

DATE :- 15/04/2023

HEIGHT - 154 cm.

WEIGHT:- 66.5 kg

S/B DR. JAYDEEP BHAMBARE

PATIENT NAME :- Rohit K. Sha

AGE /SEX:- 58/m

SPO2:- 98%
Pulse:- 72/min
BP:- 103/82
RR:- 18/min

Good Exercise
Tolerance
Adv

To loose weight

LVEF - 60%.

USG - Fatty liver

CBC - 13.3 | 8000 | 0.4g

HbA1C - 5.5

- Cortical scarring in
① Kidney

FIPF - 115 | 94

Creat - 1.32

Uric acid - 6.7

Lipids - 229 | 189 | 137

Angul MT 40725 AT

SGPT - 59

BUN - 1.1

rx

Total protein - 7.1

TSH - 4.140

PSA - 0.49

adherent
to diet

NAME: MR. ROHIT JHA	DATE: 15/04/2023
AGE/ SEX: 58 YEARS/ MALE	REFERRED BY: HEALTH CHECKUP

ULTRASOUND ABDOMEN & PELVIS

Clinical profile- Health checkup

Liver: Normal in size (13 cm), shape and shows **fatty infiltration**. No evidence of any space occupying lesion seen. Intrahepatic biliary radicals are not dilated. Portal vein is normal in caliber.

Gallbladder: GB is not visualized ? collapsed. CBD is normal in caliber.

Pancreas: Head & part of the body is visualized, appears normal in bulk & echotexture. Rest of the pancreas is obscured by bowel gases.

Spleen: Appears normal in size, shape and echotexture. No calcification or mass is seen. Splenic vein is not dilated.

Kidneys: Right kidney – 9.4 x 3.2 cm. Left kidney - 9.6 x 3.8 cm.

Both kidneys are normal in size, shape, positions and echotexture. Bilateral corticomedullary differentiation appears normal. No hydronephrosis seen. No evidence of any calculus or mass lesion seen. Cortical scarring is noted in mid pole of left kidney.

Urinary Bladder: is well distended. No evidence of calculus/ wall thickening noted.

Prostate is mildly enlarged in size (27 cc).

Free fluid: No evidence of any free fluid in peritoneal cavity.

IMPRESSION:

- Fatty liver.
- Cortical scarring in left kidney.
- Prostatomegaly.

Clinical correlation is suggested.



DR TRIPTI PAREEK
(DNB RADIO DIAGNOSIS)

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ECHOCARDIOGRAPHY AND COLOUR DOPPLER IMAGING

PATIENT NAME:- ROHIT JHA

AGE/SEX- YRS -58 / M

DATE :-01/05/2023

REF:- DR. M CAMP

DONE BY:- DR. RAHUL SHEWALE

Normal LV Size & Function

No regional wall motion abnormality.

Mild Concentric Left Ventricle Hypertrophy with Good LV function EF-60%.

Left atrium is normal.

No S/o Diastolic Dysfunction.

Normal RA and RV size and shape.

Normal RV systolic function.

PASP -30 mmHg

No Pulmonary Hypertension.

Mild Mitral Regurgitation

IVC Normal sized with respiration. No Clot/Vegetation.

IVS and IAS are intact.

Normal pericardium. No effusion.

IMPRESSION:- Mild Concentric LVH / Mild MR with Good LV

Function with EF- 60%

DR. RAHUL SHEWALE

M.D. (Medicine)

D.M. (Cardiology)

Consultant Cardiologist

Regd. No. 2010041390

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NAME: MR. ROHIT JHA	DATE: 15/04/2023
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XRAY CHEST PA (VIEW)

Prominent bronchovascular markings noted.
Rest of the lungs are clear.

Bilateral costo-phrenic and cardio-phrenic angles appear clear.

There is no evidence of pleural effusion or pneumothorax on either side.

Both the hilum appear normal.

Domes of diaphragm have normal contours and positions.

Visualised bones and soft tissues reveal no abnormality.

Advise clinical correlation.

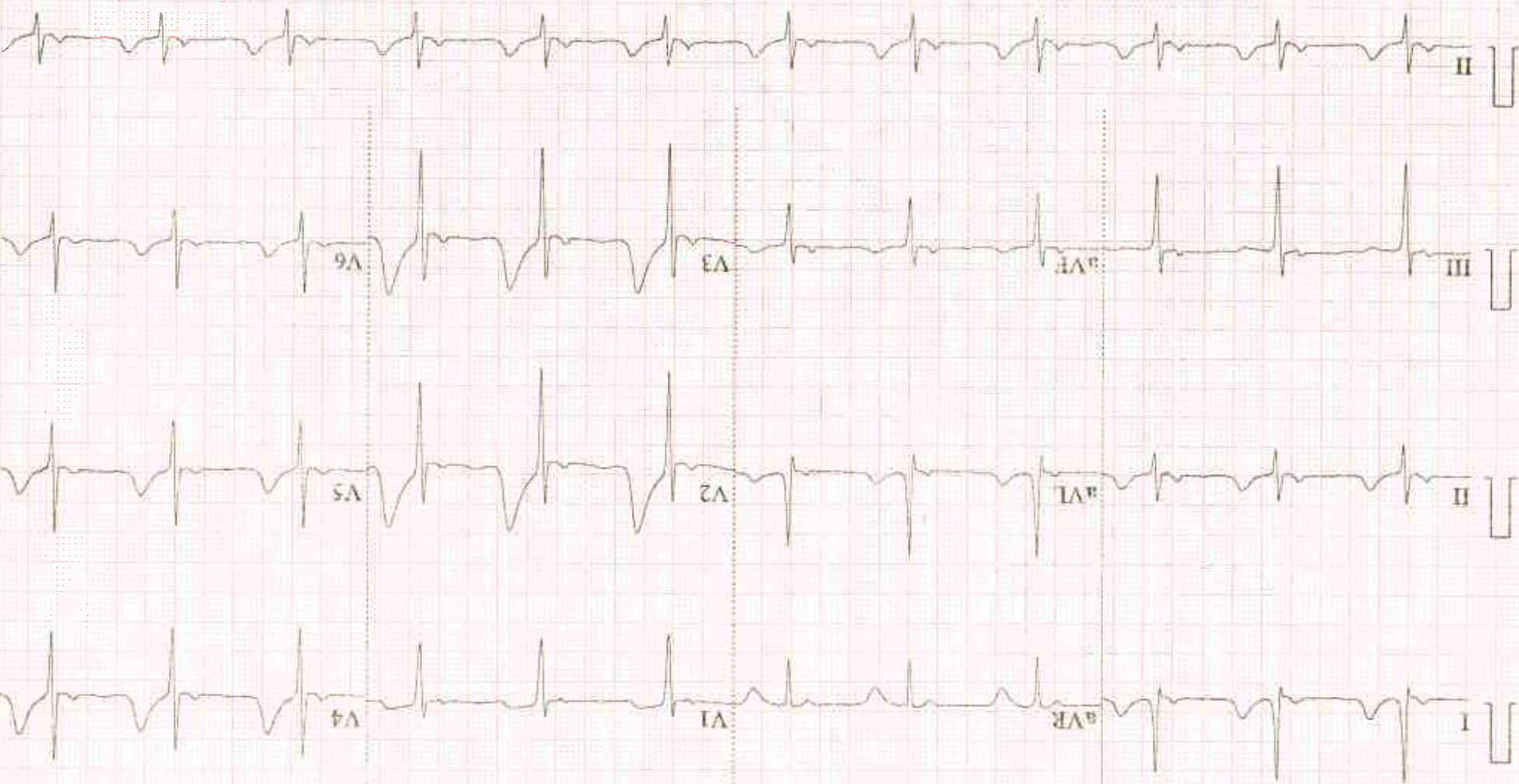

DR TRIPTI PAREEK
(DNB RADIO/DIAGNOSIS)

ID: 2
 MR. ROHT JHA
 Male 58Years
 153/82 mmHg
 Department:

15-04-2023 09:18:03 AM
 HR : 70 bpm
 P : 104 ms
 PR : 140 ms
 QRS : 92 ms
 QT/QTc : 372/402 ms
 P/QRS/T : 41/-24/19 °
 RV5/SV1 : 1.052/1.073 mV

Diagnosis Information:
 Sinus rhythm
 Leftward axis
 Borderline ECG

Report Confirmed by: DR. JAYDEEP BHAMBARE



0.5-35Hz AC50 25mm/s 10mm/mV *2.5s+1r *70 SE-1200Express V2.21 Glasgow V28.6.0 MAGNUM MULTISPECIALITY