





Mo. B. Sai KTOON 24/02/24 33/mg 632534 Has Rame for general sys erec No H/O . DM and HTN No H/o using glasses Slit lamp Gramin 2 Normal - ols what 2 Normal 2 Normal F- CVA



CONTACT US

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 6-3-862/A, Lal Bungalow add on, Ameerpet, Hyderabad - 500016



Visit ID	: YOD637534	UHID/MR No	: YOD.0000615220
Patient Name	: Mr. B SAI KIRAN	Client Code	: YOD-DL-0021
Age/Gender	: 33 Y 0 M 0 D /M	Barcode No	: 10943584
DOB	:	Registration	: 24/Feb/2024 09:20AM
Ref Doctor	: SELF	Collected	: 24/Feb/2024 09:24AM
Client Name	: MEDI WHEELS	Received	: 24/Feb/2024 10:08AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Feb/2024 12:01PM
Hospital Name	:		

DEPARTMENT OF HAEMATOLOGY					
Test NameResultUnitBiological Ref. RangeMethod					

ESR (ERYTHROCYTE SEDIMENTATION RATE)							
Sample Type : WHOLE BLOOD EDTA							
ERYTHROCYTE SEDIMENTATION RATE	8	mm/1st hr	0 - 15	Capillary			
				Photometry			
COMMENTS: ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.							
Increased levels may indicate: Chronic renal fail Hodgkin disease advanced Carcinomas), bacter							

Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency).

Falsely decreased levels may indicate: Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

Verified By : M Thirumalesh Reddy Approved By :

A. Peart

DR PRANITHA ANAPINDI MD , CONSULTANT PATHOLOGIST





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DEPARTMENT OF HAEMATOLOGY							
Test Name	Test NameResultUnitBiological Ref. RangeMethod						

BLOOD GROUP ABO & RH Typing					
Sample Type : WHOLE BLOOD EDTA					
ABO	AB				
Rh Typing	POSITIVE				
Method : Hemagglutination Tube	method by forward and re	verse grouping	J		
COMMENTS:					
The test will detect common blood	grouping system A, B, O,	AB and Rhesus	(RhD). Unusual	blood group	s or rare subtypes

will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings. Advsied cross matching before transfusion

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A. Paa -

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Feb/2024 10:46AM
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DEPARTMENT OF HAEMATOLOGY					
Test Name	Result	Unit	Biological Ref. Range	Method	

CBC	CBC(COMPLETE BLOOD COUNT)					
Sample Type : WHOLE BLOOD EDTA						
HAEMOGLOBIN (HB)	14.6	g/dl	13.0 - 17.0	Cyanide-free SLS method		
RBC COUNT(RED BLOOD CELL COUNT)	4.85	million/cmm	4.50 - 5.50	Impedance		
PCV/HAEMATOCRIT	43.5	%	40.0 - 50.0	RBC pulse height detection		
MCV	89.7	fL	83 - 101	Automated/Calculated		
MCH	30.1	pg	27 - 32	Automated/Calculated		
MCHC	33.6	g/dl	31.5 - 34.5	Automated/Calculated		
RDW - CV	12	%	11.0-16.0	Automated Calculated		
RDW - SD	39.6	fl	35.0-56.0	Calculated		
MPV	8.9	fL	6.5 - 10.0	Calculated		
PDW	9.1	fL	8.30-25.00	Calculated		
PCT	0.34	%	0.15-0.62	Calculated		
TOTAL LEUCOCYTE COUNT	8,180	cells/ml	4000 - 11000	Flow Cytometry		
DLC (by Flow cytometry/Microscopy)						
NEUTROPHIL	64.8	%	40 - 80	Impedance		
LYMPHOCYTE	25.6	%	20 - 40	Impedance		
EOSINOPHIL	3.3	%	01 - 06	Impedance		
MONOCYTE	5.6	%	02 - 10	Impedance		
BASOPHIL	0.7	%	0 - 1	Impedance		
PLATELET COUNT	3.88	Lakhs/cumm	1.50 - 4.10	Impedance		



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A. Pea-th

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DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological Ref. Range	Method	

THYROID PROFILE (T3,T4,TSH)						
Sample Type : SERUM						
Т3	1.25	ng/ml	0.60 - 1.78	CLIA		
T4	11.46	ug/dl	4.82-15.65	CLIA		
TSH	1.64	ulU/mL	0.30 - 5.60	CLIA		

INTERPRETATION:

1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.

2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.

3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.

4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. 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 drugs like propanolol and propylthiouracil. 5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary

tumors (secondary hyperthyroidism).

6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.

8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

9.	REFERENCE RANGE :	
	PREGNANCY	TSH in uIU/ mL
	1st Trimester	0.60 - 3.40
	2nd Trimester	0.37 - 3.60
	3rd Trimester	0.38 - 4.04

(References range recommended by the American Thyroid Association) Comments:

1. During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.

2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.



Approved By :

SK. Deepthi Dr.S.K.DEEPTHI FFM, FDM MD BIOCHEMISTRY





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	LIVER FUNCTION TEST(LFT)					
Sample Type : SERUM						
TOTAL BILIRUBIN	0.59	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF		
CONJUGATED BILIRUBIN	0.10	mg/dl	0 - 0.2	DPD		
UNCONJUGATED BILIRUBIN	0.49	mg/dl		Calculated		
AST (S.G.O.T)	42	U/L	< 50	KINETIC WITHOUT P5P- IFCC		
ALT (S.G.P.T)	54	U/L	< 50	KINETIC WITHOUT P5P- IFCC		
ALKALINE PHOSPHATASE	92	U/L	30 - 120	IFCC-AMP BUFFER		
TOTAL PROTEINS	7.1	gm/dl	6.6 - 8.3	Biuret		
ALBUMIN	4.7	gm/dl	3.5 - 5.2	BCG		
GLOBULIN	2.4	gm/dl	2.0 - 3.5	Calculated		
A/G RATIO	1.96			Calculated		

Approved By :

S K. Deeptri Dr.S.K.DEEPTHI FFM, FDM MD BIOCHEMISTRY





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DEPARTMENT OF BIOCHEMISTRY						
Test Name	Test NameResultUnitBiological Ref. RangeMethod					

	LIPID F	PROFILE			
Sample Type : SERUM					
TOTAL CHOLESTEROL	177	mg/dl	Refere Table	Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	45	mg/dl	> 40		Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	84	mg/dl	Refere Table	Below	Enzymatic Selective Protein
TRIGLYCERIDES	240	mg/dl	See Tab	le	GPO
VLDL	48.0	mg/dl	< 35		Calculated
T. CHOLESTEROL/ HDL RATIO	3.93		Refere Table	Below	Calculated
TRIGLYCEIDES/ HDL RATIO	5.33	Ratio	< 2.0		Calculated
NON HDL CHOLESTEROL	132	mg/dl	< 130		Calculated
Interpretation NATIONAL CHOLESTEROL EDUCATION PROGRAMME (NCEP)	TOTAL CHOLESTERO		LDL CHOLESTEROL	NON HD CHOLESTEF	
Optimal	<200	<150	<100	<130	-
Above Optimal	-	-	100-129	130 - 159	
Borderline High High	200-239 >=240	200-499		<u>160 - 189</u> 190 - 219	
Very High	-	>=500		>=220	<u> </u>
REMARKSCholesterol : HELow risk3.3-4.4Average risk4.5-7.1Moderate risk7.2-11.0High risk>11.0	DL Ratio			•	

Note:

1. Measurements in the same patient can show physiological& analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol

2. NLA-2014 identifies Non HDL Cholesterol(an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lpa, Chylomicron remnants)along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL &Non HDL.

3.Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved

4. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Verified By :

M Thirumalesh Reddy



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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Feb/2024 10:49AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological Ref. Range	Method	

HBA1C						
Sample Type : WHOLE BLOOD EDTA						
HBA1c RESULT	5.3	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC		
ESTIMATED AVG. GLUCOSE	105	mg/dl				

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. 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 .

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DEPARTMENT OF BIOCHEMISTRY						
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BLOOD UREA NITROGEN (BUN)					
Sample Type : Serum					
SERUM UREA	19	mg/dL	13 - 43	Urease GLDH	
Blood Urea Nitrogen (BUN)	8.9	mg/dl	5 - 25	GLDH-UV	
Increased In:	2				

Impaired kidney function, Reduced renal blood flow {CHF, Salt and water depletion, (vomiting, diarrhea, diuresis, sweating), Shock}, Any obstruction of urinary tract, Increased protein catabolism, AMI, Stress

Decreased In:

Diuresis (e.g. with over hydration), Severe liver damage, Late pregnancy, Infancy, Malnutrition, Diet (e.g., low-protein and high-carbohydrate, IV feedings only), Inherited hyperammonemias (urea is virtually absent in blood)

Limitations:

Urea levels increase with age and protein content of the diet.

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Feb/2024 11:03AM
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DEPARTMENT OF BIOCHEMISTRY						
Test Name	Test NameResultUnitBiological Ref. RangeMethod					

	FBS (GLUC	OSE FASTING)				
Sample Type : FLOURIDE PLASMA						
FASTING PLASMA GLUCOSE	92	mg/dl	70 - 100	HEXOKINASE		
INTERPRETATION:						
Increased In						
Diabetes Mellitus						
 Stress (e.g., emotion, burns, shock 	, anesthesia)					
Acute pancreatitis						
 Chronic pancreatitis 						
Wernicke encephalopathy (vitamin	B1 deficiency)					
 Effect of drugs (e.g. corticosteroids 	, estrogens, alcoho	l, phenytoin, thiazio	les)			
Decreased In						
Pancreatic disorders						
 Extrapancreatic tumors 						
 Endocrine disorders 						
Malnutrition						
 Hypothalamic lesions 						
<i>.</i>						
Alcoholism						









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Ref Doctor	: SELF	Collected	: 24/Feb/2024 01:05PM
Client Name	: MEDI WHEELS	Received	: 24/Feb/2024 01:29PM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Feb/2024 02:20PM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological Ref. Range	Method	

PPBS (POST PRANDIAL GLUCOSE)					
Sample Type : FLOURIDE PLASMA					
POST PRANDIAL PLASMA GLUCOSE	100	mg/dl	<140	HEXOKINASE	
INTERPRETATION:					
Increased In Diabetes Mellitus Stress (e.g., emotion, burns, shock, anesthe Acute pancreatitis Chronic pancreatitis Wernicke encephalopathy (vitamin B1 deficie Effect of drugs (e.g. corticosteroids, estroge Decreased In	ency)	ytoin, thiazides)			
Pancreatic disordersExtrapancreatic tumors					
Endocrine disorders					
Malnutrition					
 Hypothalamic lesions Alcoholism 					
Endocrine disorders					

Approved By :

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DEPARTMENT OF BIOCHEMISTRY							
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SERUM CREATININE Sample Type : SERUM					
Increased In:					
Diet: ingestion of creatinine (roImpaired kidney function.	ast meat), Muscle disea	se: gigantism, acr	romegaly,		
Decreased In:					
 Pregnancy: Normal value is 0.4 diagnostic evaluation. Creatinine secretion is inhibited 		2.		e clinician to further	





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URIC ACID -SERUM					
Sample Type : SERUM					
SERUM URIC ACID	7.6	mg/dl	3.5 - 7.20	URICASE - PAP	
Interpretation					

Uric acid is the final product of purine metabolism in the human organism. Uric acid measurements are used in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and of patients receiving cytotoxic drugs.

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BUN/CREATININE RATIO					
Sample Type : SERUM					
Blood Urea Nitrogen (BUN)	8.9	mg/dl	5 - 25	GLDH-UV	
SERUM CREATININE	0.68	mg/dl	0.70 - 1.30	KINETIC-JAFFE	
BUN/CREATININE RATIO	13.00	Ratio	6 - 25	Calculated	

Approved By :







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DEPARTMENT OF RADIOLOGY

	2D ECHO DOPPLER STUDY
MITRAL VALVE	: Normal
AORTIC VALVE	: Normal
TRICUSPID VALVE	: Normal
PULMONARY VALVE	: Normal
RIGHT ATRIUM	: Normal
RIGHT VENTRICLE	: Normal
LEFT ATRIUM	: 3.7 cms
LEFT VENTRICLE	:
	EDD:4.6 cm IVS(d):0.8 cm LVEF:68 % ESD:2.7 cm PW (d):0.8 cm FS :34 % No RWMA
IAS	: Intact
IVS	: Intact
AORTA	: 3.2cms
PULMONARY ARTERY	: Normal
PERICARDIUM	: Normal
IVS/ SVC/ CS	: Normal

Verified By : M Thirumalesh Reddy



Approved By :

S. Madhan

Dr.D.Madhav Kumar PGDDRM (U.K.) MBBS, PGDCC (Dip. Cardiology) Cardiologist



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DEPARTMENT OF RADIOLOGY

PULMONARY VEINS	: Normal
INTRA CARDIAC MASSES	: No
DOPPLER STUDY :	
MITRAL FLOW	: E -0.6 m/sec, A -0.8 m/sec.
AORTIC FLOW	: 1.2m/sec
PULMONARY FLOW	: 0.9m/sec
COLOUR FLOW MAPPIN	<u>IG:</u> NOMR/AR/TR
IMPRESSION :	
* NORMAL SIZED CARE	DIAC CHAMBERS
* NO RWMA OF LV * GOOD LV FUNCTION	
* NORMAL LV FILLING	PATTERN
* NO MR / AR / TR * NO PE / CLOT / PAH	

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S. Madhan

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DEPARTMENT OF CLINICAL PATHOLOGY						
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A. Pea-

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Ref Doctor	: SELF	Collected	: 24/Feb/2024 09:24AM
Client Name	: MEDI WHEELS	Received	: 24/Feb/2024 11:24AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Feb/2024 11:53AM
Hospital Name	:		

Result

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name

Unit

Biological Ref. Range

Method

CU	E (COMPLETE U	RINE EXAMI	(NATION)	
Sample Type : SPOT URINE				
PHYSICAL EXAMINATION				
TOTAL VOLUME	20	ml		
COLOUR	Pale yellow			
APPEARANCE	Clear			
SPECIFIC GRAVITY	1.008		1.003 - 1.035	Bromothymol Blue
CHEMICAL EXAMINATION				·
рН	5.5		4.6 - 8.0	Double Indicator
PROTEIN	Negative		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	Negative		NEGATIVE	Glucose Oxidase
UROBILINOGEN	0.1	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	Negative		NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	Negative		Negative	Azocoupling Reaction
BLOOD	Negative		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	Negative		Negative	Azocoupling reaction
NITRITE	Negative		NEGATIVE	Diazotization Reaction
MICROSCOPIC EXAMINATION	÷			·
PUS CELLS	1-2	cells/HPF	0-5	
EPITHELIAL CELLS	1-2	/hpf	0 - 15	
RBCs	Nil	Cells/HPF	Nil	
CRYSTALS	Nil	Nil	Nil	
CASTS	Nil	/HPF	Nil	
BUDDING YEAST	Nil		Nil	
BACTERIA	Nil		Nil	

*** End Of Report ***

Nil

Verified By : M Thirumalesh Reddy

OTHER



Approved By :

A. Pea

DR PRANITHA ANAPINDI MD, CONSULTANT PATHOLOGIST





Visit ID	: YOD637534	UHID/MR No	: YOD.0000615220	
Patient Name	: Mr. B SAI KIRAN	Client Code	: YOD-DL-0021	
Age/Gender	: 33 Y 0 M 0 D /M	Barcode No	: 10943584	
DOB	:	Registration	: 24/Feb/2024 09:20AM	
Ref Doctor	: SELF	Collected	: 24/Feb/2024 09:24AM	
Client Name	: MEDI WHEELS	Received	: 24/Feb/2024 11:24AM	
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Feb/2024 11:53AM	
Hospital Name	:			

DEPARTMENT OF CLINICAL PATHOLOGY						
Test Name	Result	Unit	Biological Ref. Range	Method		



Approved By :

A. Pea-

DR PRANITHA ANAPINDI MD , CONSULTANT PATHOLOGIST



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yoda diagnostics

DEPARTMENT OF RADIOLOGY									
Patient Name	Mr. B SAI KIRAN	Visit ID	YOD637534	Barcode	10943584				
Age / Gender	33/MALE	UHID	YOD.0000615220	Registration Date	24-02-2024 09:20 AM				
Ref Doctor	SELF	Client Name	MEDI WHEELS	Collection Date	24-02-2024 09:20 AM				
Hospital Name		Client Code	YOD-DL-0021	Received Date					
Sample Type		Client Add	F-701, Lado Sarai, Mehravli, New Delhi	Reported Date	24-02-2024 10:02 AM				

X-RAY CHEST PA VIEW

FINDINGS:

Trachea is midline.

Mediastinal outline, and cardiac silhouette are normal.

Bilateral lung fields show normal vascular pattern with no focal lesion.

Bilateral hila are normal in density.

Bilateral costo-phrenic angles and domes of diaphragms are normal.

The rib cage and visualized bones appear normal.

IMPRESSION:

• No significant abnormality detected.

*** End Of Report ***

Suggested clinical correlation & follow up



Approved by

Dr. ANNAREDDY SIVAKALA MBBS, DNB , CONSULTANT RADIOLOGIST

YODA DIAGNOSTICS DEPARTMENT OF RADIOLOGY Visit ID Mr. B SAI KIRAN YOD637534 Barcode 10943584 Patient Name 33/MALE UHID YOD.0000615220 **Registration Date** 24-02-2024 09:20 AM Age / Gender MEDI WHEELS **Ref Doctor** SELF **Client Name Collection Date** 24-02-2024 09:20 AM **Hospital Name Client Code** YOD-DL-0021 **Received Date** F-701, Lado Sarai, Mehravli, New **Reported Date** Sample Type Client Add 24-02-2024 09:59 AM Delhi

ULTRASOUND WHOLE ABDOMEN

Clinical Details : General check-up.

LIVER: Normal in size (136mm) with increased echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualized common bile duct & portal vein appears normal.

GALL BLADDER : Well distended. No evidence of wall thickening / calculi.

PANCREAS : Normal in size and echotexture. No ductal dilatation. No calcifications / calculi.

SPLEEN : Normal in size (98mm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 87x42mm. Normal in size and echotexture. Cortico-medullary differentiation well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

LEFT KIDNEY : measures 91x47mm. Normal in size and echotexture. Cortico-medullary differentiation well

maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

URINARY BLADDER : Well distended. No evidence of wall thickening / calculi.

PROSTATE : Normal in size (vol: 7cc) and echo-texture.

No enlarged nodes are visualized. No retro-peritoneal lesion is identified. Great vessels appear normal. No free fluid is seen in peritoneal cavity.

IMPRESSION:

- Grade I fatty liver.
- No other significant sonological abnormality detected.

*** End Of Report ***

Suggested clinical correlation & follow up





S. SHRAVAN KUMAR (DNB) CONSULTANT RADIOLOGIST