

w - 81 kg

H - 167 cm

BP - 107/100

S - 100%

B - 69

 भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O Rakesh Chhabra, B2/109, एआईडीओआर-17,
रोहिणी, रोहिणी सेक्टर 15, उत्तर पश्चिमी,
दिल्ली - 110089

Address:
S/O Rakesh Chhabra, B2/109, SECTOR-17,
ROHINI, Rohini Sector 15, North West
Delhi,
Delhi - 110089



QR Code with Photograph


2536 0428 5296


  

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Pulkit
09/03/2024
9650798200



 भारत सरकार
Government of India



पुलकित छाबड़ा
Pulkit Chhabra
जन्म तिथि/DOB: 12/05/1988
पुरुष/ MALE



2536 0428 5296

मेरा आधार, मेरी पहचान



SJM SUPER SPECIALITY HOSPITAL
 Centre for Excellent Patient Care
 Sector-63, Noida, Near NH-24, Hindon bridge
 Tel.: 0120-6530900 / 10, Mob.: 9599259072



Reg. No.
 Date 09.03.24
 Name Mr Pulkit
 Age / Sex
 Panel Name / Cash 10 1200

UHID No. :
 Doctor Name : Dr. Vinod Bhat
 MBBS, MD
 Regn. No.: 30989 (DMC)
 Department of Medicine

Chief Complant & Present Illness

Past History

Physically and mentally well

Treatment Advised

Provisional Diagnosis

Went

Allergies

General Examination

Temp
 Pulse
 B.P.
 R.R.
 SPO2



Investigation

Nutritional Screening

Follow up

Signature of Doctor
 SJM/SSH/MED/OPD/07



SJM SUPER SPECIALITY HOSPITAL



100 Bedded Super Speciality Hospital

Sector-63, Noida, NH-9, Near Hindon Bridge

Ph.: 0120-6530900 / 10, Mob.: +91 9599259072

E-mail: sjmhospital@yahoo.com / Website: sjmhospital.com

(24 Hours Emergency, NICU/ICU, Pharmacy & Ambulance Available)

IVF SPECIALIST

- Dr. Pushpa Kaul (IVF)
- M.B.B.S, MD(Obst. & Gynae)
- Dr. Neha Zutshi (Embryologist)

OTHER SPECIALIST

- Dr. Pushpa Kaul (IVF)
- M.B.B.S, MD(Obst. & Gynae)
- Dr. Smritee Virmani (Endoscopy)
- M.B.B.S, DGO, DNB, ICOG (Obst. & Gynae)
- Dr. Vinod Bhat
- M.B.B.S, MD (General Medicine)
- Dr. Vineet Gupta, MS (ENT)
- Dr. Naveen Gupta, MS (EYE)
- Dr. Ashutosh Singh, MS (Urology)
- Dr. Rahul Kaul (Spine Surgeon)
- M.B.B.S, MS, (Orthopaedic)
- Dr. Raj Ganjoo MD (Psychiatric)
- Dr. Akash Mishra (Neuro Surgeon)
- Dr. Sanjay Sharma (Cardiologist)
- Dr. S.K. Pandita, MS (Surgeon)
- Dr. B.P. Gupta, MS (Surgeon)
- Dr. Jaisika Rajpal
- M.B.B.S, (Periodontist & Implantologist)
- Dr. Akash Arora
- M.B.B.S, Maxillofacial Surgeon
- Dr. Deepa Maheshwari
- M.B.S., MD, FRM, (IVF Specialist)
- Dr. Vivek Kumar Gupta
- M.B.B.S, MS (General Surgeon)
- Dr. (Plastic Surgery)
- Dr. Chand Kumar
- M.B.S, MD (Paediatrics)
- Dr. Nit Kumar Kothari
- M.B.B.S, MD (Medicine)
- Dr. Nit Aggarwal
- M.B.S., M.S. Ortho.

- Services:
- Private & Public wards
- Inpatient & Outpatient - (OPD)Facilities
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- Specialty theatres
- Laparoscopic & Conventional Surgery
- Infertility center (IVF)
- Intensive Care Unit. (ICU)
- Neonatal ICUs (NICU)
- Day Care Clinic
- Centralized pathology lab
- X-ray and ultrasound
- Therapy facilities
- Pharmacy
- Cafeteria & Kitchen

Mr. Pulkit (SSy/M)

9/3/24

Vneegl < 616P
616, P
N6

H/OHT x 2y

CSy

L (CBE)

L: Lubex - Ds Eye Drops - 2T/D x 3months

L



CGHS & AYUSHMAN BHARAT

+ Not for medico legal purpose + No substitution of drugs allowed

Panels: Raksha TPA Pvt Ltd., Vipul Med Corp TPA Pvt Ltd., E-Meditek (TPA) Services Ltd., Medi-Assit India TPA Pvt Ltd., Park Mediclaim, Genins India TPA Pvt Ltd., Family Healthcare TPA Pvt Ltd., Medsave Healthcare TPA Pvt Ltd., Vidal Health Care TPA Pvt Ltd., MD India Healthcare, DHS TPA (India) Private Ltd., Medicate TPA Service (I) Pvt. Ltd., East West Assist TPA Pvt Ltd., United Healthcare Parekh TPA Pvt Ltd., Good Health TPA Services Ltd., Bajaj Allianz General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., Cholamandalam General Insurance Co. Ltd., Liberty Videocon General Insurance Co. Ltd., Kotak Mahindra General Insurance Co. Ltd., HDFC Standard Life Insurance Co. Ltd., SBI General Insurance Co. Ltd., National Insurance Co. Ltd., The New India Insurance Co. Ltd. (Corporate), United India Insurance Co. Ltd. (Corporate)

Laboratory Report

Lab Serial no. : LSHHI277012	Mr. No : 112725
Patient Name : Mr. PULKIT CHHABRA	Reg. Date & Time : 09-Mar-2024 02:40 AM
Age / Sex : 26 Yrs / M	Sample Receive Date : 09-Mar-2024 02:53 PM
Referred by : Dr. SELF	Result Entry Date : 09-Mar-2024 06:48PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 09-Mar-2024 06:48 PM
OPD : OPD	

HAEMATOLOGY

results unit reference

CBC / COMPLETE BLOOD COUNT

HB (Haemoglobin)	14.5	gm/dL	12.0 - 17.0
TLC	6.6	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	64	%	40 - 70
Lymphocyte	26	%	20 - 40
Eosinophil	08	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.36	Thousand / UI	3.8 - 5.10
P.C.V	42.9	million/UI	00 - 40
M.C.V.	98.4	fL	78 - 100
M.C.H.	33.3	pg	27 - 31
M.C.H.C.	33.8	g/dl	32 - 36
Platelet Count	3.02	Lacs/cumm	1.5 - 4.5

INTERPRETATION:

To determine your general health status; to screen for, diagnose, or monitor any one of a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer



technician :

Typed By : Mr. BIRJESH



Dr. Rajeev Goel
 M.D. (Pathologist)
 36548 (MCI)

Dr. Bupinder Zutshi
 (M.B.B.S., MD)
 Pathologist & Microbiologist

Laboratory Report

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BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	32.7	mg/dL	18 - 55
Serum Creatinine	0.92	mg/dl	0.7 - 1.3
Uric Acid	6.1	mg/dl	3.5 - 7.2
Calcium	9.3	mg/dL	8.8 - 10.2
Sodium (Na+)	142.1	mEq/L	135 - 150
Potassium (K+)	4.35	mEq/L	3.5 - 5.0
Chloride (Cl)	102.6	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	15.28	mg/dL	7 - 18
PHOSPHORUS-Serum	2.98	mg/dl	2.5 - 4.5

Comment:-

Kidneys play an important role in the removal of waste products and maintenance of water and electrolyte balance in the body. Kidney Function Test (KFT) includes a group of blood tests to determine how well the kidneys are working.

Centre for Excellent Patient Care



technician :

Typed By : Mr. BIRJESH

R. J. Goel

Page 1

Dr. Rajeev Goel
M.D. (Pathologist)
36548 (MCI)

Dr. Bupinder Zutshi
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Laboratory Report

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BIOCHEMISTRY

	results	unit	reference
--	---------	------	-----------

LIPID PROFILE, Serum

S. Cholesterol	207.0	mg/dl	< - 200
HDL Cholesterol	43.2	mg/dl	35.3 - 79.5
LDL Cholesterol	131.1	mg/dl	50 - 150
VLDL Cholesterol	32.7	mg/dl	00 - 40
Triglyceride	163.7	mg/dl	00 - 170
Cholestrol/HDL RATIO	4.8	%	3.30 - 4.40

INTERPRETATION:

Lipid profile OR lipid panel IS a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

BLOOD SUGAR (PP), Serum

SUGAR PP	119.7	mg/dl	80 - 140
----------	-------	-------	----------

Comments:

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions. High levels of serum glucose may be seen in case of diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents. Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

METHOD:- GOD-POD METHOD, END POINT

technician :

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Laboratory Report

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BIOCHEMISTRY

	results	unit	reference
<u>HbA1C / GLYCATED HEMOGLOBIN / GHB</u>			
Hb A1C	5.2	%	4.0 - 5.6
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	105.54	mg/dl	

INTERPRETATION-

	HBA1C
NON DIABETIC	4-6 %
GOOD DIABETIC CINTROL	6-8 %
FAIR CONTROL	8-10 %
POOR CONTROL	>-10 %

The Glycosylated haemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a 3 months period. AMERICAN DIABETES ASSOCIATION recommends the testing twice an year in patients with stable blood glucose, and quarterly if treatment changes or blood glucose is abnormal

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	96.1	mg/dl	70 - 110
-----------------	------	-------	----------

Comments:

Accurate measurement if glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions.

High levels of serum glucose may be seen in case of Diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents.

Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

technician :

Typed By : Mr. BIRJESH




Dr. Rajeev Goel
M.D. (Pathologist)
36548 (MCI)

Page 1

Dr. Bupinder Zutshi
(M.B.B.S., MD)
Pathologist & Micrbiologist

Laboratory Report

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Doctor Name : Dr. Vinod Bhat	ReportingTime : 09-Mar-2024 06:50 PM
OPD/IPD : OPD	

TEST NAME

VALUE

ABO

"O"

Rh

POSITIVE

Comments:

Human red blood cell antigens can be divided into four groups A, B, AB AND O depending on the presence or absence of the corresponding antigens on the red blood cells. There are two glycoprotein A and B on the cell s surface that are responsible for the ABO types. Blood group is further classified as RH positive an RH negative.

URINE SUGAR (FBS)

CHEMICAL EXAMINATION

Glucose : Nil

URINE SUGAR (PPBS)

CHEMICAL EXAMINATION

Glucose : Nil



Mr. BIRJESH

<http://rgoipac3/SJM/Design/Finanace/LabTextReport.aspx>

3/9/2024

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OPD/IPD : OPD	

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml
 Color: Yellow
 Transparency: clear

CHEMICAL EXAMINATION

Albumin: [+]
 Glucose: nil
 PH: Acidic

MICROSCOPIC EXAMINATION

Pus cells: 3-4 /HPF
 RBC's: nil
 Crystals: nil
 Epithelial cells: 0-1 /HPF
 Others: nil

Note:-

A urinalysis is a test of your urine. It's used to detect and manage a wide range of disorders, such as urinary tract infections, kidney disease and diabetes. A urinalysis involves checking the appearance, concentration and content of urine.



Mr. BIRJESH

<http://ncipac3/SJM/Design/Finanace/LabTextReport.aspx>

3/9/2024

Dr. Rajeev Goel
 M.D. (Pathologist)
 36548 (MCI)

Dr. Bupinder Zutshi
 (M.B.B.S., MD)
 Pathologist & Microbiologist

Visit ID : IQD87424		Registration : 09/Mar/2024 07:46PM	
UHID/MR No : IQD.0000085358	Patient Name : Mr.PULKIT CHHABRA	Collected : 09/Mar/2024 08:03PM	Received : 09/Mar/2024 08:16PM
Age/Gender : 26 Y O M O D /M	Ref Doctor : Dr.SELF	Reported : 09/Mar/2024 09:49PM	Status : Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Employee Code :	Client Code : iqd2151	Barcode No : 240302278



Test Name	Result	Unit	Bio. Ref. Range	Method
DEPARTMENT OF HORMONE ASSAYS				
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	1.05	ng/ml	0.61-1.81	CLIA
T4	9.8	ug/dl	5.01-12.45	CLIA
TSH	4.24	uIU/mL	0.35-5.50	CLIA

REFERENCE RANGE :

Age	TSH in uIU/mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs	0.70 - 6.40
>55 Yrs	0.50 - 8.90

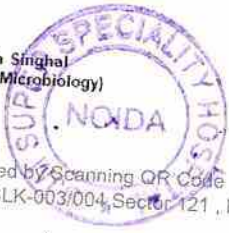
Interpretation:

Triiodothyronine T3, Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1) Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and



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MBBS, MD(Pathology)

Dr. Prashant Singh
MBBS, MD (Pathology)

Authenticity of report can be checked by Scanning QR Code
Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301

Visit ID	: IQD87424	Registration	: 09/Mar/2024 07:46PM
UHID/MR No	: IQD.0000085358	Collected	: 09/Mar/2024 08:03PM
Patient Name	: Mr.PULKIT CHHABRA	Received	: 09/Mar/2024 08:16PM
Age/Gender	: 26 Y O M 0 D /M	Reported	: 09/Mar/2024 09:49PM
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Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240302278



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method	
3	Normal/Low	Low	Low	Low	other physiological reasons.
4	Low	High	High	High	(1) Secondary and Tertiary Hypothyroidism (1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3) Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of clinical chemistry 2. Guid lines of the American Thyroid association during pregnancy and Postpartum, 2011

NOTE: It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4. TSH is not affected by variation in thyroid-binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.




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 MBBS, MD(Pathology)

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 MBBS, MD (Pathology)

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Test Name	Result	Unit	Bio. Ref. Range	Method
DEPARTMENT OF HORMONE ASSAYS				
VITAMIN D (25 OH)				
Sample Type : SERUM				
VITAMIN D	4.20	ng/ml	30-100	CLIA

INTERPRETATION:

LEVEL	REFERENCE RANGE
Deficiency (serious deficient)	< 10 ng/ml
Insufficiency (Deficient)	10-30 ng/ml
Sufficient (adequate)	30-100 ng/ml
Toxicity	> 100 ng/ml

DECREASED LEVELS:

- Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany.
- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.

Severe Hepatocellular disease.

- Drugs like Anticonvulsants.
- Nephrotic syndrome.

INCREASED LEVELS:

- Vitamin D intoxication.

COMMENTS:

- Vitamin D (Cholecalciferol) promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1, 25 Dihydroxy vitamin D (5-8 hrs).
- The assay measures D3 (Cholecalciferol) metabolites of vitamin D.
- 25 (OH) D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.
- Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L.
- It shows seasonal variation, with values being 40-50% lower in winter than in summer.
- Levels vary with age and are increased in pregnancy.
- This is the recommended test for evaluation of vitamin D intoxication.

PSA / PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

Sample Type : SERUM				
PROSTATE SPECIFIC ANTIGEN	0.66	ng/mL	0-4	CLIA

INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertention (BPH), or inflammation of the prostate. Prostate manipulation by biopsy or rigorous physical activity may temporarily elevate PSA levels. The blood test should be done before surgery or six weeks after manipulation. The total PSA may be ordered at regular intervals during treatment of men who have been diagnosed with Prostate cancer and in prostatic cancer cases under observation.



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Test Name

DEPARTMENT OF HORMONE ASSAYS

Result

Unit

Bio. Ref. Range

Method

VITAMIN B12

Sample Type : SERUM

VITAMIN B12

255

pg/mL

187-883 pg/mL

CLIA

COMMENTS:

Results may differ between laboratories due to variation in population and test method. Vitamin B12 is implicated in the formation of myelin, and along with Folate is required for DNA synthesis. The most prominent source of B12 for humans is meat while untreated fresh water can also be a source. Megaloblastic anaemia has been found to be due to B12 deficiency, a major cause being Pernicious anemia due to poor B12 uptake resulting in below normal serum levels. Other conditions related to low B12 levels include iron deficiency anemia, pregnancy, vegetarianism, partial gastrectomy, ileal damage, oral contraceptives, parasitic infestations, pancreatic deficiency, treated epilepsy and advancing age. The correlation of serum B12 levels and Megaloblastic anemia however is not always clear - some patients with high MCV may have normal B12 levels, while some individuals with B12 deficiency may not have megaloblastic anemia. Disorders renal failure, liver diseases and myeloproliferative diseases may have elevated vitamin B12 levels.

LIMITATIONS:

For diagnostic purposes, the B12 results should be used in conjunction with other data; e.g.; symptoms results of other testing, clinical impressions, etc. If the B12 level is inconsistent with clinical evidence, additional testing is suggested to confirm the result.

*** End Of Report ***



Dr. Ankita Singhal
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MBBS, MD(Pathology)

Dr. Prashant Singh
MBBS, MD (Pathology)

Page 4 of 4

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Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301

Ultrasound Report

TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: **Mr. Pulkit**

Age /sex:**35Yrs/M**

Date:**09/03/2024**

ECHO WINDOW: FAIR WINDOW

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.8		22-36
Aortic valve Opening			15 -26
Left Atrium size	3.0		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.6	2.8	(ED =39 -58)
Interventricular Septum	0.9		(ED = 6 -11)
Posterior Wall thickened	0.9		(ED = 6- 10)
LV Ejection Fraction (%)	60		55% -65 %

Doppler Velocities (cm / sec)

Pulmonary valve = Normal		Aortic valve = Normal	
Max velocity		Max velocity	
Mean PG		Max PG	
Pressure ½ time		Mean velocity	
Acceleration Time		Mean PG	
RVET		LVET	
Mitral valve =Normal		Tricuspid valve = Normal	
E	E>A	Max Velocity	
A		Mean Velocity	
DT		Mean PG	
E/E		TAPSE	



Ultrasound Report

Regurgitation: -

MR = NIL		TR = NIL	
Severity		Severity	
Max Velocity		RVSP	
AR		PR	
Severity	NIL	Severity	NIL
Jet width /LVOT ratio		Mean PAP	

Final Interpretation: -

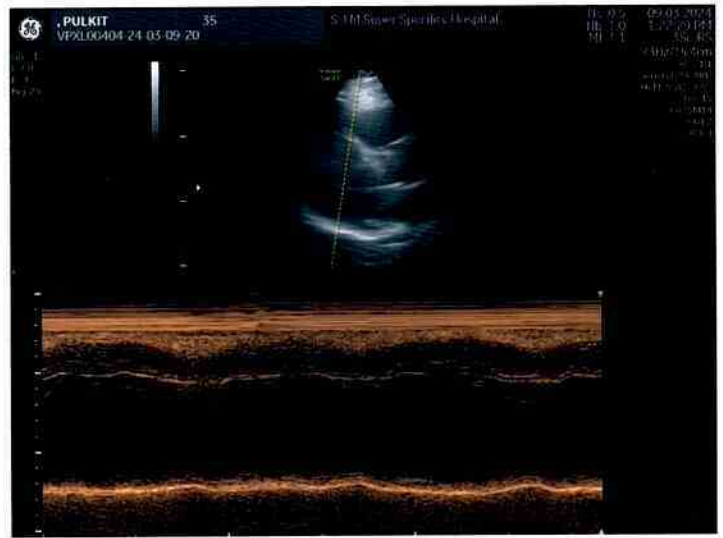
- 1.) NO LV HYPOKINASIA GLOBAL LVEF 60%
- 2.) NO MR NO MS NO AS/AR, NO TR
- 3.) No Intra cardiac clot, vegetation, pericardial effusion

DR. AMIT KOTHARI

Non-Interventional Cardiologist.



Centre for Excellent Patient Care



Ultrasound Report

Name: Mr. Pulkit

Age: 35y/M

Date: 09/03/2024

Ultrasound - Male Abdomen

Liver: Liver appears fatty with grade 1. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicles appear normal. Portal vein and common bile duct are normal.

GALL BLADDER: Gall bladder is physiologically distended. The wall normal thickness is normal. There is no Evidence of any intraluminal mass lesion or calculi seen.

PANCREAS: Pancreas is normal in size, shape and echo pattern. No focal mass lesion seen. Pancreatic duct is not dilated.

SPLEEN: Spleen show normal in size, shape and homogeneous echo pattern. No focal mass lesion is seen in parenchyma.

KIDNEYS: Both the kidneys are normal in size, shape, position and axis. Parenchymal echopattern is normal bilaterally. No focal solid or cystic lesion is seen. **There is evidence of renal concretions on either side**

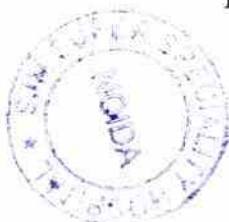
PARAAORTIC REGIONS: Any mass/ lymph nodes: -- no mass or lymph nodes seen.

URINARY BLADDER: Adequately distended. Wall were regular and thin. Contents are Normal. No stone formation seen.

PROSTATE: Normal in shape and position. Parenchymal echotexture is normal. No free ascetic fluid or pleural effusion seen.

IMPRESSION: -Fatty liver grade 1
Bilateral renal concretions.

DR. PUSHPA KAUL



For SJM Super Speciality Hospital

DR. RAKESH GUJJAR



SJM SUPER SPECIALITY HOSPITAL

(125 Bedded Fully Equipped with Modern Facilities)

Sector-63, Noida, NH-09, Near Hindon Bridge
Tel.: 0120-6530900 / 10 Mob.: +91 9599259072



X-Ray Report

PATIENT ID	: 26585 OPD	PATIENT NAME	: MR. PULKIT CHHABRA
AGE	: 035Y	SEX	: Male
REF. PHY.	:	STUDY DATE	: 09-Mar-2024

X-RAY CHEST PA VIEW

FINDINGS:

The cardiac size is enlarged - cardiomegaly.

Both lung fields are clear.

Both costophrenic angles appear normal.

The tracheal lucency is centrally placed.

The mediastinal and diaphragmatic outlines appear normal.

The bony thoracic cage and soft tissues are normal.

IMPRESSION:

- Above findings are suggestive of cardiomegaly.

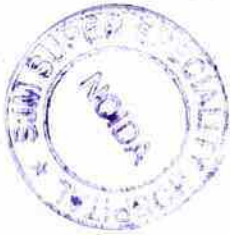
Suggested 2D ECHO correlation.

V.S. Sai Naren

Dr Sai Naren
Consultant Radiologist
MBBS, MD
Regn No: 2017/08/3835

Dr Sai Naren
09th Mar 2024

Centre for Excellent Patient Care



MIR. PULKIT CHHABRA, 35Y M
265835 OPD

R
PA



CHEST PA
S. J. M SUPER SPECIALITY HOSPITAL, NOIDA

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