

भारत सरकार  
Government of India

संजय कुमार  
Sanjay Kumar  
जन्म तिथि/DOB: 31/07/1967  
पुरुष/ MALE

3739 3702 6383  
VID : 9149 4532 5712 6741

मेरा आधार, मेरी पहचान

S-77-  
9717378786

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
S/O Umesh Nandan Kishore, फ्लैट नं 906, टवर नं 3, गौतम  
बुद्ध नगर, गौतमबुद्ध नगर,  
उत्तर प्रदेश - 201301

Address:  
S/O Umesh Nandan Kishore, Flat No 906,  
Tower No 3, Golf Avenue 2 Sector 75, Noida,  
Gautam Buddha Nagar,  
Uttar Pradesh - 201301

3739 3702 6383  
VID : 9149 4532 5712 6741

1047 | help@uidai.gov.in | www.uidai.gov.in

HA - 171cm  
WT - 84kg  
B.P - 155/98  
P - 90% m  
SpO2 - 98%





Male

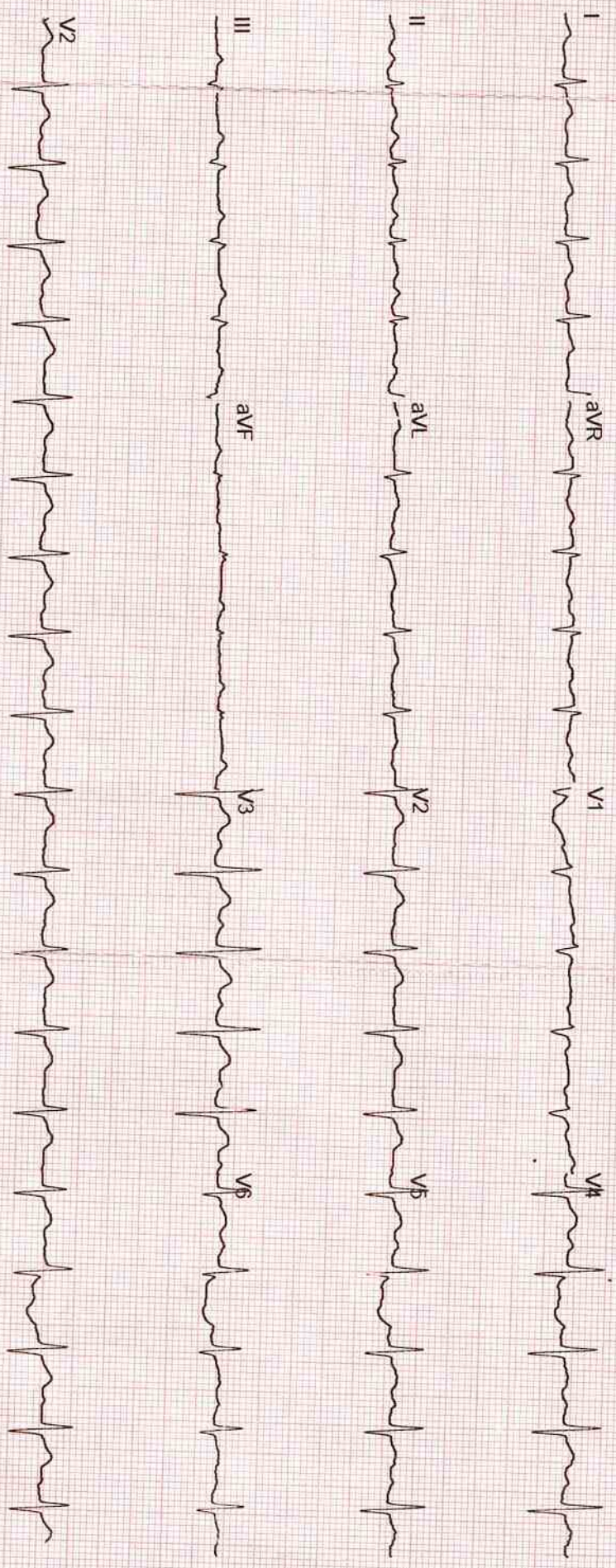
QRS : 72 ms  
QT / QTcBaz : 314 / 438 ms  
PR : 170 ms  
P : 98 ms

Sinus tachycardia  
Otherwise normal ECG

RR / PP : 512 / 512 ms  
P / QRS / T : 69 / 35 / 43 degrees



Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:







# SJM SUPER SPECIALITY HOSPITAL

100 Bedded Super Speciality Hospital

Sector-63, Noida, NH-9, Near Hindon Bridge

Ph.: 0120-6530900 / 10, Mob.: +91 9599259072

E-mail: sjmhospital@yahoo.com / Website: sjmhospital.com

(24 Hours Emergency, NICU/ICU, Pharmacy & Ambulance Available)



29/3/24

### (IVF SPECIALIST)

Dr. Pushpa Kaul (IVF)  
M.B.B.S, MD(Obst. & Gynae)  
Dr. Neha Zutshi (Embryologist)

### OTHER SPECIALIST

Dr. Pushpa Kaul (IVF)  
M.B.B.S, MD(Obst. & Gynae)  
Dr. Smritee Virmani (Endoscopy)  
MBBS, DGO, DNB, ICOG (Obst. & Gynae)  
Dr. Vinod Bhat  
M.B.B.S, MD (General Medicine)  
Dr. Vineet Gupta, MS (ENT)  
Dr. Naveen Gupta, MS (EYE)  
Dr. Ashutosh Singh, MS (Urology)  
Dr. Rahul Kaul (Spine Surgeon)  
MBBS, MS, (Orthopaedic)  
Dr. Jaideep Gambhir, M.D(Psychiatrist)  
Consultant Psychiatry, Mob.: 8006888664  
Dr. Monica Gambhir, MBBS  
Family Therapist & Relationship Counsellor  
Mob.: 8006888663  
Dr. B.P. Gupta, MS (Surgeon)  
Dr. Deepa Maheshwari  
M.B.B.S., MD, FRM, (IVF Specialist)  
Dr. Vivek Kumar Gupta  
MBBS, MS (General Surgeon)  
M.Ch. (Plastic Surgery)  
Dr. Anand Kumar  
MBBS, MD (Paediatrics)  
Dr. Amit kumar Kothari  
MBBS, MD (Medicine)  
Dr. Amit Aggarwal  
M.B.B.S., M.S. Ortho.

Mr. (Dr.) Sanjay Kumar (Sbg/M)

Vn Cglk 616  
616,  
NB

H/O HTX 20yrs  
H/O DM X 2-3yrs

CSG

(BE)

Lubex-D ED - 2T/D

X 2 months



## CGHS & AYUSHMAN BHARAT

+ Not for medico legal purpose + No substitution of drugs allowed

**Panel:** Raksha TPA Pvt Ltd., Vipul Med Corp TPA Pvt Ltd., E-Meditek (TPA) Services Ltd., Medi-Assit India TPA Pvt Ltd., Park Mediclaim, Genins India TPA Pvt Ltd., Family Healthcare TPA Pvt Ltd., Medsave Healthcare TPA Pvt Ltd., Vidal Health Care TPA Pvt Ltd., MD India Healthcare, DHS TPA (India) Private Ltd., Medicate TPA Service (I) Pvt. Ltd., East West Assist TPA Pvt Ltd., United Healthcare Parekh TPA Pvt Ltd., Good Health TPA Services Ltd., Bajaj Allianz General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., TATA AIG General Insurance Co. Ltd., Cholamandalam General Insurance Co. Ltd., Liberty Videocon General Insurance Ltd., SBI General Insurance Co. Ltd., Kotak Mahindra General Insurance Co. Ltd., HDFC Standard Life Insurance Co. Ltd., The Oriental Insurance Co. Ltd.(Corporate), National Insurance Co. Ltd.(Corporate), The New India Insurance Co. Ltd. (Corporate), United India Insurance Co Ltd. (Corporate)

- Facilities:**
- 100 Beds. Private & Public wards
  - Inpatient & Outpatient - (OPD)Facilities
  - 24-Hour ambulance and emergency
  - 3 Operation theatres
  - Laprosopic & Conventional Surgery
  - In vitro fertilization centre (IVF)
  - Intensive Care Unit. (ICU)
  - Neonatal ICUs (NICU)
  - Dental Clinic
  - Computerized pathology lab
  - Digital X-ray and ultrasound
  - Physiotherapy facilities
  - 24-Hour Pharmacy
  - Cafeteria & Kitchen

## Laboratory Report

|                                 |  |
|---------------------------------|--|
| Lab Serial no. : LSHHI279249    | Mr. No : 113525                            |
| Patient Name : Mr. SANJAY KUMAR | Reg. Date & Time : 29-Mar-2024 03:31 AM    |
| Age / Sex : 56 Yrs / M          | Sample Receive Date : 29-Mar-2024 03:39 PM |
| Referred by : Dr. SELF          | Result Entry Date : 30-Mar-2024 12:51PM    |
| Doctor Name : Dr. Vinod Bhat    | Reporting Time : 30-Mar-2024 05:30 PM      |
| OPD : OPD                       |  |

### HAEMATOLOGY

#### CBC / COMPLETE BLOOD COUNT

|                  | results     | unit          | reference   |
|------------------|-------------|---------------|-------------|
| HB (Haemoglobin) | 12.8        | gm/dL         | 12.0 - 17.0 |
| TLC              | 5.9         | Thousand/mm   | 4.0 - 11.0  |
| DLC              |             |               |             |
| Neutrophil       | 52          | %             | 40 - 70     |
| Lymphocyte       | 40          | %             | 20 - 40     |
| Eosinophil       | 06          | %             | 01 - 06     |
| Monocyte         | 02          | %             | 02 - 08     |
| Basophil         | 00          | %             | 00 - 01     |
| R.B.C.           | 4.92        | Thousand / UI | 3.8 - 5.10  |
| P.C.V            | <b>41.8</b> | million/UI    | 00 - 40     |
| M.C.V.           | 85.0        | fL            | 78 - 100    |
| M.C.H.           | <b>26.0</b> | pg            | 27 - 31     |
| M.C.H.C.         | <b>30.6</b> | g/dl          | 32 - 36     |
| Platelet Count   | 2.40        | Lacs/cumm     | 1.5 - 4.5   |

#### INTERPRETATION:

To determine your general health status; to screen for, diagnose, or monitor any one of a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer

technician :

Typed By : Mr. BIRJESH





## Laboratory Report

|                                 |  |
|---------------------------------|--|
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| Doctor Name : Dr. Vinod Bhat    | Reporting Time : 31-Mar-2024 02:30 PM      |
| OPD : OPD                       |  |

### HAEMATOTOLOGY

results                      unit                      reference

#### ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)      14                      mm/1hr                      00 - 22

#### Comments

The ESR is a simple non-specific screening test that indirectly measures the presence of inflammation in the body. It reflects the tendency of red blood cells to settle more rapidly in the face of some disease states, usually because of increases in plasma fibrinogen, immunoglobulins, and other acute-phase reaction proteins. Changes in red cell shape or numbers may also affect the ESR.

### BIOCHEMISTRY

results                      unit                      reference

#### HbA1C / GLYCATED HEMOGLOBIN / GHB

Hb A1C                      **7.30**                      %                      4.0 - 5.6

ESTIMATED AVERAGE GLUCOSE      162.81                      mg/dl

eAG[Calculated]

#### INTERPRETATION-

|                       |        |
|-----------------------|--------|
|                       | HBA1C  |
| NON DIABETIC          | 4-6 %  |
| GOOD DIABETIC CINTROL | 6-8 %  |
| FAIR CONTROL          | 8-10 % |
| POOR CONTROL          | >-10 % |

The Glycosylated haemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a 3 months period. AMERICAN DIABETES ASSOCIATION recommends the testing twice an year in patients with stable blood glucose, and quarterly if treatment changes or blood glucose is abnormal

technician :

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## Laboratory Report

|                                 |  |
|---------------------------------|--|
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### BIOCHEMISTRY

|                          | results     | unit   | reference  |
|--------------------------|-------------|--------|------------|
| <b>KFT,Serum</b>         |             |        |            |
| Blood Urea               | 26.20       | mg/dL  | 18 - 55    |
| Serum Creatinine         | 0.94        | mg/dl  | 0.7 - 1.3  |
| Uric Acid                | 6.80        | mg/dl  | 3.5 - 7.2  |
| Calcium                  | 9.80        | mg/dL  | 8.8 - 10.2 |
| Sodium (Na+)             | 135.10      | mEq/L  | 135 - 150  |
| Potassium (K+)           | 4.77        | mEq/L  | 3.5 - 5.0  |
| Chloride (Cl)            | 104.60      | mmol/L | 94 - 110   |
| BUN/ Blood Urea Nitrogen | 12.24       | mg/dL  | 7 - 18     |
| PHOSPHORUS-Serum         | <b>2.35</b> | mg/dl  | 2.5 - 4.5  |

**Comment:-**

Kidneys play an important role in the removal of waste products and maintenance of water and electrolyte balance in the body.  
 Kidney Function Test (KFT) includes a group of blood tests to determine how well the kidneys are working.

technician :

Typed By : Mr. BIRJESH






## Laboratory Report

|                                 |  |
|---------------------------------|--|
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### BIOCHEMISTRY

|                                  | results     | unit  | reference   |
|----------------------------------|-------------|-------|-------------|
| <b>LIVER FUNCTION TEST,Serum</b> |             |       |             |
| Bilirubin- Total                 | 0.72        | mg/dL | 0.1 - 2.0   |
| Bilirubin- Direct                | <b>0.29</b> | mg/dL | 0.0 - 0.20  |
| Bilirubin- Indirect              | 0.43        | mg/dL | 0.2 - 1.2   |
| SGOT/AST                         | 22.70       | IU/L  | 00 - 35     |
| SGPT/ALT                         | 40.90       | IU/L  | 00 - 45     |
| Alkaline Phosphate               | 109.00      | U/L   | 53 - 128    |
| Total Protein                    | 7.10        | g/dL  | 6.4 - 8.3   |
| Serum Albumin                    | 4.54        | gm%   | 3.50 - 5.20 |
| Globulin                         | 2.56        | gm/dl | 1.8 - 3.6   |
| Albumin/Globulin Ratio           | 1.77        | %     |             |

#### INTERPRETATION

A Liver Function test or one or more of its component tests may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments.



technician :

Typed By : Mr. BIRJESH



## Laboratory Report

|                |                    |                     |                        |
|----------------|--------------------|---------------------|------------------------|
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| OPD            | : OPD              |                     |                        |

### BIOCHEMISTRY

|                             | results      | unit  | reference   |
|-----------------------------|--------------|-------|-------------|
| <b>LIPID PROFILE, Serum</b> |              |       |             |
| S. Cholesterol              | 192.00       | mg/dl | < - 200     |
| HDL Cholesterol             | <b>34.00</b> | mg/dl | 35.3 - 79.5 |
| LDL Cholesterol             | 130.20       | mg/dl | 50 - 150    |
| VLDL Cholesterol            | 27.80        | mg/dl | 00 - 40     |
| Triglyceride                | 138.90       | mg/dl | 00 - 170    |
| Chloestrol/HDL RATIO        | <b>5.60</b>  | %     | 3.30 - 4.40 |

#### INTERPRETATION:

Lipid profile OR lipid panel IS a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

technician :

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## Laboratory Report

|                |                    |                     |                        |
|----------------|--------------------|---------------------|------------------------|
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| OPD            | : OPD              |                     |                        |

### BIOCHEMISTRY

| results | unit | reference |
|---------|------|-----------|
|---------|------|-----------|

#### BLOOD SUGAR (PP), Serum

|          |               |       |          |
|----------|---------------|-------|----------|
| SUGAR PP | <b>264.40</b> | mg/dl | 80 - 140 |
|----------|---------------|-------|----------|

**Comments:**

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions. High levels of serum glucose may be seen in case of diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents. Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

**METHOD:- GOD-POD METHOD, END POINT**

#### BLOOD SUGAR F, Sodium Fluoride Pla

|                 |               |       |          |
|-----------------|---------------|-------|----------|
| Blood Sugar (F) | <b>153.80</b> | mg/dl | 70 - 110 |
|-----------------|---------------|-------|----------|

**Comments:**

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions.

High levels of serum glucose may be seen in case of Diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents.

Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

technician :

Typed By : Mr. BIRJESH



Page 1

*R. Goel*

**Dr. Rajeev Goel**  
M.D. (Pathologist)  
36548 (MCI)

**Dr. Bupinder Zutshi**  
(M.B.B.S., MD)  
Pathologist & Microbiologist

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**Laboratory Report**

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| OPD/IPD : OPD                   | :   |

**TEST NAME****VALUE****ABO****"B"****Rh****POSITIVE****Comments:**

Human red blood cell antigens can be divided into four groups A, B, AB AND O depending on the presence or absence of the corresponding antigens on the red blood cells. There are two glycoprotein A and B on the cell s surface that are responsible for the ABO types. Blood group is further classified as RH positive an RH negative.



Mr. BIRJESH

<http://rgcipac3/SJM/Design/Finanace/LabTextReport.aspx>

3/31/2024

**Dr. Rajeev Goel**  
M.D. (Pathologist)  
36548 (MCI)

**Dr. Bupinder Zutshi**  
(M.B.B.S., MD)  
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| OPD/IPD : OPD                   | :   |

**URINE SUGAR (FBS)****CHEMICAL EXAMINATION**

Glucose : Nil



Mr. BIRJESH

<http://rgcipac3/SJM/Design/Finanace/LabTextReport.aspx>

**Dr. Rajeev Goel**  
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| OPD/IPD : OPD                   | :   |

**URINE SUGAR (PPBS)****CHEMICAL EXAMINATION**

Glucose : (++)



Mr. BIRJESH

<http://rgeipac3/SJM/Design/Finanace/LabTextReport.aspx>

**Dr. Rajeev Goel**  
M.D. (Pathologist)  
36548 (MCI)

**Dr. Bupinder Zutshi**  
(M.B.B.S., MD)  
Pathologist & Microbiologist



## Ultrasound Report

### TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: **Mr. Sanjay Kumar**

Age /sex: **56Yrs/M**

Date: **29/03/2024**

**ECHO WINDOW: FAIR WINDOW**

|                          | Observed values (cm) |                  | Normal values (mm) |
|--------------------------|----------------------|------------------|--------------------|
| Aortic root diameter     | 3.2                  |                  | 22-36              |
| Aortic valve Opening     |                      |                  | 15 -26             |
| Left Atrium size         | 3.6                  |                  | 19 - 40            |
|                          | End Diastole (cm)    | End Systole (cm) | Normal Values (mm) |
| Left Ventricle size      | 4.4                  | 2.6              | (ED =39 -58)       |
| Interventricular Septum  | 1.0                  |                  | (ED = 6 -11)       |
| Posterior Wall thickened | 1.0                  |                  | (ED = 6- 10)       |
| LV Ejection Fraction (%) | 60                   |                  | 55% -65 %          |

#### Doppler Velocities (cm / sec)

| Pulmonary valve = Normal |     | Aortic valve = Normal    |  |
|--------------------------|-----|--------------------------|--|
| Max velocity             |     | Max velocity             |  |
| Mean PG                  |     | Max PG                   |  |
| Pressure ½ time          |     | Mean velocity            |  |
| Acceleration Time        |     | Mean PG                  |  |
| RVET                     |     | LVET                     |  |
| Mitral valve =Normal     |     | Tricuspid valve = Normal |  |
| E                        | E<A | Max Velocity             |  |
| A                        |     | Mean Velocity            |  |
| DT                       |     | Mean PG                  |  |
| E/E                      |     | TAPSE                    |  |



## Ultrasound Report

Regurgitation: -

|                       |     |          |     |
|-----------------------|-----|----------|-----|
| MR = NIL              |     | TR = NIL |     |
| Severity              |     | Severity |     |
| Max Velocity          |     | RVSP     |     |
| AR                    |     | PR       |     |
| Severity              | NIL | Severity | NIL |
| Jet width /LVOT ratio |     | Mean PAP |     |

Final Interpretation: -

- 1.) NO LV HYPOKINASIA GLOBAL LVEF 60%
- 2.) NO MR NO MS NO AS/AR, NO TR
- 3.) GRADE IDD
- 4.) No Intra cardiac clot, vegetation, pericardial effusion

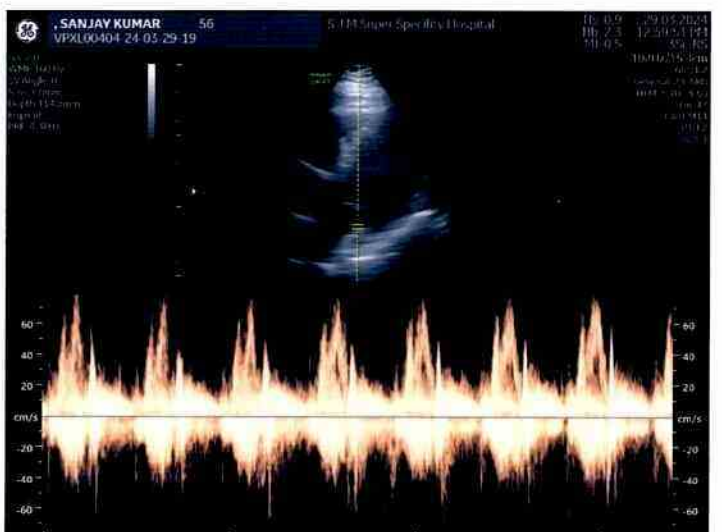
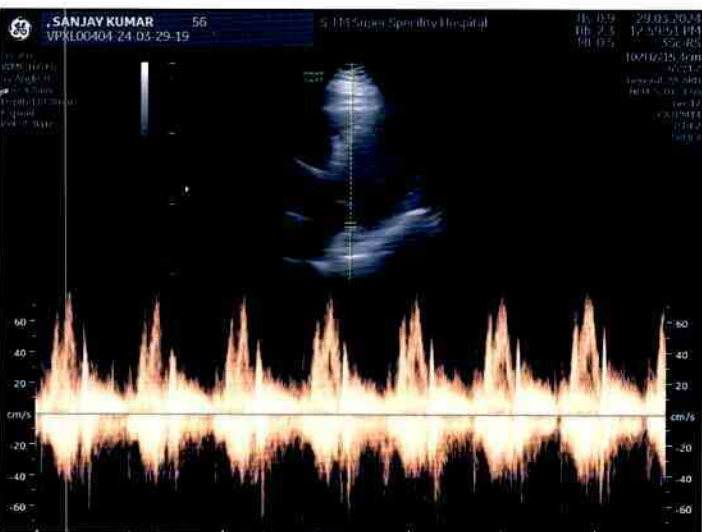
**DR. AMIT KOTHARI**

Non-Interventional Cardiologist.

Centre for Excellent Patient Care







## Ultrasound Report

Name: Mr. Sanjay Kumar

Age: 56y/M

Date: 29/03/2024

### Ultrasound - Male Abdomen

**Liver:** Liver appears fatty with grade 2. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicles appear normal. Portal vein and common bile duct are normal.

**GALL BLADDER:**-Gall bladder is physiologically distended. The wall normal thickness is normal. There is no Evidence of any intraluminal mass lesion or calculi seen.

**PANCREAS:** -Pancreas is normal in size, shape and echo pattern. No focal mass lesion seen. Pancreatic duct is not dilated.

**SPLEEN:** -Spleen show normal in size, shape and homogeneous echo pattern. No focal mass lesion is seen in parenchyma.

**KIDNEYS:**-Both the kidneys are normal in size, shape, position and axis. Parenchymal echopattern is normal bilaterally. No focal solid or cystic lesion is seen. There is no evidence of renal calculi on either side

**PARAAORTIC REGIONS:** Any mass/ lymph nodes: -- no mass or lymph nodes seen.

**URINARY BLADDER:-** Adequately distended . Wall were regular and thin. Contents are Normal. No stone formation seen. **Post void volume 150 ml. Pre void volume 300 ml.**

**PROSTATE:** - Enlarged in size. Parenchymal echotexture is normal.

No free ascetic fluid or pleural effusion seen.

**IMPRESSION:** - Fatty liver grade 2.

Prostatomegaly.

DR. PUSHPA KAUL



For SJM Super Speciality Hospital

DR. RAKESH GUJJAR





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Centre for Excellent Patient Care

|            |             |                     |              |                   |
|------------|-------------|---------------------|--------------|-------------------|
| PATIENT ID | : 26914 OPD | <b>X-Ray Report</b> | PATIENT NAME | : MR SANJAY KUMAR |
| AGE        | : 056Y      |                     | SEX          | : Male            |
| REF. PHY.  | :           |                     | STUDY DATE   | : 29-Mar-2024     |

## RADIOLOGY REPORT

EXAM: X RAY CHEST

CLINICAL HISTORY: NA

### COMPARISON:

None

### TECHNIQUE:

Frontal projections of the chest were obtained

### FINDINGS:

Both lung fields are clear.  
 Both costophrenic angles appear normal.  
 The tracheal lucency is centrally placed.  
 The mediastinal and diaphragmatic outlines appear normal.  
 The heart shadow is normal.  
 The bony thoracic cage and soft tissues are normal.

### IMPRESSION:

1. The study is within normal limits.

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 29th Mar 2024



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