Dr. Goyal's
Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Piller No. 109-110, New Sanganer Road,
Sodala, Jaipur-302019
Tele : 0141-2293346, 4049787, 9887049787
Website: www. drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

General Physical Examination

Date of Examination: 24/03/2024

Name: SANTOSH CHHABRA Age: 34 Sex: male

DOB: 13/06/1989

Referred By: BOB (Medi wheel).

Photo ID: Aadhar ID #: Attached.

Ht: 177 (cm) Wt: ~~85~~ 120 (Kg)

Chest (Expiration): 125 (cm) Abdomen Circumference: 121 (cm)

Blood Pressure: 151 / 91 mm Hg PR: 84 / min

BMI 38.3

Eye Examination: dis vision 6/6, Near vision N/6 with specs
No colour blindness

Other: Not significant

On examination he/she appears physically and mentally fit: Yes / No

Signature Of Examine : ---------- Name of Examinee: ----------

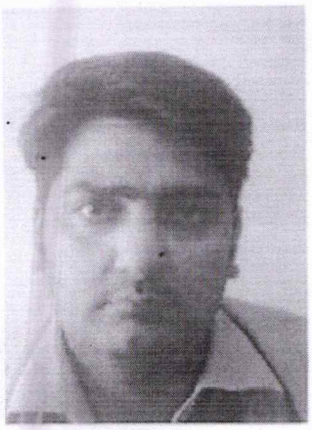
Dr. Piyush Goyal
M.B.B.S. D.M.R.D.
RMC Reg. No. 017096

Signature Medical Examiner : ---------- Name Medical Examiner ----------

Aadhaar Card

भारत सरकार
GOVERNMENT OF INDIA

AADHAAR



Santosh Chhabra

1989-06-13

MALE

xxxxxxxx6099

Santosh

ddress

/O Raj Kumar Chhabra, F - 3, Plot No - 200, Maa Hinglaj Nagar,
andhi Path West , Vaishali Nagar, Jaipur, Jaipur, Vaishali Nagar,
ajasthan, 302021

verified
by DigiLocker

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No.-017906

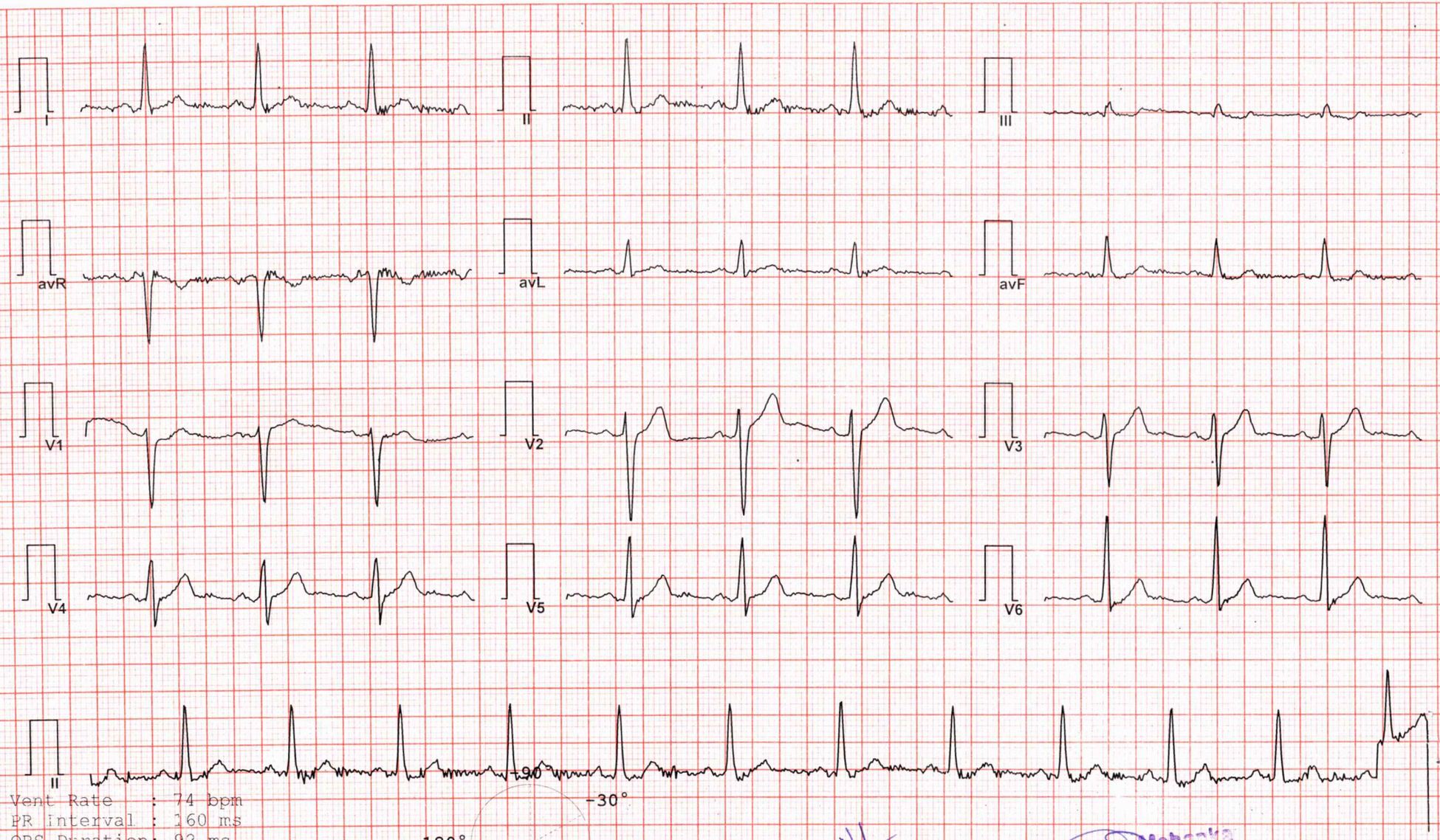
Tap to Zoo

DR. GOYALS PATH LAB & IMAGING CENTER

ECG

102337581 / MR. SANTOSH CHHBARA / 34 Yrs / M/ Non Smoker

Heart Rate : 74 bpm / Tested On : 24-Mar-24 11:38:22 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s / Refd By.: BOB



Vent Rate : 74 bpm
PR interval : 160 ms
QRS Duration: 92 ms
QT/QTc Int : 374/400 ms
P-QRS-T axis: 17.00• 33.00• 21.00•

Allengers ECG (Pisces)(PIS218210312)

Dr Naresh Kumar Mohanka
RMC No. 56703
MBBS, DIP CARDIO (ESCORT)
D.E.M. (RCGP-UK)

Reported By:

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Tele : 0141-2293346, 4049787, 9887049787
Website: www. drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 24/03/2024 10:18:40 | Patient ID :-12236588
NAME :- Mr. SANTOSH CHHBARA | Ref. By Dr:- BOB
Sex / Age :- Male 34 Yrs | Lab/Hosp :-
Company :- MediWheel

Sample Type :- EDTA | Sample Collected Time24/03/2024 10:26:08 | Final Authentication : 24/03/2024 12:33:45

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE BELOW 40MALE			
GLYCOSYLATED HEMOGLOBIN (HbA1C) **Method:- HPLC**	5.1	%	Non-diabetic: < 5.7 Pre-diabetics: 5.7-6.4 Diabetics: = 6.5 or higher ADA Target: 7.0 Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

Test Interpretation:
HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base.It is the major fraction,constituting approximately 80% of HbA1c.Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose overthe 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 plasmaglucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHbdepends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb.High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measureof the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to themean of HbA1C.Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1cmeasurements. The effects vary depending on the specific Hb vatiant or derivative and the specific HbA1c method.
Ref by ADA 2020

MEAN PLASMA GLUCOSE **Method:- Calculated Parameter**	100	mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher

MUKESHSINGH
Technologist

Page No: 1 of 11

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	16.4	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	**13.36** H	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	45.3	%	40.0 - 80.0
LYMPHOCYTE	**47.7** H	%	20.0 - 40.0
EOSINOPHIL	4.8	%	1.0 - 6.0
MONOCYTE	**1.9** L	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	6.05	10^3/uL	1.50 - 7.00
LYMPH#	**6.38** H	10^3/uL	1.00 - 3.70
EO#	**0.64** H	10^3/uL	0.00 - 0.40
MONO#	0.25	10^3/uL	0.00 - 0.70
BASO#	0.04	10^3/uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.38	x10^6/uL	4.50 - 5.50
HEMATOCRIT (HCT)	**51.70** H	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	96.2	fL	83.0 - 101.0
MEAN CORP HB (MCH)	30.5	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.7	g/dL	31.5 - 34.5
PLATELET COUNT	282	x10^3/uL	150 - 410
RDW-CV	13.1	%	11.6 - 14.0
MENTZER INDEX	17.88		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.
If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	**26** H	mm/hr.	00 - 13

(ESR) Methodology : Measurment of ESR by cells aggregation.
Instrument Name : Indepedent form Hematocrit value by Automated Analyzer (Roller-20)
Interpretation : ESR test is a non-specific indicator ofinflammatory disease and abnormal protein states.
The test in used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction
Levels are higher in pregnency due to hyperfibrinogenaemia.
The "3-figure ESR " x>100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue diseasa.

(CBC): Methodology : TLC,DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance. and **MCH,MCV,MCHC,MENTZER INDEX** are calculated. **InstrumentName:** Sysmex 6 part fully automatic analyzer XN-L,Japan

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NAME :- Mr. SANTOSH CHHBARA Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM Sample Collected Time24/03/2024 10:26:08 Final Authentication : 24/03/2024 12:15:23

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL **Method:- Enzymatic Endpoint Method**	**209.79** H	mg/dl	Desirable <200 Borderline 200-239 High> 240
TRIGLYCERIDES **Method:- GPO-PAP**	144.03	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL **Method:- Direct clearance Method**	35.51	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL **Method:- Direct clearance Method**	**150.27** H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL **Method:- Calculated**	28.81	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO **Method:- Calculated**	**5.91** H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO **Method:- Calculated**	**4.23** H		0.00 - 3.50
TOTAL LIPID **Method:- CALCULATED**	637.70	mg/dl	400.00 - 1000.00

TOTAL CHOLESTEROL **InstrumentName**:Randox Rx Imola **Interpretation**: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.

TRIGLYCERIDES **InstrumentName**:Randox Rx Imola **Interpretation** : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.

DIRECT HDLCHOLESTERO **InstrumentName**:Randox Rx Imola **Interpretation:** An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies.Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.

DIRECT LDL-CHOLESTEROL**InstrumentName**:Randox Rx Imola **Interpretation:** Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.

TOTAL LIPID AND VLDL ARE CALCULATED

SURENDRAKHANGA

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Company :- MediWheel

Patient ID :-12236588
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- PLAIN/SERUM | Sample Collected Time 24/03/2024 10:26:08 | Final Authentication : 24/03/2024 12:15:23

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) **Method:- Colorimetric method**	0.55	mg/dl	Up to - 1.0 Cord blood <2 Premature < 6 days <16 Full-term < 6 days= 12 1month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) **Method:- Colorimetric Method**	0.23	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) **Method:- Calculated**	0.32	mg/dl	0.30-0.70
SGOT **Method:- IFCC**	36.3	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT **Method:- IFCC**	**56.9** H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE **Method:- AMP Buffer**	112.40	IU/L	30.00 - 120.00
SERUM GAMMA GT **Method:- IFCC**	**118.70** H	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN **Method:- Biuret Reagent**	**8.37** H	g/dl	6.40 - 8.30
SERUM ALBUMIN **Method:- Bromocresol Green**	4.59	g/dl	3.80 - 5.00
SERUM GLOBULIN **Method:- CALCULATION**	**3.78** H	gm/dl	2.20 - 3.50
A/G RATIO	**1.21** L		1.30 - 2.50

Total Bilirubin Methodology: Colorimetric method InstrumentName: Randox Rx Imola Interpretation An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in rhesus incompatible babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

AST Aspartate Aminotransferase Methodology: IFCC **InstrumentName**: Randox Rx Imola **Interpretation**: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

ALT Alanine Aminotransferase Methodology: IFCC **InstrumentName**: Randox Rx Imola **Interpretation:** The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMP Buffer InstrumentName: Randox Rx Imola Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobilary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

TOTAL PROTEIN Methodology: Biuret Reagent **InstrumentName**: Randox Rx Imola **Interpretation** : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

ALBUMIN (ALB) Methodology: Bromocresol Green **InstrumentName**: Randox Rx Imola **Interpretation:** Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

Instrument Name Randox Rx Imola **Interpretation**: Elevations in GGT levels areseen earlier and more pronounced than those with other liver enzymes in cases of obstructive iaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra-or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal)

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Company :- MediWheel

Patient ID :-12236588
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- PLAIN/SERUM | Sample Collected Time24/03/2024 10:26:08 | Final Authentication : 24/03/2024 12:08:34

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 **Method:- Chemiluminescence(Competitive immunoassay)**	1.250	ng/ml	0.970 - 1.690
SERUM TOTAL T4 **Method:- Chemiluminescence(Competitive immunoassay)**	7.990	ug/dl	6.530 - 13.210
SERUM TSH ULTRA **Method:- Enhanced Chemiluminescence Immunoassay**	2.883	µIU/mL	0.350 - 5.500

Interpretation: Triiodothyronine (T3) contributes to the maintenance of the euthyroid state.A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease.T3 concentrations may be altered in some conditions, such as pregnancy,that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration.Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

Interpretation :The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy,that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4.Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

Interpretation :TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

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Sex / Age :- Male 34 Yrs Lab/Hosp :-
Company :- MediWheel

Sample Type :- URINE Sample Collected Time24/03/2024 10:26:08 Final Authentication : 24/03/2024 12:50:24

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH) **Method:- Reagent Strip(Double indicatior blue reaction)**	5.5		5.0 - 7.5
SPECIFIC GRAVITY **Method:- Reagent Strip(bromthymol blue)**	1.015		1.010 - 1.030
PROTEIN **Method:- Reagent Strip (Sulphosalicylic acid test)**	NIL		NIL
GLUCOSE **Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)**	NIL		NIL
BILIRUBIN **Method:- Reagent Strip (Azo-coupling reaction)**	NEGATIVE		NEGATIVE
UROBILINOGEN **Method:- Reagent Strip (Modified ehrlich reaction)**	NORMAL		NORMAL
KETONES **Method:- Reagent Strip (Sodium Nitropruside) Rothera's**	NEGATIVE		NEGATIVE
NITRITE **Method:- Reagent Strip (Diazotization reaction)**	NEGATIVE		NEGATIVE
MICROSCOPY EXAMINATION			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	0-1	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		

MANOJCHOUDHARY
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Sample Type :- KOx/Na FLUORIDE-F, KOx/Na FLUORIDE-F, KOx/Na FLUORIDE-F, KOx/Na FLUORIDE-F Sample Collected Time :- 24/03/2024 13:04:48 | Final Authentication : 24/03/2024 13:29:11

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) **Method:- GOD PAP**	**124.9** H	mg/dl	75.0 - 115.0

Impaired glucose tolerance (IGT)	111 - 125 mg/dL
Diabetes Mellitus (DM)	> 126 mg/dL

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders.Decreased glucose levels(hypoglycemia) may result from excessive insulin therapy or various liver diseases .

BLOOD SUGAR PP (Plasma) **Method:- GOD PAP**	127.9	mg/dl	70.0 - 140.0

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders.Decreased glucose levels(hypoglycemia) may result from excessive insulin therapy or various liver diseases .

SERUM CREATININE **Method:- Colorimetric Method**	0.84	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID **Method:- Enzymatic colorimetric**	6.90	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"O" POSITIVE		

BLOOD GROUP ABO Methodology : Haemagglutination reaction **Kit Name :** Monoclonal agglutinating antibodies **(Span clone)**.

URINE SUGAR (FASTING) **Collected Sample Received**	Nil		Nil

MANOJCHOUDHARY, MUKESHSINGH
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Tele : 0141-2293346, 4049787, 9887049787
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 24/03/2024 10:18:40 Patient ID :-12236588

NAME :- Mr. SANTOSH CHHBARA Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM Sample Collected Time24/03/2024 10:26:08 Final Authentication : 24/03/2024 12:15:23

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.6	mg/dl	0.0 - 23.0

*** End of Report ***

SURENDRAKHANGA

Dr. Rashmi Bakshi
MBBS. MD (Path)
RMC No. 17975/008828

Dr. Goyal's
Path Lab & Imaging Centre

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Patient ID :-12236588
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 24/03/2024 13:26:36

BOB PACKAGE BELOW 40MALE

X RAY CHEST PA VIEW:

Few fibro calcific changes are seen in both upper lobes. - suggesting sequelae of old infection.

Rest of lung fields appears clear.
Trachea is in midline.
Both the hilar shadows are normal.
Both the C.P.angles is clear.
Both the domes of diaphragm are normally placed.
Bony cage and soft tissue shadows are normal.
Heart shadows appear normal.

(Please correlate clinically and with relevant further investigations)d

Dr. NAVNEET AGARWAL (MD, DNB RADIO-DIAGNOSIS, MNAMS)
EX-SR NEURO-RADIOLOGY AIIMS NEW DELHI
(RMC No. 33613 / 14911)

*** End of Report ***

Dr. Piyush Goyal
(D.M.R.D.)

BILAL
Transcript by.

Dr. Piyush Goyal M.B.B.S., D.M.R.D. RMC Reg No. 017996
Dr. Ashish Choudhary MBBS, MD (Radio Diagnosis) Fetal Medicine Consultant FMF ID - 260517 | RMC No 22430
Dr. Abhishek Jain MBBS, DNB, (Radio-Diagnosis) RMC No. 21687
Dr. Navneet Agarwal MD, DNB (Radio Diagnosis) RMC No. 33613/14911
Dr. Poorvi Malik MBBS, MD, DNB (Radio Diagnosis) RMC No. 21505

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Final Authentication : 24/03/2024 12:31:13

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is enlarged in size (~18cm) and shows mildly raised parenchymal echogenicity. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

Left kidney is not visualized. Left renal fossa is empty.
Right kidney is mildly enlarged measuring ~ 140x68mm - likely compensatory hypertrophy.
Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

Urinary bladder is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

Prostate is normal in size with normal echo-texture and outline.
No significant free fluid is seen in peritoneal cavity.

IMPRESSION:
*** Mild hepatomegaly with grade I fatty changes.**
*** Non visualization of left kidney - suggesting left renal agenesis.**

Needs clinical correlation.

*** End of Report ***

BILAL

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Final Authentication : 24/03/2024 12:57:31

BOB PACKAGE BELOW 40MALE
2D ECHO OPTION TMT (ADULT/CHILD)

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

_FAIR TRANSTHORACIC ECHOCARIDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

M.MODE EXAMITATION:

AO	29	mm	LA	33	Mm	IVS-D	11	mm
IVS-S	17	mm	LVID	46	Mm	LVSD	31	mm
LVPW-D	12	mm	LVPW-S	16	Mm	RV		mm
RVWT		mm	EDV		Ml	LVVS		ml
LVEF	60%			RWMA		ABSENT		

CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

COLOUR DOPPLER:

MITRAL VALVE					
E VELOCITY	0.68	m/sec	PEAK GRADIENT		Mm/hg
A VELOCITY	0.44	m/sec	MEAN GRADIENT		Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY		Cm2
MITRAL REGURGITATION			ABSENT		

AORTIC VALVE					
PEAK VELOCITY	0.87	m/sec	PEAK GRADIENT		mm/hg
AR VMAX		m/sec	MEAN GRADIENT		mm/hg
AORTIC REGURGITATION			ABSENT		

TRICUSPID VALVE					
PEAK VELOCITY	0.53	m/sec	PEAK GRADIENT		mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT		mm/hg
VMax VELOCITY					
TRICUSPID REGURGITATION			ABSENT		

PULMONARY VALVE					
PEAK VELOCITY		M/sec.	PEAK GRADIENT		Mm/hg
MEAN VALOCITY			MEAN GRADIENT		Mm/hg
PULMONARY REGURGITATION			ABSENT		

AHSAN
Transcript by.

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RMC Reg No. 017996

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Final Authentication : 24/03/2024 12:57:31

Impression--

1. **Normal LV size & contractility**
2. **No RWMA, LVEF 60 %.**
3. **Normal cardiac chamber.**
4. **Normal valve**
5. **No clot, no vegetation, no pericardial effusion.**

(Cardiologist)

*** End of Report ***

AHSAN
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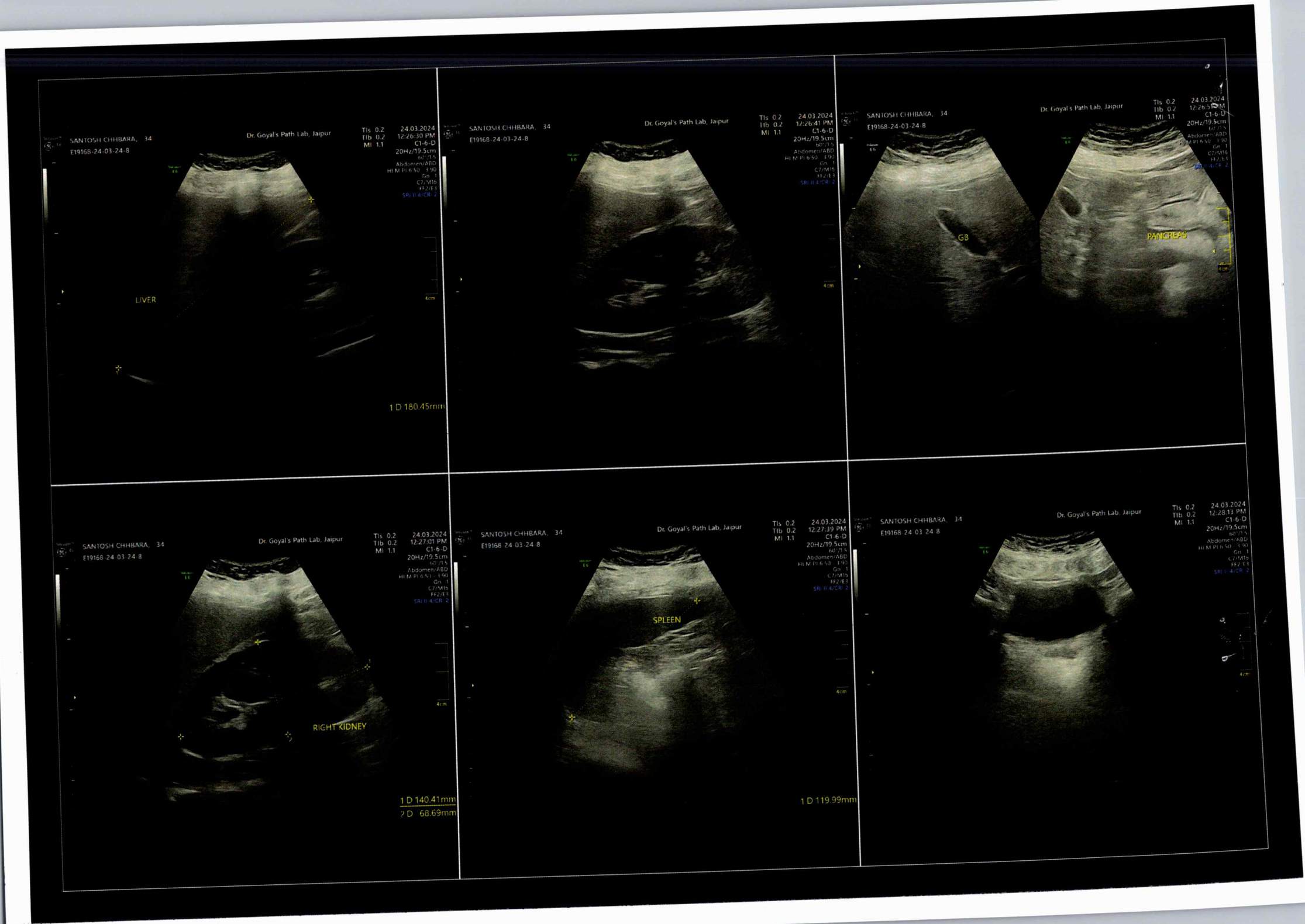
SANTOSH CHHBARA, 34
E19168-24-03-24-8
Dr. Goyal's Path Lab, Jaipur
24.03.2024
12:26:30 PM
LIVER
1 D 180.45mm
SANTOSH CHHBARA, 34
E19168-24-03-24-8
Dr. Goyal's Path Lab, Jaipur
24.03.2024
12:26:41 PM
SANTOSH CHHBARA, 34
E19168-24-03-24-8
Dr. Goyal's Path Lab, Jaipur
24.03.2024
GB
PANCREAS
SANTOSH CHHBARA, 34
E19168-24-03-24-8
Dr. Goyal's Path Lab, Jaipur
24.03.2024
12:27:01 PM
RIGHT KIDNEY
1 D 140.41mm
2 D 68.69mm
SANTOSH CHHBARA, 34
E19168-24-03-24-8
Dr. Goyal's Path Lab, Jaipur
24.03.2024
12:27:39 PM
SPLEEN
1 D 119.99mm
SANTOSH CHHBARA, 34
E19168-24-03-24-8
Dr. Goyal's Path Lab, Jaipur
24.03.2024
12:28:33 PM

Dr Goyal's Path Lab, Jaipur

Name : SANTOSH CHHBARA / M

24 Mar 2024