

Patient Name : Mr.SACHIN SUBHASH DASHPUTE .	Collected : 14/Oct/2023 10:05AM
Age/Gender : 42 Y 9 M 13 D/M	Received : 14/Oct/2023 02:18PM
UHID/MR No : CMAR.0000329199	Reported : 14/Oct/2023 04:45PM
Visit ID : CMAROPV731321	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4889408	

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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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	15.7	g/dL	13-17	Spectrophotometer
PCV	47.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.25	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.7	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,000	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	49	%	40-80	Electrical Impedance
LYMPHOCYTES	40.7	%	20-40	Electrical Impedance
EOSINOPHILS	3.6	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3430	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2849	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	252	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	455	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	14	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT

PLATELET COUNT	282000	cells/cu.mm	150000-410000	Electrical impedance
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	8	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

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HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



SIN No:BED230252519

NABL renewal accreditation under process

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK

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Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mr.SACHIN SUBHASH DASHPUTE .	Collected : 14/Oct/2023 12:47PM
Age/Gender : 42 Y 9 M 13 D/M	Received : 14/Oct/2023 05:00PM
UHID/MR No : CMAR.0000329199	Reported : 14/Oct/2023 05:51PM
Visit ID : CMAROPV731321	Status : Final Report
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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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GLUCOSE, FASTING , NAF PLASMA	89	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines, 2023

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:

- 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.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	134	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.



SIN No:PLF02041212,PLP1378291

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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	6.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	134	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)



SIN No:EDT230094822

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 **1860 500 7788**
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Patient Name : Mr.SACHIN SUBHASH DASHPUTE .	Collected : 14/Oct/2023 10:05AM
Age/Gender : 42 Y 9 M 13 D/M	Received : 14/Oct/2023 02:15PM
UHID/MR No : CMAR.0000329199	Reported : 14/Oct/2023 03:44PM
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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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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	126	mg/dL	<200	CHO-POD
TRIGLYCERIDES	109	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	33	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	94	mg/dL	<130	Calculated
LDL CHOLESTEROL	71.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.83		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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/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	0.60	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.48	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	86.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.43	g/dL	6.6-8.3	Biuret
ALBUMIN	3.90	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.53	g/dL	2.0-3.5	Calculated
A/G RATIO	1.54		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.

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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.84	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	23.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.76	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.72	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101–109	ISE (Indirect)



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323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034



Patient Name : Mr.SACHIN SUBHASH DASHPUTE .	Collected : 14/Oct/2023 10:05AM
Age/Gender : 42 Y 9 M 13 D/M	Received : 14/Oct/2023 02:15PM
UHID/MR No : CMAR.0000329199	Reported : 14/Oct/2023 03:44PM
Visit ID : CMAROPV731321	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4889408	

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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	U/L	<55	IFCC



SIN No:SE04512185

NABL renewal accreditation under process

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh:** Vizag (Seethamma Peta) | **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)

Address:
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 Karnataka - 560034



Patient Name : Mr.SACHIN SUBHASH DASHPUTE .	Collected : 14/Oct/2023 10:05AM
Age/Gender : 42 Y 9 M 13 D/M	Received : 14/Oct/2023 02:24PM
UHID/MR No : CMAR.0000329199	Reported : 14/Oct/2023 03:11PM
Visit ID : CMAROPV731321	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4889408	

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

TRI-iodothyronine (T3, TOTAL)	1.06	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.99	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.101	µIU/mL	0.34-5.60	CLIA

Comment:

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

1. 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.
2. 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.
3. 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.
4. 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
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



SIN No:SPL23147226

NABL renewal accreditation under process

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APOLLO CLINICS NETWORK

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Patient Name : Mr.SACHIN SUBHASH DASHPUTE .	Collected : 14/Oct/2023 10:05AM
Age/Gender : 42 Y 9 M 13 D/M	Received : 14/Oct/2023 02:24PM
UHID/MR No : CMAR.0000329199	Reported : 14/Oct/2023 03:21PM
Visit ID : CMAROPV731321	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4889408	

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
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	3.980	ng/mL	0-4	CLIA



SIN No:SPL23147226

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Karnataka- 560034



Patient Name : Mr.SACHIN SUBHASH DASHPUTE .	Collected : 14/Oct/2023 10:05AM
Age/Gender : 42 Y 9 M 13 D/M	Received : 14/Oct/2023 01:38PM
UHID/MR No : CMAR.0000329199	Reported : 14/Oct/2023 02:12PM
Visit ID : CMAROPV731321	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4889408	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR, COMPLETE URINE EXAMINATION (CUE)



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST



Dr.Shobha Emmanuel
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UPP015627,UF009621
NABL renewal accreditation under process

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 **1860 500 7788**
www.apolloclinic.com



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Sachin Subhash on 14/10/23
Dashpute

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. _____
Medical Officer



This certificate is not meant for medico-legal purposes

Date : 14-10-2023

MR NO : CMAR.0000329199

Name : Mr. Sachin Subhash Dashpute .

Age/ Gender : 42 Y / Male

Department : GENERAL

Doctor :

Registration No :

Qualification :

Consultation Timing: 09:52

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

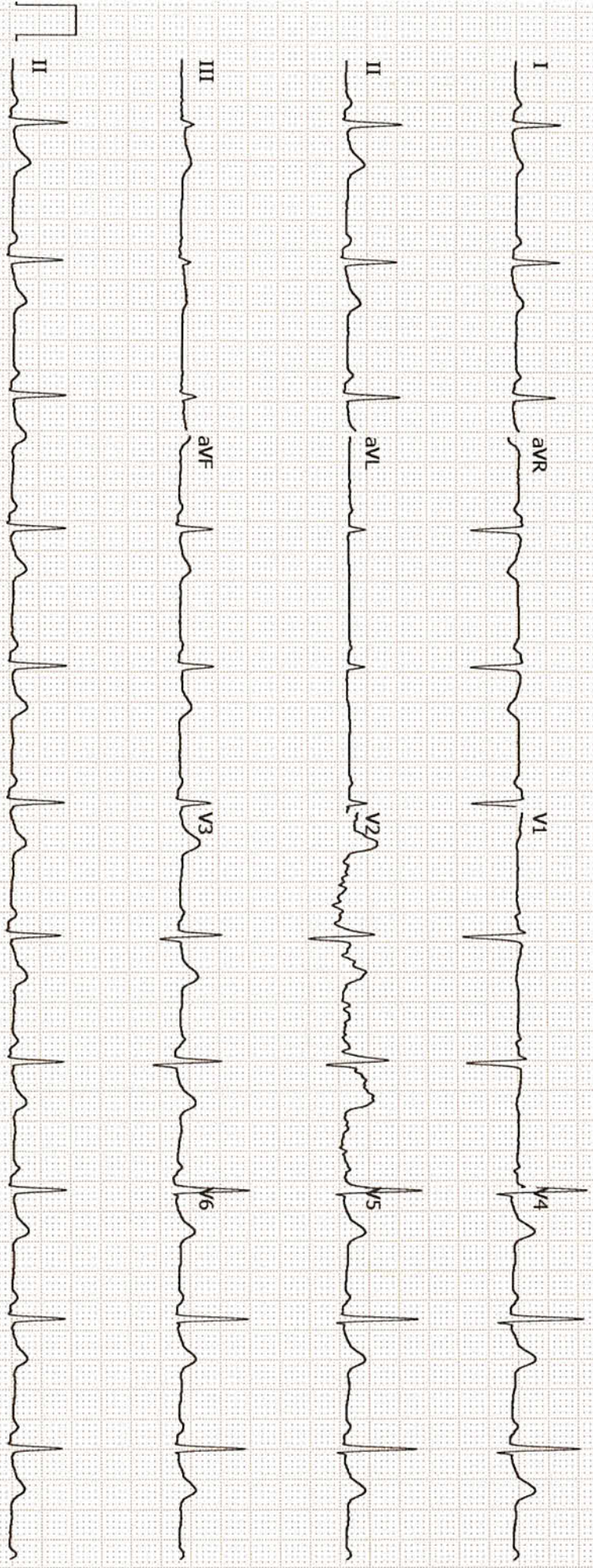
Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

68 bpm
-- / -- mmHg

QRS : 78 ms
QT / QTcBaz : 408 / 433 ms
PR : 156 ms
P : 110 ms
RR / PP : 882 / 882 ms
P / QRS / T : 34 / 41 / 60 degrees

Normal sinus rhythm
Normal ECG



DEPARTMENT OF OPHTHALMOLOGY

Employee Name: <i>Mr. Sachin</i>	Date: <i>14/10/23</i>
Employee No: <i>Subhash Dashpute</i>	Sex: <i>M.</i>
Age: <i>42y</i>	Systemic illness:

Examination	RE	LE
Anterior Segment	Normal/Abnormal	Normal/Abnormal
Vision Distance	<i>6/6</i>	<i>6/6</i>
Near vision	<i>NO</i>	<i>NO</i>
Colour (Ishihara)	Normal/Abnormal	Normal/Abnormal
Refractive Error	Present/Absent	Present/Absent
New Glass power	<i>Plano - 6/6</i>	<i>Plano - 6/6</i>
Add Power	<i>+1.25 D</i>	<i>+1.25 D</i>
Glass If any	To Continue / Change	To Continue / Change
IOP (mm of Hg)	Normal/Abnormal	Normal/Abnormal
Posterior Segment	Normal/Abnormal	Normal/Abnormal
Impression	Normal/Refractive Error/Presbyopic BE/Others	

Advice/Comments

Signature of Consultant & Optometrist

Patient Name	: Mr. Sachin Subhash Dashpute .	Age	: 42 Y M
UHID	: CMAR.0000329199	OP Visit No	: CMAROPV731321
Reported on	: 14-10-2023 13:44	Printed on	: 14-10-2023 13:45
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size (14.2cm), shape and shows diffuse increase in echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended.No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape aand echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 10.2cm and parenchymal thickness measures 1.5cm.

Left kidney measures 10.1cm and parenchymal thickness measures 1.6cm.

URINARY BLADDER: Partially distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

No free fluid or lymphadenopathy is seen.

Visualized bowel loops appears normal.

IMPRESSION:

GRADE I FATTY INFILTRATION OF LIVER.

NO OTHER SIGNIFICANT ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

Patient Name	: Mr. Sachin Subhash Dashpute .	Age	: 42 Y M
UHID	: CMAR.0000329199	OP Visit No	: CMAROPV731321
Reported on	: 14-10-2023 13:44	Printed on	: 14-10-2023 13:45
Adm/Consult Doctor	:	Ref Doctor	: SELF

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
- 3 .please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .
4. Printing mistakes should immediately be brought to notice for correction.
5. This is USG Abdomen screening.

Printed on: 14-10-2023 13:44

---End of the Report---



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology