



TEST REPORT

Reg. No : 2301102252
Name : NARAYAN LAL DANGI
Age/Sex : 41 Years / Male
Ref. By :
Client : MEDIWHEEL WELLNESS

Reg. Date : 28-Jan-2023
Collected On : 28-Jan-2023 10:05
Approved On : 28-Jan-2023 11:39
Printed On : 30-Jan-2023 08:58

Parameter	Result	Unit	Reference Interval
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COMPLETE BLOOD COUNT (CBC)

SPECIMEN: EDTA BLOOD

Hemoglobin	16.5	g/dL	13.0 - 17.0
RBC Count	5.96	million/cmm	4.5 - 5.5
Hematocrit (PCV)	49.6	%	40 - 54
MCH	27.7	Pg	27 - 32
MCV	83.2	fL	83 - 101
MCHC	33.3	%	31.5 - 34.5
RDW	13.2	%	11.5 - 14.5
WBC Count	6500	/cmm	4000 - 11000

DIFFERENTIAL WBC COUNT (Flow cytometry)

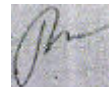
Neutrophils (%)	60	%	38 - 70
Lymphocytes (%)	29	%	20 - 40
Monocytes (%)	06	%	2 - 8
Eosinophils (%)	05	%	0 - 6
Basophils (%)	00	%	0 - 2
Neutrophils	3900	/cmm	
Lymphocytes	1885	/cmm	
Monocytes	390	/cmm	
Eosinophils	325	/cmm	
Basophils	0	/cmm	
Platelet Count (Flow cytometry)	215000	/cmm	150000 - 450000
MPV	9.1	fL	7.5 - 11.5

ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	10	mm/hr	0 - 14
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Modified Westergren Method

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





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Parameter

Result

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

ABO	'B'
Rh (D)	Positive

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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Interval</u>
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PLASMA GLUCOSE

Fasting Blood Sugar (FBS) <i>Hexokinase Method</i>	78.9	mg/dL	70 - 110
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Post Prandial Blood Sugar (PPBS) <i>Hexokinase Method</i>	92.0	mg/dL	70 - 140
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Criteria for the diagnosis of diabetes 1. HbA1c \geq 6.5 *

Or

2. Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.

American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

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Parameter	Result	Unit	Reference Interval
LIPID PROFILE			
Cholesterol <i>(Enzymatic colorimetric)</i>	189.2	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>(Enzymatic colorimetric)</i>	219.7	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	43.94	mg/dL	15 - 35
LDL CHOLESTEROL	99.86	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <i>Homogeneous enzymatic colorimetric</i>	45.4	mg/dL	30 - 70
Cholesterol /HDL Ratio <i>Calculated</i>	4.17		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	2.20		0 - 3.5



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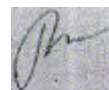
Parameter	Result	Unit	Reference Interval
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NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

LDL CHOLESTEROL
CHOLESTEROL
HDL CHOLESTEROL
TRIGLYCERIDES
Optimal<100
Desirable<200
Low<40
Normal<150
Near Optimal 100-129
Border Line 200-239
High >60
Border High 150-199
Borderline 130-159
High >240
-
High 200-499
High 160-189
-
-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
 - For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation available from the lab
 - All tests are done according to NCEP guidelines and with FDA approved kits.
 - LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- # For test performed on specimens received or collected from non-KSHIPRA locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender.
KSHIPRA will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.
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----- End Of Report -----





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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Interval</u>
KIDNEY FUNCTION TEST			
UREA <i>(Urease & glutamate dehydrogenase)</i>	21.6	mg/dL	10 - 50
Creatinine <i>(Jaffe method)</i>	1.12	mg/dL	0.5 - 1.4
Uric Acid <i>(Enzymatic colorimetric)</i>	5.4	mg/dL	2.5 - 7.0

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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C <i>Boronate Affinity with Fluorescent Quenching</i>	5.0	% of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %
Mean Blood Glucose <i>Calculated</i>	100.70	mg/dL	

Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

* Some danger of hypoglycemic reaction in Type I diabetics.

* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HbA1c in the cell reflects the average blood glucose concentration it encounters.

*The level of HbA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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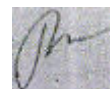
Reg. Date : 28-Jan-2023
Collected On : 28-Jan-2023 10:05
Approved On : 28-Jan-2023 12:01
Printed On : 30-Jan-2023 08:58

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Interval</u>
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PROSTATE SPECIFIC ANTIGEN

PSA <i>Chemiluminescence</i>	0.71	ng/mL	0 - 4
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THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>Chemiluminescence</i>	1.39	ng/mL	0.87 - 1.81
T4 (Thyroxine) <i>Chemiluminescence</i>	8.02	µg/dL	5.89 - 14.9
TSH (ultra sensitive) <i>Chemiluminescence</i>	2.824	µIU/ml	0.34 - 5.6

SUMMARY The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones. TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid. **LIMITATION** Presence of autoantibodies may cause unexpected high value of TSH

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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity : 20 cc
Colour : Pale Yellow
Appearance : Clear

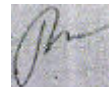
CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)

pH	6.0	5.0 - 8.0
Sp. Gravity	1.020	1.002 - 1.03
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urine Bile salt and Bile Pigment	Nil	
Urine Bilirubin	Nil	
Nitrite	Nil	
Leucocytes	Nil	
Blood	Nil	

MICROSCOPIC EXAMINATION (MANUAL BY MCIROSCOPY)

Leucocytes (Pus Cells)	Occasional/hpf
Erythrocytes (Red Cells)	Nil
Epithelial Cells	1-2/hpf
Amorphous Material	Nil
Casts	Nil
Crystals	Nil
Bacteria	Nil
Monilia	Nil

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





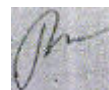
TEST REPORT

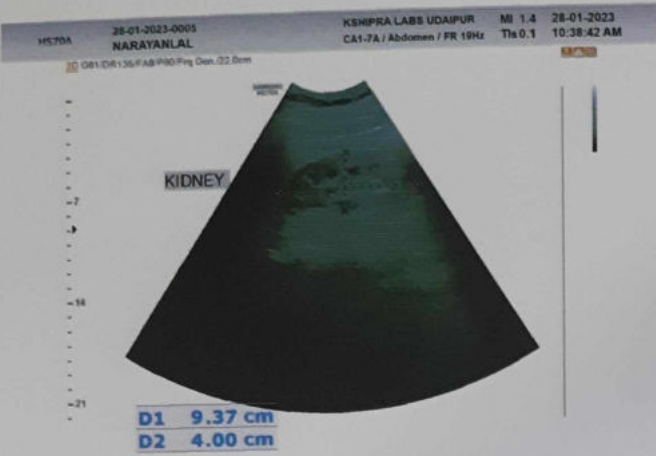
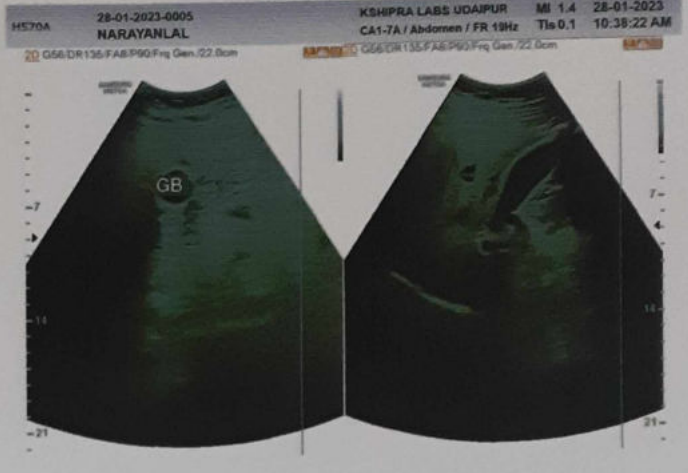
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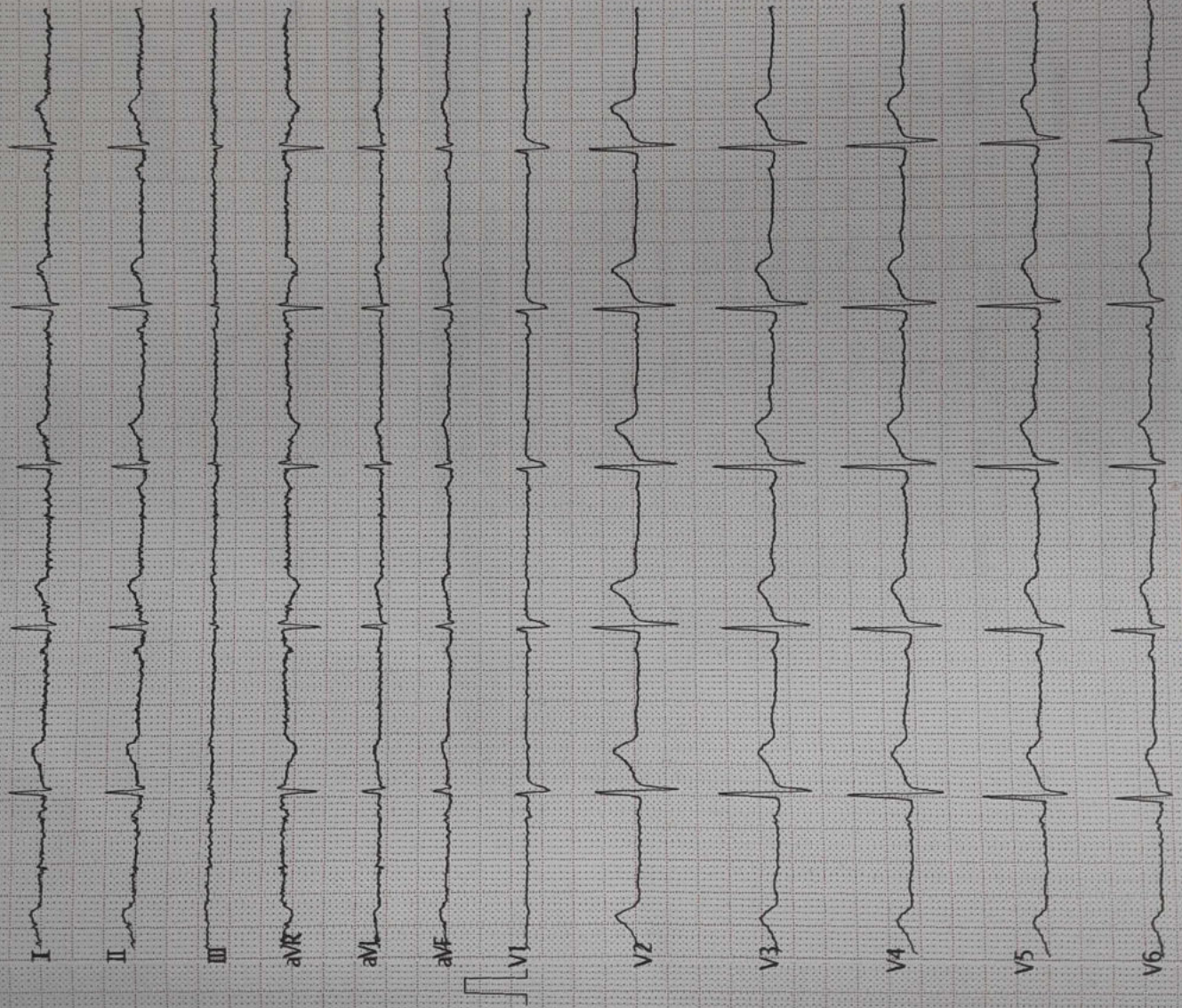
<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Interval</u>
LIVER FUNCTION TEST WITH GGT			
Total Bilirubin <i>Colorimetric diazo method</i>	0.63	mg/dL	0.10 - 1.0
Conjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.26	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.37	mg/dL	0.0 - 1.1
SGOT <i>(Enzymatic)</i>	73.6	U/L	0 - 37
SGPT <i>(Enzymatic)</i>	107.9	U/L	0 - 40
GGT <i>(Enzymatic colorimetric)</i>	37.5	U/L	11 - 49
Alakaline Phosphatase <i>(Colorimetric standardized method)</i>	115.6	U/L	53 - 130
<u>Protien with ratio</u>			
Total Protein <i>(Colorimetric standardized method)</i>	7.4	g/dL	6.5 - 8.7
Albumin <i>(Colorimetric standardized method)</i>	4.6	mg/dL	3.5 - 5.3
Globulin <i>Calculated</i>	2.80	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.64		0.8 - 2.0

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





10mm/mV



<ECG Analysis Result>:

Vent. Rate(BPM) : 56

801 Sinus Bradycardia

PR Int. (ms) : 157

*** Borderline Abnormal ECG ***

P/QRS/T Int. (ms) : 112 99 207

QT/QTc Int. (ms) : 414 401

P/QRS/T Axis(Deg.) : 42 38 43

RV1/SV5 Amp.(mV) : 0.17 0.34

RV5/SV1 Amp.(mV) : 0.94 0.36

V2.33 Technician :

Note : Unconfirmed Report. Need to Repeat

ST LEVEL (mV)

I	II	III	aVR	aVL	aVF
+0.03	+0.06	+0.02	-0.04	+0.00	+0.04
V1	V2	V3	V4	V5	V6
+0.00	+0.06	+0.05	+0.06	+0.05	+0.04



Summary

Ref. By :

Protocol : BRUCE

Objective :

KSHIPRA SCANS & LABS
2B COURT CHOURAHA UDAIPUR
 2301101139/NARAYAN LAL DANGLI
 Date: 28-Jan-2023 12:33:56 AM
 40 Yrs/Male
 0 Kg/0 Cms

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mpH)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. (x100)	PVC	Comments
Supine					1.0	109	130/80	141	-	
Standing					1.0	90	130/80	117	-	
ExStart					1.0	88	130/80	114	-	
Stage 1	3:00	3:01	1.7	10.0	4.7	123	130/80	159	-	
PeakEx	2:28	5:29	2.5	12.0	6.7	160	140/84	224	-	
Recovery	1:00		0.0	0.0	1.0	127	140/84	177	-	
Recovery	3:00		0.0	0.0	1.0	88	130/80	114	-	
Recovery	5:00		0.0	0.0	1.0	86	130/80	111	-	
Recovery					0.0	0	---/---	0	-	

Medication :

History :

Test End Reason : Test Complete, Heart Rate Achieved

Findings :

The patient exercised according to BRUCE for 5:29, achieving a work level of Max METS:6.7. Resting heart rate initially 109 bpm, rose to a max. heart rate of 160 bpm which represents 89% of maximum age predicted heart rate. Resting blood pressure 130/80 mmHg, rose to a maximum blood pressure of 140/84 mmHg. The exercise stress test was stopped due to Test Complete, Heart Rate Achieved

Parameters :

- Exercise Time : 05:29
- Max HR Attained : 160 bpm 89% of Max Predictable HR 180
- Max BP : 140/84(mmHg)
- Max Workload attained : 6.7(Fair Effort Tolerance)

Negative

Advice/Comments:



12 Lead + Comparison

KSHIPRA SCANS & LABS

ZB COURT CHOURAHA UDAIPUR

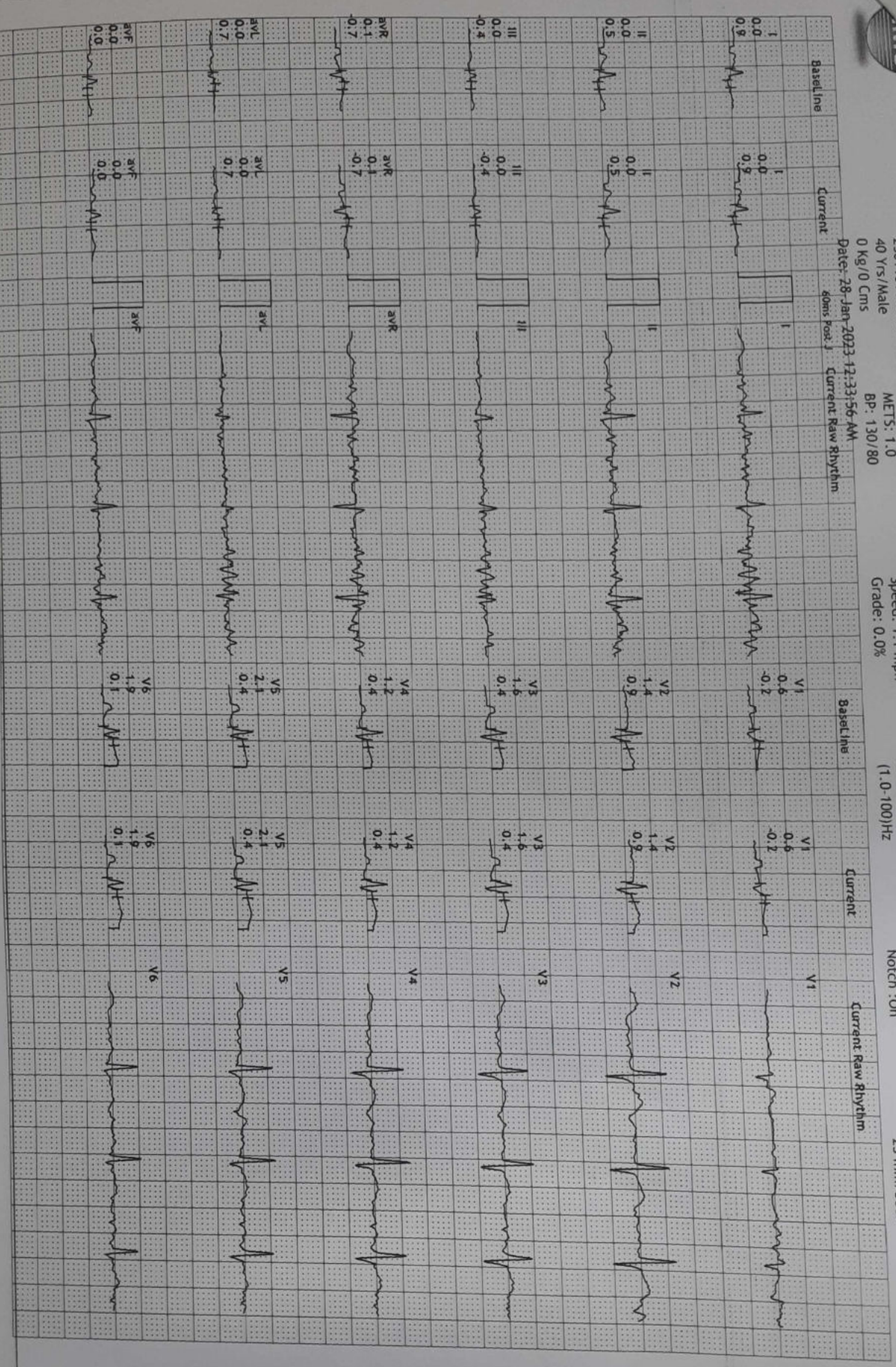
2301101139/NARAYAN LMBDDJ06pm
40 Yrs/Male
0 Kg/0 Cms
Date: 28-Jan-2023 12:33:56 AM
40ms Post J Current Raw Rhythm

MpHR: 51% of 180
Speed: 1.1 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 00:42
BLC : On
Notch : On

SUPINE
10.0 mm/mV
25 mm/Sec.



जय दृष्टि आई हॉस्पिटल, 23-ए, रजिस्टर्ड



12 Lead + Comparison

2201101139/NARAYAN LHRD2A06pm
40 Yrs/Male
0 Kg/0 Cms
Date: 28-Jan-2023 13:33:56 AM
40ms Box 1

BP: 130/80
METS: 1.0

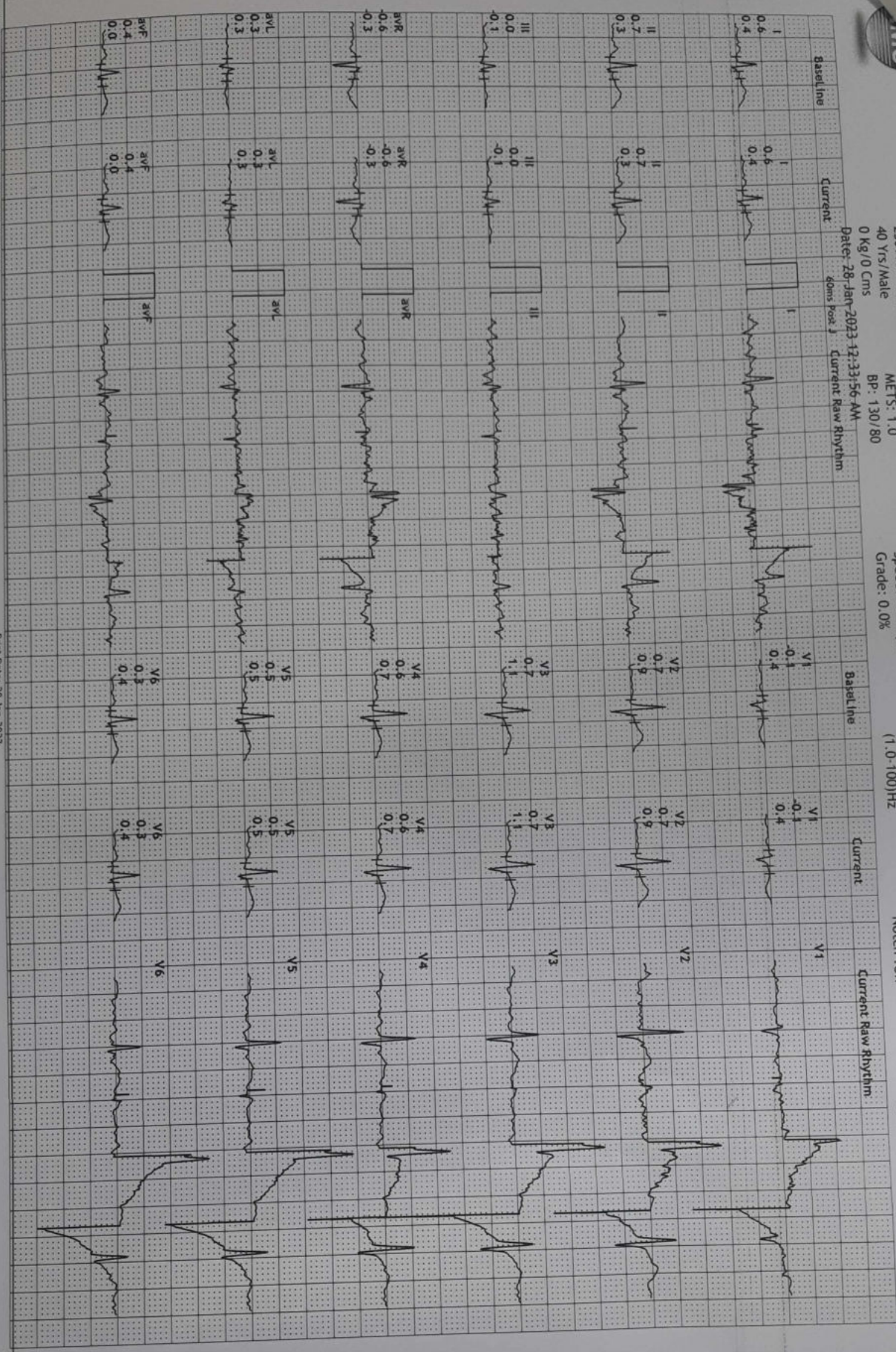
MPHR: 38% of 180
Speed: 0.0 mph
Grade: 0.0%

KSHIPRA SCANS & LABS
2B COURT CHOURAHA UDAIPUR

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 00:00
BLC : On
Notch : On

ExStrt
10.0 mm/mV
25 mm/Sec.





12 Lead + Comparison

2301101139/NARAYAN LHEEDAAEbbpm
40 Yrs/Male METS: 4.7
0 Kg/0 Cms BP: 130/80

Date: 28-Jan-2023 12:33:56 AM
Ecos Foot 1 Current Raw Rhythm

MHR: 68% of 180
Speed: 1.7 mph
Grade: 10.0%

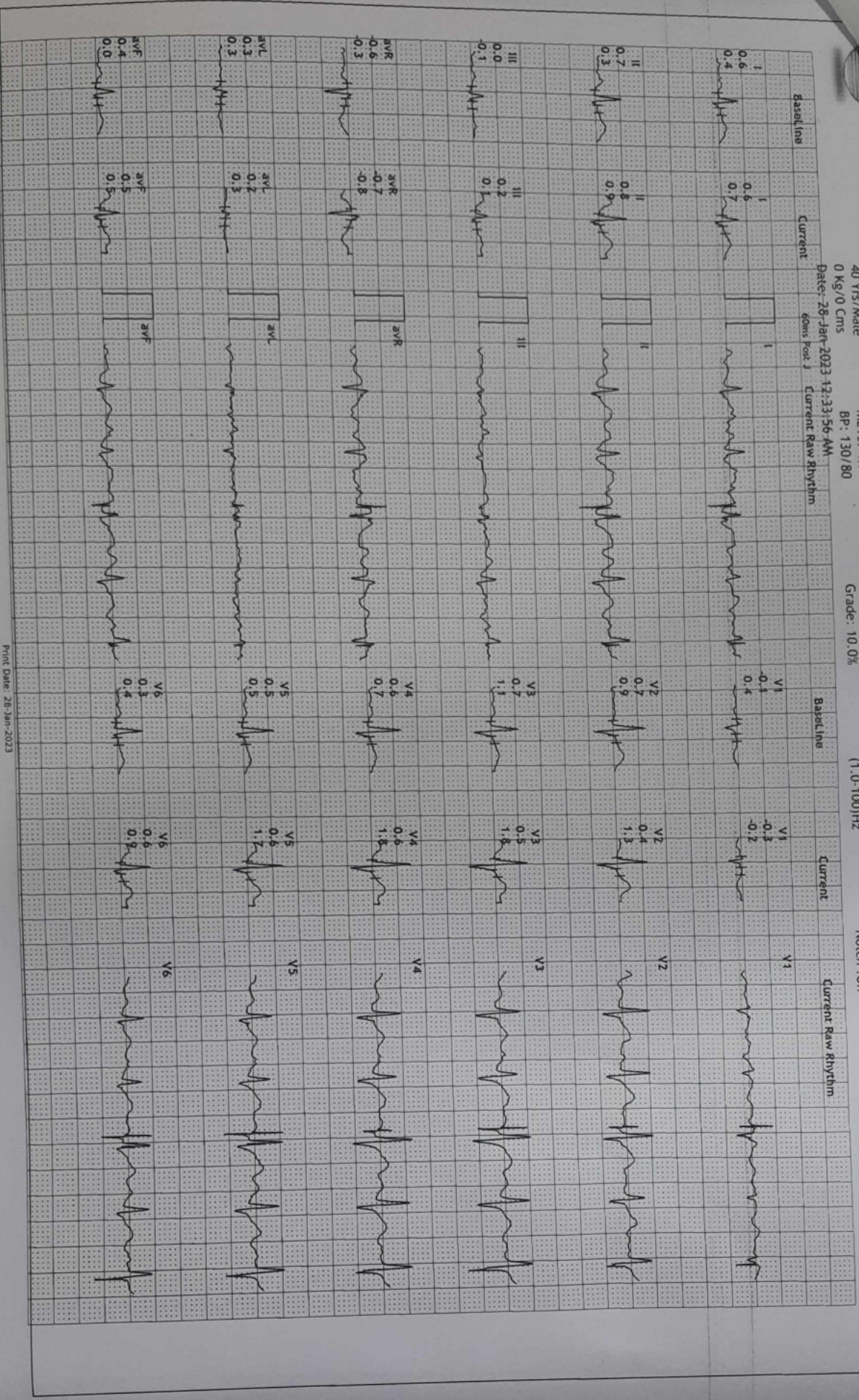
KSHIPRA SCANS & LABS

2B COURT CHOURAHA UDAIPUR

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 03:00
BLC : On
Notch : On

Stage 1 (03:00)
10.0 mm/mV
25 mm/Sec.



12 Lead + Comparison

KSHIPRA SCANS & LABS
2B COURT CHOURAHA UDAIPUR

2301101139/NARAYAN LMBDAGC6bpm
40 Yrs/Male
0 Kg/0 Cms

METS: 6.7
BP: 140/84

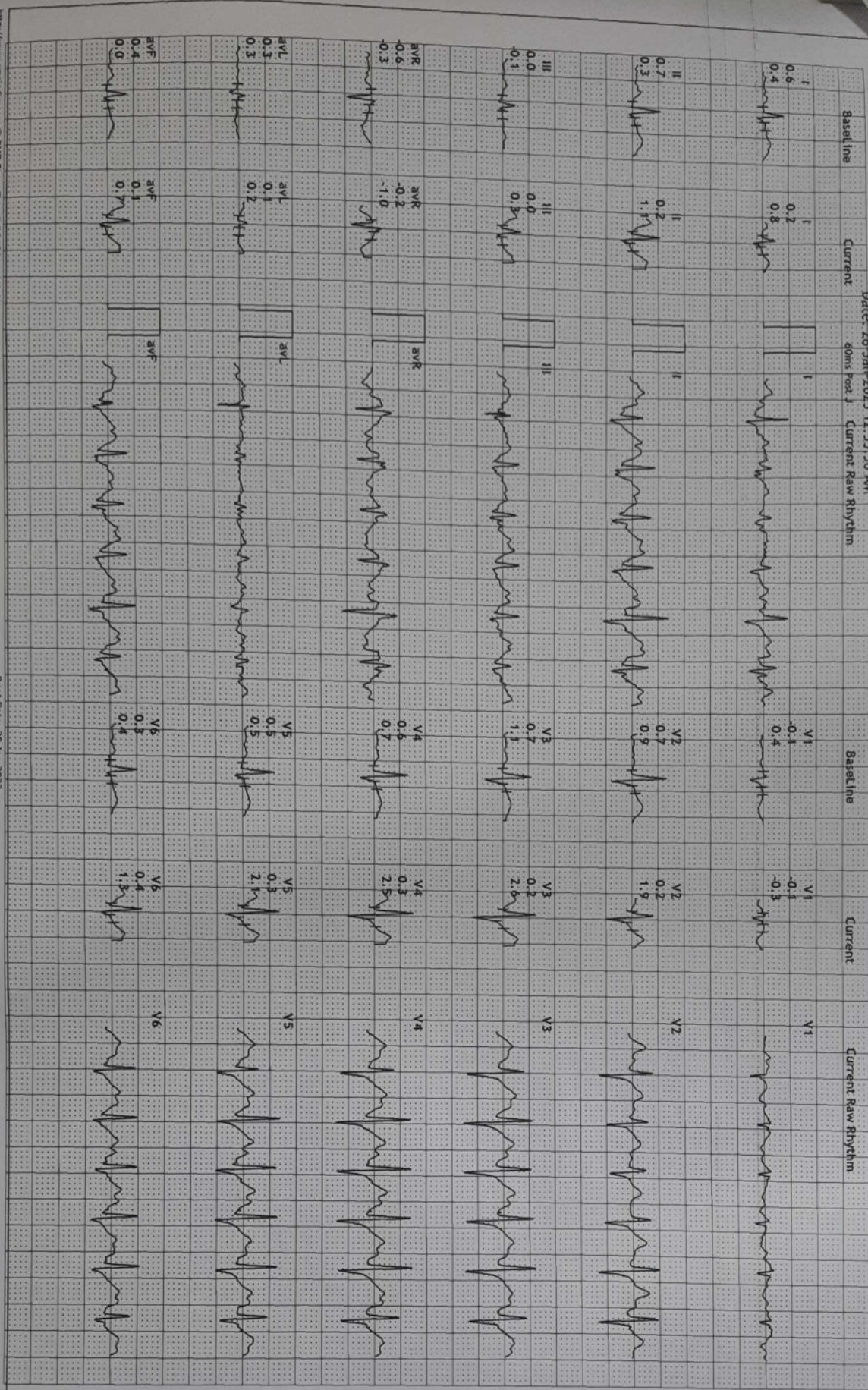
MPHR: 91% of 180
Speed: 2.5 mph
Grade: 12.0%

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 05:28
BLC : On
Notch : On

PeakEx
10.0 mm/mV
25 mm/Sec.

Date: 28-Jan-2023 12:33:56 AM





12 Lead + Comparison

2301101139/NARAYAN LMRD986bpm
40 Yrs/Male
0 Kg/0 Cms

MPHR: 54% of 180
Speed: 0.0 mph
Grade: 0.0%

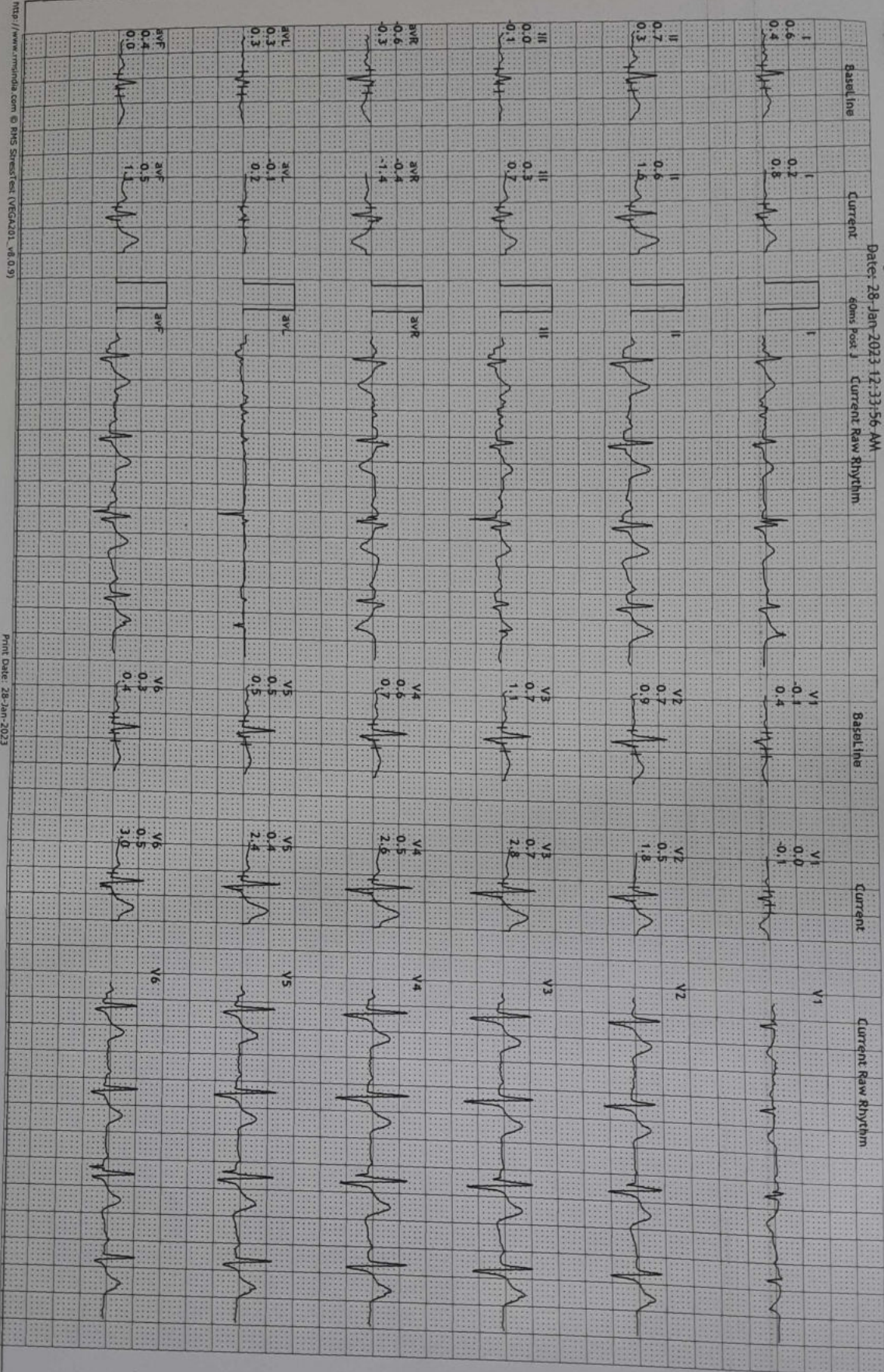
KSHIPRA SCANS & LABS
2B COURT CHOURAHA UDAIPUR

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 05:28
BLC : On
Notch : On

Recovery : (02:00)
10.0 mm/mV
25 mm/Sec.

Date: 28-Jan-2023 12:33:56 AM



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Print Date: 28-Jan-2023



12 Lead + Comparison

2301101139/NARAYAN LMBDA06pm
40 Yrs/Male
0 Kg/0 Cms

METS: 1.0
BP: 130/80

Date: 28-Jan-2023 12:33:56 AM
40ms Post J Current Raw Rhythm

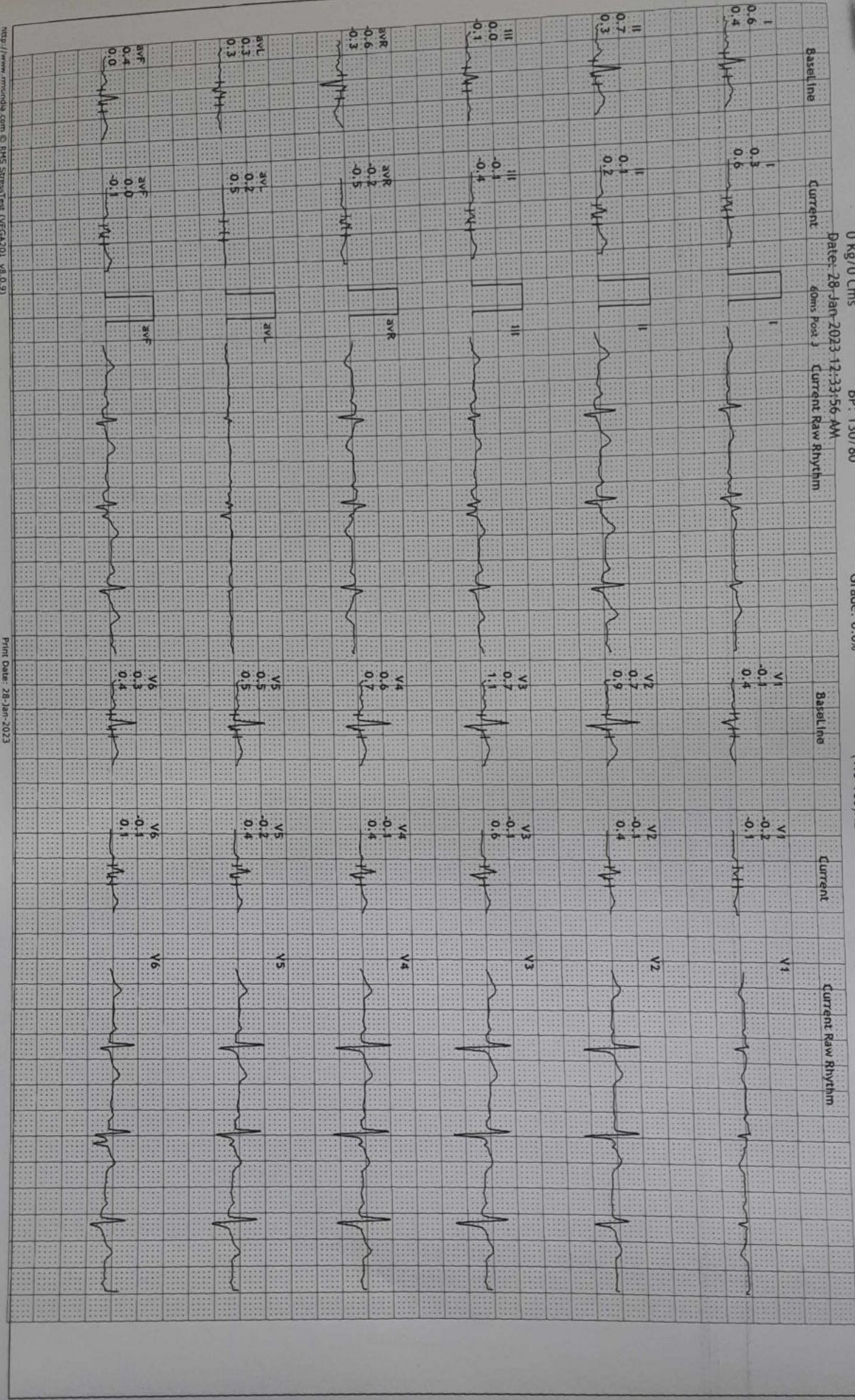
MPPR: 34% of 180
Speed: 0.0 mph
Grade: 0.0%

KSHIPRA SCANS & LABS
2B COURT CHOURAHA UDAIPUR

Raw ECG
BRUCE
(1.0-100)HZ

Ex Time 05:28
BLC : On
Notch : On

Recovery : (04:00)
10.0 mm/mV
25 mm/Sec.



Name	: Mr. Narayan ji	Age	: 41yrs. / M
Thanks To	: Self	Date	: 28/01/2023

X-RAY CHEST (PA VIEW)

Both lung fields appear normal.
No e/o Koch's lesion or consolidation seen.
Both CP angles appear clear.
Both domes of diaphragm appear normal.
Heart size and aorta are within normal limits.
Bony thorax under vision appears normal.
Both hila appear normal.



Consultant Radiologist

(This report is not valid for any Medico-legal purpose)

2-B, Ground Floor, Court Choraha, Main Road Tehsil Ke Samne, Udaipur 313001 (Raj.)
Mob. : 7229961115, 7229970005, 7229901188
(24 x 7 Customer Service) Email : Kshipralabsudaipur@gmail.com

Jai Drishti Eye Hospital
23-ए मेडीटेन्सी रोड, वास्को



JAI DRISHTI Eye Hospital

www.drishtihospital.com
Call : 9982996666

Dr. Sharva Pandya

MBBS, M.S., (Ophthalmology)

RMC Reg. No. : 021537

डॉ. शर्वा पण्ड्या

वरिष्ठ नेत्र रोग विशेषज्ञ सर्जन

MR - Narayan Lal Ji 41/M

28/01/23

c/o - For Eye check up (BE)

DVA नय	{	6/6	/	NVA नय	{	N/6
		6/6				N/6

BE colour vision (N)

Dr. SHARVA PANDYA

M.B.B.S., M.S. (Ophth.)

Jai Drishti Eye Hospital
Udaipur (Raj.)

Cosmetology Partner :



www.vibraclinics.com
9166046591

Jai Drishti Eye Hospital, 23A, Residency Road, Near PC Jewellers, Sardarpura, Udaipur

जय दृष्टि आई हॉस्पिटल, 23-ए, रेजीडेन्सी रोड, पी.सी. ज्वेलर्स के पास, सरदारपुरा, उदयपुर



Name	: Mr. Narayan ji	Age	: 41 yrs. / M
Thanks To	: Self	Date	: 28/01/2023

ULTRASOUND STUDY OF WHOLE ABDOMEN

LIVER

Liver is normal in size, shape & bright in echotexture. There is tiny simple cyst is seen in right lobe of liver. Intra hepatic biliary radicles are normal. Portal vein is normal in caliber.

GALL BLADDER

Gall bladder is well distended. The wall thickness appears normal. No evidence of calculus or mass lesion is seen. C.B.D. appears normal.

PANCREAS

Pancreas is normal in size, shape & echotexture. No focal mass lesion is seen.

SPLEEN

Spleen is normal in size, shape & echotexture. No focal mass lesion is seen.

BOTH KIDNEYS

Both kidneys are normal in size, shape & echotexture. Renal parenchyma appears normal. No evidence of hydronephrosis, calculus or cortical scarring is seen in either kidney. cyst

Right kidney measures : 9.3 x 4.0 cms.

Left kidney measures : 9.8 x 4.4 cms.

URINARY BLADDER

Urinary bladder is well distended and appears normal in contour. The wall thickness appears normal.

PROSTATE

Prostate is normal in size, shape and echotexture. It measures 0.0 x 0.0 x 0.0 cms. Volume: cc.

No obvious abdominal lymphadenopathy is seen.

No free fluid is seen in peritoneal cavity.

OPINION:

- Fatty liver grade I
- Tiny simple hepatic cyst.

Dr. Ravi soni
MD (Radio-Diagnosis)
Consultant Radiologist

(This report is not valid for any Medico-legal purpose)

ENCL: - PCPNDT Registration Certificate is printed on the back side of this report.

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