

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 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	KOTA RAVI KIRAN KOTA RAVI KIRA
DATE OF BIRTH	14-07-1990
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	22-10-2022
BOOKING REFERENCE NO.	22D172896100027672S
<b>SPOUSE DETAILS</b>	
EMPLOYEE NAME	MS. SRAVANI BANDI
EMPLOYEE EC NO.	172896
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	GANNAVARAM
EMPLOYEE BIRTHDATE	18-06-1990

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 **12-10-2022** till **31-03-2023**. 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.



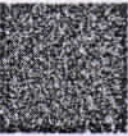





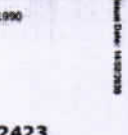



We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager  
HRM Department  
Bank of Baroda**

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

  <p><b>భారత ప్రభుత్వం</b> Government of India</p> <hr/> <p><b>భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ</b> Unique Identification Authority of India</p> <p><b>అధికార/Enrolment No.: 0649/56371/06362</b></p> <p><b>To</b> సోనర్ గౌ. Ravikiran Kota C/O Kota Babu Rao 2-17 railway station road mandavalli opposite indian petrol bank Mandavalli Krishna Andhra Pradesh - 521345 9640096400</p>  <p><b>మీ ఆధార్ సంఖ్య / Your Aadhaar No. :</b> <b>2397 0595 2423</b> VID : 8121 7223 9690 3377</p> <p><b>నా ఆధార్, నా గుర్తింపు</b></p>	  <p><b>వివరాలు</b></p> <ul style="list-style-type: none"> <li>■ ఆధార్ ఒక నిర్దిష్ట దానిని తీరదలకూ కాదు</li> <li>■ యాభిమాన భాషలో తెలుగు / ఆంగ్లం / హిందీ / ఉర్దూ ప్రాధాన్యము అందుకూను నిర్దిష్టము ఉపయోగము.</li> <li>■ ఇది ఎలక్ట్రానిక్స్ ద్వారా జనరేట్ చేయబడిన లేఖ.</li> </ul> <p><b>INFORMATION</b></p> <ul style="list-style-type: none"> <li>■ Aadhaar is a proof of identity, not of citizenship.</li> <li>■ Verify identity using Secure QR Code/ Offline XML/ Online Authentication.</li> <li>■ This is electronically generated letter.</li> </ul> <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> <li>■ ఆధార్ భారతవ్యాప్తంగా అమలు అవుతుంది.</li> <li>■ వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర సేవలకు ఆధార్ ద్వారా సౌకర్యములు అందుతుంది.</li> <li>■ ఇతర ద్వారా మీ వివరాలను తెలుసుకోవడా అనుమతం అంది ఆధార్ కోడ్ ను తేలిక చేయండి.</li> <li>■ ఎవరి ఆధార్ లేదు అది తెలుసుకోవడా మీ ఆధార్ ను ఎలక్ట్రానిక్స్ ద్వారా నిర్ధారించుకోండి.</li> </ul> </div> <ul style="list-style-type: none"> <li>■ Aadhaar is valid throughout the country.</li> <li>■ Aadhaar helps you avail various Government and non-Government services easily.</li> <li>■ Keep your mobile number &amp; email ID updated in Aadhaar.</li> <li>■ Carry Aadhaar in your smart phone – use mAadhaar App.</li> </ul>
  <p><b>భారత ప్రభుత్వం</b> Government of India</p> <hr/> <p><b>భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ</b> Unique Identification Authority of India</p> <p><b>అధికార/Enrolment No.: 0649/56371/06362</b></p> <p><b>To</b> సోనర్ గౌ. Ravikiran Kota పుట్టిన తేదీ: 14/07/1990 పులింపు/ MALE</p>   <p><b>మీ ఆధార్ సంఖ్య / Your Aadhaar No. :</b> <b>2397 0595 2423</b> VID : 8121 7223 9690 3377</p> <p><b>నా ఆధార్, నా గుర్తింపు</b></p>	  <p><b>వివరాలు</b></p> <p><b>అధికార/Enrolment No.: 0649/56371/06362</b></p> <p><b>అధికార/Enrolment No.: 0649/56371/06362</b></p> <p><b>To</b> సోనర్ గౌ. Ravikiran Kota పుట్టిన తేదీ: 14/07/1990 పులింపు/ MALE</p> <p><b>Address:</b> C/O Kota Babu Rao, 2-17, railway station road, opposite indian petrol bank, mandavalli, Mandavalli, Krishna, Andhra Pradesh - 521345</p>  <p><b>మీ ఆధార్ సంఖ్య / Your Aadhaar No. :</b> <b>2397 0595 2423</b> VID : 8121 7223 9690 3377</p> <p><b>నా ఆధార్, నా గుర్తింపు</b></p>





#3-20/14, Main Road, Enikepadu, Vijayawada - 521108.  
Ph: 0866 - 2843133, 2843733, E-mail: info@anuhospitals.com  
www.anuneuroandcardiac.com

Name : Mr. KOTA RAVI KIRAN OP MR 68759  
Visit No. : V200012080  
Age/Gender : 33 Y/Male  
Referred by : Dr DR SOUMYA MEDARAMETLA  
External Visit ID :

Patient No. : P100009620  
Registered On : 22/10/2022 10:31  
Collected On : 22/10/2022 10:31  
Reported On : 22/10/2022 13:07

**Final Report**

Test Name / Method	Results	Units	Reference Range	Sample Type
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**HAEMATOLOGY**

**ERYTHROCYTE SEDIMENTATION  
RATE-ESR**  
*Manual-Modified Westergren*

15 mm/hr 0 - 15 Whole Blood

**BLOOD GROUP & RH TYPING**  
*method : Slide Agglutination/Reverse And Forward*

" B "  
POSITIVE

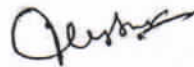
**Interpretation Notes :**

\*Suggested Gel card method for confirmation.

NOTE : ABO group should be reconfirmed after 6 months of age in newborn, as the ABO antibodies are weak or absent in sera until 3-6 months of age.

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

PROCESSED BY : MOGHAL HAJAVALI



Dr.MUSTHAQ AHMED  
M.Sc, PHD

MEERJA RAFI  
M.Sc,M.Phil,DCR



SREE VANI BADDIPUTI  
MBBS, MD.  
Reg.No : 66636



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<b>HAEMATOLOGY</b>				
<b>Complete Blood Count</b>				<b>Whole Blood</b>
<b>HAEMOGLOBIN</b> <i>Photometry- SLS Method</i>	15.1	gms/dl	13.0- 18.0	
<b>TOTAL COUNT/WBC</b> <i>Automated -Electrical Impedance/Manual</i>	8700	cells/cumm	4000- 11000	
<b>DIFFERENTIAL COUNT (DC)</b> <i>Automated -Flow Cytometry/Manual</i>				
<b>DIFFERENTIAL COUNT (DC)</b>				
NEUTROPHILS	47	%	40-75	
LYMPHOCYTES	40	%	20-40	
EOSINOPHILS	06	%	0-6	
MONOCYTES	07	%	1-10	
BASOPHILS	00	%	0-1	
<b>RED BLOOD COUNT - RBC</b> <i>method :Electrical Impedance</i>	6.23	million/cumm	4.5- 6	
<b>PACKED CELL VOLUME- PCV</b> <i>method : Calculated</i>	49.6	%	34- 48	
<b>MEAN CORPUSCULAR VOLUME-MCV</b> <i>method : Calculated</i>	79.6	fL	80- 96	
<b>MEAN CORPUSCULAR HAEMGLOBIN- MCH</b> <i>method : Calculated</i>	24.2	pg	27- 32	
<b>MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATIONMCHC</b> <i>method : Calculated</i>	30.4	gm/dl	30- 35	
<b>RDW</b> <i>Automated-Electrical Impedance</i>	14.0	%	11.0 - 16.0	
<b>PLATELET COUNT</b> <i>Automated -Electrical Impedance</i>	3.13	Lakhs/cmm	1.5 - 4.1	

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

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**MEERJA RAFI**  
M.Sc,M.Phil,DCR

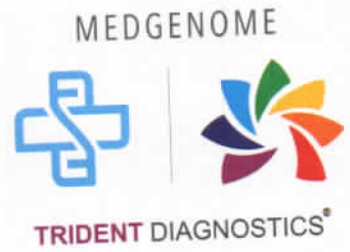
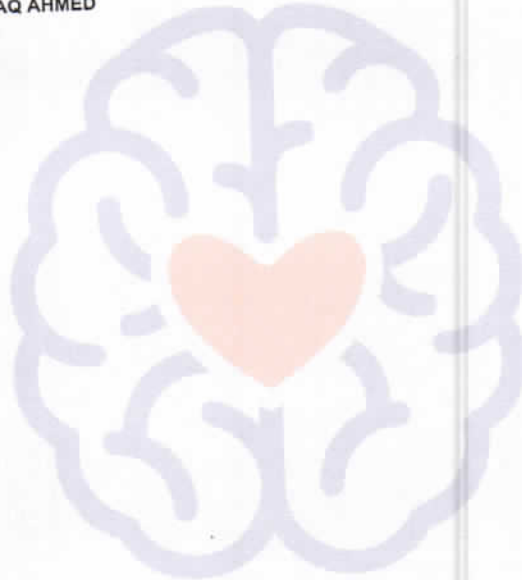


# ANU Institute of Neuro & Cardiac Sciences

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Dr. MUSTHAQ AHMED  
M.Sc, PHD



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**CLINICAL BIOCHEMISTRY**

**FASTING BLOOD SUGAR**  
*method : Hexokinase*

89 mg/dl

Normal: 70 - 99  
Pre-Diabetic : 100 - 125  
Diabetic : >126

FLOURIDE PLASMA

**FASTING URINE SUGAR**  
*method : Reagent Strip*

NIL %

Nil

URINE

**POST PRANDIAL BLOOD SUGAR**  
*method : Hexokinase*

- mg/dl

80-140

FLOURIDE PLASMA

**POST PRANDIAL URINE SUGAR**  
*method : Reagent Strip*

- %

Nil

URINE

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**  
*\*method : Turbidimetric Inhibition Immunoassay*

Whole Blood

GLYCOSYLATED HEMOGLOBIN (HbA1c)

5.9 %

<= 5.6 % - Normal  
5.7 - 6.4 % -Prediabetes  
>= 6.5 % - Diabetes

Estimated Average Glucose(eAG)

122 mg/dl

**Interpretation Notes :**

- Estimated average Glucose (eAG) is calculated as per Diabetic Control & Complication Trial (DCCT) guidelines.
- HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months.
- HbA1c may be falsely low in diabetics with haemolytic disease. In these individuals a plasma fructosamine level may be used which evaluates diabetes over 15 days.
- Abnormal hemoglobins might affect the RBC or glycation rates. In these cases even analytically correct results do not reflect the same level of glycemic control.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Values have to be correlated with the clinical findings.

**BLOOD UREA NITROGEN-BUN**  
*method : Derived*

19 mg/dl

6 - 20

SERUM

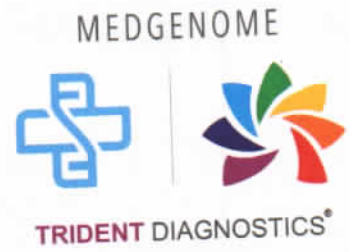
**BUN/Creatinine Ratio**  
*method : Calculated*

- %



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## SERUM CREATININE

method : Jaffe Kinetic

0.97 mg/dl 0.7 - 1.2 SERUM

### Interpretation Notes :

- Creatinine is a waste product largely from muscle breakdown. High values, especially with high BUN levels, may indicate problems with the kidneys. Increased levels observed in Acute or chronic renal failure; urinary tract obstruction, nephrotoxic drugs.
- creatinine is widely used as a test of renal (Kidney) function both as a general screen, along with urine protein, for renal disease, and as a test for monitoring of renal function in patients with renal disorder.
- Decreased creatinine are seen in reduced muscle mass, possible drug effect.
- Values have to be correlated with the clinical findings.

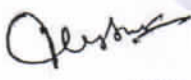
## URIC ACID

Method: Uricase-POD


8.3 mg/dl 3.4 - 7.0

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

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**CLINICAL BIOCHEMISTRY**

**Lipid Profile**

**CHOLESTEROL TOTAL**  
Method : CHOD-POD

214 mg/dl  
200-239: Borderline  
>240: Elevated  
<200: Normal

SERUM

**TRIGLYCERIDES**  
Method : GPO/POD

174 mg/dl  
<150: Normal  
151-200: Borderline  
201-499: High  
>500: Very High

**HDL CHOLESTEROL**  
Direct Method

43 mg/dl  
>55 NoRisk  
35-55 Moderate Risk  
<35 High Risk

**LDL CHOLESTEROL**  
Direct Method

161 mg/dl  
<100: Optimal  
101-129: Near/Above  
Optimal  
130-159: Borderline  
160-189: High  
>190: Very High

**VLDL CHOLESTEROL**  
method : Calculated

10 mg/dl  
7.0-40.0

**CHOL/HDL RATIO**  
method : Calculated

4.9  
0.0-4.5

**LDL/HDL RATIO**  
method : Calculated

3.7  
0.0-3.5

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

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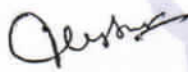
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**CLINICAL BIOCHEMISTRY**


<b>THYROID PROFILE</b>				<b>SERUM</b>
<b>TRIIODO THYRONINE-T3 TOTAL</b> <i>Method : ECLIA</i>	1.10	ng/ml	0.80 - 2.0	
<b>THYROXINE -T4 TOTAL</b> <i>Method : ECLIA</i>	7.61	ug/dl	5.1 - 14.1	
<b>THYROID STIMULATING HORMONE - TSH (Ultra Sensitive)</b> <i>Method : ECLIA</i>	2.10	mIU/ml	0.40 - 4.20	

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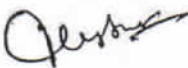
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<b>CLINICAL BIOCHEMISTRY</b>				
<b>Liver Function Test</b>				<b>SERUM</b>
<b>TOTAL BILIRUBIN</b> <i>method : Diazonium</i>	0.55	mg/dl	0.0-1.2	
<b>BILIRUBIN DIRECT</b> <i>method : Diazonium</i>	0.2	mg/dl	0 - 0.3	
<b>BILIRUBIN INDIRECT</b> <i>method : Calculated</i>	0.35	mg/dl	0.0-1.0	
<b>SGOT(AST)</b> <i>Without P5p</i>	29	U/L	Upto 40	
<b>SGPT(ALT)</b> <i>Without P5p</i>	46	U/L	Upto 41	
<b>ALKALINE PHOSPHATASE</b> <i>Method : PNPP</i>	72	IU/L	35 - 140	
<b>GAMMA GT</b> <i>Szasz Method</i>	42	U/L	8 - 61	
<b>TOTAL PROTEIN</b> <i>method : Biuret</i>	7.9	g/dl	6.4 - 8.7	
<b>ALBUMIN</b> <i>Method : BCG</i>	4.6	g/dl	3.5-5.2	
<b>GLOBULIN</b> <i>method : Derived</i>	3.3	gm/dl	2.5-3.8	
<b>A/G RATIO</b> <i>method : Calculated</i>	1.3		1.0-2.1	

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**Final Report**

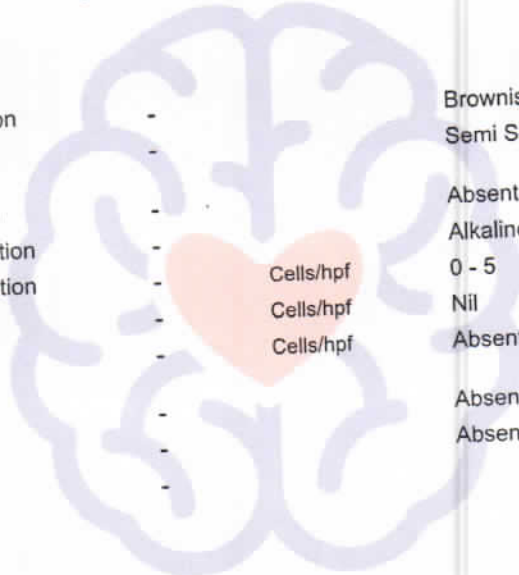
Test Name / Method	Results	Units	Reference Range	Sample Type
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**CLINICAL PATHOLOGY**

**STOOL ROUTINE**

method : Manual

COLOUR Method:Macroscopic Examination  
CONSISTENCY Method:Macroscopic Examination  
MUCUS Method:Macroscopic Examination  
REACTION Method:Macroscopic Examination  
PUS CELLS Method:Microscopic Examination  
RBCs Method:Microscopic Examination  
EPITHELIAL CELLS Method:Microscopic Examination  
OVA Method:Microscopic Examination  
CYSTS Method:Microscopic Examination  
OTHER FINDING Method:Microscopic Examination



Brownish  
Semi Solid  
Absent  
Alkaline  
0 - 5  
Nil  
Absent  
Absent  
Absent

STOOL

**URINE ROUTINE/ANALYSIS**

method : Macroscopic Examination

**PHYSICAL EXAMINATION**

COLOUR Method: Macroscopic examination  
VOLUME Method: Macroscopic examination  
APPEARANCE Method: Macroscopic examination  
SPECIFIC GRAVITY Method: Reagent Strip Method (Ion exchange)  
CHEMICAL EXAMINATION  
pH Method: Reagent Strip Method (Double Indicator)  
PROTEIN Method:Reagent Strip Method (Protein Error of indicator/SSA Test)  
GLUCOSE Method:Reagent Strip Method (GOD-POD/Benedict's Semiquantitative method)  
KETONES Method:Reagent Strip Method (Sodium Nitroprusside Test)

PALE YRLLLOW

30 ml

SEMI TURBID

1.025

6.0

TRACE

NIL %

NEGATIVE

Pale Yellow/Clear

-

Clear

1.005-1.030

4.6-8.0

Negative

Negative

Negative

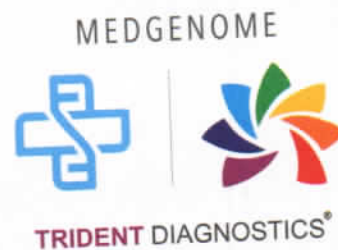
URINE





# ANU Institute of Neuro & Cardiac Sciences

#3-20/14, Main Road, Erikepadu, Vijayawada - 521108.  
 Ph: 0866 - 2843133, 2843733, E-mail: info@anuhospitals.com  
 www.anuneuroandcardiac.com



Name : Mr. KOTA RAVI KIRAN OP MR 68759  
 Visit No. : V200012080  
 Age/Gender : 33 Y/Male  
 Referred by : Dr DR SOUMYA MEDARAMETLA  
 External Visit ID :

Patient No. : P100009620  
 Registered On : 22/10/2022 10:31  
 Collected On : 22/10/2022 10:31  
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LEUCOCYTE ESTERASE	NEGATIVE	Negative
UROBILINOGEN	NIL	<1.0 mg/dL
Method:Reagent Strip Method (Modified Ehrlich Reaction/Ehrlich Reagent)		
BILIRUBIN	NEGATIVE	Negative
Method:Reagent Strip Method (Diazonium Method/FOUCHET'S METHOD)		
BLOOD Method:Reagent Strip Method (Peroxidase - Like Activity)	NEGATIVE	Negative
NITRITES	NEGATIVE	Negative
Method:Reagent Strip Method (Diazonium Method)		
<b>MICROSCOPIC EXAMINATION</b>		
RBCs	NIL /HPF	0 - 2
Method:Microscopic Examination		
EPITHELIAL CELLS	1-2 /HPF	0 - 5
Method:Microscopic Examination		
PUS CELLS	2-4 /HPF	0-3
Method:Microscopic Examination		
BACTERIA	NOT SEEN	Not Seen
Method:Microscopic Examination		
CRYSTALS	NOT SEEN	Not Seen
Method:Microscopic Examination		
CASTS	NOT SEEN	Not Seen
Method:Microscopic Examination		
OTHERS	--	-

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

PROCESSED BY : MOGHAL HAJAVALI

Dr. MUSTHAQ AHMED  
 M.Sc, PHD

MEERJA RAFI  
 M.Sc, M.Phil, DCR

SREE VANI BADDIPUTI  
 MBBS, MD.  
 Reg.No : 66636

# All investigation have their limitation which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the specimen received by the laboratory. Isolated laboratory investigations never confirm the final diagnosis of the disease. They only help in arriving at a diagnosis in conjunction with clinical presentation and other related investigations. Reports to be correlated clinically.  
 \*Lab Managed by Trident Diagnostics - A MedGenome subsidiary



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#### TERMS & CONDITIONS OF REPORTING

- It is presumed that the specimen belongs to the patient named or identified in the test request form.
- The report results are for information and interpretation for your referring doctor and can be correlated with the patient's clinical history.
- Biological Reference Range/Interval is suggested for your Gender and Age on the basis of available literature. All reference ranges are to be reconsidered by doctor's advice for your specific care.
- Test requested might not be performed for the following reasons:
  - a) Specimen quality insufficient (inadequate collections/spillage in transit)
  - b) Specimen quality unacceptable ( haemolysed /clotted/ lipemic etc.)
  - c) Incorrect specimen type.
  - d) Test cancelled either on request of patient or doctor, or because of incorrect test code, test name of specimen received. Reference may be provided to a new Accession number. Under "COMMENT" if the specimen has been re-accessioned for a different test. It is expected that a fresh specimen will be sent for the purpose of reporting on the same parameter(s), if required.
- This Medical Report is a professional opinion, not a diagnosis. Test results are not valid for medico legal purposes.
- The report will carry the name and age provided at the time of registration. To maintain confidentiality, certain reports may not be e-mailed at the discretion of the management.
- All the notes and interpretation beneath the test result in the report provided are for educational purpose only. It is not intended to be a substitute for doctor's consultation.
- Reports that carries a 'PRELIMINARY' status signifies that results are yet to be reported for one or more of the test, or else as is the case with many microbiology tests, a "FINAL" culture, identification or drug susceptibility result might be pending. In such case, the descriptor "RESULTS" column and will be replaced by the test results whenever the latter are ready. The report will, when completed, acquire a "FINAL" status.
- Results of tests may vary from laboratory to laboratory and in some parameters from time to time for the same patients. Test results and reference range may also vary depending on the technology and methodology used. Laboratory test results may also vary depending on the age, sex, time of the day sample has been taken, diet, medication and limitation of modern technology.
- In case of any unexpected or alarming test results, please contact us immediately for re-confirmation, further discussion, clarifications and rectifications, if needed only.
- In case of any discrepancy due to typing error, kindly get it rectified immediately. If the collection date was not stated in the Test Requisition Form, the same will not be printed on the report.
- The Lab or its employees/representatives assume any liability or responsibility for any loss or damage that may be incurred by any person as a result of interpreting the meaning of this report.
- In case of any issues or suggestions about your test results, please email us on lab@tridentdiagnostics.com
- Our liability is limited to the amount of investigations booked with us.
- The courts (forums) at Bengaluru shall have exclusive jurisdiction in all disputes/claims concerning the tests and the results of the tests.



K. RAVIKIRAN

Male

33 Years

Rate 105 . Sinus tachycardia.....rate> 99  
Borderline T abnormalities, inferior leads.....T flat/neg, II III aVF

PR 130  
QRS 101  
QT 322  
QTc 426

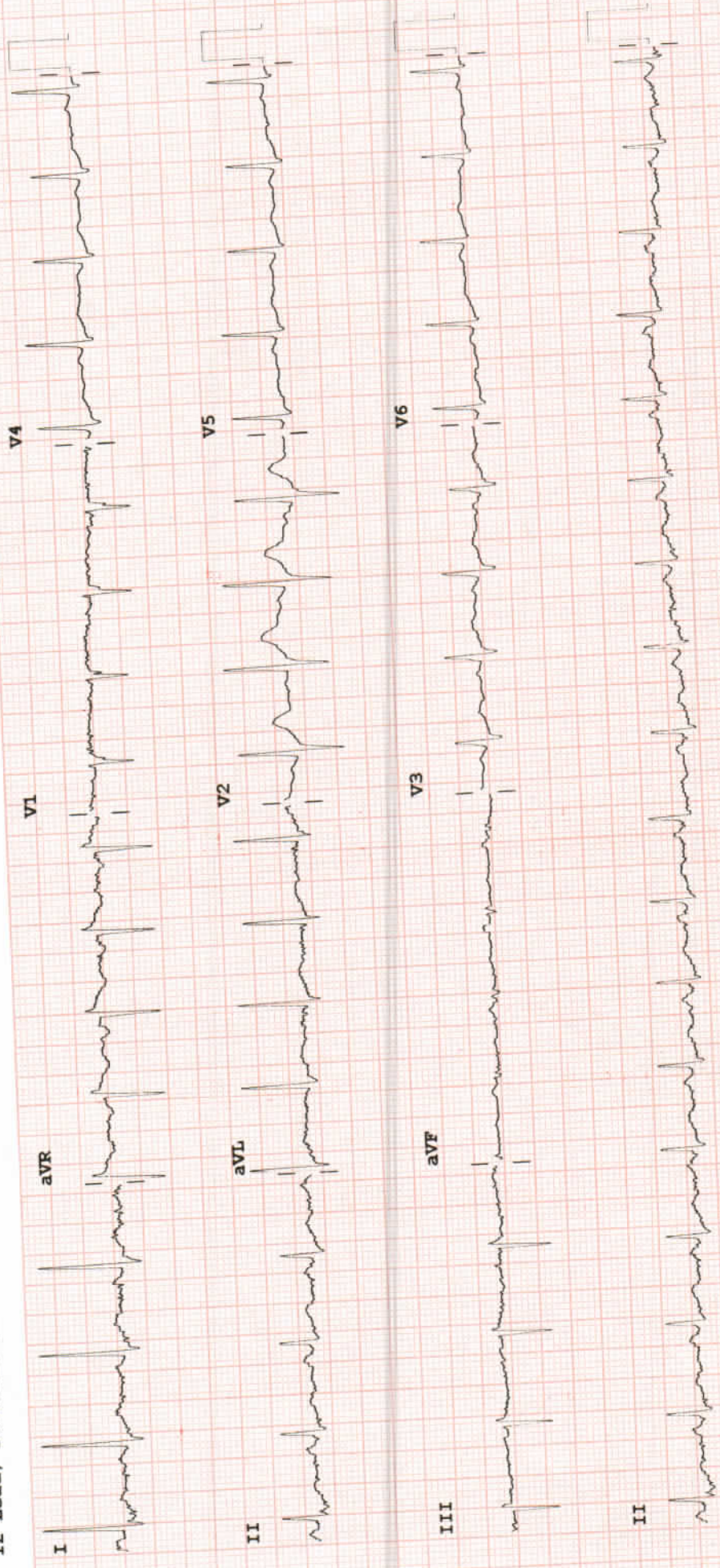
--AXIS--

- BORDERLINE ECG -

Unconfirmed Diagnosis

12 Lead; Standard Placement

P 49  
QRS 1  
T 16



F 60~ 0.15-100 Hz 100B CL P?

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

Device:

PHILIPS





## 2D – ECHO CARDIOGRAM & COLOUR DOPPLER REPORT

Patient's Name – K.RAVI KIRAN , Age/Sex :- 33Y/M Date: 22-10-2022 OP No: 68759

### M-MODE:

LV: 4.5 X 2.9 cms EF : 62 % FS : 31 %  
LA: 2.7 cms  
AO: 2.6 cms  
IVS: 1.2 cms  
PW: 1.0 cms

### B-MODE:

LV: NO RWMA  
LA: NORMAL  
RA: NORMAL  
RV: NORMAL  
AO: NORMAL  
PA: NORMAL  
IAS: Intact  
IVS: Intact

Mitral Valve : NORMAL  
Aortic Valve : NORMAL  
Tricuspid Valve: ; NORMAL  
Pulmonary Valve: NORMAL

### PERICARDIUM: NO PE

Colour Flow: \_\_ MR : TRIVIAL AR: NO TR: TRIVIAL PAH: NO

### DOPPLER:

MV Flow: A<E AV Flow: 1.3 M/s, PV Flow: 1.2M/s, RVSP: 22 mmHg

### IMPRESSION

NO RWMA  
NORMAL LV FUNCTION  
TRIVIAL MR, TRIVIAL TR, NO PAH  
NO VEGETATION/CLOT/PE

DR. S. Viswanatha Kartik MD, DM,  
Dept. of Cardiology  
Consultant Interventional Cardiologist.

Dr. N. Anil Kumar MD., DM, FESC. FSCAI  
Dept. of Cardiology  
Consultant Interventional Cardiologist.



Name: K. Ravi Kiran

Age/Sex: 33 yrs/M

Ref. By: Dr. BHANU PRAVEEN NAIDU MRCSP(UK)

Date: 22.10.2022

### ULTRASONOGRAPHY OF ABDOMEN

**LIVER:** Normal in size and increased echotexture.  
**Focal hypoechoic area measuring approximately 1.2 cm seen adjacent in GB fossa- likely focal fatty sparing.**

**PORTAL VEIN:** Normal in calibre.

**GALLBLADDER:** Distended. Wall thickness is normal.  
No calculi / peri cholecystic fluid collection.

**CBD:** Normal in calibre.

**PANCREAS:** Normal in size and texture.  
No focal lesions / ductal dilatation / calcifications.

**SPLEEN:** Normal in size and echotexture. No focal lesions.

**RETROPERITONEUM:** Aorta & IVC are normal in calibre.  
No pre/para aortic lymphadenopathy. No obvious mass lesions at adrenal region.

**RIGHT KIDNEY:** Normal in size, position and texture. No focal lesions.  
No calculi / hydronephrosis.

**LEFT KIDNEY:** Normal in size, position and texture. No focal lesions.  
No calculi / hydronephrosis.

**URINARY BLADDER:** Distended. Mural thickness is normal. No Calculi.

**PROSTATE** : Normal

\*No obvious pelvic pathology noted.

\*No free fluid noted in peritoneal cavity.

#### CONCLUSION:

- **GRADE I FATTY LIVER.**
- **~~GB~~ FOCAL FATTY SPARING AREA IN LIVER.**

SUGGEST CLINICAL CORRELATION.

**Dr. M. BHAVANI SHANKAR**

MBBS, MD, DNB (Radio Diagnosis), FIVR

Consultant, Endovascular and Interventional Radiologist

MBBS, MD, DNB (Radio Diagnosis), FIVR

Fellowship in Endovascular and Interventional Radiology

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