


Patient Name : Mr.KISHOR POTE	Collected : 14/Sep/2024 09:24AM
Age/Gender : 39 Y 5 M 4 D/M	Received : 14/Sep/2024 02:05PM
UHID/MR No : CVIM.0000244955	Reported : 14/Sep/2024 02:24PM
Visit ID : CVIMOPV628916	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's are Normocytic Normochromic
WBC's Mild Eosinophilia
Platelets are Adequate
No hemoparasite seen.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No: VIR240901068

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.8	g/dL	13-17	Spectrophotometer
PCV	41.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.39	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	95.4	fL	83-101	Calculated
MCH	31.5	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,490	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	45.7	%	40-80	Electrical Impedence
LYMPHOCYTES	39.1	%	20-40	Electrical Impedence
EOSINOPHILS	8.7	%	1-6	Electrical Impedence
MONOCYTES	6.2	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4336.93	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3710.59	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	825.63	Cells/cu.mm	20-500	Calculated
MONOCYTES	588.38	Cells/cu.mm	200-1000	Calculated
BASOPHILS	28.47	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.17		0.78- 3.53	Calculated
PLATELET COUNT	253000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic
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Platelets are Adequate
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Dr Sneha Shah
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Consultant Pathologist

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Certificate No: MC-5697

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP MALE - 2D ECHO - PAN INDIA - FY2324

Page 3 of 13


Dr Sneha Shah
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Consultant Pathologist

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Age/Gender : 39 Y 5 M 4 D/M	Received : 14/Sep/2024 02:05PM
UHID/MR No : CVIM.0000244955	Reported : 14/Sep/2024 03:53PM
Visit ID : CVIMOPV628916	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP MALE - 2D ECHO - PAN INDIA - FY2324

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



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Patient Name : Mr.KISHOR POTE	Collected : 14/Sep/2024 09:24AM
Age/Gender : 39 Y 5 M 4 D/M	Received : 14/Sep/2024 02:01PM
UHID/MR No : CVIM.0000244955	Reported : 14/Sep/2024 02:41PM
Visit ID : CVIMOPV628916	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	76	mg/dL	70-100	HEXOKINASE

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:

- 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.



DR.Sanjay Ingle
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Consultant Pathologist

SIN No:VIR240901070

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mr.KISHOR POTE	Collected : 14/Sep/2024 11:12AM
Age/Gender : 39 Y 5 M 4 D/M	Received : 14/Sep/2024 03:04PM
UHID/MR No : CVIM.0000244955	Reported : 14/Sep/2024 03:56PM
Visit ID : CVIMOPV628916	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	123	mg/dL	70-140	HEXOKINASE

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.



Dr Sneha Shah
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Consultant Pathologist

SIN No: VIR240901194

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mr.KISHOR POTE	Collected : 14/Sep/2024 09:24AM
Age/Gender : 39 Y 5 M 4 D/M	Received : 14/Sep/2024 09:30PM
UHID/MR No : CVIM.0000244955	Reported : 15/Sep/2024 06:56AM
Visit ID : CVIMOPV628916	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	224	mg/dL	<200	CHO-POD
TRIGLYCERIDES	397	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	185	mg/dL	<130	Calculated
LDL CHOLESTEROL	105.28	mg/dL	<100	Calculated
VLDL CHOLESTEROL	79.43	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.64		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.64		<0.11	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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



DR.Sanjay Ingle
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Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.52	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.42	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	34.66	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.3	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	55.50	U/L	30-120	IFCC
PROTEIN, TOTAL	7.00	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.92	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		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. 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's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP MALE - 2D ECHO - PAN INDIA - FY2324

Page 9 of 13



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.79	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	21.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.70	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.78	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.63	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.13	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.00	g/dL	6.6-8.3	Biuret
ALBUMIN	4.08	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.92	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	44.13	U/L	<55	IFCC



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M.B.B.S,M.D(Pathology)
Consultant Pathologist

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Patient Name : Mr.KISHOR POTE	Collected : 14/Sep/2024 09:24AM
Age/Gender : 39 Y 5 M 4 D/M	Received : 14/Sep/2024 02:16PM
UHID/MR No : CVIM.0000244955	Reported : 14/Sep/2024 02:41PM
Visit ID : CVIMOPV628916	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.004		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0 - 1	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.



Dr Sneha Shah
MBBS, MD (Pathology)
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SIN No: VIR240901067

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Patient Name : Mr.KISHOR POTE	Collected : 14/Sep/2024 09:24AM
Age/Gender : 39 Y 5 M 4 D/M	Received : 14/Sep/2024 02:18PM
UHID/MR No : CVIM.0000244955	Reported : 14/Sep/2024 02:43PM
Visit ID : CVIMOPV628916	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP MALE - 2D ECHO - PAN INDIA - FY2324

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR240901071

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



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Age/Gender : 39 Y 5 M 4 D/M
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Visit ID : CVIMOPV628916
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Collected : 14/Sep/2024 09:24AM
Received : 14/Sep/2024 02:18PM
Reported : 14/Sep/2024 02:43PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.


Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR240901071

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Patient Name	: Mr. kishor POTE	Age	: 39Yrs 5Mths 5Days
UHID	: CVIM.0000244955	OP Visit No.	: CVIMOPV628916
Printed On	: 14-09-2024 03:55 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 9920144559		

DEPARTMENT OF RADIOLOGY

ULTRASOUND OF WHOLE ABDOMEN

Liver appears normal in size, shape and shows Grade I increased echogenicity. No focal lesion is noted.No e/o IHBR dilatation is seen.Portal vein apeears normal in size, flow & phasicity.

Hepatic veins & their confluence appears normal.

Gall bladder is distended.. No obvious pericholecystic fluid is noted.

Spleen appears normal in shape and echotexture. No obvious focal lesion is noted.

Visualized pancreas appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained.

Right kidney shows few tiny concretions largest pprox 2.6 mm sized calculus in upper group of calices with no hydronephrosis or hydroureter No obvious calculus, focal lesion, hydronephrosis or hydroureter noted on Left side.

Urinary bladder is well distended and appears normal with normal bladder wall thickness. No echoreflective calculus or soft tissue mass noted.

Prostate appears normal. No focal lesion noted.

No e/o any free fluid noted.

Visualized bowel loops are unremarkable. No obvious dilatation noted at present
. Excessive bowel gases noted. Appendix could not be assessed due to bowel gases.
However no probe tenderness / inflammatory changes / collection in RIF t present/.
Follow up is advised

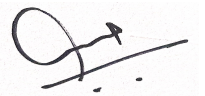
IMPRESSION:

**Fatty infiltration of liver.
right renal concretions.**

Suggest : clinical correlation and further evaluation / imaging

This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required.

---End Of The Report---



Dr.BHUSHANA SURYAWANSHI
MBBS, DMRE
2008 / 04 / 1111
Radiology

Patient Name	: Mr. kishor POTE	Age	: 39Yrs 5Mths 5Days
UHID	: CVIM.0000244955	OP Visit No.	: CVIMOPV628916
Printed On	: 14-09-2024 06:01 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 9920144559		

DEPARTMENT OF RADIOLOGY

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Cardiac shadow is normal.

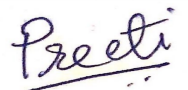
Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

---End Of The Report---



Dr. PREETI P KATHE
DMRE, MD, DNB
2003/04/1886
Radiology