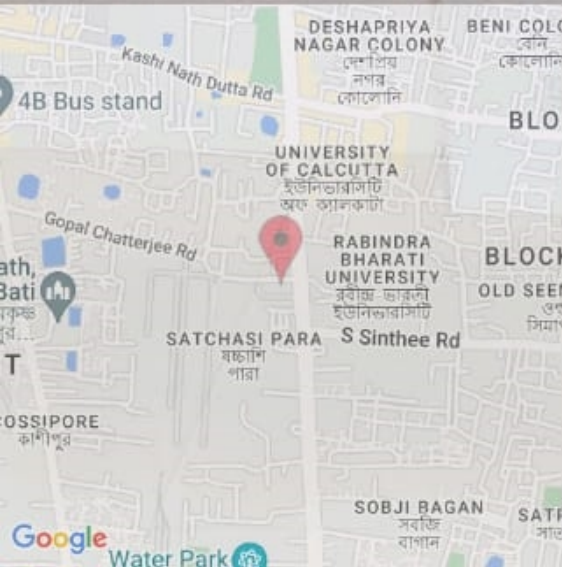


Apollo Clinic

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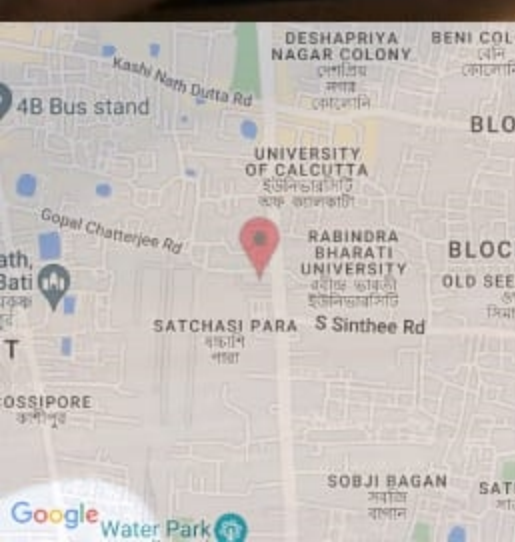
36C, Barrackpore Trunk Rd, CIT, Satchasi Para, Kolkata, West Bengal 700002, India

Kolkata
West Bengal
India



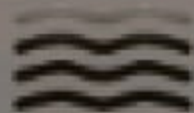
29°C
84°F

2022-08-09(Tue) 09:29(AM)



36C, Barrackpore Trunk Rd, CIT, Satchasi Para, Kolkata, West Bengal 700002, India

Kolkata
West Bengal
India



30°C
86°F

2022-08-09(Tue) 10:03(AM)



भारत सरकार



आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrolment No.: 1221/79998/01838

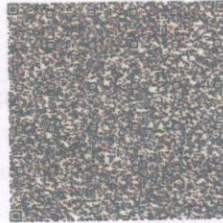
Download Date: 15/08/2020

To
Sankar Pathak
S/O Prakash Chandra Pathak
AH 06
REGENT PARK
NEAR WATER TANK
Khardah (m)
Rahara
North 24 Parganas West Bengal - 700118
9163805353

Issue Date: 17/09/2017

Signature valid

Digitally signed by Sankar Pathak
DN: cn=Sankar Pathak, o=Unique Identification
Authority of India, ou=India, email=Sankar.Pathak@uidai.gov.in, c=IN



आपका आधार क्रमांक / Your Aadhaar No. :

3242,4799 9025

VID : 9112 2128 8098 2935

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



आधार

Download Date: 15/08/2020



Sankar Pathak
Date of Birth/DOB: 01/12/1964
Male/ MALE

Issue Date: 17/09/2017

3242 4799 9025

VID : 9112 2128 8098 2935

मेरा आधार, मेरी पहचान

Handwritten signature



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- **Aadhaar** is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
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भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Address:
S/O Prakash Chandra Pathak, AH 06,
REGENT PARK, NEAR WATER TANK,
Khardah (m), North 24 Parganas,
West Bengal - 700118



3242 4799 9025

VID : 9112 2128 8098 2935



1947



help@uidai.gov.in



www.uidai.gov.in

Handwritten signature

[Handwritten signature]


ବିଠ ଶିଳ୍ପ ବଣିକୀ
Bank of Baroda

ନାମ : Sankar Pathak
ନାମାଂକିତ ନଂ. :
E.C. No. 100153



ଆବିଷ୍କାରକ ସଂସ୍ଥା
Issuing Authority: C.M. (Co-ord) EZ



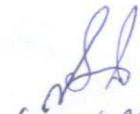
ସଂସ୍ଥା ସଂସ୍କରଣ
Signature of Holder

This is to state that TMT couldn't be done as prescription of cardiologist is required for the same because of Sankar Patil is a ~~patient~~ of having heart ailment and P-CA has been conducted earlier.

This is as explained to me by the Apollo clinic establishment

S
(SANKAR PATIL)
09/08/2022

This is to inform that USG procedure could not be done as I am not able to come for the same as per the timing of the Apollo clinic USG department


SANKAR PATNAIK

| | | |
|--------------------------------|-------------------------|--------------------------|
| NAME: MR. SANKAR PATHAK | MR NO: FSIN-0000 | DATE : 09.08.2022 |
| AGE: 57 YRS. | SEX: MALE | REF BY: SELF |

ECG REPORT

HR : 57 b/min
AXIS : NORMAL
RHYTHM : SINUS BRADYCARDIA
PR INTERVAL : 0.15 sec
QT INTERVAL : 0.512 sec
QRS DURATION : 0.112 sec
T-WAVE : NORMAL

IMPRESSION:

- SINUS BRADYCARDIA.



Dr. SIDDHARTHA KUNDU

MBBS (Cal), PGDCC, CCERDM
Clinical Cardiologist

Ex Sr Resident, Cardiology Dept.

D. H. Singh Hospital, Fortuna Mall



Patient Name: SANKAR PATHAK 57/M

Resting ECG Report

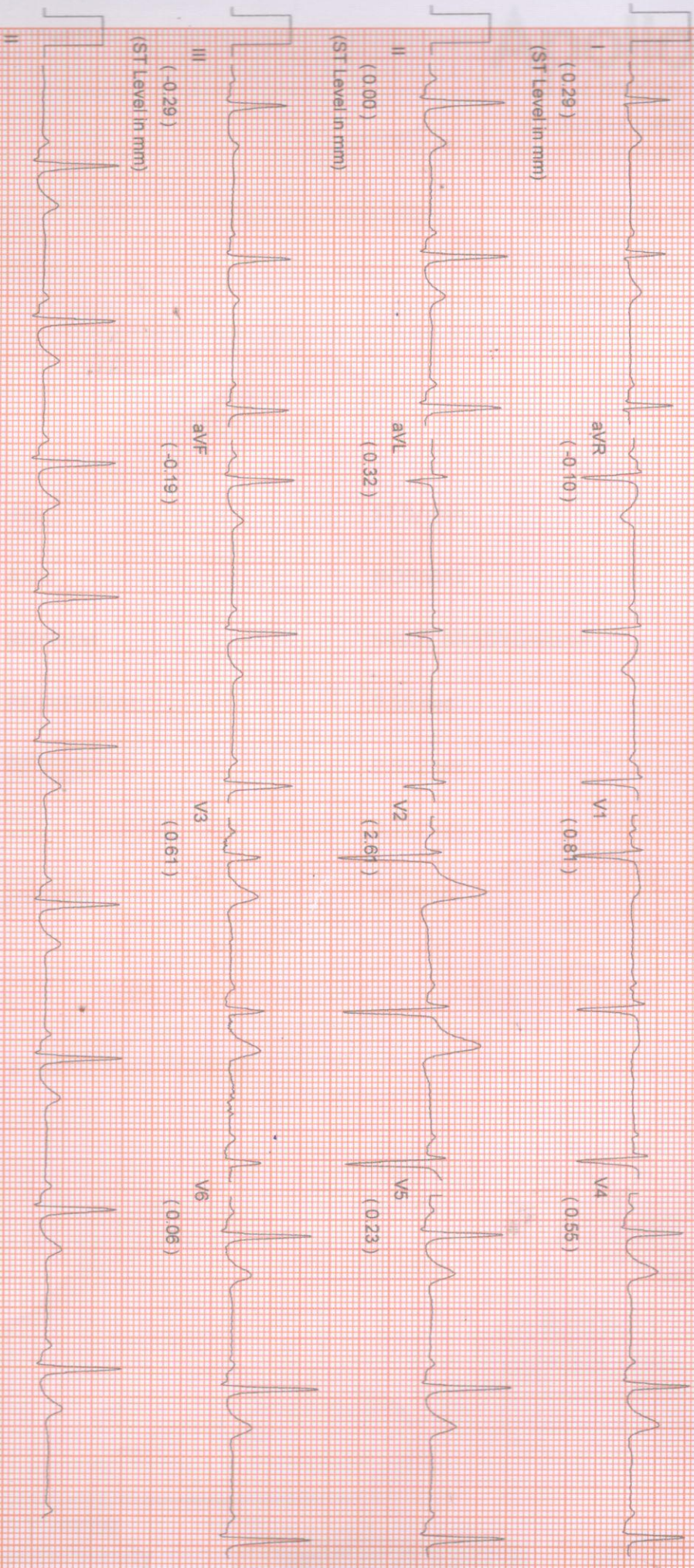
August 09, 2022
Time: 11:50:01

QT / QTc : 0.512 / 0.500 Sec
P-QRS-T Axis (55)-(58)-(48) deg

PR Interval: 0.15 sec
QRS Duration : 0.112 Sec

RR Interval: 1.05 sec

HR : 57 bpm
BP : 120 / 90 mmHg



Comments :-

DEPARTMENT OF RADIOLOGY X-RAY OF CHEST (PA) VIEW

MR. NO- FSIN.0000000

SEX-MALE

NAME: -SANKAR PATHAK

EXAMINATION DATE-09/08/2022

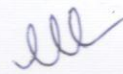
AGE-57YRS

REPORT DATE-09/08/2022

REF DR. SELF

FINDINGS:

- Bilateral accentuated pulmonary vascular marking noted.
- Tracheal shadow is in the midline.
- Bilateral CP angle are clear
- Both hila appear normal .
- CTR appears normal .
- No definite bone fracture is noted.



DR. ARNAB MANDAL

MD, Physician, PGDUS (Delhi) CEBT-USG (WBUHS KOLKATA)
Fellow of Jefferson Ultrasound Radiology and Education Institute
Philadelphia Ex-Radiology Resident (S.E. Railway)
Regd.No:72022(WBMC)



Patient Name: MR. SANKAR PATHAK
UHID/MR No.: FSIN.0000015255
Visit Date: 09.08.2022
Sample collected on: 09.08.2022
Ref Doctor: SELF

Age/Gender: 57 Years / Male
OP Visit No.: FSINOPV18327
Reported on: 09.08.2022
Specimen: BLOOD

DEPARTMENT OF SEROLOGICAL EXAMINATION

| <u>TEST NAME</u> | <u>RESULT</u> |
|---|----------------|
| <u>Blood Group (A, B & O) & Rh factor</u> | |
| BLOOD GROUP | "O" |
| RH TYPE | POSITIVE (+Ve) |

Results are to be correlate clinically.

*** End of the report***

Lab Technician / Technologist
Ranit Bhattacharjee



DR. KRISTI CHATTERJEE
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST



Patient Name: MR. SANKAR PATHAK
UHID/MR No.: FSIN.0000015255
Visit Date: 09.08.2022
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OP Visit No.: FSINOPV18327
Reported on: 09.08.2022
Specimen: BLOOD

DEPARTMENT OF HAEMATOLOGY

| <u>TEST NAME</u> | <u>RESULT</u> | <u>BIOLOGICAL REFERENCE</u> | <u>UNIT</u> |
|------------------------------|---------------|------------------------------------|-------------|
| COMPLETE BLOOD COUNT | | | |
| HEMOGLOBIN | 14.2 | Female 11.5-14.5 Male 12.5-16.5 | gm% |
| Method: Cyanmethemoglobin | | | |
| RBC COUNT | 5.0 | Female 3.8-4.8 Male 4.5-5.5 | mill/Cumm |
| Method: Electronic Impedance | | | |
| HEMATOCRIT (PCV) | 44.5 | Female 36-46 Male 42-52 | % |
| MCV | 87.6 | 83-101 fl | fl |
| Method: Calculated | | | |
| MCH | 27.9 | 27-32 pg | pg |
| Method: Calculated | | | |
| MCHC | 31.9 | 31.5-34.5 | % |
| Method: Calculated | | | |
| PLATELET COUNT | 1.85 | 1.5-4.5 lakhs/cu mm | Lakhs/cumm |
| Method: Electronic Impedance | | | |
| TOTAL WBC COUNT (TC) | 6,600 | 4,000-11,000 | /cumm |
| Method: Electronic Impedance | | | |
| DIFFERENTIAL COUNT (DC) | | | |
| Method: Microscopy | | | |
| NEUTROPHIL | 53 | 40-70 | % |
| LYMPHOCYTE | 44 | 20-45 | % |
| MONOCYTE | 01 | 2-8 | % |
| EOSINOPHIL | 02 | 1-4 | % |
| BASOPHIL | 00 | <1-2 | % |
| ESR | 17 | Male:12 Female:19 | mm/hr |
| Method: westergreen | | | |

Note: RBC are normocytic with normochromic.

INSTRUMENT USED:

SYSTEMEX (XP 100)

*Please correlate with clinical conditions.

End of the report

Lab Technician / Technologist
Ranit Bhattacharjee

Kristi Chatterjee

DR. KRISTI CHATTERJEE
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

Patient Name: MR. SANKAR PATHAK
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OP Visit No.: FSINOPV18327
Reported on: 09.08.2022
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

| <u>TEST NAME</u> | <u>RESULT</u> | <u>BIOLOGICAL REFERENCE INTERVALS</u> | <u>UNITS</u> |
|---|---------------|---------------------------------------|--------------|
| GLUCOSE- (FASTING) Method: (GOD-POD) | 99.0 | 70.0- 110.0 | mg/dl |
| GLUCOSE- (POST PRANDIAL) Method: (GOD-POD) | 122.0 | 80.0- 140.0 | mg/dl |

End of the report

Results are to be correlate clinically

Lab Technician / Technologist
Ranit Bhattacharjee

Kristi Chatterjee
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Age/Gender: 57 Years / Male
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Reported on: 09.08.2022
Specimen: BLOOD

DEPARTMENT OF SPECIAL BIOCHEMISTRY
REPORT PREPARED ON PATHOLOGY

| Test Name | Value | Unit | Normal Range |
|--|-------|-------|---|
| Glycosylated Haemoglobin (HbA1c), HPLC Glycosylated Haemoglobin (HbA1c), HPLC | 5.1 | % | Excellent Control: <4 Good Control: 4-6 Fair Control : >6-7 Action Suggested: >7-8 Poor Control : >8 |
| <i>Methodology: HPLC</i> <i>Instrument Used: Bio-Rad D-10</i> | | | |
| Estimated Average Glucose (EAG) | 126.0 | mg/dL | Excellent Control: 90-120 Good Control: 120-150 Fair Control: > 150-180 Action Suggested: 181-210 Panic Value: >211 |

Comment

- For patients with Hb variant diseases there may be lowering of HbA1c due to low HBA synthesis.
- EAG is value calculated from HbA1c & indicates average glucose level over past three months.

Factors that interfere with HbA1c Measurement: Genetic variants (e.g. Hbs trait, HbC trait), elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Factors that affect interpretation of HbA1c Results: Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results regardless of the assay method used.

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

Lab Technician / Technologist
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Age/Gender: 57 Years / Male
OP Visit No.: FSINOPV18327
Reported on: 09.08.2022
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

| <u>TEST NAME</u> | <u>RESULT</u> | <u>BIOLOGICAL REFERENCE INTERVALS</u> | <u>UNITS</u> |
|---|---------------|---|--------------|
| LIPID PROFILE | | | |
| Triglyceride Method: GPO-POD | 102.0 | <200 | mg/dl |
| Cholesterol Method: CHO - POD | 130.0 | Desirable blood cholesterol :< 220 Borderline High: 170.0-199.0 High: > 199.0 mg/dl | mg/dl |
| HDL CHOLESTEROL [DIRECT] Method: PVS and PEGME Coupled | 34.0 | 30-80mg/dl | mg/dl |
| LDL CHOLESTEROL [DIRECT] Method: PVS and PEGME Coupled | 75.6 | <130.0 mg/dl | mg/dl |
| VLDL CHOLESTEROL | 20.4 | 20-35 mg/dl | mg/dl |
| CHOLESTEROL: HDL RATIO | 3.8 | | |
| LDL: HDL RATIO | 2.2 | | |

End of the report

Results are to be correlate clinically

Lab Technician / Technologist
Ranit Bhattacharjee

Kristi Chatterjee

DR. KRISTI CHATTERJEE
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST



Patient Name: MR. SANKAR PATHAK
UHID/MR No.: FSIN.0000015255
Visit Date: 09.08.2022
Sample collected on: 09.08.2022
Ref Doctor: SELF

Age/Gender: 57 Years / Male
OP Visit No.: FSINOPV18327
Reported on: 09.08.2022
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

| <u>TEST NAME</u> | <u>RESULT</u> | <u>BIOLOGICAL REFERENCE INTERVALS</u> | <u>UNITS</u> |
|---|---------------|---------------------------------------|--------------|
| LIVER FUNCTION TEST (PACKAGE) | | | |
| BILIRUBIN- TOTAL Method: Daizo | 0.68 | 1.1 Adult | mg/dl |
| BILIRUBIN- DIRECT Method: Daizo with DPD | 0.16 | Adult & Children: <0.25 | mg/dl |
| BILIRUBIN- INDIRECT Method: calculated | 0.52 | 0.1-1.0 | mg/dl |
| TOTAL- PROTIEN Method: Photometric UV test | 7.12 | Adult: 6.6-8.8 | gms/dl |
| ALBUMIN Method: BCG | 3.90 | 3.5-5.2 | gms/dl |
| GLOBULIN Method: calculated | 3.22 | 1.8-3.0 | gms/dl |
| A:G Ratio | 1.21:1 | | |
| SGOT/AST Method: IFCC WITHOUT P5P | 31.6 | up to 45 | U/L |
| SGPT/ALT Method: IFCC WITHOUT P5P | 24.4 | up to 40 | U/L |
| ALKA-PHOS Method: PNPP- AMP BUFFER | 68.1 | Adult: 20-220 Child: 104-380 | U/L |
| GGT [Gamma Glutamyl Transferase] | 15.7 | 7-32 | U/L |

*Please correlate with clinical conditions.

End of the report

Lab Technician / Technologist
Ranit Bhattacharjee

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Patient Name: MR. SANKAR PATHAK
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Ref Doctor: SELF

Age/Gender: 57 Years / Male
OP Visit No.: FSINOPV18327
Reported on: 09.08.2022
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

| <u>TEST NAME</u> | <u>RESULT</u> | <u>BIOLOGICAL REFERENCE INTERVALS</u> | <u>UNITS</u> |
|--|---------------|--|--------------|
| BLOOD UREA NITROGEN (BUN) Method: Calculated | 8.5 | 8 - 20 | mg/ dl |
| CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED ANALYZER EM-200 | 0.82 | Male: 0.7-1.4 Female: 0.6-1.2 Newborn: 0.3-1.0 Infant: 0.2-0.4 Child: 0.3-0.7 Adolescent: 0.5-1.0 | mg/dl |
| BUN: CREATININE RATIO | 10.3 | | |
| URIC ACID Method: Uricase | 5.62 | Female: 2.6 - 6.0 Male: 3.4 - 7.0 | mg/dl |

End of the report

Results are to be correlate clinically

Lab Technician / Technologist
Ranit Bhattacharjee

Kristi Chatterjee

DR. KRISTI CHATTERJEE
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST



Patient Name: MR. SANKAR PATHAK
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Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

| <u>TEST NAME</u> | <u>RESULT</u> | <u>BIOLOGICAL REFERENCE INTERVALS</u> | <u>UNIT</u> |
|--|---------------|---------------------------------------|-------------|
| TSH:THYROID STIMULATING HORMONE-SERUM Method : CLIA | 4.76 | 0.35-5.50 | μU/ml |
| TOTAL T3: TRI IODOTHYRONINE – SERUM Method : CLIA | 1.61 | 0.87 – 1.78 | ng/dl |
| TOTAL T4: THYROXINE – SERUM Method : CLIA | 13.50 | 8.09 – 14.03 | μg/Dl |

Comment: Note :>1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations
> 2. Values <0.03 μU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.
Clinical Use:> Primary Hypothyroidism > Hyperthyroidism > Hypothalamic – Pituitary hypothyroidism
> Inappropriate TSH secretion > Nonthyroidal illness > Autoimmune thyroid disease
>Pregnancy associated thyroid disorders > Thyroid dysfunction in infancy and early childhood.

Results are to be correlate clinically .

End of the report

Lab Technician / Technologist
Ranit Bhattacharjee

Kristi Chatterjee

DR. KRISTI CHATTERJEE
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST



Patient Name: MR. SANKAR PATHAK
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OP Visit No.: FSINOPV18327
Reported on: 09.08.2022
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE
REPORT PREPARED ON PATHOLOGY

| TEST NAME | VALUE | UNITS | RANGE |
|--|-------|-------|--|
| PSA (prostate-Specific Antigen)(TOTAL) | 0.23 | ng/ml | <4.0ng/ml. :Negative 4.0 – 10.0ng/ml. :Borderline >10.0ng/ml. : Elevated |

Methodology:CLIA

****Interpretation :** PSA is a product of prostatic epithelium and is normally secreted in the semen. It has been widely used in the diagnosis and management of prostatic cancer. A universal cutoff value of 4ng/ml is generally being used. However this simplified approach has led to delayed diagnosis, as well as overdiagnosis in many cases. Several refinements in the interpretation of the PSA value have been proposed.

Serum PSA density Reflects the PSA produced per gram of the prostate tissue. It is calculated by dividing the total serum PSA by the estimated gland volume (by transrectal ultrasound) . Upper normal value for PSA density is 0.15

| Age Specific reference ranges : | Age group | Upper reference range |
|---------------------------------|------------|-----------------------|
| | 40 -49 Yrs | 2.5 ng/ml |
| | 50 -59 Yrs | 3.5 ng/ml |
| | 60 -69 Yrs | 4.5 ng/ml |
| | 70-79 Yrs | 6.5 ng/ml |

Serum PSA Velocity Men with prostatic cancer demonstrate an increased rate of rise in PSA level as compared to men having other conditions. The rate of change that best distinguishes between men with and without prostatic cancer is 0.75ng/ml per year. For this to be valid at least three PSA measurements should be done over a period of 1.5 yrs to 2.0 years.

Free PSA estimation PSA exists in two forms, a major fraction bound to alpha 1 chymotrypsin and a minor free fraction. The percentage of Free PSA (free PSA/total PSAx100) is very useful in discriminating the conditions from prostate cancer when the total PSA level is in the "grey zone" of 4 – 10 ng/ml. Depending on the free PSA % the probability of prostate cancer can be determined as follows

| %free PSA | probability of CA prostate |
|-----------|----------------------------|
| 0 -10% | 55% |
| 10-15% | 28% |
| 15 – 20% | 25% |
| >20% | 10% |

INSTRUMENT USED:
FULLU AUTOMATED CLIA – TOSOH AIA – 360

****End Of Report****

Lab Technician / Technologist
Ranit Bhattacharjee

Kristi Chatterjee
DR. KRISTI CHATTERJEE
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

Patient Name: MR. SANKAR PATHAK
UHID/MR No.: FSIN.0000015255
Visit Date: 09.08.2022
Sample collected on: 09.08.2022
Ref Doctor: SELF

Age/Gender: 57 Years / Male
OP Visit No.: FSINOPV18327
Reported on: 09.08.2022
Specimen: URINE

CLINICAL PATHOLOGY

URINE FOR ROUTINE EXAMINATION

| <u>Test Name</u> | <u>Result</u> | <u>Unit</u> | <u>Method</u> |
|---------------------------------------|---------------|-------------|---|
| <u>PHYSICAL EXAMINATION</u> | | | |
| QUANTITY | 30 | ml | Container Measurement |
| COLOUR | Pale yellow | | Naked Eye Observation |
| APPEARANCE | Slightly hazy | | Naked Eye Observation |
| REACTION | Acidic | | Multiple Reagent Strip |
| SPECIFIC GRAVITY | 1.015 | | Multiple Reagent Strip |
| <u>CHEMICAL EXAMINATION</u> | | | |
| BLOOD | Nil | | Multiple Reagent Strip |
| ALBUMIN | Nil | | Multiple Reagent Strip / Heat & Acetic Acid |
| BILE PIGMENT | Nil | | Fuchet's Test |
| BILE SALT | Nil | | Hey's Sulphur Test |
| KETONE BODIES | Nil | | Multiple Reagent Strip / Rothera Test |
| SUGAR | Nil | | Multiple Reagent Strip / Benedict |
| <u>MICROSCOPIC EXAMINATION</u> | | | |
| PUS CELL | 2-3 | /HPF | Light Microscopy |
| RBC | Not found | /HPF | Light Microscopy |
| EPITHELIAL CELL | 2-3 | /HPF | Light Microscopy |
| MICRO ORGANISM | Present a few | | |
| Others | Not found | | |

Note : Any Abnormal Chemical Analysis Rechecked By Respective Manual Method
*** End of Report***

Lab Technician / Technologist
Madhumita Biswas

Kristi Chatterjee
DR. KRISTI CHATTERJEE
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

Patient Name: MR. SANKAR PATHAK
UHID/MR No.: FSIN.0000015255
Visit Date: 09.08.2022
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Ref Doctor: SELF

Age/Gender: 57 Years / Male
OP Visit No.: FSINOPV18327
Reported on: 09.08.2022
Specimen: STOOL

CLINICAL PATHOLOGY

STOOL FOR ROUTINE EXAMINATION

| <u>Test Name</u> | <u>Result</u> | <u>Unit</u> | <u>Method</u> |
|----------------------------------|------------------------|-------------|-----------------------|
| <u>PHYSICAL EXAMINATION</u> | | | |
| COLOUR | Brownish | | Naked Eye Observation |
| CONSISTANCY | Semi Soft | | Naked Eye Observation |
| ODOUR | Offensive | | Naked Eye Observation |
| MUCUS | Present (+) | | Naked Eye Observation |
| <u>CHEMICAL EXAMINATION</u> | | | |
| REACTION | Acidic | | |
| OCCULT BLOOD TEST | Negative | | |
| PH | 6.2 | | |
| <u>MICROSCOPICAL EXAMINATION</u> | | | |
| VEG CELL | Present(+) | /hpf | Light Microscopy |
| PUS CELL | 2-3 | /hpf | Light Microscopy |
| RBC | Nil | /hpf | Light Microscopy |
| OVA | Nil | | Light Microscopy |
| PARASITE | Nil | | Light Microscopy |
| CYST | Nil | | Light Microscopy |
| OTHERS | Bacteria present a few | | Light Microscopy |

Note : Any Abnormal Chemical Analysis Rechecked By Rechecked By Respective Manual Method
End of Report

Lab Technician / Technologist
Madhumita Biswas

Kristi Chatterjee

DR. KRISTI CHATTERJEE
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST



| | | |
|--------------------------------|-------------------------|-------------------------|
| NAME: MR. SANKAR PATHAK | MR NO: FSIN-0000 | DATE: 11/08/2022 |
| AGE : 58 YRS | SEX: MALE | REF BY: SELF |

ULTRASOUND OF WHOLE ABDOMEN

LIVER: Liver is **Enlarged** in size(**17.69cm**), shape, outline and echotexture. The intrahepatic tubular structures are normal. No focal area of altered echogenicity is noted . The porta hepatis is normal . The common bile duct measures (**4 cm**) in diameater. The portal vein measures (**10 cm**) at porta .

GALLBLADDER: Gall bladder is **Partially Contracted**. Wall is normal. No calculus or mass is seen within the gall bladder .

PANCREAS: It is normal in size, Shape, Outline and echotexture. Pancreatic duct is not dilated.

SPLEEN: It is normal in size (**10.40cm**), Shape, Outline and echotexture. No parenchymal lesion is noted.

BOTH KIDNEYS: Both kidneys are normal in position, size, shape, outline and echotexture. The cortico medullary differentiation is maintained. No calculus or hydronephrosis is seen.

RIGHT KIDNEY measures (**9.55 cm**).

LEFT KIDNEY measures (**10.38 cm**).
Cortical Cyst seen in **Lower-pole** .

URINARY BLADDER: It is Well distended with normal wall thickness. No calculus or mass is seen within the urinary bladder. The post void residual volume of urine is insignificant.

PROSTATE: It is normal in size, shape & homogenous echotexture. The prostatic outline is smooth. The periprostatic plane is normal. It is normal in size measures **4.12cmX2.89cmX3.52cm VOL = 21.92 gms.**

IMPRESSION:

- **HEPATOMEGALY GRADE I FATTY INFILTRATION.**
- **CORTICAL CYST SEEN IN LOWER POLE OF LEFT KIDNEY.**

A.K.ROY

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Certificate on CEBT Abdomino Pelvic, USG(WBHSU)

