

Health Check up Booking Confirmed Request(22E36261),Package Code-PKG10000474, Beneficiary Code-294214

From Mediwheel <wellness@mediwheel.in>
Date Thu 11/7/2024 12:51 PM
To PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>
Cc customercare@mediwheel.in <customercare@mediwheel.in>

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Mediwheel
...Your wellness partner

011-41195959

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 : 7982054242

Appointment Date : 09-11-2024

Confirmation Status : Booking Confirmed

Preferred Time : 07:00 AM - 07:30 AM

Member Information		
Booked Member Name	Age	Gender
MR. KUMAR DHARMENDRA	36 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

Please Download Mediwheel App



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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 जिनका विवरण निम्नानुसार है हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. KUMAR DHARMENDRA
क.कू.संख्या	174842
पदनाम	SENIOR CUSTOMER SERVICE ASSOCIATE(CASH)
कार्य का स्थान	GHAZIABAD,CLOCK TOWER
जन्म की तारीख	04-01-1988
स्वास्थ्य जांच की प्रस्तावित तारीख	09-11-2024
बुकिंग संदर्भ सं.	24D174842100117594E

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 **19-10-2024** 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 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।)



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
	Lipid Profile	Lipid Profile
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	Liver Profile	Liver Profile
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)
	Kidney Profile	Kidney Profile
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
	General Tests	General Tests
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
वित्त विभाग

INCOME TAX DEPARTMENT

DHARMENDRA KUMAR

RAM NARESH CHOUDHARY

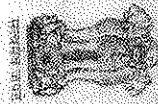
04/01/1988

Permanent Account Number

BKPPKA572H

*Dharmendra
Kumar*

Signature



भारत सरकार
GOVT. OF INDIA



04102009



Manipal Hospital Ghaziabad

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad 201 002

0120 3535 353 / +91 88609 45566



URN : MH011342703

OUTPATIENT RECORD

Hospital No: MH011342703	Visit No: H18000003202
Name: MR DHARMENDRA KUMAR	Age/Sex: 36 Yrs/Male
Doctor Name: HEALTH CHECK MGD	Specialty: HC SERVICE MGD
Date: 09/11/2024 10:16AM	

BP Systolic: 164 mmHg	BP Diastolic: 112 mmHg	Pulse Rate: 86beats per minute
Saturation(Oxygen): 100%	Height: 156cm	Weight : 65.3kg
BMI: 26.83	Pain Score: 00	Fall Risk: 01
Vulnerable: 01		

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS -PHC
SYSTEMIC/ OPHTHALMIC HISTORY - DM X 4YRS

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/	6/
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
ANTERIOR CHAMBER/ IRIS	N	N
LENS	CLEAR	CLEAR
OCULAR MOVEMENTS	FULL	FULL
NCT	18	18

FUNDUS EXAMINATION **DRIVING TODAY / PLEASE COME FOR DILATED FUNDUS CHECK UP**

A) VITREOUS		
B) OPTIC DISC	C:D 0.	C:D 0.
C) MACULAR AREA		
D) VESSELS/ PERIPHERY		

POWER OF GLASS
Right eye: -0.50 Dsp / -0.75 DCYL X 80 DEGREE -6/6
Left eye: -0.50 Dsp / -0.75 DCYL X 60 DEGREE -6/6

DIAGNOSIS: DRY EYES

ADVISE / TREATMENT
PLEASE COME FOR DILATED FUNDUS CHECK UP
E/D NST 4 TIMES DAILY

HEALTH CHECK MGD

Manipal Health Enterprises Pvt. Ltd.

CIN: U85110KA2010PTC052540

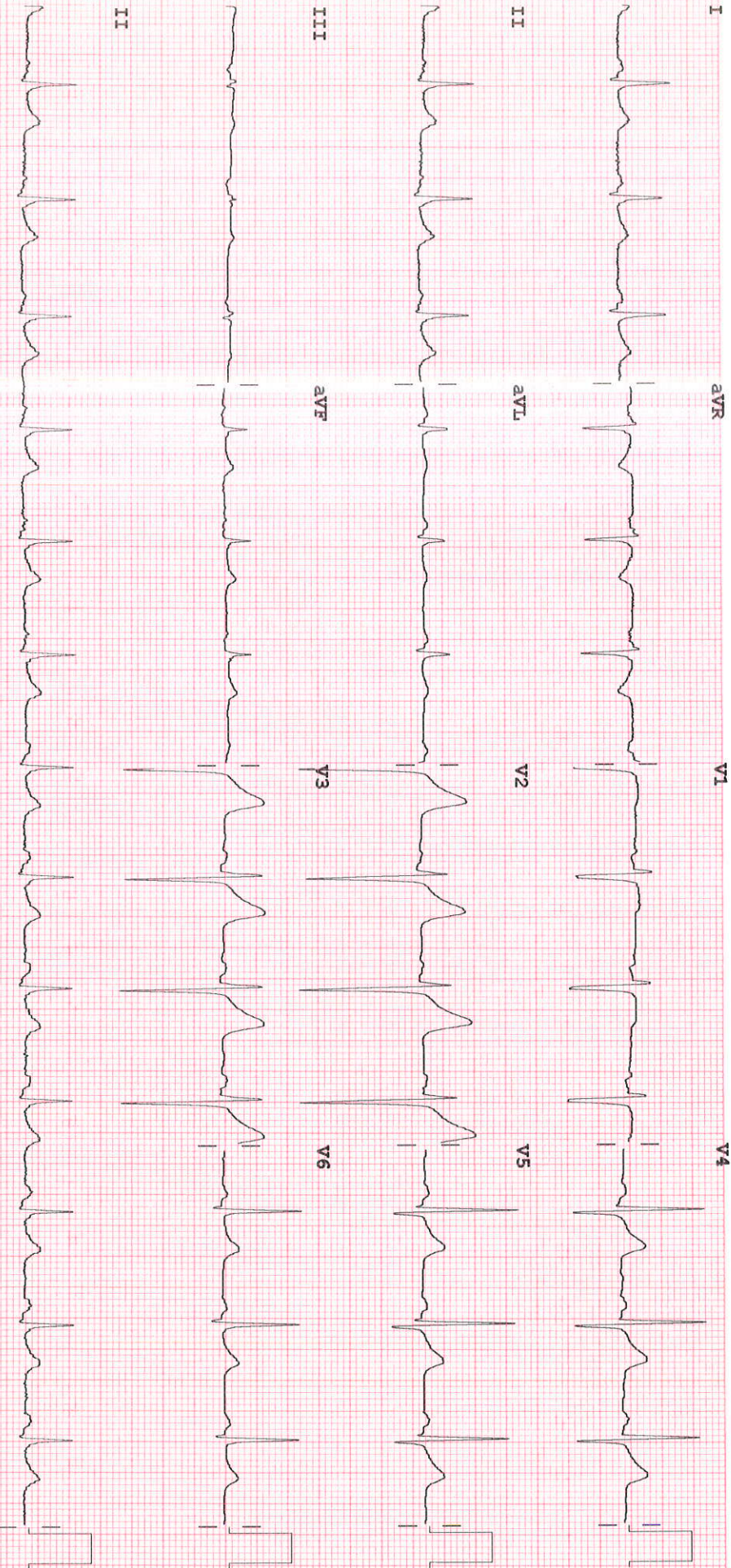
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HLU

- ABNORMAL ECG -

Unconfirmed Diagnosis



Dev: Speed: 25 mm/sec I limb: 10 mm/mV Chest: 10.0 mm/mV

F 60 ~ 0.15-100 Hz

PH100B CL P?



TMT INVESTIGATION REPORT

Patient Name	MR DHARMENDRA KUMAR	Location	: Ghaziabad
Age/Sex	: 36Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH011342703	Order Date	: 09/11/2024
Ref. Doctor	: H/C	Report Date	: 09/11/2024

Protocol	: Bruce	MPHR	: 184BPM
Duration of exercise	: 06min 15sec	85% of MPHR	: 156BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 164BPM
Blood Pressure (mmHg)	: Baseline BP : 120/80mmHg	% Target HR	: 89%
	Peak BP : 140/80mmHg	METS	: 7.3METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	78	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	153	130/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	160	140/90	Nil	No ST changes seen	Nil
STAGE 3	0:15	164	140/90	Nil	No ST changes seen	Nil
RECOVERY	4:31	98	130/80	Nil	No New ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No New 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

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Manipal Health Enterprises Private Limited

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LABORATORY REPORT

Name	: MR DHARMENDRA KUMAR	Age	: 36 Yr(s) Sex :Male
Registration No	: MH011342703	Lab No	: 202411001760
Patient Episode	: H18000003202	Collection Date	: 09 Nov 2024 10:31
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Nov 2024 14:09
Receiving Date	: 09 Nov 2024 10:31		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	1.080	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.440	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	4.070	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 DHARMENDRA KUMAR
Registration No : MH011342703
Patient Episode : H18000003202
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Nov 2024 10:31

Age : 36 Yr(s) Sex : Male
Lab No : 202411001760
Collection Date : 09 Nov 2024 10:31
Reporting Date : 09 Nov 2024 16:19

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.

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NOTE:

- Abnormal Values

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR DHARMENDRA KUMAR
Registration No : MH011342703
Patient Episode : H18000003202
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Nov 2024 10:31

Age : 36 Yr(s) Sex : Male
Lab No : 202411001760
Collection Date : 09 Nov 2024 10:31
Reporting Date : 09 Nov 2024 17:28

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.68	millions/cumm	[4.50-5.50]
HEMOGLOBIN	11.5 #	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	37.1 #	%	[40.0-50.0]
MCV (DERIVED)	79.3 #	fL	[83.0-101.0]
MCH (CALCULATED)	24.6 #	pg	[25.0-32.0]
MCHC (CALCULATED)	31.0 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	17.6 #	%	[11.6-14.0]
Platelet count	80 #	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
WBC COUNT (TC) (IMPEDENCE)	2.11 #	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	69.0	%	[40.0-80.0]
Lymphocytes	23.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	25.0 #	mm/1sthour	[0.0-10.0]



LABORATORY REPORT

Name : MR DHARMENDRA KUMAR
Registration No : MH011342703
Patient Episode : H18000003202
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Nov 2024 10:31

Age : 36 Yr(s) Sex : Male
Lab No : 202411001760
Collection Date : 09 Nov 2024 10:31
Reporting Date : 09 Nov 2024 14:09

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.6	%	[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)	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.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	7.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	NEGATIVE	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)



LABORATORY REPORT

Name : MR DHARMENDRA KUMAR
Registration No : MH011342703
Patient Episode : H18000003202
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Nov 2024 13:30

Age : 36 Yr(s) Sex : Male
Lab No : 202411001760
Collection Date : 09 Nov 2024 13:30
Reporting Date : 09 Nov 2024 16:31

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	126	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	66	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	50	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	13	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	63.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			
T.Chol/HDL.Chol ratio (Calculated)	2.5		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	1.3		<3 Optimal 3-4 Borderline >6 High Risk



Name : MR DHARMENDRA KUMAR
Registration No : MH011342703
Patient Episode : H18000003202
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Nov 2024 10:31

Age : 36 Yr(s) Sex : Male
Lab No : 202411001760
Collection Date : 09 Nov 2024 10:31
Reporting Date : 09 Nov 2024 14:09

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	1.07	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.25	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN(SERUM) Method: Calculation	0.82	mg/dl	[0.10-0.90]
TOTAL PROTEINS(SERUM) Method: BIURET	7.60	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.64	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.00	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.57		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	50.00 #	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	34.00	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	98.0 #	IU/L	[32.0-91.0]
GGT	39.0	U/L	[7.0-50.0]



Name : MR DHARMENDRA KUMAR
Registration No : MH011342703
Patient Episode : H18000003202
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Nov 2024 10:31

Age : 36 Yr(s) Sex : Male
Lab No : 202411001760
Collection Date : 09 Nov 2024 10:31
Reporting Date : 09 Nov 2024 14:09

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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 6 of 8

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

Dr. Alka Dixit Vats
Consultant Pathologist



Name : MR DHARMENDRA KUMAR
 Registration No : MH011342703
 Patient Episode : H18000003202
 Referred By : HEALTH CHECK MGD
 Receiving Date : 09 Nov 2024 10:31

Age : 36 Yr(s) Sex : Male
 Lab No : 202411001761
 Collection Date : 09 Nov 2024 10:31
 Reporting Date : 09 Nov 2024 14:10

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	113.0 #	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, sulfonyleureas, tobutamide, and other oral hypoglycemic agents.

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR DHARMENDRA KUMAR
Registration No : MH011342703
Patient Episode : H18000003202
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Nov 2024 15:57

Age : 36 Yr(s) Sex : Male
Lab No : 202411001762
Collection Date : 09 Nov 2024 15:57
Reporting Date : 09 Nov 2024 17:33

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	241.0 #	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. Alka Dixit Vats
Consultant Pathologist

**RADIOLOGY REPORT**

NAME	Dharmendra KUMAR	STUDY DATE	09/11/2024 1:03PM
AGE / SEX	36 y / M	HOSPITAL NO.	MH011342703
ACCESSION NO.	R8549701	MODALITY	US
REPORTED ON	09/11/2024 4:41PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: appears normal in size (measures 136 mm) but shows coarse echotexture with irregular margins suggesting chronic liver parenchymal disease . Multiple rounded well-defined hypoechoic lesions are seen disseminated in both lobes of liver; with the largest one measuring 12 x 8 mm suggesting multiple dysplastic nodules. However possibility of neoplastic etiology (multifocal HCC Hepatocellular carcinoma) needs to be excluded. (ADV: CECT-Abdomen Triple Phase study for further evaluation).

SPLEEN: appears enlarged in size (measures 151 mm) but normal in shape and echotexture. Few collaterals are seen at splenic hilum. Splenic vein is dilated and measures 10.8 mm.

PORTAL VEIN: Appears dilated and measures 14.1 mm.

COMMON BILE DUCT: Appears normal in size and measures 2.8 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gallbladder is well distended. Walls appear thickened (~ 5.3 mm).

Pericholecystic edema is seen. No calculi are seen in its lumen. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 89 x 52 mm.

Left Kidney: measures 97 x 44 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 33 x 32 x 32 mm with volume 18 cc. Prostatic parenchymal calcification is seen. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- Chronic liver parenchymal disease with multiple rounded well-defined hypoechoic lesions seen disseminated in both lobes of liver; suggesting multiple dysplastic nodules. However possibility of neoplastic etiology (multifocal HCC Hepatocellular carcinoma) needs to be excluded. (ADV: CECT-Abdomen Triple Phase study for further evaluation).

- Splenomegaly.

- Dilated portal and splenic veins with few collaterals at splenic hilum.

**RADIOLOGY REPORT**

NAME	Dharmendra KUMAR	STUDY DATE	09/11/2024 1:03PM
AGE / SEX	36 y / M	HOSPITAL NO.	MH011342703
ACCESSION NO.	R8549701	MODALITY	US
REPORTED ON	09/11/2024 4:41PM	REFERRED BY	HEALTH CHECK MGD

- Thickened gallbladder walls with Pericholecystic edema, likely reactionary.

ADV: CECT-Abdomen Triple Phase study for further evaluation.
Recommend clinical correlation.

Dr. Monica Shekhawat
MBBS, DNB, CCFRG, ACFRG (Reg No MCI 11-10887)
CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

NAME	Dharmendra KUMAR	STUDY DATE	09/11/2024 10:50AM
AGE / SEX	36 y / M	HOSPITAL NO.	MH011342703
ACCESSION NO.	R8549700	MODALITY	CR
REPORTED ON	09/11/2024 3:04PM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW**FINDINGS:**

LUNGS: Normal.
TRACHEA: Normal.
PLEURA: Normal.
HEART: Normal.
PULMONARY HILA: Normal.
AORTA: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.

IMPRESSION:

XR- CHEST PA VIEW

Normal study.

Clinical correlation is recommended and further evaluation, as clinically indicated.

Dr. Prakash Naik
MBBS, DMRD, FRCR (UK)
Consultant Radiology

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