

Health Check up Booking Confirmed Request(22E54931), Package Code-, Beneficiary Code-331754

From Mediwheel <wellness@mediwheel.in>

Date Thu 2/27/2025 11:32 AM

To PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>

Cc customercare@mediwheel.in <customercare@mediwheel.in>

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**Mediwheel**  
...Your wellness partner

Hi **Manipal Hospital,**

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

**Hospital**

**Package Name** : Mediwheel Full Body Health Checkup Male Below 40

**Patient Package**

**Name** : Mediwheel Full Body Health Checkup Male Below 40

**Contact Details** : 7017528479

**Appointment**

**Date** : 08-03-2025

**Confirmation**

**Status** : Booking Confirmed

**Preferred Time** : 08:30 AM - 09:00 AM

Member Information		
Booked Member Name	Age	Gender
MR. KUMAR AMIT	39 year	Male

We request you to facilitate the employee on priority.

Thanks,

Mediwheel Team

Please Download Mediwheel App



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भारत सरकार



अमित कुमार  
Amit Kumar  
जन्म तिथि/DOB: 14/09/1985  
पुरुष/MALE



9710 4973 2210

VID : 9101 3537 7050 8387

मेरा आधार मेरी पहचान

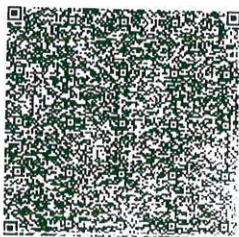


भारतीय विशिष्ट पहचान प्राधिकरण

UNION OF INDIA

पता:  
आम्बर: राम अंतर सिंह, म.न.5130 रामा देवी नगर, राध  
देवी रोड, मैन्पुरी, मैन्पुरी,  
उत्तर प्रदेश - 205001

Address:  
S/O: Ram Autar Singh, H.No.5130 rama  
Devi Nagar, Radha Raman Road, Mainpuri,  
Mainpuri,  
Uttar Pradesh - 205001



9710 4973 2210

VID : 9101 3537 / 7050 8387

1947  
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in P.O. Box No.1947,  
Bengaluru-560 001

Amit Kumar  
Male  
(39 Years)

Vital Signs™

226 160 05

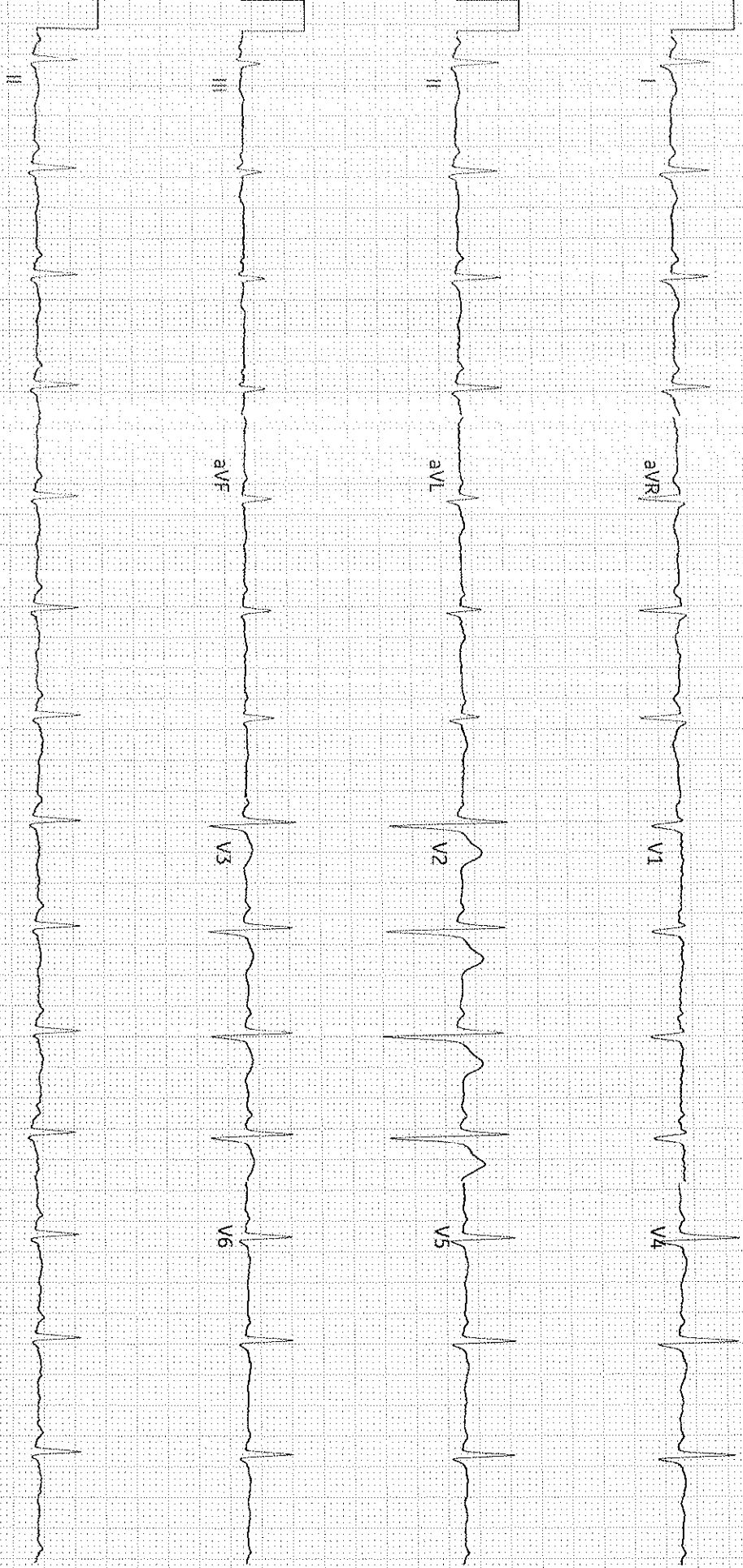
Vent. rate  
PR interval  
QRS duration  
QT/QTc-Baz  
P-R-T axes

86 BPM  
142 ms  
98 ms  
350/418 ms  
28 48 22

08/03/2025 01:36:33 PM  
Manipal Hospital

File

Unconfirmed



25mm/s 10.0mm/mV

0.56-20 Hz ZPD

50 Hz

MAC™ 5 I01 SP01

12SL V24

4 by 2.5s + 1 rhythm id

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Patient Name	MR AMIT KUMAR	Location	: Ghaziabad
Age/Sex	: 39Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH015983239	Order Date	: 08/03/2025
Ref. Doctor	: H/C	Report Date	: 08/03/2025

<b>Protocol</b>	: Bruce	<b>MPHR</b>	: 181BPM
<b>Duration of exercise</b>	: 05min 02sec	<b>85% of MPHR</b>	: 154BPM
<b>Reason for termination</b>	: THR achieved	<b>Peak HR Achieved</b>	: 168BPM
<b>Blood Pressure (mmHg)</b>	Baseline BP : 120/80mmHg	<b>% Target HR</b>	: 92%
	Peak BP : 140/80mmHg	<b>METS</b>	: 7.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	96	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	148	130/80	Nil	No ST changes seen	Nil
STAGE 2	2:02	167	140/90	Nil	No ST changes seen	Nil
RECOVERY	5:00	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**

4D, 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**

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**P** : 0120-3535353

**Manipal Health Enterprises Private Limited**

CIN: U85110KA2003PTC033055

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**LABORATORY REPORT**

Name : MR AMIT KUMAR  
Registration No : MH015983239  
Patient Episode : H18000003912  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 10:41

Age : 39 Yr(s) Sex : Male  
Lab No : 202503001266  
Collection Date : 08 Mar 2025 10:41  
Reporting Date : 09 Mar 2025 10:18

**BLOOD BANK****BIOLOGICAL REFERENCE INTERVAL**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	B Rh(D) Positive		

**Technical note:**

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

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**NOTE:**

# - Abnormal Values

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

Dr. Charu Agarwal  
Consultant Pathologist



## LABORATORY REPORT

Name : MR AMIT KUMAR  
Registration No : MH015983239  
Patient Episode : H18000003912  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 10:41

Age : 39 Yr(s) Sex : Male  
Lab No : 202503001266  
Collection Date : 08 Mar 2025 10:41  
Reporting Date : 08 Mar 2025 15:35

### BIOCHEMISTRY

### BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	
Specimen Type : Serum			
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	0.720	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	4.450 #	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	14.260 #	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.

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#### NOTE:

# - Abnormal Values

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

Dr. Charu Agarwal  
Consultant Pathologist

**LABORATORY REPORT**

Name : MR AMIT KUMAR  
Registration No : MH015983239  
Patient Episode : H18000003912  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 14:55

Age : 39 Yr(s) Sex : Male  
Lab No : 202503001268  
Collection Date : 08 Mar 2025 14:55  
Reporting Date : 09 Mar 2025 09:38

**BIOCHEMISTRY****BIOLOGICAL REFERENCE INTERVAL**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b> Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	120.1	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

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

Dr. Charu Agarwal  
Consultant Pathologist

Printed On : 10 Mar 2025 12:26





## LABORATORY REPORT

Name : MR AMIT KUMAR  
 Registration No : MH015983239  
 Patient Episode : H18000003912  
 Referred By : HEALTH CHECK MGD  
 Receiving Date : 08 Mar 2025 10:41

Age : 39 Yr(s) Sex : Male  
 Lab No : 202503001266  
 Collection Date : 08 Mar 2025 10:41  
 Reporting Date : 08 Mar 2025 12:43

## HAEMATOLOGY

## TEST

## RESULT

## UNIT

## BIOLOGICAL REFERENCE INTERVAL

## COMPLETE BLOOD COUNT (AUTOMATED)

## SPECIMEN-EDTA Whole Blood

RBC COUNT (IMPEDENCE)	5.43	millions/cumm	[4.50-5.50]
HEMOGLOBIN	15.7	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	47.2	%	[40.0-50.0]
MCV (DERIVED)	86.9	fL	[83.0-101.0]
MCH (CALCULATED)	28.9	pg	[25.0-32.0]
MCHC (CALCULATED)	33.3	g/dl	[31.5-34.5]
RDW CV% (Calculated)	13.5	%	[11.6-14.0]
Platelet count	210	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			

WBC COUNT(TC) (Flow Cytometry/ Manual) 7.19 x 10<sup>3</sup> cells/  
 cumm [4.00-10.00]

## DIFFERENTIAL COUNT

(VCS TECHNOLOGY/MICROSCOPY)

Neutrophils	55.0	%	[40.0-80.0]
Lymphocytes	35.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	4.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]

ESR 10.0 mm/1st hour [0.0-10.0]



**LABORATORY REPORT**

**Name** : MR AMIT KUMAR  
**Registration No** : MH015983239  
**Patient Episode** : H18000003912  
**Referred By** : HEALTH CHECK MGD  
**Receiving Date** : 08 Mar 2025 10:41

**Age** : 39 Yr(s) Sex :Male  
**Lab No** : 202503001266  
**Collection Date** : 08 Mar 2025 10:41  
**Reporting Date** : 08 Mar 2025 15:35

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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**Glycosylated Hemoglobin**

Specimen: EDTA

**HbA1c (Glycosylated Hemoglobin)**

6.3 #

%

[0.0-5.6]

Method: HPLC

As per American Diabetes Association (ADA)  
HbA1c in %  
Non diabetic adults  $\geq 18$  years  $< 5.7$   
Prediabetes (At Risk) 5.7-6.4  
Diagnosing Diabetes  $\geq 6.5$

Estimated Average Glucose (eAG) 134 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.

**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)	1.010	(1.003-1.035)

**CHEMICAL EXAMINATION**

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



**LABORATORY REPORT**

<b>Name</b>	: MR AMIT KUMAR	<b>Age</b>	: 39 Yr(s) Sex :Male
<b>Registration No</b>	: MH015983239	<b>Lab No</b>	: 202503001266
<b>Patient Episode</b>	: H18000003912	<b>Collection Date</b>	: 08 Mar 2025 11:49
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 08 Mar 2025 15:46
<b>Receiving Date</b>	: 08 Mar 2025 11:49		

**CLINICAL PATHOLOGY**

**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	

**Serum LIPID PROFILE**

<b>Serum TOTAL CHOLESTEROL</b>	217 #	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239
			High risk:>240
<b>TRIGLYCERIDES (GPO/POD)</b>	223 #	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
<b>HDL- CHOLESTEROL</b>	45	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
<b>VLDL- CHOLESTEROL (Calculated)</b>	45 #	mg/dl	[0-35]
<b>CHOLESTEROL, LDL, CALCULATED</b>	127.0 #	mg/dl	[<120.0]
			Near/
Above optimal-100-129			
			Borderline High:130-159
			High Risk:160-189
<b>T.Chol/HDL.Chol ratio (Calculated)</b>	4.8		<4.0 Optimal
			4.0-5.0 Borderline
			>6 High Risk
<b>LDL.CHOL/HDL.CHOL Ratio (Calculated)</b>	2.8		<3 Optimal
			3-4 Borderline
			>6 High Risk



LABORATORY REPORT

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Registration No : MH015983239  
Patient Episode : H18000003912  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 10:41

Age : 39 Yr(s) Sex : Male  
Lab No : 202503001266  
Collection Date : 08 Mar 2025 10:41  
Reporting Date : 08 Mar 2025 15:34

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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	31.5	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	14.7	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	1.13	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	7.4	mg/dl	[4.0-8.5]
Method: uricase PAP			
SODIUM, SERUM	136.20	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.84	mmol/L	[3.60-5.10]
SERUM CHLORIDE	100.6 #	mmol/L	[101.0-111.0]
Method: ISE Indirect			

eGFR (calculated) 81.4 ml/min/1.73sq.m [>60.0]  
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.



**LABORATORY REPORT**

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**Patient Episode** : H18000003912  
**Referred By** : HEALTH CHECK MGD  
**Receiving Date** : 08 Mar 2025 10:41

**Age** : 39 Yr(s) Sex :Male  
**Lab No** : 202503001266  
**Collection Date** : 08 Mar 2025 10:41  
**Reporting Date** : 08 Mar 2025 15:34

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.85	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.14	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.71	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	8.10	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.66	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.40	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.35		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	37.81	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	52.60	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	156.2 #	IU/L	[32.0-91.0]
GGT	148.6 #	U/L	[7.0-50.0]



**LABORATORY REPORT**

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Registration No : MH015983239  
Patient Episode : H18000003912  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 10:41

Age : 39 Yr(s) Sex : Male  
Lab No : 202503001266  
Collection Date : 08 Mar 2025 10:41  
Reporting Date : 08 Mar 2025 15:34

**BIOCHEMISTRY****TEST****RESULT****UNIT****BIOLOGICAL REFERENCE INTERVAL**

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.

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

Dr. Charu Agarwal  
Consultant Pathologist

Printed On : 09 Mar 2025 05:33



**LABORATORY REPORT**

<b>Name</b>	: MR AMIT KUMAR	<b>Age</b>	: 39 Yr(s) Sex :Male
<b>Registration No</b>	: MH015983239	<b>Lab No</b>	: 202503001267
<b>Patient Episode</b>	: H18000003912	<b>Collection Date</b>	: 08 Mar 2025 10:41
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 08 Mar 2025 12:30
<b>Receiving Date</b>	: 08 Mar 2025 10:41		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	110.9 #	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.

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

*Charu*

**Dr. Charu Agarwal**  
Consultant Pathologist

Printed On : 09 Mar 2025 05:33

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

RADIOLOGY REPORT

NAME	Amit KUMAR	STUDY DATE	08/03/2025 11:25AM
AGE / SEX	39 y / M	HOSPITAL NO.	MH015983239
ACCESSION NO.	R9497570	MODALITY	CR
REPORTED ON	08/03/2025 11:31AM	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.  
RIGHT HEART BORDER: Normal.  
LEFT HEART BORDER: Normal.  
PULMONARY BAY: Normal.  
PULMONARY HILA: Normal.  
AORTA: Normal.  
THORACIC SPINE: Normal.  
OTHER VISUALIZED BONES: Normal.  
VISUALIZED SOFT TISSUES: Normal.  
DIAPHRAGM: Normal.  
VISUALIZED ABDOMEN: Normal.  
VISUALIZED NECK: Normal.

**IMPRESSION:**

**No significant abnormality noted.**

Recommend clinical correlation.

**Dr. Monica Shekhawat**

**MBBS, DNB, CCFRG, ACFRG (Reg No MCI 11-10887)**

**CONSULTANT RADIOLOGIST**

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



**RADIOLOGY REPORT**

NAME	Amit KUMAR	STUDY DATE	08/03/2025 11:39AM
AGE / SEX	39 y / M	HOSPITAL NO.	MH015983239
ACCESSION NO.	R9497571	MODALITY	US
REPORTED ON	08/03/2025 5:05PM	REFERRED BY	HEALTH CHECK MGD

**ULTRASOUND – 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 mildly enlarged 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 normal, distended and shows echofree lumen. There is no intra luminal calculus or 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. Periprostic fat is normal. **Seminal vesicles** are normal in size and echotexture.



**RADIOLOGY REPORT**

NAME	Amit KUMAR	STUDY DATE	08/03/2025 11:39AM
AGE / SEX	39 y / M	HOSPITAL NO.	MH015983239
ACCESSION NO.	R9497571	MODALITY	US
REPORTED ON	08/03/2025 5:05PM	REFERRED BY	HEALTH CHECK MGD

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

**IMPRESSION-** USG findings reveal mild hepatomegaly with diffuse grade II fatty changes in liver; otherwise no significant sonological abnormality and normal study of rest abdominal viscera. 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\*\*\*\*\*