

11624474

awadesh kumar choudhary

1/13/2024 9:02:23 AM

54 Years

Male

Rate 84 . Sinus rhythm.....normal P axis, V-rate 50- 99  
 . Borderline left axis deviation.....QRS axis (-15,-29)  
 PR 170 . ST elev, probable normal early repol pattern.....ST elevation, age<55  
 QRSD 86  
 QT 352  
 QTc 417

--AXIS--

P 36

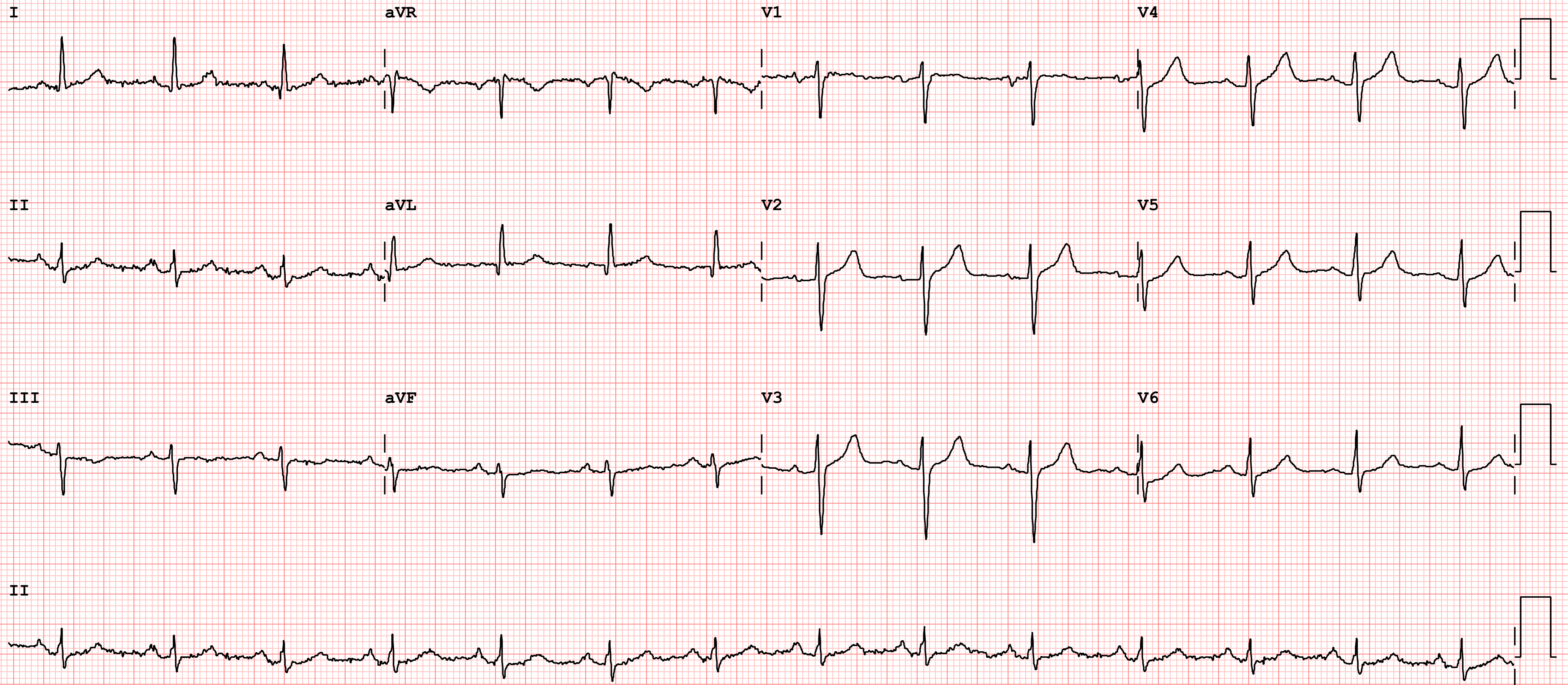
QRS -16

T 15

- OTHERWISE 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

100B CL?

P?



<b>NAME</b>	<b>MR Awadesh KUMAR CHOUHARY</b>	<b>STUDY DATE</b>	<b>13/01/2024 11:30AM</b>
<b>AGE / SEX</b>	<b>54 y / M</b>	<b>HOSPITAL NO.</b>	<b>MH011624474</b>
<b>ACCESSION NO.</b>	<b>NM11712825</b>	<b>MODALITY</b>	<b>US</b>
<b>REPORTED ON</b>	<b>13/01/2024 12:54PM</b>	<b>REFERRED BY</b>	<b>Health Check MHD</b>

## 2D Echocardiography Report

	<b>End diastole</b>	<b>End systole</b>
IVS thickness (cm)	<b>1.1</b>	<b>1.3</b>
Left Ventricular Dimension (cm)	<b>4.2</b>	<b>2.8</b>
Left Ventricular Posterior Wall thickness (cm)	<b>1.0</b>	<b>1.2</b>

Aortic Root Diameter (cm)	<b>2.6</b>
Left Atrial Dimension (cm)	<b>2.8</b>
Left Ventricular Ejection Fraction (%)	<b>55 %</b>

LEFT VENTRICLE : Normal in size. No RWMA. LVEF=55 %

RIGHT VENTRICLE : Normal in size. Normal RV function.

LEFT ATRIUM : Normal in size

RIGHT ATRIUM : Normal in size

MITRAL VALVE : Trace MR.

AORTIC VALVE : Normal.

TRICUSPID VALVE : Trace TR, PASP~ 24 mmHg.

PULMONARY VALVE : Normal

MAIN PULMONARY ARTERY & ITS BRANCHES : Appears normal.

INTERATRIAL SEPTUM : Intact.

INTERVENTRICULAR SEPTUM : Intact.

PERICARDIUM : No pericardial effusion or thickening



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# Human Care Medical Charitable Trust



Sector-6, Dwarka, New Delhi 110 075

GST: 07AAAAH3917LIZM

PAN NO: AAAAH3917L

NAME	MR Awadesh KUMAR CHOUHARY	STUDY DATE	13/01/2024 11:30AM
AGE / SEX	54 y / M	HOSPITAL NO.	MH011624474
ACCESSION NO.	NM11712825	MODALITY	US
REPORTED ON	13/01/2024 12:54PM	REFERRED BY	Health Check MHD

## DOPPLER STUDY

VALVE	Peak Velocity (cm/sec)	Maximum P.G. (mmHg)	Mean P. G. (mmHg)	Regurgitation	Stenosis
MITRAL	E= 52 A=85	-	-	Trace	Nil
AORTIC	141	-	-	Nil	Nil
TRICUSPID	-	N	N	Trace	Nil
PULMONARY	98	N	N	Nil	Nil

## SUMMARY & INTERPRETATION:

- No LV regional wall motion abnormality with LVEF = 55 %
- Normal sized RA/RV/LV/LA with no chamber hypertrophy. Normal RV function.
- Trace MR.
- Trace TR, PASP~ 24 mmHg.
- Grade- I diastolic dysfunction
- IVC normal in size, >50% collapse with inspiration, suggestive of normal RA pressure.
- No clot/vegetation/pericardial effusion.

*Please correlate clinically.*

**Dr. Sarita Gulati MD, DM DMC No.22600**

**Senior Interventional Cardiologist**

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



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# Human Care Medical Charitable Trust

Registered Office: Sector-6, Dwarka, New Delhi 110 075

## Department Of Laboratory Medicine

**Name** : MR AWADESH KUMAR  
CHOUDHARY **Age** : 54 Yr(s) Sex :Male  
**Registration No** : MH011624474 **Lab No** : 31240100512  
**Patient Episode** : H03000059233 **Collection Date** : 13 Jan 2024 09:31  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 13 Jan 2024 15:01  
**Receiving Date** : 13 Jan 2024 12:32

## Department of Transfusion Medicine ( Blood Bank )

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)  
Specimen-Blood

Blood Group & Rh Typing (Agglutination by gel/tube technique)

Blood Group & Rh typing B Rh(D) Positive

Antibody Screening (Microtyping in gel cards using reagent red cells)

Cell Panel I NEGATIVE

Cell Panel II NEGATIVE

Cell Panel III NEGATIVE

Autocontrol NEGATIVE

Final Antibody Screen Result Negative

### Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

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-----END OF REPORT-----

Dr Himanshu Lamba

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**Patient Episode** : H03000059233  
**Collection Date** : 13 Jan 2024 09:31  
**Referred By** : HEALTH CHECK MHD  
**Reporting Date** : 13 Jan 2024 15:32  
**Receiving Date** : 13 Jan 2024 12:11

### BIOCHEMISTRY

Specimen: EDTA Whole blood

As per American Diabetes Association (ADA) 2010  
[4.0-6.5]

**HbA1c (Glycosylated Hemoglobin)**

**9.0 # %**

HbA1c in %

Non diabetic adults : < 5.7 %

Prediabetes (At Risk ) : 5.7 % - 6.4 %

Diabetic Range : > 6.5 %

Methodology

High-Performance Liquid Chromatography (HPLC)

Estimated Average Glucose (eAG)

212

mg/dl

#### Use :

1. Monitoring compliance and long-term blood glucose level control in patients with diabetes.
2. Index of diabetic control (direct relationship between poor control and development of complications).
3. Predicting development and progression of diabetic microvascular complications.

#### Limitations :

1. A1C values may be falsely elevated or decreased in those with chronic kidney disease.
2. False elevations may be due in part to analytical interference from carbamylated hemoglobin formed in the presence of elevated concentrations of urea, with some assays.
3. False decreases in measured A1C may occur with hemodialysis and altered red cell turnover, especially in the setting of erythropoietin treatment

References : Rao.L.V., Michael Snyder.L. (2021). Wallach's Interpretation of Diagnostic Tests. 11th Edition. Wolterkluwer. Nader Rifai, Andrea Rita Horvath, Carl T. Wittwer.

(2018) Teitz Text book

of Clinical Chemistry and Molecular Diagnostics. First edition, Elsevier, South Asia.

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**Patient Episode** : H03000059233  
**Collection Date** : 13 Jan 2024 09:31  
**Referred By** : HEALTH CHECK MHD  
**Reporting Date** : 13 Jan 2024 15:11  
**Receiving Date** : 13 Jan 2024 12:20

## BIOCHEMISTRY

### THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	1.140	ng/ml	[0.400-1.810]
T4 - Thyroxine (ECLIA)	6.610	µg/dl	[4.600-10.500]
Thyroid Stimulating Hormone (ECLIA)	1.150	µIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.

\* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

### Lipid Profile (Serum)

TOTAL CHOLESTEROL (CHOD/POD)	176	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	119	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	34	mg/dl	[30-60]
Methodology: Homogenous Enzymatic			
VLDL - Cholesterol (Calculated)	24	mg/dl	[10-40]
<b>(CALCULATED) LDL- CHOLESTEROL</b>	<b>118</b>	<b>#mg/dl</b>	<b>[&lt;100]</b> Near/Above optimal-100-129 Borderline High:130-159

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**Lab No** : 32240105204  
**Patient Episode** : H03000059233  
**Collection Date** : 13 Jan 2024 09:31  
**Referred By** : HEALTH CHECK MHD  
**Reporting Date** : 13 Jan 2024 15:06  
**Receiving Date** : 13 Jan 2024 12:20

### BIOCHEMISTRY

T.Chol/HDL.Chol ratio	5.2	High Risk:160-189 <4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	3.5	<3 Optimal 3-4 Borderline >6 High Risk

Note:  
Reference ranges based on ATP III Classifications.  
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.

Technical Notes:  
Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of these tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases.

Test Name	Result	Unit	Biological Ref. Interval
<b>LIVER FUNCTION TEST (Serum)</b>			
BILIRUBIN-TOTAL (Diazonium Ion)	0.56	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (Diazotization)	0.19	mg/dl	[0.00-0.30]
BILIRUBIN - INDIRECT (Calculated)	0.37	mg/dl	[0.20-1.00]
SGOT/ AST (UV without P5P)	21.7	U/L	[10.0-50.0]
<b>SGPT/ ALT (UV without P5P)</b>	<b>45.3 #</b>	<b>U/L</b>	<b>[0.0-41.0]</b>
ALP (p-NPP,kinetic)*	110	U/L	[45-135]
TOTAL PROTEIN (Biuret)	7.9	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.7	g/dl	[3.5-5.2]
SERUM GLOBULIN (Calculated)	3.2	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio(Calculated)	1.47		[1.10-1.80]

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**Lab No** : 32240105204  
**Patient Episode** : H03000059233  
**Collection Date** : 13 Jan 2024 09:31  
**Referred By** : HEALTH CHECK MHD  
**Reporting Date** : 13 Jan 2024 15:07  
**Receiving Date** : 13 Jan 2024 12:20

## BIOCHEMISTRY

### Technical Notes:

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

Test Name	Result	Unit	Biological Ref. Interval
<b>KIDNEY PROFILE (Serum)</b>			
BUN (Urease/GLDH)	11.00	mg/dl	[6.00-20.00]
SERUM CREATININE (Jaffe's method)	1.00	mg/dl	[0.80-1.60]
SERUM URIC ACID (Uricase)	4.7	mg/dl	[3.5-7.2]
SERUM CALCIUM (NM-BAPTA)	9.24	mg/dl	[8.00-10.50]
SERUM PHOSPHORUS (Molybdate, UV)	3.1	mg/dl	[2.5-4.5]
SERUM SODIUM (ISE)	134.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.16	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE Indirect)	99.8	mmol/L	[95.0-105.0]
eGFR	84.9	ml/min/1.73sq.m	[>60.0]

### Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

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**Age** : 54 Yr(s) Sex :Male  
**Lab No** : 32240105204  
**Registration No** : MH011624474  
**Collection Date** : 13 Jan 2024 09:31  
**Patient Episode** : H03000059233  
**Reporting Date** : 13 Jan 2024 15:11  
**Referred By** : HEALTH CHECK MHD  
**Receiving Date** : 13 Jan 2024 12:20

### BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	1.220	ng/mL	[<3.500]

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

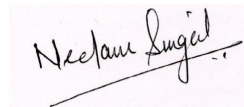
Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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-----END OF REPORT-----



**Dr. Neelam Singal**  
**CONSULTANT BIOCHEMISTRY**

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Department Of Laboratory Medicine

**Name** : MR AWADESH KUMAR  
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**Age** : 54 Yr(s) Sex :Male  
**Registration No** : MH011624474  
**Lab No** : 32240105205  
**Patient Episode** : H03000059233  
**Collection Date** : 13 Jan 2024 14:21  
**Referred By** : HEALTH CHECK MHD  
**Reporting Date** : 13 Jan 2024 17:34  
**Receiving Date** : 13 Jan 2024 15:07

## BIOCHEMISTRY

Specimen Type : Plasma

**PLASMA GLUCOSE - PP**

**Plasma GLUCOSE - PP (Hexokinase)**                      256 #                      mg/dl                      [70-140]

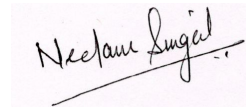
Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Specimen Type : Serum/Plasma

**Plasma GLUCOSE-Fasting (Hexokinase)**                      172 #                      mg/dl                      [74-106]

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-----END OF REPORT-----



**Dr. Neelam Singal**  
**CONSULTANT BIOCHEMISTRY**

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## Department Of Laboratory Medicine

**Name** : MR AWADESH KUMAR CHOU DHARY **Age** : 54 Yr(s) Sex :Male  
**Registration No** : MH011624474 **Lab No** : 33240103323  
**Patient Episode** : H03000059233 **Collection Date** : 13 Jan 2024 09:32  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 13 Jan 2024 13:40  
**Receiving Date** : 13 Jan 2024 12:11

## HAEMATOLOGY

### ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

**ESR** 23.0 # mm/1sthour [0.0-12.0]

#### Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	Result	Unit	Biological Ref. Interval
<b>COMPLETE BLOOD COUNT (EDTA Blood)</b>			
WBC Count (Flow cytometry)	5710	/cu.mm	[4000-10000]
RBC Count (Impedence)	4.88	million/cu.mm	[4.50-5.50]
Haemoglobin (SLS Method)	13.1	g/dL	[13.0-17.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	42.7	%	[40.0-50.0]
MCV (Calculated)	87.5	fL	[83.0-101.0]
MCH (Calculated)	26.8	pg	[25.0-32.0]
<b>MCHC (Calculated)</b>	<b>30.7 #</b>	<b>g/dL</b>	<b>[31.5-34.5]</b>
<b>Platelet Count (Impedence)</b>	<b>122000 #</b>	<b>/cu.mm</b>	<b>[150000-410000]</b>
RDW-CV (Calculated)	13.2	%	[11.6-14.0]
<b>DIFFERENTIAL COUNT</b>			
Neutrophils (Flowcytometry)	59.2	%	[40.0-80.0]
Lymphocytes (Flowcytometry)	30.6	%	[20.0-40.0]

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**Referred By** : HEALTH CHECK MHD  
**Receiving Date** : 13 Jan 2024 12:11

**Age** : 54 Yr(s) Sex :Male  
**Lab No** : 33240103323  
**Collection Date** : 13 Jan 2024 09:32  
**Reporting Date** : 13 Jan 2024 12:57

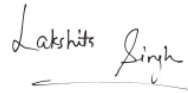
### HAEMATOLOGY

Monocytes (Flowcytometry)	5.6	%	[2.0-10.0]
Eosinophils (Flowcytometry)	3.7	%	[1.0-6.0]
<b>Basophils (Flowcytometry)</b>	<b>0.9 #</b>	%	<b>[1.0-2.0]</b>
IG	0.50	%	
Neutrophil Absolute(Flourescence flow cytometry)	3.4	/cu mm	[2.0-7.0]x10 <sup>3</sup>
Lymphocyte Absolute(Flourescence flow cytometry)	1.8	/cu mm	[1.0-3.0]x10 <sup>3</sup>
Monocyte Absolute(Flourescence flow cytometry)	0.3	/cu mm	[0.2-1.2]x10 <sup>3</sup>
Eosinophil Absolute(Flourescence flow cytometry)	0.2	/cu mm	[0.0-0.5]x10 <sup>3</sup>
Basophil Absolute(Flourescence flow cytometry)	0.1	/cu mm	[0.0-0.1]x10 <sup>3</sup>

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

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-----END OF REPORT-----



Dr.Lakshita singh

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**Lab No** : 38240100898  
**Patient Episode** : H03000059233  
**Collection Date** : 13 Jan 2024 09:32  
**Referred By** : HEALTH CHECK MHD  
**Reporting Date** : 13 Jan 2024 13:47  
**Receiving Date** : 13 Jan 2024 12:24

## CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
<b>ROUTINE URINE ANALYSIS</b>		
<b>MACROSCOPIC DESCRIPTION</b>		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
<b>CHEMICAL EXAMINATION</b>		
Reaction[pH] (Reflectancephotometry(Indicator Method))	6.0	(5.0-9.0)
Specific Gravity (Reflectancephotometry(Indicator Method))	1.015	(1.003-1.035)
Bilirubin	Negative	NEGATIVE
Protein/Albumin (Reflectance photometry(Indicator Method)/Manual SSA)	Negative	(NEGATIVE-TRACE)
Glucose (Reflectance photometry (GOD-POD/Benedict Method))	NOT DETECTED	(NEGATIVE)
Ketone Bodies (Reflectance photometry(Legal's Test)/Manual Rotheras)	NOT DETECTED	(NEGATIVE)
Urobilinogen Reflectance photometry/Diazonium salt reaction	NORMAL	(NORMAL)
Nitrite Reflectance photometry/Griess test	NEGATIVE	NEGATIVE
Leukocytes Reflectance photometry/Action of Esterase	NIL	NEGATIVE
BLOOD (Reflectance photometry(peroxidase))	NIL	NEGATIVE
<b>MICROSCOPIC EXAMINATION (Manual) Method: Light microscopy on centrifuged urine</b>		
WBC/Pus Cells	1-2 /hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	1-2 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

### Interpretation:

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### CLINICAL PATHOLOGY

URINALYSIS--Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders

**Protein:** Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

**Glucose:** Uncontrolled diabetes mellitus can lead to presence of glucose in urine.

Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

**Ketones:** Uncontrolled diabetes mellitus can lead to presence of ketones in urine.

Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

**Blood:** Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

**Leukocytes:** An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most Common cause is bacterial urinary tract infection.

**Nitrite:** Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

**pH:** The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

**Specific gravity:** Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decrease Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

**Bilirubin:** In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

**Urobilinogen:** Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

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-----END OF REPORT-----



**Dr. Asha Preethi V.S.**  
**CONSULTANT PATHOLOGY**

# Human Care Medical Charitable Trust



Sector-6, Dwarka, New Delhi 110 075

GST: 07AAAAH3917LIZM

PAN NO: AAAAH3917L

NAME	MR Awadesh KUMAR CHOUDHARY	STUDY DATE	13/01/2024 9:59AM
AGE / SEX	54 y / M	HOSPITAL NO.	MH011624474
ACCESSION NO.	R6710761	MODALITY	CR
REPORTED ON	13/01/2024 2:38PM	REFERRED BY	Health Check MHD

## X-RAY CHEST – PA VIEW

### FINDINGS:

Lung fields appear normal on both sides.  
Cardia appears normal.  
Both costophrenic angles appear normal.  
Both domes of the diaphragm appear normal.  
Bony cage appear normal.

### IMPRESSION:

No significant abnormality noted.  
Needs correlation with clinical findings and other investigations.

Dr. Nipun Gumber MBBS, MD DMC No.90272

ASSOCIATE CONSULTANT

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



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NAME	MR Awadesh KUMAR CHOUDHARY	STUDY DATE	13/01/2024 10:58AM
AGE / SEX	54 y / M	HOSPITAL NO.	MH011624474
ACCESSION NO.	R6710760	MODALITY	US
REPORTED ON	13/01/2024 12:58PM	REFERRED BY	Health Check MHD

## USG WHOLE ABDOMEN SCREENING

Liver is normal in size and shows diffuse grade II fatty change in the parenchyma. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre. Gall bladder is adequately distended and appears echofree with normal wall thickness. Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

Spleen is normal in size and echopattern.

Both kidneys are normal in position, size (RK = 102 mm and LK = 95 mm) and outline. Cortico-medullary differentiation of both kidneys is maintained. Two calculi measuring ~3.6 mm and ~4.3 mm are seen in upper polar calyces of left kidney. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is overdistended. No significant intra or extraluminal mass is seen.

Prostate is poorly visualized. It weighs ~19 gms.

No significant free fluid is detected.

**IMPRESSION: USG findings are suggestive of:-**

- **Grade II fatty liver.**
- **Left renal calculi.**

*Kindly correlate clinically.*

**Dr. Simran Singh DNB, FRCR(UK) DMC N0.36404**

**CONSULTANT RADIOLOGIST**

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



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