

Patient Name Mr. Nikhlesh Gupta MRN : 116119 Age 39 Sex M Date/Time 03/02/24

Investigations : (Please Tick)

Mob No.

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- A1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

H-17)
W-89
BP-126/77
P-91

Vitals

- B.P.
- SPO2
- Temp

Medical Illness

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

Next Appointment/Follow up

Signature :

- HbA1c ↑
- Physician reference

Dr. Bhawna Garg
MBBS, DIP.GO, PGDHA
MEDICAL CO ORDINATOR
RJN Apollo Spectra Hospital
Reg.No. MP18035

Patient NAME : Mr. NIKHLESH GUPTA	Collected : 03/Feb/2024 09:30AM
Age/Gender : 39 Y 0 M 0 D /M	Received : 03/Feb/2024 09:52AM
UHID/MR NO : ILK.00037674	Reported : 03/Feb/2024 10:40AM
Visit ID : ILK.110660	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%)	14.5	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	44.3	%	40-54	Cell Counter
RBC Count	4.8	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	91.7	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	30.0	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	32.7	g/dl	30.0-35.0	Calculated
RDW	14.5	%	11-16	Calculated
Total WBC count (TLC)	10,000	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	73.8	%	50-70	Cell Counter
Lymphocytes	17.6	%	20-40	
Monocytes	7.2	%	01-10	Cell Counter
Eosinophils	1.2	%	01-06	Cell Counter
Basophils	0.2	%	00-01	Cell Counter

Absolute Leucocyte Count

Neutrophil (Abs.)	7,352	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1758	per cumm	600-4000	Calculated
Monocyte (Abs.)	714	per cumm	0-600	Calculated
Eosinophil (Abs.)	115	per cumm	40-440	Calculated
Basophils (Abs.)	23	per cumm	0-110	Calculated
Platelet Count	1.50	Lac/cmm	1.50-4.00	Cell Counter

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Erythrocyte Sedimentation Rate (ESR)	22	mm 1st hr.	0-20	Wester Green
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SIN NO : 10453684

A.K. Raju

DR. ASHOK KUMAR
M.D. (PATH)

RJN Apollo Spectra Hospitals

18, Vikas Nagar, Near Sai Baba Temple, Gwalior - 474009 (M.P.) Ph.: 0751-2454600, Mob. : 8269663137, Email: ipc.rjn@gmail.com

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DEPARTMENT OF HEMATOLOGY

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

Blood Grouping	O	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.



SIN NO :10453684,

A.K. Rajan

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M.D. (PATH)

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Age/Gender : 39 Y 0 M 0 D /M	Received : 03/Feb/2024 09:52AM
UHID/MR NO : ILK.00037674	Reported : 03/Feb/2024 11:20AM
Visit ID : ILK.110660	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	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	90.0	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	98.0	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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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

GLYCOSYLATED HAEMOGLOBIN (GHB/HBA1C) , WHOLE BLOOD EDTA

Glycosylated Haemoglobin HbA1c	6.2	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	130.67			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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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM

Urea	17.78	mg/dL	13.0-43.0	Urease
Creatinine	0.7	mg/dL	0.5-1.3	Enzymatic
Uric Acid	10.9	mg/dL	3.5-7.2	Urease
Sodium	139.0	Meq/L	135-155	Direct ISE
Potassium	4.4	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	3.7	mg/dL	2.5-5.6	PMA Phenol
BUN	8.31	mg/dL	6.0-20.0	Reflect Spectrothoto

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Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
Type OF Sample	SERUM			
Total Cholesterol	173.0	mg/dl	up to 200	End Point
Total Triglycerides	114.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	39.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	134	mg/dL	<130	
LDL Cholesterol	111.2	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	22.8	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	4.44		Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0	CALCULATED

Page 6 of 9



SIN NO : 10455684,

(Signature)

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Patient NAME : Mr. NIKHLESH GUPTA	Collected : 03/Feb/2024 09:30AM
Age/Gender : 39 Y 0 M 0 D / M	Received : 03/Feb/2024 09:52AM
UHID/MR NO : ILK.00037674	Reported : 03/Feb/2024 11:20AM
Visit ID : ILK.110660	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

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	0.6	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.1	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.5	mg/dL	0.0-0.9	Calculated
SGOT / AST	41.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	55.0	U/L	1-45	UV Kinetic (IFCC)
Alkaline Phosphatase	104.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	38.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	6.8	g/dl	6.4-8.3	Biuret
Albumin	5.0	g/dL	3.5-5.2	BCG
Globulin	1.8	g.dl	2.0-3.5	Calculated
A/G Ratio	2.78	%	1.0-2.3	Calculated



SIN NO :10455684,

A.K. Rajong

DR. ASHOK KUMAR
M.D. (PATH)

Patient NAME : Mr. NIKHLESH GUPTA	Collected : 03/Feb/2024 09:30AM
Age/Gender : 39 Y 0 M 0 D /M	Received : 03/Feb/2024 12:43PM
UHID/MR NO : ILK.00037674	Reported : 03/Feb/2024 01:46PM
Visit ID : ILK.110660	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-SPECIAL

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

Trilodothyronine Total (TT3)	1.23	ng/dL	0.6-1.8	Chemilluminescence
Thyroxine (TT4)	6.19	µg/dL	4.5-10.9	Chemilluminescence
Thyroid Stimulating Hormone (TSH)	3.130	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).



SIN NO : 10453684,

A.K. Rajong

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M.D. (PATH)

Patient NAME : Mr. NIKHLESH GUPTA	Collected : 03/Feb/2024 09:30AM
Age/Gender : 39 Y O M O D /M	Received : 03/Feb/2024 09:52AM
UHID/MR NO : ILK.00037674	Reported : 03/Feb/2024 11:58AM
Visit ID : ILK.110660	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF CLINICAL PATHOLOGY

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

Physical Examination

Colour	PALE YELLOW			Visual
Appearance	Clear			Visual
pH	5.5		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	2-3	/Hpf	0-2	
Epithelial Cells	3-4	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 ***

Page 9 of 9



SIN NO :10433684,

(Handwritten Signature)

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ECHO CARDIOGRAPHY REPORT

Patient Name : Mr NIKHLESH GUPTA
Date : 03/02/2024

AGE & Sex :39yrs /M

Echocardiography was performed on vivid T8

Quality Of Imaging : Adequate

Mitral Valve : Normal
Tricuspid Valve : Normal
Aortic Valve : Normal
Pulmonary Valve : Normal
Left Atrium : 3.4cms
Left Ventricle : IVSD : 1.2 cms LVPWD : 1.2cms
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 : 3.1cms
IAS IVS : Intact
Pulmonary Artery : Normal
Pericardium : Normal
SVC, IVC : Normal
Pulmonary Artery : Normal
Intracardiac Masses : Nil
Doppler : E > A

Conclusion :

NORMAL CARDIAC CHAMBERS DIMENSION .
NO REGIONAL WALL MOTION ABNORMALITY
NORMAL LV SYSTOLIC FUNCTION , LVEF-60%
NORMAL VALVES
INTACT SEPTUM
NO CLOT /VEGETATION /PERICARDIAL EFFUSION

Dr. Abhishek Sharma
MBBS, 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. : 1906233
NAME : MR NIKHLESH GUPTA
AGE/SEX : 39 YRS / MALE

DATE : 03-February-2024
MRD NO. : R-114967
CITY : GWALIOR

VISION	DISTANCE		NEAR	
	OD	OS	OD	OS
UNAIDED	6/6	6/6	N6	N6
WITH GLASSES				
WITH PIN HOLE				
WITH COLOR				
VISION				

IOP READING				
TIME	OD	OD METHOD	OS	OS METHOD
11:54AM	19		20	

Rx.	EYE	From	To	Instructions
1 CHLOROCOL - H EYE OINTMENT 3G BEFORE SLEEP AT NIGHT FOR 15 DAYS	BOTH EYE	3-Feb-2024	17-Feb-2024	LA OVER LID MARGINS STOP
2 TREHALUBE EYE DROPS 10ML (SODIUM HYALURONATE 1 MG/ML) ONE DROP 4 TIMES A DAY FOR 60 DAYS	BOTH EYE	3-Feb-2024	2-Apr-2024	

TREATMENT PLAN : -MEDS AS ADV
REFERRED TO :
DR. REMARK : PERIODIC FOLLOW UPS ADVISED

DR. SAVITRI DEVAL

NEXT REVIEW : 17-Feb-2024 1:17PM 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 ● कौशलैस इंश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध
● For Appointment Please Contact : 9111004046

स्वामी विद्यानंद भारती आई बैंक

नेत्रदान

करें और करायें इसे अपने परिवार की परम्परा बनायें
नेत्रदान के लिए सम्पर्क करें : 9111004044

Patient Name Nikhlesh Uppey MRN : Age Sex Date/Time 3/2/24

Mob No.

Investigations : (Please Tick)

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- Sugar - F/PP
- HbA1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

Health checkup

O/E -

Calculation ~
Spurn ~

Quaranteed $\frac{8}{8}$

$\frac{8}{8}$ (~~but~~ guaranteed)

Vitals

- B.P.
- P.R.
- SPO2
- Temp

T/P -

- oral prophylaxis

- Extraction

Medical Illness

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

R.

~~all~~ chronic APS 7/10

Next Appointment/Follow up

Signature :



Patient name	MR. NIKHLESH GUPTA	Age/sex	39Y /M
Ref. By	HCP	Date	03.02.24

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.

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 normal in size.. It shows a uniform parenchymal echogenicity and smooth outlines with no evidence of focal or diffuse lesion seen.

Impression:-

- **Hepatomegaly with fatty liver.**

Please correlate clinically.

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



Male

Rate 85 . Sinus rhythm.....normal P axis, V-rate 50- 99

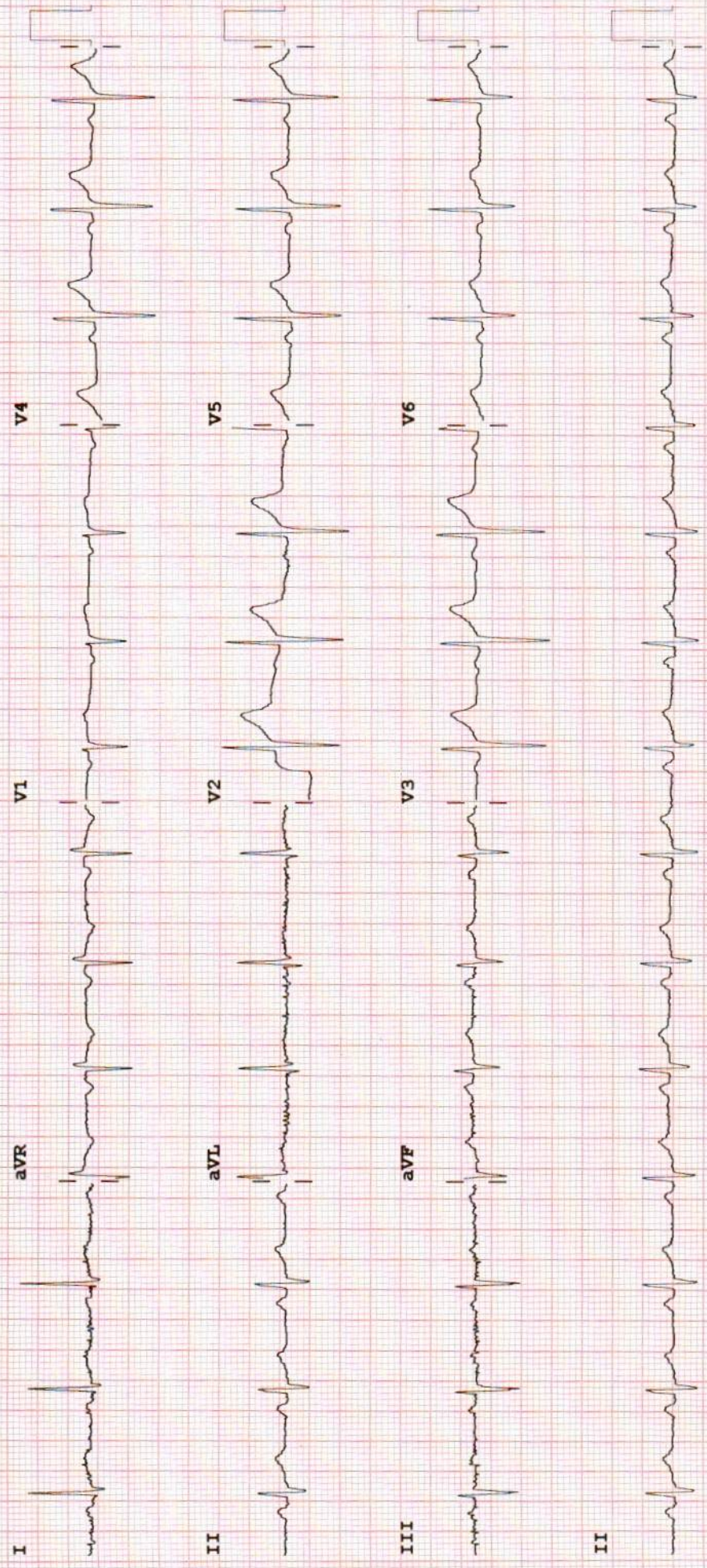
PR	151
QRSD	77
QT	336
QTc	400

--AXIS--
 P 67
 QRS -13
 T 43

- NORMAL ECG -

12 Lead; Standard Placement

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?