



PREM-DHARAM HOSPITAL & DIAGNOSTICS

(Govt. Recognised Advanced 3D-4D Ultrasound and State-of-the-art Digital X-Ray Centre)
Regn. No.: RMEE1905483



10D-180 (Near Nagar Nigam Office), Vasundhara, Ghaziabad, Phone: 0120-4127778, 9899004884, E-mail : premdharamhospital@gmail.com

Name : Mr. Karan Kakkar	Patient ID : 24/230300015
Visit No. : SR242303015	Received On : 23/03/2024 14:24
Age/Gender : 43 Y/Male	Collected On : 23/03/2024 14:24
Referred by : PREM-DHARAM HOSPITAL	Reported On : 23/03/2024 19:35
	Barcode : PDH42291A

HAEMATOLOGY

COMPLETE BLOOD COUNT WITH ESR

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
HAEMOGLOBIN <i>Methodology : Colorimetric</i>	14.7	g/dl	13.0- 17.5
RED BLOOD CELL COUNT (RBC) <i>Methodology : Electrical Impedence</i>	4.85	millions/mm ³	4.5 - 6
PACKED CELL VOLUME/HEMATOCRIT (PCV) <i>Methodology : Calculated</i>	42.8	% Vol	40 - 50
MEAN CORPUSCULAR VOLUME (MCV) <i>Methodology : Calculated</i>	88.3	fL	80 - 96
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) <i>Methodology : Calculated</i>	30.4	pg	27 - 33
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION (MCHC) <i>Methodology : Calculated</i>	34.4	g/dl	31 - 36
RED CELL DISTRIBUTION WIDTH (RDW-CV) <i>Methodology : Automated-Cell Counter</i>	15.9	%	11 - 16
RED CELL DISTRIBUTION WIDTH (RDW-SD) <i>Methodology : Automated-Cell Counter</i>	46.8	fL	35 - 56
TOTAL LEUCOCYTE COUNT <i>Methodology : Flow Cytometry</i>	7.41	10 ³ /μL	4 - 11
DIFFERENTIAL COUNT (DC)			
NEUTROPHILS	61	%	40 - 75
LYMPHOCYTES	32	%	20 - 45
EOSINOPHILS	03	%	0 - 6
MONOCYTES	04	%	0 - 10
BASOPHILS	00	%	0 - 1
ABSOLUTE NEUTROPHIL COUNT (ANC) <i>Methodology : Calculated</i>	4.53	10 ³ /μL	2 - 8
ABSOLUTE LYMPHOCYTE COUNT (ALC) <i>Methodology : Calculated</i>	2.38	10 ³ /μL	0.8 - 7

ABSOLUTE EOSINOPHIL COUNT (AEC) 0.21
Methodology : Calculated

10³/μL 0.02 - 0.8



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- 3D/4D Ultrasound
- Whole Body Color Doppler
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- ECG-3 Channel

FOR TELEPHONIC APPOINTMENT RADIOLOGY : 8287900395 (9 AM - 2:30 PM, 5:30 PM - 8:45 PM)
FOR ICU & AMBULANCE ENQUIRY : 8287900395
FOR OPD APPOINTMENT : 8287900395



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ABSOLUTE MONOCYTE COUNT (AMC)	0.28	$10^3/\mu\text{L}$	0.12 - 1.2
<i>Methodology : Calculated</i>			
ABSOLUTE BASOPHIL COUNT (ABC)	00	$10^3/\mu\text{L}$	0 - 0.1
<i>Methodology : Calculated</i>			
PLATELET COUNT	260	$10^3/\mu\text{L}$	150 - 450
<i>Methodology : Electrical Impedence</i>			
MEAN PLATELET VOLUME (MPV)	8.7	fL	7 - 12
<i>Methodology : Electrical Impedence</i>			
PLATELET DISTRIBUTION WIDTH (PDW)	16.4	fL	9 - 17
<i>Methodology : Calculated</i>			
PCT(PLATELET CRIT)	0.22	%	0.108 - 0.282
<i>Methodology : Calculated</i>			
P-LCR	20.3	%	11 - 45
<i>Methodology : Calculated</i>			
P-LCC	53	10 ⁹ /L	30 - 90
<i>Methodology : Calculated</i>			
ERYTHROCYTE SEDIMENTATION RATE (ESR)	04	mm in 1st hr	0 - 10
<i>Methodology : Westergreen</i>			

Sample Type : Whole Blood-EDTA

*** End Of Report ***

Processed by : Nisha Sharma
Verified by : Tabassum

Dr. Vivek Kapoor
Consultant Pathologist



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CLINICAL BIOCHEMISTRY


LIVER FUNCTION TEST

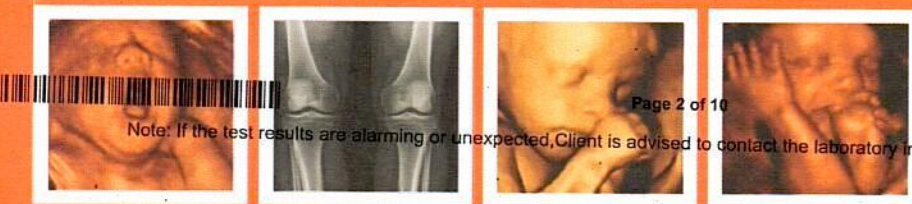
Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
TOTAL BILIRUBIN <i>Methodology : Diazo Method</i>	0.72	mg/dL	0.2 - 1.2
DIRECT BILIRUBIN <i>Methodology : Diazo Method</i>	0.27	mg/dL	0 - 0.3
INDIRECT BILIRUBIN <i>Methodology : Calculated</i>	0.45	mg/dL	
SGOT/AST <i>Methodology : IFCC</i>	19.1	U/L	0 - 40
SGPT/ALT <i>Methodology : IFCC</i>	23.7	U/L	0 - 35
ALKALINE PHOSPHATASE <i>Methodology : IFCC</i>	112.6	U/L	40 - 130
TOTAL PROTEIN <i>Methodology : Biuret</i>	7.98	g/dl	6 - 8.3
SERUM ALBUMIN <i>Methodology : BCG</i>	4.24	g/dl	3.2 - 5.2
GLOBULIN SERUM <i>Methodology : Calculated</i>	3.74	g/dl	2.3 - 4.5
A/G RATIO <i>Methodology : Calculated</i>	1.13	Ratio	1 - 2.5

Sample Type : serum

*** End Of Report ***

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Dr. Vivek Kapoor
Consultant Pathologist



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RENAL FUNCTION TEST

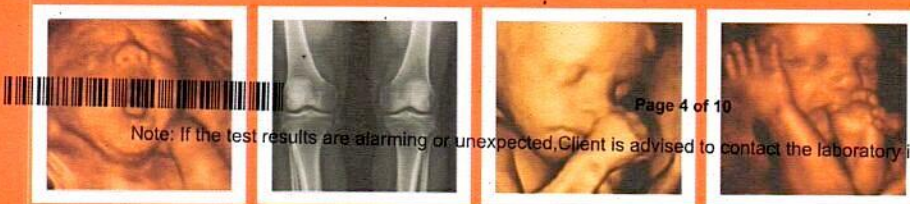
Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
BLOOD UREA <i>Methodology : Urease</i>	26.1	mg/dL	10 - 45
BLOOD UREA NITROGEN (BUN) <i>Methodology : Calculated</i>	12	mg/dL	5 - 21
SERUM CREATININE <i>Methodology : Jaffe Kinetic</i>	0.72	mg/dL	0.7 - 1.4
SODIUM - SERUM <i>Methodology : ISE</i>	142.6	meq/L	135 - 155
POTASSIUM - SERUM <i>Methodology : ISE</i>	3.98	meq/L	3.5 - 5.5
CHLORIDE - SERUM <i>Methodology : ISE</i>	104.5	mmol/L	98 - 106
CALCIUM - SERUM <i>Methodology : Arsenazo</i>	9.0	mg/dL	8.6 - 11
EGFR	153	mL/min/1.73 m ²	90 - 180 > = 90 : Normal 60 - 89 : Mild Decrease 45 - 59 : Mild to Moderate Decrease 30 - 44 : Moderate to Severe Decrease 15 - 29 : Severe Decrease
URIC ACID - SERUM <i>Methodology : URICASE</i>	4.28	mg/dL	3.5 - 7.2

Sample Type : serum

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CLINICAL BIOCHEMISTRY

LIPID PROFILE

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
TOTAL CHOLESTEROL	266.3	mg/dL	1-200 Desirable < 200 Borderline high risk 200 - 240 High risk > 240
<i>Methodology : CHO-POD</i>			
Comments : KINDLY CORRELATE CLINICALLY			
HDL CHOLESTEROL	60.	mg/dL	NO RISK : - > 60.0 MODERATE RISK :- 35 - 55 HIGH RISK : - < 35.0
<i>Methodology : Direct</i>			
LDL CHOLESTEROL	203.90	mg/dL	0 - 130 Desirable < 130 Borderline high risk 130 -160 High risk > 160
<i>Methodology : Calculated</i>			
VLDL	2.40	mg/dL	0 - 45
<i>Methodology : Calculated</i>			
TRIGLYCERIDES (TG) - SERUM	121	mg/dL	0 - 200 Desirable: < 200 (fasting) Borderline high: 200 - 400 Elevated > 400
<i>Methodology : GPO-POD</i>			
CHOL/HDL Ratio	4.44	Ratio	3.5 - 5.5
<i>Methodology : Calculated</i>			
LDL/HDL Ratio	3.40	mg/dL	2.5 - 3.5
<i>Methodology : Calculated</i>			

Sample Type : serum

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CLINICAL BIOCHEMISTRY

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
PLASMA GLUCOSE FASTING (FBS)	95.9	mg/dL	70 - 110

Methodology : Hexokinase

Interpretation Notes:

Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 100 mg/dL is considered normal.
- A fasting plasma glucose level between 100-126 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patient.
- A fasting plasma glucose level of above 126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

PLASMA GLUCOSE POST PRANDIAL (PPBS)	99.8	mg/dL	80 - 140
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Methodology : GPO-POD

Interpretation Notes:

Fasting Glucose Plasma	02 hr Plasma Glucose	Diagnosis
</=99	</=139	Normal
100 to 125	140 to 199	Pre Diabetes
>126	>200	Diabetes

* Confirm by repeating the test on a different day

Impaired glucose tolerance (IGT) fasting, means a person has an increased risk of developing type 2 diabetes but does not have it yet. A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes. IGT (2 hrs Post meal), means a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes

Ref : American Diabetes association standards of medical care.

Sample Type : Plasma.

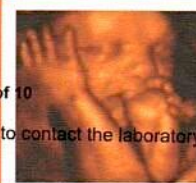
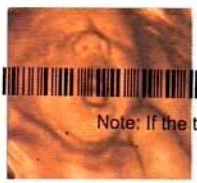
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HAEMATOLOGY

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
BLOOD GROUP, RH FACTOR			
<i>Methodology : Forward & Reverse</i>			
Blood Grouping	"B"		
RH Typing	POSITIVE		

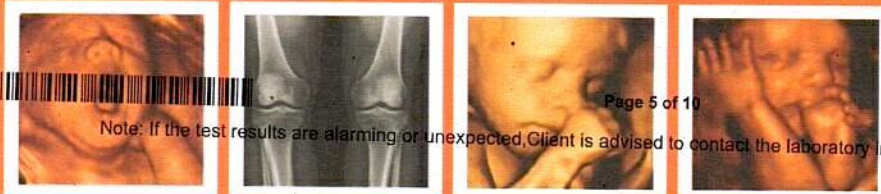
Sample Type : Whole Blood-EDTA

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HAEMATOLOGY

HbA1c

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
GLYCOSYLATED HAEMOGLOBIN(HbA1c)	4.85	%	4.5 - 6.0 Good Control : 6.1-7.0 Fair Control : 7.1-9.0 Poor Control : >9.0

Methodology : HPLC

ESTIMATED AVERAGE GLUCOSE(eAG) 92.50

mg/dL

90 - 120 Excellent Control
121 - 150 Good Control
151 - 180 Average Control
181 - 210 Action Suggested
> 211 Panic Value

Methodology : Calculated

Sample Type : Whole Blood-EDTA

Interpretation Notes:

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

Note: If variant hemoglobin is observed in HbA1c HPLC screen, HbA1c levels may not truly represent in vivo condition. In such condition HbA1c analysis by HPLC may not be the method of choice. You are advised to consult your referring physician and discuss the alternative tests as suggested below.

Advised:

1. To follow patient for glycemetic control test like fructosamine or glycated albumin may be performed instead. 2. Hemoglobin HPLC screen to analyze abnormal hemoglobin variant.

estimated Average Glucose (eAG) :

estimated Average Glucose (eAG) based on value calculated according to National Glycohemoglobin Standardization Program (NGSP) criteria.

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Consultant Pathologist



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IMMUNOLOGY

THYROID PROFILE

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
TOTAL TRIIODOTHYRONINE (T3) <i>Methodology : Chemiluminescence Immunoassay(CLIA)</i>	1.12	ng/dL	0.70-2.04
TOTAL THYROXINE (T4) <i>Methodology : Chemiluminescence Immunoassay(CLIA)</i>	7.62	ug/dl	4.5 - 12
THYROID STIMULATING HORMONE (TSH)	3.66	uIU/mL	0.35 - 5.50

Newborns: 0.70 - 15.2
 Peadiatric:
 2weeks-4 months : 1.7-9.1
 <12 months : 1.36 - 8.8
 1- 6 years : 0.85 - 6.5
 7-12 years : 0.28 - 4.3
 Pregnancy:
 1st Trimester: 0.1-2.5
 2nd&3rd Trimester:0.2-3.0

Methodology : Chemiluminescence Immunoassay(CLIA)

Sample Type : serum


Interpretation Notes:

- Note:
1. TSH levels are subject to circadian variation, reaching peak levels between 2-4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
 2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically
 3. Physiological rise in Total T3/T4 levels is seen in pregnancy and in patients on steroid therapy.

*** End Of Report ***

Processed by : Nisha Sharma

Verified by : Nisha Sharma MSC MB


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 Consultant Pathologist



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Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
PROSTATE SPECIFIC ANTIGEN -TOTAL	0.29	ng/mL	0.0-4.0

Methodology : Chemiluminescence

Interpretation Notes:

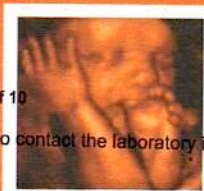
The PSA test and digital rectal exam (DRE) may be used to screen both asymptomatic and symptomatic men for prostate cancer. PSA is a protein produced primarily by cells in the prostate and most of the PSA is released into semen, but small amounts of it are also released into the blood. PSA exists in two forms in the blood: free (not bound) and complexed (cPSA, bound to other proteins). Lab tests can measure free PSA or total PSA (bound plus unbound). Some organizations, such as the U.S. Preventive Services Task Force, feel that the harms associated with over-diagnosis and over-treatment outweigh the potential benefits and advise against using PSA to screen for prostate cancer in healthy men of any age. The American Cancer Society and the American Urological Association recommend that men discuss the advantages and disadvantages of PSA-based screening for prostate cancer with their healthcare provider before making an informed decision about whether to be screened or not. While elevated PSA levels are associated with cancer, they may be caused by other conditions, such as benign prostatic hyperplasia (BPH) and inflammation of the prostate. An elevated PSA may be followed by a biopsy, which has risk of complications such as pain, fever, blood in the urine, or urinary tract infection. (Read the article on Anatomic Pathology for more information about biopsies.)

Sample Type : serum

*** End Of Report ***

Processed by : Nisha Sharma
Verified by : Tabassum

Dr. Vivek Kapoor
Consultant Pathologist



Page 9 of 10

Note: If the test results are alarming or unexpected, Client is advised to contact the laboratory immediately for possible remedial action.

- 3D/4D Ultrasound
- Whole Body Color Doppler
- Digital X-Ray (24 Hours)
- Mammography
- ECG-3 Channel

FOR TELEPHONIC APPOINTMENT RADIOLOGY : 8287900395 (9 AM - 2:30 PM, 5:30 PM - 8:45 PM)
FOR ICU & AMBULANCE ENQUIRY : 8287900395
FOR OPD APPOINTMENT : 8287900395



PREM-DHARAM HOSPITAL & DIAGNOSTICS

(Govt. Recognised Advanced 3D-4D Ultrasound and State-of-the-art Digital X-Ray Centre)
Regn. No.: RMEE1905483



10D-180 (Near Nagar Nigam Office), Vasundhara, Ghaziabad, Phone: 0120-4127778, 9899004884, E-mail : premdharamhospital@gmail.com

Name : Mr. Karan Kakkar	Patient ID : 24/230300015
Visit No. : SR242303015	Received On : 23/03/2024 14:24
Age/Gender : 43 Y/Male	Collected On : 23/03/2024 14:24
Referred by : PREM-DHARAM HOSPITAL	Reported On : 23/03/2024 19:35
	Barcode : PDH2291A

CLINICAL PATHOLOGY

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
URINE ROUTINE			
PHYSICAL EXAMINATION			
Quantity	20	ml	-
colour	PALE YELLOW		-
Appearance	CLEAR		-
pH	6.0		4.5 - 8
Specific Gravity	1.005		1.005 - 1.025
MICROSCOPIC EXAMINATION			
Pus Cells	0-1	/HPF	1 - 3
RBC CELLS	NIL	/HPF	-
Epithelial Cells	0-1	/HPF	1 - 2
Casts	ABSENT	/Hpf	-
Crystals	ABSENT	/Hpf	-
CHEMICAL EXAMINATION			
Albumin/Protein	ABSENT		-
Glucose	ABSENT		-
Urobilinogen	ABSENT		-
Blood	ABSENT		-
Nitrite	ABSENT		-
Leucocyte	ABSENT		-

Interpretation Notes:

Sample Type : URINE

*** End Of Report ***

Processed by : Tabassum

Verified by : Tabassum

Dr. Vivek Kapoor
Consultant Pathologist



Page 1 of 1

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- 3D/4D Ultrasound
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- ECG-3 Channel

FOR TELEPHONIC APPOINTMENT RADIOLOGY : 8287900395 (9 AM - 2:30 PM, 5:30 PM - 8:45 PM)

FOR ICU & AMBULANCE ENQUIRY : 8287900395

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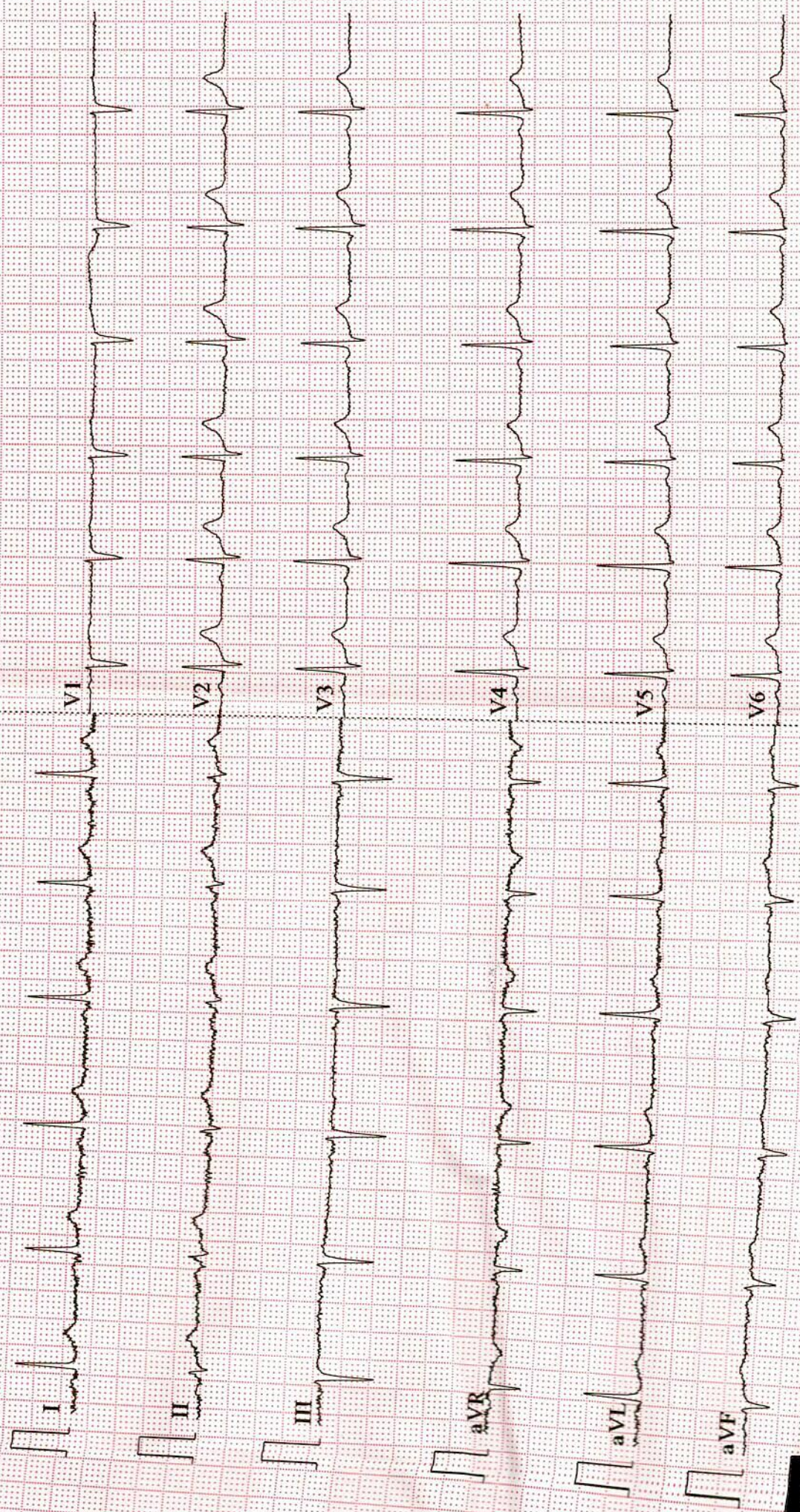
2024-03-23 12:15:10 PM

MR. KARAN KAKKAR
Male 43Y/cars

Diagnosis Information:
Sinus Arrhythmia

HR	74	bpm
P	99	ms
PR	139	ms
QRS	91	ms
QT/QTc	377/420	ms
P/QRS/T	27/-18/40	°
RV5/SV1	1.186/0.611	mV

Report Confirmed by:





PREM-DHARAM HOSPITAL & DIAGNOSTICS

(Govt. Recognised Advanced 3D-4D Ultrasound and State-of-the-art Digital X-Ray Centre)
Regn. No.: RMEE1905483



10D-180 (Near Nagar Nigam Office), Vasundhara, Ghaziabad, Phone: 0120-4127778, 9899004884, E-mail : premdharamhospital@gmail.com

Date : 23/03/2024 Receipt No. : 9539 Pt.ID No. : PAT/22_23/2203:
Patient Name : Mr. KARAN KAKKAR Age : 43 Y 0 M 0 D Sex : Male
Ref.By : PREM DHARAM HOSPITAL

XRAY CHEST PA

Bilateral lung fields show no obvious parenchymal lesion.

Trachea is central.

Hila and mediastinum are unremarkable.

Both domes of diaphragm are normal.

Both cardiophrenic and costophrenic angles are normal.

Cardiac size is normal.

Bony thoracic cage appears normal.

ADVISED: CLINICOPATHOLOGICAL CORRELATION.

Note: (1) This report is a professional opinion based on imaging findings. NOT valid for medico-legal purposes.
(2) In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

Dr. Nidhi Tyagi
Consultant Radiologist



- 3D/4D Ultrasound
- Whole Body Color Doppler
- Digital X-Ray (24 Hours)
- 2D Echocardiography
- ECG-3 Channel

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Regn. No.: RMEE1905483



0D-180 (Near Nagar Nigam Office), Vasundhara, Ghaziabad, Phone: 0120-4127778, 9899004884, E-mail : premdharamhospital@gmail.com

Date	23/03/2024	Srl No.	13	Pt. Id.	PD/2303202411
Name	MR. KARAN KAKKAR	Age	43 Yrs.	Sex	M
Ref. By	PREM DHARAM HOSPITAL				

WHOLE ABDOMEN MALE

Liver is normal in size, outline and echopattern. No focal SOL noted. Vascular channels are clear. No evidence of I.H.B.D. Portal vein is normal in course and caliber.

Gall Bladder is partially distended with normal wall thickness. A tiny isoechoic focus measuring approximately 2.9x1.81 mm seen along gall bladder wall at present scan ? prominent mucosal fold. Needs-Follow up USG for better evaluation. CBD is normal.

Spleen is normal in size, shape and shows homogenous echotexture. No focal SOL noted.

Pancreas shows normal outline and echopattern. No focal SOL noted. Pancreatic duct is not dilated.

Retroperitoneum No evidence of significant retroperitoneal lymphadenopathy noted.

Right Kidney is normal in size, (measures approximately mm) outline and parenchymal echopattern. Cortico-medullary differentiation is well preserved. Pelvi-calyceal system is compact.

A calculus measuring approximately 4.3 mm seen at upper pole of right kidney.

Left Kidney is normal in size, (measures approximately 107.02x55.26 mm) outline and normal parenchymal echopattern. Cortico-medullary differentiation is well preserved. Pelvi-calyceal system is compact. No intra renal calculus seen.

Tiny echogenic non-shadowing foci measuring approximately 2.3 mm, 1.78 mm and 2.15 mm seen at mid pole of left kidney ? concretions. Adv-Follow up USG for better evaluation.

Urinary Bladder is partially distended and appears anechoic. The outline is smooth with mildly echogenic walls. The bladder wall thickness appears normal. There is no evidence of any debris or echogenic calculus in the bladder.

Prostate is mildly enlarged in size (measuring approximately 36.3x44.0x38.1mm vol -(30.15-31.86 cc), shows normal outline and echopattern. No focal SOL noted.

Bowel loops show no abnormal dilatation or bowel wall thickening. No free fluid in visualized peritoneal or pleural cavity.

IMPRESSION:

• USG WHOLE ABDOMEN REVEALS - RIGHT RENAL CALCULUS WITH BORDERLINE PROSTATOMEGALY AND ? TINY LEFT RENAL CONCRETIONS

Clinical and lab correlation / Follow up USG is recommended for further evaluation.

Note: (1) This report is a professional opinion based on imaging findings. NOT valid for medico legal purposes.
(2) In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

Dr. NIDHI TYAGI
CONSULTANT RADIOLOGIST



- 3D/4D Ultrasound
- Whole Body Color Doppler
- Digital X-Ray (24 Hours)
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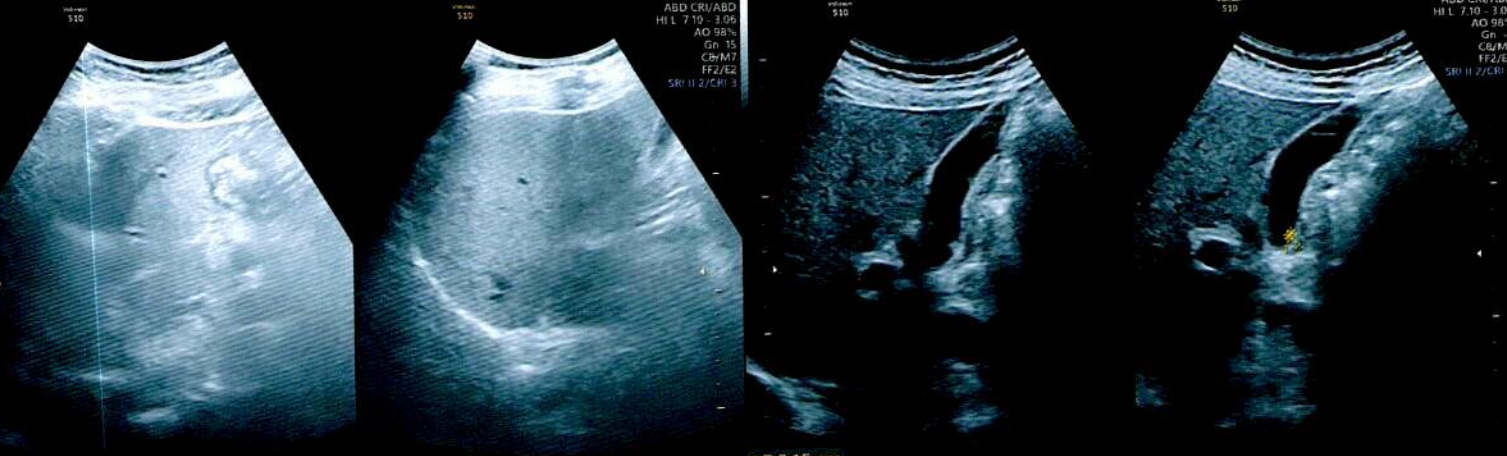
PREM DHARAM HOSPITAL & DIAGNOSTIC

KARAN/43,
PD/2303202411

PREM DHARAM USG & COLOR DOPPLI TIs 0.2 23.03.2024
Tlb 0.2 12:55:07 PM
MI 1.1 C1 5 RS
29Hz/16.9cm
64°/1.1
ABD CRV/ABD
HI L 7.10 - 3.06
AO 98%
Gn -5
C9/M7
FF2/E2
SRI II 2/CRI 3

KARAN/43,
PD/2303202411

PREM DHARAM USG & COLOR DOPPLI TIs 0.1 23.03.2024
Tlb 0.1 12:55:39 PM
MI 1.1 C1 5 RS
34Hz/14.2cm
64°/1.1
ABD CRV/ABD
HI L 7.10 - 3.06
AO 98%
Gn -5
C9/M7
FF2/E2
SRI II 2/CRI 3



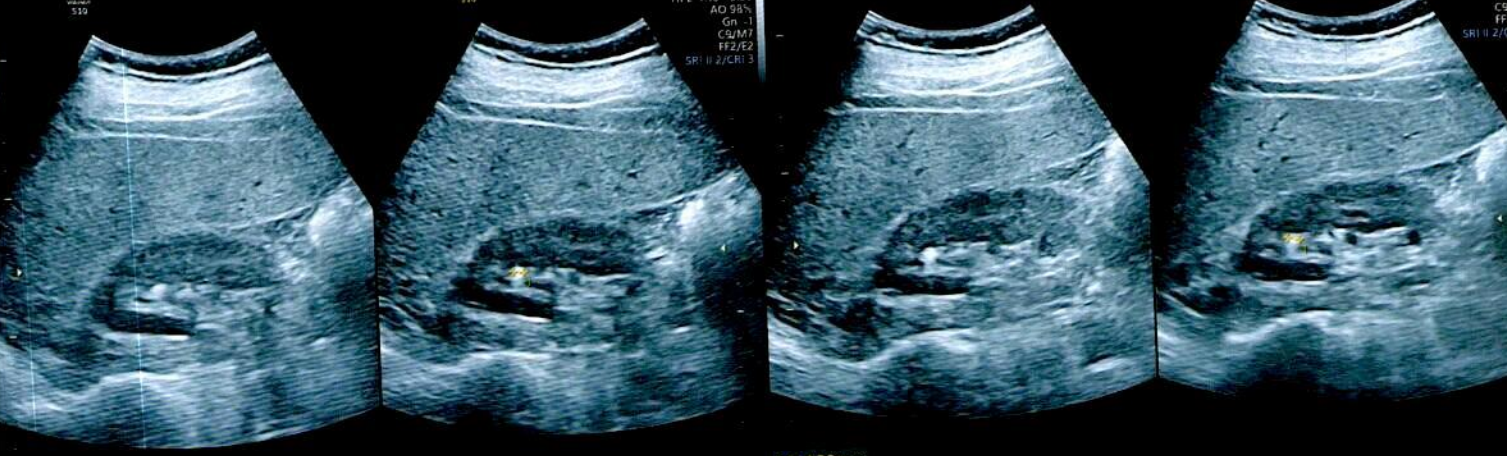
1 D 3.15mm
2 D 1.81mm

KARAN/43,
PD/2303202411

PREM DHARAM USG & COLOR DOPPLI TIs 0.1 23.03.2024
Tlb 0.1 12:56:21 PM
MI 1.1 C1 5 RS
34Hz/14.2cm
64°/1.1
ABD CRV/ABD
HI L 7.10 - 3.06
AO 98%
Gn -1
C9/M7
FF2/E2
SRI II 2/CRI 3

KARAN/43,
PD/2303202411

PREM DHARAM USG & COLOR DOPPLI TIs 0.1 23.03.2024
Tlb 0.1 12:57:06 PM
MI 1.1 C1 5 RS
34Hz/14.2cm
64°/1.1
ABD CRV/ABD
HI L 7.10 - 3.06
AO 98%
Gn -5
C9/M7
FF2/E2
SRI II 2/CRI 3



1 D 3.75mm 1 D 4.30mm

KARAN/43,
PD/2303202411

PREM DHARAM USG & COLOR DOPPLI TIs 0.1 23.03.2024
Tlb 0.1 12:59:24 PM
MI 1.1 C1 5 RS
29Hz/14.2cm
80°/1.1
ABD CRV/ABD
HI L 7.10 - 3.06
AO 98%
Gn -13
C9/M7
FF2/E2
SRI II 2/CRI 3

KARAN/43,
PD/2303202411

PREM DHARAM USG & COLOR DOPPLI TIs 0.1 23.03.2024
Tlb 0.1 12:59:37 PM
MI 1.1 C1 5 RS
29Hz/14.2cm
80°/1.1
ABD CRV/ABD
HI L 7.10 - 3.06
AO 98%
Gn -13
C9/M7
FF2/E2
SRI II 2/CRI 3



1 D 2.37mm 1 D 1.78mm

SEC-10/D 180 VASUNDRA GZB, 0120-4127778,9899004884