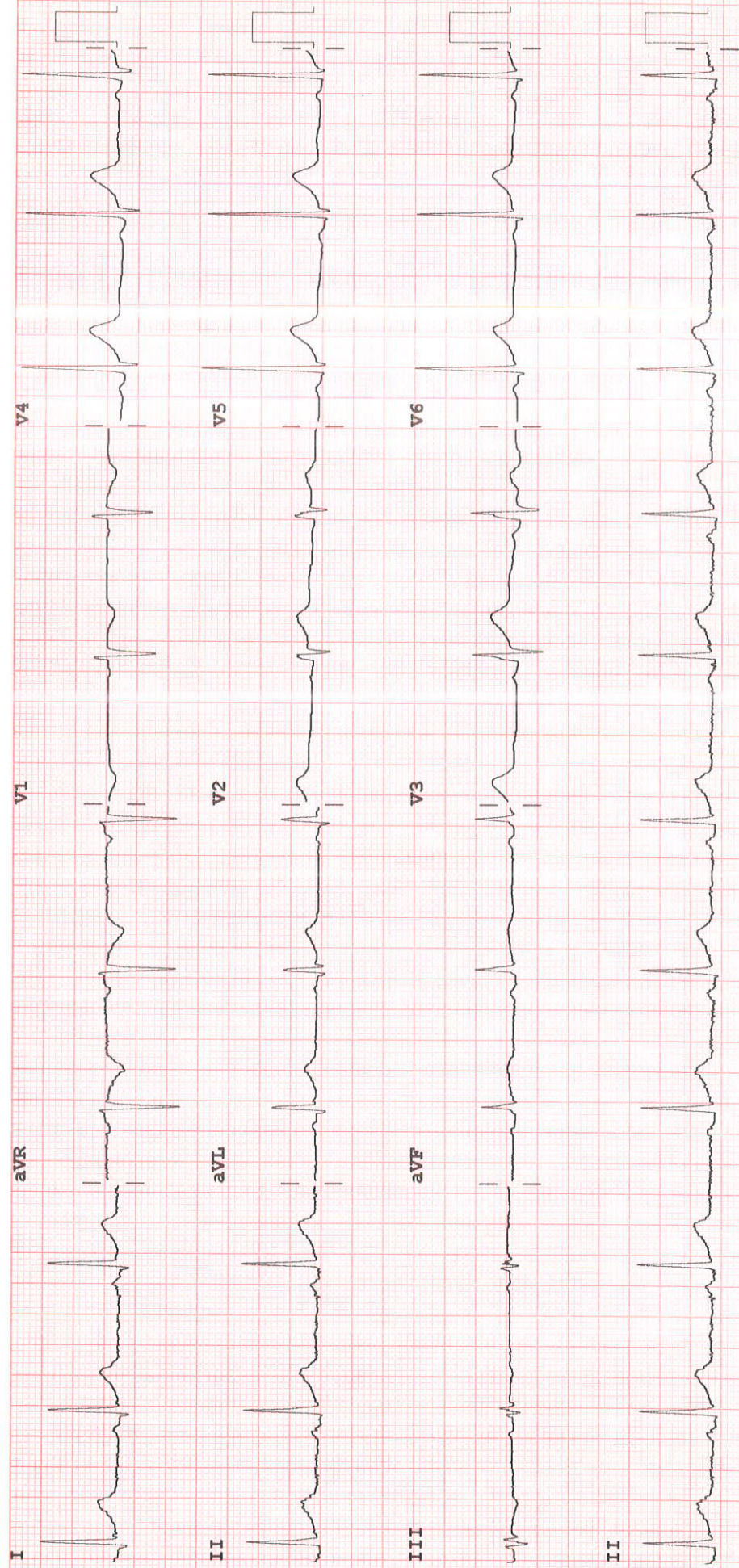


- ABNORMAL ECG -

Unconfirmed Diagnosis



Dev:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL P?



INVESTIGATION REPORT

| | | |
|---------------------------------------|-------------|---------------------|
| Patient Name : Mr ANJANI KUMAR | Location | Ghaziabad |
| Age/Sex 32Year(s)/male | Visit No | : V00000000001-GHZB |
| MRN No MH010152162 | Order Date | :28/09/2023 |
| Ref. Doctor HCP | Report Date | :28/09/2023 |

EchocardiographyFinal Interpretation

1. No RWMA, LVEF=60%.
2. Normal MIP.
3. No AR, No MR.
4. No TR, No PAH.
5. No intracardiac clot/mass/pericardial pathology.

Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal.
- **Tricuspid Valve:** It appears normal.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

- LV is normal size with normal contractility.

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com



INVESTIGATION REPORT

| | | |
|---------------------------------------|-------------|--------------------|
| Patient Name : Mr ANJANI KUMAR | Location | Ghaziabad |
| Age/Sex 32Year(s)/male | Visit No | : V0000000001-GHZB |
| MH010152162 | Order Date | 28/09/2023 |
| Ref. Doctor : HCP | Report Date | 28/09/2023 |

Echocardiography**Measurements (mm):**

| | Observed values | Normal values |
|----------------------|------------------------|------------------------------|
| Aortic root diameter | 28 | 20-36 (22mm/M ²) |
| Aortic valve opening | 19 | 15-26 |
| Left atrium size | 37 | 19-40 |

| | End Diastole | End Systole | Normal Values |
|--------------------------|---------------------|--------------------|----------------------|
| Left ventricle size | 49 | 33 | (ED=37-56:Es=22-40) |
| Interventricular septum | 10 | 13 | (ED=6-12) |
| Posterior wall thickness | 10 | 13 | (ED=5-10) |

| | | |
|--------------------------|-----|---------|
| LV Ejection Fraction (%) | 60% | 55%-80% |
| HR | | |

Color & Doppler evaluation

| Valve | Velocity(cm/s) | Regurgitation |
|--------------|-----------------------|----------------------|
| Mitral | E/A-100/60 DT- | Nil |
| Aortic | 130 | Nil |
| Tricuspid | 56 | Nil |
| Pulmonary | 92 | Nil |

Dr. Bhupendra Singh
MD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology

Dr. Abhishek Singh
MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology

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Page 2 of 2

Manipal Health Enterprises Private Limited
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LABORATORY REPORT

Name : MR ANJANI KUMAR Age : 32 Yr(s) Sex : Male
Registration No : MH010152162 RefHosp No. : ghzb-0000174250 Lab No : 32220602052
Patient Episode : H18000001233 Collection Date : 06 Jun 2022 21:23
Referred By : HEALTH CHECK MGD Reporting Date : 07 Jun 2022 09:51
Receiving Date : 06 Jun 2022 21:32

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|-------------------------------------|--------|--------|-------------------------------|
| THYROID PROFILE, Serum | | | |
| Specimen Type : Serum | | | |
| T3 - Triiodothyronine (ECLIA) | 1.31 | ng/ml | [0.70-2.04] |
| T4 - Thyroxine (ECLIA) | 7.84 | µg/dl | [4.60-12.00] |
| Thyroid Stimulating Hormone (ECLIA) | 1.880 | µIU/mL | [0.340-4.250] |

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

* References ranges recommended by the American Thyroid Association

- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
- 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

-----END OF REPORT-----

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



LABORATORY REPORT

Name : MR ANJANI KUMAR **Age** : 32 Yr(s) Sex :Male
Registration No : MH010152162 RefHosp No. : **Lab No** : 32220602082
 ghzb-0000174250
Patient Episode : H18000001233 **Collection Date** : 06 Jun 2022 21:23
Referred By : HEALTH CHECK MGD **Reporting Date** : 07 Jun 2022 14:58
Receiving Date : 06 Jun 2022 21:32

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|--------------------------|--------|-------|-------------------------------|
| Test Name | Result | Unit | Biological Ref. Interval |
| TOTAL PSA, Serum (ECLIA) | 0.459 | ng/mL | [<2.000] |

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.



LABORATORY REPORT

Name : MR ANJANI KUMAR
Registration No : MH010152162 RefHosp No. :
ghzb-0000174250
Patient Episode : H18000001233
Referred By : HEALTH CHECK MGD
Receiving Date : 06 Jun 2022 21:32

Age : 32 Yr(s) Sex :Male
Lab No : 32220602082
Collection Date : 06 Jun 2022 21:23
Reporting Date : 07 Jun 2022 16:09

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

Specimen: Serum

Serum FREE PSA (ECLIA) 0.10 # ng/mL [0.20-4.90]

Page 3 of 12

-----END OF REPORT-----

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



LABORATORY REPORT

Name : MR ANJANI KUMAR
Registration No : MH010152162 RefHosp No. : ghzb-0000174250
Patient Episode : H18000001233
Referred By : HEALTH CHECK MGD
Receiving Date : 28 Sep 2023 10:18

Age : 32 Yr(s) Sex :Male
Lab No : 202309006082
Collection Date : 28 Sep 2023 10:11
Reporting Date : 28 Sep 2023 15:50

HAEMATOLOGY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|---------------|----------------------------------|-------------------------------|
| COMPLETE BLOOD COUNT (AUTOMATED) | | SPECIMEN-EDTA Whole Blood | |
| RBC COUNT (IMPEDENCE) | 4.71 | millions/cumm | [4.50-5.50] |
| HEMOGLOBIN | 13.0 | g/dl | [13.0-17.0] |
| Method:cyanide free SLS-colorimetry | | | |
| HEMATOCRIT (CALCULATED) | 42.8 | % | [40.0-50.0] |
| MCV (DERIVED) | 90.9 | fL | [83.0-101.0] |
| MCH (CALCULATED) | 27.6 | pg | [25.0-32.0] |
| MCHC (CALCULATED) | 30.4 # | g/dl | [31.5-34.5] |
| RDW CV% (DERIVED) | 14.4 # | % | [11.6-14.0] |
| Platelet count | 197 | x 10 ³ cells/cumm | [150-410] |
| Method: Electrical Impedance | | | |
| MPV (DERIVED) | 12.7 | | |
| WBC COUNT (TC) (IMPEDENCE) | 6.20 | x 10 ³ cells/cumm | [4.00-10.00] |
| DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY) | | | |
| Neutrophils | 58.0 | % | [40.0-80.0] |
| Lymphocytes | 33.0 | % | [20.0-40.0] |
| Monocytes | 8.0 | % | [2.0-10.0] |
| Eosinophils | 1.0 | % | [1.0-6.0] |
| Basophils | 0.0 | % | [0.0-2.0] |
| ESR | 22.0 # | mm/1sthour | [0. |



LABORATORY REPORT

Name : MR ANJANI KUMAR **Age** : 32 Yr(s) Sex :Male
Registration No : MH010152162 RefHosp No. : **Lab No** : 202309006082
 ghzb-0000174250
Patient Episode : H18000001233 **Collection Date** : 28 Sep 2023 10:11
Referred By : HEALTH CHECK MGD **Reporting Date** : 28 Sep 2023 17:56
Receiving Date : 28 Sep 2023 10:18

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|--------|-------|-------------------------------|
| Glycosylated Hemoglobin | | | |
| Specimen: EDTA | | | |
| HbA1c (Glycosylated Hemoglobin) | 5.9 # | % | [0.0-5.6] |
| Method: HPLC | | | |
| As per American Diabetes Association (A HbA1c in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk)5.7-6.4 Diagnosing Diabetes >= 6.5 | | | |
| Estimated Average Glucose (eAG) | 123 | mg/dl | |

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 glycemc control.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

| | | |
|------------------|-------------|------------------------|
| Colour | PALE YELLOW | (Pale Yellow - Yellow) |
| Appearance | CLEAR | |
| Reaction[pH] | 5.0 | (4.6-8.0) |
| Specific Gravity | 1.020 | (1.003-1.035) |

CHEMICAL EXAMINATION

| | | |
|-----------------|----------|------------|
| Protein/Albumin | + | (NEGATIVE) |
| Glucose | ++ | (NIL) |
| Ketone Bodies | Negative | (NEGATIVE) |
| Urobilinogen | Normal | (NORMAL) |



LABORATORY REPORT

Name : MR ANJANI KUMAR Age : 32 Yr(s) Sex : Male
Registration No : MH010152162 RefHosp No. : ghzb-0000174250 Lab No : 202309006082
Patient Episode : H18000001233 Collection Date : 28 Sep 2023 10:18
Referred By : HEALTH CHECK MGD Reporting Date : 28 Sep 2023 16:49
Receiving Date : 28 Sep 2023 10:18

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

| | | |
|------------------|----------|-----------|
| Pus Cells | 2-4 /hpf | (0-5/hpf) |
| RBC | NIL | (0-2/hpf) |
| Epithelial Cells | 0-1 /hpf | |
| CASTS | NIL | |
| Crystals | NIL | |
| Bacteria | NIL | |
| OTHERS | NIL | |

STOOL COMPLETE ANALYSIS

Specimen-Stool

Macroscopic Description

| | |
|--------------|------------|
| Colour | BROWN |
| Consistency | Semi Solid |
| Blood | Absent |
| Mucus | Absent |
| Occult Blood | NEGATIVE |

Microscopic Description

| | |
|--------------|--------|
| Parasites | Absent |
| Cyst | Absent |
| Fat Globules | Absent |
| Pus Cells | NIL |
| RBC | NIL |
| Others | NIL |



LABORATORY REPORT

| | | | |
|------------------------|--|------------------------|----------------------|
| Name | : MR ANJANI KUMAR | Age | : 32 Yr(s) Sex :Male |
| Registration No | : MH010152162 RefHosp No. : ghzb-0000174250 | Lab No | : 202309006082 |
| Patient Episode | : H18000001233 | Collection Date | : 28 Sep 2023 10:11 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 28 Sep 2023 16:25 |
| Receiving Date | : 28 Sep 2023 10:18 | | |

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|--|---------------|--------------|--|
| Serum LIPID PROFILE | | | |
| Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide | 138 | mg/dl | [<200] Moderate risk:200-239 High risk:>240 |
| TRIGLYCERIDES (GPO/POD) | 131 | mg/dl | [<150] Borderline high:151-199 High: 200 - 499 Very high:>500 |
| HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition | 30.0 # | mg/dl | [35.0-65.0] |
| VLDL- CHOLESTEROL (Calculated) | 26 | mg/dl | [0-35] |
| CHOLESTEROL, LDL, CALCULATED | 82.0 | mg/dl | [<120.0] Near/ Borderline High:130-159 High Risk:160-189 |
| T.Chol/HDL.Chol ratio(Calculated) | 4.6 | | <4.0 Optimal 4.0-5.0 Borderline >6 High Risk |
| LDL.CHOL/HDL.CHOL Ratio(Calculated) | 2.7 | | <3 Optimal 3-4 Borderline >6 High Risk |

Note:
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening too for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases



LABORATORY REPORT

Name : MR ANJANI KUMAR Age : 32 Yr(s) Sex : Male
 Registration No : MH010152162 RefHosp No. : 202309006082
 ghzb-0000174250
 Patient Episode : H18000001233 Collection Date : 28 Sep 2023 10:11
 Referred By : HEALTH CHECK MGD Reporting Date : 28 Sep 2023 16:25
 Receiving Date : 28 Sep 2023 10:18

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---|--------|-----------------|-------------------------------|
| KIDNEY PROFILE | | | |
| Specimen: Serum | | | |
| UREA | 20.9 | mg/dl | [15.0-40.0] |
| Method: GLDH, Kinatic assay | | | |
| BUN, BLOOD UREA NITROGEN | 9.8 | mg/dl | [8.0-20.0] |
| Method: Calculated | | | |
| CREATININE, SERUM | 0.78 | mg/dl | [0.70-1.20] |
| Method: Jaffe rate-IDMS Standardization | | | |
| URIC ACID | 4.7 | mg/dl | [4.0-8.5] |
| Method: uricase PAP | | | |
| SODIUM, SERUM | 139.20 | mmol/L | [136.00-144.00] |
| POTASSIUM, SERUM | 4.28 | mmol/L | [3.60-5.10] |
| SERUM CHLORIDE | 107.2 | mmol/L | [101.0-111.0] |
| Method: ISE Indirect | | | |
| eGFR (calculated) | 119.4 | ml/min/1.73sq.m | [>60.0] |

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.



LABORATORY REPORT

Name : MR ANJANI KUMAR
Registration No : MH010152162 RefHosp No. :
ghzb-0000174250
Patient Episode : H18000001233
Referred By : HEALTH CHECK MGD
Receiving Date : 28 Sep 2023 10:18

Age : 32 Yr(s) Sex :Male
Lab No : 202309006082
Collection Date : 28 Sep 2023 10:11
Reporting Date : 28 Sep 2023 16:35

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|--|--------|-------|-------------------------------|
| LIVER FUNCTION TEST | | | |
| BILIRUBIN - TOTAL Method: D P D | 0.52 | mg/dl | [0.30-1.20] |
| BILIRUBIN - DIRECT Method: DPD | 0.11 | mg/dl | [0.00-0.30] |
| INDIRECT BILIRUBIN (SERUM) Method: Calculation | 0.41 | mg/dl | [0.10-0.90] |
| TOTAL PROTEINS (SERUM) Method: BIURET | 7.40 | gm/dl | [6.60-8.70] |
| ALBUMIN (SERUM) Method: BCG | 4.37 | g/dl | [3.50-5.20] |
| GLOBULINS (SERUM) Method: Calculation | 3.00 | gm/dl | [1.80-3.40] |
| PROTEIN SERUM (A-G) RATIO Method: Calculation | 1.44 | | [1.00-2.50] |
| AST (SGOT) (SERUM) Method: IFCC W/O P5P | 35.00 | U/L | [0.00-40.00] |
| ALT (SGPT) (SERUM) Method: IFCC W/O P5P | 54.10 | U/L | [17.00-63.00] |
| Serum Alkaline Phosphatase Method: AMP BUFFER IFCC) | 82.0 | IU/L | [32.0-91.0] |
| GGT | 21.0 | U/L | [7.0-50.0] |

**LABORATORY REPORT**

Name : MR ANJANI KUMAR Age : 32 Yr(s) Sex : Male
 Registration No : MH010152162 RefHosp No. : 202309006082
 ghzb-0000174250
 Patient Episode : H18000001233 Collection Date : 28 Sep 2023 10:11
 Referred By : HEALTH CHECK MGD Reporting Date : 28 Sep 2023 16:35
 Receiving Date : 28 Sep 2023 10:18

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|------|--------|------|-------------------------------|
|------|--------|------|-------------------------------|

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing O Rh(D) Positive

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

Page 10 of 12

-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR ANJANI KUMAR Age : 32 Yr(s) Sex : Male
Registration No : MH010152162 RefHosp No. : Lab No : 202309006083
ghzb-0000174250
Patient Episode : H18000001233 Collection Date : 28 Sep 2023 10:10
Referred By : HEALTH CHECK MGD Reporting Date : 28 Sep 2023 16:36
Receiving Date : 28 Sep 2023 10:10

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F) 110.0 mg/dl [70.0-110.0]
Method: Hexokinase

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy (adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases (e.g. galactosemia),
Drugs-

insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR ANJANI KUMAR
Registration No : MH010152162 RefHosp No. :
ghzb-0000174250
Patient Episode : H18000001233
Referred By : HEALTH CHECK MGD
Receiving Date : 28 Sep 2023 16:02

Age : 32 Yr(s) Sex : Male
Lab No : 202309006084
Collection Date : 28 Sep 2023 16:02
Reporting Date : 28 Sep 2023 17:54

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|--|---------|-------|-------------------------------|
| PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS | 149.0 # | mg/dl | [80.0-140.0] |

Method: Hexokinase

Note:
Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption, post exercise

-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist

RADIOLOGY REPORT

| | | | |
|---------------|-------------------|--------------|--------------------|
| NAME | MR ANJANI KUMAR | STUDY DATE | 28/09/2023 12:23PM |
| AGE / SEX | 32 y / M | HOSPITAL NO. | MH010152162 |
| ACCESSION NO. | R6170214 | MODALITY | US |
| REPORTED ON | 28/09/2023 1:02PM | REFERRED BY | HEALTH CHECK MGD |

USG ABDOMEN & PELVIS**FINDINGS**

The patient has a high body mass index and excessive bowel echoes are seen all over the abdomen obscuring the details. Hence suboptimal study is possible.

LIVER: appears enlarged in size (measures 184 mm) but normal in shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade II/III fatty infiltration along with mild coarsening of echotexture. Rest normal

SPLEEN: Spleen is normal in size (measures 91 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 12 mm.

COMMON BILE DUCT: Appears normal in size and measures 4 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 119 x 50 mm. It shows a concretion measuring 2.1 mm at mid calyx.

Left Kidney: measures 108 x 42 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 35 x 33 x 25 mm with volume 15 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade II/III fatty infiltration in liver along with mild coarsening of echotexture (ADV: LFT Correlation and Fibroscan / Liver Elastography for further evaluation, if clinically indicated).

-Right renal concretion.

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

*****End Of Report*****

RADIOLOGY REPORT

| | | | |
|---------------|--------------------|--------------|--------------------|
| NAME | MR ANJANI KUMAR | STUDY DATE | 28/09/2023 10:43AM |
| AGE / SEX | 32 y / M | HOSPITAL NO. | MH010152162 |
| ACCESSION NO. | R6170213 | MODALITY | CR |
| REPORTED ON | 28/09/2023 10:51AM | REFERRED BY | HEALTH CHECK MGD |

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Normal.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
HEART: Normal.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Normal.
THORACIC SPINE: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

No significant abnormality noted.

Recommend clinical correlation.



Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

*****End Of Report*****