







Date: 28.09.2024

Name: PRANAY PRADHAN

Age/Gender: 40 Y/M Mobile No.: 7902152737

Ref By: AHCN

Demographics:

Height	Weight	BP	BMI
172 cm	62 kgs	120/80 mmHg	21.0

Personal History:

	Smoking: Occ.
Habits:	Alcohol: Occ.
	Drugs/Medicines: No

Family History:

Relation	Age	Health Status
Father	68	Healthy
Mother	67	Healthy
Brother	40	Healthy
Sister	No	

Past History:

Hypertension	No	
Diabetes	No	
Asthma	No	
Thyroid	No	
Tuberculosis	No	
Cancer	No	

#### Others

Allergic History	No
Surgical History	No

**Ophthalmic Examination:** 

Distance vision		Near vision		Colour vision	
Right Eye	Left Eye	Right Eye	Left Eye	Right Eye	Left Eye
6/6	6/6 A	N6	N6	Normal	Normal

Dr. SUNEBL RUMAR GARG
MD. FNB, IFCCM, EDIC, FICCM, FCCP, FCCM,
Founder & MD

Dr Suneel Kumar Gargie Pvt. Ltd.

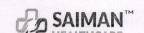
MD, FNB (Critical Care Medicine), IFCCM, EDIC, FICCM, FCCP (USA), FCCM (USA) Senior Critical Care Physician DMC-34400

If test results are alarming or unexpected, patients are advised to contact the laboratory immediately for the possible remedial action.

9 +91-9999 399 344 | +91-11-6138 4456 

dgdlabs@saimanhealthcare.com

For Doctor Consultation & Home Health Care Services contact: +91-9999 500 123





(A Division of Saiman Healthcare) DR GARG'S DIAGNOSTICS

176/76/69, Meghnath Saha Sarani, Pradhan Nagar, Siliguri -734003, West Bengal. +91 9355090808, +91 3533571619

Date and Time: 28th Sep 24 10:17 AM

Patient ID: Age / Gender: 667 40/Male

Patient Name: Pranay pradhan

AR: 56bpm Ш  $\Box$ H VR: 56bpm 25.0 mm/s 10.0 mm/mV QRSD: 90ms aVF aVL aVR QT: 424ms 0-20Hz, 50Hz QTcB: 410ms **Y**3 V2 **≤**1 PRI: 142ms V6 V5 V4 P-R-T: 49° 42° 49°

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician

MD. FNB, IFCCM, EDIC, FICCM, FCCP, FCCM Founder & MD Saiman Healthcare Pvt. Ltd. DMC Regn. No. 34400

1) EC410

1) Consultation ENT.

3) Consultation Dental.

I will be shoppy these tasts.

Health Assure

28 September 2024 in 19

Confirmation of Appointment || Abhimanyu Vats , WanipalCigna Annual Realth

DCD Corporate <corporate@sannonheald <....

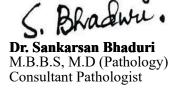




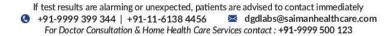


Patient ID Patient Name Gender/Age Mobile No. Organization Ref. By Test Name	1224542 Mr. Pranay Pradhan Male /40 Yrs Self Self	Value	∭∭∭∭ Unit	Specimen Booked Date Collected Date Received Date Report Date Print Date	WB-EDTA 28/09/2024 11:27:09 28/09/2024 11:38:03 28/09/2024 11:38:05 30/09/2024 17:38:25 01/10/2024 22:27:30  Biological Ref Interval
-	d Count with ESR (CBC+ES	SR)			
Complete Bloo Automation+ Mai	od Count (CBC) nual				
Hemoglobin (H		14.0	g/dL		13.0 - 17.0
Total Leucocyte Flow Cytometry metho	e Count (TLC)	4090	cells/uL		4000 - 10000
Erythrocyte Con Electric Impedence me	unt (RBC Count)	4.35	10^6/uL		4.50 - 5.50
Packed Cell Vo	lume (PCV)	42.9	%		40.0 - 50.0
Mean Corpuscu	ılar Volume (MCV)	98.6	fL		83.0 - 101.0
MCH (Mean Co	orp Hb)	32.2	pg		27.0 - 32.0
MCHC ( Mean	Corp Hb Conc )	32.6	gm/dL		31.5 - 34.5
Platelet Count Electric Impedence Me	thod	154.00	10^3/uL		150.00 - 450.00
RDW (CV)		12.1	%		11.5 - 14.0
MPV Calculated		15.5	fL		9.1 - 11.9
PCT calculated		0.16	%		0.18 - 0.39
PDW-SD calculated		15.9	fL		9.0 - 15.0
	eucocyte Count (DLC)				
Automation+Manual Neutrophil Laser Flow Cytometry	& Microscopy	48	%		40 - 70
Lymphocyte Laser Flow Cytometry	& Microscopy	44	%		20 - 45
Eosinophil Laser Flow Cytometry	& Microscopy	03	%		01 - 07





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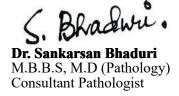




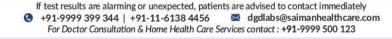
Patient ID	1224542	Specimen	WB-EDTA
Patient Name	Mr. Pranay Pradhan	Booked Date	28/09/2024 11:27:09
Gender/Age	Male /40 Yrs	Collected Date	28/09/2024 11:38:03
Mobile No.		Received Date	28/09/2024 11:38:05
Organization	Self	Report Date	30/09/2024 17:38:25
Ref. By	Self	Print Date	01/10/2024 22:27:34

Test Name	Value	Unit	Biological Ref Interval
Monocyte Laser Flow Cytometry & Microscopy	05	%	00 - 10
Basophil Laser Flow Cytometry & Microscopy	00	%	00 - 01
Absolute Neutrophils Count (ANC) Calculated	1.54	10^3/uL	2.00 - 7.00
Absolute Lymphocytes Count (ALC) Calculated	1.94	10^3/uL	1.00 - 3.00
Absolute Monocytes Count (AMC) Calculated	0.49	10^3/uL	0.20 - 1.00
Absolute Eosinophil Count (AEC) Calculated	0.12	10^3/uL	0.02 - 0.50
Absolute Basophil count (ABC) Calculated	0.00	10^3/uL	0.02 - 0.10





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Blood Group ABO

Tube Agglutination

Rh Typing
Tube Agglutination





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Patient ID	1224542	Specimen	WB-EDTA
Patient Name	Mr. Pranay Pradhan	Booked Date	28/09/2024 11:27:09
Gender/Age	Male /40 Yrs	Collected Date	28/09/2024 11:38:03
Mobile No.		Received Date	28/09/2024 11:38:05
Organization	Self	Report Date	30/09/2024 16:36:16
Ref. By	Self	Print Date	01/10/2024 22:27:36

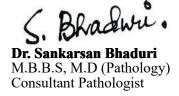
Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)  Automated	18	mm/Ist hr.	00 - 20
Blood Grouping (A,B,O) and Rh Factor Tube method			

A

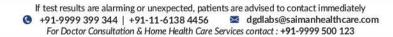
**POSITIVE** 







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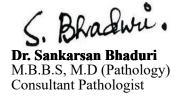




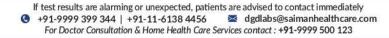
Patient ID Patient Name Gender/Age Mobile No. Organization Ref. By	1224542 Mr. Pranay Pradhan Male /40 Yrs Self Self			Specimen Booked Date Collected Date Received Date Report Date Print Date	Serum 28/09/2024 11:27:09 28/09/2024 11:38:03 28/09/2024 11:38:05 01/10/2024 22:27:10 01/10/2024 22:27:37
Test Name		Value	Unit		<b>Biological Ref Interval</b>

BIOCHEMISTRY						
Kidney Function Test/Renal Function Test Urea (Method: Urease GLDH)	24.0	mg/dl	19.0 - 45.0			
Blood Urea Nitrogen (BUN) Urease Endpoint	11.2	mg%	6.0 - 20.0			
Creatinine Method:Spectr-photometry	0.92	mg/dl	0.70 - 1.30			
Uric Acid (Method:URICASE POD)	8.7	mg/dl	3.5 - 7.2			
Sodium Method : ISE	140.00	meq/l.	136.00 - 145.50			
Potassium (Done on EasyLite)	4.20	meq/L	3.50 - 5.50			
Chloride Method- IS Electrode	110.0	mmol/L	98.0 - 109.0			
Calcium Method :Spectro-photometry	9.5	mg/dl	8.6 - 10.2			
Phosphorus UV Molybdate	2.6	mg/dl	2.5 - 4.5			





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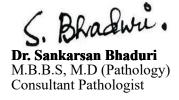




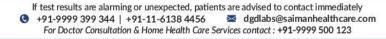
Patient ID Patient Name Gender/Age Mobile No. Organization Ref. By	1224542 Mr. Pranay Pradhan Male /40 Yrs Self Self			Specimen Booked Date Collected Date Received Date Report Date Print Date	Serum 28/09/2024 11:27:09 28/09/2024 11:38:03 28/09/2024 11:38:05 30/09/2024 17:38:26 01/10/2024 22:27:40
Test Name		Value	Unit		Biological Ref Interval

Test Name	Value	Unit	Biological Ref Interva
Liver Function Test (LFT)- 2			
Bilirubin Total Method - Spectro-photometry	0.81	mg/dl	0.00 - 1.20
Bilirubin Direct Method:- Spectrophotometry	0.18	mg/dl	0.00 - 0.40
Bilirubin Indirect Spectro-photmetry	0.63	mg/dl	0.00 - 0.75
Aspartate Aminotransferase (AST/ SGOT) Spectro-photometry	27.0	U/L	0.0 - 35.0
Alaline Transaminase ALT/ SGPT (Method-Spectro-photometry)	31.0	U/L	0.0 - 45.0
Alkaline Phosphatase (ALP) Spectro-photometry	80.0	IU/L	54.0 - 369.0
Protein Total (METHOD:BIURET)	7.2	gm/dl	6.4 - 8.3
Albumin (Method-Spectro-photometry)	4.5	gm/dl	3.5 - 5.2
Globulin (METHOD:BCG)	2.7	g/dl	2.3 - 3.5
A/G Ratio COLORIMETRIC	1.67		1.30 - 2.10
Gamma Glutamyl Transferase (GGT) Method:Glupa C	36.8	U/L	0.0 - 55.0





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Patient ID Patient Name Gender/Age Mobile No. Organization Ref. By	1224542 Mr. Pranay Pradhan Male /40 Yrs Self Self			Specimen Booked Date Collected Date Received Date Report Date Print Date	Serum 28/09/2024 11:27:09 28/09/2024 11:38:03 28/09/2024 11:38:05 30/09/2024 18:05:51 01/10/2024 22:27:43
Test Name		Value	Unit		<b>Biological Ref Interval</b>
Lipid Profile Cholesterol - To Spectro-phtometry		110.0	mg/dl		Desirable = < 200 Borderline = 200-239 High Cholestrol = = 240 Child Desirable = < 170 Borderline = 170-199 High Cholestrol = >199
Triglycerides (1 Glycerol/Peroxidase	IG)	96.0	mg/dl		0.0 - 161.0  High: 161-199 Hypertriglyceridemic: 200-499  Very High: > 499
Cholesterol - H Spectro-Ophotometry	DL	29.0	mg/dl		35.3 - 79.5
Cholesterol - La Spectro-phtometry	DL	61.8	mg/dl		60.0 - 130.0  Borderline High: 130 - 159  High: > 160
VLDL Choleste	erol	19.2	mg/dl		4.7 - 22.1
Serum Total / H	IDL Cholesterol Ratio	3.79			4.50 - 6.00
Serum LDL / H	IDL Cholesterol Ratio	2.13			0.00 - 3.50

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids indefining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol vary with age. Values above 220 mg/dl are associated with increased risk of CHD regardless of HDL & LDL values.

TRIGLYCERIDE level >250 mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of TRIGLYCERIDE can be seen in obesity, medication, fast less than 12 hrs., alcohol intake, diabetes mellitus, and pancreatitis.

HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL-cholesterol.



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Patient ID Patient Name Gender/Age Mobile No. Organization	1224542 Mr. Pranay Pradhan Male /40 Yrs			Specimen Booked Date Collected Date Received Date Report Date	Serum 28/09/2024 11:27:09 28/09/2024 11:38:03 28/09/2024 11:38:05 30/09/2024 18:05:51
Ref. By	Self			Print Date	01/10/2024 22:27:48
Test Name		Value	Unit		<b>Biological Ref Interval</b>

**LDL-CHOLESTEROL & TOTAL CHOLESTEROL** levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL- cholesterol ratio, patients may be divided into three risk categories:

	<u>CHOLESTEROL</u>	LDL-CHOLESTEROL	CHO/HDL RATIO
Acceptable/Low Risk	<200 mg/dL	<130 mg/dL	< 4.5
Borderline High Risk	200-239 mg/dL	130-159 mg/dl	4.5-6.0
High Risk	> 240 mg /dL	>160 mg/dL	>6.0

**APO A1 & APO B:** Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of coronary artery disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B:Apo A1 is >1 in cases of increased CHD risk.

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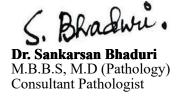


Patient ID	1224542	Specimen	Fluoride- F
Patient Name	Mr. Pranay Pradhan	Booked Date	28/09/2024 11:27:09
Gender/Age	Male /40 Yrs	Collected Date	28/09/2024 11:38:03
Mobile No.		Received Date	28/09/2024 11:38:05
Organization	Self	Report Date	30/09/2024 17:44:37
Ref. By	Self	Print Date	01/10/2024 22:27:48

Test Name	Value	Unit	Biological Ref Interval
Glucose- Fasting Blood Hexokinase	83.0	mg/dl	74.0 - 100.0







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Patient ID	1224542	Specimen	WB-EDTA
Patient Name	Mr. Pranay Pradhan	<b>Booked Date</b>	28/09/2024 11:27:09
Gender/Age	Male /40 Yrs	Collected Date	28/09/2024 11:38:03
Mobile No.		Received Date	28/09/2024 11:38:05
Organization	Self	Report Date	30/09/2024 17:38:26
Ref. By	Self	Print Date	01/10/2024 22:27:49

Test Name Value Unit Biological Ref Interval

# **HAEMATOLOGY**

**Glycosylated Hemoglobin (HbA1C)** 

HBA1C 4.8 % Estimated average plasma Glucose 91 %

#### Interpretation:

As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7-6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age >19 years: Goal of therapy: <7.0
	Age <19 years: Goal of therapy: <7.5

# Note:

- 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
- 2. Target goals of <7.0% may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of <7.0% may not be appropriate.

#### Comments:

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long-term glycemic control as compared to blood and urinary glucose determinations.

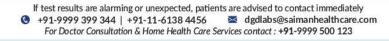
ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

ADA CITICITA IOI COITCIAGON DECINCON INDATE & INCAN plasma glucose levels.				
HbA1c (%)	Mean Plasma Glucose (mg/dL)			
6	126			
7	154			
8	183			
9	212			
10	240			
11	269			
12	298			



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Ref. By	Self			Print Date	01/10/2024 22:27:51
Organization	Self			Report Date	30/09/2024 18:05:51
Mobile No.				Received Date	28/09/2024 11:38:05
Gender/Age	Male /40 Yrs			Collected Date	28/09/2024 11:38:03
Patient Name	Mr. Pranay Pradhan			<b>Booked Date</b>	28/09/2024 11:27:09
Patient ID	1224542			Specimen	Serum
D . 1 ID	1004540				

Test Name	Value	Unit	Biological Ref Interval
	<u>IMMUNOA</u>	SSAY	
Thyroid Profile Total			
TriIodothyronine Total (TT3) Method:- CLIA	1.66	ng/dL	0.69 - 2.15
Thyroxine - Total (TT4)	92.00	ug/dl	52.00 - 127.00
Thyroid Stimulating Hormone (TSH)  Method:- CLIA	2.42	uIU/ml	0.30 - 4.50

# **COMMENTS:**

Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

PREGNANCY	REFERENCE RANGE for TSH IN ulU / Ml (As per American Thyroid Association)
1 <sup>st</sup> Trimester	0.10-2.50 uIU /mL
2 <sup>nd</sup> Trimester	0.20-3.00 uIU /mL
3 <sup>rd</sup> Trimester	0.30-3.00 ulU /ml

<sup>\*</sup>TSH IS DONE BY ULTRASENSITIVE 4TH GENERATION CHEMIFLEX ASSAY\*

## INTERPRETATIONS:

- 1. Primary hyperthyroidism is accompanied by elevated serum T3 & T4 values along with depressed TSH level.
- 2. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values & elevated serum TSH levels.
- 3. Normal T4 levels accompanied by high T3 levels and low TSH are seen in patients with T3 thyrotoxicosis.
- 4. Normal or low T3 & high T4 levels indicate T4 thyrotoxicosis (problems in conversion of T4 to T3).
- 5. Normal T3 &T4 along with low TSH indicate mild / subclinical HYPERTHYROIDISM.
- 6. Normal T3 & low T4 along with high TSH is seen in HYPOTHYROIDISM.
- 7. Normal T3 & T4 levels with high TSH indicate Mild / Subclinical HYPOTHYROIDISM.
- 8. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drug like propranolol.
- 9. Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours (secondary hyperthyroidism).



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Patient ID Patient Name Gender/Age Mobile No.	1224542 Mr. Pranay Pradhan Male /40 Yrs			Specimen Booked Date Collected Date Received Date	WB-EDTA 28/09/2024 11:27:09 28/09/2024 11:38:03 28/09/2024 11:38:05
Organization	Self			Report Date	30/09/2024 18:05:51
Ref. By	Self			Print Date	01/10/2024 22:27:54
Test Name		Value	Unit		<b>Biological Ref Interval</b>

# **HAEMATOLOGY**

# Peripheral Blood Smear (P/S) Cell Counter/Microscopy

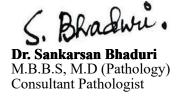
RBCs Normocytic normochromic. No immature cell is seen.

WBCs With in normal range.

PLATELETS Adequate on smear.







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10

Clear

Light Yellow



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Patient ID Patient Name	1224542 Mr. Pranay Pradhan	Specimen Booked Date	Urine 28/09/2024 11:27:09
Gender/Age	Male /40 Yrs	Collected Date	28/09/2024 11:54:21
Mobile No.		Received Date	28/09/2024 11:54:24
Organization	Self	Report Date	30/09/2024 18:05:51
Ref. By	Self	Print Date	01/10/2024 22:27:56

Test Name Value Unit Biological Ref Interval

# **CLINICAL PATHOLOGY**

Volume 10 ml
Colour Light Yellow
Appearance Clear
Deposit Absent
Turbidity Absent
Reaction Acidic

Specific Gravity
Refractometric

1.005
1.000 - 1.030

# **Chemical Examination**

Urine Protein
Protein Eror of Indicator

Nil
Nil

Urine Glucose Nil Nil
Oxidase Peroxidase Reaction

Urine Ketone body
Sodium Nitropruside

Nil

NitriteNilNilBile Pigment (Urine)<br/>Method- FOUCHETNilNil

Bile Salt (Urine)
Method: Sulphur

Nil

PH 6.0 4.6 - 8.0 Double Indicators test

Blood Negative Peroxidase reaction Negative

Urobilinogen Normal Normal

Urine Bilirubin Negative Negative

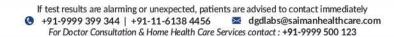
Leukocyte Negative Negative

Diazonization Reaction

Microscopic Examintaion
Pus Cells Occasional /HPF 2-4

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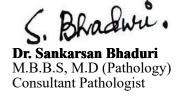
Patient ID	1224542	Specimen	Urine
Patient Name	Mr. Pranay Pradhan	Booked Date	28/09/2024 11:27:09
Gender/Age	Male /40 Yrs	Collected Date	28/09/2024 11:54:21
Mobile No.		Received Date	28/09/2024 11:54:24
Organization	Self	Report Date	30/09/2024 18:05:51
Ref. By	Self	Print Date	01/10/2024 22:28:01

Test Name	Value	Unit	Biological Ref Interval
F. M. 15.1 C.11.	0.1	/LIDE	0.2
Epithelial Cells	0-1	/HPF	0-3
RBC's	Nil	/HPF	Nil
Casts	Nil		Nil
Crystals	Nil		Nil
Bacteria	Few		Nil
Budding yeast cells	Negative		Negative
Others	Nil		Nil

\*\*\* End of Report \*\*\*







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# Whe Olive Diagnostics & Poly Clinic

Meghnad Saha Sarani, Pradhan Nagar, Opp. St. Mary School, Siliguri, Dist: Darjeeling. Pin 734003

Contact No. 0353 3564463 / 9002242065

e-mail: olivediagnostics2021@gmail.co

Age -40yrs, / M

THE RESERVE TO SERVE TO SERVE

: Pranay Pradhan Patient Name

: U.S.G. of Whole Abdomen Investigation

: DGD Ref by Date of investigation: 02.10.2024

Normal in size, shape, position & echo texture. No other focal or sizeable mass lesion. The IHBR are not dilated. The hepatic & portal venous systems appear normal. Calcification seen in right lobe of liver. GALLBLADDER:

Normal in size, shape, position & wall thickness. No calculus or pericholecystic collection is seen. Small soft structure seen in GB fundus measure 1.4mm in size.

CBD:-

Not dilated. No intraluminal lesion seen in visualized part.

PANCREAS:

Normal size, shape & echo texture. No focal lesion or mass detected. MPD not dilated. No peripancreatic collection is seen.

SPLEEN:

Enlarged in size (124mm). Echo texture is homogenous. No mass lesion.

KIDNEYS:

Normal size, shape, position and orientation with adequate Cortico-Medullary Differentiation. No calculus, mass or hydronephrosis is seen. Right Kidney measures 102mm & left Kidney measures 97mm in size.

**URETERS:-**

Not dilated

URINARY BLADDER:

Well distended with smooth mucosal outline. No intraluminal Pathology.

PROSTATE:

Borderline enlarged in size (40mm x 34mm x 29mm with approx wt of 22gms), shape & echo texture. The outline is maintained. No focal mass / lesion is seen.

No ascites or para aortic adenopathy is seen. Bilateral iliac fossa scan do not reveal any collection or mass lesion. Colons loaded with gas & fecal matters

## IMPRESSION:

- 1. Old calcified lesion seen in right lobe of liver.
- 2. Suggestive of polyp / cholesterosis in GB.
- 3. Borderline enlarged prostrate.

Please correlate clinically

In case of any discrepancy in report due to machine or typing error kindly get it rectified immediately.

700 Dr. Sanjoy kumar Sahu, MBBS,M Consultant & Interventional Radiologist

Vascular clinic for peripheral angioplasty \* 7 Laser Surgery - varicosevein \* Diet counseling by Experience Dietician

Doctors \*Ultrasonography\* X-Ray \*Color Doppler \* Echo Cardiography \* Pathology Service \* E.E.G & More Test

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PRANAY PRADHAN 40/M DGD Exam Date: 02.10.2024 11:23:26 AM















