

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. RAJKUMAR
EC NO.	58546
DESIGNATION	CURRENCYCHEST CUSTODIAN
PLACE OF WORK	DELHI,DARYAGANJ
BIRTHDATE	10-07-1968
PROPOSED DATE OF HEALTH CHECKUP	08-03-2025
BOOKING REFERENCE NO.	24M58546100153196E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **27-02-2025** till **31-03-2025** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM & Marketing Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))



**List of tests & consultations to be covered as part of Annual Health Check-up**

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	<b>Lipid Profile</b>	<b>Lipid Profile</b>
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	<b>Liver Profile</b>	<b>Liver Profile</b>
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	<b>Kidney Profile</b>	<b>Kidney Profile</b>
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	<b>General Tests</b>	<b>General Tests</b>
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation

\*\*\*



भारत सरकार

Government of India



राजकुमार

Rajkumar

जन्म तिथि / DOB : 10/07/1968

पुरुष / Male



4163 8730 6448

आधार = आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: चरण सिंह, वॉर्ड न 6, डिपो  
रोड, नगर पंचायत बाबूगढ़, जिला  
हापुड, सिमरौली, गाजियाबाद, बाबूगढ़,  
उत्तर प्रदेश, 245201

Address:

S/O: Charan Singh, ward no 6,  
dipo road, nagar panchayat  
babugarh, jila hapud, Simrauli,  
Ghaziabad, Babugarh, Uttar  
Pradesh, 245201

4163 8730 6448



www

Raj Kumar  
Male  
(56 Years)

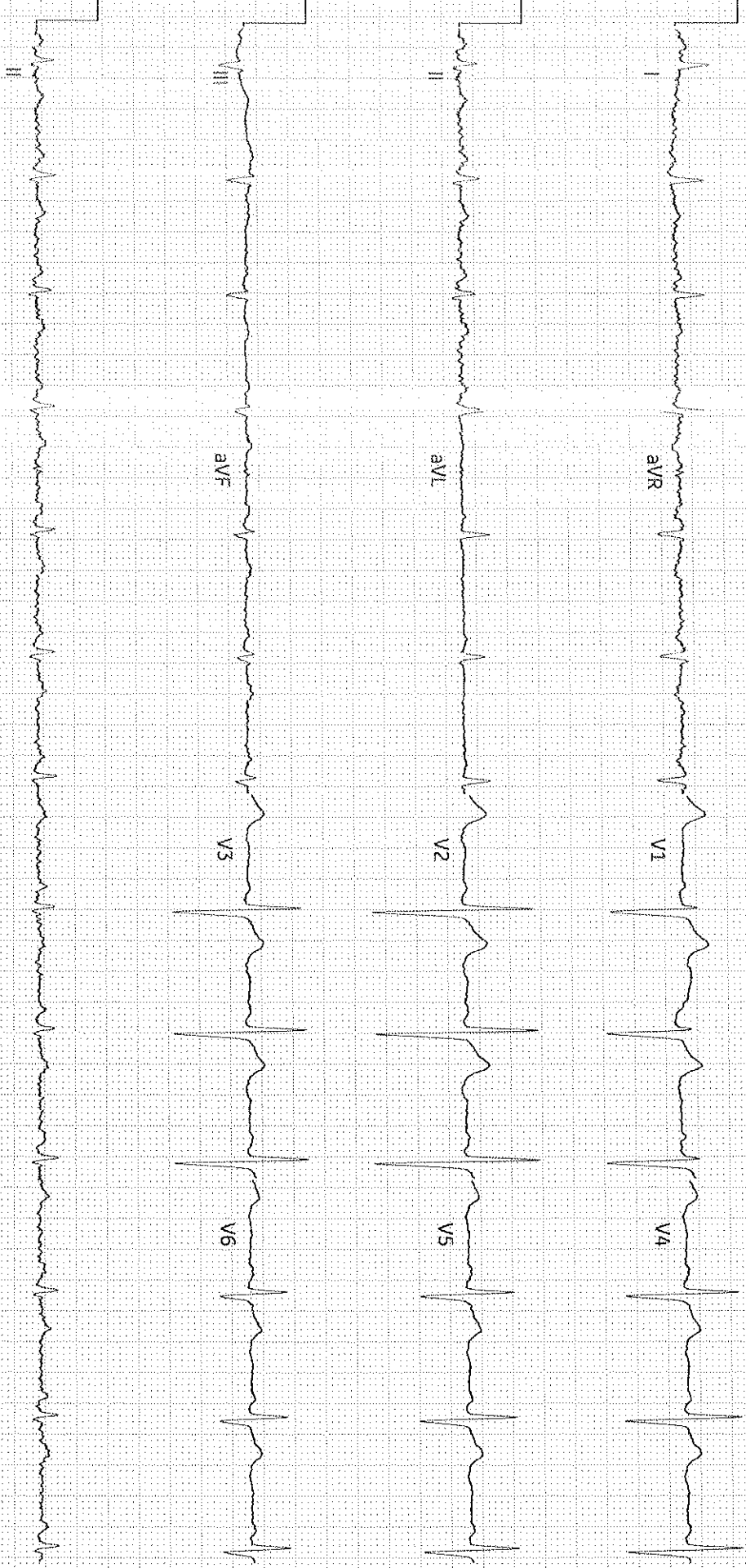
Vital Signs™ 226/168/05

Heart rate	74	BPM
PR interval	146	ms
QRS duration	90	ms
QT/QTc-Baz	358/397	ms
P-R-T axes	36 -1	44

H/C

08/05/2025 11:40:07 AM  
Manipal Hospital

Unconfirmed





Patient Name	MR RAJ KUMAR	Location	: Ghaziabad
Age/Sex	: 56Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH011726095	Order Date	: 08/03/2025
Ref. Doctor	: H/C	Report Date	: 08/03/2025

**Protocol** : Bruce **MPHR** : 164BPM  
**Duration of exercise** : 04min 49sec **85% of MPHR** : 139BPM  
**Reason for termination** : THR achieved **Peak HR Achieved** : 147BPM  
**Blood Pressure (mmHg)** : Baseline BP : 130/80mmHg **% Target HR** : 89%  
 Peak BP : 160/80mmHg **METS** : 6.7METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	80	130/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	131	140/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	147	160/80	Nil	No ST changes seen	Nil
RECOVERY	2:14	107	130/80	Nil	No ST changes seen	Nil

**COMMENTS:**

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

**IMPRESSION:**

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

**Dr. Bhupendra Singh**

MD, DM (CARDIOLOGY),FACC  
Sr. Consultant Cardiology

**Dr. Abhishek Singh**

MD, DNB (CARDIOLOGY),MNAMS  
Sr.Consultant Cardiology

**Dr. Sudhanshu Mishra**

Cardiology Registrar

**Dr. Geetesh Govil**

MD,D.Card,PGDCC,MAAC,M.Med,MIMA,FAGE  
Jr. Consultant Cardiology

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad,Uttar Pradesh - 201 002

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300E info@manipalhospitals.com www.manipalhospitals.com



**LABORATORY REPORT**

Name : MR RAJ KUMAR  
Registration No : MH011726095  
Patient Episode : H1800003914  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 14:50

Age : 56 Yr(s) Sex : Male  
Lab No : 202503001278  
Collection Date : 08 Mar 2025 14:50  
Reporting Date : 09 Mar 2025 09:39

**BIOCHEMISTRY**

**BIOLOGICAL REFERENCE INTERVAL**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b> Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	117.3	mg/dl	[80.0-140.0]

Note:  
Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption, post exercise

-----END OF REPORT-----

Dr. Charu Agarwal  
Consultant Pathologist

Printed On : 10 Mar 2025 12:30

**LABORATORY REPORT**

Name : MR RAJ KUMAR  
Registration No : MH011726095  
Patient Episode : H18000003914  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 10:56

Age : 56 Yr(s) Sex : Male  
Lab No : 202503001276  
Collection Date : 08 Mar 2025 10:56  
Reporting Date : 09 Mar 2025 10:14

**BLOOD BANK**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
------	--------	------	-------------------------------

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood  
Blood Group & Rh typing B Rh(D) Negative

**Technical note:**

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

Page 1 of 1

**NOTE:**

# - Abnormal Values

-----END OF REPORT-----

Dr. Charu Agarwal  
Consultant Pathologist



## LABORATORY REPORT

Name : MR RAJ KUMAR  
Registration No : MH011726095  
Patient Episode : H18000003914  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 10:56

Age : 56 Yr(s) Sex : Male  
Lab No : 202503001276  
Collection Date : 08 Mar 2025 10:56  
Reporting Date : 08 Mar 2025 15:34

### BIOCHEMISTRY

### BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Specimen Type : Serum</b>			
<b>THYROID PROFILE, Serum</b>			
T3 - Triiodothyronine (ELFA)	0.820	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.530	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.890	μIU/mL	[0.250-5.000]

**NOTE:**

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect. In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.

The TSH assay aids in diagnosing thyroid or hypophysial disorders. The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.





## LABORATORY REPORT

Name	: MR RAJ KUMAR	Age	: 56 Yr(s) Sex :Male
Registration No	: MH011726095	Lab No	: 202503001276
Patient Episode	: H18000003914	Collection Date	: 08 Mar 2025 10:56
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Mar 2025 09:41
Receiving Date	: 08 Mar 2025 10:56		

### BIOCHEMISTRY

### BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type	: Serum		
PROSTATE SPECIFIC ANTIGEN (PSA-Total)	: 1.230	ng/mL	[<3.500]

Method :ELFA

Note :1.This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.  
 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy  
 3. PSA levels may appear consistently elevated / depressed due to the interference by hetero antibodies & nonspecific protein binding  
 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massag indwelling catheterization, and ultrasonography and needle biopsy of prostate is not recomme as they falsely elevate levels  
 5. PSA values regardless of levels should not be interpreted as absolute evidence of the pre or absence of disease. All values should be correlated with clinical findings and results of other investigations  
 6. Sites of Non - prostatic PSA production are breast epithelium, salivary glands, peri - urethral & anal glands, cells of male urethra && breast mil  
 7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity

#### Recommended Testing Intervals

- \* Pre-operatively (Baseline)
- \* 2-4 days post-operatively
- \* Prior to discharge from hospital
- \* Monthly follow-up if levels are high or show a rising trend

**NOTE:**

# - Abnormal Values

-----END OF REPORT-----

  
 Dr. Charu Agarwal



**LABORATORY REPORT**

Name : MR RAJ KUMAR Age : 56 Yr(s) Sex : Male  
 Registration No : MH011726095 Lab No : 202503001276  
 Patient Episode : H18000003914 Collection Date : 08 Mar 2025 10:56  
 Referred By : HEALTH CHECK MGD Reporting Date : 08 Mar 2025 15:28  
 Receiving Date : 08 Mar 2025 10:56

**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	5.12	millions/cumm	[4.50-5.50]
HEMOGLOBIN	15.7	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	43.4	%	[40.0-50.0]
MCV (DERIVED)	84.8	fL	[83.0-101.0]
MCH (CALCULATED)	30.7	pg	[31.5-34.5]
MCHC (CALCULATED)	36.2 #	g/dl	[31.5-34.5]
RDW CV% (Calculated)	12.5	%	[11.6-14.0]
Platelet count	234	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	9.10	fL	
WBC COUNT (TC) (Flow Cytometry/ Manual)	5.03	x 10 <sup>3</sup> cells/	
cumm	[4.00-10.00]		
<b>DIFFERENTIAL COUNT</b>			
(VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	55.0	%	[40.0-80.0]
Lymphocytes	35.0	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	10.0	mm/1sthour	[0.0-12.0]



**LABORATORY REPORT**

<b>Name</b>	: MR RAJ KUMAR	<b>Age</b>	: 56 Yr(s) Sex :Male
<b>Registration No</b>	: MH011726095	<b>Lab No</b>	: 202503001276
<b>Patient Episode</b>	: H18000003914	<b>Collection Date</b>	: 08 Mar 2025 11:25
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 08 Mar 2025 15:47
<b>Receiving Date</b>	: 08 Mar 2025 11:25		

**CLINICAL PATHOLOGY**

**ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine**

**MACROSCOPIC DESCRIPTION**

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
pH (indicators)	6.5	(4.6-8.0)
Specific Gravity (Dip stick-ion)	1.005	(1.003-1.035)

**CHEMICAL EXAMINATION**

Protein/Albumin (Dip stick)	NEGATIVE	(NEGATIVE)
Glucose (GOP/POD/Manual-Benedicts)	NIL	(NIL)
Ketone Bodies (Dip stick)	Negative	(NEGATIVE)
Urobilinogen (Dip stick)	Normal	(NORMAL)

**MICROSCOPIC EXAMINATION (Automated/Manual)**

Pus Cells	0-1 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



**LABORATORY REPORT**

Name : MR RAJ KUMAR  
Registration No : MH011726095  
Patient Episode : H18000003914  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 10:56

Age : 56 Yr(s) Sex : Male  
Lab No : 202503001276  
Collection Date : 08 Mar 2025 10:56  
Reporting Date : 08 Mar 2025 16:00

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b> Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.6	%	[0.0-5.6]
As per American Diabetes Association (ADA) HbA1c in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk) 5.7-6.4 Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	114	mg/dl	

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

**Serum LIPID PROFILE**

Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	220 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	129	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	50	mg/dl	[35-65]
VLDL- CHOLESTEROL (Calculated)	26	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	144.0 #	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129



**LABORATORY REPORT**

Name : MR RAJ KUMAR  
Registration No : MH011726095  
Patient Episode : H18000003914  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 10:56

Age : 56 Yr(s) Sex : Male  
Lab No : 202503001276  
Collection Date : 08 Mar 2025 10:56  
Reporting Date : 08 Mar 2025 15:34

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	4.4		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.9		<3 Optimal 3-4 Borderline >6 High Risk

Note:  
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

**KIDNEY PROFILE**

Specimen: Serum			
UREA	18.0	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	8.4	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.86	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	7.2	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	136.40	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.48	mmol/L	[3.60-5.10]
SERUM CHLORIDE	102.5	mmol/L	[101.0-111.0]
Method: ISE Indirect			



**LABORATORY REPORT**

Name : MR RAJ KUMAR  
Registration No : MH011726095  
Patient Episode : H18000003914  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 10:56

Age : 56 Yr(s) Sex : Male  
Lab No : 202503001276  
Collection Date : 08 Mar 2025 10:56  
Reporting Date : 08 Mar 2025 15:34

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	96.9	ml/min/1.73sq.m	[>60.0]
<p>Technical Note eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.</p>			
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.57	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.12	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.45	mg/dl	[0.10-0.90]
eGFR (calculated)	96.9	ml/min/1.73sq.m	[>60.0]
TOTAL PROTEINS (SERUM) Method: BIURET	7.90	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.63	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.30	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.42		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	20.24	U/L	[0.00-40.00]



**LABORATORY REPORT**

Name : MR RAJ KUMAR  
Registration No : MH011726095  
Patient Episode : H18000003914  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 10:56

Age : 56 Yr(s) Sex : Male  
Lab No : 202503001276  
Collection Date : 08 Mar 2025 10:56  
Reporting Date : 08 Mar 2025 15:34

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	21.20	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	87.3	IU/L	[32.0-91.0]
GGT	32.5	U/L	[7.0-50.0]

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

-----END OF REPORT-----

**Dr. Charu Agarwal**  
Consultant Pathologist

Printed On : 09 Mar 2025 05:31



**LABORATORY REPORT**

Name : MR RAJ KUMAR  
Registration No : MH011726095  
Patient Episode : H18000003914  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 10:56

Age : 56 Yr(s) Sex : Male  
Lab No : 202503001277  
Collection Date : 08 Mar 2025 10:56  
Reporting Date : 08 Mar 2025 12:30

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	98.2	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).  
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),  
Drugs-  
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----

**Dr. Charu Agarwal**  
Consultant Pathologist

Printed On : 09 Mar 2025 05:31





NAME	Raj KUMAR	STUDY DATE	08/03/2025 11:22AM
AGE / SEX	56 y / M	HOSPITAL NO.	MH011726095
ACCESSION NO.	R9497899	MODALITY	CR
REPORTED ON	08/03/2025 12:59PM	REFERRED BY	HEALTH CHECK MGD

## XR- CHEST PA VIEW

## FINDINGS:

LUNGS: normal  
TRACHEA: Normal.  
CARINA: Normal.  
RIGHT AND LEFT MAIN BRONCHI: Normal.  
PLEURA: Normal.  
HEART: Normal.  
PULMONARY BAY: Normal.  
PULMONARY HILA: Prominent  
AORTA: normal  
THORACIC SPINE: Mild degenerative changes are seen in the dorsal spine.  
OTHER VISUALIZED BONES: Normal.  
VISUALIZED SOFT TISSUES: Normal.  
DIAPHRAGM: Normal.  
VISUALIZED ABDOMEN: Normal.  
VISUALIZED NECK: Normal.

## IMPRESSION:

- No significant pulmonary abnormality.  
Recommend clinical correlation.

Dr. Bharath J L

DNB (Radiodiagnosis) Reg No 100088

Consultant Radiology

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

**RADIOLOGY REPORT**

<b>NAME</b>	Raj KUMAR	<b>STUDY DATE</b>	08/03/2025 11:40AM
<b>AGE / SEX</b>	56 y / M	<b>HOSPITAL NO.</b>	MH011726095
<b>ACCESSION NO.</b>	R9497900	<b>MODALITY</b>	US
<b>REPORTED ON</b>	08/03/2025 5:06PM	<b>REFERRED BY</b>	HEALTH CHECK MGD

**ULTRA SOUND – WHOLE ABDOMEN**

**CHEST:** There is no evidence of basal pleural effusion on either side. Both hemi diaphragms show normal symmetrical diaphragmatic excursions. There is no pericardial effusion seen.

**LIVER-** Liver is normal in size and shows diffuse grade II fatty changes; normal in shape, outline and echotexture with smooth surface. There is no abnormal focal intrahepatic solid or cystic mass seen. There is no liver abscess seen. Intra hepatic biliary radicals are normal. **Portal vein** is normal in course and caliber. **Hepatic veins and IVC** are normal.

**GALL BLADDER-** GB is distended and shows a small (5-6mm) intra luminal small calculus - cholelithiasis. There is no gallbladder mass lesion seen. Gall bladder wall is normal in thickness. **CBD** is normal in course and caliber. There is no IHBRD seen.

**PANCREAS** - Pancreas is normal in size, shape, outline and echotexture. There is no focal mass, calcification, cyst or abscess seen. PD is not dilated. Peripancreatic fat is normal.

**NODES:** There are no significantly enlarged lymph nodes seen. Major abdominal vessels are normal.

**SPLEEN** - Spleen is normal in size and echotexture. There is no abnormal cyst, abscess, calcification or solid mass lesion seen. Splenic vessels are normal.

**KIDNEYS** - Both kidneys are normal in size, shape, position, outline and echotexture with maintained cortico-medullary differentiation. There is no focal solid mass seen. There is no renal cortical cyst noted. There is no obstructive hydronephrosis or any large renal calculus seen on either side. Tiny renal concretions cannot be ruled out

**Ureters** are not seen dilated on either side.

**URINARY BLADDER:** is partially distended with echo-free lumen. There is no intra-luminal mass lesion or calculus seen. Bladder wall thickness is normal.

**BOWEL:** Visualized bowel loops are unremarkable & show normal bowel wall thickness. There is no abnormal bowel mass seen. There are no features suggesting intestinal obstruction or perforation.

**PROSTATE:** is normal in size, shape, outline and echotexture. There is no abnormal focal mass, cyst or abscess seen. Periprostatic fat is normal. **Seminal vesicles** are normal in size and echotexture.



**RADIOLOGY REPORT**

NAME	Raj KUMAR	STUDY DATE	08/03/2025 11:40AM
AGE / SEX	56 y / M	HOSPITAL NO.	MH011726095
ACCESSION NO.	R9497900	MODALITY	US
REPORTED ON	08/03/2025 5:06PM	REFERRED BY	HEALTH CHECK MGD

**FLUID:** There is no free fluid noted in the pelvis.

**IMPRESSION-** USG findings reveal diffuse grade II fatty changes in liver (NAFLD)  
# GB is distended and shows a small (5-6mm) intra luminal small calculus - cholelithiasis.  
Rest no significant sonological abnormality noted. Bowel mucosal pathology cannot be ruled out (Gastritis / IBS)

**ADVISED** – clinical correlation, lab investigations and follow up

Dr. Jai Hari Agarwal  
MD  
CONSULTANT RADIOLOGIST

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