



दिव्यमान हॉस्पिटल

प्राइवेट लिमिटेड



• ईमेल : dmhgkp@gmail.com • फोन नं० : 0551-2506300 • नं० : 7528969999, 8173006932

PT Name. : PUSHPEEP Age. : 32Yrs Gender.: Male
 OPD No.: 1219 UHID . : UHID1094 Guardian.: SUBASH CHANDRA SRIVASTAVA
 UnderDr.: DR ASHOK KUMAR SRIVASTAVA Department.: GENERAL MEDICINE Qualification. : MBBS MD ^{Don} DipCard
 Date. : 23-03-2024 Address. : SHIVPUR SAHBAJGANJ LANE NO. 2, PADARI BAZAR, GORAKHPUR Contact : 8574257100

B.p 130/80mmHg

Weight 109kg

Hb 13.2g%
 CRP (M)

Blood sugar 110mg% - HbA1c 6.2%
 2FT ~~(M)~~ ^{SCOT 90%}
 Hepatofunction ~~(M)~~ ^{SCOT 78%}

T3 T4 (M) ^(M) HbA1c 6.2%
 PSA ~~(M)~~ ^(M) Blood sugar - B+k

Uric Acid

ISL & Adman

Keptorin & Faleghum
 Grades I

Angiot - MAB

KCC - WML

2D Echo

- No RWMAAT RST
- Normal LV FUNCTION
- LVEF 58% DD
- Normal size Corbace chamber
- No I/C clot/Veg
- No Pericardial effusion

-: अन्य विभाग :-

- | | | | |
|-----------------------------|--------------------------------|-------------------|-------------------------------|
| प्रसूति एवं स्त्री रोग | शिशु, बाल रोग एवं एन.आई.सी.यू. | डायलिसिस | फिजियोथेरेपी एवं रिहैबिलिटेशन |
| मेडिसिन एवं आई.सी.यू. | आर्थोपेडिक सर्जरी | कार्डियोलॉजी | प्राकृतिक उपचार |
| न्यूरोलॉजी | यूरोलॉजी | नाक, कान, गला रोग | रेडियोलॉजी एवं पैथोजॉजी |
| जनरल व लैप्रोस्कोपिक सर्जरी | न्यूरोसर्जरी | छाती रोग | माइग्रेलर ओ.टी., सी.आर्म |

Over weight
 Alcohol (+)
 Pan in Meak
 No e.s.

R Weight reduction / diet /
 Activity not order
 tab Multivite Fm omega
 tab Candest Newpiper / ornosy
 K C.S.
 Jh



KCT MRI & CT SCAN CENTER

Our emphasis, excellence in diagnosis
हमारी प्राथमिकता, निदान में सुशुद्धता



Opposite Veer Bhadur Singh Sports College
Khadjanchi Bazar, By-Pass Road
Gorakhpur-273003
Ph. Reception : 8417000900
Ph. Manager : 8417000898
Ph. Directors : 9415212516, 9415211286
E-mail : kscplghp@gmail.com

REPORT

I.D. NO II	: U/23/03/21	March 24, 2024
Patient's Name:	: MR. PUSHPDEEP	AGE/SEX : 32 YRS / M
Ref by Dr.	: DIVYAMAN HOSPITAL.	

2D- ECHO

MITRAL VALVE

Morphology AML- Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/Sam/Doming,
PML- Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
Subvalvular deformity Present/Absent Score :

Doppler Normal/Abnormal E>A A>E
Mitral Stenosis Present/Absent RR Interval_ msec
EDG_ mmHg MDG_ mmHg MVA_ cm2
Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.

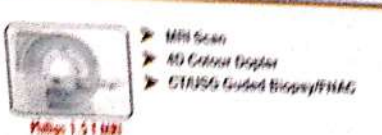
Doppler Normal/Abnormal.
Tricuspid stenosis Present/Absent RR Interval_ msec.
EDG_ mmHg MDG_ mmHg
Tricuspid regurgitation/Absent/Trivial/Mild/Moderate/Severe Fragnemed signals.
Velocity_ msec. Pred. RVSP=RAP+_ mmHg

PULMONARY VALVE

Morphology Normal/Atresia/Thickening/Doming/Vegetation.

Doppler Normal/Abnormal
Pulmonary stenosis Present/Absent Level
PSG_ mmHg Pulmonary annulus_ mm
Pulmonary regurgitation Present/Absent
Early diastolic gradient_ mmHg. End diastolic gradient_ mmHg

संभवित रिपोर्ट



THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE

REPORT

Ph. Directors : 941 5212566, 9415211286
 E-mail : knspl.gkp@gmail.com
 Ph. Reception : 8417000900
 Ph. Manager : 8417000898

AORTIC VALVE

Morphology Normal/Thickening/Calcification/Restricted opening/Flutter/Vegetation
 No of cusps 1/2/3/4

Doppler Normal/Abnormal Present/Absent Level Aortic annulus_ mm
 Aortic stenosis Present/Absent mmHg Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe.

Measurements	Values (Cm)	Measurements	Values (Cm)
Aorta :	3.36	LACS :	3.11
Lves :		Lved :	4.71
IVSed :	1.25	PW (LV):	
RVed :		RV Anterior wall	
EF :	56%	IVC	

IVSmotion Normal/Flat/Paradoxical/Other

CHAMBERS

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy/RWMA
 LA Normal/Enlarged/Clear/Thrombus
 RA Normal/Enlarged/Clear/Thrombus
 RV Normal/Enlarged/Clear/Thrombus
 Pericardium Normal/Thickening/Calcification/Effusion

IMPRESSION

- NO RWMA AT REST
- NORMAL LV FUNCTION
- LVEF 56% 2D,
- NORMAL SIZE CARDIAC CHAMBER
- NO I/C CLOT/VEG
- NO PERICARDIAL EFFUSION.

Cardiologist

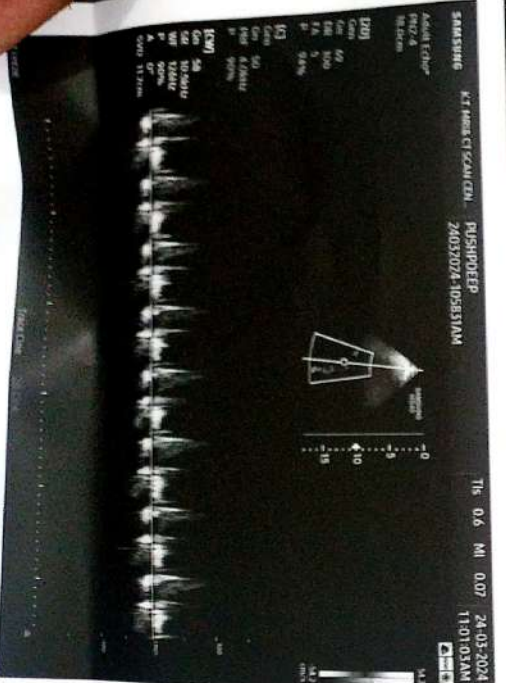
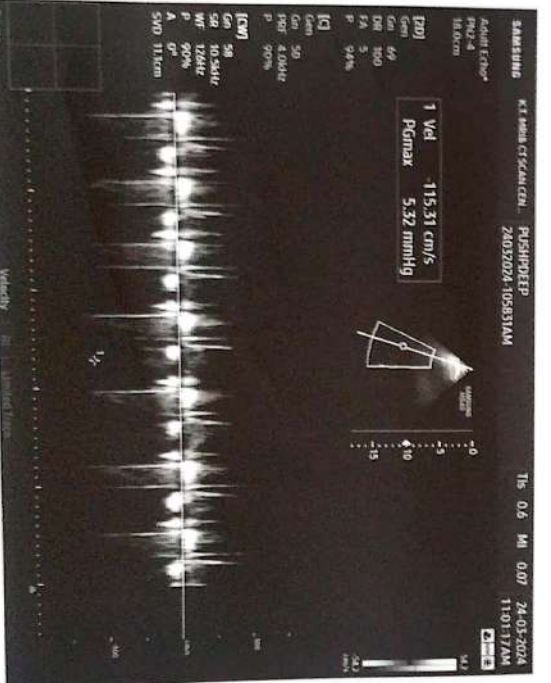
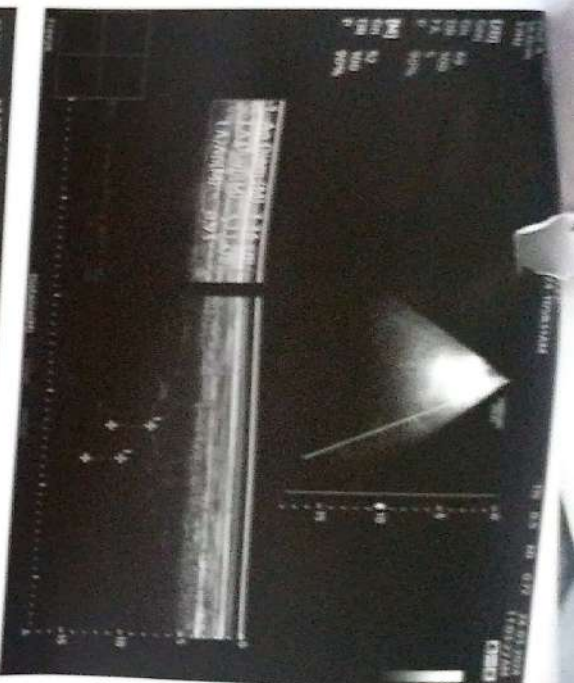
THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSES

CT Scan
 CT Scan software, 3D, 4000 series
 CT Angiography
 Digital X-ray

MRI Scan
 4D Colour Dopler
 CTUSG Guided Biopsy/FNAC

ECG, ECG
 Dr. Lal Path Lab
 24 H Ambulance

ECG
 1 for





PATIENT NAME	Mr. PUSHPADEEP	SAMPLE COLLECTED ON	23-03-2024
AGE / SEX	32 Y / Male	REPORT RELEASED ON	23/03/2024
COLLECTED AT	Inside	REPORTING TIME	1:33:37PM
RECEIPT No.	17,265	PATIENT ID	17295
REFERRED BY Dr.	DMH		

INVESTIGATION T3 Triiodo Thyroid, T4 Thyroxine, TSH,,

Tests	Results	Biological Reference Range	Unit
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T3 Triiodo Thyroid	1.18	(0.69 - 2.15)	ng/ml
T4 Thyroxine	97.5	(52 - 127)	ng/ml
TSH	2.32	(0.3-4.5)	uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.
Remarks:

- Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
- A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
- Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
- A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
- Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
- Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
- A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
- Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Samples Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.

THANKS FOR REFERENCE

*** End of Report ***

Consultant Pathologist
DR.S. SRIVASTAVA M.D.(PATH)

TECHNICIAN
17295

Consultant Pathologist
DR.VASUNDHARA SINGH M.D (PATH)



PATIENT NAME	Mr. PUSHPADEEP	SAMPLE COLLECTED ON	23-03-2024
AGE / SEX	32 Y / Male	REPORT RELEASED ON	23/03/2024
COLLECTED AT	Inside	REPORTING TIME	1:14:28PM
RECEIPT No.	17,260	PATIENT ID	17290
REFERRED BY DR.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile, Blood Group (ABO), Blood Sugar Fasting, Urine Examination Report, Glycosylated Haemoglobin, PSA Total, ESR, Wt/robs.

Tests	Results	Biological Reference Range	Unit
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PSA Total	0.41	CANCER MARKER (0.0-4.0)ng/ml	ng/ml
EXPECTED VALUES :			
		99% OF HEALTHY MALES	
		80% OF BENIGN PROSTATIC HYPERTROPHY	0.0 - 4.0 ng / ml
		81% OF PROSTATIC CARCINOMAS	4.0 - 10.0 ng / ml
		PROSTATIC METASTASIS	10 - 20.0 ng / ml
			Above 20.0 ng / ml

INTERPRETATION:- PSA is reliable tumor marker for already diagnosed prostatic carcinomas . It is uniquely associated only with prostatic tissue and therefore , is specific for it. Baseline levels measured prior to therapeutic intervention , and follows later by serial , periodical measurements will predict the outcome of the therapy . It also helps in early discovery of recurrences , relapses and metastases.

RECOMMENDED TESTING INTERVALS:-

- First Determination : Preoperatively (Baseline)
- Second determination : 2-4 Days postoperatively
- Third determination : Before discharge from hospital

FOLLOW - UP DATERMINATION :-

- F Levels are high / show rising trend : Monthly
- F Levels are normal : Every 3 monthly initially , later annually.

* In general tumor marker levels are directly related to the tumor mass and the stage of the cancer . However , if is the rate of change in the tumor marker level , which is more important , rather than its absolute value . A 50% change may be considered clinically significant.

* It must empha sized that PSA may be also elevated in benign prostatic hypertrophy and inflammatory condition of sure surroundings genitor-urinary tract . Therefore , this parameter should never be used as a screening test for diagnosing prostatic carcinomas , but only as aid in follow up studies.





PATIENT NAME Mr. PUSHPADEEP
AGE / SEX 32 Y / Male
COLLECTED AT Inside
RECEIPT No. 17,260
REFERRED BY Dr. DMH

SAMPLE COLLECTED ON 23-03-2024
REPORT RELEASED ON 23/03/2024
REPORTING TIME 1:14:28PM
PATIENT ID 17290

INVESTIGATION COMPLETE BLOOD COUNT, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile., Blood Group (ABO), Blood Sugar Fasting, Urine Examination Report, Glycosylated Haemoglobin, PSA Total., ESR Wintrobe.,

Tests	Results	Biological Reference Range	Unit
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HAEMATATOLOGY

COMPLETE BLOOD COUNT

Haemoglobin	13.3	Low	(Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%) (4000-11000 /cumm)	G% /cumm
Total Leukocyte Count (TLC)	9100			
Differential Leukocyte Count. (DLC)				
Polymorph	58		(40-80)%	%
Lymphocyte	38		(20-40 %)	%
Eosinophil	04		(01-6)%	%
Monocyte	00	Low	(02-08)%	%
Basophil	00		(<1 %)	%

R. B. C.

4.24 (4.2 - 5.5)million/cmm

million/
/Litre

P. C. V. (hemotocrite)

37.5 (36-50)Litre/Litre

M. C. V.

88.4 (82-98) fl

M. C. H.

31.2 (27Pg - 32Pg)

Pg

M. C. H. C.

35.3 (21g/dl - 36g/dl)

g/dl

Platelete Count

1.58 (1.5-4.0 lacs/cumm)

/cumm

ESR Wintrobe

Observed

20

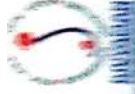
20mm fall at the end of first hr.

mm

*esr Is A Non Specific Phenomenon, Clinically Useful In Disorders Associated With An Increased Production Of Acute Phase Proteins.

*elevated In Acute And Chronic Infections And Malignancies.

*extremely High Esr Values Are Seen In Multiple Myeloma, Leukemia, Lymphoma, Breast And Lung Carcinomas, Rheumatoid Arthritis, Sle, Pulmonary Infarction.



PATIENT NAME
MR. PUSHPADREP
AGE / SEX
32 Y / Male
COLLECTED AT
Inside
RECEPT No.
17,260
REFERRED BY DR.
DMH

SAMPLE COLLECTED ON
23-03-2024
REPORT RELEASED ON
23/03/2024
REPORTING TIME
11:14:28PM
PATIENT ID
17290

INVESTIGATION

COMPLETE BLOOD COUNT, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile, Blood Group (ABO), Blood Sugar Fasting, Urine Examination Report, Glycosylated Haemoglobin, PSA Total, ESR, Wintrobe,

Tests	Results	Biological Reference Range	Unit
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Blood Sugar Fasting **118.3**

High (70 - 110)mg/dl

BIOCHEMISTRY

Reference Value :

Fasting (Diabetes 110.0 Mg% Or More) (Impaired Glucose Tolerance 110-126 Mg%)
After 2hrs. Of 75 Gm Glucose (oral) (70-140 Mg%) (Impaired Glucose Tolerance 140-200 Mg%)
Random/casual (diabetes 200 Mg% Or More, With Presenting Symptoms.)

Lipid Profile.

Total Cholesterol	168.1	125-200mg/dl Normal Value	mg/dL
HDL Cholesterol	42.1	(30-70 mg%)	mg%
Triglyceride	137.1	(60-165mg/dL)	mg/dL
VLDL	27.42	(5-40mg%)	mg%
LDL Cholesterol	98.58		mg/dl

TC/HDL

4.0

LDL/HDL

2.2

Comment/interpretation

Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipids, The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

Note::

1. Measurement In The Same Patient Can Show Physiological & Analytical Variations. Three Serial Samples 1 Week Apart Are Recommended For Total Cholesterol ,triglycerides, hdl& Ldl Cholesterol.
2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholesterol.
3. Friedewald Equation To Calculate Ldl Cholesterol Is Most Accurate When Triglyceride Level Is <400 Mg/dl. Measurement Of Direct Ldl Cholesterol Is Recommended When Triglyceride Level Is >400 Mg/dl.



PATIENT NAME
AGE / SEX
COLLECTED AT
RECEIPT No.
REFERRED BY Dr.

Mr. PUSHPADEEP
32 Y / Male
Inside
17,260
DMH

SAMPLE COLLECTED ON
REPORT RELEASED ON
REPORTING TIME
PATIENT ID

23-03-2024
23/03/2024
1:14:28PM
17290

INVESTIGATION

COMPLETE BLOOD COUNT, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile, Blood Group (ABO), Blood Sugar Fasting, Urine Examination Report, Glycosylated Haemoglobin, PSA Total, ESR Wintrobe,,

Tests

Results

Biological Reference Range

Unit

LIVER FUNCTION TEST

Bilirubin (Total)	0.9	High	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct)	0.4		(0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.5		(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	98.6	High	0-40	IU/L
SGPT (ALT)	78.1	High	0.0-42.0	IU/L
Serum Alkaline Phosphatase	168.1	High	80.0-290.0	U/L
Serum Total Protein	6.0		6.0-7.8	gm/dl
Serum Albumin	3.7		3.5-5.0	gm/dl
Serum Globulin	2.3		2.3-3.5	gm/dl
A/G Ratio	1.61	High		

Comments/interpretation:

-liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes.
-the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage.
-It Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

KIDNEY FUNCTION TEST

Blood Urea	35.1		15.0-45.0	mg/dl
Serum Creatinine	0.9		0.7-1.4	mg/dl
Serum Uric Acid	6.5		Male-3.5-7.2 Female-2.5-6.0	mg/dl
Serum Sodium	137.4		136.0-149.0	mmol/L
Serum Potassium	3.8		3.5-5.5	mmol/L
Serum Calcium	8.7		8.0-10.5	mg/dl



PATIENT NAME Mr. PUSHPADEEP
 AGE / SEX 32 Y / Male
 COLLECTED AT Inside
 RECEIPT No. 17,260
 REFERRED BY Dr. DMH

SAMPLE COLLECTED ON 23-03-2024
 REPORT RELEASED ON 23/03/2024
 REPORTING TIME 1:14:28PM
 PATIENT ID 17290

INVESTIGATION COMPLETE BLOOD COUNT, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile., Blood Group (ABO), Blood Sugar Fasting, Urine Examination Report, Glycosylated Haemoglobin, PSA Total, ESR Wintrobe.,

Tests	Results	Biological Reference Range	Unit
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Glycosylated Haemoglobin

HBA1c 6.3

(4.3-6.4)

%

Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

Comments/interpretations:

Glycosylated Haemoglobin Is Proportional To Mean Plasma Glucose Level During Previous 6-12 Weeks. For People Without Diabetes, The Normal Range For The Hemoglobin A1c Level Is Between 4% And 5.6%. Hemoglobin A1c Levels Between 5.7% And 6.4% Mean You Have A Higher Chance Of Getting Diabetes. Levels Of 6.5% Or Higher Mean You Have Diabetes. recommended Goal Of Hba1c Is <7%. The Higher The Hemoglobin A1c, The Higher Your Risk Of Having Complications Related To Diabetes. A Combination Of Diet, Exercise, And Medication Can Bring Levels Down. People With Diabetes Should Have An A1c Test Every 3 Months To Make Sure Their Blood Sugar Is In Their Target Range. If Your Diabetes Is Under Good Control, You May Be Able To Wait Longer Between The Blood Tests. But Experts Recommend Checking At Least Two Times A Year. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Results Of The Hemoglobin A1c. Kidney Disease And Liver Disease May Also Affect The Test.

SEROLOGY

Blood Group (ABO)

A.B.O.

Rh(D)

"B"

POSITIVE



PATIENT NAME	Mr. PUSHPADEEP	SAMPLE COLLECTED ON	23-03-2024
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RECEIPT No.	17,260	PATIENT ID	17290
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INVESTIGATION COMPLETE BLOOD COUNT, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile, Blood Group (ABO), Blood Sugar Fasting, Urine Examination Report, Glycosylated Haemoglobin, PSA Total, ESR Wintrobe..

Tests	Results	Biological Reference Range	Unit
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CLINICAL PATHOLOGY

Urine Examination Report

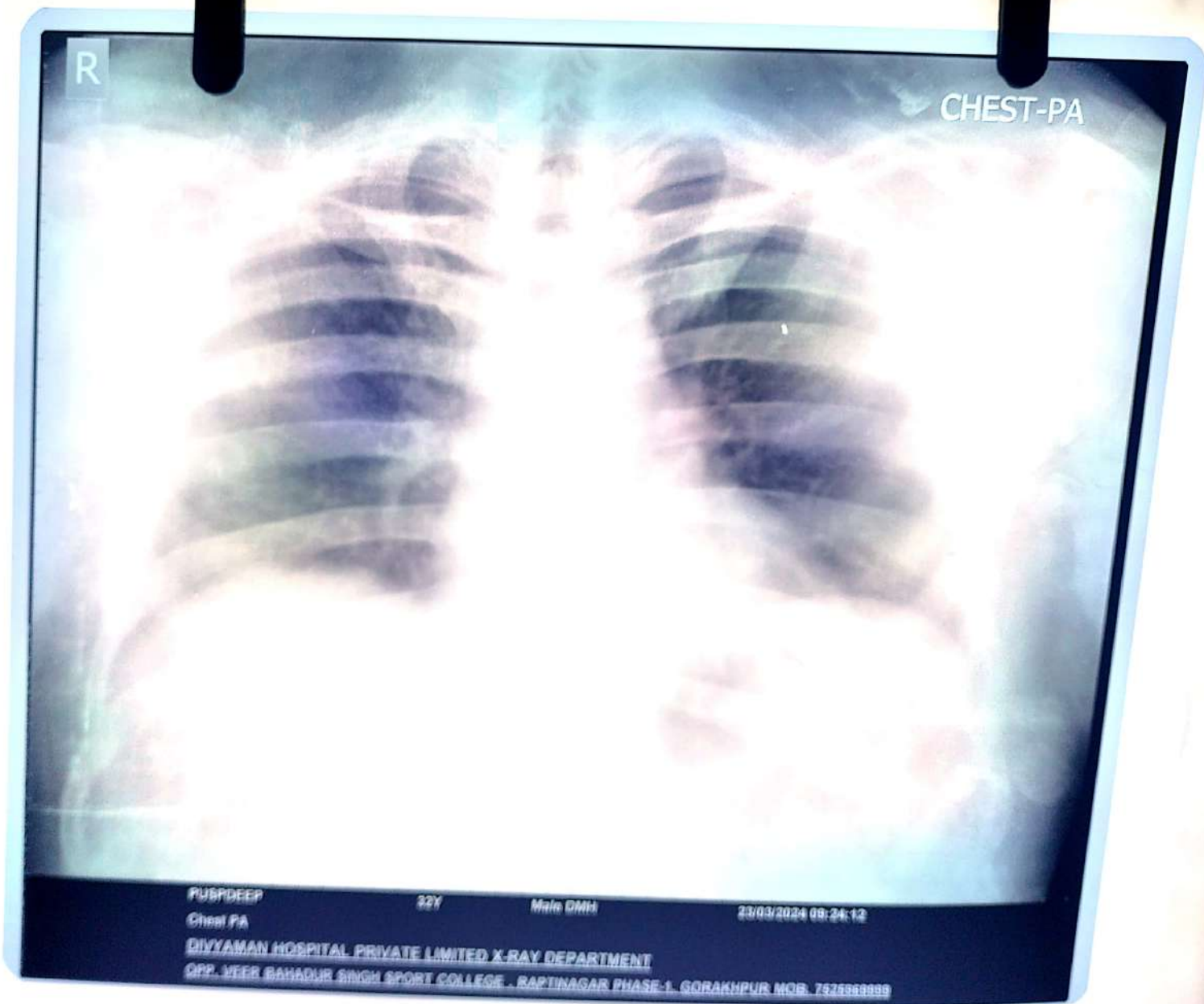
PHYSICAL			
Volume	20		ml
Colour	LIGHT YELLOW		-
Appearance	CLEAR		-
CHEMICAL			
Reaction PH	6.0	High	(4.5-8.0)
Specific Gravity	1.030		(1.01-1.025)
Proteins	NIL		NIL
Sugar	NIL		NIL
Blood	NIL		NIL
Phosphates/urates	NIL		NIL
Ketone Bodies	NIL		NIL
Chyle	NIL		-
Bile Pigment (Bilirubin)	NIL		NIL
Bile Salt	NIL		-
Urobilinogen	Normal		-
MICROSCOPICAL			
R B C	Absent	0-2 /hpf	/hpf
Pus Cells	2-3	0-5 /hpf	/hpf
Epithelial Cells	1-2		-
Crystals	Nil		-
Yeast Cells	Absent		-
Casts	Absent		-
BACTERIA	Absent		-

THANKS FOR REFERENCE *** End of Report ***

Consultant Pathologist
DR.S. SRIVASTAVA M.D.(PATH)

TECHNICIAN
 17290

Consultant Pathologist
DR.VASUNDHARA SINGH M.D (PATH)



R

CHEST-PA

RUBPDEEP

22Y

Male DMH

23/09/2024 09:24:12

Chest PA

DIVYAMAN HOSPITAL PRIVATE LIMITED X-RAY DEPARTMENT

OPP. VEER BAHADUR SINGH SPORT COLLEGE - RAJINAGAR PHASE-1, GORAKHPUR, MOB. 7436989899



REPORT

I.D.NO U/23/03/22
PATIENT NAME Mr. PUSHPDEEP
REF. BY DIVYANJAN HOSPITALMarch 23, 2024
AGE/SEX 32 Y/MUSG: WHOLE ABDOMEN (Male)
No IHRB dilatation / focal SOL are seen.

Liver - enlarged in size (166.2 mm) with homogenous echotexture. No IHRB dilatation / focal SOL are seen.

Gall bladder - is distended. No calculus in lumen. Wall thickness is normal.
CBD - normal. PV - normal. porta - normalPancreas is normal in thickness. Clearly defined margins are seen. Pancreatic duct is not dilated.
Spleen is normal in size (100.3 mm) and echotexture. No focal lesion is seen. Diaphragmatic movements are within normal limits on both sides.

Right kidney - normal in size (mm) , outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

Left kidney - normal in size (mm), outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder is fully distended. Wall is smooth and regular. Lumen is echofree.

Prostate: is normal in size 26.9x29.9x39.3 mm volume 16.5cc. Margins are well-defined. Capsule is normal.

No evidence of Ascites / Retroperitoneal Lymphadenopathy.

IMPRESSION

- HEPATOMEGALY WITH FATTY LIVER GRADE-I.

ADV - CLINICAL CORRELATION.

Note : All USG finding are dynamic in nature and are subjected to change with course of disease and time, prescribing clinician are advised to correlate USG finding with clinical findings.

Dr. Rahul Nayak
M.B.B.S.(M.L.N),
M.D.(Dr. RMLIMS, LKO)

