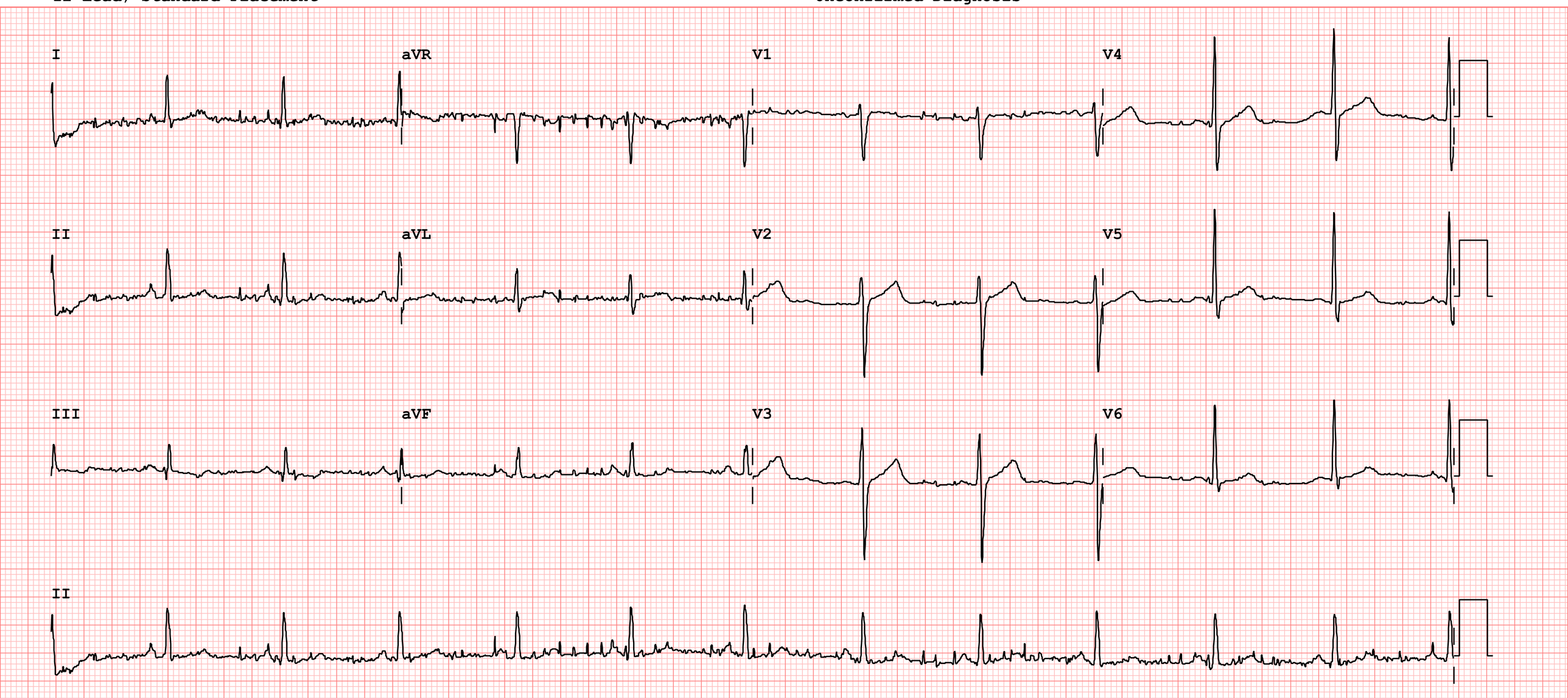
005720146 mr narender singh 3/23/2024 1:00:05 PM

56 Years Female

| | | | |
|---|---|---|---|
| Rate | 72 | . Sinus rhythm.....normal P axis, V-rate 50- 99 | |
| | | . Minimal ST elevation, anterior leads.....ST >0.10mV, V1-V4 | |
| PR | 149 | | |
| QRSD | 84 | | |
| QT | 375 | | |
| QTc | 411 | | |
| --AXIS-- | | | |
| P | 74 | | |
| QRS | 47 | - OTHERWISE NORMAL ECG - | |
| T | 10 | | |

12 Lead; Standard Placement Unconfirmed Diagnosis




Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 60~ 0.15-100 Hz 100B CL P?

| | | | |
|---|---|---|---|
| **NAME** | **MR Narender SINGH** | **STUDY DATE** | **23/03/2024 1:54PM** |
| **AGE / SEX** | **56 y / M** | **HOSPITAL NO.** | **MH005720146** |
| **ACCESSION NO.** | **NM12918525** | **MODALITY** | **US** |
| **REPORTED ON** | **27/03/2024 1:12PM** | **REFERRED BY** | **Health Check MHD** |

# 2D Echocardiography Report

| | **End diastole** | **End systole** |
|---|---|---|
| IVS thickness (cm) | **1.2** | **1.5** |
| Left Ventricular Dimension (cm) | **4.2** | **2.8** |
| Left Ventricular Posterior Wall thickness (cm) | **1.1** | **1.3** |

| | |
|---|---|
| Aortic Root Diameter (cm) | **3.0** |
| Left Atrial Dimension (cm) | **3.5** |
| Left Ventricular Ejection Fraction (%) | **55%** |

| | | |
|---|---|---|
| LEFT VENTRICLE | : | Mild concentric LVH. No RWMA. LVEF=55% |
| RIGHT VENTRICLE | : | Normal in size. Normal RV function. |
| LEFT ATRIUM | : | Normal in size |
| RIGHT ATRIUM | : | Normal in size |
| MITRAL VALVE | : | Mild MR |
| AORTIC VALVE | : | Trace AR |
| TRICUSPID VALVE | : | Mild TR (PASP ~ 28mmHg) |
| PULMONARY VALVE | : | Trace PR |
| MAIN PULMONARY ARTERY & ITS BRANCHES | : | Appears normal. |
| INTERATRIAL SEPTUM | : | Intact. |
| INTERVENTRICULAR SEPTUM | : | Intact. |
| PERICARDIUM | : | No pericardial effusion or thickening |

| | | | |
|---|---|---|---|
| **NAME** | **MR Narender SINGH** | **STUDY DATE** | **23/03/2024 1:54PM** |
| **AGE / SEX** | **56 y / M** | **HOSPITAL NO.** | **MH005720146** |
| **ACCESSION NO.** | **NM12918525** | **MODALITY** | **US** |
| **REPORTED ON** | **27/03/2024 1:12PM** | **REFERRED BY** | **Health Check MHD** |

DOPPLER STUDY

| VALVE | Peak Velocity (cm/sec) | Maximum P.G. (mmHg) | Mean P. G. (mmHg) | Regurgitation | Stenosis |
|---|---|---|---|---|---|
| MITRAL | E= 72<br>A=89 | - | - | Mild | Nil |
| AORTIC | 148 | - | - | Trace | Nil |
| TRICUSPID | - | N | N | Mild | Nil |
| PULMONARY | 74 | N | N | Trace | Nil |

## SUMMARY & INTERPRETATION:

- No LV regional wall motion abnormality with LVEF = 55 %
- Mild concentric LVH, Normal sized RA/RV/LA. Normal RV function.
- Mild MR
- Trace AR
- Mild TR (PASP ~ 28mmHg)
- Trace PR
- Grade I diastolic dysfunction.
- IVC normal in size, >50% collapse with inspiration, suggestive of normal RA pressure.
- No clot/vegetation/pericardial effusion.

*Please correlate clinically.*

**Dr. Samanjoy Mukherjee MBBS, MD, General Medicine, DM(Cardiology) DMC No.12194**
**Consultant (Cardiology)**

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

| | | | | | |
|---|---|---|---|---|---|
| **Name** | : | MR NARENDER SINGH | **Age** | : | 56 Yr(s) Sex :Male |
| **Registration No** | : | MH005720146 | **Lab No** | : | 31240301279 |
| **Patient Episode** | : | H03000061587 | **Collection Date :** | | 23 Mar 2024 10:31 |
| **Referred By** | : | HEALTH CHECK MHD | **Reporting Date :** | | 23 Mar 2024 14:26 |
| **Receiving Date** | : | 23 Mar 2024 11:22 | | | |

**Department of Transfusion Medicine ( Blood Bank )**

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)
Specimen-Blood

| | |
|---|---|
| Blood Group & Rh Typing (Agglutinaton by gel/tube technique) | |
| Blood Group & Rh typing | B Rh(D) Positive |
| Antibody Screening (Microtyping in gel cards using reagent red cells) | |
| Final Antibody Screen Result | Negative |

Technical Note:
ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.
Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell,Duffy,Kidd, Lewis, P,MNS,Lutheran and Xg antigens using gel technique.



**----------END OF REPORT----------**

**Dr Himanshu Lamba**

| | | | | | |
|---|---|---|---|---|---|
| **Name** | : | MR NARENDER SINGH | **Age** | : | 56 Yr(s) Sex :Male |
| **Registration No** | : | MH005720146 | **Lab No** | : | 32240312751 |
| **Patient Episode** | : | H03000061587 | **Collection Date :** | | 23 Mar 2024 10:30 |
| **Referred By** | : | HEALTH CHECK MHD | **Reporting Date :** | | 23 Mar 2024 13:56 |
| **Receiving Date** | : | 23 Mar 2024 11:25 | | | |

## BIOCHEMISTRY

**Lipid Profile (Serum)**

| | | | |
|---|---|---|---|
| TOTAL CHOLESTEROL (CHOD/POD) | 151 | mg/dl | [<200]<br>Moderate risk:200-239<br>High risk:>240 |
| TRIGLYCERIDES (GPO/POD) | 137 | mg/dl | [<150]<br>Borderline high:151-199<br>High: 200 - 499<br>Very high:>500 |
| HDL - CHOLESTEROL (Direct) | 41 | mg/dl | [30-60] |
| Methodology: Homogenous Enzymatic | | | |
| VLDL - Cholesterol (Calculated) | 27 | mg/dl | [10-40] |
| (CALCULATED)LDL- CHOLESTEROL | 83 | mg/dl | [<100]<br>Near/Above optimal-100-129<br>Borderline High:130-159<br>High Risk:160-189 |
| T.Chol/HDL.Chol ratio | 3.7 | | <4.0 Optimal<br>4.0-5.0 Borderline<br>>6 High Risk |
| LDL.CHOL/HDL.CHOL Ratio | 2.0 | | <3 Optimal<br>3-4 Borderline<br>>6 High Risk |

Note:
*Reference ranges based on ATP III Classifications.*
*Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.*

Technical Notes:
Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of these tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of




P 011 4967 4967 E info@manipalhospitals.com
Emergency 011 4040 7070
www.hcmct.in www.manipalhospitals.com/delhi/
Managed by Manipal Hospitals (Dwarka) Private Limited

| | | | | | |
|---|---|---|---|---|---|
| **Name** | : | MR NARENDER SINGH | **Age** | : | 56 Yr(s) Sex :Male |
| **Registration No** | : | MH005720146 | **Lab No** | : | 32240312751 |
| **Patient Episode** | : | H03000061587 | **Collection Date :** | | 23 Mar 2024 10:30 |
| **Referred By** | : | HEALTH CHECK MHD | **Reporting Date :** | | 23 Mar 2024 13:56 |
| **Receiving Date** | : | 23 Mar 2024 11:25 | | | |

## BIOCHEMISTRY

pancreatitis and other diseases.

| Test Name | Result | Unit | Biological Ref. Interval |
|---|---|---|---|
| TOTAL PSA, Serum (ECLIA) | 0.993 | ng/mL | [<3.500] |

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

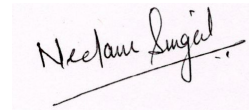
Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.



**----------END OF REPORT----------**



**Dr. Neelam Singal**
**CONSULTANT BIOCHEMISTRY**

| | | | |
|---|---|---|---|
| **Name** | : MR NARENDER SINGH | **Age** | : 56 Yr(s) Sex :Male |
| **Registration No** | : MH005720146 | **Lab No** | : 32240312751 |
| **Patient Episode** | : H03000061587 | **Collection Date :** | 23 Mar 2024 10:30 |
| **Referred By** | : HEALTH CHECK MHD | **Reporting Date :** | 23 Mar 2024 14:12 |
| **Receiving Date** | : 23 Mar 2024 11:25 | | |

## BIOCHEMISTRY

**THYROID PROFILE, Serum** — **Specimen Type : Serum**

| | | | |
|---|---|---|---|
| T3 - Triiodothyronine (ECLIA) | 1.320 | ng/ml | [0.400-1.810] |
| T4 - Thyroxine (ECLIA) | 7.400 | µg/dl | [4.600-10.500] |
| **Thyroid Stimulating Hormone (ECLIA)** | **4.520 #** | **µIU/mL** | **[0.340-4.250]** |

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.
* References ranges recommended by the American Thyroid Association
1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
2) http://www.thyroid-info.com/articles/tsh-fluctuating.html

| Test Name | Result | Unit | Biological Ref. Interval |
|---|---|---|---|
| **LIVER FUNCTION TEST (Serum)** | | | |
| BILIRUBIN-TOTAL (Diazonium Ion) | 0.58 | mg/dl | [0.10-1.20] |
| BILIRUBIN - DIRECT (Diazotization) | 0.25 | mg/dl | [0.00-0.30] |
| BILIRUBIN - INDIRECT (Calculated) | 0.33 | mg/dl | [0.20-1.00] |
| SGOT/ AST (UV without P5P) | 26.6 | U/L | [10.0-50.0] |
| SGPT/ ALT (UV without P5P) | 35.4 | U/L | [0.0-41.0] |
| ALP (p-NPP,kinetic)* | 115 | U/L | [45-135] |
| TOTAL PROTEIN (Biuret) | 7.5 | g/dl | [6.0-8.2] |
| SERUM ALBUMIN (BCG-dye) | 4.6 | g/dl | [3.5-5.2] |
| SERUM GLOBULIN (Calculated) | 2.9 | g/dl | [1.8-3.4] |
| ALB/GLOB (A/G) Ratio(Calculated) | 1.59 | | [1.10-1.80] |




P 011 4967 4967 E info@manipalhospitals.com
Emergency 011 4040 7070
www.hcmct.in www.manipalhospitals.com/delhi/
Managed by Manipal Hospitals (Dwarka) Private Limited
MC-3228

| | | | |
|---|---|---|---|
| **Name** | : MR NARENDER SINGH | **Age** | : 56 Yr(s) Sex :Male |
| **Registration No** | : MH005720146 | **Lab No** | : 32240312751 |
| **Patient Episode** | : H03000061587 | **Collection Date :** | 23 Mar 2024 10:30 |
| **Referred By** | : HEALTH CHECK MHD | **Reporting Date :** | 23 Mar 2024 13:56 |
| **Receiving Date** | : 23 Mar 2024 11:25 | | |

## BIOCHEMISTRY

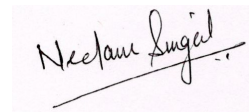
Technical Notes:
Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

| Test Name | Result | Unit | Biological Ref. Interval |
|---|---|---|---|
| **KIDNEY PROFILE (Serum)** | | | |
| BUN (Urease/GLDH) | 9.00 | mg/dl | [6.00-20.00] |
| SERUM CREATININE (Jaffe's method) | 0.95 | mg/dl | [0.80-1.60] |
| SERUM URIC ACID (Uricase) | 5.4 | mg/dl | [3.5-7.2] |
| SERUM CALCIUM (NM-BAPTA) | 9.37 | mg/dl | [8.00-10.50] |
| SERUM PHOSPHORUS (Molybdate, UV) | 3.0 | mg/dl | [2.5-4.5] |
| SERUM SODIUM (ISE) | 142.0 | mmol/l | [134.0-145.0] |
| SERUM POTASSIUM (ISE) | 4.59 | mmol/l | [3.50-5.20] |
| SERUM CHLORIDE (ISE Indirect) | 103.8 | mmol/L | [95.0-105.0] |
| eGFR | 89.1 | ml/min/1.73sq.m | [>60.0] |

Technical Note
eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.



**----------END OF REPORT----------**



**Dr. Neelam Singal**
**CONSULTANT BIOCHEMISTRY**

| | | | |
|---|---|---|---|
| **Name** | : MR NARENDER SINGH | **Age** | : 56 Yr(s) Sex :Male |
| **Registration No** | : MH005720146 | **Lab No** | : 32240312752 |
| **Patient Episode** | : H03000061587 | **Collection Date :** | 23 Mar 2024 14:30 |
| **Referred By** | : HEALTH CHECK MHD | **Reporting Date :** | 23 Mar 2024 18:04 |
| **Receiving Date** | : 23 Mar 2024 14:52 | | |

## BIOCHEMISTRY

Specimen Type : Plasma

**PLASMA GLUCOSE – PP**

| | | | |
|---|---|---|---|
| Plasma GLUCOSE – PP (Hexokinase) | 103 | mg/dl | [70-140] |

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Specimen Type : Serum/Plasma

| | | | |
|---|---|---|---|
| Plasma GLUCOSE-Fasting (Hexokinase) | 91 | mg/dl | [74-106] |



**----------END OF REPORT----------**

**Dr. Neelam Singal**
**CONSULTANT BIOCHEMISTRY**

| | | | |
|---|---|---|---|
| **Name** | : MR NARENDER SINGH | **Age** | : 56 Yr(s) Sex :Male |
| **Registration No** | : MH005720146 | **Lab No** | : 33240307960 |
| **Patient Episode** | : H03000061587 | **Collection Date :** | 23 Mar 2024 10:31 |
| **Referred By** | : HEALTH CHECK MHD | **Reporting Date :** | 23 Mar 2024 13:14 |
| **Receiving Date** | : 23 Mar 2024 10:58 | | |

## HAEMATOLOGY

**ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood**

| | | | |
|---|---|---|---|
| ESR | 9.0 | mm/1sthour | [0.0-12.0] |

**Interpretation :**

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

| Test Name | Result | Unit | Biological Ref. Interval |
|---|---|---|---|
| **COMPLETE BLOOD COUNT (EDTA Blood)** | | | |
| WBC Count (Flow cytometry) | 5630 | /cu.mm | [4000-10000] |
| RBC Count (Impedence) | 4.95 | million/cu.mm | [4.50-5.50] |
| Haemoglobin (SLS Method) | 14.2 | g/dL | [13.0-17.0] |
| Haematocrit (PCV) | 43.4 | % | [40.0-50.0] |
| (RBC Pulse Height Detector Method) | | | |
| MCV (Calculated) | 87.7 | fL | [83.0-101.0] |
| MCH (Calculated) | 28.7 | pg | [25.0-32.0] |
| MCHC (Calculated) | 32.7 | g/dL | [31.5-34.5] |
| Platelet Count (Impedence) | 154000 | /cu.mm | [150000-410000] |
| **RDW-CV (Calculated)** | **14.3 #** | **%** | **[11.6-14.0]** |
| **DIFFERENTIAL COUNT** | | | |
| Neutrophils (Flowcytometry) | 57.6 | % | [40.0-80.0] |
| Lymphocytes (Flowcytometry) | 27.2 | % | [20.0-40.0] |




P 011 4967 4967 E info@manipalhospitals.com
Emergency 011 4040 7070
www.hcmct.in www.manipalhospitals.com/delhi/
Managed by Manipal Hospitals (Dwarka) Private Limited

| | | | |
|---|---|---|---|
| **Name** | : MR NARENDER SINGH | **Age** | : 56 Yr(s) Sex :Male |
| **Registration No** | : MH005720146 | **Lab No** | : 33240307960 |
| **Patient Episode** | : H03000061587 | **Collection Date :** | 23 Mar 2024 10:31 |
| **Referred By** | : HEALTH CHECK MHD | **Reporting Date :** | 23 Mar 2024 11:08 |
| **Receiving Date** | : 23 Mar 2024 10:58 | | |

## HAEMATOLOGY

| | | | |
|---|---|---|---|
| **Monocytes (Flowcytometry)** | **10.7 #** | **%** | **[2.0-10.0]** |
| Eosinophils (Flowcytometry) | 4.1 | % | [1.0-6.0] |
| **Basophils (Flowcytometry)** | **0.4 #** | **%** | **[1.0-2.0]** |
| IG | 0.20 | % | |
| Neutrophil Absolute(Flouroscence flow cytometry) | 3.3 | /cu mm | [2.0-7.0]x10³ |
| Lymphocyte Absolute(Flouroscence flow cytometry) | 1.5 | /cu mm | [1.0-3.0]x10³ |
| Monocyte Absolute(Flouroscence flow cytometry) | 0.6 | /cu mm | [0.2-1.2]x10³ |
| Eosinophil Absolute(Flouroscence flow cytometry) | 0.2 | /cu mm | [0.0-0.5]x10³ |
| Basophil Absolute(Flouroscence flow cytometry) | 0.0 | /cu mm | [0.0-0.1]x10³ |

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.



**----------END OF REPORT----------**

**Dr. Shalakha Agrawal**
**Associate Consultant,M.B.B.S,M.D. Pathology**
**--2020**

| | | | |
|---|---|---|---|
| **Name** | : MR NARENDER SINGH | **Age** | : 56 Yr(s) Sex :Male |
| **Registration No** | : MH005720146 | **Lab No** | : 38240302979 |
| **Patient Episode** | : H03000061587 | **Collection Date :** | 23 Mar 2024 10:31 |
| **Referred By** | : HEALTH CHECK MHD | **Reporting Date :** | 23 Mar 2024 13:27 |
| **Receiving Date** | : 23 Mar 2024 12:31 | | |

## CLINICAL PATHOLOGY

| Test Name | Result | Biological Ref. Interval |
|---|---|---|
| **ROUTINE URINE ANALYSIS** | | |
| **MACROSCOPIC DESCRIPTION** | | |
| Colour (Visual) | YELLOW | (Pale Yellow - Yellow) |
| **Appearance (Visual)** | **SLIGHTLY TURBID** | |
| **CHEMICAL EXAMINATION** | | |
| Reaction[pH] (Reflectancephotometry(Indicator Method)) | 5.0 | (5.0-9.0) |
| Specific Gravity (Reflectancephotometry(Indicator Method)) | 1.020 | (1.003-1.035) |
| Bilirubin | Negative | NEGATIVE |
| **Protein/Albumin** (Reflectance photometry(Indicator Method)/Manual SSA) | **PRESENT TRACE** | **(NEGATIVE-TRACE)** |
| Glucose (Reflectance photometry (GOD-POD/Benedict Method)) | NOT DETECTED | (NEGATIVE) |
| Ketone Bodies (Reflectance photometry(Legal's Test)/Manual Rotheras) | NOT DETECTED | (NEGATIVE) |
| Urobilinogen Reflactance photometry/Diazonium salt reaction | NORMAL | (NORMAL) |
| Nitrite Reflactance photometry/Griess test | NEGATIVE | NEGATIVE |
| Leukocytes Reflactance photometry/Action of Esterase | NIL | NEGATIVE |
| BLOOD (Reflectance photometry(peroxidase)) | NIL | NEGATIVE |
| **MICROSCOPIC EXAMINATION (Manual)** | **Method: Light microscopy on centrifuged urine** | |
| WBC/Pus Cells | 2-4 /hpf | (4-6) |
| Red Blood Cells | NIL | (1-2) |
| Epithelial Cells | 1-2 /hpf | (2-4) |
| Casts | NIL | (NIL) |
| Crystals | CALCIUM OXALATE 3+ | (NIL) |
| Bacteria | NIL | |
| Yeast cells | NIL | |

**Interpretation:**



P 011 4967 4967 E info@manipalhospitals.com
Emergency 011 4040 7070
www.hcmct.in www.manipalhospitals.com/delhi/
Managed by Manipal Hospitals (Dwarka) Private Limited
MC-3228

| | | | |
|---|---|---|---|
| **Name** | : MR NARENDER SINGH | **Age** | : 56 Yr(s) Sex :Male |
| **Registration No** | : MH005720146 | **Lab No** | : 38240302979 |
| **Patient Episode** | : H03000061587 | **Collection Date :** | 23 Mar 2024 10:31 |
| **Referred By** | : HEALTH CHECK MHD | **Reporting Date :** | 23 Mar 2024 13:27 |
| **Receiving Date** | : 23 Mar 2024 12:31 | | |

## CLINICAL PATHOLOGY

URINALYSIS-Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders
Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria,dehydration, urina tract infections and acute illness with fever
Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.
Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.
Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.
Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.
Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.
Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys Most Common cause is bacterial urinary tract infection.
Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration duri infection increases with length of time the urine specimen is retained in bladder prior to collection.
pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.
Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decrease Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.
Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.
Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.



**----------END OF REPORT----------**

**Dr. Shalakha Agrawal**
**Associate Consultant,M.B.B.S,M.D. Pathology**
**--2020**

| | | | |
|---|---|---|---|
| **NAME** | **MR Narender SINGH** | **STUDY DATE** | **23/03/2024 11:09AM** |
| **AGE / SEX** | **56 y / M** | **HOSPITAL NO.** | **MH005720146** |
| **ACCESSION NO.** | **R7109472** | **MODALITY** | **US** |
| **REPORTED ON** | **23/03/2024 12:12PM** | **REFERRED BY** | **Health Check MHD** |

## USG WHOLE ABDOMEN

Results:

Liver is normal in size (14.6 cm) and echopattern. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder appears echofree with normal wall thickness.
Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

Spleen is normal in size (9.5 cm) and echopattern.

Both kidneys are normal in position, size and outline. Cortico-medullary differentiation of both kidneys is maintained. No focal lesion or calculus seen on either side. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

Prostate is normal in size, shape and echopattern. It measures 17.5 cc in volume.

No significant free fluid is detected.

**IMPRESSION: Normal study.**

**Kindly correlate clinically**

**Dr. Nipun Gumber MBBS, MD DMC No.90272**
**ASSOCIATE CONSULTANT**

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

| | | | |
|---|---|---|---|
| **NAME** | **MR Narender SINGH** | **STUDY DATE** | **23/03/2024 11:25AM** |
| **AGE / SEX** | **56 y / M** | **HOSPITAL NO.** | **MH005720146** |
| **ACCESSION NO.** | **R7109473** | **MODALITY** | **CR** |
| **REPORTED ON** | **26/03/2024 3:28PM** | **REFERRED BY** | **Health Check MHD** |

## X-RAY CHEST - PA VIEW

**Results**:

Visualized lung fields appear clear.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

**Kindly correlate clinically.**

Aarushi

**Dr. Aarushi MBBS, MD, DNB DMC N0.03291**
**CONSULTANT RADIOLOGIST**

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