

Azcofemi Mediwheel



Certificate No.: PEH-2022-1862  
April 07, 2022 - April 06, 2024

MR No. 144920 Patient Name Mr. Veerendra Jain Age 46 Sex M Date 19/06/23

H - 178  
~~150~~  
W - 87  
BP - 165  
100  
P - 80

Physician reference

**Dr. Bhawna Garg**  
MBBS, DIP.GO, PGDHA  
Reg.No.-MP18035  
Deputy Medical Superintendent  
RJN Apollo Spectra Hospitals



Patient NAME : Mr.VIRENDRA KUMAR SEN	Collected : 10/Jun/2023 10:05AM
Age/Gender : 46 Y 0 M 0 D /M	Received : 10/Jun/2023 10:10AM
UHID/MR NO : ILK.00030785	Reported : 10/Jun/2023 12:20PM
Visit ID : ILK.88410	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

**DEPARTMENT OF HEMATOLOGY**

**COMPLETE BLOOD COUNT- CBC / HAEMOGRAM , WHOLE BLOOD EDTA**

Haemoglobin (Hb%)	15.9	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	46.4	%	40-54	Cell Counter
RBC Count	5.2	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	89.3	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	30.5	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	34.2	g/dl	30.0-35.0	Calculated
RDW	15.6	%	11-16	Calculated
Total WBC count (TLC)	8,100	/cu mm	4000-11000	Cell Counter

**Differential Count by Flowcytometry/Microscopy**

Neutrophils	66.2	%	50-70	Cell Counter
Lymphocytes	24.8	%	20-40	
Monocytes	6.4	%	01-10	Cell Counter
Eosinophils	2.0	%	01-06	Cell Counter
Basophils	0.5	%	00-01	Cell Counter

**Absolute Leucocyte Count**

Neutrophil (Abs.)	5,384	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	2019	per cumm	600-4000	Calculated
Monocyte (Abs.)	524	per cumm	0-600	Calculated
Eosinophil (Abs.)	158	per cumm	40-440	Calculated
Basophils (Abs.)	40	per cumm	0-110	Calculated
Platelet Count	1.90	Lac/cmm	1.50-4.00	Cell Counter

**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

Erythrocyte Sedimentation Rate (ESR)	12	mm 1st hr.	0-20	Wester Green
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SIN NO :10357886,



**DR. SHILPA MITTAL**  
M.D (PATH)



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**DEPARTMENT OF HEMATOLOGY**

**BLOOD GROUPING(A,B,O) AND RH FACTOR , WHOLE BLOOD EDTA**

Blood Grouping	B			Slide/Tube Agglutination
Rh (D) Type	POSITIVE			Slide/Tube Agglutination

**BLOOD PICTURE - PERIPHERAL SMEAR EXAMINATION , WHOLE BLOOD EDTA**

**RBC'S** : Normocytic Normochromic RBC's.  
No cytoplasmic inclusions or hemoparasite seen.

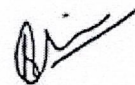
**WBC'S** : Normal in number, morphology and distribution. No toxic granules seen.  
No abnormal cell seen.

**PLATELETS** : Adequate on smear .

**IMPRESSION:** Normocytic normochromic blood picture



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Collected : 10/Jun/2023 10:05AM  
Received : 10/Jun/2023 10:10AM  
Reported : 10/Jun/2023 11:29AM  
Status : Final Report  
Client Name : INSTA

**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**GLUCOSE - FASTING (FBS) , NAF PLASMA**

Fasting Glucose	110.0	mg/dL	65-110	God - Pod
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.

**GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) , FLUORIDE PLASMA**

Post Prandial Glucose	149.0	mg/dL	90-140	2hrs. after...gm glucose/lunch
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.



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Test Name	Result	Unit	Bio. Ref. Range	Method
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**GLYCOSYLATED HAEMOGLOBIN (GHB/HBA1C) , WHOLE BLOOD EDTA**

Glycosylated Haemoglobin HbA1c	5.6	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	114.02			Calculated

Ref.for Biological Reference Intervals: American Diabetes Association.

**INTERPRETATION:**

The A1C test measures your average blood glucose for the past 2 to 3 months. Diabetes is diagnosed at an A1C of greater than or equal to 6.5%.

Therapeutic goals for glycemic control (ADA)

-Adults:

- Goal of therapy: <7.0% HbA1c
- Action suggested: >8.0% HbA1c

-Pediatric patients:

- Toddlers and preschoolers: <8.5% (but >7.5%)
- School age (6-12 years): <8%
- Adolescents and young adults (13-19 years): <7.5%

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**COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM**

Urea	28.06	mg/dL	13.0-43.0	Urease
Creatinine	0.8	mg/dL	0.5-1.3	Enzymatic
Uric Acid	6.0	mg/dL	3.5-7.2	Urease
Sodium	139.0	Meq/L	135-155	Direct ISE
Potassium	4.5	Meq/L	3.5-5.5	Direct ISE
Chloride	106.0	mmol/L	96-106	Direct ISE
Calcium	9.5	mg/dL	8.6-10.0	OCPC
Phosphorous	2.7	mg/dL	2.5-5.6	PMA Phenol
BUN	13.11	mg/dL	6.0-20.0	Reflect Spectrothoto



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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
Type OF Sample	SERUM			
Total Cholesterol	<b>278.0</b>	mg/dl	up to 200	End Point
Total Triglycerides	<b>319.0</b>	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	57.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	<b>221</b>	mg/dL	<130	
LDL Cholesterol	157.2	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	<b>63.8</b>	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	4.88		Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0	CALCULATED




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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIVER FUNCTION TEST (LFT) WITH GGT , SERUM**

Total Bilirubin	1.2	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.2	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	<b>1</b>	mg/dL	0.0-0.9	Calculated
SGOT / AST	24.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	40.0	U/L	1-45	UV Kinetic (IFCC)
Alkaline Phosphatase	75.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	<b>62.0</b>	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	8.2	g/dl	6.4-8.3	Biuret
Albumin	5.0	g/dL	3.5-5.2	BCG
Globulin	3.2	g/dl	2.0-3.5	Calculated
A/G Ratio	1.56	%	1.0-2.3	Calculated



*(Signature)*

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M.D (PATH)



Patient NAME : Mr.VIRENDRA KUMAR SEN	Collected : 10/Jun/2023 10:05AM
Age/Gender : 46 Y 0 M 0 D /M	Received : 10/Jun/2023 11:37AM
UHID/MR NO : ILK.00030785	Reported : 10/Jun/2023 01:38PM
Visit ID : ILK.88410	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY-SPECIAL**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**PROSTATE SPECIFIC ANTIGEN (TOTAL) - PSA , SERUM**

Total PSA	0.73	ng/ml	0.0-4.0	CLIA
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**NOTE :-**

P.S.A is a highly specific for prostate tissue and may be increased in prostate cancer, benign prostate hyperplasia (BPH) and prostatitis. At present a cut off 4.1 ng/ml is used for prostate cancer screening.

PSA values greater than 10.0 ng/ml are highly predictive of cancer.

PSA levels by itself can not be used to determine whether a patient has Prostate cancer confined to the organ.

Determination of Free PSA along with total PSA is useful in the differentiation of Prostate cancer from benign condition.

After radical prostatectomy, serum PSA levels are ( $< 0.2$  ng/ml), 93% of patients with undetectable serum PSA concentration have no clinical tumour recurrence.

Comments:-

1. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
2. PSA total and free levels may appear consistently elevated/ depressed due to the interference by heterophilic antibodies and nonspecific protein binding.
3. Results obtained with different assay kits cannot be used interchangeably.
4. All results should be correlated with clinical findings and result of other investigations.



SIN NO : 10357886,

*A.K. Rajong*

**DR. ASHOK KUMAR**  
M.D. (PATH)



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**DEPARTMENT OF BIOCHEMISTRY-SPECIAL**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE-I , SERUM**

Trilodothyronine Total (TT3)	0.78	ng/dL	0.6-1.8	Chemilluminescence
Thyroxine (TT4)	10.65	µg/dL	4.5-10.9	Chemilluminescence
Thyroid Stimulating Hormone (TSH)	3.174	µIU/ml	0.35-5.50	Chemilluminescence

**COMMENT :-** Above mentioned reference ranges are standard reference ranges.

**AGE RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH**

TSH	NEW BORN	INFANT	CHILD	ADULT
(u IU/ml)	0.52-38.9	1.7-9.1	0.7-6.4	0.3-5.6

**PREGNENCY RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH**

TSH	1st Trimester	2nd & 3rd Trimester
(u IU/ml)	0.2 - 2.5	0.3 - 3.0

**NOTE :** TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM. Dose and time of drug intake also influence the test result.

**Ultrasensitive kits used.**

Serum T3/ FT3 , T4/FT4 and TSH measurements form three components of thyroid screening panel.

- :-Primary hypothyroidism is accompanied by elevated serum T3 & T4 values alongwith depressed TSH level.
- :- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values & elevated serum TSH level.
- :-Normal T3 & T4 levels with high TSH indicate mild / subclinical HYPOTHYROIDISM.
- :-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 propranolol .
- :-Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours ( secondary hyperthyroidism).



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**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**CUE - COMPLETE URINE ANALYSIS , URINE**

**Physical Examination**

Colour	YELLOW			Visual
Appearance	Clear			Visual
pH	6.0		5.0-7.5	Dipstick
Specific Gravity	1.030		1.002-1.030	Dipstick

**Chemical Examination**

Albumin Urine/ Protein Urine	NIL		NIL	Dipstick/Heat Test
Glucose Urine	NIL		NIL	Dipstick/Benedict
Urobilinogen	NIL		NIL	Dipstick/Ehrlichs
Ketones	NIL		NIL	Dipstick/Rotheras
Bile Salts	ABSENT		ABSENT	Dipstick
Bile Pigments	ABSENT		ABSENT	Dipstick/Fouchets
Nitrite	ABSENT		ABSENT	Dipstick

**Microscopic Examination.**

Pus Cells	1-2	/Hpf	0-2	
Epithelial Cells	2-3	Hpf	<10	
RBC	ABSENT	/Hpf	ABSENT	
Casts	ABSENT		ABSENT	
Crystals	ABSENT		ABSENT	
Bacteria	NORMALLY PRESENT		NORMALLY PRESENT	
Budding Yeast Cells	Absent		Absent	

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



SIN NO :10357886,

**DR. SHILPA MITTAL**  
M.D (PATH)



## ECHO CARDIOGRAPHY REPORT

Patient Name : Mr VIRENDRA KUMAR SEN  
Date of Billing : 10/06/2023

AGE & Sex : 46yrs / male

**Echocardiography was performed on GE Vivid T 8.**

**Quality Of Imaging: Adequate**

Mitral Valve : Normal

Tricuspid Valve : Normal

Aortic Valve : Normal

Pulmonary Valve : Normal

Left Atrium : 3.4 cms

Left Ventricle :

IVSD : 1.5 cms

LVPWD : 1.6 cms

EDD : 4.9 cms

EF : 60 %

ESD : 3.1 cms

FS : 32 %

RWMA : NO REGIONAL WALL MOTION ABNORMALITY

Right Atrium : Normal

Right Ventricle : Normal

Aorta : 3.1 cms

IAS IVS : Intact

Pulmonary Artery : Normal

Pericardium : Normal

SVC, IVC : Normal

Pulmonary Artery : Normal

Intracardiac Masses : Nil

Doppler : A > E

### **Conclusion :**

CONCENTRIC LVH

NORMAL CARDIAC CHAMBERS DIMENSION.

NO REGIONAL WALL MOTION ABNORMALITY.

NORMAL LV SYSTOLIC FUNCTION, LVEF-60 %

GRADE I DIASTOLIC DYSFUNCTION

NORMAL VALVES

INTACT SEPTUM

NO CLOT /VEGETATION/PERICARDIAL EFFUSION

**Dr. Abhishek Sharma**  
BBS,MD (Medicine) DNB (Cardiology)  
Consultant Interventional-Cardiology  
RJN Apollo Spectra Hospitals  
Reg.No. MP 12056

Consultant  
**Dr. Abhishek sharma DNB**  
(Interventional Cardiologist)





# RATAN JYOTI NETRALAYA

OPHTHALMIC INSTITUTE & RESEARCH CENTRE

Hospital Reg. No. : 071



॥ सर्वेन्द्रियाणाम् नयनम् प्रधानम् ॥

18, Vikas Nagar, Near Sai Baba Mandir, Gwalior-2 (M.P.) INDIA Tel. : 2423350/51, Web : www.ratanjyotigroup.org, Email : rjneye@gmail.com  
Opp. Medical College, Gate No. 3 Jhansi-284128 (U.P.) Ph. 0510-2322311 (M) 9109973225

SR.NO. : 1860912 DATE : 10-June-2023  
NAME : MR VIRENDRA KUMAR SEN MRD NO. : R-098416  
AGE/SEX : 42 YRS / MALE CITY : jhansi

## PAST SURGERIES :

NIL IN

Rx.	EYE	From	To	Instructions
1 genfour LP EYE DROP/MOXIFLOXACIN AND LOTEPREDNOL ETABONATE OPTHALMIC SUSPENSION ONE DROP 4 TIMES A DAY FOR 7 DAYS	BOTH EYE	10-Jun-2023	16-Jun-2023	
ONE DROP 3 TIMES A DAY FOR 7 DAYS	BOTH EYE	17-Jun-2023	23-Jun-2023	
ONE DROP 2 TIMES A DAY FOR 7 DAYS	BOTH EYE	24-Jun-2023	30-Jun-2023	
ONE DROP 1 TIMES A DAY FOR 7 DAYS	BOTH EYE	1-Jul-2023	7-Jul-2023	
2 ECOTEARS HA EYE DROP (SODIUM HYALURONATE 0.1% CMC 0.5% ERYTHRITOL GLYCERIN OPTHALMIC SOLUTION) ONE DROP 4 TIMES A DAY FOR 182 DAYS	BOTH EYE	10-Jun-2023	8-Dec-2023	

TREATMENT PLAN : -GLASSES .

REFERRED TO :

DR. SHRIKANT THAPAK

Reg.No MP - 140005

NEXT REVIEW : 11-Dec-2023 3:16PM OR EARLIER IN CASE OF ANY PROBLEM

NOTE : Kindly continue medications as advised for the period advised.  
In case of redness or allergy please discontinue and inform the doctor.

Nutritional Advice : As per treating physician

Instructions : Patient and Attendant(s) Counseled

Advised medicine may be replaced with a good quality generic medicine.

**Speciality Clinics :** ▪ Comprehensive Ophthalmology Clinic ▪ Cataract & IOL Clinic ▪ Vitreo Retina & Uvea Clinic ▪ Spectacle Removal Clinic (Lasik/Femto Lasik/Phakic Lens) ▪ Cornea Clinic ▪ Glaucoma Clinic ▪ Orbit & Oculoplasty Clinic ▪ Trauma Clinic ▪ Squint Clinic  
▪ Paediatric Ophthalmology Clinic ▪ Low Vision Aid Clinic ▪ Contact Lens Clinic

CONSULTATION TIMINGS : MORNING 9:00 A.M. TO 6:00 P.M. (SUNDAY OFF)

- केन्द्रीय कर्मचारियों के लिए मान्यता प्राप्त ● कैशलेस इश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध
- For Appointment Please Contact : 9111004046

स्वामी विद्यानंद भारती आई बैंक

**नेत्रदान**

करें और कारायेँ इसे अपने परिवार की परम्परा बनायेँ  
नेत्रदान के लिए सम्पर्क करें : 9111004044



MR No. .... Patient Name Sivendua Age 42 Sex M Date 10/0/23

Heath checkup.

O/E -

- Calculus n+
- Stone n+
- Per. gingivitis

M/O -

Gutka chewing

P/P -

oral papuloplyosis.

h.

check. ADS M/O 1-1<sup>n</sup> x 15 day



MR No. .... Patient Name ..... Age ..... Sex ..... Date .....

Virendra Kumar Sen, 424 (M)  
10/6/23  
Health check up

Ear (P) EAC - clear  
(L) TM - intact

Ext - wds  
Nose (AR) Slight Mulli  
Mucosa pinkish color

IT @ in Sily

Throat - wds

No other ENT features

*Dr. Subil Gupta*  
MS (ENT)  
Reg. No. MP13378  
R/N Apollo Spectra Hospitals



<b>Patient name</b>	<b>MR VIRENDRA KUMAR SEN 4</b>	<b>Age/sex</b>	<b>46 Y /M</b>
<b>Ref. By</b>	<b>HCP</b>	<b>Date</b>	<b>10.06.2023</b>

### USG WHOLE ABDOMEN

The **Liver** is enlarged in size and normal in outline. It shows a diffuse hyper echopattern. No obvious focal pathology is seen. The intra and extra hepatic biliary passages are not dilated.

The **Gall Bladder** is normal in size, has normal wall thickness with no evidence of calculi.

The **Pancreas** is normal in size and echogenicity. Its outlines are distinct. No obvious focal lesion, calcification or ductal dilatation is seen.

**Spleen** is normal in size and echogenicity.

Both **Kidneys** are normal in position, outline and echogenicity. No evidence of calculi or calyceal dilatation is seen. Small non-obstructive 3 mm size calculus in left kidney.

There is no evidence of ascites.

The **Urinary Bladder** is normal in size and outline. There is no evidence of any obvious intraluminal or perivesical pathology

The **Prostate** is enlarged in size (vol 30 cc). It shows a uniform parenchymal echogenicity and smooth outlines with no evidence of focal or diffuse lesion seen.

#### **Impression:-**

- **Mild hepatomegaly with fatty liver.**
- **Non-obstructive left renal calculus.**
- **Prostatomegaly.**

*Please correlate clinically.*

  
**DR. ANOOP ARYA (SINGHAL)**  
**DMRD, DNB (RADIODIAGNOSIS)**



<b>Patient name</b>	<b>MR VIRENDRA KUMAR SEN</b>	<b>Age/sex</b>	<b>46 Y/M</b>
<b>Ref. By</b>	<b>144948</b>	<b>Date</b>	<b>10.06.2023</b>

**XRAY CHEST**

- The lung fields appear clear.
- Bilateral C.P. angles appear clear.
- Cardiac size within normal limits.
- Soft tissue shadow and bony thoracic cage appears normal.

*Please correlate clinically.*

**DR. ANOOP ARYA (SINGHAL)**  
**DMRD, DNB (RADIODIAGNOSIS)**



mr. virendra  
Male

10-Jun-23 2:41:56 PM

Rate 77 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation  
FR 151 . Sinus rhythm.....normal P axis, V-rate 50- 99  
QRSD 106 . Borderline T wave abnormalities.....T/QRS ratio < 1/20 or flat T  
QT 360 . Borderline ST elevation, anterior leads.....ST >0.15mV in V1-V4  
QTc 408 . Baseline wander in lead(s) V4

--AXIS--

P 53

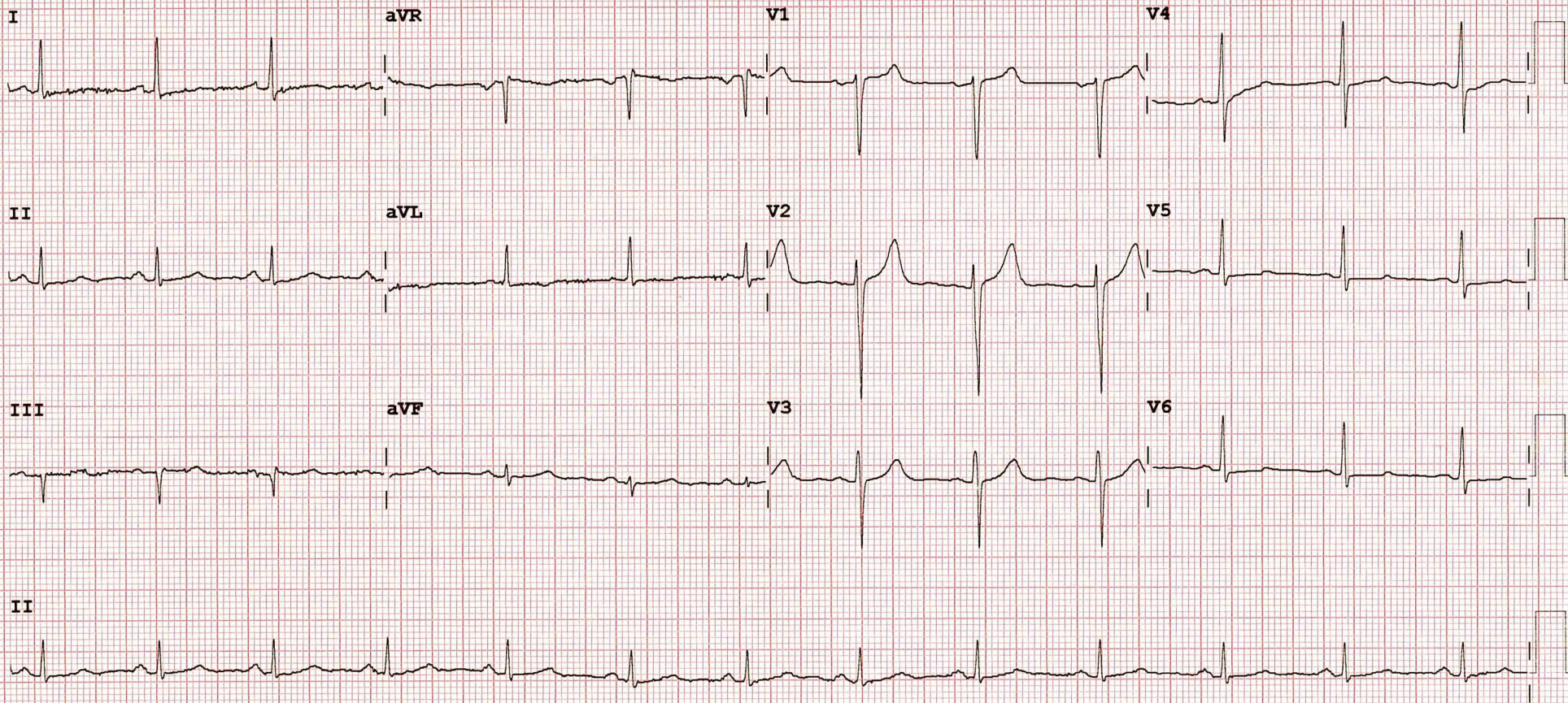
QRS 10

T 73

12 Lead; Standard Placement

- BORDERLINE ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL

P?