



बैंक ऑफ बरोडा Bank of Baroda



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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	PUNAM YADAV
DATE OF BIRTH	12-02-1971
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	08-03-2025
BOOKING REFERENCE NO.	24M56454100156182S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. YADAV AJAY HIRA
EMPLOYEE EC NO.	56454
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	GAUR CHOWK NOIDA
EMPLOYEE BIRTHDATE	15-02-1971

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 **06-03-2025** 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's spouse 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.))



प्रति,

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

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	PUNAM YADAV
जन्म की तारीख	12-02-1971
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	08-03-2025
बुकिंग संदर्भ सं.	24M56454100156182S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. YADAV AJAY HIRA
कर्मचारी की क.कू.संख्या	56454
कर्मचारी का पद	BRANCH HEAD
कर्मचारी के कार्य का स्थान	GAUR CHOWK NOIDA
कर्मचारी के जन्म की तारीख	15-02-1971

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक **06-03-2025** से **31-03-2025** तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मा.सं.प्र. एवं विपणन

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.) से संपर्क करें।)



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

नामांकन क्रम / Enrollment No 1047/81104/05227

To,

पुनम यादव

Punam Yadav

W/O - Ajay Yadav

14 D pocket- A-2

mayur vihar-3

Vasundhra Enclave

Vasundhra Enclave Preet Vihar East Delhi

Delhi 110096

9711481470

Ref: 107 / 10K / 128925 / 129251 / P



SH503727326FT



आपका आधार क्रमांक / Your Aadhaar No. :

4668 0905 9192

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India



पुनम यादव

Punam Yadav

जन्म तिथि / DOB : 12/02/1971

महिला / Female



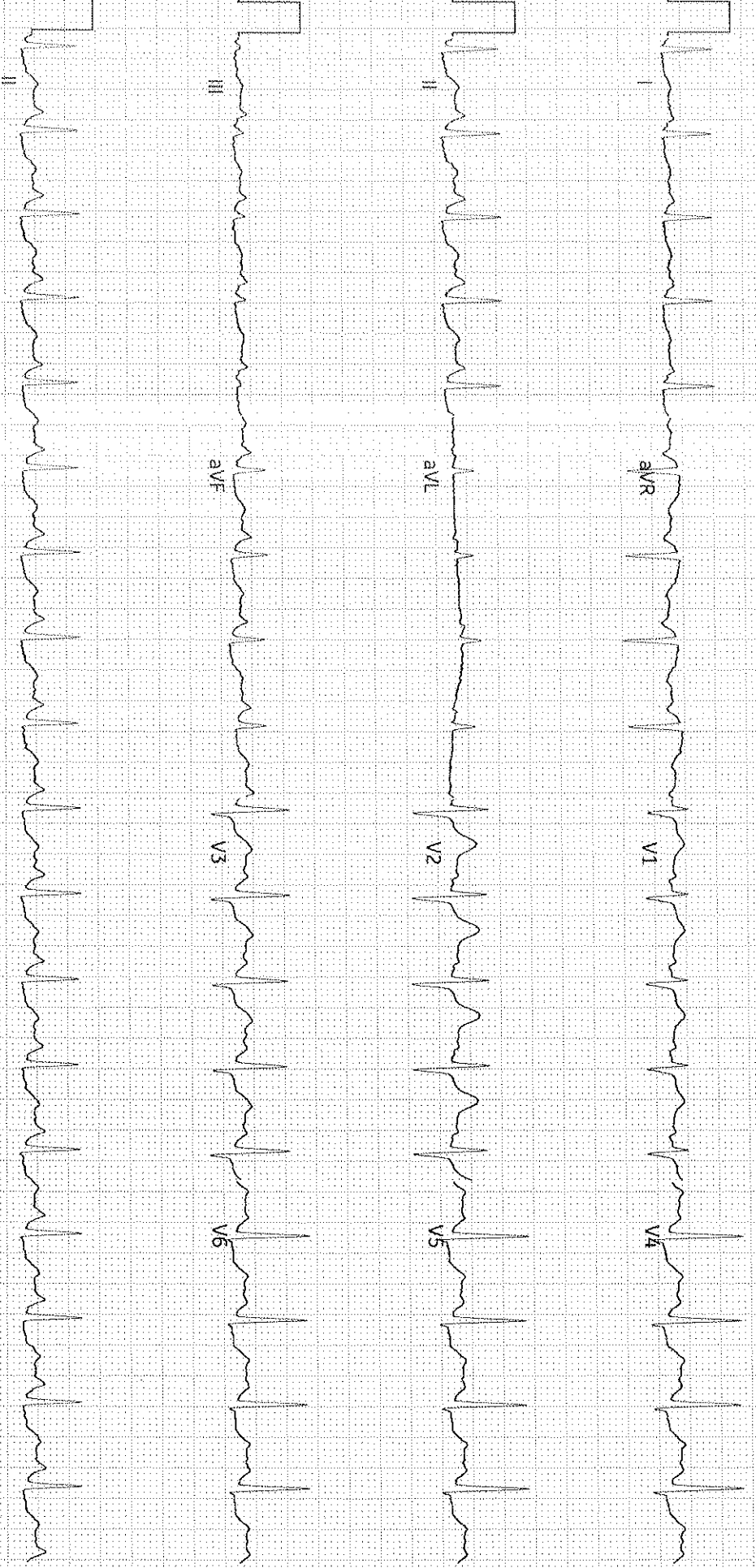
4668 0905 9192

आधार - आम आदमी का अधिकार

Vent. rate 108 BPM
PR interval 140 ms
QRS duration 72 ms
QT/QTc-Baz 338/452 ms
P-R-T axes 58 39 66

(H/c)

Unconfirmed





Patient Name	MRS PUNAM YADAV	Location	: Ghaziabad
Age/Sex	: 54Year(s)/Female	Visit No	: V0000000001-GHZB
MRN No	MH015982870	Order Date	: 08/03/2025
Ref. Doctor	: H/C	Report Date	: 08/03/2025

Protocol	: Bruce	MHR	: 166BPM
Duration of exercise	: 04min 50sec	85% of MHR	: 141BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 157BPM
Blood Pressure (mmHg)	: Baseline BP : 120/80mmHg	% Target HR	: 94%
	: Peak BP : 140/90mmHg	METS	: 6.8METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	120	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	153	130/80	Nil	No ST changes seen	Nil
STAGE 2	2:19	156	140/90	Nil	No ST changes seen	Nil
RECOVERY	3:35	120	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

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P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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

**LABORATORY REPORT**

Name : MRS PUNAM YADAV
Registration No : MH015982870
Patient Episode : H18000003902
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 09:50

Age : 54 Yr(s) Sex :Female
Lab No : 202503001223
Collection Date : 08 Mar 2025 09:50
Reporting Date : 09 Mar 2025 10:17

BLOOD BANK

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

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 : MRS PUNAM YADAV
Registration No : MH015982870
Patient Episode : H18000003902
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 13:28

Age : 54 Yr(s) Sex :Female
Lab No : 202503001225
Collection Date : 08 Mar 2025 13:28
Reporting Date : 09 Mar 2025 09:40

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase 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	198.2 #	mg/dl	[80.0-140.0]

Page2 of 2

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

Dr. Charu Agarwal
Consultant Pathologist

Printed On : 10 Mar 2025 12:36



LABORATORY REPORT

Name : MRS PUNAM YADAV
 Registration No : MH015982870
 Patient Episode : H18000003902
 Referred By : HEALTH CHECK MGD
 Receiving Date : 08 Mar 2025 09:50

Age : 54 Yr(s) Sex :Female
 Lab No : 202503001223
 Collection Date : 08 Mar 2025 09:50
 Reporting Date : 09 Mar 2025 14:56

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.82 #	millions/cumm	[3.80-4.80]
HEMOGLOBIN	13.4	g/dl	[12.0-15.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	41.2	%	[36.0-46.0]
MCV (DERIVED)	85.5	fL	[83.0-101.0]
MCH (CALCULATED)	27.8	pg	[25.0-32.0]
MCHC (CALCULATED)	32.5	g/dl	[31.5-34.5]
RDW CV% (Calculated)	13.7	%	[11.6-14.0]
Platelet count	155	$\times 10^3$ cells/cumm	[150-410]
Method: Electrical Impedance			
WBC COUNT (TC) (Flow Cytometry/ Manual)	8.67	$\times 10^3$ cells/cumm	
[4.00-10.00]			
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	75.0	%	[40.0-80.0]
Lymphocytes	18.0 #	%	[20.0-40.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	0.0 #	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	26.0 #	mm/1st hour	[0.0-20.0]

Page 1 of 2

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

Dr. Charu Agarwal
 Consultant Pathologist

Printed On : 10 Mar 2025 12:36

**LABORATORY REPORT**

Name	: MRS PUNAM YADAV	Age	: 54 Yr(s) Sex :Female
Registration No	: MH015982870	Lab No	: 202503001224
Patient Episode	: H18000003902	Collection Date	: 08 Mar 2025 09:49
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Mar 2025 09:42
Receiving Date	: 08 Mar 2025 09:49		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	107.5	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.

Page 1 of 1

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

Dr. Charu Agarwal
Consultant Pathologist

Printed On : 10 Mar 2025 12:36

**LABORATORY REPORT**

Name : MRS PUNAM YADAV
Registration No : MH015982870
Patient Episode : H18000003902
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 09:50

Age : 54 Yr(s) Sex :Female
Lab No : 202503001223
Collection Date : 08 Mar 2025 09:50
Reporting Date : 08 Mar 2025 15:39

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	1.100	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	8.750	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.470	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 hypophyseal 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.

Page 1 of 1

NOTE:

- Abnormal Values

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


Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MRS PUNAM YADAV
Registration No : MH015982870
Patient Episode : H18000003902
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 09:50

Age : 54 Yr(s) Sex :Female
Lab No : 202503001223
Collection Date : 08 Mar 2025 09:50
Reporting Date : 08 Mar 2025 15:48

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	(4.6-8.0)
pH(indicators)	5.0	(1.003-1.035)
Specific Gravity(Dip stick-ion)	1.020	

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	1-2 /hpf	(0-5/hpf)
RBC	6 - 8/HPF	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



LABORATORY REPORT

Name	: MRS PUNAM YADAV	Age	: 54 Yr(s) Sex :Female
Registration No	: MH015982870	Lab No	: 202503001223
Patient Episode	: H18000003902	Collection Date	: 08 Mar 2025 09:50
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2025 15:45
Receiving Date	: 08 Mar 2025 09:50		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.4	%	[0.0-5.6]
Method: HPLC			
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) 108 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	196	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	96	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	63	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	19	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	113.0	mg/dl	[<120.0]
			Near/
Above optimal-100-129			Borderline High:130-159
			High Risk:160-189



LABORATORY REPORT

Name : MRS PUNAM YADAV
Registration No : MH015982870
Patient Episode : H18000003902
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Mar 2025 09:50

Age : 54 Yr(s) Sex :Female
Lab No : 202503001223
Collection Date : 08 Mar 2025 09:50
Reporting Date : 08 Mar 2025 15:39

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio (Calculated)	3.1		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	1.8		<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	24.9	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	11.6	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.61 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.7	mg/dl	[4.0-8.5]
Method: uricase PAP			
SODIUM, SERUM	139.10	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	3.72	mmol/L	[3.60-5.10]
SERUM CHLORIDE	101.6	mmol/L	[101.0-111.0]
Method: ISE Indirect			

Specimen: Serum



LABORATORY REPORT

Name	: MRS PUNAM YADAV	Age	: 54 Yr(s) Sex :Female
Registration No	: MH015982870	Lab No	: 202503001223
Patient Episode	: H18000003902	Collection Date	: 08 Mar 2025 09:50
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2025 15:39
Receiving Date	: 08 Mar 2025 09:50		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	103.1	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.			

LIVER FUNCTION TEST

BILIRUBIN - TOTAL	0.70	mg/dl	[0.30-1.20]
Method: D P D			
BILIRUBIN - DIRECT	0.13	mg/dl	[0.00-0.30]
Method: DPD			
INDIRECT BILIRUBIN (SERUM)	0.57	mg/dl	[0.10-0.90]
Method: Calculation			
TOTAL PROTEINS (SERUM)	8.00	gm/dl	[6.60-8.70]
Method: BIURET			
ALBUMIN (SERUM)	4.46	g/dl	[3.50-5.20]
Method: BCG			
GLOBULINS (SERUM)	3.50 #	gm/dl	[1.80-3.40]
Method: Calculation			
PROTEIN SERUM (A-G) RATIO	1.26		[1.00-2.50]
Method: Calculation			
AST (SGOT) (SERUM)	45.80 #	U/L	[0.00-40.00]
Method: IFCC W/O P5P			



LABORATORY REPORT

Name	: MRS PUNAM YADAV	Age	: 54 Yr(s) Sex :Female
Registration No	: MH015982870	Lab No	: 202503001223
Patient Episode	: H18000003902	Collection Date	: 08 Mar 2025 09:50
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2025 15:39
Receiving Date	: 08 Mar 2025 09:50		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	61.20 #	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	90.5	IU/L	[32.0-91.0]
GGT	36.3	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.

Page 5 of 5

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

Charu

Dr. Charu Agarwal
Consultant Pathologist

Printed On : 09 Mar 2025 05:25



NAME	Punam YADAV	STUDY DATE	08/03/2025 11:11AM
AGE / SEX	54 y / F	HOSPITAL NO.	MH015982870
ACCESSION NO.	R9496604	MODALITY	CR
REPORTED ON	08/03/2025 11:22AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Bronchovascular markings appear prominent.
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:

Prominent bronchovascular markings in bilateral lung fields.

Recommend clinical correlation.

Dr. Monica Shekhawat

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

CONSULTANT RADIOLOGIST

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



RADIOLOGY REPORT

NAME	Punam YADAV	STUDY DATE	08/03/2025 11:35AM
AGE / SEX	54 y / F	HOSPITAL NO.	MH015982870
ACCESSION NO.	R9496606	MODALITY	US
REPORTED ON	08/03/2025 5:22PM	REFERRED BY	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 mild diffuse grade I fatty changes; normal in shape, outline and echotexture with smooth surface. **There is a small iso-hypoechoic nodular lesion (15mm) in left lobe.** There is no other 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 few intra luminal calculi (largest 14mm) - **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: 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.

UTERUS: is normal in size, shape, outline and echotexture. There is no focal fibroid or mass lesion seen. Endometrial thickness is 6 mms. Uterine cavity is empty. Cervix is normal.

**RADIOLOGY REPORT**

NAME	Punam YADAV	STUDY DATE	08/03/2025 11:35AM
AGE / SEX	54 y / F	HOSPITAL NO.	MH015982870
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OVARIES: Both ovaries are normal in size and echopattern, showing few small follicles. There is no abnormal adnexal / pelvic mass lesion noted. **FLUID:** There is no free fluid noted in the pelvis.

IMPRESSION- USG findings reveal mild diffuse grade I fatty changes in liver and a small iso-hypoechoic nodular lesion (15mm) in left lobe of liver

Cholelithiasis with normal common bile duct

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*****