


Barcode No.	: M280379		Age / Sex	: 39.4 YRS / Male
Patient NAME	: Mr. RAI SHAILENDRA			
Sample Coll. DATE	: 18-Nov-2023 10:15 AM	Sample Receiving DATE	: 18-Nov-2023 11:20 AM	
UHID	: 275852	Reporting DATE	: 18-Nov-2023 01:09 PM	
IPD No. / Ward	: /	Approved DATE	: 18-Nov-2023 07:18 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

**DEPARTMENT OF HAEMATOLOGY**

**Complete Haemogram\*** (Specimen : EDTA)

Date	Status	18/Nov/23 07:18PM	Unit	Bio Ref Interval
Haemoglobin <i>(whole blood/photometric method)</i>		16.5	g/dl	13.0-17
Total Leucocyte Count (TLC) <i>(whole blood/impedence method)</i>		9100	cells/c.mm	4000-10000
Neutrophil	<b>H</b>	<b>73.6</b>	%	45-70
Lymphocyte	<b>L</b>	<b>18.6</b>	%	20-40
Eosinophils		1.6	%	1.0-5.0
Monocytes		6.0	%	2.0-10.0
Basophils		0.2	%	0.0-1.0
Packed Cell Volume (PCV) <i>(whole blood,calculation)</i>		48.8	%	40.0-50.0
Red Blood Cell Count <i>(whole blood,impedence method)</i>		5.5	million/c.mm	4.5-5.5
Mean Cell Volume (MCV) <i>(whole blood,calculated)</i>		89.3	fl	83.0-101.0
Mean Cell Haemoglobin (MCH) <i>(whole blood,calculated)</i>		30.3	pg	27.0-32.0
MCHC <i>(whole blood,calculated)</i>		33.9	g/dl	31.0-34.5
RDW - CV		11.6	%	11.0-16.0
Platelet Count <i>(whole blood,impedence method)</i>		2.6	lakh/c.mm	1.5-4.0
MPV (Mean Platelet Volume)		8.8	fL	6.5-12.0
ESR		08	mm/Hr	0-10

**Interpretation :**


**Complete Haemogram\* : EDTA Whole Blood-Tests done on Automated Five Part Cell Counter.( Hb is performed by photometric method,WBC,RBC,Platelet Count by impedence method,WBC differential by Flow Cytometry technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.**

**Prepared By : Mrs. Anita**

**Printed By : Mrs. Mala**

These values are only indicative not confirmatory of diagnosis; Kindly correlate clinically.

(\*) Test conducted under NABL scope MC-3302,Neo Hospital Laboratory, Noida.

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Sample Coll. DATE	: 18-Nov-2023 10:15 AM	Sample Receiving DATE	: 18-Nov-2023 11:20 AM	
UHID	: 275852	Reporting DATE	: 18-Nov-2023 01:45 PM	
IPD No. / Ward	: /	Approved DATE	: 18-Nov-2023 03:38 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

**DEPARTMENT OF HAEMATOLOGY**


**BLOOD GROUPING (ABO AND RH)** *(Specimen : EDTA)*

Date	Status	18/Nov/23 07:16PM	Unit	Bio Ref Interval
Blood Group <i>(agglutination method)</i>		"O"		-
Rh Type <i>(agglutination method)</i>		POSITIVE		-

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UHID	: 275852	Reporting DATE	: 18-Nov-2023 01:15 PM	
IPD No. / Ward	: /	Approved DATE	: 18-Nov-2023 01:33 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

**DEPARTMENT OF BIOCHEMISTRY**


**Blood Sugar Fasting\*** (Specimen : FLUORIDE)

Date	Status	18/Nov/23 02:51PM	Unit	Bio Ref Interval
Blood Sugar Fasting (serum, plasma(god pod))		94.0	mg/dl	<100.0

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Barcode No.	: M280379		Age / Sex	: 39.4 YRS / Male
Patient NAME	: Mr. RAI SHAILENDRA			
Sample Coll. DATE	: 18-Nov-2023 10:15 AM	Sample Receiving DATE	: 18-Nov-2023 11:20 AM	
UHID	: 275852	Reporting DATE	: 20-Nov-2023 04:49 PM	
IPD No. / Ward	: /	Approved DATE	: 24-Nov-2023 07:16 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

**DEPARTMENT OF CLINICAL PATHOLOGY**


**Urine for Sugar Fasting\*** (Specimen : URINE)

Date	Status	24/Nov/23 07:16PM	Unit	Bio Ref Interval
Urine for Sugar Fasting	(++)			-

Prepared By : Mrs. Anita

Printed By : Mrs. Mala

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Sample Coll. DATE	: 18-Nov-2023 10:15 AM	Sample Receiving DATE	: 18-Nov-2023 11:20 AM	
UHID	: 275852	Reporting DATE	: 18-Nov-2023 02:51 PM	
IPD No. / Ward	: /	Approved DATE	: 18-Nov-2023 03:36 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

**DEPARTMENT OF BIOCHEMISTRY**

**HbA1c** (Specimen : EDTA)

Date	Status	18/Nov/23 03:36PM	Unit	Bio Ref Interval
HbA1c		5.7	%	<-5.7
AVERAGE BLOOD SUGAR	<b>H</b>	117.0	MG/DL	<-116

**Interpretation :**

**HbA1c :**  
**Hba1c:**

**As per American Diabetes Association (ADA)**

Reference Group	HbA1c in %
Non- diabetic adults	<5.7%
Pre- diabetic	5.7-6.4 %
Diabetic	>or = 6.5%
ADA Target	>7.0
Action suggested	>8.0

Glycation is nonenzymatic addition of sugar residue to amino groups of proteins. HbA1C is formed by condensation of glucose with n-terminal valine residue of each beta chain of hb a to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of red blood cells(120 days) and the blood glucose concentration. the GHb concentration represents the integrated values for glucose over a period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with the most recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb is been reported in iron deficiency anaemia.


Though HbA1C is a direct measure of long term sugar levels, diabetes is not the only cause of high value. Sleep disorders, gum disease, H.Pylori infection, chronic inflammation, and anemia can also increase HbA1c. Iron deficiency anemia as well as B12 or folate deficiency anemia may cause A1C to be falsely elevated. Several medical and substance have also been reported to falsely elevated A1c including lead poisoning, chronic ingestion of alcohol, salicylates and opioids. Ingestion of vitamin C may increase A1C when measured by electrophoresis.

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Sample Coll. DATE	: 18-Nov-2023 10:15 AM	Sample Receiving DATE	: 18-Nov-2023 11:20 AM	
UHID	: 275852	Reporting DATE	: 18-Nov-2023 02:41 PM	
IPD No. / Ward	: /	Approved DATE	: 18-Nov-2023 03:27 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

### DEPARTMENT OF IMMUNOLOGY

#### Free Thyroid Profile (FT3, FT4, TSH) (Specimen : SERUM)

Date	Status	18/Nov/23 03:27PM	Unit	Bio Ref Interval
FT3		3.29	pg/ml	1.4-5.6
FT4		1.23	ng/dL	0.67-1.71
TSH		1.96	μIU/ml	0.25-5.0

#### Interpretation :

Free Thyroid Profile (FT3, FT4, TSH) :

#### Interpretation:-


TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	. Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	.Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. .Subclinical Autoimmune Hypothyroidism .Intermittent T4 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	.Chronic Autoimmune Thyroiditis .Post thyroidectomy,Post radioiodine .Hypothyroid phase of transient thyroiditis
Raised or within Range	Raised	Raised or within Range	.Interfering antibodies to thyroid hormones (anti-TPO antibodies) .Intermittent T4 therapy or T4 overdose .Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics
Decreased	Raised or within Range	Raised or within Range	.Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion
Decreased	Decreased	Decreased	.Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)
Decreased	Raised	Raised	.Primary Hyperthyroidism (Graves disease),Multinodular goitre, Toxic nodule .Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervains),Gestational thyrotoxicosis with hyperemesis gravidarum

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Printed By : Mrs. Mala

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**DEPARTMENT OF IMMUNOLOGY**

Decreased or within Range	Raised	Within Range	.T3 toxicosis .Non-Thyroidal illness
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Sample Coll. DATE	: 18-Nov-2023 10:15 AM	Sample Receiving DATE	: 18-Nov-2023 11:20 AM	
UHID	: 275852	Reporting DATE	: 18-Nov-2023 01:14 PM	
IPD No. / Ward	: /	Approved DATE	: 18-Nov-2023 01:33 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

**DEPARTMENT OF BIOCHEMISTRY**

**Lipid Profile\*** (Specimen : SERUM)

Date	Status	18/Nov/23 02:51PM	Unit	Bio Ref Interval
Total Cholesterol (serum/enzymatic(che,cho/pod))	H	226.0	mg/dl	<200
Triglyceride (serum/enzymatic(lipase/gk/gpo/pod)without correction for free glycerol)		112.0	mg/dl	<150.0
HDL Cholesterol (serum/phosphotungstic acid/mgcl2+enzymatic)	H	61.0	mg/dl	>40.0
LDL (calculation)	H	142.6	mg/dl	<100
VLDL (calculation)		22.4	mg/dl	<30
LDL/HDL Ratio (calculation)		2.34		<3.6
Total Cholesterol : HDL Ratio (calculation)		3.7		<5.0

**Interpretation :**

**Lipid Profile\* :**

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
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

**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.
- As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- Low HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient


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Passport No.	:			

## DEPARTMENT OF BIOCHEMISTRY

HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

4. 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.

### KFT (Kidney Function Test)\* (Specimen : SERUM)

Date	Status	18/Nov/23 02:51PM	Unit	Bio Ref Interval
Blood Urea (urease with indicator dye)		26.0	mg/dl	19.0-43.0
Serum Creatinine (enzymatic(creatinine amidohydrolase))		0.8	mg/dl	0.66-1.25
Uric Acid (uricase/peroxidase)		4.7	mg/dl	3.5-8.5
Sodium (Na+) (direct ion selective mode)		137.0	mmol/L	137.0-145.0
Potassium (K+) (direct ion selective mode)		4.5	mmol/L	3.5-5.1
Chloride (Cl-) (direct ion selective mode)		103.0	mmol/L	98.0-107.0
Serum Calcium (arsenazo dye)		9.3	mg/dl	8.4-10.2
Phosphorus Serum (phosphomolybdate reduction)		4.0	mg/dl	2.5-4.5
Alkaline Phosphatase (ALP) (4-nitrophenyl phosphate(pnpp)/amp)		86.0	U/L	38.0-126.0
Total protein (biuret(alkaline cupric sulphate))		7.6	gm/dl	6.3-8.2
Albumin (bromocresol green dye binding)		5.0	gm/dl	3.5-5.0
Globulin (Calculated) (calculated)		2.6	gm/dl	2.0-3.5
Albumin/Globulin Ratio (Calculated) (calculated)	<b>H</b>	<b>2.0</b>		0.8-1.1
eGFR (calculated)		107.4	mL/min	-

### LFT (Liver Function Test) -Spectrophotometry\* (Specimen : SERUM)


Date	Status	18/Nov/23 02:51PM	Unit	Bio Ref Interval
Aspartate Transaminase (SGOT, AST) (serum/kinetic withpyridoxal 5		27.0	U/l	17.0-59.0

Prepared By : Mrs. Anita

Printed By : Mrs. Mala

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IPD No. / Ward	: /	Approved DATE	: 18-Nov-2023 01:33 PM	
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Passport No.	:			

### DEPARTMENT OF BIOCHEMISTRY

<i>phosphate/lactate dehydrogenase</i>					
SGPT, ALT (Alanine Transaminase) <i>(serum/kinetic with pyridoxal 5phosphate/lactate dehydrogenase)</i>	32.0			U/L	<50.0
Alkaline Phosphatase (ALP) <i>(serum/4-nitrophenyl phosphate(pnpp)/amp)</i>	86.0			U/L	38.0-126.0
Total Protein <i>(serum/biuret(alkaline cupric sulphate))</i>	7.6			gm/dl	6.3-8.2
Albumin <i>(serum/bromocresol green dye binding)</i>	5.0			gm/dl	3.5-5.0
Globulin (Calculated) <i>(calculated)</i>	2.6			gm/dl	2.0-3.5
Albumin/Globulin Ratio (Calculated) <i>(calculated)</i>	<b>H 2.0</b>				0.8-1.1
GGT (Gamma Glutamyl Transpeptidase) <i>(serum/L-gamma-glutamyl-4-nitroanalide)</i>	32.0			U/L	15.0-73.0

**Interpretation :**

**LFT (Liver Function Test) -Spectrophotometry\* : Note:**


1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

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Barcode No.	: M280379		Age / Sex	: 39.4 YRS / Male
Patient NAME	: Mr. RAI SHAILENDRA			
Sample Coll. DATE	: 18-Nov-2023 11:57 AM	Sample Receiving DATE	: 18-Nov-2023 01:31 PM	
UHID	: 275852	Reporting DATE	: 19-Nov-2023 02:39 AM	
IPD No. / Ward	: /	Approved DATE	: 19-Nov-2023 12:08 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

**DEPARTMENT OF CLINICAL PATHOLOGY**

**URINE ROUTINE**


SAMPLE: URINE

	OBSERVED VALUE	UNIT	REFERENCE RANGE
<b><u>PHYSICAL EXAMINATION</u></b>			
VOLUME(visual observation)	20	mL	N/A
COLOUR(visual observation)	PALE YELLOW		PALE YELLOW
TRANSPARENCY (APPEARANCE)(visual observation)	S.TURBID		CLEAR
SPECIFIC GRAVITY(automated multistrips,colour reaction/Pka change)	1.010		1.005 TO 1.030
pH(automated multistrips double indicator method)	6.0		5-7
<b><u>CHEMICAL EXAMINATION</u></b>			
PROTEIN (ALBUMIN)automated multistrips)protein error of pH,sulphosalicylic acid method.	NIL		NIL
GLUCOSE(automated multistrips,(enzyme reaction) benedicts method	( + )		NIL
KETONE BODIES(automated multistrips,rotheras method)	NEGATIVE		NEGATIVE
BILIRUBIN(automated multistrips,fouchets method)	NEGATIVE		NEGATIVE
UROBILINOGEN(automated multistrips,ehrlchs aldehyde method)	NORMAL		NORMAL (1mg/dL )
BLOOD(automated multistrips ,bencidine method)	ABSENT		ABSENT
<b><u>MICROSCOPIC EXAMINATION</u></b>			
PUS CELLS(light microscopy)	2-4	/hpf	0-5
RED BLOOD CELLS(light microscopy)	0	/hpf	0-3
EPITHELIAL CELLS(light microscopy)	6-8	/hpf	0-5
CASTS(light microscopy)	ABSENT		ABSENT
CRYSTALS(light microscopy)	ABSENT		ABSENT

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**DEPARTMENT OF CLINICAL PATHOLOGY**

OTHERS(light microscopy) | | | |

Note: 1.Chemical examination through Dipstick includes test methods as Protein(Protein Error Principle),Glucose (GOD-POD),Ketone(Legals Test), Bilirubin(Azo-Diazo reaction),Urobilinogen (Diazonium ion Reaction).All abnormal results of chemical examination are confirmed by manual methods.

2.Pre-test conditions to be observed while submitting the sample-First void,mid-stream urine,collect in a clean,dry,sterile container is recommended for routine urine analysis.,avoid contamination with any discharge from vaginal ,urethra,perineum,as applicable ,avoid prolonged transist time&undue exposure to sunlight.

3.During interpretation,Trace proteinuria can be seen with many physiological conditions like prolonged recumbency,exercise,high protein diet.False positive reactions for bile pigments,proteins,glucose can be caused by peroxidase like activity by disinfectants,therapeutic dyes,ascorbic acid and certain drugs.

4.All urine samples are checked for adequacy and suitability before examination.

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Barcode No.	: M280379		Age / Sex	: 39.4 YRS / Male
Patient Name	: Mr. RAI SHAILENDRA		Registration Date	: 18-Nov-2023 10:03 AM
IPD No.	:		Reporting Date	: 18-Nov-2023 03:57 PM
UHID	: 275852		Approved Date	: 18-Nov-2023 04:13 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

## DEPARTMENT OF CARDIOLOGY

### ECHOCARDIOGRAPHY REPORT

#### MITRAL VALVE

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.  
PML-**Normal**/Thickening/Calcification/Prolapses/Paradoxical motion/Fixed.  
Subvalvular deformity Present/**Absent**. Score: \_\_\_\_\_

Doppler **Normal**/Abnormal E/A=76/56, E>A A>E S>D  
Mitral Stenosis Present/**Absent** RR Interval \_\_\_\_\_ msec  
EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg MVA \_\_\_\_\_ cm<sup>2</sup>  
Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

#### TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.  
Doppler **Normal**/Abnormal TRICUSPID VALVE= 152cm/s.  
Tricuspid Stenosis Present/**Absent** RR Interval \_\_\_\_\_ msec.  
EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg  
Tricuspid regurgitation **Absent**/Trivial/Mild/Moderate/Severe Fragmented Signals  
Velocity \_\_\_\_\_ msec Pred.RVSP =mmHg

#### PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation  
Doppler **Normal**/Abnormal PULMONARY VALVE= 81cm/s.  
Pulmonary Stenosis Present/**Absent** Level  
PSG \_\_\_\_\_ mmHg Pulmonary annulus \_\_\_\_\_ mm  
Pulmonary regurgitation Present/**Absent**  
Early diastolic gradient \_\_\_\_\_ mmHg End diastolic gradient \_\_\_\_\_ mmHg

#### AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation  
No. of cusps 1/2/3/4  
Doppler **Normal**/Abnormal AORTIC VALVE= 126cm/s.  
Aortic Stenosis Present/**Absent** Level  
PSG \_\_\_\_\_ mmHg Aortic annulus \_\_\_\_\_ mm  
Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

#### Measurements

Aorta 2.5  
LV es 2.6  
IVSed 1.2/1.8  
RVed

#### Normal Valves

(2.0-3.7 cm)  
(2.2-4.0 cm)  
(0.6-1.1 cm)  
(0.7-2.6 cm)

#### Measurements

LA es 3.4  
LV ed 3.9  
PW (LV) 1.2/1.9  
RV Anterior Wall

#### Normal Valves

(1.9-4.0 cm)  
(3.7-5.6 cm)  
(0.6-1.1 cm)  
(upto 5 cm)

Barcode No.	: M280379		Age / Sex	: 39.4 YRS / Male
Patient Name	: Mr. RAI SHAILENDRA		Registration Date	: 18-Nov-2023 10:03 AM
IPD No.	:		Reporting Date	: 18-Nov-2023 03:57 PM
UHID	: 275852		Approved Date	: 18-Nov-2023 04:13 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

## DEPARTMENT OF CARDIOLOGY

LVVd (ml)		LVVs (ml)	
EF	60%	IVS motion	<b>Normal/Flat/Paradoxical</b>
IVS	(54%-76%)	Any Other	

### CHAMBERS


LV	<b>Normal/Enlarged/Clear/Thrombus/Hypertrophy, Contraction,</b>
LA	<b>Normal/Reduced/Regional wall motion abnormality: nil,</b>
RA	<b>Normal/Enlarged/Clear/Thrombus</b>
RV	<b>Normal/Enlarged/Clear/Thrombus</b>
PERICARDIUM	<b>Normal/Thickening/Calcification/Effusion</b>

### COMMENTS & SUMMARY

No RWMA, LVEF-60%  
Normal LV systolic function  
No MR/TR  
MIP=Normal  
Intact IAS/IVS  
No LA/LV clot  
No pericardial effusion.

### IMPRESSION

Normal Study

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Patient Name	: <b>Mr. RAI SHAILENDRA</b>		Registration Date	: 18-Nov-2023 10:03 AM
IPD No.	:		Reporting Date	: 20-Nov-2023 03:41 PM
UHID	: 275852		Approved Date	: 20-Nov-2023 03:41 PM
Referring Doctor	: <b>Dr. Rakesh Malhotra (H)</b>			
Passport No.	:			

**DEPARTMENT OF RADIOLOGY**

**X- RAY CHEST PA VIEW**

**Expiratory film.**

Both lung fields are clear.

Hilar shadows are normal.

Both costophrenic angles are clear.

Cardiac silhouette is normal.

Bony thorax is normal.

**Please correlate clinically**

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## DEPARTMENT OF RADIOLOGY

### ULTRASOUND WHOLE ABDOMEN

**Liver** is normal in size and shows increased echogenicity. No focal SOL noted. Vascular channels are clear. No evidence of IHBR dilatation.

**Gall Bladder** is well distended and reveals normal walls. No evidence of calculus or mass lesion. CBD & PV are normal.

**Spleen** is normal in size, shape and echotexture.

**Pancreas** is obscured by bowel gas shadows.

**Both Kidneys** are normal in size, shape, position & echogenicity. CMD is maintained. No evidence of calculus / mass lesion or hydronephrosis.

**Right kidney** – 9.5 x 4.8cm

**Left kidney** – 10.2 x 5.3cm

**Urinary Bladder** is well distended with normal wall thickness. No calculi / mass lesion noted. No diverticulum noted.

**Prostate** is normal in size, shape and echogenicity, volume- 14.9cc.

No free fluid seen in the peritoneal cavity.

#### **IMPRESSION:**

- Grade-I fatty liver.

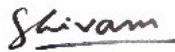
Please correlate clinically.

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

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