

Patient Name : Mr.AJAY KUMAR	Collected : 09/Sep/2024 11:24AM
Age/Gender : 63 Y 7 M 11 D/M	Received : 09/Sep/2024 11:41AM
UHID/MR No : RIND.0000016914	Reported : 09/Sep/2024 11:57AM
Visit ID : RINDOPV16644	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 39E1077	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.

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



Dr.Kritika Jain
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240225745



This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.9	g/dL	13-17	Spectrophotometer
PCV	37.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.34	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	87	fL	83-101	Calculated
MCH	29.8	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,000	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58	%	40-80	Electrical Impedence
LYMPHOCYTES	37	%	20-40	Electrical Impedence
EOSINOPHILS	01	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2900	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1850	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	50	Cells/cu.mm	20-500	Calculated
MONOCYTES	200	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.57		0.78- 3.53	Calculated
PLATELET COUNT	178000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	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.				
NO HEMOPARASITES SEEN				



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M.B.B.S,M.D(Pathology)
Consultant Pathologist



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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




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Patient Name : Mr.AJAY KUMAR	Collected : 09/Sep/2024 01:38PM
Age/Gender : 63 Y 7 M 11 D/M	Received : 09/Sep/2024 01:52PM
UHID/MR No : RIND.0000016914	Reported : 09/Sep/2024 02:31PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	135	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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	213	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.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL		Calculated

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)



Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
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SIN No:EDT240090074



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	144	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	110	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	43	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	101	mg/dL	<130	Calculated
LDL CHOLESTEROL	78.62	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.03	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.34		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.05		<0.11	Calculated

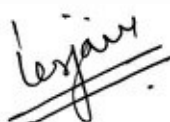
Comment:

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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.63	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	40.64	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.6		<1.15	Calculated
ALKALINE PHOSPHATASE	73.31	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.41	g/dL	6.3-8.2	Biuret
ALBUMIN	4.28	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.13	g/dL	2.0-3.5	Calculated
A/G RATIO	2.01		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. 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 diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.
 *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324



Dr. Kritika Jain
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SIN No: SE04822718

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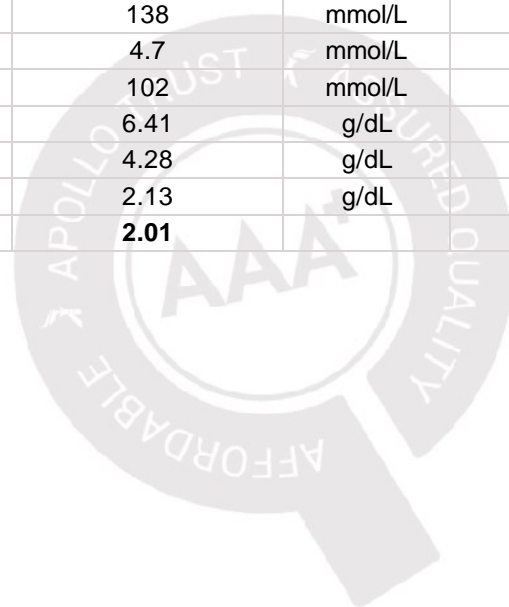


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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.79	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	17.09	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	8.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.19	mg/dL	3.5-7.2	Uricase
CALCIUM	9.41	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	2.89	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.41	g/dL	6.3-8.2	Biuret
ALBUMIN	4.28	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.13	g/dL	2.0-3.5	Calculated
A/G RATIO	2.01		0.9-2.0	Calculated




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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.14	U/L	15-73	Glycylglycine Nitoranalide




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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.18	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.08	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.649	µIU/mL	0.38-5.33	CLIA

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



Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.470	ng/mL	0-4	CLIA




Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist
SIN No: SPL24138666



Patient Name : Mr.AJAY KUMAR	Collected : 09/Sep/2024 02:21PM
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DEPARTMENT OF CLINICAL PATHOLOGY

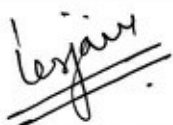
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Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NEGATIVE		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.



Dr. Kritika Jain
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Patient Name : Mr.AJAY KUMAR	Collected : 09/Sep/2024 02:21PM
Age/Gender : 63 Y 7 M 11 D/M	Received : 09/Sep/2024 02:56PM
UHID/MR No : RIND.0000016914	Reported : 09/Sep/2024 03:31PM
Visit ID : RINDOPV16644	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 39E1077	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

*** End Of Report ***



Page 15 of 15



Dr. Kritika Jain
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: UF012091

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID: enquiry@apollohl.com



Patient Name : Mr.AJAY KUMAR
Age/Gender : 63 Y 7 M 11 D/M
UHID/MR No : RIND.0000016914
Visit ID : RINDOPV16644
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TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



Dr.Kritika Jain
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UF012091

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Patient Name	: Mr. AJAY KUMAR	Age/Gender	: 63 Y/M
UHID/MR No.	: RIND.0000016914	OP Visit No	: RINDOPV16644
Sample Collected on	:	Reported on	: 10-09-2024 11:10
LRN#	: RAD2414300	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 39E1077		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both the lung fields and hilar shadows appears normal.

There is no obvious active pleuro-parenchymal lesion seen.

Both the costophrenic and cardiophrenic angles are clear.

Cardiac size appears within normal limits.

Both dome of hemidiaphragms are normal in position and contour.

Thoracic wall and soft tissues under view appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. SANGEETA AGGARWAL
MBBS, MD
Radiology

Patient Name : Mr. AJAY KUMAR Age : 63 Y/M
UHID : RIND.0000016914 OP Visit No : RINDOPV16644
Conducted By: : Dr. SANJIV KUMAR GUPTA Conducted Date : 10-09-2024 09:48
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	3.67 CM
LA (es)	3.54 CM
LVID (ed)	5.35 CM
LVID (es)	3.81 CM
IVS (Ed)	1.18 CM
LVPW (Ed)	1.22 CM
EF	65.00%
%FD	33.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	NORMAL
INTER VENTRICULAR SEPTUM	INTACT
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NORMAL

Patient Name	: Mr. AJAY KUMAR	Age	: 63 Y/M
UHID	: RIND.0000016914	OP Visit No	: RINDOPV16644
Conducted By:	: Dr. SANJIV KUMAR GUPTA	Conducted Date	: 10-09-2024 09:48
Referred By	: SELF		

NO REGIONAL WALL MOTION ABNORMALITY

NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

COLOUR AND DOPPLER STUDIES NORMAL

PWD: A>E AT MITRAL INFLOW NORMAL

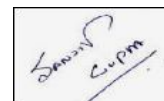
VELOCITY ACROSS THE AV NORMAL

IMPRESSION:

GOOD LV/RV FUNCTION

NO MR/NO AR /NO TR/NOPAH.NO CLOT

NO PERICARDIAL EFFUSION.



Dr. SANJIV
KUMAR

Patient Name : Mr. AJAY KUMAR Age : 63 Y/M
UHID : RIND.0000016914 OP Visit No : RINDOPV16644
Conducted By: : Dr. SANJIV KUMAR GUPTA Conducted Date : 10-09-2024 09:48
Referred By : SELF

GUPTA

Patient Name	: Mr. AJAY KUMAR	Age/Gender	: 63 Y/M
UHID/MR No.	: RIND.0000016914	OP Visit No	: RINDOPV16644
Sample Collected on	:	Reported on	: 09-09-2024 15:53
LRN#	: RAD2414300	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 39E1077		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Liver is mildly enlarged in size (16.5cm) and the parenchymal echotexture shows grade-2 diffuse fatty infiltration. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in course and calibre.

GALL BLADDER : Gall bladder appears echo free with normal wall thickness. No pericholecystic fluid noted. Common duct is not dilated.

PANCREAS : Pancreas is normal in size and echopattern.

SPLEEN : Spleen is normal in size, shape and echopattern. No focal lesion seen. Hilum is normal.

KIDNEYS : Both the kidneys are normal in position, shape, size, outline and echotexture. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact.

Visualized parts of the retroperitoneum do not reveal any lymphadenopathy.

URINARY BLADDER : Urinary bladder is normal in wall thickness with clear contents. No obvious mass lesion seen.

PROSTATE : Prostate is mildly enlarged in size and volume measuring about 36.5cc with maintained echo-pattern .

No free fluid is seen in the peritoneal cavity.

**IMPRESSION(1)Mild hepatomegaly with grade 2 Fatty infiltration of the liver.
(2) Mild prostatomegaly.**

SUGGEST CLINICAL CORRELATION

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Patient Name : Mr. AJAY KUMAR

Age/Gender

: 63 Y/M



Dr. SANGEETA AGGARWAL
MBBS, MD
Radiology