SUBURBAN DIAGNOSTICS
PRECISE TESTING • HEALTHIER LIVING

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REPORT

CID	: 2408320963		
Name	: MR.SHASHANK MISHRA		
Age / Gender	: 33 Years / Male		
Consulting Dr.	: -	**Collected**	: 23-Mar-2024 / 09:03
Reg. Location	: Bhayander East (Main Centre)	**Reported**	: 23-Mar-2024 / 12:27

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	15.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.89	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.9	40-50 %	Measured
MCV	92	80-100 fl	Calculated
MCH	30.9	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	**14.9**	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5980	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	**40.7**	20-40 %	
Absolute Lymphocytes	2433.9	1000-3000 /cmm	Calculated
Monocytes	6.4	2-10 %	
Absolute Monocytes	382.7	200-1000 /cmm	Calculated
Neutrophils	50.2	40-80 %	
Absolute Neutrophils	3002.0	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	113.6	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	47.8	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	314000	150000-400000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Calculated
PDW	18.0	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com
Corporate Identity Number (CIN): U85110MH2002PTC136144

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Reg. Location	: Bhayander East (Main Centre)	**Reported**	: 23-Mar-2024 / 13:26

Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic,Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR	**19**	2-15 mm at 1 hr.	Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:
Factors that increase ESR: Old age, Pregnancy,Anemia
Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

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ilac-MRA

MC-6201

Bmhaskar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist

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Reg. Location	: Bhayander East (Main Centre)	**Reported**	: 23-Mar-2024 / 14:07

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	112.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	114.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.36	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.23	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.6	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	24.3	<34 U/L	Modified IFCC
SGPT (ALT), Serum	31.6	10-49 U/L	Modified IFCC
GAMMA GT, Serum	25.8	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	107.7	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	**13.8**	19.29-49.28 mg/dl	Calculated
BUN, Serum	**6.4**	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	**0.61**	0.73-1.18 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023

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CID	: 2408320963		
Name	: MR.SHASHANK MISHRA		
Age / Gender	: 33 Years / Male		
Consulting Dr.	: -	**Collected**	: 23-Mar-2024 / 12:41
Reg. Location	: Bhayander East (Main Centre)	**Reported**	: 23-Mar-2024 / 17:06

eGFR, Serum	130	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease:30-44 Severe decrease: 15-29 Kidney failure:<15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	5.8	3.7-9.2 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***

ilac-MRA

MC-6201

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist

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Reg. Location	: Bhayander East (Main Centre)	**Reported**	: 23-Mar-2024 / 12:18

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:
Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

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MC-6201

Bmhaskar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	5	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

Note:Sample quantity less than 12ml.

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Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

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MC-6201

Dr.JAGESHWAR MANDAL CHOUPAL
MBBS, DNB PATH
Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***

ilac-MRA MC-5460

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	167.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	76.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	40.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	127.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	**111.9**	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	15.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

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MC-5460

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.6	3.5-6.5 pmol/L	CLIA
Free T4, Serum	14.8	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	3.700	0.55-4.78 microIU/ml	CLIA

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Interpretation:
A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:
1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors
can give falsely high TSH.
2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests: Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:
1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:
1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***

ilac-MRA MC-5460

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director

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SUBURBAN DIAGNOSTICS - BHAYANDER EAST

SUBURBAN DIAGNOSTICS
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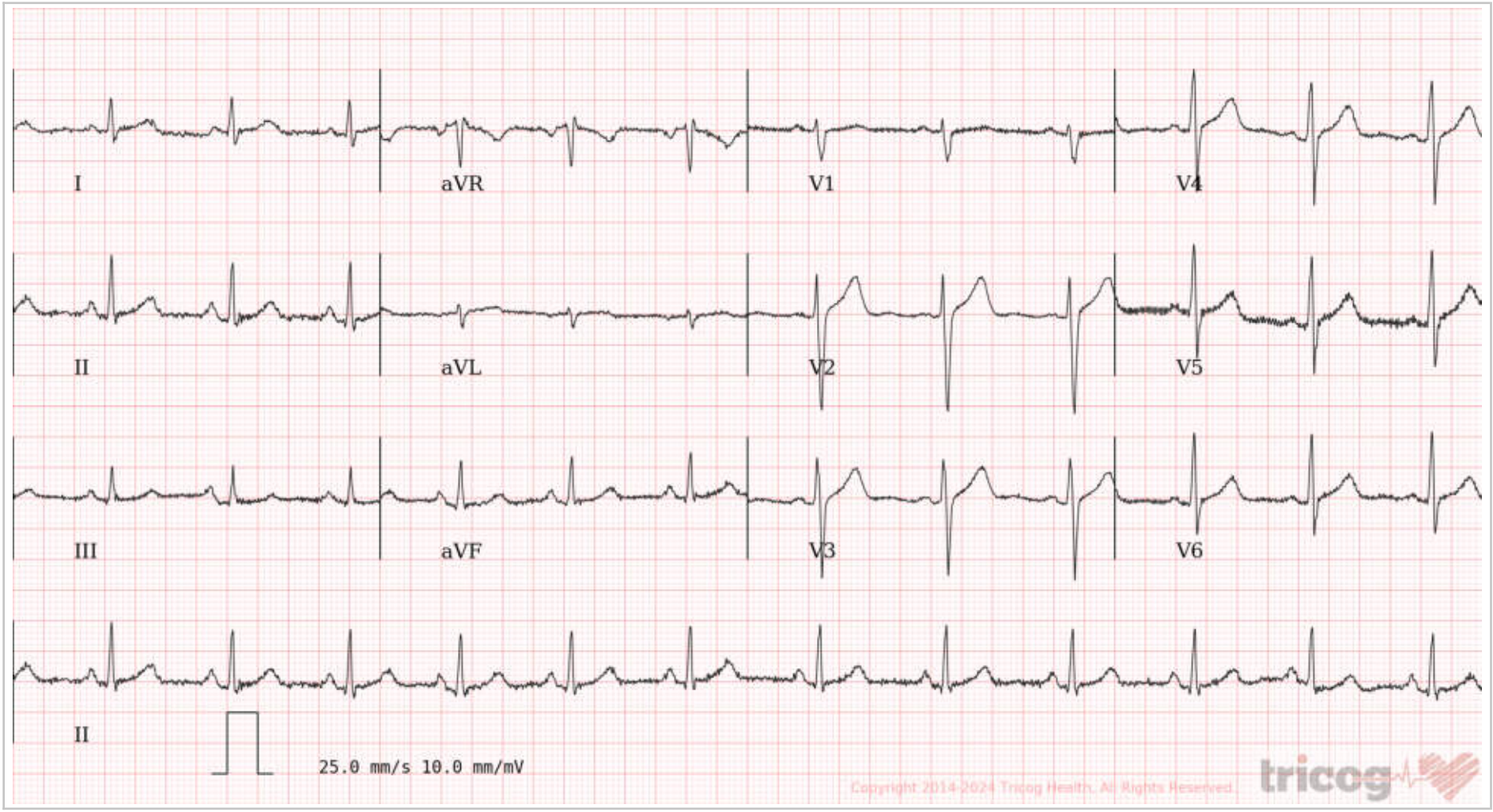
Patient Name: SHASHANK MISHRA
Patient ID: 2408320963

Date and Time: 23rd Mar 24 9:30 AM



Age **33** years **NA** months **NA** days

Gender **Male**

Heart Rate **76bpm**

Patient Vitals

BP:	120/80 mmHg
Weight:	93 kg
Height:	184 cm
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	86ms
QT:	388ms
QTcB:	436ms
PR:	140ms
P-R-T:	61° 70° 47°

ECG Within Normal Limits: Sinus Rhythm, Normal axis. No significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587

SUBURBAN DIAGNOSTICS

REPORT

CID# 2408320963

Name	: MR.SHASHANK MISHRA		
Age / Gender	: 33 Years/Male		
Consulting Dr.	:	Collected	: 23-Mar-2024 / 08:52
Reg.Location	: Bhayander East (Main Centre)	Reported	: 23-Mar-2024 / 17:48

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms):	184	**Weight (kg):**	93
Temp (0c):	Afebrile	**Skin:**	NAD
Blood Pressure (mm/hg):	120/80	**Nails:**	NAD
Pulse:	86/min	**Lymph Node:**	Not Palpable

Systems

Cardiovascular:	S1S2-Normal
Respiratory:	Chest-Clear
Genitourinary:	NAD
GI System:	NAD
CNS:	NAD

IMPRESSION: USG of Abd. - Fatty Liver.
ECG, 2DR, TMT are WNL

ADVICE: Weight Reduction.
Expert consultation.

CHIEF COMPLAINTS:

1)	**Hypertension:**	No
2)	**IHD**	No
3)	**Arrhythmia**	No
4)	**Diabetes Mellitus**	No
5)	**Tuberculosis**	No
6)	**Asthama**	No
7)	**Pulmonary Disease**	No

UID# 2408320963

Name : MR.SHASHANK MISHRA

Age / Gender : 33 Years/Male

Consulting Dr. :

Reg.Location : Bhayander East (Main Centre)

Collected : 23-Mar-2024 / 08:52

Reported : 23-Mar-2024 / 17:48

8)	**Thyroid/ Endocrine disorders**	No
9)	**Nervous disorders**	No
10)	**GI system**	No
11)	**Genital urinary disorder**	No
12)	**Rheumatic joint diseases or symptoms**	No
13)	**Blood disease or disorder**	No
14)	**Cancer/lump growth/cyst**	No
15)	**Congenital disease**	No
16)	**Surgeries**	No
17)	**Musculoskeletal System**	No

PERSONAL HISTORY:

1)	**Alcohol**	No
2)	**Smoking**	No
3)	**Diet**	Vegetarian
4)	**Medication**	No

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

Anita

DR. ANITA CHOUDHARY
CONSULTANT PHYSICIAN
Reg. No. 2017/12/5553

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

• PATIENT NAME :MR.SHASHANK MISHRA	• SEX : MALE
• REFERRED BY. : DR. ----	• AGE : 33 YEARS
• CID NO :- 2408320963	• DATE : 23/03/2024

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

DR AISHA LAKHANI
MBBS, MD (Radio-Diagnosis)
Fellow in Abdominal Radiology
Reg. No. 2016/ 07/1521
CONSULTANT RADIOLOGIST

भारत सरकार
Government of India

शशांक मिश्रा
Shashank Mishra
जन्म तिथि/DOB: 06/03/1991
पुरुष/ MALE

3904 3693 6425

मेरा आधार, मेरी पहचान

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

• PATIENT NAME : MR.SHASHANK MISHRA	• SEX : MALE
• REFERRED DR. : DR------	• AGE : 33 YEARS
• CID NO : 2408320963	• DATE : 23/03/2024

USG WHOLE ABDOMEN

LIVER:
The liver is enlarged in size (15.8 cm), with normal in shape and shows smooth margins. It shows raised parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:
The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of any calculus, mass lesion or sludge seen in the visualised lumen.

COMMON BILE DUCT:
The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:
The pancreas appears normal. No evidence of solid or cystic mass lesion seen.

KIDNEYS:
Right kidney measures 9.4 x 4.6 cm. Left kidney measures 9.8 x 4.7 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. **A 3.4 mm calculus seen in the upper pole of right kidney.** No evidence of any calculus seen in the left kidney. No evidence of any hydronephrosis or mass lesion seen on both sides.

SPLEEN:
The spleen is normal in size (8.3 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:
The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

PROSTATE:
The prostate is normal in size 3.1 x 3.1 x 2.7 cm and weighs 13.8 gms. It shows normal parenchymal echotexture. No obvious calcification or mass lesion made out.

There is no evidence of any lymphadenopathy or ascites.

IMPRESSION:

- **Hepatomegaly with Grade I fatty infiltration of liver.**
- **Non obstructive right renal calculus.**

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

DR AISHA LAKHANI
MBBS, MD (Radio-Diagnosis)
Fellow in Abdominal Radiology
Reg. No. 2016/ 07/1521
CONSULTANT RADIOLOGIST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Date:- 23/3/24 CID: 240832091G3

Name:- Shashank mishra Sex / Age: 33/M

EYE CHECK UP

Chief complaints: NO

Systemic Diseases:

Past history:

	RE	CE
Unaided Vision:	6/6	6/6
Aided Vision:	N/6	N/6

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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DIAGNOSTICS BHAYANDER

421 / SHASHANK MISRA / 33 Yrs / Male / 184 Cm / 93 Kg

6X2 Combine Medians + 1 Rhythm

Recovery : (04:28)

AGHPL

Date: 23 / 03 / 2024 01:09:58 PM METs : 1.0 HR : 122 Target HR : 65% of 187 BP : 140/80 Post J @80mSec

ExTime: 07:01 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV