



UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



8160 200424

Name : MR. VIRAL GALA

LABID : 8160

Sample Collection : 20/04/2024 12:19

Age : 35 Yrs. Sex : M

Sample Received : 20/04/2024 12:19

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 20/04/2024 19:43

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

THYROID FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
T3	: 1.6	ng/dl	0.60-2.0 ng/dl
T4	: 10.39	µg/dl	5.0-13.0 µg/dl
TSH	: 1.58	µU/ml	0.4 - 6.0 µU/ml

Method:ELISA METHOD

Interpretation

Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, subclinical hyper-thyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis. Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis, estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age, marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and FT4 is to be done to determine hyper or hypothyroidism.

(Collected At: 20/04/2024 12:19:26, Received At: 20/04/2024 12:19:26, Reported At: 20/04/2024 19:43:57)



Checked By -

Preeti Jaiswar
Senior Technician
ADMLT

Dr. Shobha Shetty
M.D. (PATH.)
Reg No : MMC89971

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FASTING AND POSTPRANDIAL PLASMA GLUCOSE

Test	Result	Unit	Biological Ref. Range
Fasting Plasma Glucose Method: Hexokinase	: 110.60	mg/dl	70-110 mg/dl
Fasting Urine Glucose	: Absent		Absent
Fasting Urine Ketone	: Absent		Absent
Post Prandial Plasma Glucose (2 Hrs.after lunch)	: 124.50	mg/dl	70 to 140 mg/dl
PP Urine Glucose	: Not given		
PP Urine Ketone	: Not Given		
Method : Glucose Oxidase Peroxidase (GOD/POD)			

AS PER AMERICAN DIABETES ASSOCIATION 2010 UPDATE

FASTING GLUCOSE LEVEL-


- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus : ≥ 126 mg/dl POSTPRANDIAL/POST GLUCOSE (75 grams)
- Normal glucose tolerance : 70-139 mg/dl - Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus : ≥ 200 mg/dl CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS - Fasting plasma glucose ≥ 126 mg/dl - Classical symptoms +Random plasma glucose ≥ 200 mg/dl
- Plasma glucose ≥ 200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin $> 6.5\%$ ***Any positive criteria should be tested on subsequent day with same or other criteria.

BIOCHEMISRTY TEST DONE ON MERILYZER CLINIQUANT BIOCHEMISRTY ANALYZER

(Collected At: 20/04/2024 12:19:26, Received At: 20/04/2024 12:19:26, Reported At: 20/04/2024 17:53:39)



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COMPLETE BLOOD COUNT

Test	Result	Unit	Reference Range
Haemoglobin	12.3	gm/dl	14.0-18.0 gm/dl

RBC PARAMETERS

Total R.B.C. Count	4.86	mill/cumm	4.5-6.5 mill/cumm
PCV	36.1	%	40-54 %
MCV	74.3	fl	76-90 fl
MCH	25.3	Pg	27-32 Pg
MCHC	34.1	gm/dl	30-35 gm/dl
RDW	14.7	%	11-14.5 %

WBC PARAMETERS

Total W.B.C. Count	5400	per cumm	4000-11000 per cumm
Neutrophils	47	%	40-75 %
Lymphocytes	43	%	20-40 %
Monocytes	06	%	0 - 10 %
Eosoniphils	04	%	0 - 6 %
Basophils	0	%	0-1 %
Band Forms	0	%	0 - 0 %

PLATELET PARAMETERS

Platelet Count	265000	per cu.mm.	150000 - 450000 per cu.mm.
MPV	9.5	fL	3-12 fL

PERIPHERIAL SMEAR FINDINGS:

WBC Morphology	Normal	
RBC Morphology	Mild Hypochromasia.	
Platelets on Smear	Adequate on smear.	Adequate

EDTA Sample Procesed On a Fully Automated 3-Part Analyzer H-360

(Collected At: 20/04/2024 12:19:26, Received At: 20/04/2024 12:19:26, Reported At: 20/04/2024 16:54:52)



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GLYCOSYLATED-HAEMOGLOBIN (GHb)/ HbA1C BY HPLC

Test	Result	Unit	Reference Range
HbA1C	6.2	%	Normal : 4 - 6% Prediabetic : < 7 % Diabetes : > 8 %
Estimated average Glucose: (eAG)	131.24	mg / dl	70-140 mg / dl

Method: Particle enhanced immunoturbidimetric test

NOTE:

CLINICAL SIGNIFICANCE

Hemoglobin A1c (HbA1c) is a glycosylated hemoglobin which is formed by the non enzymatic reaction of glucose with native hemoglobin. This process runs continuously throughout the circulatory life of the red cell (average life time 100 - 120 days).

The rate of glycation is directly proportional to the concentration of glucose in the blood. The blood level of HbA1c represents the average blood glucose level over the preceding 6 to 8 weeks (due to the kinetics of erythrocyte turnover this period is more affected by the blood glucose level than the preceding weeks).

Therefore, HbA1c is suitable for retrospective long term monitoring of blood glucose concentration in individuals with diabetes mellitus. Clinical studies have shown that lowering of HbA1c level can help to prevent or delay the incidence of late diabetic complications. As the amount of HbA1c also depends on the total quantity of hemoglobin, the reported HbA1c value is indicated as a percentage of the total hemoglobin concentration. Falsely low values (low HbA1c despite high blood glucose) may occur in people with conditions with shortened red blood cell survival (hemolytic diseases) or significant recent blood loss (higher fraction of young erythrocytes). Falsely high values (high HbA1c despite normal blood glucose) have been reported in iron deficiency anemia (high proportion of old erythrocytes). These circumstances have to be considered in clinical interpretation of HbA1c values

(Collected At: 20/04/2024 12:19:26, Received At: 20/04/2024 12:19:26, Reported At: 20/04/2024 19:44:09)

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EXAMINATION OF URINE

Test	Result	Biological Ref. Range
PHYSICAL EXAMINATION		
QUANTITY (URINE)	20 ML	
Colour	Pale Yellow	
Appearance	Slightly hazy	
Reaction (pH)	6.0	4.5 - 8.0
Specific Gravity	1.025	1.010 - 1.030
CHEMICAL EXAMINATION		
Protein	Absent	Absent
Glucose	Absent	Absent
Ketone	Absent	Absent
Occult Blood	Absent	Absent
Bilirubin	Absent	Absent
Urobilinogen	Absent	Normal
MICROSCOPIC EXAMINATION		
Epithelial Cells	4 - 6 / hpf	
Pus cells	3 - 4 / hpf	
Red Blood Cells	Absent / hpf	
Casts	Absent / lpf	Absent / lpf
Crystals	Absent	Absent
OTHER FINDINGS		
Amorphous Deposits	Absent	Absent
Yeast Cells	Absent	Absent
Bacteria	Present(Trace)	Absent
Mucus Threads	Absent	
Spermatozoa	Absent	

(Collected At: 20/04/2024 12:19:26, Received At: 20/04/2024 12:19:26, Reported At: 20/04/2024 17:52:56)

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Report Released : 20/04/2024 16:58

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BLOOD GROUP

Test	Result	Unit	Biological Ref. Range
ABO Group	: O		
RH Factor	: POSITIVE		

Slide agglutination test

Slide Agglutination Test

(Collected At: 20/04/2024 12:19:26, Received At: 20/04/2024 12:19:26, Reported At: 20/04/2024 16:58:12)

RENAL FUNCTION TESTS

Test	Result	Unit	Biological Ref. Range
Blood Urea	: 22.50	mg/dl	10-50 mg/dl
Method: Urease UV/GLDH			
Blood Urea Nitrogen	: 10.49	mg/dl	5-18 mg/dl
S. Creatinine	: 0.91	mg/dl	0.7-1.3 mg/dl
Method: Modified Jaffe's			
S. Uric Acid	: 6.6	mg/dl	3.5-7.2 mg/dl
Total Proteins	: 6.9	gm/dl	6.0-8.0 gm/dl
S. Albumin	: 4.0	gm/dl	3.5-5.0 gm/dl
S. Globulin	: 2.9	gm/dl	2.3-3.5 gm/dl
A/G Ratio	: 1.38		0.90-2.00
Calcium	: 9.60	mg/dl	8.5-11.0 mg/dl
S. Phosphorus	: 3.8	mg/dl	2.5-5.0 mg/dl
S. Sodium	: 140.20	mmol/L	135-155 mmol/L
S. Potassium	: 3.65	mmol/L	3.5-5.0 mmol/L
S. Chloride	: 99.80	mmol/L	98-110 mmol/L

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120

ELECTROLYTE TEST DONE ON EL-120 ANALYZER

(Collected At: 20/04/2024 12:19:26, Received At: 20/04/2024 12:19:26, Reported At: 20/04/2024 16:59:33)



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Vitamin - B12

Test	Result	Unit	Biological Ref. Range
Serum B12	: 152.7	pg/ml	183 - 822 pg/ml

Method:ELISA method

Interpretation:-

Vitamin B12 deficiency impacts red blood cell synthesis, resulting in megaloblastic anemia due to abnormal DNA synthesis. In addition it impairs neurological function, in particular de-myelination of nerves in part due to abnormal methylation, leading to peripheral neuropathy, dementia, poor cognitive performance and depression. Other effects of Vitamin B12 deficiency or depletion are increased risk of neural tubular defects , osteoporosis, cerebro-vascular and cardiovascular diseases. Vit B12 levels are decreased in megalobstic anemia,partial/total gastrectomy,perniciuos anemia,peripheral neuropathies,chronic alcoholism,senile dementia and treated epilepsy. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis. Holo Transcobalamin II levels are more accurate marker of active Vitamin B12 component. High levels of Vitamin B12 may be due to exogenous supplementation.

Note :-

Tests marked with ^ are included in NABL scope. Test results relate to the sample as received. Heterophilic antibodies and rheumatoid factors in samples may interfere with the test results. Patients routinely exposed to animal and animal serum products can be prone to this interference and anomolous values may be observed.

(Collected At: 20/04/2024 12:19:26, Received At: 20/04/2024 12:19:26, Reported At: 20/04/2024 20:56:08)

----- End Of Report -----



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Report Released : 20/04/2024 17:00

ERYTHROCYTE SEDIMENTATION RATE (WESTERGREN'S)

Test	Result	Unit	Biological Ref. Range
E.S.R (Westergren)	: 20	mm at 1hr	0-20 mm at 1hr

Method : Westergren's

Done with: ErySed Random Access ESR analyzer

(Collected At: 20/04/2024 12:19:26, Received At: 20/04/2024 12:19:26, Reported At: 20/04/2024 17:00:26)

VITAMIN D3

Test	Result	Unit	Biological Ref. Range
25 (OH) VIT D	: 8.8	ng/ml	Deficiency: < 20 Insufficiency: 20-30 Sufficiency: 30-100 Hypervitaminosis: > 100
ELISA method			

Interpretation:

- Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol (vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (vitamin D2) which is taken up with fortified food or given by supplements. Vitamin D is biologically inert and must undergo two successive hydroxylations in the liver and kidney to become biologically active 1,25-dihydroxyvitamin D.
- Testing for 25(OH) Vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake.
- For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH) Vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.
- Deficiency causes: • Bone malformation, known as rickets. • Reduced efficiency in utilization of dietary calcium. • Muscle weakness: • Secondary hyperparathyroidism. • Lower bone mineral density.
- An inverse relationship exists between PTH and 25(OH)D levels, Parathyroid hormone levels start to rise at 25(OH)D levels below 31 ng/mL & usually decrease after the correction of vitamin D insufficiency. Thus, restoration of PTH and 25 (OH)D levels to normalcy after adequate vitamin D replacement therapy is a useful monitoring strategy.

Note

Tests marked with ^ are included in NABL scope. Test results relate to the sample as received. Vitamin D toxicity is known, but rare. Heterophilic antibodies and rheumatoid factors in the samples may interfere with the test results. Patients routinely exposed to animals or animal serum products can be prone to this interference and anomalous values may be observed. Kindly correlate clinically and repeat with fresh sample if indicated.

(Collected At: 20/04/2024 12:19:26, Received At: 20/04/2024 12:19:26, Reported At: 20/04/2024 20:45:24)

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LIPID PROFILE

Test	Result	Unit	Reference Range
Total Cholesterol	: 155.6	mg/dl	Desirable <200 Borderline high 200 - 239 High >240
S. Triglyceride	: 116.70	mg/dl	Desirable <150 Borderline high 150 - 199 High 200 - 499 Very high >500
HDL Cholesterol	: 52.40	mg/dl	Desirable >60 Borderline 40 - 60 Low <40
LDL Cholesterol	: 79.86	mg/dl	Optimal <100 Near optimal 100 - 129 Borderline high 130 - 159 High 160 - 189 Very high >190
VLDL Cholesterol	: 23.3	mg/dl	5 - 30 mg/dl
TC/HDL Ratio	: 3.0		0 - 4.5
LDL/HDL Ratio	: 1.5		0-3.5


BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120.

(Collected At: 20/04/2024 12:19:26, Received At: 20/04/2024 12:19:26, Reported At: 20/04/2024 16:59:53)

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Report Released : 20/04/2024 17:00

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LIVER FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total)	: 0.65	mg/dl	0-1.2 mg/dl
S. Bilirubin (Direct)	: 0.34	mg/dl	0-0.40 mg/dl
S. Bilirubin (Indirect)	: 0.31	mg/dl	0-0.55 mg/dl
S. G. O.T	: 22.80	IU/L	0-42 IU/L
S. G. P. T	: 52.30	IU/L	0-42 IU/L
S. Alkaline Phosphatase	: 102.30	IU/L	40-306 IU/L
Total Proteins	: 6.90	gm/dl	6.-8 gm/dl
S. Albumin	: 4.0	gm/dl	3.5-5.0 gm/dl
S. Globulin	: 2.9	gm/dl	2.3-3.5 gm/dl
A/G Ratio	: 1.38		0.90-2.00


BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120

(Collected At: 20/04/2024 12:19:26, Received At: 20/04/2024 12:19:26, Reported At: 20/04/2024 17:00:16)

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Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 20/04/2024 20:51

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

REPORT ON PROSTATE SPECIFIC ANTIGEN

Test	Result	Unit	Biological Ref. Range
PSA IN PATIENT'S SERUM	: 1.56	ng/ml	Less than 4 ng/ml
TEST DONE WITH	: ELISA METHOD		

NOTE :

Prostate specific antigen is a seminal fluid protein produced by normal and malignant epithelial cells of prostate gland and is recognized as a tumour marker for evaluation of prostate cancer activity.

In normal individuals, S.PSA levels do not exceed 4.0 ng/ml.

S.PSA level is useful in detection of cancer of prostate gland and in detection of recurrence of prostate cancer after radical prostatectomy. Serum PSA levels may also be elevated in conditions like BPH, UTI, Digital rectal examination, Transurethral ultrasonography. Confirmation of prostate cancer can be done by transrectal ultrasonography and prostate biopsy.

(Collected At: 20/04/2024 12:19:26, Received At: 20/04/2024 12:19:26, Reported At: 20/04/2024 20:51:47)

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Reg. No.	AF
Date :	20.04.24

P P
 Blood Urine Stool Vaccine ECG 2D Echo TMT X-Ray PFT Audio USG OPT Dr.

Employee's Name : Vishal Dalvi
 Blood Group : -
 Age/Sex : 35 y/m
 Contact No. : 9967876419

With Glass Without Glasses

	Rt.	Lt.
NEAR	N16	N16
DISTANT	616	616
COLOUR VISION	Normal	

PHYSIOLOGIC PARAMETERS :

Ht. (Cms.)	Wt. (Kgs.)	BMI
178	91	28.7 kg/m ²

GENERAL EXAMINATION

Pulse (Min) :	70/min	BP (mm Hg) :	130/70
R.R. (Min) :	18/min	Temp. :	98°F
Pallor :	NAD	Icterus :	NAD
Clubbing :	NAD		

COMPLAINTS : (Specify if any)

No fresh complaints.

ENT EXAMINATION (Specify if Abnormal)

Ear	Nose	Tongue	(N)
Teeth	Tonsils	Gums	

PAST HISTORY : NAD

SYSTEMIC EXAMINATION

LOCOMOTOR SYSTEM	<u>NAD</u>
RESPIRATORY SYSTEM	<u>ACBC clear</u>
CARDIOVASCULAR SYSTEM	<u>S1S2</u>
CENTRAL NERVOUS SYSTEM	<u>cons, oriented</u>
ABDOMEN	<u>soft</u>
GENITAL SYSTEM	<u>NAD</u>
MUSCULOSKELETAL SYSTEM	<u>NAD</u>

FAMILY HISTORY : NAD

SURGICAL HISTORY : Fistulectomy in 2020.

PERSONAL HISTORY (Addiction if any)


Chronic / Frequent / Occasional : No

Smoker / Tobacco Chewer / Alcoholic : No

PFT	MEANS	PRED	% PRED
SVC			
FVC			
FEV1 / FVC			
Remark			
Audiometry	Frequency in Hz		
	500	1000	2000
			4000
			6000
			8000
Right Ear			
Left Ear			
Remark			

Report Attached.

PT is fit and can resume his normal duties


DOCTOR SIGNATURE
DR. VISHAL DALVI
 MBBS, MD (Medicine)
 Consultant Physician
 Reg. No. 2011/09/3121

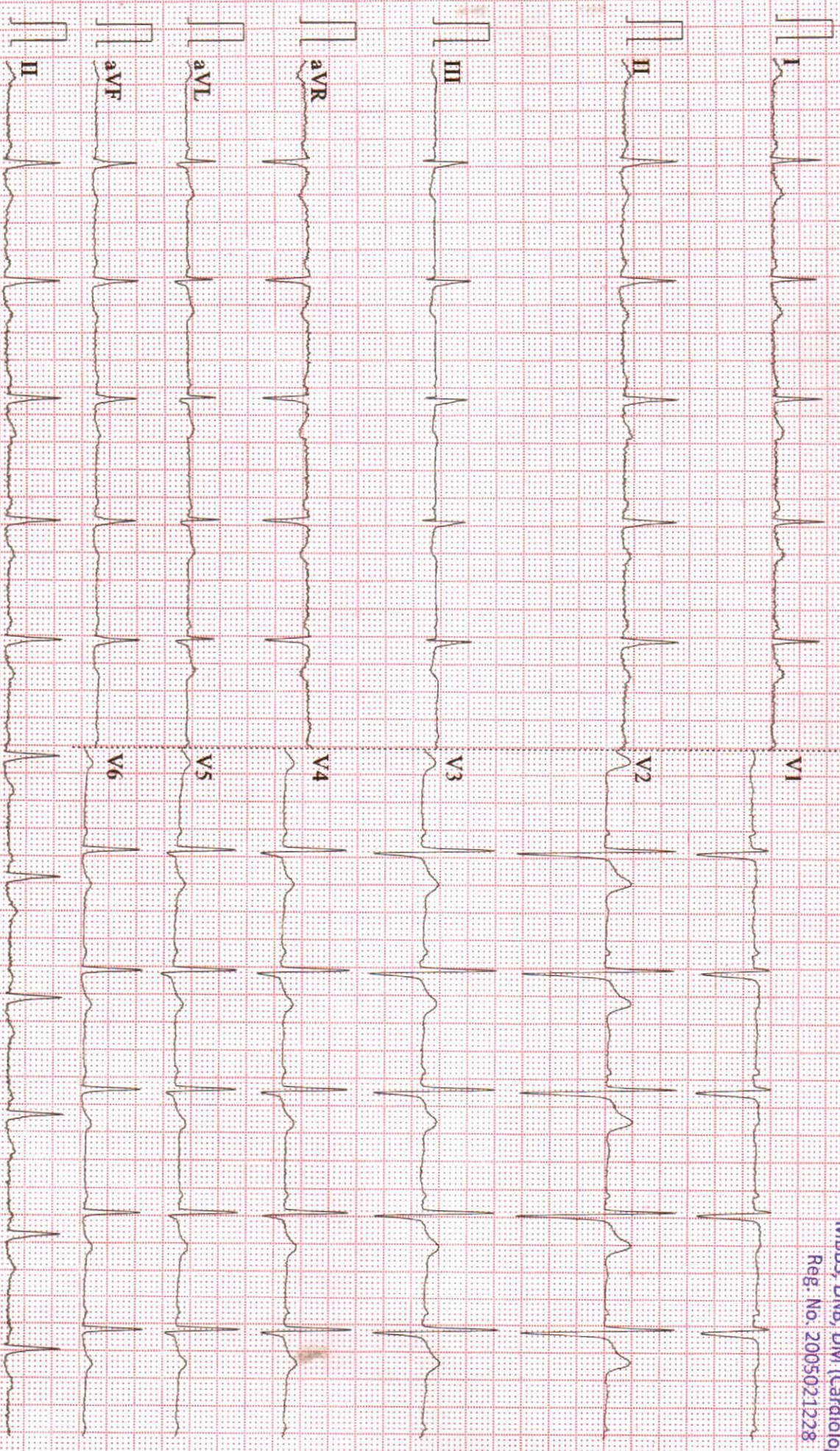
ID: 1373
Vimal Golei
Male
35 y/m

20-04-2024 09:39:53 AM
HR : 69 bpm
P : 108 ms
PR : 145 ms
QRS : 91 ms
QT/QTcBz : 385/414 ms
P/QRS/T : -2/148/-2 °
RV5/SV1 : 1.085/0.998 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:

Dr. Anant Ramkishanrao Munde
MBBS, DNB, DM (Cardiology)
Reg. No. 2005021228



0.15-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r V2.21 SEMIP V1.92 Siddhivinayak Hospital

OPHTHAL CHECK UP SCREENING

NAME OF EMPLOYEE

Viral Gala

AGE

35

DATE -

20.04.2024

Spects : With Glasses

	RT Eye	Lt Eye
NEAR	N/6	N/6
DISTANT	6/6	6/6
Color Blind Test	Normal	



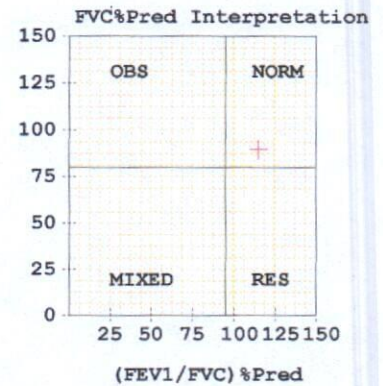
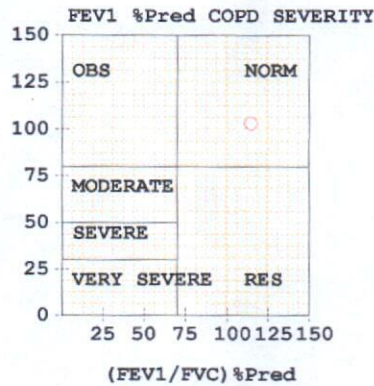
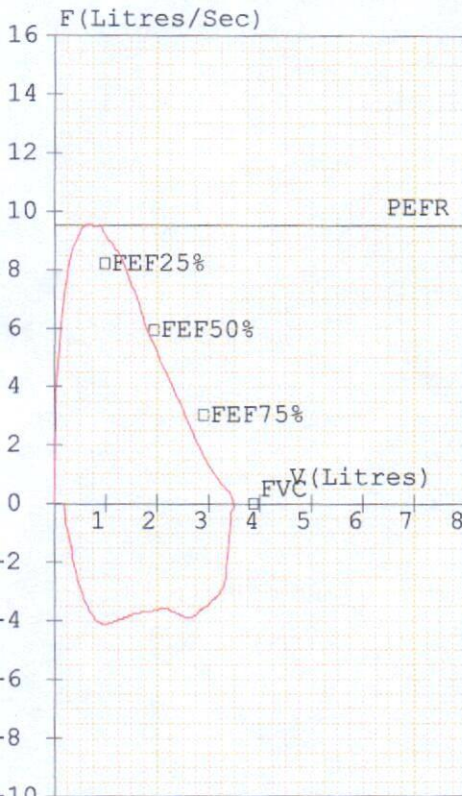
SIDDHIVINAYAK HOSPITALS

PULMONARY FUNCTION TEST

Patient: Viral Gala
Refd. By: DR VIHSAL DALVI
Record Eqns: RECORDERS
Date: 20-Apr-2024 11:03 AM

Age: 35 Yrs
Height: 177 Cms
Weight: 91 Kgs
ID: 285

Gender: Male
Smoker: No
Eth. Corr: 100
Temp:

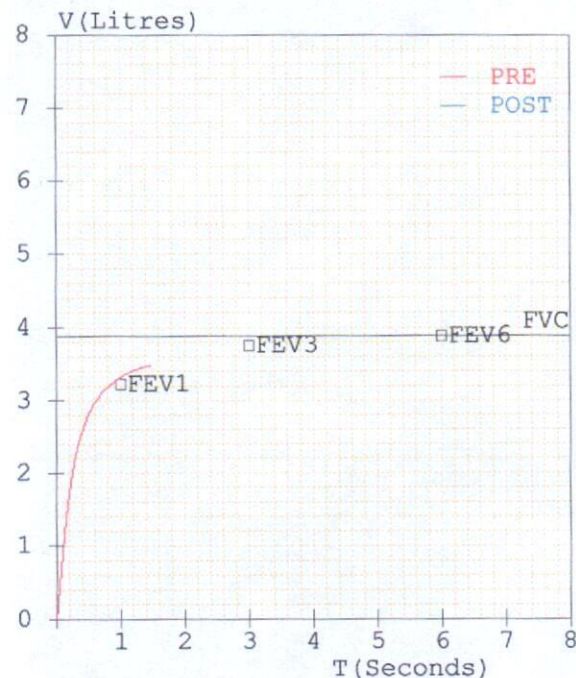


FVC Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L) 03.87	03.48	090	---	---	---
FEV1	(L) 03.22	03.33	103	---	---	---
FEV1/FVC	(%) 83.20	95.69	115	---	---	---
FEF25-75	(L/s) 04.30	05.50	128	---	---	---
PEFR	(L/s) 09.52	09.56	100	---	---	---
FIVC	(L) -----	03.28	---	---	---	---
FEV.5	(L) -----	02.82	---	---	---	---
FEV3	(L) 03.75	03.48	093	---	---	---
PIFR	(L/s) -----	04.10	---	---	---	---
FEF75-85	(L/s) -----	01.94	---	---	---	---
FEF.2-1.2	(L/s) 07.59	08.90	117	---	---	---
FEF 25%	(L/s) 08.22	09.45	115	---	---	---
FEF 50%	(L/s) 05.95	06.22	105	---	---	---
FEF 75%	(L/s) 03.02	02.71	090	---	---	---
FEV.5/FVC	(%) -----	81.03	---	---	---	---
FEV3/FVC	(%) 96.90	100.00	103	---	---	---
FET	(Sec) -----	01.51	---	---	---	---
ExptTime	(Sec) -----	00.06	---	---	---	---
Lung Age	(Yrs) 035	034	097	---	---	---
FEV6	(L) 03.87	-----	---	---	---	---
FIF25%	(L/s) -----	03.56	---	---	---	---
FIF50%	(L/s) -----	03.54	---	---	---	---
FIF75%	(L/s) -----	03.92	---	---	---	---

Pre Test COPD Severity

Test within normal limits



Pre Medication Report Indicates

Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80

DR. VISHAL DALVI
 MBBS, MD (Medicine)
 Consultant Physician
 Reg. No. 2011/09/3121
 DR VISHAL DALVI



Name - Mr. Viral Gala	Age - 35 Y/M
Ref by Dr.- Siddhivinayak Hospital	Date - 20/04/2024

USG ABDOMEN & PELVIS

FINDINGS:-

The **liver** dimension is normal in size. It appears normal in morphology with **raised echogenicity**. No evidence of intrahepatic ductal dilatation.

The **GB**-gallbladder is distended normally. Wall thickness is normal.

The **CBD**- common bile duct is normal. The portal vein is normal.

The **pancreas** appears normal in morphology.

The **spleen** is normal in size (11.9 cm) and morphology.

Both **kidneys** demonstrate normal morphology.

Both kidneys show normal cortical echogenicity.

The right kidney measures 9.4 x 4.9 cm

The left kidney measures 10.1 x 4.1 cm

Urinary bladder: -normally distended. Wall thickness - normal.

Prostate is normal in size and morphology Size: 14.3 gms

No **free fluid** is seen.

IMPRESSION:-

- Fatty liver (Grade I)

DR. AMOL BENDRE
MBBS; DMRE
CONSULTANT RADIOLOGIST

Dr. AMOL BENDRE
MBBS DMRE
Reg. No. 2015/08/4110





Name - Mrs. VIRAL GALA	Age - 35 Y/M
Ref by Dr.- Siddhivinayak Hospital	Date - 20/04/2024

X- Ray chest (PA VIEW)

No obvious active parenchymal lesion seen in both lungs.

Cardiac and aortic shadows appear normal

No evidence of pleural of effusion is seen.

Both domes of diaphragm appear normal.

No obvious bony lesion is seen.

IMPRESSION:

- No significant abnormality seen.

Adv.: Clinical and lab correlation.

DR. AMOL BENDRE

MBBS; DMRE

CONSULTANT RADIOLOGIST

Note: The above report represents interpretation of various radiographic / sonographic shadows, and hence has its own limitations. This report has to be co-related clinic-pathologically by the referring / physician and it does NOT represent the sole diagnosis.

Dr. AMOL BENDRE
MBBS DMRE
Reg. No. 2015/08/4412

