

Patient Name : Mr.NITIN MARUTI THITE	Collected : 26/Aug/2023 08:22AM
Age/Gender : 42 Y 4 M 27 D/M	Received : 26/Aug/2023 10:32AM
UHID/MR No : CVIM.0000229497	Reported : 26/Aug/2023 12:51PM
Visit ID : CVIMOPV557998	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 640451	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBC NORMOCYTIC NORMOCHROMIC  
WBC WITHIN NORMAL LIMITS  
PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN.

SIN No:BED230203538



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**HEMOGRAM , WHOLE BLOOD EDTA**

HAEMOGLOBIN	14.7	g/dL	13-17	Spectrophotometer
PCV	43.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.15	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	84.6	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	12.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,170	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	46.7	%	40-80	Electrical Impedence
LYMPHOCYTES	<b>40.9</b>	%	20-40	Electrical Impedence
EOSINOPHILS	2.7	%	1-6	Electrical Impedence
MONOCYTES	9.1	%	2-10	Electrical Impedence
BASOPHILS	0.6	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	3348.39	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2932.53	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	193.59	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	652.47	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	43.02	Cells/cu.mm	0-100	Electrical Impedence

<b>PLATELET COUNT</b>	255000	cells/cu.mm	150000-410000	Electrical impedence
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<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	2	mm at the end of 1 hour	0-15	Modified Westergren
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**PERIPHERAL SMEAR**

RBC NORMOCYTIC NORMOCHROMIC  
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UHID/MR No : CVIM.0000229497	Reported : 26/Aug/2023 12:47PM
Visit ID : CVIMOPV557998	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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**APOLLO CLINICS NETWORK**



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Age/Gender : 42 Y 4 M 27 D/M	Received : 26/Aug/2023 10:32AM
UHID/MR No : CVIM.0000229497	Reported : 26/Aug/2023 02:23PM
Visit ID : CVIMOPV557998	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 640451	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>104</b>	mg/dL	70-100	HEXOKINASE
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**Comment:**

As per American Diabetes Guidelines

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- 2.Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	109	mg/dL	70-140	HEXOKINASE
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**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach



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<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	<b>5.9</b>	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	123	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	156	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>168</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>37</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	119	mg/dL	<130	Calculated
LDL CHOLESTEROL	85.41	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>33.63</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.19		0-4.97	Calculated

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	0.75	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.62	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24.95	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.6	U/L	<50	IFCC
ALKALINE PHOSPHATASE	55.59	U/L	30-120	IFCC
PROTEIN, TOTAL	7.11	g/dL	6.6-8.3	Biuret
ALBUMIN	4.23	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.88	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated



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**DEPARTMENT OF BIOCHEMISTRY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	0.88	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	17.92	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.17	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.82	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.39	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.38	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104.72	mmol/L	101–109	ISE (Indirect)





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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	19.56	U/L	<55	IFCC
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-iodothyronine (T3, TOTAL)	1.32	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.59	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	1.414	µIU/mL	0.34-5.60	CLIA

**Comment:**

**Note:**

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism

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**DEPARTMENT OF IMMUNOLOGY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
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Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma







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UHID/MR No : CVIM.0000229497	Reported : 26/Aug/2023 01:25PM
Visit ID : CVIMOPV557998	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

**Comment:**

- Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods.
- The samples are assessed for integrity and adequacy before processing.



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URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
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URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick
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\*\*\* End Of Report \*\*\*



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist



DR.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist




**Bill Of Supply**

Name : Mr. NITIN MARUTI THITE  
 Age/Gender : 42 Y M  
 Contact No : +919503155287  
 Address : pune  
 UHID : CVIM.0000229497  
 Corporate Name : ARCOFEMI HEALTHCARE LIMITED  
 Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

Bill No : CVIM-OCR-59292  
 Bill/Reg Date : 26.08.2023 08:18  
 Referred by : SELF  
 Center : Viman Nagar  
 Emp No/Auth Code : 640451

#	Department	Description Of Service	SAC Code	Qty	Rate	Gross Value	Discount	CGST Rate	CGST Amt	SGST/UTGST Rate	SGST/UTGST Amt	Net Value
1	Package Charges	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	999312	1	2,300.00	2,300.00	0.00	0.00	0.00	0.00	0.00	2,300.00
<b>Bill Amount:</b>											2,300.00	

You can download your report from "www.apolloclinic.com" Enter user name as CVIMOPV557998 and password as 459688  
 Please log on to AskApollo.com for booking Appointments

**Apollo Health and Lifestyle Limited**

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 Regd. Office #21, 6177A, 615 & 616, Imperial Towers, 7th Floor, Amberpet, Hyderabad 500048, Telangana.  
 www.apollohlt.com | Email ID: enquiry@apollohlt.com | Ph No: 040-4904 7777, Fax No: 4904 7744

**APOLLO CLINICS NETWORK**

Telangana: Hyderabad (Ad. Rao Nagar | Charada Nagar | Bandrupur | Madikonda | Nizampet | Manikonda | Gopal | Andhra Pradesh: Vizag  
 (Sriharima Pochi Kannaikala) Bangalore (Hosur/Srinagar) | Bellary | Bellary City | Bellary | Bellary Nagar | Bellary | Kundalahalli |  
 Karnataka: Bangalore (Srinagar) | Mysore (VV Mohalla) | Tamil Nadu: Chennai (Anna Nagar) | Kotturuman | Chennai | Vandalakkam | Vandalakkam  
 Maharashtra: Pune (Aundh) | Nigdi | Prabhakar | Viman Nagar | Wankore | Kharadi | Uttar Pradesh: Ghaziabad (Indraprastha)

**GSTIN: 27AADCA0733E1Z7**

**Address:**  
 Shop No. 1, Ground,  
 Nyati Millennium Premises, Survey no 209,  
 Hissa 2, Viman Nagar, Maharashtra



आपका प्रेषित

आपका प्रेष

INCOME TAX DEPARTMENT



GOVT. OF INDIA

NITIN M THITE

MARUTI BABURAO THITE

30/03/1961

Permanent Account Number

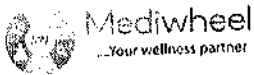
AGCPT8673J

Signature



		- FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324		PADHIAR								HEART CLINIC PVT LTD - NARANPURA	
3	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	UBOI1828	Rita Vijay Padhiar	55	Female	vijaypadhiar@gmail.com	6354695691	26-08-2023	9:00 AM		NIYANTA DIABETES & HEART CLINIC PVT LTD - NARANPURA	Guja
4	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	UBOI1758	THITE NITIN MARUTI	42	Male	nitinthite1981@gmail.com	9503155287	26-08-2023	9:00 AM		APOLLO, VIMAN NAGAR	Maht
5	Arcofemi/Mediwheel/MALE/FEMALE	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	UBOI1840	TURAKA RAVI KUMAR	42	Male	ravikumar.turaka@gmail.com	9885686175	26-08-2023	9:00 AM		Apollo Clinic, VIZAG	Andh Prad.

Thanks & Regards



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi - 110 030  
 Ph No. 011-41195959  
 Email : [customercare@mediwheel.in](mailto:customercare@mediwheel.in) | Web: [www.mediwheel.in](http://www.mediwheel.in)

**Corporate Apollo Clinic**

Mob :  
 Direct :  
 Board No : 040 4904 7777

**Apollo Health & Lifestyle Limited**  
 7-1-417A, 615 & 616, Imperial Towers,  
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 Specialists in Surgery  
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**Apollo Dental**  
 Over 3.9 Lakh Healthy Smiles

**Apollo DIAGNOSTICS**  
 Over 10 million High-quality Diagnostic Tests

**Apollo Dialysis Clinics**  
 Over 6 Lakh Dialysis Sessions

<b>Patient Name</b>	: Mr. NITIN MARUTI THITE	<b>Age/Gender</b>	: 42 Y/M
<b>UHID/MR No.</b>	: CVIM.0000229497	<b>OP Visit No</b>	: CVIMOPV557998
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 28-08-2023 08:43
<b>LRN#</b>	: RAD2082380	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 640451		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size and raised in echotexture. PV and CBD normal in size at porta hepatis. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is partially distended. Tiny polyp of size 3.6mm is seen along wall of gall bladder. Wall thickness appears normal. No evidence of periGB collection.

**Spleen** appears normal. Splenic vein appears normal in size at hilum.

**Pancreas** appears normal in echopattern. No evidence of peripancreatic free fluid or collection.

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. Bilateral renal tiny concretions are seen. No hydronephrosis seen on either sides.

**Urinary Bladder** is well distended.

**Prostate** is normal in size,

No ascitis is seen.

Visualized small bowel loops appear normal. Gaseous distension of colon is seen.

**IMPRESSION:-**

- Fatty liver.
- Bilateral renal tiny concretions.
- Gall bladder tiny polyp.

**Patient Name** : Mr. NITIN MARUTI THITE

**Age/Gender** : 42 Y/M

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**-----Suggest – clinical correlation & further work up.**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



**Dr. GIRISH BHOSALE**  
**MBBS DMRD DNB**  
RADIOLOGY

**Patient Name** : Mr. NITIN MARUTI THITE

**Age/Gender** : 42 Y/M

**UHID/MR No.** : CVIM.0000229497

**OP Visit No** : CVIMOPV557998

**Sample Collected on** :

**Reported on** : 26-08-2023 18:53

**LRN#** : RAD2082380

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 640451

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

**X-RAY CHEST PA**

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Sternal sutures noted.

**Impression:** Essentially Normal Study.



**Dr. PREETI P KATHE**  
DMRE, MD, DNB  
Radiology