

EYE GLASS PRESCRIPTION

Name : MR. Rangith kumar
 Age : 25 Employee ID: 530185
 Gender : M Date: 28/10/23

Vn
 (unaided)
 PGP

6/6	6/6
-----	-----

Distance	SPH	CYL	AXIS	BCVA
OD	p lano			6/6
OS	p lano			6/6

Add

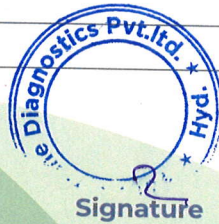
N/G

@30cms

LENS TYPE

- Single Vision Distance
- Single Vision Near
- Bifocal
- Progressive
- UV-Coating

Remarks: CV - normal


 Signature

Mix. Rangth Kumar

28/10/23

25 / M

53D185

Has come for general eye examination

No H/O DM and HCN

HO using glasses

slit lamp examination

∴ O/D L Normal

∴ O/S R Normal

CV - Normal



Name : Grujja Ranjith Kumar
Date : 28/10/23 Age : 25y Sex : Male Female
Address :

Rx

C/o cold
0/b nose mucus discharge ⊕
Ears
throat } NAD

Rx
1) Tab. Levocet ⊕
10
10 days

TEMP :
B.P. :
PULSE :

Dr. A. MRUDULA SRINIVASU
MBBS, D
Reg.No:67927
EAR, N



530185
25 Years

GUJJA RANJITH KUMAR
Male

28-Oct-23 9:25:41 AM

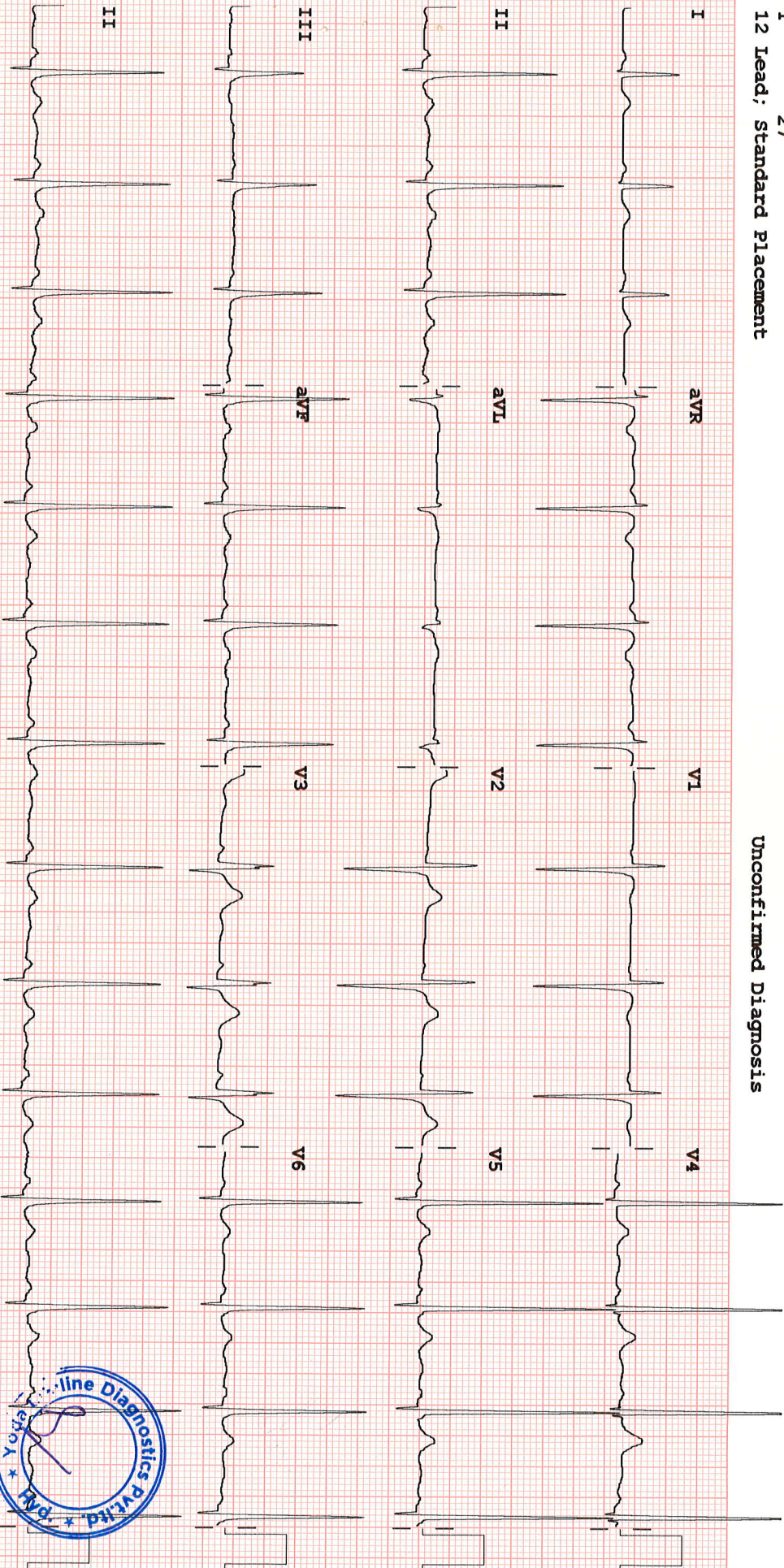
YODA LIFELINE DIAGNOSTICS

Rate 83 . Sinus rhythm.....normal P axis, V-rate 50- 99
PR 126 . LVE by voltage.....R >2.60mV in V5 or V6
QRSD 89
QT 316
QTc 372

--AXIS--
P 44
QRS 67
T 27

- BORDERLINE ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

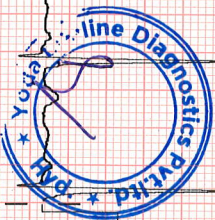
Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.15-100 Hz

100B CL

P?



Visit ID : YOD530185	UHID/MR No : YOD.0000511637
Patient Name : Mr. GUJJA RANJITH KUMAR	Client Code : 1409
Age/Gender : 25 Y 0 M 0 D /M	Barcode No : 10775956
DOB :	Registration : 28/Oct/2023 08:19AM
Ref Doctor : SELF	Collected : 28/Oct/2023 08:25AM
Client Name : MEDI WHEELS	Received : 28/Oct/2023 09:41AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 28/Oct/2023 12:59PM
Hospital Name :	

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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ESR (ERYTHROCYTE SEDIMENTATION RATE)
Sample Type : WHOLE BLOOD EDTA

ERYTHROCYTE SEDIMENTATION RATE	9	mm/1st hr	0 - 15	Capillary Photometry
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COMMENTS:

ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency).

Falsely decreased levels may indicate: Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

 Verified By :
 J. Krishna Kishore


Approved By :


DR PRANITHA ANAPINDI
 MD , CONSULTANT PATHOLOGIST

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DEPARTMENT OF HAEMATOLOGY

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BLOOD GROUP ABO & RH Typing

Sample Type : WHOLE BLOOD EDTA

ABO	B			
Rh Typing	POSITIVE			

Method : Hemagglutination Tube method by forward and reverse grouping

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings. Advsiied cross matching before transfusion

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Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 28/Oct/2023 10:23AM
Hospital Name :	

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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CBC (COMPLETE BLOOD COUNT)
Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	16.6	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	5.45	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	47.4	%	40.0 - 50.0	RBC pulse height detection
MCV	87	fL	83 - 101	Automated/Calculated
MCH	30.5	pg	27 - 32	Automated/Calculated
MCHC	35.0	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	11.6	%	11.0-16.0	Automated Calculated
RDW - SD	37.9	fl	35.0-56.0	Calculated
MPV	9.0	fL	6.5 - 10.0	Calculated
PDW	10	fL	8.30-25.00	Calculated
PCT	0.32	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	6,650	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	52.8	%	40 - 80	Impedance
LYMPHOCYTE	38.6	%	20 - 40	Impedance
EOSINOPHIL	1.7	%	01 - 06	Impedance
MONOCYTE	6.3	%	02 - 10	Impedance
BASOPHIL	0.6	%	0 - 1	Impedance
PLATELET COUNT	3.57	Lakhs/cumm	1.50 - 4.10	Impedance

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Received : 28/Oct/2023 08:39AM
Reported : 28/Oct/2023 11:00AM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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THYROID PROFILE (T3,T4,TSH)
Sample Type : SERUM

T3	1.18	ng/ml	0.60 - 1.78	CLIA
T4	7.49	ug/dl	4.82-15.65	CLIA
TSH	4.39	uIU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. 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 and propylthiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

9. REFERENCE RANGE :

PREGNANCY	TSH in uIU/ mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

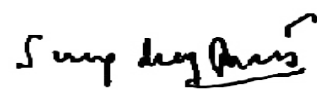
(References range recommended by the American Thyroid Association)

Comments:

1. During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

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SURYADEEP PRATAP
 Senior Biochemist

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DEPARTMENT OF BIOCHEMISTRY


Test Name	Result	Unit	Biological Ref. Range	Method
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LIVER FUNCTION TEST(LFT)
Sample Type : SERUM

TOTAL BILIRUBIN	0.73	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.14	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.59	mg/dl		Calculated
S.G.O.T	34	U/L	< 50	KINETIC WITHOUT P5P-IFCC
S.G.P.T	43	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	60	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.3	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.5	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.8	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.61			Calculated

 Verified By :
 J. Krishna Kishore


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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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LIPID PROFILE
Sample Type : SERUM

TOTAL CHOLESTEROL	206	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	54	mg/dl	> 40	Enzymatic/ Immunoinhibitor
L D L CHOLESTEROL	130	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	110	mg/dl	See Table	GPO
VLDL	22.0	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	3.81		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	2.04	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	152	mg/dl	< 130	Calculated

Interpretation


NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL	TRI GLYCERIDE	LDL CHOLESTEROL	NON HDL CHOLESTEROL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

REMARKS	Cholesterol : HDL Ratio
Low risk	3.3-4.4
Average risk	4.5-7.1
Moderate risk	7.2-11.0
High risk	>11.0

- Note:
- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol
 - NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.
 - Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
 - Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

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Client Name : MEDI WHEELS	Received : 28/Oct/2023 08:39AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 28/Oct/2023 09:56AM
Hospital Name :	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c RESULT	5.1	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	100	mg/dl		

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control .

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J. Krishna Kishore



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Suryadeep Pratap
SURYADEEP PRATAP
 Senior Biochemist

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Patient Name	: Mr. GUJJA RANJITH KUMAR	Client Code	: 1409
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DOB	:	Registration	: 28/Oct/2023 08:19AM
Ref Doctor	: SELF	Collected	: 28/Oct/2023 08:25AM
Client Name	: MEDI WHEELS	Received	: 28/Oct/2023 08:39AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Oct/2023 11:08AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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BLOOD UREA NITROGEN (BUN)

Sample Type : Serum

SERUM UREA	17	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	7.9	mg/dl	5 - 25	GLDH-UV

Increased In:

Impaired kidney function, Reduced renal blood flow {CHF, Salt and water depletion, (vomiting, diarrhea, diuresis, sweating), Shock}, Any obstruction of urinary tract, Increased protein catabolism, AMI, Stress

Decreased In:

Diuresis (e.g. with over hydration), Severe liver damage, Late pregnancy, Infancy, Malnutrition, Diet (e.g., low-protein and high-carbohydrate, IV feedings only), Inherited hyperammonemias (urea is virtually absent in blood)

Limitations:


Urea levels increase with age and protein content of the diet.

Verified By :

J. Krishna Kishore



Approved By :



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Senior Biochemist

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Client Name : MEDI WHEELS	Received : 28/Oct/2023 08:39AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 28/Oct/2023 09:57AM
Hospital Name :	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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FBS (GLUCOSE FASTING)

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	100	mg/dl	70 - 100	HEXOKINASE
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INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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Ref Doctor : SELF	Collected : 28/Oct/2023 11:15AM
Client Name : MEDI WHEELS	Received : 28/Oct/2023 12:01PM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 28/Oct/2023 12:43PM
Hospital Name :	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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PPBS (POST PRANDIAL GLUCOSE)

Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	109	mg/dl	<140	HEXOKINASE
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INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extraprostatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.68	mg/dl	0.67 - 1.17	KINETIC-JAFFE
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Increased In :

- Diet: ingestion of creatinine (roast meat), Muscle disease: gigantism, acromegaly,
- Impaired kidney function.

Decreased In :

- Pregnancy: Normal value is 0.4-0.6 mg/dL. A value >0.8 mg/dL is abnormal and should alert the clinician to further diagnostic evaluation.
- Creatinine secretion is inhibited by certain drugs (e.g., cimetidine, trimethoprim).

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URIC ACID -SERUM

Sample Type : SERUM

SERUM URIC ACID	5.4	mg/dl	3.5 - 7.20	URICASE - PAP
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Uric acid is the final product of purine metabolism in the human organism. Uric acid measurements are used in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and of patients receiving cytotoxic drugs.

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DEPARTMENT OF BIOCHEMISTRY

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BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	7.9	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.68	mg/dl	0.67 - 1.17	KINETIC-JAFFE
BUN/CREATININE RATIO	11.67	Ratio	6 - 25	Calculated

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DEPARTMENT OF RADIOLOGY

2D ECHO DOPPLER STUDY

MITRAL VALVE	: Normal
AORTIC VALVE	: Normal
TRICUSPID VALVE	: Normal
PULMONARY VALVE	: Normal
RIGHT ATRIUM	: Normal
RIGHT VENTRICLE	: Normal
LEFT ATRIUM	: 3.2 cms
LEFT VENTRICLE	:
	EDD : 4.0 cm IVS(d) : 0.9 cm LVEF : 70 %
	ESD : 2.3 cm PW (d) : 0.9 cm FS : 35 %
	No RWMA
IAS	: Intact
IVS	: Intact
AORTA	: 2.6cms
PULMONARY ARTERY	: Normal
PERICARDIUM	: Normal
IVS/ SVC/ CS	: Normal
PULMONARY VEINS	: Normal
INTRA CARDIAC MASSES	: No

Verified By :
J. Krishna Kishore



Approved By :

D. Madhav
 Dr.D.Madhav Kumar
 PGDDRM (U.K.)
 MBBs, PGDCC (Dip. Cardiology)
 Cardiologist

Visit ID	: YOD530185	UHID/MR No	: YOD.0000511637
Patient Name	: Mr. GUJJA RANJITH KUMAR	Client Code	: 1409
Age/Gender	: 25 Y 0 M 0 D /M	Barcode No	: 10775956
DOB	:	Registration	: 28/Oct/2023 08:19AM
Ref Doctor	: SELF	Collected	: 28/Oct/2023 08:19AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Oct/2023 12:00PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY

DOPPLER STUDY :

MITRAL FLOW : E 0.9 m/sec, A 0.6 m/sec.

AORTIC FLOW : 0.9m/sec

PULMONARY FLOW : 0.7m/sec

TRICUSPID FLOW : NORMAL

COLOUR FLOW MAPPING: TRIVIAL TR


IMPRESSION :

- * NO RWMA OF LV
- * NORMAL LV SYSTOLIC FUNCTION
- * NORMAL LV FILLING PATTERN
- * TRIVIAL TR
- * NO PE / CLOT / PAH

Verified By :
J. Krishna Kishore



Approved By :


Dr. D. Madhav Kumar
PGDDRM (U.K.)
MBBS, PGDCC (Dip. Cardiology)
Cardiologist

Visit ID : YOD530185
Patient Name : Mr. GUJJA RANJITH KUMAR
Age/Gender : 25 Y 0 M 0 D /M
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Hospital Name :

UHID/MR No : YOD.0000511637
Client Code : 1409
Barcode No : 10775956
Registration : 28/Oct/2023 08:19AM
Collected : 28/Oct/2023 08:25AM
Received : 28/Oct/2023 10:02AM
Reported : 28/Oct/2023 01:40PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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CUE (COMPLETE URINE EXAMINATION)
Sample Type : SPOT URINE
PHYSICAL EXAMINATION

TOTAL VOLUME	20 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.025		1.003 - 1.035	Bromothymol Blue

CHEMICAL EXAMINATION

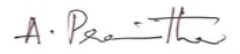
pH	5.5		4.6 - 8.0	Double Indicator
PROTEIN	NEGATIVE		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	NEGATIVE		NEGATIVE	Glucose Oxidase
UROBILINOGEN	0.1	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	NEGATIVE		NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	NEGATIVE		Negative	Azocoupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction

MICROSCOPIC EXAMINATION

PUS CELLS	2-3	cells/HPF	0-5	
EPITHELIAL CELLS	1-2	/hpf	0 - 15	
RBCs	NIL	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	NIL		Nil	
OTHER	NIL			

 Verified By :
 J. Krishna Kishore


Approved By :


DR PRANITHA ANAPINDI
 MD , CONSULTANT PATHOLOGIST

Visit ID	: YOD530185	UHID/MR No	: YOD.0000511637
Patient Name	: Mr. GUJJA RANJITH KUMAR	Client Code	: 1409
Age/Gender	: 25 Y 0 M 0 D /M	Barcode No	: 10775956
DOB	:	Registration	: 28/Oct/2023 08:19AM
Ref Doctor	: SELF	Collected	: 28/Oct/2023 08:25AM
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Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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***** End Of Report *****Verified By :
J. Krishna Kishore

Approved By :

**DR PRANITHA ANAPINDI**
MD , CONSULTANT PATHOLOGIST

DEPARTMENT OF RADIOLOGY

Patient Name	Mr. GUJJA RANJITH KUMAR	Visit ID	YOD530185	Registration Date	28-10-2023 08:19 AM
Age / Gender	25/MALE	UHID	YOD.0000511637	Collection Date	28-10-2023 08:19 AM
Ref Doctor	SELF	Hospital Name		Received Date	
Barcode	10775956	Sample Type		Reported Date	28-10-2023 09:15 AM

X-RAY CHEST PA VIEW

FINDINGS:

Trachea is midline.

Mediastinal outline, and cardiac silhouette are normal.

Bilateral lung fields show normal vascular pattern with no focal lesion.

Bilateral hila are normal in density.

Bilateral costo-phrenic angles and domes of diaphragms are normal.

The rib cage and visualized bones appear normal.

IMPRESSION:

- No significant abnormality detected.

*** End Of Report ***

Suggested clinical correlation & follow up



Approved by

Dr. ANNAREDDY SIVAKALA
MBBS, DNB , CONSULTANT
RADIOLOGIST



DEPARTMENT OF RADIOLOGY

Patient Name	Mr. GUJJA RANJITH KUMAR	Visit ID	YOD530185	Registration Date	28-10-2023 08:19 AM
Age / Gender	25/MALE	UHID	YOD.0000511637	Collection Date	28-10-2023 08:19 AM
Ref Doctor	SELF	Hospital Name		Received Date	
Barcode	10775956	Sample Type		Reported Date	28-10-2023 10:44 AM

ULTRASOUND WHOLE ABDOMEN

Clinical Details : General check-up.

LIVER : Normal in size (133mm) with increased echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualized common bile duct & portal vein appears normal.

GALL BLADDER : Well distended. No evidence of wall thickening / calculi.

PANCREAS : Normal in size and echotexture. No ductal dilatation. No calcifications / calculi.

SPLEEN : Normal in size (90mm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 98x42mm. Normal in size and echotexture. Cortico-medullary differentiation well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

LEFT KIDNEY : measures 101x42mm. Normal in size and echotexture. Cortico-medullary differentiation well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

URINARY BLADDER : Well distended. No evidence of wall thickening / calculi.

PROSTATE : Normal in size and echo-texture, volume : 12cc.

No enlarged nodes are visualized. No retro-peritoneal lesion is identified. Great vessels appear normal.

No free fluid is seen in peritoneal cavity.

IMPRESSION:

- Grade - I fatty liver.
- No other significant sonological abnormality detected.

*** End Of Report ***

Suggested clinical correlation & follow up



Approved by

S. SHRAVAN KUMAR (DNB)
CONSULTANT
RADIOLOGIST

