



CID : 2332921154  
Name : MR.PRATHAMESH DHURANDHAR  
Age / Gender : 29 Years / Male  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 25-Nov-2023 / 09:52  
Reported : 25-Nov-2023 / 14:05

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	16.2	13.0-17.0 g/dL	Spectrophotometric
RBC	<b>6.05</b>	4.5-5.5 mil/cmm	Elect. Impedance
PCV	49.1	40-50 %	Calculated
MCV	81.1	81-101 fl	Measured
MCH	<b>26.7</b>	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	<b>14.4</b>	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8940	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	29.0	20-40 %	
Absolute Lymphocytes	2600	1000-3000 /cmm	Calculated
Monocytes	9.4	2-10 %	
Absolute Monocytes	840	200-1000 /cmm	Calculated
Neutrophils	59.1	40-80 %	
Absolute Neutrophils	5280	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	170	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	50	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	294000	150000-410000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Measured
PDW	14.6	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-



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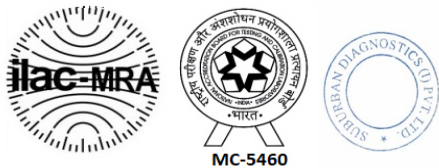
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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      3                                      2-15 mm at 1 hr.                                      Sedimentation

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Dr. Trupti Shetty*  
**Dr. TRUPTI SHETTY**  
**M. D. (PATH)**  
**Pathologist**



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	97	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	162	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.45	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.29	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.1	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	19.7	<34 U/L	Modified IFCC
SGPT (ALT), Serum	34.1	10-49 U/L	Modified IFCC
GAMMA GT, Serum	61.6	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	109.9	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	21.7	19.29-49.28 mg/dl	Calculated
BUN, Serum	10.1	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.8	0.73-1.18 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023



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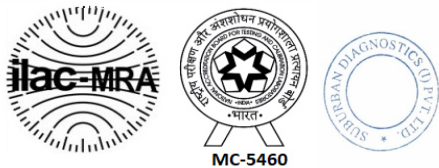
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eGFR, Serum	123	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	5.3	3.7-9.2 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Anupa*

**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
Consultant Pathologist & Lab Director





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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

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



*Namrata Raul*

**Dr.NAMRATA RAUL**  
**M.D (Biochem)**  
**Biochemist**



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	Less than 20/hpf	
Others	-		

**Interpretation:** The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein ( 1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl )
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl )
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl )

Reference: Pack inert

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



S. Sakhare

**Dr.SUHAS SAKHARE**  
**M.D. (PATH)**  
**Pathologist**



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**

ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

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



S. Sakhare

**Dr.SUHAS SAKHARE**  
**M.D. (PATH)**  
**Pathologist**





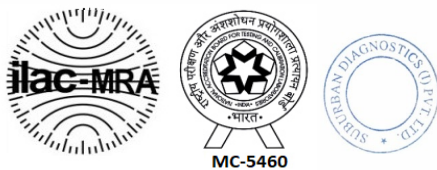
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	199.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	111.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	36.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	163.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	141.2	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	22.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.9	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Namrata Raul*

**Dr.NAMRATA RAUL**  
**M.D (Biochem)**  
**Biochemist**





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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.9	3.5-6.5 pmol/L	CLIA
Free T4, Serum	14.8	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.704	0.55-4.78 microIU/ml	CLIA

**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)



*Anupa*

**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab Director**



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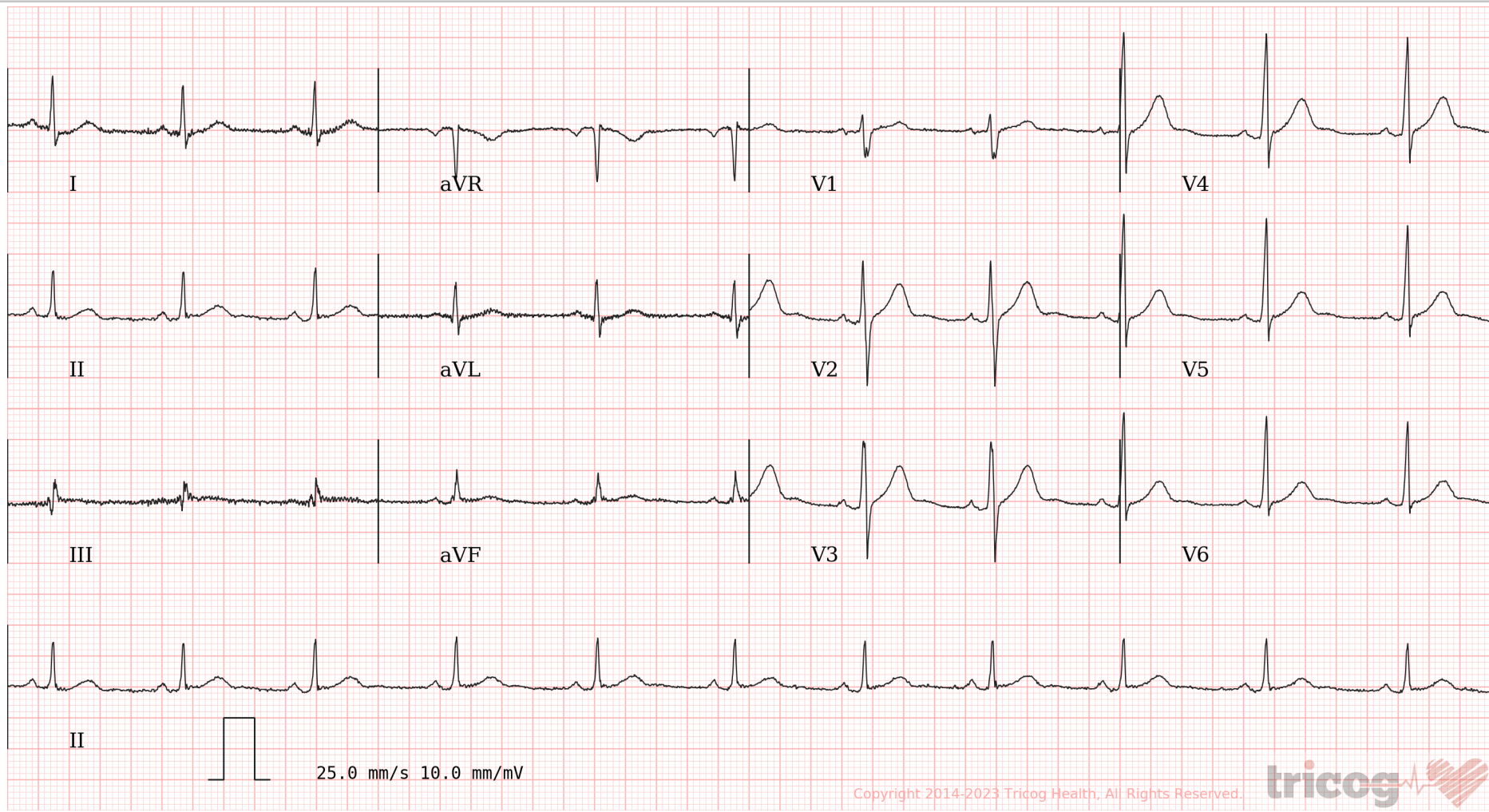
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# SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: PRATHAMESH DHURANDHAR Date and Time: 25th Nov 23 11:33 AM  
Patient ID: 2332921154



Age **29** NA NA  
years months days

Gender **Male**

Heart Rate **68bpm**

### Patient Vitals

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 80ms  
QT: 376ms  
QTcB: 399ms  
PR: 144ms  
P-R-T: 26° 41° 36°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

Dr. Girish Agarwal  
MD Medicine  
2002/02/478

Disclaimer: 1) Analysis in this report is based on ECG alone and should 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. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

Date:- 25.11.2023.

CID: 232292454

Name:- Mr. Prathmesh  
 Bhurandar

Sex / Age: / 29 yrs / Male

**EYE CHECK UP**

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: -

Aided Vision: M.V.  $\left. \begin{matrix} R \\ U \\ B \end{matrix} \right\} N/5$  D.V.  $\left. \begin{matrix} R \\ U \\ B \end{matrix} \right\} 6/6$

Refraction: -

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____			6/6	_____			6/6
Near	_____			N/5	_____			N/5

Colour Vision: Normal / Abnormal

Remark: W.M.

**Suburban Diagnostics (I) Pvt. Ltd.**  
 1st Floor, Harbhajan, Above HDFC Bank,  
 Opp. Nasa Petrol Pump, Kalina, CST Road,  
 Santacruz (East),  
 Tel. No. 022-61700000

**Dr. D.G. HATALKAR**  
 R.No. 61067 M.D. (Ob.Gy)

*[Signature]*



7709736338

*[Handwritten signature]*

आधार - सामान्य माणसाचा अधिकार

8005 9098 8484

Prathamesh Ramesh Dhurandhar  
जन्म वर्ष / Year of Birth : 1994  
पुरुष / Male

भारत सरकार  
GOVERNMENT OF MAHARASHTRA

प्रथमेश रमेश धुरंधर



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**Dr. D.G. HATALKAR**  
R.No. 61067 M.D. (Ob.Gy)

86-10-1994

Suburban Diagnostics (I) Pvt. Ltd.  
1st Floor, Harbhajan, Above HDFC Bank,  
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**Reported** : 25-Nov-2023/11:04

**USG WHOLE ABDOMEN**

**LIVER :**

The liver is normal in size, shape and smooth margins. **It shows bright parenchymal echo pattern.** The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

**GALL BLADDER :**

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

**PANCREAS :**

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

**KIDNEYS :**

Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures: 11.1 x 4.7 cm. Left kidney measures: 10.7 x 5.4 cm.

**SPLEEN :**

The spleen is normal in size and shape and echotexture.  
No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

**URINARY BLADDER :**

The urinary bladder is well distended. It shows thin walls and sharp mucosa.  
No evidence of calculus is noted. No mass or diverticulum is seen.

**PROSTATE :**

The prostate is normal in size and measures: 3.4 x 2.8 x 2.6 cms and weighs 13.7 gms.

**IMPRESSION :**

**Fatty Liver.**

-----End of Report-----

**DR.ASHA DHAVAN**  
**MBBS ; D.M.R.E**  
**CONSULTANT RADIOLOGIST**



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**X-RAY CHEST PA VIEW**

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

-----End of Report-----

**DR.ASHA DHAVAN**  
**MBBS ; D.M.R.E**  
**CONSULTANT RADIOLOGIST**





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