



CID : 2405522308  
Name : MR.TIWARI ANKIT  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : J B Nagar, Andheri East (Main Centre)

Collected : 24-Feb-2024 / 10:14  
Reported : 24-Feb-2024 / 12:22

Use a QR Code Scanner  
Application To Scan the Code

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.9	13.0-17.0 g/dL	Spectrophotometric
RBC	4.54	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.6	40-50 %	Calculated
MCV	91.7	81-101 fl	Measured
MCH	30.7	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5280	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	20.5	20-40 %	
Absolute Lymphocytes	1080	1000-3000 /cmm	Calculated
Monocytes	10.8	2-10 %	
Absolute Monocytes	570	200-1000 /cmm	Calculated
Neutrophils	66.8	40-80 %	
Absolute Neutrophils	3520	2000-7000 /cmm	Calculated
Eosinophils	1.4	1-6 %	
Absolute Eosinophils	70	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	30	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	181000	150000-410000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Measured
PDW	14.8	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-



CID : 2405522308  
Name : MR.TIWARI ANKIT  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : J B Nagar, Andheri East (Main Centre)

Collected : 24-Feb-2024 / 10:14  
Reported : 24-Feb-2024 / 12:48

Use a QR Code Scanner  
Application To Scan the Code

Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY -  
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 4 2-15 mm at 1 hr. Sedimentation

**Clinical Significance:** The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

**Limitations:**

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

**Reflex Test:** C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

**Reference:**

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

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



*Dr. Leena Salunkhe*

**Dr. LEENA SALUNKHE**  
**M.B.B.S, DPB (PATH)**  
**Pathologist**



CID : 2405522308  
Name : MR.TIWARI ANKIT  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : J B Nagar, Andheri East (Main Centre)

Collected : 24-Feb-2024 / 10:14  
Reported : 24-Feb-2024 / 13:36

Use a QR Code Scanner  
Application To Scan the Code

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	90.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	108.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.69	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.45	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.7	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	35.0	<34 U/L	Modified IFCC
SGPT (ALT), Serum	55.2	10-49 U/L	Modified IFCC
GAMMA GT, Serum	19.0	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	87.9	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	21.1	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.9	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.74	0.73-1.18 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023



CID : 2405522308  
Name : MR.TIWARI ANKIT  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : J B Nagar, Andheri East (Main Centre)

Collected : 24-Feb-2024 / 10:14  
Reported : 24-Feb-2024 / 15:49

Use a QR Code Scanner  
Application To Scan the Code

eGFR, Serum	122	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	5.9	3.7-9.2 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



**Dr. ANUPA DIXIT**  
M.D.(PATH)  
Consultant Pathologist & Lab Director



CID : 2405522308  
Name : MR.TIWARI ANKIT  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : J B Nagar, Andheri East (Main Centre)

Collected : 24-Feb-2024 / 10:14  
Reported : 24-Feb-2024 / 13:36

Use a QR Code Scanner  
Application To Scan the Code

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

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



*Namrata Raul*

**Dr.NAMRATA RAUL**  
**M.D (Biochem)**  
**Biochemist**



CID : 2405522308  
Name : MR.TIWARI ANKIT  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : J B Nagar, Andheri East (Main Centre)

Collected : 24-Feb-2024 / 10:14  
Reported : 24-Feb-2024 / 15:04

Use a QR Code Scanner  
Application To Scan the Code

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	
Others	-		

**Interpretation:** The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein ( 1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl )
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl )
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl )

Reference: Pack inert

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Dr. Vrushi Shroff*

**Dr.VRUSHALI SHROFF**  
**M.D.(PATH)**  
**Pathologist**



CID : 2405522308  
Name : MR.TIWARI ANKIT  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : J B Nagar, Andheri East (Main Centre)

Collected : 24-Feb-2024 / 10:14  
Reported : 24-Feb-2024 / 13:54

Use a QR Code Scanner  
Application To Scan the Code

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**

ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

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



**Dr.VRUSHALI SHROFF**  
**M.D.(PATH)**  
**Pathologist**



CID : 2405522308  
Name : MR.TIWARI ANKIT  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : J B Nagar, Andheri East (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code  
Collected : 24-Feb-2024 / 10:14  
Reported : 24-Feb-2024 / 13:36

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	158.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	112.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	48.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	110.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	87.6	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	22.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Namrata Raul*

**Dr.NAMRATA RAUL**  
M.D (Biochem)  
Biochemist





CID : 2405522308  
 Name : MR.TIWARI ANKIT  
 Age / Gender : 34 Years / Male  
 Consulting Dr. : -  
 Reg. Location : J B Nagar, Andheri East (Main Centre)

Use a QR Code Scanner  
 Application To Scan the Code  
 Collected : 24-Feb-2024 / 10:14  
 Reported : 24-Feb-2024 / 12:40

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.8	3.5-6.5 pmol/L	CLIA
Free T4, Serum	16.9	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.243	0.55-4.78 microIU/ml	CLIA



CID : 2405522308  
Name : MR.TIWARI ANKIT  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : J B Nagar, Andheri East (Main Centre)

Collected : 24-Feb-2024 / 10:14  
Reported : 24-Feb-2024 / 12:40

Use a QR Code Scanner  
Application To Scan the Code

**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Anupa*

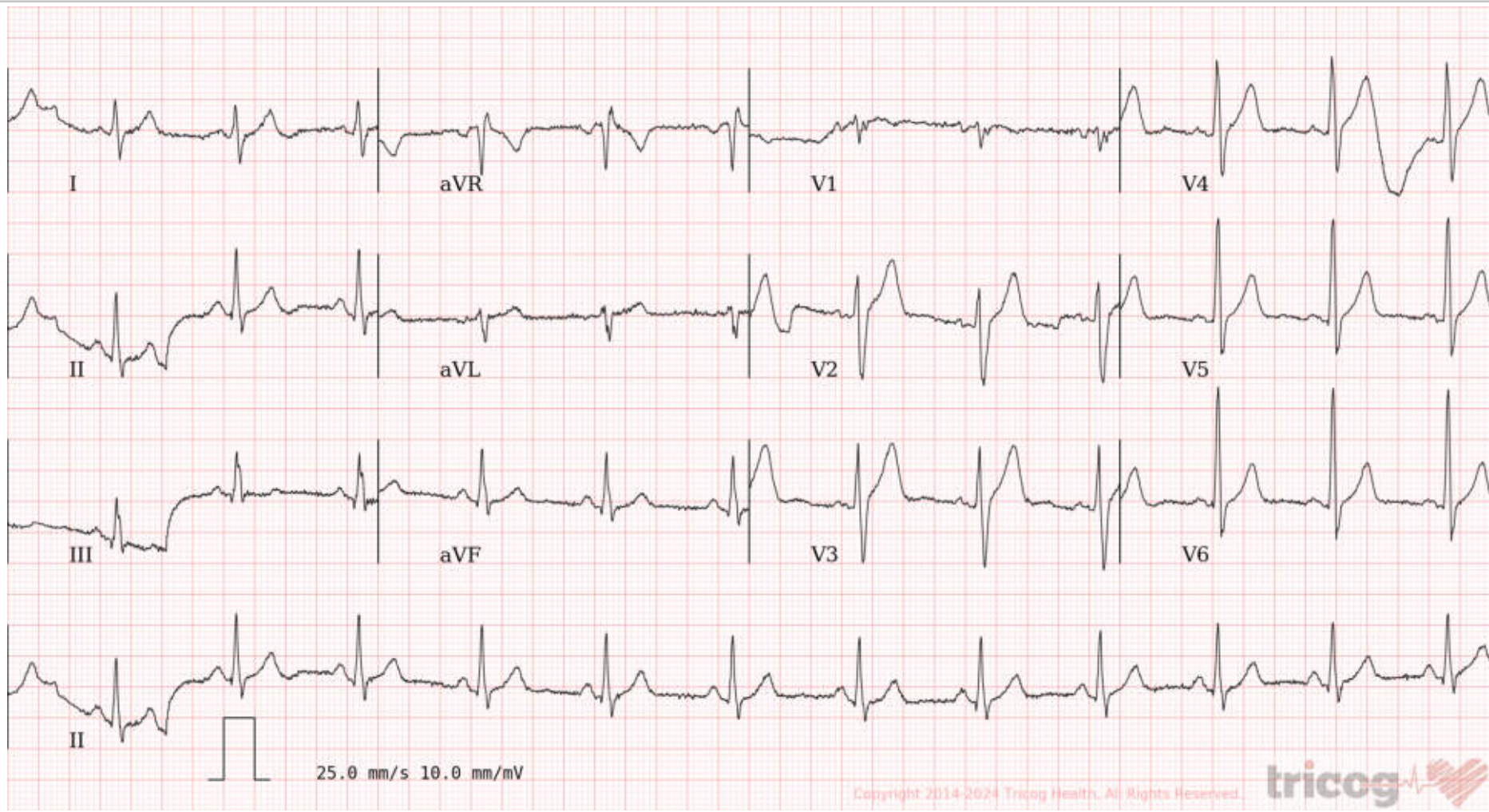
**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab Director**

# SUBURBAN DIAGNOSTICS - J B NAGAR, ANDHERI EAST



Patient Name: TIWARI ANKIT  
Patient ID: 2405522308

Date and Time: 24th Feb 24 10:51 AM



Age **34** NA NA  
years months days

Gender **Male**

Heart Rate **77bpm**

### Patient Vitals

BP: 140/100 mmHg  
Weight: 72 kg  
Height: 181 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 100ms  
QT: 354ms  
QTcB: 400ms  
PR: 128ms  
P-R-T: 63° 81° 36°

ECG Within Normal Limits: Sinus Rhythm,. Please correlate clinically.

REPORTED BY

Dr Ashish Deshmukh  
M.B.B.S. , MD (Medicine)  
59997

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



CID# : 2405522308  
Name : MR.TIWARI ANKIT  
Age / Gender : 34 Years/Male  
Consulting Dr. : Collected : 24-Feb-2024 / 10:01  
Reg.Location : J B Nagar, Andheri East (Main Centre) Reported : 26-Feb-2024 / 13:03

## **PHYSICAL EXAMINATION REPORT**

### **History and Complaints:**

NIL

### **EXAMINATION FINDINGS:**

<b>Height (cms):</b>	181 CMS	<b>Weight (kg):</b>	72 KGS
<b>Temp (0c):</b>	AFBERILE	<b>Skin:</b>	NAD
<b>Blood Pressure (mm/hg):</b>	140/100 MMHG	<b>Nails:</b>	NAD
<b>Pulse:</b>	75/MIN	<b>Lymph Node:</b>	NOT PALPABLE

### **Systems**

**Cardiovascular:** S1 S2 HEARD

**Respiratory:** AEBE

**Genitourinary:** NAD

**GI System:** NAD

**CNS:** NAD

### **IMPRESSION:**

SGPT- 55U/L,  
USG- MULTIPLE GB POLYPS

### **ADVICE:**

CONSULT TO PHYSICIAN.

### **CHIEF COMPLAINTS:**

- |                             |    |
|-----------------------------|----|
| 1) <b>Hypertension:</b>     | NO |
| 2) <b>IHD</b>               | NO |
| 3) <b>Arrhythmia</b>        | NO |
| 4) <b>Diabetes Mellitus</b> | NO |
| 5) <b>Tuberculosis</b>      | NO |
| 6) <b>Asthama</b>           | NO |

**CENTRAL PROCESSING LAB:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

**HEALTHLINE - MUMBAI:** 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

**For Feedback -** [customerservice@suburbandiagnosics.com](mailto:customerservice@suburbandiagnosics.com) | [www.suburbandiagnosics.com](http://www.suburbandiagnosics.com)

CID# : **2405522308**  
Name : **MR.TIWARI ANKIT**  
Age / Gender : **34 Years/Male**  
Consulting Dr. :   
Reg.Location : **J B Nagar, Andheri East (Main Centre)**  
Collected : **24-Feb-2024 / 10:01**  
Reported : **26-Feb-2024 / 13:03**

- |   |                         |
|---|-------------------------|
| 7) <b>Pulmonary Disease</b>                     | NO                      |
| 8) <b>Thyroid/ Endocrine disorders</b>          | NO                      |
| 9) <b>Nervous disorders</b>                     | NO                      |
| 10) <b>GI system</b>                            | NO                      |
| 11) <b>Genital urinary disorder</b>             | RENAL CALCULI 5YRS BACK |
| 12) <b>Rheumatic joint diseases or symptoms</b> | NO                      |
| 13) <b>Blood disease or disorder</b>            | NO                      |
| 14) <b>Cancer/lump growth/cyst</b>              | NO                      |
| 15) <b>Congenital disease</b>                   | NO                      |
| 16) <b>Surgeries</b>                            | NO                      |
| 17) <b>Musculoskeletal System</b>               | NO                      |

**PERSONAL HISTORY:**

- |                      |                     |
|----------------------|---------------------|
| 1) <b>Alcohol</b>    | ONCE IN A WEEK 14YR |
| 2) <b>Smoking</b>    | NO                  |
| 3) <b>Diet</b>       | MIXED               |
| 4) <b>Medication</b> | NO                  |

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



**Dr.Anjana Maheshwari**



**CID** : 2405522308  
**Name** : Mr TIWARI ANKIT  
**Age / Sex** : 34 Years/Male  
**Ref. Dr** : **Reg. Date** : 24-Feb-2024  
**Reg. Location** : J B Nagar, Andheri East Main Centre **Reported** : 24-Feb-2024/11:11

## **USG WHOLE ABDOMEN**

### **LIVER:**

The liver is normal in size ( 13.9 cm ), shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

### **GALL BLADDER:**

The gall bladder is distended. No evidence of gall stones seen.

**Evidence of multiple echogenic polyps noted in gall bladder, largest measuring 0.5 x 0.3 cm along the lateral wall of gall bladder.**

### **PANCREAS:**

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

### **KIDNEYS:**

Both the kidneys are normal in size, shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 10.2 x 3.8 cm.

Left kidney measures 10.2 x 4.8 cm.

### **SPLEEN:**

The spleen is normal in size ( 9.7 cm ) and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

### **URINARY BLADDER:**

The urinary bladder is well distended and reveal no intraluminal abnormality.

### **PROSTATE:**

The prostate is normal in size, measures 2.4 x 3.2 x 3.0 and volume is 12.9 cc.



**CID** : 2405522308  
**Name** : Mr TIWARI ANKIT  
**Age / Sex** : 34 Years/Male  
**Ref. Dr** :  
**Reg. Location** : J B Nagar, Andheri East Main Centre

**Reg. Date** : 24-Feb-2024  
**Reported** : 24-Feb-2024/11:11

**IMPRESSION:**

**Multiple gall bladder polyps as described above.**

-----End of Report-----

**Dr. Swapnil Nisal**  
**MBBS, DMRE**  
**MMC Reg. No.2015/06/3297**



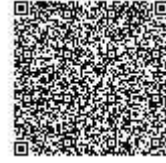


Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2405522308  
**Name** : Mr TIWARI ANKIT  
**Age / Sex** : 34 Years/Male  
**Ref. Dr** :  
**Reg. Location** : J B Nagar, Andheri East Main Centre

**Reg. Date** : 24-Feb-2024  
**Reported** : 24-Feb-2024/11:11

---



**CID** : 2405522308  
**Name** : Mr TIWARI ANKIT  
**Age / Sex** : 34 Years/Male  
**Ref. Dr** :  
**Reg. Location** : J B Nagar, Andheri East Main Centre

**Reg. Date** : 24-Feb-2024  
**Reported** : 26-Feb-2024/11:29

**X-RAY CHEST PA VIEW**

Evidence of mild bilateral bronchovascular prominence noted.

Rest of the bilateral lung fields appear normal.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

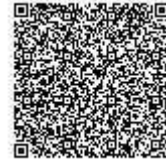
**IMPRESSION:**

**Mild bilateral bronchovascular prominence noted.**

**ADVICE :** Clinical correlation.

-----End of Report-----

**Dr. Swapnil Nisal**  
**MBBS, DMRE**  
**MMC Reg. No.2015/06/3297**



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2405522308  
**Name** : Mr TIWARI ANKIT  
**Age / Sex** : 34 Years/Male  
**Ref. Dr** :  
**Reg. Location** : J B Nagar, Andheri East Main Centre

**Reg. Date** : 24-Feb-2024  
**Reported** : 26-Feb-2024/11:29

---