

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

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. SAHU OMPRAKASH
EC NO.	174803
DESIGNATION	HEAD CASHIER "E"_II
PLACE OF WORK	MANNA
BIRTHDATE	12-05-1986
PROPOSED DATE OF HEALTH CHECKUP	08-08-2021
BOOKING REFERENCE NO.	21S174803100001794E

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 **31-07-2021** till **31-03-2022** 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 Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

### SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



भारत सरकार  
Government of India



आधार



ओमप्रकाश साहू

**Omprakash Sahu**

जन्म तिथि / DOB: 12/05/1986

पुरुष / MALE



3361 9923 0347

**3361 9923 0347**

Issue Date: 02/08/2018

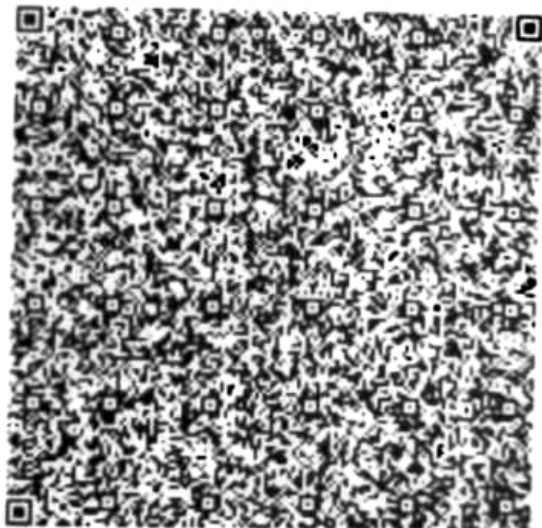


भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता: एफ-2, पंचशील नगर, छत्तिशगढ़ क्लब के सामने,  
सिविल लाइन, रायपुर, रायपुर, छत्तिशगढ़, 492001



Address: F-2, PANCHSHEEL NAGAR,  
Opposite Chhattisgarh Club, CIVIL LINE,  
Raipur, Raipur, Chhattisgarh, 492001

3361 9923 0347

Name	MR. OMPRAKASH SAHU	Reg. No.	:202112090002	IPD/OPD Status	:OPD
Age/Sex	:35 Y/	Accession No.	:20211209006	Catagory	:PRIVATE
consultant	:Dr. PARTH STHAPAK/ CARDIOLOGY	IPD/Bill No	:,21B-004097	Location/Bed.No	;

Sample Collected at: 09/12/2021 11:25:11 AM

Accept Time at:09/12/2021 11:25:11 AM

Report Gen at: 09/12/2021 6:44:12 PM



Accession No

## PATHOLOGY



Registration No

SAMPLE TYPE : EDTA BLOOD

### PATHOLOGY ANALYSIS REPORT

Investigations	Status	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT</b>				
HAEMOGLOBIN		14.4	g/dl	13.00-18.00
PCV		42.9	%	35-55
RBC		5.84	million/cumm	4.0 - 6.20
MCV	L	73.5	fl	80 - 100
MCH	L	24.7	pg	26 -34
MCHC		33.7	%	31.5 - 34.5
RDW		12.5	%	10 - 20
PLATELET COUNT		2.78	lacs/cumm	1.5 - 4.5
TOTAL LEUCOCYTES COUNT		9600	thousand/cumm	4000 - 11000
<b>DLC</b>				
Neutrophils	L	47	%	50 - 75
Lymphocytes		44	%	20 - 45
Monocytes		05	%	2 - 10
Eosinophils		04	%	1 - 6

Checked By:

AKASH DILAWAR



Dr. DHYANJAY PRASAD  
MBBS, MD (Pathology)

Address : Beside Kingsway Hotel, Near Airtel Office, Ring Road No. 1, Telibandha, Raipur (C.G.)

Contact Us : 9109152271, 0771-4982222, Email : anantsai99@gmail.com

Name	MR. OMPRAKASH SAHU	Reg. No.	:202112090002	IPD/OPD Status	:OPD
Age/Sex	:35 Y/	Accession No.	:20211209006	Category	:PRIVATE
consultant	:Dr. PARTH STHAPAK/ CARDIOLOGY	IPD/Bill No	:,21B-004097	Location/Bed.No	;

Sample Collected at: 09/12/2021 11:25:11 AM

Accept Time at: 09/12/2021 11:25:11 AM

Report Gen at: 09/12/2021 6:43:19 PM



Accession No

## HAEMATOLOGY



Registration No

SAMPLE TYPE : BLOOD

### HAEMATOLOGY REPORT

Investigations	Status	Result	Unit	Biological Reference Interval
Blood Group		O		
Rh Typing		POSITIVE		

\*\*\* End of Report \*\*\*

Checked By:

AKASH DILAWAR



Name	MR. OMPRAKASH SAHU	Reg. No.	:202112090002	IPD/OPD Status	:OPD
Age/Sex	:35 Y/	Accession No.	:20211209006	Catagory	:PRIVATE
consultant	:Dr. PARTH STHAPAK/ CARDIOLOGY	IPD/Bill No	:,21B-004097	Location/Bed.No	:,

Sample Collected at: :09/12/2021 11:25:11 AM

Accept Time at:09/12/2021 11:25:11 AM

Report Gen at: 09/12/2021 6:42:58 PM



Accession No

## HAEMATOLOGY



Registration No

SAMPLE TYPE : EDTA BLOOD

### HAEMATOLOGY REPORT

Investigations	Status	Result	Unit	Biological Reference Interval
ESR	H	30	mm/h	0-20

\*\*\* End of Report \*\*\*

Checked By:

AKASH DILAWAR



Address : Beside Kingsway Hotel, Near Airtel Office, Ring Road No. 1, Telibandha, Raipur (C.S.)  
MBS, MD (Pathology)

Contact Us : 9109152271, 0771-4982222, Email : anantsai99@gmail.com

Name	:MR. OMPRAKASH SAHU	Reg. No.	:202112090002	IPD/OPD Status	:OPD
Age/Sex	:35 Y/Male	Accession No.	:20211209006	Category	:PRIVATE
consultant	:Dr. PARTH STHAPAK/ CARDIOLOGY	IPD/Bill No	:,21B-004097	Location/Bed.No	;

Sample Coll. at: 09/12/2021 11:25:11 AM

ACCEPT TIME AT:09/12/2021 11:25:11 AM

ReportGen at:09/12/2021 6:47:06 PM



## PATHOLOGY



Accession No

Registration No

### Glycosylated Hb (Hba1c)

<u>TEST</u>	<u>Result</u>	<u>Units</u>	<u>Ref.Range</u>
Glycosylated Hb	7.2	%	4-5.9 (non diabetics) 6-7 (controlled diabetics) >7 (uncontrolled diabetics)

Method: Dual system of nephelometry and turbidimetric.

#### INTRPRETATION:

Glycosylated Hb(%) Mean Plasma Glucose (mg/dl)

1) 6	135
2) 7	170
3) 8	205
4) 9	240
5) 10	275

Checked By:





Name	MR. OMPRAKASH SAHU	Reg. No.	:202112090002	IPD/OPD Status	:OPD
Age/Sex	:35 Y/	Accession No.	:20211209006	Catagory	:PRIVATE
consultant	:Dr. PARTH STHAPAK/ CARDIOLOGY	IPD/Bill No	:,21B-004097	Location/Bed.No	;

Sample Collected at: 09/12/2021 11:25:11 AM

Accept Time at:09/12/2021 11:25:11 AM

Report Gen at: 09/12/2021 6:42:17 PM



Accession No

## BIOCHEMISTRY



Registration No

SAMPLE TYPE : SERUM

### BIOCHEMISTRY ANALYSIS REPORT

Investigations	Status	Result	Unit	Biological Reference Interval
BLOOD SUGAR FASTING		104.0	mg/dl	60-110
BLOOD SUGAR PP	H	166.7	mg/dl	70-160
SERUM CREATININE		0.90	mg/dl	0.60-1.40
URIC ACID		7.3	mg/dl	3.5-7.5
BLOOD UREA		38.4	mg/dl	17-43

\*\*\* End of Report \*\*\*

Checked By:

AKASH DILAWAR



Address : Beside Kingsway Hotel, Near Airtel Office, Ring Road No. 1, Telibandha, Raipur (C.G.)

Contact Us : 9109152271, 0771-4982222, Email : anantsai99@gmail.com

Dr. DHANANJAY PRASAD  
MBBS, MD (Pathology)

Name	MR. OMPRAKASH SAHU	Reg. No.	:202112090002	IPD/OPD Status	:OPD
Age/Sex	:35 Y/	Accession No.	:20211209006	Catagory	:PRIVATE
consultant	:Dr. PARTH STHAPAK/ CARDIOLOGY	IPD/Bill No	:,21B-004097	Location/Bed.No	;

Sample Collected at : 09/12/2021 11:25:11 AM

Accept Time at: 09/12/2021 11:25:11 AM

Report Gen at: 09/12/2021 6:42:43 PM



Accession No

## BIOCHEMISTRY



Registration No

SAMPLE TYPE : SERUM

LIVER FUNCTION TEST				
Investigations	Status	Result	Unit	Biological Reference Interval
Bilirubin Total		1.40	mg/dl	0.00 - 2.0
Bilirubin Direct	H	0.42	mg/dl	0.00-0.40
Bilirubin Indirect		0.98	mg/dl	0.0 - 1.0
SGOT (AST)	H	45.2	U/L	15-40
SGPT (ALT)	H	68.6	U/L	10-40
ALKALINE PHOSPHATASE		102	U/L	30-120
TOTAL PROTEIN		7.0	g/dl	6.6-8.3
ALBUMIN		4.44	g/dl	3.5 - 5.2
GLOBULIN		2.56	g/dl	1.9 - 3.5
A-G Ratio		1.73		1.0 - 2.2

\*\*\* End of Report \*\*\*

Checked By:

AKASH DILAWAR



Name	MR. OMPRAKASH SAHU	Reg. No.	:202112090002	IPD/OPD Status	:OPD
Age/Sex	:35 Y/	Accession No.	:20211209006	Catagory	:PRIVATE
consultant	:Dr. PARTH STHAPAK/ CARDIOLOGY	IPD/Bill No	:,21B-004097	Location/Bed.No	;

Sample Collected at: 09/12/2021 11:25:11 AM

Accept Time at:09/12/2021 11:25:11 AM

Report Gen at: 09/12/2021 6:47:52 PM



## CLINICAL BIOCHEMISTRY



Accession No

Registration No

SAMPLE TYPE : SERUM

CLINICAL BIOCHEMISRTY				
Investigations	Status	Result	Unit	Biological Reference Interval
TOTAL CHOLESTROL	HH	220	mg/dl	<200
TRIGLYCERIDES	HH	210.6	mg/dl	30-150
HDL CHOLESTROL		42.7	mg/dl	30-60
LDL CHOLESTROL		135.18	mg/dl	50-140
VLDL CHOLESTROL	H	42.12	mg/dl	<35
TC/HDLC RATIO	H	5.15		Up To 5
LDLC/HDLC Ratio		3.17		2.5 - 3.5
NON HDL CHOLESTROL	H	177.30	mg/dl	0-120

\*\*\* End of Report \*\*\*

Lipid Profile should performed on 12 hr fasting state.

When the Triglyceride values are more than 400 mg/dl, the assumptions to calculate LDLC & VLDLC are invalid.

Checked By:

AKASH DILAWAR



Name	:MR. OMPRAKASH SAHU	Reg. No.	:202112090002	IPD/OPD Status	:OPD
Age/Sex	:35 Y/Male	Accession No.	:20211209006	Catagory	:PRIVATE
consultant	:Dr. PARTH STHAPAK/ CARDIOLOGY	IPD/Bill No	:,21B-004097	Location/Bed.No	;

Sample Coll. at: 09/12/2021 11:25:11 AM

ACCEPT TIME AT:09/12/2021 11:25:11 AM

ReportGen at:09/12/2021 6:47:16 PM



## CLINICAL PATHOLOGY



Accession No

Registration No

### URINE ROUTINE EXAMINATION REPORT

INVESTIGATION	RESULT	UNIT	NORMAL RANGE
<b>PHYSICAL EXAMINATION</b>			
QUANTITY	15 ML		<30 ML
APPEARANCE	CLEAR		CLEAR
COLOR	P. YELLOW		P.YELLOW
<b>CHEMICAL EXAMINATION</b>			
REACTION(Ph)	6.0		5.5 - 7.5
SPECIFIC GRAVITY	1.015		1.012-1.025
PROTEIN	NIL		ABSENT
SUGAR	ABSENT		ABSENT
KETON BODY	ABSENT		ABSENT
NITRATE	NEGATIVE		NEGATIVE
BLOOD	NEGATIVE		NEGATIVE
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS	2-3	/HPF	4-5
RBC	NIL	/HPF	NIL
EPITHELIAL CELL	2-3	/HPF	3-4
CASTS	NIL	/HPF	NIL

Checked By:



Mr. OMPRAKASH SAHU

**REFERENCE**

LAB ID:112102116

SAMPLE COLLECTED AT:

RECEIVED ON :  
09-Dec-2021 03:23 PM

Shri Anant Sai Hospital Raipur

COLLECTED ON :

Beside Kingsway hotel Near Airtel Office  
Ring Road No 1 Telibandha Raipur - CG

REPORTED ON :  
09-Dec-2021 04:40 PM

Report Status : Final

AGE : 35 Years SEX : MALE

REF. BY : DR. P. STHAPAK

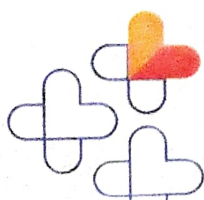
TEST NAME	RESULT	UNIT	BIOLOGICAL REF. RANGE
<b>Thyroid Function Test</b>			
<b>T3 (Triiodothyronine)</b> (ECLIA)	1.19	ng/mL	0.8 - 2.02
<b>T4 (Thyroxine)</b> (ECLIA)	8.57	µg/dL	5.1 - 14.06
<b>TSH</b> (ECLIA)	1.70	µIU/ml	0.27 - 4.2

**Interpretation(s)**

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T2) and triiodothyronine (T3), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRM) In response to low levels of circulating thyroid hormones. Elevated Levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the Hypothalamic-pituitary- thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/ or T3

**Limitations:**

T3 and T4 circulates in reversibly bound form with Thyroid binding globulins (TBG), and to a lesser Extent albumin and thyroid binding Pre Albumin, So Conditions in which TBG and protein levels alter Such as pregnancy, excess estrogens, androgens, steroids may falsely affect the T3 and T4 levels. Normal levels of T4 can also be seen in Hyperthyroid patients with: T3 Thyrotoxicosis, hypogproteinemia Or ingestion of certain drugs. Serum T4 levels in neonates and infants are higher than values in the normal adult, due to the increased concentration of TBG in neonate serum. TSH may be normal in central hypothyroidism recent rapid correction of hyperthyroidism or hypothyroidism pregnancy. Phenytoin therapy, Autoimmune disorders may produce spurious results. Various drugs can interfere With the test result, TSH has a diurnal rhythm so values may vary if sample collection is done at different times of the day.



**Plus Care Internationals Pvt. Ltd.**

2<sup>nd</sup> Floor , Piyank Tower , Near Hotel Vansh, Raja Talab Road, Raipur. 492001, Chhattisgarh  
T: +91-771-2437200 | Customer Care: +91-6231 49100 | E: care@pluscare.org | www.pluscare.org

**Client is advised to contact plus care in case of any unexpected or alarming results for possible corrective measures.**

Mr. OMPRAKASH SAHU

**REFERENCE**

LAB ID:112102116

Report Status : Final

SAMPLE COLLECTED AT:

RECEIVED ON :

AGE : 35 Years SEX : MALE

Shri Anant Sai Hospital Raipur

09-Dec-2021 03:23 PM

REF. BY : DR. P. STHAPAK

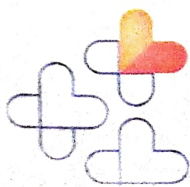
Beside Kingsway hotel Near Airtel Office  
Ring Road No 1 Telibandha Raipur - CG

COLLECTED ON :

REPORTED ON :

09-Dec-2021 04:40 PM

Parameter name	Unit	AGE Group	Expected valuesWomen	Expected valuesMen
T3	ng/mL	20 - 69	0.83 - 2.00	0.83 - 2.00
		First Trimester	1.05 - 2.3	
		Second Trimester	1.29 - 2.62	
		Third Trimester	1.35 - 2.62	
		0-6 days	0.73 - 2.88	0.73 - 2.88
		>6 days - < 3months	0.8 - 2.75	0.8 - 2.75
		>3 - <12 months	0.86 - 2.65	0.86 - 2.65
		>1 - <6 yrs.	0.92 - 2.48	0.92 - 2.48
		>6 - <11 yrs.	0.93 - 2.31	0.93 - 2.31
		>11 - <20 yrs.	0.91 - 2.18	0.91 - 2.18
T4	ug/dL	20 - 69	5.13 - 14.1	5.13 - 14.1
		First Trimester	7.33 - 14.8	
		Second Trimester	7.93 - 16.1	
		Third Trimester	6.95 - 15.7	
		0-6 days	5.04 - 18.5	5.04 - 18.5
		>6 days - < 3months	5.41 - 17.0	5.41 - 17.0
		>3 - <12 months	5.67 - 16	5.67 - 16
		>1 - <6 yrs.	5.95 - 14.7	5.95 - 14.7
		>6 - <11 yrs.	5.99 - 13.8	5.99 - 13.8
		>11 - <20 yrs.	5.91 - 13.2	5.91 - 13.2
Thyroid Stimulating Hormone	μIU/ml	20 - 69	0.27-4.2	0.27-4.2
		First Trimester	0.33 - 4.59	
		Second Trimester	0.35 - 4.1	
		Third Trimester	0.21 - 3.15	
		0-6 days	0.7 - 15.2	0.7 - 15.2
		>6 days - < 3months	0.72 - 11.0	0.72 - 11.0
		>3 - <12 months	0.73 - 8.35	0.73 - 8.35
		>1 - <6 yrs.	0.7 - 5.97	0.7 - 5.97
		>6 - <11 yrs.	0.6 - 4.84	0.6 - 4.84
		>11 - <20 yrs.	0.51 - 4.3	0.51 - 4.3



**Plus Care Internationals Pvt. Ltd.**

2<sup>nd</sup> Floor, Piyank Tower, Near Hotel Vansh, Raja Talab Road, Raipur. 492001, Chhattisgarh

T: +91-771-2437200 | Customer Care: +91-6231 49100 | E: care@pluscare.org | www.pluscare.org

Client is advised to contact plus care in case of any unexpected or alarming results for possible corrective measures.

**Mr. OMPRAKASH SAHU**

**REFERENCE**

**LAB ID:112102116**

Report Status : Final

SAMPLE COLLECTED AT:

RECEIVED ON :

AGE : 35 Years SEX : MALE

Shri Anant Sai Hospital Raipur

09-Dec-2021 03:23 PM

REF. BY : DR. P. STHAPAK

Beside Kingsway hotel Near Airtel Office  
Ring Road No 1 Telibandha Raipur - CG


COLLECTED ON :

REPORTED ON :

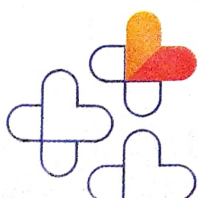
09-Dec-2021 05:15 PM

TEST NAME	RESULT	UNIT	BIOLOGICAL REF. RANGE
Immunology PSA (ECLIA)	0.390	ng/mL	<40 years <1.4 40-50 years <2.0 51-60 years <3.1 61-70 years <4.1 >70 years <4.4

PSA is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in 2 forms, complexed to alpha-1-anti-chymotrypsin and free PSA. Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations. Decrease in total PSA level is seen 24 to 48 hours after ejaculation. Decrease in total PSA level occurs after prostatectomy and orchidectomy. Successful radiation therapy and therapy with anti- androgen drugs result in decline in PSA levels, over a period of time. PSA is also useful for determining possible recurrence after therapy when used in conjunction with other diagnostic indices. PSA levels routinely fall to a very low level, which may not be seen in patients undergoing radiation therapy. Monitoring PSA levels appears to be useful in detecting residual disease and early recurrence of tumor. Serial PSA levels can help determine the success of prostatectomy and the need for further treatment, such as radiation, endocrine or chemotherapy and in the monitoring of the effectiveness of therapy. PSA levels should not be interpreted as absolute evidence of the presence or the absence of malignant disease. Before treatment, patients with confirmed prostate carcinoma frequently have levels of PSA within the range observed in healthy individuals. Elevated levels of PSA can be observed in the patients with non-malignant diseases. Measurement of PSA should always be used in conjunction with other diagnostic procedures, including information from the patient's clinical evaluation. Specimens for total PSA assay should be obtained before biopsy, prostatectomy or prostatic massage, since manipulation of the prostate gland may lead to elevated PSA levels persisting up to 2-3 weeks.

  
Dr. D. Prasad  
MD. Path  
Pathologist

----- End Of Report -----



**Plus Care Internationals Pvt. Ltd.**

2<sup>nd</sup> Floor , Piyank Tower , Near Hotel Vansh, Raja Talab Road, Raipur. 492001, Chhattisgarh  
T: +91-771-2437200 | Customer Care: +91-6231 49100 | E: care@pluscare.org | www.pluscare.org

**Client is advised to contact plus care in case of any unexpected or alarming results for possible corrective measures.**



SHRI ANANT  
SAI HOSPITAL  
net anant

# SHRI ANANT SAI HOSPITAL

A Unit of Parth Sheel Health Care Pvt. Ltd.

<b>REG. No.</b>	202112090002	<b>IPD No.</b>	
<b>Acc. No</b>	20211209006	<b>Date</b>	09-12-2021
<b>Name</b>	MR. OMPRAKASH SAHU	<b>Ref. By</b>	Dr. SELF
<b>Age/ Sex</b>	35 Y/Male	<b>Consultant</b>	Dr. PARTH STHAPAK

## ULTRA SOUND SCAN – ABDOMEN AND PELVIS

Clinical information: Heath checkup, for evaluation.

Clinical indication: To rule out intra-abdominal pathology.

- Liver:** Normal in size, shape and *diffuse fatty infiltration of parenchyma*. IHBR/ CBD – not dilated. Hepatic and portal veins branching appear normal  
No focal / diffuse lesions. Main portal vein – Normal.
- Gall bladder:** Normal in distension, caliber and outline. No echogenic focus seen in the body.
- Pancreas:** Appears normal in size and shape with normal parenchymal echotexture. Pancreatic duct is not dilated.
- Spleen:** Normal in size ( 11.3 cm) with normal shape and position with normal echotexture.
- Aorta & Para Aortic region:** Normal.
- Right Kidney:** Normal in size, shape and parenchymal echotexture. It measures 11.8 cms in length and 1.8 cms parenchymal thickness. Corticomedullary differentiation is normal. No pelvicalyceal system dilatation. No calculi.
- Left Kidney:** Normal in size, shape and parenchymal echotexture. It measures 11.6 cms in length and 1.7 cms parenchymal thickness. Corticomedullary differentiation is normal. No pelvicalyceal system dilatation. No calculi.
- No free fluid noted in the abdomen / pleural space.
- Urinary bladder:** Normal in distension, caliber and outline. No evidence of calculi or mass lesion. No significant residual volume seen.
- Prostate:** Normal in size ( 3.1 X2.1 X2.4 cm) volume~7.8 cc, weight ~8 gm shape and echotexture.
- Visualized bowel loops appear normal. No definite evidence of wall thickening or mass lesions.

## OPINION

1. Diffuse fatty infiltration of liver parenchyma. No focal lesion.
2. No other significant abnormality detected in abdomen and pelvis.

Dr. Vijendra Ruprela  
MBBS, DMRD, DNB (Radio Diagnosis)  
**DR. VIJENDRA M RUPRELA**  
MBBS, DMRD, DNB (RADIO DIAGNOSIS)  
MNAMS (NAMS) CGMC/1413/ 2008  
CONSULTING RADIOLOGIST & SONOLOGIST  
GOLD MEDALIST



REG. No.	202112090002	IPD No.	
Acc. No	20211209006	Date	09-12-2021
Name	MR. OMPRAKASH SAHU	Ref. By	Dr. SELF
Age/ Sex	35 Y/Male	Consultant	Dr. PARTH STHAPAK

## X-RAY CHEST (PA VIEW)

Clinical information: For fitness.

Clinical indication: To rule out cardiopulmonary pathology.

### FINDINGS:

- Bilateral lung parenchyma is clear.
- Both apices free.
- Trachea in mid line.
- C T ratio within normal limits.
- Both hila are normal.
- Both costo & cardiophrenic angles are clear.
- Bony cage normal.
- Soft tissue appears normal.

### OPINION –

1. No acute cardiopulmonary pathology detected.

Dr. Vijendra Ruprela

MBBS, DMRD, DNB (Radio Diagnosis)  
MNAAMS (NBE)  
Reg No. 1234567890123/2008  
**DR. VIJENDRA M RUPRELA**  
MBBS, DMRD, DNB (RADIO DIAGNOSIS)  
MNAAMS (NAMS) CGMC /1413/2008  
CONSULTING RADIOLOGIST & SONOLOGIST  
(GOLD MEDALIST)

Disclaimer: Impression is a professional opinion and not a diagnosis. The science of radiological diagnosis is based on the interpretation of various shadows and is neither complete nor accurate. All modern machines/procedures have their limitations. Further pathological and radiological investigations with clinical correlations are required to enable the clinician to reach the final diagnosis. In case of any clinical/other discrepancy, please contact. Hard copy is attached for review. Not for medico-legal purposes. Patient identity cannot be verified.