



CHANDAN DIAGNOSTIC CENTRE

Add: Kamnath Market, Hospital Road, Lakhimpur

Ph: 9235400943

CIN: U85110UP2003PLC193493

Patient Name	: Mr.JORAVAR-9919675751	Registered On	: 24/Nov/2024 10:54:38
Age/Gender	: 59 Y 10 M 22 D /M	Collected	: 2024-11-24 19:58:22
UHID/MR NO	: CDCL.0000284556	Received	: 2024-11-24 19:58:22
Visit ID	: CDCL0482832425	Reported	: 24/Nov/2024 20:45:00
Ref Doctor	: Dr.Mediwheel LMP -	Status	: Final Report

DEPARTMENT OF CARDIOLOGY-2D-ECHO

2D ECHO **

M- MODE MEASUREMENTS

MEASUREMENTS(CM):

	OBSERVED VALUES	NORMAL VALUES(CM)
Aortic root diameter	2.23	2.0-3.6
Left atrium size	3.19	2.0-4.0
Aortic valve opening	1.2	1.5-2.6

	END DIASTOLE	END SYSTOLE	NORMAL VALUES(CM)
Interventricular septum	1.10	1.34	(ED=0.6-1.2)
Left ventricle size	3.94	2.60	(ED=3.7-6.0:Es=2.2-4.0)
Posterior wall thickness	1.10	1.30	(ED=0.5-1.0)

MAXIMUM VELOCITY ACROSS VALVE (M/S)

VALVES	VELOCITY(M/S)
Mitral	E - 0.63 / A - 0.77
Aortic	1.13 m/s
Pulmonary	1.15 m/s
Tricuspid	0.90 m/s

COLOR DOPPLER ANALYSIS:

MR	Mild	MS	Nil
AR	Nil	AS	Nil
PR	Nil	PS	Nil
TR	Nil	TS	Nil
PASP	Nil	LVEF	63 %
Diastolic Parameters		A > E	





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DEPARTMENT OF CARDIOLOGY-2D-ECHO

M-MODE/2-D DESCRIPTION:

Left Ventricle: it is normal sized.

Left Atrium: It is normal sized.

Right Atrium: It is normal sized.

Right Ventricle: It is normal sized. RV systolic function is normal.

Aortic Valve: Aortic cusps are normal

Mitral Valve: Opens normally. Sub valvular apparatus appear normal.

Tricuspid Valve: It appears normal.

Pulmonary Valve: It appears normal.

Main Pulmonary artery & its branches: Appear normal.

Pericardium: There is no pericardial effusion.

FINAL INTERPRETATION:

- NORMAL CHAMBER SIZE
- NORMAL VALVE ECHO
- MILD MR
- NO RWMA OF LV
- GRADE I LVDD
- LVEF = 63 %
- NO CLOT / VEG / PE .

DR. S. BHALLA

MD, DM CARDIOLOGY





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Visit ID	: CDCL0482832425	Reported	: 24/Nov/2024 13:28:14
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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) ** , Blood

Blood Group	B			ERYTHROCYTE MAGNETIZED TECHNOLOGY/ TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY/ TUBE AGGLUTINA

Complete Blood Count (CBC) ** , EDTA Whole Blood

Haemoglobin	14.10	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	COLORIMETRIC METHOD (CYANIDE-FREE REAGENT)
TLC (WBC)	7,300.00	/Cu mm	4000-10000	IMPEDANCE METHOD
DLC				
Polymorphs (Neutrophils)	54.00	%	40-80	FLOW CYTOMETRY
Lymphocytes	28.00	%	20-40	FLOW CYTOMETRY
Monocytes	7.00	%	2-10	FLOW CYTOMETRY
Eosinophils	11.00	%	1-6	FLOW CYTOMETRY
Basophils	0.00	%	<1-2	FLOW CYTOMETRY
ESR				
Observed	8.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8	





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Pregnancy	
			Early gestation - 48 (62 if anaemic)	
			Later gestation - 70 (95 if anaemic)	
Corrected	2.00	Mm for 1st hr.	<9	
PCV (HCT)	42.00	%	40-54	
Platelet count				
Platelet Count	1.60	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	47.70	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.19	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.35	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	96.80	fl	80-100	CALCULATED PARAMETER
MCH	32.50	pg	27-32	CALCULATED PARAMETER
MCHC	33.60	%	30-38	CALCULATED PARAMETER
RDW-CV	12.20	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	44.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,942.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	803.00	/cu mm	40-440	

Dr Mahendra Kumar
MBBS, MD(PATHOLOGY)





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING** , Plasma

Glucose Fasting	93.80	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

CLINICAL SIGNIFICANCE:- Glucose is the major source of energy in the body . Lack of insulin or resistance to it action at the cellular level causes diabetes. Therefore, the blood glucose levels are very high. Elevated serum glucose levels are observed in diabetes mellitus and may be associated with pancreatitis, pituitary or thyroid dysfunction and liver disease. Hypoglycaemia occurs most frequently due to over dosage of insulin.

Glucose PP**

Sample: Plasma After Meal

Glucose PP**	123.50	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , EDTA Whole Blood

Glycosylated Haemoglobin (HbA1c)	5.70	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	38.30	mmol/ mol/ IFCC		
Estimated Average Glucose (eAG)	116	mg/dl		

Interpretation:

NOTE:-

- eAG is directly related to A1c.





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- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

**Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated VARIANT II TURBO HPLC Analyser.

Clinical Implications:

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

*With optimal control, the HbA 1c moves toward normal levels.

*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy

c. Alcohol toxicity d. Lead toxicity

*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

*Pregnancy d. chronic renal failure. Interfering Factors:

*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

BUN (Blood Urea Nitrogen) **

10.09

mg/dL

7.0-23.0

CALCULATED

Sample: Serum





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Test Name	Result	Unit	Bio. Ref. Interval	Method
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Interpretation:

Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestinal (GI) bleeding.

Low BUN levels can be seen in the following:

Low-protein diet, overhydration, Liver disease.

Creatinine ** Sample: Serum	1.03	mg/dl	Male 0.7-1.3 Newborn 0.3-1.0 Infent 0.2-0.4 Child 0.3-0.7 Adolescent 0.5- 1.0	MODIFIED JAFFES
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Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

Uric Acid ** Sample: Serum	6.19	mg/dl	3.5-7.2	URICASE
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Interpretation:

Note:-

Elevated uric acid levels can be seen in the following:

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

LFT (WITH GAMMA GT) ** , Serum

SGOT / Aspartate Aminotransferase (AST)	31.70	U/L	<35	IPOC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	31.10	U/L	<45	IPOC WITHOUT P5P
Gamma GT (GGT)	17.80	U/L	0-55	IPOC, KINETIC
Protein	7.49	gm/dl	6.2-8.0	BIURET





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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Albumin	4.25	gm/dl	3.4-5.4	B.C.G.
Globulin	3.24	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.31		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	75.45	U/L	56-119	IFOCAMP KINETIC
Bilirubin (Total)	0.68	mg/dl	Adult 0-2.0	DIAZO
Bilirubin (Direct)	0.20	mg/dl	<0.20	DIAZO
Bilirubin (Indirect)	0.48	mg/dl	<1.8	CALCULATED
LIPID PROFILE (MINI) ** , Serum				
Cholesterol (Total)	148.00	mg/dl	<200 Desirable 200-239 Borderline High >240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	35.20	mg/dl	35.0-79.5	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	98	mg/dl	<100 Optimal 100-129 Nr. Optimal/ Above Optimal 130-159 Borderline High 160-189 High >190 Very High	CALCULATED
VLDL	15.00	mg/dl	10-33	CALCULATED
Triglycerides	75.00	mg/dl	<150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Dr Mahendra Kumar
MBBS,MD(PATHOLOGY)





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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE** , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (6.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	<10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) >500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	<0.5 (+) 0.5-1.0 (++) 1-2 (+++) >2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	Serum-0.1-3.0 Urine-0.0-14.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

Mahendra Kumar

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MBBS,MD(PATHOLOGY)





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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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STOOL, ROUTINE EXAMINATION ** , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic (6.5)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT
Ova	1-2/h.p.f
Cysts	ABSENT
Others	ABSENT

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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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SUGAR, FASTING STAGE** , Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2

SUGAR, PP STAGE** , Urine

Sugar, PP Stage	ABSENT
-----------------	--------

Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%

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UHID/MR NO	: CDCL.0000284556	Received	: 25/Nov/2024 14:29:12
Visit ID	: CDCL0482832425	Reported	: 25/Nov/2024 15:34:46
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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total ** Sample: Serum	0.30	ng/mL	<4.1	CLIA

Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

Dr. Anupam Singh (MBBS MD Pathology)





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THYROID PROFILE - TOTAL ** , Serum

T3, Total (tri-iodothyronine)	201.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	5.49	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.050	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.

2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.

3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.

5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.

7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.

8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Mahendra Kumar

Dr Mahendra Kumar
MBBS,MD(PATHOLOGY)





CHANDAN DIAGNOSTIC CENTRE

Add: Kamnath Market, Hospital Road, Lakhimpur

Ph: 9235400943

CIN: U85110UP2003PLC193493

Patient Name	: Mr.JORAVAR-9919675751	Registered On	: 24/Nov/2024 10:54:40
Age/Gender	: 59 Y 10 M 22 D /M	Collected	: 2024-11-24 11:01:45
UHID/MR NO	: CDCL.0000284556	Received	: 2024-11-24 11:01:45
Visit ID	: CDCL0482832425	Reported	: 24/Nov/2024 14:32:44
Ref Doctor	: Dr.Mediwheel LMP -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA **

X-RAY REPORT

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- **Subtle fibro nodular opacities seen at right upper zone -? Infiltrates .**
- **Increased bronchovascular marking .**

IMPRESSION :

- **SUBTLE FIBRO NODULAR OPACITIES AT RIGHT UPPER ZONE -? INFILTRATES.**
- **INCREASED BRONCHOVASCULAR MARKING .**

Adv: CT THORAX

Shalini

Dr. Shalini Lelechaubh Mha (MBS,DMITD)
(Consultant Radiologist)





CHANDAN DIAGNOSTIC CENTRE

Add: Kamnath Market, Hospital Road, Lakhimpur

Ph: 9235400943

CIN: U85110UP2003PLC193493

Patient Name	: Mr.JORAVAR-9919675751	Registered On	: 24/Nov/2024 10:54:40
Age/Gender	: 59 Y 10 M 22 D /M	Collected	: 2024-11-24 13:06:48
UHID/MR NO	: CDCL.0000284556	Received	: 2024-11-24 13:06:48
Visit ID	: CDCL0482832425	Reported	: 24/Nov/2024 14:12:17
Ref Doctor	: Dr.Mediwheel LMP -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) **

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver is normal in size and has a normal homogenous echotexture. No focal lesion is seen.
- The intra hepatic portal channels are normal. The portal vein and inferior vena cava appears normal.

GALL BLADDER

- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.
- Common bile duct is normal in size, shape and echotexture.

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

RIGHT KIDNEY

- Right kidney is normal in size (96 mm) , shape and cortical echotexture. Corticomedullary demarcation maintained. Pelvi-calyceal system, vesico uretric junction & ureter is not dilated.

LEFT KIDNEY

- Left kidney is normal in size (97 mm) , shape and cortical echotexture. Corticomedullary demarcation maintained. Pelvi-calyceal system, vesico uretric junction & ureter is not dilated.

SPLEEN

- The spleen is normal in size and has a normal homogenous echo-texture.

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and is regular.

PROSTATE

- The prostate gland is normal in size (35 x 33 x 26 mm) with volume (15 cc) .





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

FINAL IMPRESSION

- NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.

Adv: clinico-pathological correlation and further evaluation.

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

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

ECG / EKG, Tread Mill Test (TMT)



Shalini

Dr. Shalini Lelecha Mishra (MBBS, DNB)
(Consultant Pathologist)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: MRI, CT scan, DR X-ray, Ultrasound, Sonomammography, Digital Mammography, ECG (Bedside also), 2D Echo, TMT, Holter, OPG, EEG, NCV, EMG & BERA, Audiometry, BMD, PFT, Fibroscan, Bronchoscopy, Colonoscopy and Endoscopy, Allergy Testing, Biochemistry & Immunoassay, Hematology, Microbiology & Serology, Histopathology & Immunohistochemistry, Cytogenetics and Molecular Diagnostics and Health Checkups *

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