

5/8/23

भारत सरकार
GOVERNMENT OF INDIA



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



Chandra Shekhar
DOB: 26/12/1966
Male / MALE



Address:
S/O Raghubansh Prasad Singh,
SHASTRI NAGAR, NEAR-BMP DIG
RESIDENCE, P.S-MITHANPURA,
MUZAFFARPUR, Muzaffarpur,
Bihar - 842002

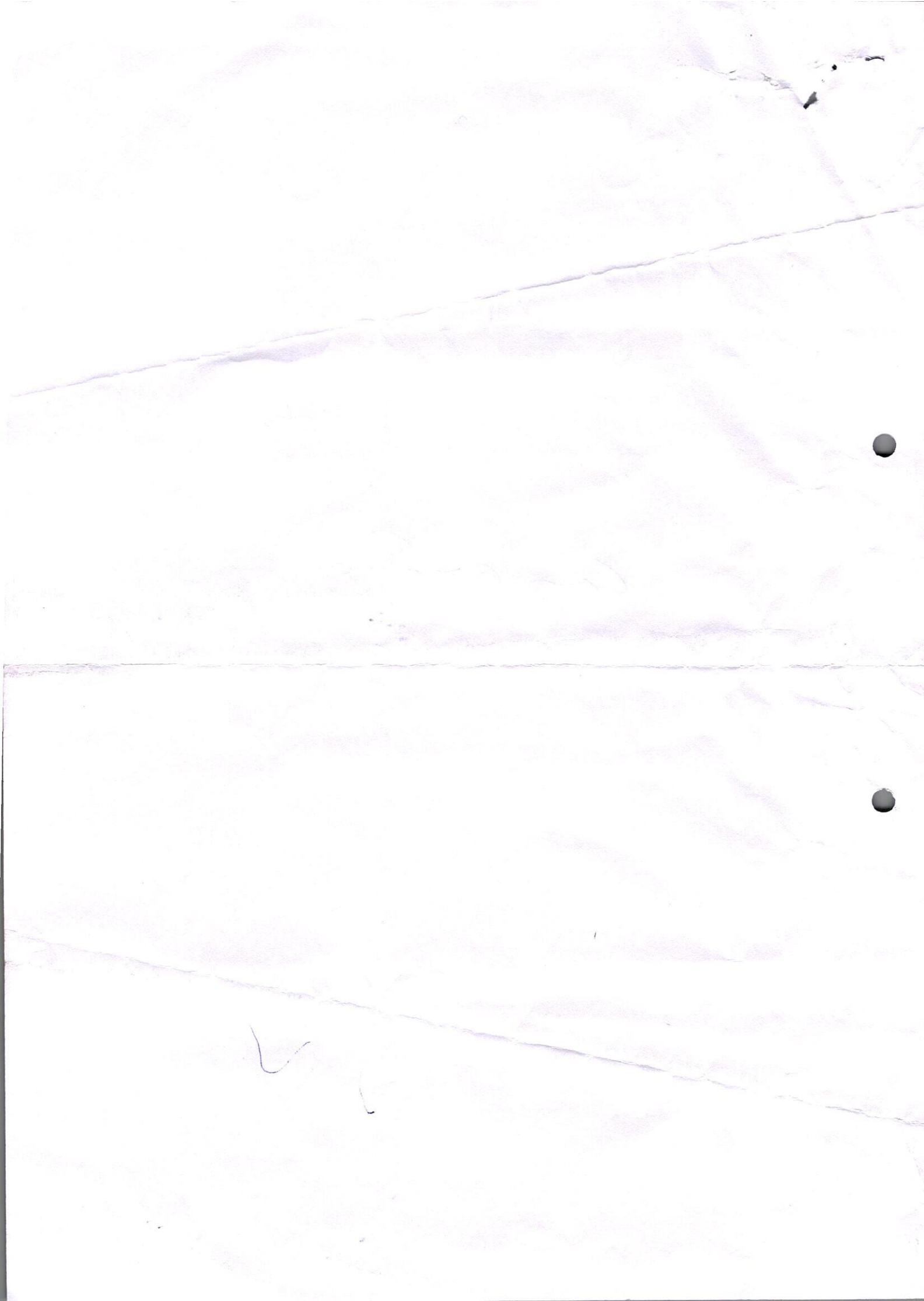
4837 9614 1245

Aadhaar-Aam Aadmi ka Adhikar

4837 9614 1245

Aadhaar-Aam Admi ka Adhikar

Chandra Shekhar



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. CHANDRA SHEKHAR **Age/Sex** : 56 Year(s)/Male
UHID : NMHK.2310755 **Order Date** : 09/05/2023 09:02
Episode : OP
Ref. Doctor : NMH **Mobile No** : 9931694079
Address : SONAPATY, , ISLAMPURE ,Murshidabad,West Bengal ,742 **DOB** : 26/12/1966
304 **Facility** : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115208	Collection Date : 09/05/23 09:13	Ack Date : 09/05/2023 12:10	Report Date : 09/05/23 16:27

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE

Jaffe Gen2 Compensated

1.0

mg/dl

0.7 - 1.2

End of Report



Dr.S. Chatterjee
MD, MBBS, FAACC
(CONSULTANT BIOCHEMIST)

Checked By

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304 **Facility** : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115208A	Collection Date : 09/05/23 09:13	Ack Date : 09/05/2023 13:41	Report Date : 09/05/23 16:27

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 5.0

Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
- HbA1c has been endorsed by clinical groups & American Diabetes Association guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low HbA1c in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (Specially severe iron deficiency anaemia & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- Interference of Haemoglobinopathies in HbA1c estimation.
A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
C. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- For known diabetic patients, following values can be considered as a tool for monitoring the glycemic control :

Excellent Control - 6 -7 %
Fair to Good Control - 7 - 8 %
Unsatisfactory Control - 8 - 10 %
Poor Control - > 10 % .

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

End of Report



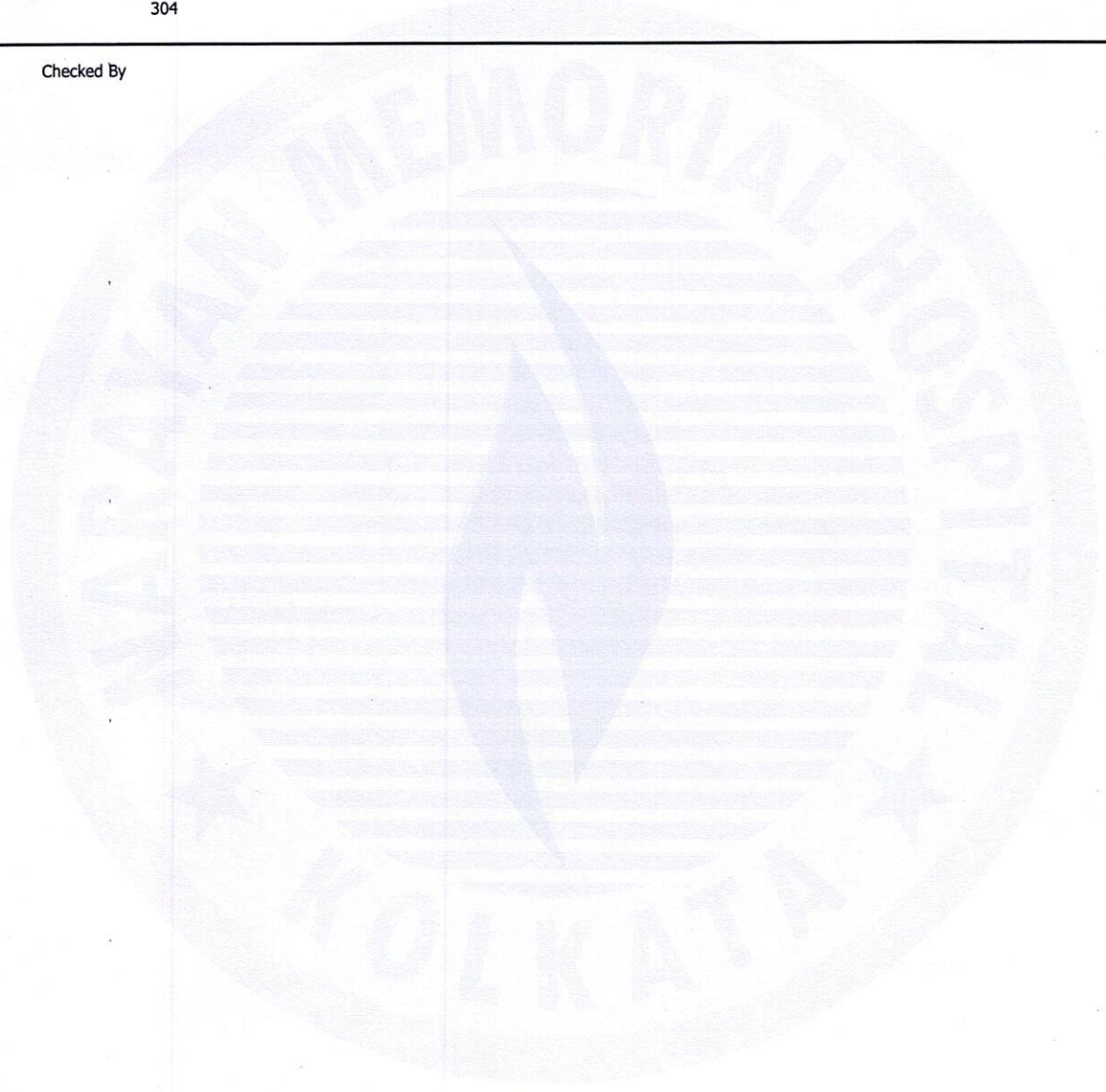
Dr.S. Chatterjee
MD, MBBS, FAACC
(CONSULTANT BIOCHEMIST)



LABORATORY INVESTIGATION REPORT

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LABORATORY INVESTIGATION REPORT

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Episode : OP	Mobile No : 9931694079
Ref. Doctor : NMH	DOB : 26/12/1966
Address : SONAPATTY, , ISLAMPURE ,Murshidabad,West Bengal ,742 304	Facility : NARAYAN MEMORIAL HOSPITAL

Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115208	Collection Date : 09/05/23 09:13	Ack Date : 09/05/2023 10:07	Report Date : 09/05/23 13:12

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	14.4	gm/dl	13 - 17
<i>Colorimetric method (Cyn Meth)</i>			
RBC COUNT	4.7	$\times 10^6/\text{ul}$	4.5 - 5.5
<i>Electrical Impedance Method</i>			
TOTAL WBC COUNT	6.8	$10^3/\text{cm}^3$	4 - 10
<i>Electrical Impedance Method</i>			
PLATELET COUNT	220	$10^3/\text{cm}^3$	150 - 410
<i>Electrical Impedance Method</i>			
PCV	43	%	40 - 50
<i>RBC pulse ht. detection method</i>			
MCV	92	fl	83 - 101
<i>calculated</i>			
MCH	31	pg	27 - 32
<i>Calculated</i>			
MCHC	34	gm/dl	31.5 - 34.5
<i>Calculated</i>			
ESR	20 ▲	%	0 - 12
<i>Modified Westergren Method</i>			

DIFFERENTIAL COUNT

NEUTROPHILS	68	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	21	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	05	%	2 - 10
<i>Microscopy</i>			
EOSINOPHILS	06	%	1 - 6
<i>Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Microscopy</i>			

PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic.

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Address	: SONAPATY, , ISLAMPURE ,Murshidabad,West Bengal ,742 304	Facility	: NARAYAN MEMORIAL HOSPITAL

WBC

Within normal limits.

PLATELET

Adequate.

End of Report

Angkita K. Ghosh

Dr. ANGKITA K. GHOSH
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)

RegNo: 82734

Checked By



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Age/Sex : 56 Year(s)/Male
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Facility : NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115264	Collection Date : 09/05/23 12:56	Ack Date : 09/05/2023 13:29	Report Date : 09/05/23 18:31

URINE FOR SUGAR PP

SAMPLE : URINE

RESULT

ABSENT

End of Report



Dr.S. Chatterjee
MD, MBBS, FAACC
(CONSULTANT BIOCHEMIST)

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Address : SONAPATTY, , ISLAMPURE ,Murshidabad,West Bengal ,742 304	Facility : NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115209	Collection Date : 09/05/23 09:13	Ack Date : 09/05/2023 13:29	Report Date : 09/05/23 18:29

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT

ABSENT

End of Report

Dr.S. Chatterjee
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(CONSULTANT BIOCHEMIST)

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LABORATORY INVESTIGATION REPORT

Patient Name : Mr. CHANDRA SHEKHAR

Age/Sex : 56 Year(s)/Male

UHID : NMHK.2310755

Order Date : 09/05/2023 09:02

Episode : OP

Ref. Doctor : NMH

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304

Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115208	Collection Date : 09/05/23 09:13	Ack Date : 09/05/2023 12:10	Report Date : 09/05/23 16:27

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	1.0	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.3 ▲	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.7	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	14	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	22	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	99	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	7.2	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	4.6	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.6	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	1.8	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	10	U/L	8 - 61

End of Report



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(CONSULTANT BIOCHEMIST)





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Age/Sex : 56 Year(s)/Male
Order Date : 09/05/2023 09:02
Mobile No : 9931694079
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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115208	Collection Date : 09/05/23 09:13	Ack Date : 09/05/2023 10:07	Report Date : 09/05/23 11:30

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP

'A'

Agglutination forward & Reverse

RH TYPE

POSITIVE

End of Report

Angkita K. Ghosh

Dr. ANGKITA K. GHOSH
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)

RegNo: 82734

Checked By





LABORATORY INVESTIGATION REPORT

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Age/Sex : 56 Year(s)/Male

UHID : NMHK.2310755

Order Date : 09/05/2023 09:02

Episode : OP

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Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115208	Collection Date : 09/05/23 09:13	Ack Date : 09/05/2023 12:10	Report Date : 09/05/23 16:27

BUN / CREATINE RATIO

SAMPLE : SERUM

BUN / CREATINE RATIO

6.5

End of Report

Dr.S. Chatterjee
MD, MBBS, FAAC
(CONSULTANT BIOCHEMIST)

Checked By





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Mobile No : 9931694079
DOB : 26/12/1966
Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0115208 Collection Date : 09/05/23 09:13 Ack Date : 09/05/2023 12:10 Report Date : 09/05/23 16:27

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 6.5 mg/dl 6 - 20

Calculated

URIC ACID

SAMPLE : SERUM

URIC ACID 7.6 ▲ mg/dl 3.4 - 7

Enzymatic Colorimetric

Sample No : 07H0115208B Collection Date : 09/05/23 09:13 Ack Date : 09/05/2023 12:13 Report Date : 09/05/23 16:27

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 81 mg/dl 70 - 109

Hexokinase

End of Report

Dr.S. Chatterjee
MD, MBBS, FAAC
(CONSULTANT BIOCHEMIST)

Checked By





LABORATORY INVESTIGATION REPORT

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UHID : NMHK.2310755
Episode : OP
Ref. Doctor : NMH
Address : SONAPATY, , ISLAMPURE ,Murshidabad,West Bengal ,742 304

Age/Sex : 56 Year(s)/Male
Order Date : 09/05/2023 09:02
Mobile No : 9931694079
DOB : 26/12/1966
Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115264B	Collection Date : 09/05/23 12:56	Ack Date : 09/05/2023 17:28	Report Date : 09/05/23 18:31

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP

Hexokinase

108

mg/dl

70 - 140

End of Report

Dr.S. Chatterjee
MD, MBBS, FAACC
(CONSULTANT BIOCHEMIST)

Checked By



LABORATORY INVESTIGATION REPORT

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115208	Collection Date : 09/05/23 09:13	Ack Date : 09/05/2023 12:10	Report Date : 09/05/23 16:27

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	215	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i> HDL CHOLESTEROL	35 ▼	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i> LDL CHOLESTEROL	159	mg/dl	Optimal < 100 Borderline 130 - 159 High >160
<i>Homogenous Enzymatic Colorimetric</i> VLDL	27.00	mg/dl	0 - 30
<i>CALCULATED</i> CHOLESTEROL-HDL RATIO	6.14	-	
LDL-HDL RATIO	4.54	-	
TRIGLYCERIDES	135	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Enzymatic Colorimetric</i>			

End of Report



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(CONSULTANT BIOCHEMIST)





LABORATORY INVESTIGATION REPORT

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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115208	Collection Date : 09/05/23 09:13	Ack Date : 09/05/2023 12:10	Report Date : 09/05/23 16:27

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	1.08	ng/ml	0.60 - 1.80
T4 ECLIA	8.19	ug/dL	5.40 - 11.70
TSH	5.06	uIU/ml	Adult Male – 0.27-5.5 0 Adult Female – 0.27- 5.50 Newborns - <25 Upto 12 years – 0.3- 5

ECLIA

Interpretations:

- For diagnostic purposes, the result should always be assessed in conjunction with the patient's medical history, clinical examinations and other findings.
- The assay is unaffected by icterus (Bilirubin < 701 µmol/L or < 41 mg/dL), hemolysis (Hb < 0.621 mmol/L or < 1 g/dL), lipemia (Intralipid < 1500 mg/dL), biotin (<102 nmol/L or < 25 ng/ml), IgG < 2 g/dL and IgM < 0.5 g/dL)
- There is no high dose hook effect at TSH concentrations upto 1000 µmol/ml.
- TSH values may be transiently altered because of non thyroidal illness like several infections, liver disease, renal and heart failure, several burns, trauma and surgery etc. Drugs that decrease TSH values e.g. L-dopa, Glucocorticoid drugs that increase TSH values e.g. Iodine, Lithium, Amiodarone.
- The assay is unaffected by icterus (bilirubin < 633 µmol/L or < 37 mg/dl), hemolysis (Hb < 1.4 mmol/L or < 2.3 g/dl), lipemia (triglycerides < 28.5 mmol/L or 2500 mg/dl) and biotin (< 409 nmol or < 100 ng/ml).
- The assay is unaffected by icterus (bilirubin < 599 µmol/L or < 35 mg/dl), hemolysis (Hb < 1.2 mmol/L or < 2.0 g/dl), lipemia (Intralipid < 1800 mg/dl) and biotin (< 123 nmol or < 30 ng/ml).

End of Report

Dr.S. Chatterjee
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(CONSULTANT BIOCHEMIST)



LABORATORY INVESTIGATION REPORT

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304

Age/Sex : 56 Year(s)/Male
Order Date : 09/05/2023 09:02
Mobile No : 9931694079
DOB : 26/12/1966
Facility : NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115209	Collection Date : 09/05/23 09:13	Ack Date : 09/05/2023 13:29	Report Date : 09/05/23 17:09

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	35	ml	
COLOUR	STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.015		1.010 - 1.030
REACTION(pH)	ACIDIC (pH - 6.0)		

CHEMICAL EXAMINATION

SUGAR	ABSENT	ABSENT
ALBUMIN.	ABSENT	ABSENT
BLOOD	ABSENT	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

MICROSCOPIC EXAMINATION

PUS CELLS	1-2/HPF	<5/HPF
EPITHELIAL CELLS	1-2/HPF	<20/HPF
RBC	ABSENT	
CAST	ABSENT	
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report

Angkita K. Ghosh

Dr.ANGKITA K. GHOSH
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)

RegNo: 82734






CHANDRA SHEKHAR 2310755

PID NO: P2162300407002
Age: 56.0 Year(s) Sex: Male



Reference: Dr.SELF
Sample Collected At:
Narayan Memorial Hospital
601 Diamond Harbour Road 700034
Processing Location:-MHL RAJARHAT
(KRL) Kolkata: 700136

VID: 230216000371805
Registered On:
09/05/2023 07:26 PM
Collected On:
09/05/2023 7:26PM
Reported On:
09/05/2023 10:20 PM

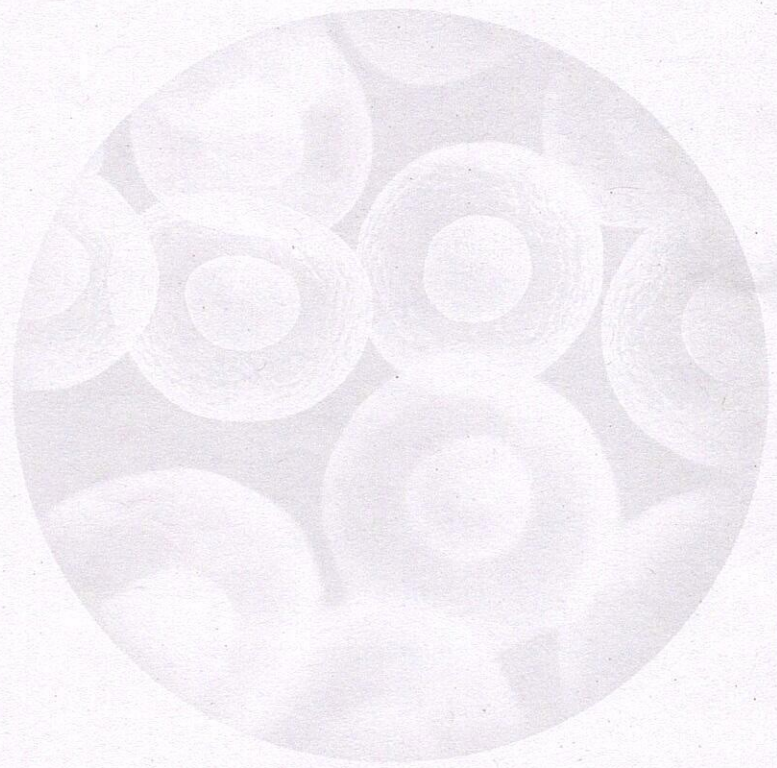
Investigation	Observed Value	Unit	Biological Reference Interval
 PSA- Prostate Specific Antigen (Serum,ECLIA)	0.524	ng/mL	Conventional for all ages: 0 - 4 50 - 59 yrs: 0 - 3.5

Interpretation: Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

Comments: Patients on Biotin supplement may have interference in some immunoassays.

Reference: Arch Pathol Lab Med—Vol 141, November 2017. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

-- End of Report --



Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-2576

Saha

INNER HEALTH REVEALED

Page 1 of 1

Dr. Subhasish Saha
MD Pathology

This is a computer generated report that has been validated by an Authorized Medical Practitioner/Doctor.
The report does not need physical signature. Result relate only the sample as received.
Refer to conditions of reporting overleaf.

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DIAGNOSTICS REPORT

Patient Name	: Mr. CHANDRA SHEKHAR	Order Date	: 09/05/2023 09:02
Age/Sex	: 56 Year(s)/Male	Report Date	: 10/05/2023 08:57
UHID	: NMHK.2310755	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9931694079
Address	: SONAPATY,, ISLAMPURE,Murshidabad, West Bengal, 742304		

X-RAY CHEST PA VIEW

No active lung parenchymal lesion is seen.
Both hila are normal in position, size and density.
Cardiothoracic ratio appear normal.
Trachea and mediastinum are normal in position.
Both costo-phrenic angles are clear.
Domes of diaphragm are normal in position and outlines are well delineated.
Bony thorax appears unremarkable .

IMPRESSION :-

No significant lung parenchyma abnormality.

Needs clinical correlation.

**Dr.SUBRATA NAG , MBBS,DNB,Fellow
intervention/endovascular surgery**

RegNo: 66718





DIAGNOSTICS REPORT

Patient Name	: Mr. CHANDRA SHEKHAR	Order Date	: 09/05/2023 09:02
Age/Sex	: 56 Year(s)/Male	Report Date	: 09/05/2023 13:18
UHID	: NMHK.2310755	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9931694079
Address	: SONAPATY,, ISLAMPURE,Murshidabad, West Bengal, 742304		

ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 62%).
- * Good RV systolic function (TAPSE = 21 mm).
- * Mild TR, TR gradient = 28 mmHg.
- * Normal valve morphology.
- * Grade I LV diastolic dysfunction.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.
- * IVC normal diameter & > 50% respiratory variation.
- * No thrombus, mass, vegetation seen.

**Dr.INDIRA BANERJEE , MD,DNB,FNB,M
RCPCH (UK)**

Board Certified Comprehensive
Echocardiographer (USA)



DIAGNOSTICS REPORT

#162

Patient Name	: Mr. CHANDRA SHEKHAR	Order Date	: 09/05/2023 09:02
Age/Sex	: 56 Year(s)/Male	Report Date	: 09/05/2023 12:01
UHID	: NMHK.2310755	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9931694079
Address	: SONAPATTY,, ISLAMPORE,Murshidabad, West Bengal, 742304		

ELECTROCARDIOGRAM REPORT (ECG)

HR : 64 bpm
Rhythm : Sinus
P wave : Normal
PR Interval : 140 msec
QRS axis : Normal (13 Degree)
QRS duration : 102 msec
QRS configuration : Normal
T wave : Non specific changes
ST segment : Non specific changes
QTc : 367 msec
QT : 356 msec

IMPRESSION:

- Sinus rhythm. Normal QRS axis.
 - Non specific ST-T changes.
- Clinical correlation please.

Dr. MUNNA DAS, MD (MEDICINE), DM(CARDIOLOGY)

Consultant Cardiologist

RegNo: 55696

2310755

CHANDRA SHEKHAR

Male

56 years

..... cm / kg

HR 64/min

Axis: 50°

SINUS RHYTHM
NORMAL ECG

UNCONFIRMED REPORT

Intervals:

RR 941 ms

P 100 ms

PR 140 ms

QRS 102 ms

QT 356 ms

QTc 367 ms
(Bazett)

P (II) 38°

P (I) 0.10 mV

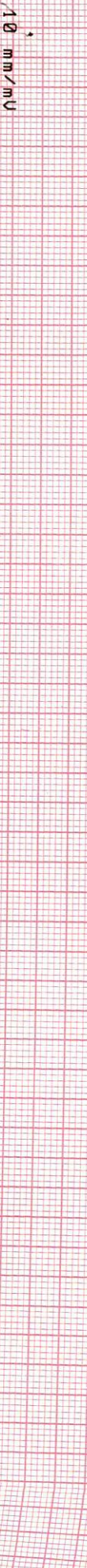
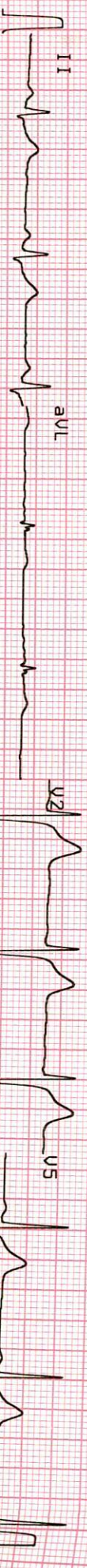
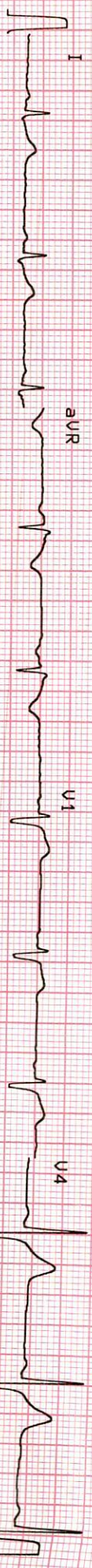
S (V1) -0.52 mV

R (V5) 1.42 mV

Sokol. 2.78 mV

6.02

10 mm/mV



25 mm/s

0.05-25 Hz

FS0

5SF 5BS

09.05.2023 10:31:22

NARAYAN MEMORIAL
HOSPITAL, BEHRI

01/03



DIAGNOSTICS REPORT

Patient Name	: Mr. CHANDRA SHEKHAR	Order Date	: 09/05/2023 09:02
Age/Sex	: 56 Year(s)/Male	Report Date	: 09/05/2023 18:42
UHID	: NMHK.2310755	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9931694079
Address	: SONAPATTY,, ISLAMPORE,Murshidabad, West Bengal, 742304		

USG REPORT OF WHOLE ABDOMEN (SCREENING)

LIVER : Liver is normal in size and parenchymal echotexture. Intrahepatic biliary radicles are not dilated. No focal mass lesion is seen.

PORTA :PV : Normal. PV measures 0.7 cm.

CD : Normal. CD measures 0.3 cm.

GALL BLADDER : Gall bladder is normal in size, contour, outline and position. No calculus is seen. Wall thickness is normal.

PANCREAS : Pancreas is normal in size and parenchymal echogenicity. Pancreatic duct is not dilated.

SPLEEN : Spleen is not enlarged and parenchyma shows normal homogeneous pattern.

KIDNEYS : Both kidneys are normal in size, shape, outline, position and parenchymal echogenicity. Corticomedullary differentiation maintained. No evidence of any calculus/mass / hydronephrosis is seen. **Cortical cysts are noted in left kidney. The largest one measures 3.4 x 2.8 cm approx.** Right kidney measures : 8.3 cm & Left kidney measures : 9.4 cm.

URINARY BLADDER : Urinary bladder is normal in contour, outline and distension. No vesical lesion is seen.



DIAGNOSTICS REPORT

Patient Name	: Mr. CHANDRA SHEKHAR	Order Date	: 09/05/2023 09:02
Age/Sex	: 56 Year(s)/Male	Report Date	: 09/05/2023 18:42
UHID	: NMHK.2310755	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9931694079
Address	: SONAPATTY,, ISLAMPORE,Murshidabad, West Bengal, 742304		

PROSTATE : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 3.3 cm x 3.6 cm x 3.2 cm. It weight approx 18 gm.

PERITONEUM : : No free fluid is noted.

RETROPERITONEUM : IVC and aorta appear normal. No lymphadenopathy is seen.

IMPRESSION : Cortical cysts in left kidney.

Dr. MADHUSHREE RAY NASKAR , MBBS
,DMRD
Consultant Radiologist
RegNo: 57032

