



VIVAAN DIAGNOSTIC CENTRE

46/A, Laxminagar, Near Pushpak Hospital, KOREGAON. Ph.No.: 02163 220230.

Dr. Sarita Kabra

M.B.B.S., D.N.B.
Consultant Radiologist
Reg No.: 2015/08/4240.

Dr. Smita More

M.B.B.S., M.D.
Pathology
Reg No.: 2004/02/868.

PATIENT'S NAME: MR. MAYUR BARGE

AGE/SEX: 27Y/M

REF CLINICIAN: DR. M V KABRA

DATE: 19/08/2024

ULTRASOUND ABDOMEN & PELVIS

Liver: Normal in size (14.4cm), shape and shows mild diffuse increased echotexture. No obvious evidence of any space occupying lesion seen. Intrahepatic biliary radicals are not dilated. Portal vein is normal in caliber (9.3mm at porta).

Gallbladder: GB is well distended. No evidence of calculus/sludge/ wall thickening/pericholecystic fluid collection noted. CBD is normal in caliber.

Pancreas: Normal in bulk & echotexture. MPD appears normal.

Spleen: Appears normal in size (10.3 cm), shape and echotexture. No calcification or mass is seen. Splenic vein is not dilated.

Kidneys: Both kidneys are normal in size, shape, positions and echotexture. Bilateral corticomedullary differentiation appears normal. No hydronephrosis or calculus or obvious mass lesion on either sides.

Right kidney – 9.3 x 4.7 cm

Left kidney – 10.6 x 4.1 cm

Urinary Bladder: Is well distended. No evidence of calculus/ wall thickening noted.

Prostate: Measures 3.1 x 3.4 x 3.4 cms (volume of 18 cc) - normal in size, shape and echotexture. Periprostic fat planes appear normal.

Bowel: Visualized small bowel loops are normal in caliber, fluid filled, show normal wall thickness & peristalsis. Mucosal pathology cannot be ruled out on sonography.

RIF: Appendix is seen in right paracolic gutter. Its base and proximal 5cm is non-dilated. Rest of its small segment is dilated, shows circumferential wall thickening with diameter of 12mm and is seen in continuation with ill defined hypoechogenicity in subcaecal location, approx measuring 5 x 3 x 2.2 cms with volume of 15-20cc and showing air pockets within. The distal part and tip of appendix are not seen separately from this. Likely appendicitis with perforation at its distal end/ tip. Adjacent mild omental inflammation noted. IC junction is mildly thickened.

Overlying probe tenderness is elicited.

Lymphadenopathy: No significant retroperitoneal lymphadenopathy noted.

Free fluid: No evidence of any free fluid in peritoneal cavity.

IMPRESSION:

- Grade I fatty liver.
- Appendix is seen in right paracolic gutter. Its base and proximal 5cm is non-dilated. Rest of its small segment is dilated, shows circumferential wall thickening with diameter of 12mm and is seen in continuation with ill defined hypoechogenicity in subcaecal location with approx volume of 15-20cc and showing air pockets within. The distal part and tip of appendix are not seen separately from this. Likely appendicitis with perforation at its distal end/ tip. Adjacent mild omental inflammation noted with ?appendicular mass formation. IC junction is mildly thickened.

Kindly correlate clinically.

Dr. Sarita Kabra
MBBS, DNB (Radiodiagnosis)
Reg. No. 2015/08/4240

Investigated by: Dr. Sarita Kabra

MBBS, DNB Radiodiagnosis

Consultant Radiologist

Investigations: Solitary Pathological/Radiological and other investigations never confirm the final diagnosis. Help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.



02162 - 239027, 220070, 117077070



ajinkyataranosprta@gmail.com



www.ajinkyataranosprta.com



Patient Name :	MR MAYUR BARGE	Age / Gender :	27 / Male
Patient ID :	TR-2509951	Date:	19-08-2024
Refd By :	AMSH	Modality :	XR

X-RAY CHEST AP VIEW

OBSERVATIONS :

The lungs on the either side show equal translucency.
The peripheral pulmonary vasculature is normal.
No focal lung lesion is seen.
Bilateral CP angles are normal.
Both hila are normal in size, have equal density and bear normal relationship.
The heart and trachea are central in position and no mediastinal abnormality is visible.
The cardiac size is normal.
The domes of the diaphragms are normal in position, and show smooth outline.

IMPRESSION :- No significant abnormality detected.

ADVICE :- Clinical correlation and follow up.

Snehal

Dr Snehal Badjate
DMRE
Consultant Radiologist
2014/05/2008

Disclaimer: Disclaimer: This is an online interpretation of the images provided. If there is any clinical discrepancy, this investigation may be repeated or assessed by other tests. Patient's identification in online reporting is not established, so in no way this report can be utilized for any medicolegal purpose



multi-speciality
ajinkyatara hospital



Patient Name :	MR MAYUR BARGE	Age / Gender :	27 / Male
Patient ID :	TR-2509951	Date :	19-08-2024
Refd By :	AMSH	Modality :	XR

X-RAY CHEST AP VIEW

OBSERVATIONS :

The lungs on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal.

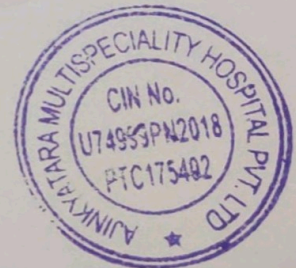
The domes of the diaphragms are normal in position, and show smooth outline.

IMPRESSION :- No significant abnormality detected.

ADVICE :- Clinical correlation and follow up.

Snehal

Dr Snehal Badjate
DMRE
Consultant Radiologist
2014/05/2008





Mr. MAYUR BARGE

Satara..

415001

PIN No:

PID NO: P20324530656417

Age: 28 Year(s) Sex: Male



Reference: DR.AJINKYATARA
HOSPITAL

Sample Collected At:
Ajinkyatara Multispeciality Hospital Pvt.Ltd
500/A/8 Sadar Bazar ,Infront Of Civil
Hospital ,Satara

Processing Location:- Bokil
Metropolis,530/A, Parasnis Colony,
Powai Naka, Satara 415001

VID: 240214104827901

Registered On:

19/08/2024 09:05 PM

Collected On:

19/08/2024 9:03PM

Reported On:

22/08/2024 11:56 AM

CULTURE & SENSITIVITY, AEROBIC BACTERIA OTHER SAMPLES

Specimen

: Pus

Gram Stain

: Moderate Gram Positive cocci seen.

Final Report

Organism(s) Isolated

: Staphylococcus aureus

Staphylococcus aureus

Antimicrobial Agent	MIC Value (µg/ml)	Interpretation
Benzylpenicillin	>=8	Resistant
Ciprofloxacin	>=8	Resistant
Clindamycin	>=4	Resistant
Daptomycin	>=8	Resistant
Erythromycin	>=8	Resistant
Gentamicin	8	Intermediate
Linezolid	>=8	Resistant
Nitrofurantoin	256	Resistant
Oxacillin	>=0.5	Resistant
Rifampicin	>=4	Resistant
Teicoplanin	>=32	Resistant
Tetracycline	>=16	Resistant
Tigecycline	1	Sensitive
Trimethoprim/Sulfamethoxazole	>=320	Resistant
Vancomycin	>=32	Resistant

Method : Culture on routine Culture medium, identification and sensitivity by automated Vitek 2 compact methods.

Note:

1. Result of culture and antimicrobial susceptibility test need to be correlated clinically.
2. Previous history of antibiotic usage may influence the growth of microorganisms in vitro.

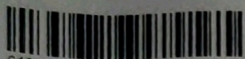
-- End of Report --





SAMPRAPTI DIAGNOSTICS CENTER

GW



Name : MR. MAYUR BARGE

Ref. By : AJINKYATARA HOSPITAL

Sent By : Direct

LAB ID : 6188

Age : 27 Yrs. Sex : M

Printed : 20/08/2024 12:10

Sample Collection : 19/08/2024 15:22

Sample Received : 19/08/2024 15:22

Report Released : 20/08/2024 12:07

EXAMINATION OF URINE

Test	Result	Biological Ref. Range
<u>Physical Examination</u>		
Quantity	20 ml	
Colour	Pale yellow	
Appearance	Clear	
Reaction	Acidic	
Specific Gravity	1.015	1.010 - 1.030
<u>Chemical Examination</u>		
Protein	Absent	Absent
Glucose	Absent	Absent
Ketones Bodies	Trace	Absent
Bilirubin	Absent	Absent
Bile Salt	Absent	ABSENT
Bile Pigment	Absent	ABSENT
Urobilinogen	Normal	Normal
<u>Microscopic Examination</u>		
Epithelial Cells	0 - 1 / hpf	
Red Blood Cells	3 - 4 / hpf	
Pus cells	1 - 2 / hpf	
Casts	Absent / lpf	None Seen / lpf
Crystals	Absent	None Seen
Mucus Threads	Absent	
Amorphous Deposits	Absent	Absent

(Collected At: 19/08/2024 15:22:33, Received At: 19/08/2024 15:22:33, Reported At: 20/08/2024 12:07:38)

----- End Of Report -----



**Sample has been collected outside the laboratory. The results pertain to the sample received.

Dr Abhijit Phalke

MBBS. MD. (Pathology)
Reg. MMC 2014/08/3727