

Health Check up Booking Confirmed Request(bobE50597),Package Code-PKG10000242,
Beneficiary Code-51984

Mediwheel <wellness@mediwheel.in>

Wed 11/22/2023 7:06 PM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>

Cc:customercare@mediwheel.in <customercare@mediwheel.in>



011-41195959

Email:wellness@mediwheel.in

Hi Manipal Hospitals,

Diagnostic/Hospital Location :NH-24 Hapur Road,Oppo. Bahmeta Village, Near Lancroft
Golf Links Apartment,City:Ghaziabad

We have received the confirmation for the following booking .

Beneficiary Name : PKG10000242

Beneficiary Name : MR. KUMAR HARISH

Member Age : 57

Member Gender : Male

Member Relation : Employee

Package Name : Medi-Wheel Metro Full Body Health Checkup Male Above 40

Location : SIKANDRABAD,Uttar Pradesh-203205

Contact Details : 9319858161

Booking Date : 11-11-2023

Appointment Date : 25-11-2023

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

We request you to facilitate the employee on priority.

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. KUMAR HARISH
EC NO.	55112
DESIGNATION	HEAD CASHIER "E" II
PLACE OF WORK	AURANGABAD AHIR,U P
BIRTHDATE	17-02-1964
PROPOSED DATE OF HEALTH CHECKUP	25-11-2023
BOOKING REFERENCE NO.	23D55112100075858E

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 **21-11-2023** till **31-03-2024**. 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
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
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
General Tests	General Tests
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

Issue Date: 15/11/2014



हरीश कुमार
Harish Kumar
जन्म तिथि / DOB : 17/02/1964
पुरुष / MALE



7712 0969 2632



7712 0969 2632

मेरा आधार, मेरी पहचान

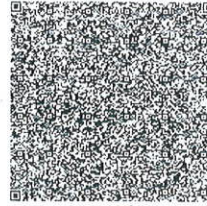
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भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: आत्मज: कलायन श्वरूप, मंदिर वाली गली,
हीरा कॉलोनी, चौधरी वाड़ा, सिकंदराबाद,
बुलंदशहर, उत्तर प्रदेश, 203205
Address: S/O: Kalayan Shwaroop, mandir
wali gali, heera colony, chaudhary wara,
Sikandrabad, Bulandshahr, Uttar Pradesh,
203205

Print Date: 26/02/2021



7712 0969 2632

1947

help@uidai.gov.in

www.uidai.gov.in

harrish kumar

59years
Male
Caucasian

Vent. rate	123 bpm
PR interval	156 ms
QRS duration	74 ms
QT/QTc	316/452 ms
P-R-T axes	78 -6 79

ID: 011511133

25-Nov-2023

15:04:34

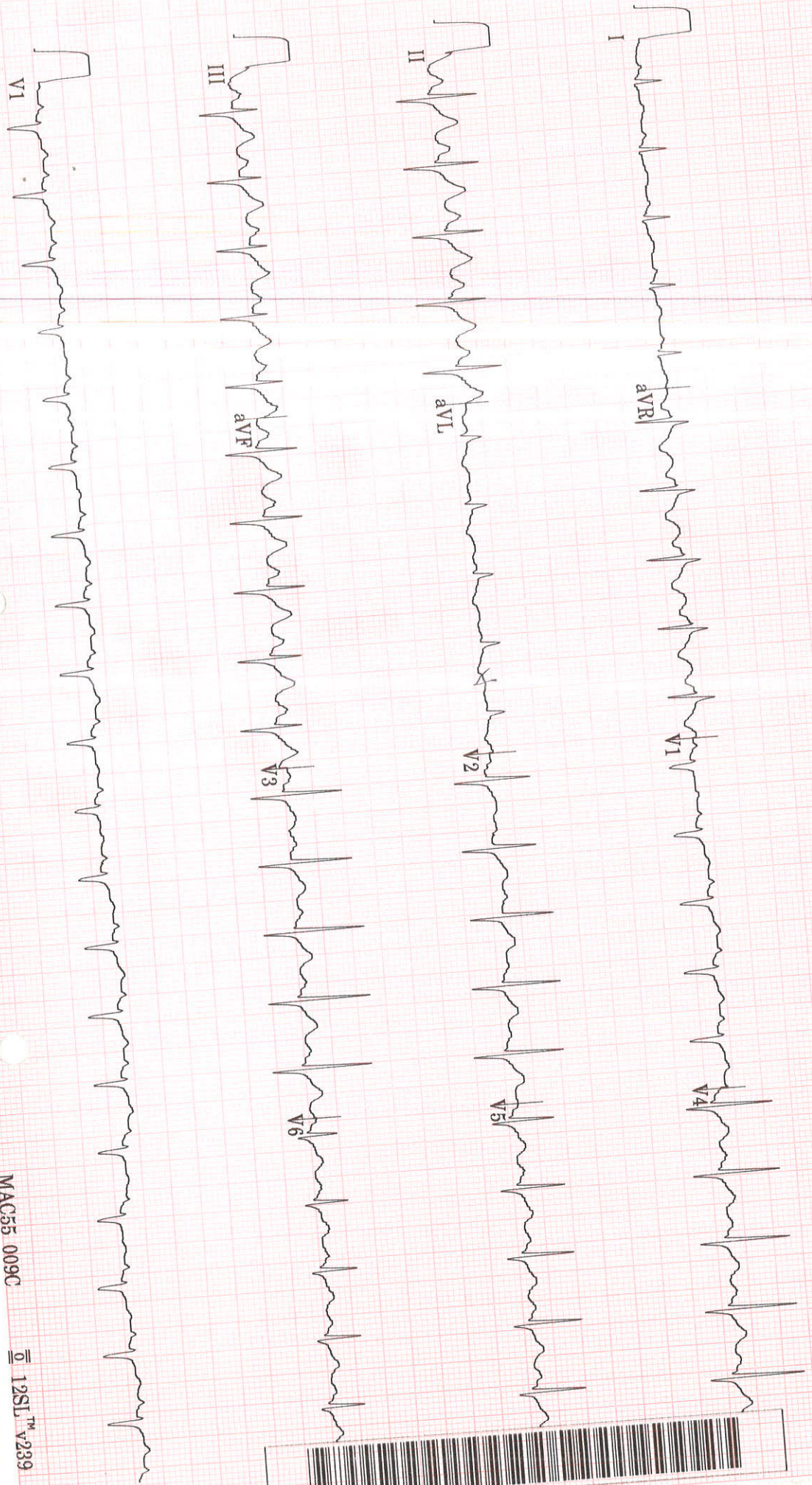
Maunpa...

Sinus tachycardia
Right atrial enlargement
Borderline ECG

Technician:
Test ind:

Referred by:

Unconfirmed



4 by 2.5s + 1 rhythm Id

MAC55 009C

12SL™ V239



INVESTIGATION REPORT

Patient Name	HARISH KUMAR	Location	Ghaziabad
Age/Sex	59Year(s)/male	Visit No	: V00000000001-GHZB
MRN No	11511133	Order Date	:25/11/2023
Ref. Doctor	HCP	Report Date	:25/11/2023

Echocardiography

Final Interpretation

1. No RWMA, LVEF=60%.
2. Grade I LV diastolic dysfunction.
3. Trace MR, No AR.
4. No TR, No PAH.
5. No intracardiac clot/mass/pericardial pathology.

Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal.
- **Tricuspid Valve:** It appears normal.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

- LV is normal size with normal contractility.

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P: 0120-3535353

Manipal Health Enterprises Private Limited

CIN:U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P+91 80 4936 0300 Info@manihospitals.com www.manipalhospitals.com

LABORATORY REPORT

Department Of Laboratory Medicine

Name : MR HARISH KUMAR Age : 59 Yr(s) Sex :Male
 Registration No : MH011511133 Lab No : 32231110375
 Patient Episode : O03001230259 Collection Date : 25 Nov 2023 20:16
 Referred By : MANIPAL HOSPITALS GHAZIABAD Reporting Date : 26 Nov 2023 07:32
 Receiving Date : 25 Nov 2023 20:33

BIOCHEMISTRY

THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	1.530	ng/ml	[0.400-1.810]
T4 - Thyroxine (ECLIA)	9.880	µg/dl	[4.600-10.500]
Thyroid Stimulating Hormone (ECLIA)	11.830 #	µIU/mL	[0.340-4.250]

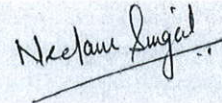
Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

* References ranges recommended by the American Thyroid Association

- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
- 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

Page 1 of 1

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



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



LABORATORY REPORT

Name	: MR HARISH KUMAR	Age	: 59 Yr(s) Sex :Male
Registration No	: MH011511133	Lab No	: 32231110375
Patient Episode	: O03001230259	Collection Date	: 25 Nov 2023 20:16
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BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	1.160	ng/mL	[<3.500]

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

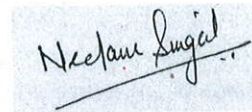
Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

NOTE:

- Abnormal Values

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



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



LABORATORY REPORT

Name : MR HARISH KUMAR
Registration No : MH011511133
Patient Episode : H18000001482
Referred By : HEALTH CHECK MGD
Receiving Date : 25 Nov 2023 13:23

Age : 59 Yr(s) Sex : Male
Lab No : 202311004082
Collection Date : 25 Nov 2023 10:43
Reporting Date : 25 Nov 2023 12:01

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.56	millions/cumm	[4.50-5.50]
HEMOGLOBIN	15.5	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	49.7	%	[40.0-50.0]
MCV (DERIVED)	109.0 #	fL	[83.0-101.0]
MCH (CALCULATED)	34.0 #	pg	[25.0-32.0]
MCHC (CALCULATED)	31.2 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.2 #	%	[11.6-14.0]
Platelet count	255	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	10.2		
WBC COUNT (TC) (IMPEDENCE)	11.80 #	x 10³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	75.0	%	[40.0-80.0]
Lymphocytes	15.0 #	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	4.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	20.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name : MR HARISH KUMAR
Registration No : MH011511133
Patient Episode : H18000001482
Referred By : HEALTH CHECK MGD
Receiving Date : 25 Nov 2023 13:23

Age : 59 Yr(s) Sex : Male
Lab No : 202311004082
Collection Date : 25 Nov 2023 13:23
Reporting Date : 25 Nov 2023 16:10

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(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)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	1-2/ /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



LABORATORY REPORT

Name	: MR HARISH KUMAR	Age	: 59 Yr(s) Sex :Male
Registration No	: MH011511133	Lab No	: 202311004082
Patient Episode	: H18000001482	Collection Date	: 25 Nov 2023 10:43
Referred By	: HEALTH CHECK MGD	Reporting Date	: 25 Nov 2023 18:22
Receiving Date	: 25 Nov 2023 13:23		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.4	%	[0.0-5.6]
Estimated Average Glucose (eAG)	108	mg/dl	

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

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.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	212 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	140	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	60.0	mg/dl	[35.0-65.0]
VLDL- CHOLESTEROL (Calculated)	28	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	124.0 #	mg/dl	[<120.0]

Above optimal-100-129

Near/

Borderline High:130-159
High Risk:160-189



LABORATORY REPORT

Name	: MR HARISH KUMAR	Age	: 59 Yr(s) Sex :Male
Registration No	: MH011511133	Lab No	: 202311004082
Patient Episode	: H18000001482	Collection Date	: 25 Nov 2023 10:43
Referred By	: HEALTH CHECK MGD	Reporting Date	: 25 Nov 2023 11:38
Receiving Date	: 25 Nov 2023 13:23		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	3.5		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.1		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

KIDNEY PROFILE

Specimen: Serum			
UREA	37.7	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	17.6	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.98	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	6.2	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	138.10	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	5.39 #	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.1	mmol/L	[101.0-111.0]
Method: ISE Indirect			



LABORATORY REPORT

Name : MR HARISH KUMAR
Registration No : MH011511133
Patient Episode : H18000001482
Referred By : HEALTH CHECK MGD
Receiving Date : 25 Nov 2023 13:23

Age : 59 Yr(s) Sex :Male
Lab No : 202311004082
Collection Date : 25 Nov 2023 10:43
Reporting Date : 25 Nov 2023 11:38

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated) Technical Note	84.0	ml/min/1.73sq.m	[>60.0]
eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.			
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.35	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.08	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN(SERUM) Method: Calculation	0.27	mg/dl	[0.10-0.90]
TOTAL PROTEINS(SERUM) Method: BIURET	7.50	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.43	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.07	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.44		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	23.00	U/L	[0.00-40.00]



LABORATORY REPORT

Name : MR HARISH KUMAR
Registration No : MH011511133
Patient Episode : H18000001482
Referred By : HEALTH CHECK MGD
Receiving Date : 25 Nov 2023 13:23

Age : 59 Yr(s) Sex : Male
Lab No : 202311004082
Collection Date : 25 Nov 2023 10:43
Reporting Date : 25 Nov 2023 14:31

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	17.70	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	78.0	IU/L	[32.0-91.0]
GGT	18.0	U/L	[7.0-50.0]

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.

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing O Rh(D) Positive

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist

Name : MR HARISH KUMAR
Registration No : MH011511133
Patient Episode : H18000001482
Referred By : HEALTH CHECK MGD
Receiving Date : 25 Nov 2023 10:42

Age : 59 Yr(s) Sex : Male
Lab No : 202311004083
Collection Date : 25 Nov 2023 10:42
Reporting Date : 25 Nov 2023 11:39

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	109.0	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

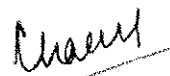
Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

NOTE:

- Abnormal Values

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



Dr. Charu Agarwal
Consultant Pathologist

Name : MR HARISH KUMAR
Registration No : MH011511133
Patient Episode : H18000001482
Referred By : HEALTH CHECK MGD
Receiving Date : 25 Nov 2023 15:34

Age : 59 Yr(s) Sex : Male
Lab No : 202311004084
Collection Date : 25 Nov 2023 15:34
Reporting Date : 25 Nov 2023 18:20

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Specimen: Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	93.0	mg/dl	[80.0-140.0]
Method: Hexokinase			
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			

NOTE:
- Abnormal Values

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

Alka
Dr. Alka Dixit Vats
Consultant Pathologist



RADIOLOGY REPORT

NAME	MR Harish KUMAR	STUDY DATE	25/11/2023 1:05PM
AGE / SEX	59 y / M	HOSPITAL NO.	MH011511133
ACCESSION NO.	R6451387	MODALITY	US
REPORTED ON	25/11/2023 2:31PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS WITH PVR

FINDINGS

LIVER: appears normal in size (measures 141 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 72 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 8.6 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.4 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. 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 93 x 36 mm.

Left Kidney: measures 98 x 40 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.

Pre-void urine volume 329 cc.

Post-void residual urine volume 83cc (Significant).

PROSTATE: Prostate is enlarged in size, shape and echotexture. It measures 60 x 35 x 31 mm with volume 34 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

-Prostatomegaly with significant post void residual urine

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST



RADIOLOGY REPORT

NAME	MR Harish KUMAR	STUDY DATE	25/11/2023 1:05PM
AGE / SEX	59 y / M	HOSPITAL NO.	MH011511133
ACCESSION NO.	R6451387	MODALITY	US
REPORTED ON	25/11/2023 2:31PM	REFERRED BY	HEALTH CHECK MGD

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



RADIOLOGY REPORT

NAME	MR Harish KUMAR	STUDY DATE	25/11/2023 11:07AM
AGE / SEX	59 y / M	HOSPITAL NO.	MH011511133
ACCESSION NO.	R6451385	MODALITY	CR
REPORTED ON	25/11/2023 1:29PM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Bronchovascular markings appear prominent.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Bilateral apical pleural thickening is seen.
HEART: Normal.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Normal.
THORACIC SPINE: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

Prominent bronchovascular markings in bilateral lung fields.
Bilateral apical pleural thickening .
Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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