



Dr. SUNDEEP AMBERKAR
M.D.F.C.P.S. DIP, ECHO
Consultant Cardiologist
Reg. No. 87773



GE MACC2000

1.1

12SL™ v241

25 mm/s

10 mm/mV

ADS

0.56-20 Hz

50 Hz

Unconfirmed
4x2.5x3_25_R1

1/1

NAME : MR. KIRTI VARDHAN
AGE/SEX : 33 YEARS / MALE
REF. BY : ARCOFEMI

MR NO : 1714
DATE : 04/04/2023


2D ECHOCARDIOGRAPHY AND COLOR DOPPLER STUDY

2D ECHOCARDIOGRAPHY FINDINGS :

1. No LV Dilatation. No LV Wall Hypertrophy.
2. No Significant LV RWMA seen at rest.
3. Good LV Systolic function. LVEF appears to be 60 %.
4. No LV Diastolic Dysfunction. Normal LVEDP.
5. Structurally normal all cardiac valves. No PAH
6. Normal sized LA / RA/ RV with good RV contractility. No Hepatic Congestion.
7. IAS and IVS appear intact.
8. No obvious clot seen.
9. No vegetations or pericardial effusion.
10. Normal Sinus Rhythm.

IMPRESSION

Normal all Cardiac chambers.
Normal LV systolic function.
No LV DD. Normal LVEDP.
Normal valves. No PAH.
No Clots / Vegetations/Pericardial effusion.
Normal Sinus Rhythm.


DR SUNDEEP AMBERKAR
M.D., F. C. P.S., Dip. Echo.

APOLLO CLINIC (COLABA)

Name: VARDHAN K.
MRN: 23-04-04-110445

Study Date: 04/04/2023 11:04

Cardiac

Dimension

MMode

IVSd (MM): 1.23 cm

LVIDd (MM): 5.14 cm

LVPWd (MM): 1.02 cm

IVSs (MM): 1.49 cm

LVIDs (MM): 3.48 cm

LVPWs (MM): 1.53 cm

AoR Diam (MM): 2.59 cm

LA Dimen (MM): 3.27 cm

AV Cusp Sep: 1.95 cm

EDV (MM-Teich): 126 ml

ESV (MM-Teich): 50.3 ml

IVS/LVPW (MM): 1.21

LA/Ao (MM): 1.26

LVPW % (MM): 50.0 %

EF (MM-Teich): 60.1 %

FS (MM-Teich): 32.2 %

IVS % (MM): 20.7 %

LV Mass (Cubed): 224 grams

Aortic Valve

Doppler

AV Vmax: 188 cm/s

AV Max PG: 14.1 mmHg

Mitral Valve

MMode

MV E-F Slope: 9.05 cm/s

MV E-F Time: 0.216 sec

MV E-F Dist: 1.95 cm

MV EPSS: 0.552
cm

Doppler

MV Peak A Vel: 58.2 cm/s

MV Peak A PG: 1.36
mmHg

MV Peak E Vel: 80.7 cm/s (Avg.)

MV Peak E PG: 2.60 mmHg
(Avg.)

MV Dec Slope: 318 cm/s²

MV Dec Slope Time: 0.252 sec

MV DS P1/2t: 74.4 msec

MV Peak E Vel: 80.7 cm/s (Avg.)

MV Peak E PG: 2.60 mmHg
(Avg.)

MV E/A: 1.39

Tricuspid Valve

Doppler

TR Vmax: 197 cm/s

TR Max PG: 15.5
mmHg

Pulm Valve

Doppler

PI End Dias Vel: 159 cm/s

PI End Dias PG: 10.1
mmHg

PV Vmax: 150 cm/s

PV Max PG: 8.96
mmHg

Interpretation Summary

Comments

Patient Name : Mr. Kirti Vardhan
Age : 33 yrs
Ref. By : Arcofemi

MR No : AF001001714
Sex : Male
Date : 04-04-2023

X-RAY CHEST PA VIEW

The lungs are clear.

Heart size is normal.

Mild unfolding of aorta.

Pleural spaces are clear.

Bilateral costophrenic angles are clear.

Bony thorax and soft tissues are unremarkable.



Dr. Bushra Rasool
Consultant Radiologist

Patient Name : Mr. Kirti Vardhan
Age : 33 yrs
Ref. By : Arcofemi

MR No : AF001001714
Sex : Male
Date : 04-04-2023

ULTRASOUND OF ABDOMEN AND PELVIS

LIVER: It is mildly enlarged in size . It measures 15.9 cm. The parenchyma is significantly echogenic and shows mildly coarse echo-texture. No focal lesion seen. Intra-hepatic biliary and portal radicles are normal. The main portal vein is normal.

GALL BLADDER: is partially distended. No calculus or mass seen. The wall thickness is normal. No peri-cholic abnormality seen. The common bile duct is normal. No evidence of choledocholithiasis seen.

PANCREAS: It is normal in size and echotexture. No focal lesion seen. No peri-pancreatic collection noted. The main pancreatic duct is normal.

SPLEEN: It is enlarged in size and measures 14.2 cm. Splenic vein is normal.

BOTH KIDNEYS: Both kidneys are normal in size, shape and position. The parenchyma shows normal echo-texture. Cortico-medullary differentiation is well maintained.

Right kidney measures 11.4 x 3.8 cm.

Left kidney measures 11.4 x 4.0 cm.

No evidence of calculus or hydronephrosis seen.

URINARY BLADDER: It is adequately distended. The margins are smooth. No vesical mass or calculus seen.

PROSTATE: is normal in size and shape. The parenchyma is normal. It measures 3.0 x 2.7 x 3.7 cm. The weight measures approx 16 cc.

No ascitis or lymphadenopathy noted.

IMPRESSION:

- MILD HEPATOMEGALY WITH GRADE II FATTY LIVER. THE LIVER PARENCHYMA SHOWS MILDLY COARSE ECHOTEXTURE. THE PORTAL VEIN IS NORMAL
- MILD SPLENOMEGALY.


Dr. Bushra Rasool
Consultant Radiologist

Note: *USG examinations have their limitations due to patient body habitus and bowel gas. Bowel abnormalities may not be detected on sonography. This document is not valid for medico-legal purpose.*