

DR. DILIP B GHEEWALA

M.D. (Medicine)

Reg No: G 17770,

Mo: 9825338408

Consultant Physician & Ex. Professor Of Medicine

OPD Days: Monday, Saturday

Shalby MD Physician Clinic

Patient Name:-

Kunai Patel

Age / Sex :-

44 M

Chief Complaints:-

CABG done at A'bad
May 2022

OPR NO:

Date: 22/12/22

Weight: 66.8 kg

Height: 162 cm

Nutritional assessment:-

- Obese
- Well nourished
- Mild-moderate nourished
- Severely mal-nourished

Drug / Food Allergy:-

NAD

Past History :-

Pulse: 84/min

BP: 100/90

SpO2: 100%

API 60/110

2

Family History:-

Systemic Examination:-

RS
WS
PA
CNS
NAD

Provisional Diagnosis:-

SHALBY HOSPITAL, SURAT

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India. | Ph.: 0261-7190000 | Email : info.surat@shalby.org

SHALBY LIMITED

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org

CIN: L85110GJ2004PLC044667

Investigation :-

Treatment and further advices:-
(Write in Capital Letters)

T: Telmiside AM (3y)
I - daily

Rx

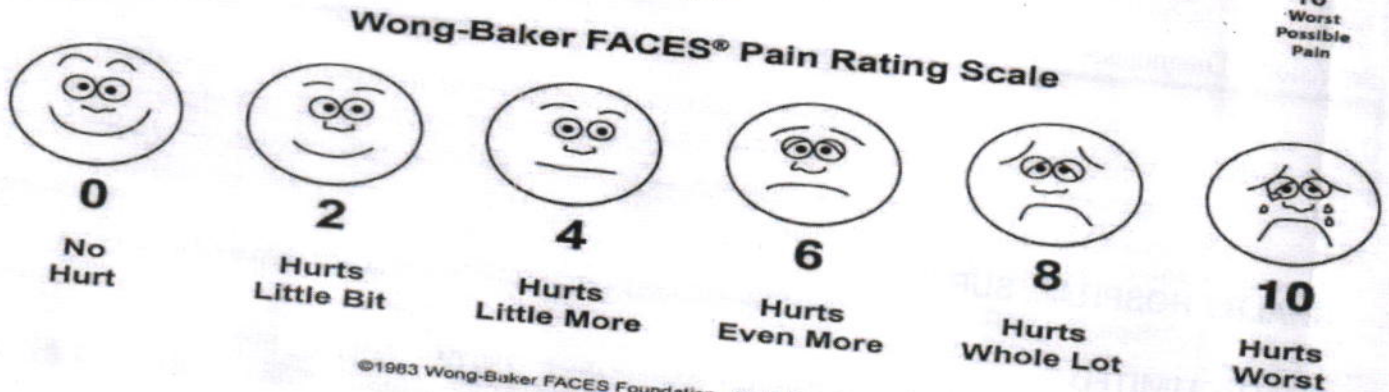
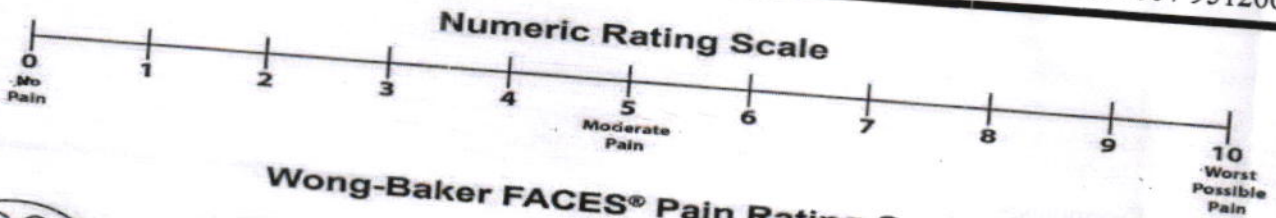
Tab. Met XL some (3y)
- 1 - daily

Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

Date: _____

Incase of emergency please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660096





Certificate No. : MC-5200

Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat. India.
Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000356088 OP-001

REPORT STATUS : Interim



Patient Name : **Mr Kunal Patel** / Registered On : 22-Dec-2023 09:46 AM
 Lab ID : 312901613 Collected On : 22-Dec-2023 09:35 AM
 Gender/Age : Male / 44 Years DOB : 07-Mar-1979 Received On : 22-Dec-2023 09:51 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD COUNT AND INDICIES

HAEMOGLOBIN	Colorimetric Non Cyanide	13.6	g/dL	13.0 - 17.0
RBC COUNT	Electrical Impedance	6.55	mill/cmm	4.5 - 5.5
HCT	Calculated	46.4	%	40 - 50
MCV	Calculated based on the RBC histogram	70.9	fL	83 - 101
MCH	Calculated	20.8	pg	27 - 32
MCHC	Calculated	29.3	g/dL	31.5 - 34.5
RDW	Calculated	13.9	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	5840	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	53	%	40 - 80
LYMPHOCYTES	Flow Cytometry	40	%	20 - 40
EOSINOPHILS	Flow Cytometry	3	%	1 - 6
MONOCYTES	Flow Cytometry	4	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	255000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	10.1	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

WBCs Total and differential leucocyte counts are within normal limit

PLATELETs Adequate in number and normal in morphology.

MALARIAL PARASITE Malarial parasites are not seen on smear examination.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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Dr Pankaj Agrawal

Dr Pankaj Agrawal

M.B., D.C.P.
Consulting Pathologist



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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"B"
RH Type	POSITIVE

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Gender/Age : Male / 44 Years

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Ref. By : Dr. Health Check Up . Shalby

DOB : 07-Mar-1979

Sample Type : EDTA Whole Blood

Parameter

Biological Ref. Interval

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	3		mm in 1 hour 0 - 15
HBA1C HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	6.2	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemic control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5
Estimated Average Glucose (eAG) (mg/dL) <i>Calculated</i>	131	mg/dL	

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 Gender/Age : Male / 44 Years DOB : 07-Mar-1979 Received On : 22-Dec-2023 10:34 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Fluoride F, Urine (PP),
 Fluoride PP, Urine (F)

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL**FASTING PLASMA GLUCOSE**

Plasma Glucose (F)	99	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)

ABSENT	mg/dL	Absent
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Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	87	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)

ABSENT	mg/dL	Absent
--------	-------	--------

Glucose-oxidase/oxidase reaction

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 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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LIPID PROFILE**LIPID PROFILE**

Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	141	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	149	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	38	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	103	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	73	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	30	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	1.9		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	3.7	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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RENAL FUNCTION TEST**RENAL FUNCTION TEST**

Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	10	mg/dL	9 - 20
UREA <i>Calculated</i>	21	mg/dL	19 - 43
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.93	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	5.7	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	10.1	mg/dL	8.4 - 10.2
Phosphorus * <i>Phosphomolybdate reduction (PMA Phenol)</i>	4.5	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	141	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	5.27	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	103	mmol/L	98 - 107

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 Gender/Age : Male / 44 Years DOB : 07-Mar-1979 Received On : 22-Dec-2023 10:49 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter Result Unit Biological Ref. Interval

IMMUNOLOGY

THYROID PROFILE (TFT)

Total T3 * 108 ng/dL 87 - 178

Chemiluminescence immunoassay (CLIA)

T3 Total in ng/mL	0-3 days	1.00-7.40
	4-30 days	Not Established
	1-11 months	1.05-2.45
	1-5 years	1.05 - 2.69
	6-10 years	0.94-2.41
	11-15 years	0.82-2.13
	16-20 years	0.80-2.10

Total T4 * 11.05 µg/dL

 99% Reference Interval
 (µg/dL)
 4.82 - 15.65

Chemiluminescence immunoassay (CLIA)

T4 Total in ug/dL	1-3 days	11.80-22.60
	4-7 days	Not Established
	1-2 weeks	9.80-16.60
	15-30 days	Not Established
	1-4 months	7.20-14.40
	4-12 months	7.80-16.50
	1-5 years	7.30-15.00
	5-10 years	6.40-13.30
	10-15 years	5.60-11.70

TSH * 0.929 µIU/mL 0.38 - 5.33

Chemiluminescence immunoassay (CLIA)

INTERPRETATION:

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
 - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
 - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
 - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
 - assess the response to TRH stimulation testing.
- As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

PROSTATE SPECIFIC ANTIGEN * 1.2 ng/mL 0.0 - 4.0

Chemiluminescence immunoassay (CLIA)

Clinical Use:

1. An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
2. Followup and management of Prostate cancer patients.
3. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

Note:

1. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
2. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels .
3. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
4. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

Recommended Testing Intervals:

- Pre-operatively (Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

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 Ref. By : Dr. Health Check Up . Shalby Sample Type : Urine

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Physical Examination			
Colour *	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Chemical Examination			
Glucose	<i>Glucose-oxidase/oxidase reaction</i> Negative		Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i> Negative		Negative
Ketone	<i>Sodium Nitroprusside reaction</i> Negative		Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i> 1.010	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Negative		Negative
pH	<i>Double Indicator principle</i> 5.5	PH value	4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i> Negative		Negative
Urobilinogen *	<i>Modified Ehrlich reaction</i> 0.2	EU/dL	Upto 1.0 mg/dL (EU/dL)
Nitrite *	<i>Diazotization reaction of nitrite with an aromatic amine</i> Negative		Negative
Leucocyte	<i>Leucocyte Esterase Test</i> Negative		Negative
Microscopic Examination			
Pus cells	0-2/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	Nil		Nil
Cast *	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil

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 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Liver Function Test			
Liver Function Test			
SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	23	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	22	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	79	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic</i>	17	U/L	15 - 73
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.9	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.7	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	3.2	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.5	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	1.3	mg/dL	0-1 day (premature) 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0 Adult : 0.2 - 1.3
Bilirubin Unconjugated <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.7	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <i>Calculated</i>	0.6	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

----- End of Report -----

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Consulting Pathologist

Patient ID:	SUR0000356088	Patient Name:	KUNAL PATEL
Age:	44 Years	Sex:	M
Accession Number:	14778	Modality:	DX
Referring Physician:	DR. SHALBY	Study:	CHEST PA
Study Date:	22-Dec-2023		

CHEST X-RAY (PA)

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

IMPRESSION:

- No significant abnormality seen.

Thanks for referral.



DR. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)

G-14916

SHALBY HOSPITAL, SURAT

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CIN: L85110GJ2004PLC044667



Pre - op

Post-op

Health Check-up

Date : 22/12/23

Patient Reg. No. : _____

Patient Name : Kunal Patel

Age / Sex : 44/M

Address : Swell

Complaints :

Pain : NAD

Bleeding gums : _____

Swelling : _____

Sensitivity : _____

Pus Discharge : _____

Medical History : NAD

Hypertension : _____ DM _____

Acidity _____

Pregnancy : _____

Bleeding Disorders : _____

Asthma : _____

Allergy : _____

Past Surgical Intervention : _____

Any Medication : NAD

On Examination :

Abscess : _____

Food lodgement : _____

Periodontitis : _____

Gingivitis : _____

Missing Teeth : _____

Mobility : _____

Treatment Advised : NAD

Scaling : Sitzings 1 2 3 Deep

Perio Surgery : _____

Restoration : _____

Class V Fillings : _____

RCT : _____

Extraction : _____

Dentures : _____

Partial Denture : _____

Implants : _____

Crown & Bridge Present : _____

Crown / Bridge Replacement :

Advised Crown / Bridge :

Advised X - Ray / O.P.G. :

Some Golden Rules :

1. Brush your teeth twice a day.
2. Floss your teeth daily.
3. Gargle forcefully after each meal.
4. Visit your dentist twice a year.
5. Any dental treatment should be per formed in an well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

Adv. Night Guard. ①.

Adv. Darshini V. Shah

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

DR. RUJUTA SHELAT

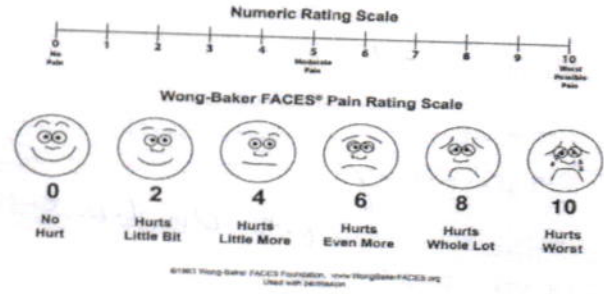
Consultant Ophthalmologist

Reg. No.:- G-48712

Name :- *KUNAL PATEL*

Date:- *22/12/2023*

Chief Complaints:- *Routine eye check up.*



Pain Assessment:-

Past History:-

Family History:-

Allergy:- *NO DRUGS ALLERGY*

Personal History:- **Habits**:- Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

BP:- Pulse:- Temp:-

Visual Acuity:- *6/18b*
6/136
VUE 6/6, NO
PCUP 6/6, NO

Systemic Examination:-

HT:- WT:-

PH Vision:- *6/6*

NCT *12*
12.

ON Examination Ant. Segmenet Both Eye

WNL

NAME
DEC 22 2022 11:1

VD=10
<R>
SPH CYL AX
- 1.75 0.00
- 1.75 0.00
- 1.75 -0.25 125
- 1.75 0.00

Anterior Chamber

<L>
SPH CYL AX
- 1.75 -0.25 89
- 1.50 -0.25 80
- 1.50 -0.50 88
- 1.50 -0.25 89

Rt. EYE

Lt. EYE

PD= 64

GrandSeiko.com
GR-3300K S/N:76BB096

Investigation:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

Went undilated.

Treatment:-

Lasix.

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months / 405

Signature of the Consultant

Rps.

Patient's Name:Kunal Patel**Age: 44 yrs/ male****UHID: 356088****Date: 22 /12 / 2023****ECHOCARDIOGRAPHY REPORT****Valves:-****Mitral valve** :Normal, No MR**Aortic valve** :Normal, No AR**Tricuspid valve** :Normal, No TR**Pulmonary valve**:Normal, No PR**Chambers:-****Left Atrium**:Normal**Right Atrium**:Normal**Right Ventricle**:Normal size cavity, Good RV systolic function With TAPSE:20**Left Ventricle: Mild Concentric LVH (IVS- 1.1 cm),** No Regional wall Motion abnormality.Normal LV systolic function
with Ejection Fraction 60 %.**Grade I Diastolic Flow Pattern.****Septae:-****IVS**: Intact. No residual VSD.**IAS** :Intact.**Pericardium**:Normal.**IVC**:13 mm with more than 50% collapsibility.**OTHER FINDINGS** :- Bilateral lung angle clear**CONCLUSION:-**

- **IHD – S/P CABG**
- **Normal LV Systolic function**
- **No RWMA**
- **Mild Concentric LVH**
- **Grade I LVDD**
- **EF 60 %**

**DR.SUSHIL YADAV****Consultant Clinical cardiologist****Note : Normal echo study does not rule out underlying Coronary artery disease****SHALBY HOSPITAL, SURAT**

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India. | Ph.: 0261-7190000 | Email : info.surat@shalby.org

SHALBY LIMITED

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Corp. Office: B-301 & 302, Mondeal Heights, Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India

Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org

CIN: L85110GJ2004PLC044667

Patient Name: KUNAL PATEL		UHID: 356088	
Age / Sex: 44Yrs. / Male	Study:	USG Abdomen + Pelvis	
Referred By: Dr. at shalby Hospital	Date: 22/12/2023		

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size and appearance. It shows normal parenchymal reflectivity. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R.
Portal vein appears normal.

Gall bladder is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

Pancreas appears normal in size and echotexture.

Spleen appears normal in size and appearance. No focal lesion seen.

Right kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis. Non-obstructive right mid and lower calyx calculi measuring 3-4 mm.

Left kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis. Non-obstructive left middle calyx calculi measuring 4 mm.

Urinary bladder well distended and appears normal. No evidence of any intraluminal mass or calculi.

Prostate is normal in size and measures 23 x 36 x 32 mm (Approx. vol- 14cc). It has smooth outlines and normal reflectivity.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

IMPRESSION:

- **Bilateral non-obstructive renal calculi.**

Thanks for referral.

DR. ASHUTOSH GANDHIDMRD (Radiodiagnosis)
G-14916**SHALBY HOSPITAL, SURAT**

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CIN: L85110GJ2004PLC044667

ID: _____ Name: _____ years

Sex: M Birth date: / / mmHg

Weight: kg

Medication:

Symptoms:

History:

Heart rate: 81 bpm

PR int: 148 ms

QRS dur: 110 ms

QT/QTc(E) int: 364/401 ms

QT/QTc(T) axis: 56/62/232 °

RV5/SV1 amp: 1.97/1.23 mV

RV5+SV1 amp: 3.21 mV

1100 Sinus rhytl.

4012 Moderate ST depression

40371 ST elevation, consistent with subepicardial injury, pericarditis, or early repolarization

4564 Twave abnormality, possible lateral ischemia

4664 Twave abnormality, possible inferior ischemia

9150 ** abnormal ECG **

Kuncelbhevi

Unconfirmed Report
Reviewed by:

