

**Patient Details**

UHID : AFD000014862  
 Patient Name : MR. PAWAN KUMAR  
 Age / Gender : 37 Yrs 18 Days / MALE / 23-08-1985  
 Company : Acrofemi Healthcare Ltd  
 Address : 571 SECTOR-21 D, FARIDABAD, HARYANA, INDIA, Zip No.-121012

Bill Date : 10-09-2022 09:08:41  
 Bill No. : AFDHC220000504  
 Receipt No. : AFDPRT220023803

**Service Details**

S. No.	Investigation	Rooms	Remarks
1	MEDIWHEEL PKG FOR MALE BELOW 40YRS		
2	CBC-1( COMPLETE BLOOD COUNT )		
3	ESR		
4	URINE, ROUTINE EXAMINATION		
5	STOOL ROUTINE EXAMINATION		<i>refused</i>
6	*BLOOD GROUP (ABO & RH)		
7	GLUCOSE PLASMA (FASTING)		
8	GLUCOSE PLASMA (PP) POST PRANDIAL		<i>10:40</i>
9	GLYCATED HAEMOGLOBIN (HBA1C)		
10	THYROID PROFILE (FT3+FT4+TSH)		
11	LIPID PROFILE		
12	KFT/RFT-KIDNEY/RENAL PANEL 1		
13	LIVER FUNCTION TESTS (LFT)		
14	ECG		
15	2D ECHO DR. MITHLESH KUMAR / DR. SUBHASH KUMAR DEV		
16	XRAY-CHEST P.A.		
17	USG-FOR WHOLE ABDOMEN		
18	OPD Consultation-Internal Medicine DR. MUKUND SINGH		
19	OPD Consultation-Ophthal DR. UPASANA / DR. SATISH JERIA		

Prepared By : MR. NIKHIL SHARMA

Employee  
Signature

**FINAL REPORT**

Bill No.	: AFDHC220000504	Bill Date	: 10-09-2022 09:08
Patient Name	: MR. PAWAN KUMAR	UHID	: AFD000014862
Age / Gender	: 37 Yrs 20 Days / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22016097	Current Ward / Bed	: /
		Receiving Date & Time	: 10-09-2022 09:45
		Reporting Date & Time	: 10-09-2022 11:36

**HAEMATOLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

**MEDIWHEEL PKG FOR MALE BELOW 40YRS**
**CBC -1 (COMPLETE BLOOD COUNT)**

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		6.6	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.9	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		16.6	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		47.0	%	40 - 50
MEAN CORPUSCULAR VOLUME		96.1	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	H	34.0	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	H	35.4	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		269	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	57.0	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	14.6	%	11.6 - 14

**DIFFERENTIAL LEUCOCYTE COUNT**

NEUTROPHILS		57	%	40 - 80
LYMPHOCYTES		33	%	20 - 40
MONOCYTES		7	%	2 - 10
EOSINOPHILS		3	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	12	mm 1st hr	0 - 10

**\*\* End of Report \*\***
**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low


**DR. RICHA KAUSHIK MISHRA**  
 MBBS, DNB  
 CONSULTANT

**FINAL REPORT**

Bill No.	: AFDHC220000504	Bill Date	: 10-09-2022 09:08
Patient Name	: MR. PAWAN KUMAR	UHID	: AFD000014862
Age / Gender	: 37 Yrs 20 Days / MALE	Patient Type	: OPD      If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22016137	Current Ward / Bed	: /
		Receiving Date & Time	: 10-09-2022 11:48
		Reporting Date & Time	: 10-09-2022 13:20

**CLINICAL PATH REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Urine

**MEDIWHEEL PKG FOR MALE BELOW 40YRS**

**URINE, ROUTINE EXAMINATION**

**PHYSICAL EXAMINATION**

QUANTITY	50 mL		
COLOUR	Pale yellow		Pale Yellow
TURBIDITY	Clear		

**CHEMICAL EXAMINATION**

PH	6.0		5.0 - 8.5
PROTEINS	Negative		Negative
SUGAR	Negative		Negative
SPECIFIC GRAVITY, URINE	1.015		1.005 - 1.030

**MICROSCOPIC EXAMINATION**

LEUCOCYTES	1-2	/HPF	0 - 5
RBC's	Nil		
EPITHELIAL CELLS	0-1		
CASTS	Nil		
CRYSTALS	Nil		

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low



**DR. RICHA KAUSHIK MISHRA**  
MBBS, DNB  
CONSULTANT



**FINAL REPORT**

Bill No.	: AFDHC220000504	Bill Date	: 10-09-2022 09:08
Patient Name	: MR. PAWAN KUMAR	UHID	: AFD000014862
Age / Gender	: 37 Yrs 20 Days / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22016098	Current Ward / Bed	: /
		Receiving Date & Time	: 10-09-2022 09:45
		Reporting Date & Time	: 10-09-2022 13:55

**BLOOD BANK REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
Sample Type: EDTA Whole Blood				
<b>MEDIWHEEL PKG FOR MALE BELOW 40YRS</b>				
<b>BLOOD GROUP (ABO &amp; RH)</b>				
ABO GROUP		"B"		
RH TYPE		POSITIVE		

Forward grouping done by slide method.

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low

*Richa Kaushik*

**DR. RICHA KAUSHIK MISHRA**  
MBBS, DNB  
CONSULTANT

**FINAL REPORT**

Bill No.	: AFDHC220000504	Bill Date	: 10-09-2022 09:08
Patient Name	: MR. PAWAN KUMAR	UHID	: AFD000014862
Age / Gender	: 37 Yrs 20 Days / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22016168	Current Ward / Bed	: /
		Receiving Date & Time	: 10-09-2022 13:56
		Reporting Date & Time	: 10-09-2022 15:43

Sample Type: Plasma, Serum

**MEDIWHEEL PKG FOR MALE BELOW 40YRS**

GLUCOSE-PLASMA (FASTING) (UV Hexokinase)	94.0	mg/dL	70 - 100
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Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.  
(As per American Diabetes Association recommendation)

GLUCOSE-PLASMA (POST PRANDIAL) (UV Hexokinase)	105.2	mg/dL	70 - 140
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Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.  
(As per American Diabetes Association recommendation)

**KFT/RFT- KIDNEY/RENAL PANEL 1**

BLOOD UREA Urease-GLDH,Kinetic	L	14	mg/dL	15 - 45
CREATININE-SERUM (Modified Jaffe's Kinetic)	L	0.8	mg/dL	0.9 - 1.3
SODIUM-SERUM (Indirect Ion-Selective Electrode)		139	m.mol/L	135 - 145
POTASSIUM-SERUM (Indirect Ion-Selective Electrode)		4.1	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM (Indirect Ion-Selective Electrode)		102	m.mol/L	98 - 107

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low

*RKaushik*

**DR. RICHA KAUSHIK MISHRA**  
MBBS, DNB  
CONSULTANT

**FINAL REPORT**

Bill No. : AFBCB220002935	Bill Date : 10-09-2022 10:33
Patient Name : MR. PAWAN KUMAR	UHID : AFD000014862
Age / Gender : 37 Yrs 20 Days / MALE	Patient Type : If PHC :
Ref. Consultant : SELF	Ward / Bed : /
Sample ID : AFB22292171	Current Ward / Bed : /
	Receiving Date & Time : 10-09-2022 10:47
	Reporting Date & Time : 10-09-2022 13:32

**HAEMATOLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
Sample Type: EDTA Whole Blood				
<b>*GLYCATED HAEMOGLOBIN (HBA1C)</b>				
HBA1C (HPLC)		5.2	%	4.27 - 6.07

**INTERPRETATION:**

HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- Note:
1. A three monthly monitoring is recommended in diabetics.
  2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low



**DR. UMA R**  
MD, PATHOLOGY  
Sr. Consultant & Head of the Deptt.

**FINAL REPORT**

Patient No. : AFBCB220002935  
 Patient Name : MR. PAWAN KUMAR  
 Age / Gender : 37 Yrs 20 Days / MALE  
 Ref. Consultant : SELF  
 Sample ID : AFB22292172

Bill Date : 10-09-2022 10:33  
 UHID : AFD000014862  
 Patient Type :  
 Ward / Bed : / If PHC :  
 Current Ward / Bed : /  
 Receiving Date & Time : 10-09-2022 10:47  
 Reporting Date & Time : 10-09-2022 14:44

**SEROLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

**\*THYROID PROFILE (FT3+FT4+TSH)**

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.86	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.56	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.24	mIU/L	0.27-4.20

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

L - Critical Low, CH - Critical High, H - High, L - Low

*Shilpa*

DR. SHILPA G  
 MD, PATHOLOGY  
 Consultant



**FINAL REPORT**

Sample ID	: AFDHC220000504	Bill Date	: 10-09-2022 09:08
Patient Name	: MR. PAWAN KUMAR	UHID	: AFD000014862
Age / Gender	: 37 Yrs 20 Days / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
	: AFD22016168	Current Ward / Bed	: /
		Receiving Date & Time	: 10-09-2022 13:56
		Reporting Date & Time	: 10-09-2022 15:43

**BIOCHEMISTRY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Plasma, Serum

**MEDIWHEEL PKG FOR MALE BELOW 40YRS**

CHOLESTROL-TOTAL (CHO-POD)	H	202	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immuno-inhibition		48	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	H	144	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - POD)		136	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	154.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.2		½Average Risk <3.3 Average Risk 3.3-4.4 2 Times Average Risk 4.5-7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		3.0		½Average Risk <1.0 Average Risk 1.0-3.6 2 Times Average Risk 3.7-6.3 3 Times Average Risk 6.4-8.0
CHOLESTROL-VLDL		27	mg/dL	10 - 35

**Comments:**

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
  - Cigarette smoking.
  - Hypertension.
  - Family history of premature coronary heart disease.
  - Pre-existing coronary heart disease.

**LIVER FUNCTION TESTS (LFT)**

BILIRUBIN-TOTAL (DPD)		0.77	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.13	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.64	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		6.9	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.2	g/dL	
S.GLOBULIN	L	2.7	g/dL	2.8-3.8
A/G RATIO		1.56		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		61.7	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (IFCC)		25.3	IU/L	10 - 42
ALANINE AMINO TRANSFERASE (IFCC)	H	41.0	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTID (IFCC)		22.6	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC; L-P)		182.3	IU/L	0 - 248

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**



Mr. Pawan Kumar  
ID: 14862

08.09.2022 11:22:45  
ASIAN FIDELIS HOSPITAL  
SEC-88 FARIDABAD HARYANA  
RPS CITY

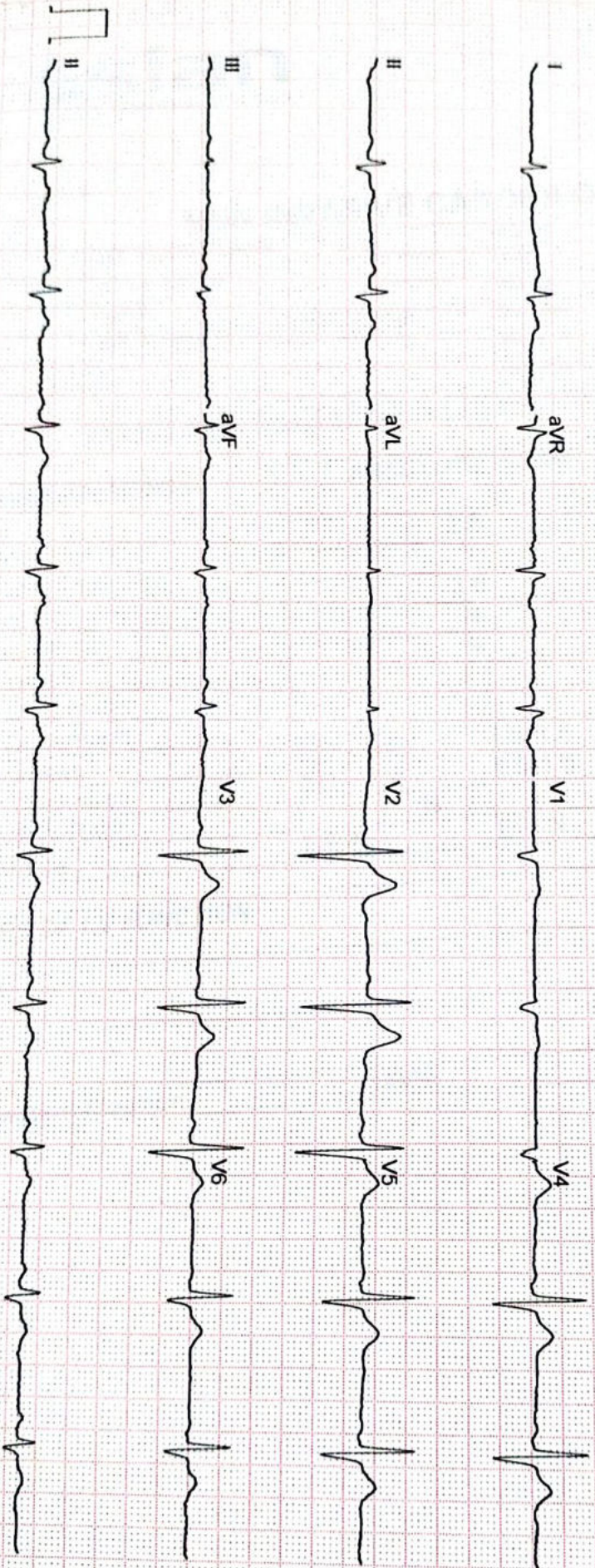
Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 92 ms  
QT / QTcBaz : 372 / 380 ms  
PR : 154 ms  
P : 60 ms  
RR / PP : 950 / 952 ms  
P / QRS / T : 49 / -2 / 39 degrees

Normal sinus rhythm  
Normal ECG

63 bpm  
— / — mmHg



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz

Unconfirmed  
4x2 5x3\_25\_R1

1/1



## NON INVASIVE CARDIOLOGY

Patient Name	: MR. PAWAN KUMAR	IPD No.	:	
Age	: 37 Yrs 18 Days	UHID	:	AFD000014862
Gender	: MALE	Bill No.	:	AFBCB220002946
Ref. Doctor	: DR. KUMAR HRISHIKESHAsian FBD	Bill Date	:	10-09-2022 13:02:50
Ward	:	Room No.	:	
		Procedure Date	:	10-09-2022 13:12:10

### ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

MEASUREMENTS	ABSOLUTE VALUE		NORMAL VALUE
Aortic Root Diameter	2.8		2.0-3.7cm < 2.2cm/M2
Aortic Valve Opening	N		1.5-2.6cm
Left Atrial Dimension	3.6		1.9-4.0cm < 2.2cm/M2
RV Dimensions	N		0.7-2.6cm
RV thickness	N		0.3-0.9cm
LV ED Dimension	4.2		3.7-5.6 cm < 3.2cm /M2
LV ES Dimension	2.9		2.2-4.0 cm
IVS thickness	ED - 0.9	ES-1.6	0.6-1.2cm
LVPW Thickness	ED - 1.0	ES-1.6	0.5-1.1cm
IVS/ LVPW Ratio	N		
Mitral Valve	DE-N	EF -N	

INDICES OF LV FUNCTION		
EPSS		<9mm
FS%		24-42%
LV Ejection Fraction	60%	60+/-6%

## NON INVASIVE CARDIOLOGY

Patient Name	: MR. PAWAN KUMAR	IPD No.	:
Age	: 37 Yrs 18 Days	UHID	: AFD000014862
Gender	: MALE	Bill No.	: AFBCB220002946
Ref. Doctor	: DR. KUMAR HRISHIKESHAsian FBD	Bill Date	: 10-09-2022 13:02:50
Ward	:	Room No.	:
		Procedure Date	: 10-09-2022 13:12:10

### IMAGING:

2D-imaging in PLAX.SAX and apical views revealed normal left ventricle. Movement of septum, posterior and lateral walls are normal. Global LVEF is 60%. Mitral valve opening is normal. No evidence of mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted. Tricuspid valve leaflets move normally, Pulmonary valve is normal. Interatrial and Interventricular septal are intact, No intracardiac mass or thrombus is seen. No pericardial pathology is observed.

### MORPHOLOGICAL DATA

Mitral Valve : AML PML	Normal	Interatrial Septum	Intact
Aortic Valve	Normal	Interventricular Septum	Intact
Tricuspid Valve	Normal	Pulmonary Artery	Normal
Pulmonary Valve	Normal	Aorta	Normal
Right Ventricle	Normal	Right Atrium	Normal
Left Ventricle	Normal	Left Atrium	Normal

### DOPPLER STUDY

MITRAL VELOCITY	Cm/s E-73	Cm/s A-49	MR	2/4
TRICUSPID VELOCITY	cm/s		TR	1/4
AORTIC VELOCITY	129 cm/s		AR	0/4
PULMONARY VELOCITY	106 cm/s		PR	0/4
PA Pressure	25mmHg			

**NON INVASIVE CARDIOLOGY**


Print Name	: MR. PAWAN KUMAR	IPD No.	:	
Age	: 37 Yrs 18 Days	UHID	:	AFD000014862
Gender	: MALE	Bill No.	:	AFBCB220002946
Ref. Doctor	: DR. KUMAR HRISHIKESH Asian FBD	Bill Date	:	10-09-2022 13:02:50
Ward	:	Room No.	:	
		Procedure Date	:	10-09-2022 13:12:10

**COLOUR FLOW MAPPING**  
Mild MR, Trace TR.

**FINAL IMPRESSION**

1. No RWMA, LVEF-60%.
2. Normal cardiac chamber dimension
3. Mild MR, Trace TR (PASP=25mmHg).
4. Normal mitral inflow pattern.
5. No clot/mass/vegetation/PE.

DR. SUBRAT AKHOURY  
MD,DM (Cardiology). FSCAI (USA)  
Director & Sr. Consultant  
Interventional Cardiologist

  
DR. KUMAR HRISHIKESH  
MBBS, PGDCC  
Fellowship in Non Invasive Cardiology  
Consultant Cardiology

DR. PRATEEK CHAUDHARY  
MBBS,MD,DM(Cardio)  
Consultant Cardiology  
Interventional Cardiologist.

For The perusal of a medical professional only  
The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.  
It is not the diagnosis & must be correlated clinically.  
**NOT FOR MEDICOLEGAL PURPOSES**  
.....End of Report.....

Prepare By.  
KUMAR.HRISHIK  
ES



Name Pawan Kumar Age 37/m Date 10/9/22

Name : MR. PAWA  
FATHER : MR RAJ PA  
Age / Gender : 37 Yrs 18 D  
CPG : CORPORAT  
Inst. Name : Acrofemi He  
Address : 571 SECTO

	Sphere	Cylinder	Axis	Add.	BCVA
Right (OD)	<u>Plane</u>	<u>-</u>	<u>-</u>	<u>+0.75</u>	<u>6/6</u>
Left (OS)	<u>Plane</u>	<u>-</u>	<u>-</u>	<u>+0.75</u>	<u>6/6</u>
			PD	<u>66</u>	

**Asian Fidelis Multispeciality Hospital**

RPS Savana City, Sector-88, Faridabad, Haryana-121002  
Tel: +91-0129-4333000 • E-mail: cem@asianfidels.com

Present Complaints :

CL

Pulse 70 b/m  
RR SP02 - 96%  
Ht/Length 180 cm  
Wt- 75.1 kg  
Pain Score (1-10)

Past / Family History :

No H/p Dm/HTN

History Given By :

Clinical Findings :

Vh < 6/6  
6/6

RTV < nb(B)  
nb(B)

Provisional Diagnosis :

RTV

Any known Allergies

Acc < Plane 6/6  
Plane - 6/6  
Add + 0.75 (BE) - nb

DR. UPASANA / DR. SATISH JERIA, M.D./MS, CONSULTANT-OPHTHALMOLOGY, Reg. No: DMC-71812

**Note :**

Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.

**WHEN TO OBTAIN URGENT CARE :** In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MR. PAWAN KUMAR	IPD No.	:	
Age	: 37 Yrs 18 Days	UHID	:	AFD000014862
Gender	: MALE	Bill No.	:	AFDHC220000504
Ref. Doctor	: SELF	Bill Date	:	10-09-2022 09:08:41
Ward	:	Room No.	:	
		Print Date	:	10-09-2022 12:45:42

### CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields appear clear.

Both domes of diaphragm and both CP angles are clear.


Both hila appear normal.

Soft tissues and bony cage appear normal.

**Please correlate clinically.**

.....End of Report.....

Prepare By.  
BHANOO

  
DR. BHANOO CHAUDHARY, MBBS, MD  
CONSULTANT

**Note :** The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MR. PAWAN KUMAR	IPD No.	:
Age	: 37 Yrs 18 Days	UHID	: AFD000014862
Gender	: MALE	Bill No.	: AFDHC220000504
Ref. Doctor	: SELF	Bill Date	: 10-09-2022 09:08 41
Ward	:	Room No.	:
		Print Date	: 10-09-2022 09:53:31

### USG WHOLE ABDOMEN

#### FINDINGS:

- Liver is normal in size (longitudinal span 13.0 cm), contour and echotexture. No evidence of any focal lesion is seen. No dilated intrahepatic biliary radicles are seen. Common duct and portal vein are normal in course and caliber.
- The gall bladder is partially distended (post-prandial status).
- *Visualized Pancreas is normal in size and parenchymal echogenicity. Rest of the pancreas and retroperitoneal structures are obscured by overlying bowel gas shadows.*
- Spleen is normal in size and echo pattern with no focal lesion.
- Both the kidneys are normal in size, shape and position. No evidence of any hydronephrosis is noted on either side. Normal corticomedullary differentiation is maintained bilaterally. The cortical thickness is within normal limits. The right kidney measures 9.9 x 4.3 cm. The left kidney measures 10.5 x 4.9 cm. **Tiny concretions are seen involving the middle and lower pole of left kidney.**
- The Urinary Bladder is partially distended.
- Prostate is normal in size, shape and echotexture.
- No ascites/retroperitoneal lymphadenopathy/pleural effusion.
- Note is made of tiny subcutaneous lipomas are seen involving left and right flank region.


#### IMPRESSION:

- Left renal concretions.

*Please correlate clinically.*

.....End of Report.....

Prepare By.  
BHANOO

  
DR. BHANOO CHAUDHARY, MBBS, MD  
CONSULTANT

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