

Patient Name	: Mr.ANKIT JAIN	Collected	: 29/Mar/2024 10:02AM
Age/Gender	: 36 Y 3 M 1 D/M	Received	: 29/Mar/2024 02:28PM
UHID/MR No	: CPIM.0000029948	Reported	: 29/Mar/2024 05:22PM
Visit ID	: CAUNOPV169044	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: bobS17819		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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


Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240087223

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 PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.8	g/dL	13-17	Spectrophotometer
PCV	44.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.13	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	87.5	fL	83-101	Calculated
MCH	30.9	pg	27-32	Calculated
MCHC	35.3	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,400	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	48.5	%	40-80	Electrical Impedence
LYMPHOCYTES	29.5	%	20-40	Electrical Impedence
EOSINOPHILS	14.3	%	1-6	Electrical Impedence
MONOCYTES	7.2	%	2-10	Electrical Impedence
BASOPHILS	0.5	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4074	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2478	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	1201.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	604.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	42	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.64		0.78- 3.53	Calculated
PLATELET COUNT	187000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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DEPARTMENT OF HAEMATOLOGY

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

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



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Age/Gender : 36 Y 3 M 1 D/M	Received : 29/Mar/2024 02:37PM
UHID/MR No : CPIM.0000029948	Reported : 29/Mar/2024 03:56PM
Visit ID : CAUNOPV169044	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	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:

- 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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	89	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	97	mg/dL		Calculated

Page 5 of 15


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DEPARTMENT OF BIOCHEMISTRY

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

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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	183	mg/dL	<200	CHO-POD
TRIGLYCERIDES	230	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	132	mg/dL	<130	Calculated
LDL CHOLESTEROL	86.38	mg/dL	<100	Calculated
VLDL CHOLESTEROL	45.94	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.61		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.30		<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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.


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DEPARTMENT OF BIOCHEMISTRY

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

- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) 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.
- 5) 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.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.25	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.23	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.02	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	46.42	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	33.9	U/L	<50	IFCC
ALKALINE PHOSPHATASE	66.04	U/L	30-120	IFCC
PROTEIN, TOTAL	7.42	g/dL	6.6-8.3	Biuret
ALBUMIN	4.78	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.81		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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.83	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	16.03	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.98	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.73	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.65	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.49	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.13	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.42	g/dL	6.6-8.3	Biuret
ALBUMIN	4.78	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.81		0.9-2.0	Calculated


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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	38.02	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.27	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.77	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.952	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

- 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.
- 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.
- 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.
- 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


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SIN No: SPL24059084

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DEPARTMENT OF IMMUNOLOGY

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


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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


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SIN No:UR2320071

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***

Sheha Shah
Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:UF011556

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



PATIENT NAME :-MR. ANKIT JAIN
REFERRED BY :- BOB

AGE :-36YRS/ M
DATE :- 29.03.2024

2D ECHO CARDIOGRAPHY & COLOR DOPPLER REPORT

- Mitral Valve : Normal.
- Aortic Valve : Normal.
- Tricuspid Valve : Normal.
- Pulmonary Valve : Normal.

RWMA: Absent.

RA : Normal
RV : Normal
IVS : Intact
IAS : Intact
Pericardial effusion : No
IVC : Normal.

AO – 26 mm, LA – 30 mm, LVIDd – 42 mm, LVISd – 23 mm, IVS – 10 mm, PW – 9 mm.

CONCLUSION:

- Normal size cardiac chambers.
- No RWMA.
- Good LV function LVEF-60%.
- No AR/MR/TR No PAH.
- No e/o clot, thrombus, vegetation or pericardial effusion.

Apollo Clinic - Aundh
Dr. Satyajeet Suryawanshi
DNB (Cardiology)
MBBS, FCPS
Reg. No. 2005/05/2798

DR.SATYAJEET SURYAWANSHI
(CONSULTANT CARDIOLOGIST)

P/S : Normal echo does not rule out coronary artery disease.

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Ankit Jain on 29/03/2024

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 	✓
<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,
Apollo Clinic, (Aundh, Pune)

This certificate is not meant for medico-legal purposes

Patient Name	: Mr. ANKIT JAIN	Age/Gender	: 36 Y/M
UHID/MR No.	: CPIM.0000029948	OP Visit No	: CAUNOPV169044
Sample Collected on	:	Reported on	: 01-04-2024 14:36
LRN#	: RAD2286301	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS17819		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen.

PV and CBD are normal.

No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of peri-GB collection. No evidence of focal lesion is seen.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Right Kidney is -10.8 x 4.7 cm. Left Kidney is - 11.0 x 5.7 cm.

Both Kidneys are normal in size and echotexture.

The cortico medullary differentiation is maintained bilaterally.

No evidence of calculus / hydronephrosis seen on either side.

Urinary bladder is normal. No evidence of filling defect or mass effect. The wall thickness is normal.

Prostate is normal in size and echotexture. No evidence of calcification seen.

No obvious free fluid or lymphadenopathy is noted in the abdomen .

IMPRESSION :

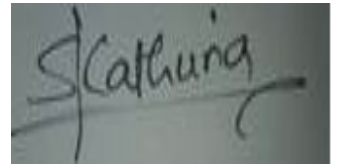
No significant abnormality seen.

Patient Name : Mr. ANKIT JAIN

Age/Gender : 36 Y/M

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, not valid for medico legal purpose.



Dr. SUHAS SANJEEV KATHURIA
MBBS,DMRE, RADIOLOGY
Radiology

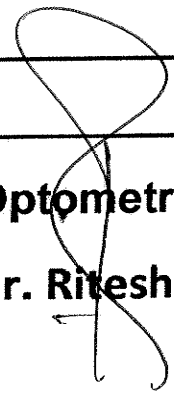
Patient Name : Amrit Jain
 AGE/Sex : 36/M

Date 29/03/24
 UHID/ MR NO : 169044

	RIGHT EYE	LEFT EYE
FAR VISION	<u>C VA6/6</u>	<u>C VA6/6</u>
NEAR VISION	<u>NI6</u>	<u>NI6</u>
ANTERIOR SEGMENT PUPIL	<u>MID</u>	<u>MID</u>
COLOUR VISION	<u>(N)</u>	<u>(N)</u>
FAMILY / MEDICAL HISTORY	<u>—————</u>	<u>—————</u>

Impression: WNL

Optometrist:-
Mr. Ritesh Sutnase



Date : 29-03-2024
MR NO : CPIM.0000029948
Name : Mr. ANKIT JAIN
Age/ Gender : 36 Y / Male

Department : GENERAL
Doctor :
Registration No :
Qualification :

Consultation Timing: 09:37

Height	170
Weight	73
BP	110/70
Temp	76
Heart	96
Local Hip	102
Consultation with report	



भारत सरकार
Government of India



अंकित जैन,
Ankit Jain
जन्म तिथि / DOB: 28/12/1987
पुरुष / Male

Issue Date: 13/04/2012

5590 2041 6803

मेरा आधार, मेरी पहचान

Patient Name : Mr. ANKIT JAIN

Age/Gender : 36 Y/M

UHID/MR No. : CPIM.0000029948

OP Visit No : CAUNOPV169044

Sample Collected on :

Reported on : 29-03-2024 16:36

LRN# : RAD2286301

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobS17819

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

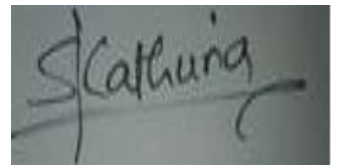
Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualized and normal.

Visualized skeleton and soft tissues around thoracic cage appear normal.

COMMENT: No significant abnormality seen.

Please correlate clinically.



Dr. SUHAS SANJEEV KATHURIA
MBBS,DMRE, RADIOLOGY
Radiology