

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. BURMAN VIKAL KUMAR
EC NO.	125643
DESIGNATION	SMS SALES
PLACE OF WORK	NOIDA,RO NOIDA
BIRTHDATE	25-07-1992
PROPOSED DATE OF HEALTH CHECKUP	10-02-2024
BOOKING REFERENCE NO.	23M125643100089152E

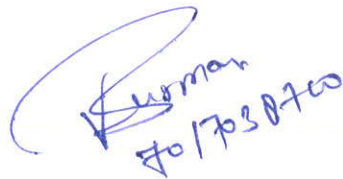
This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **08-02-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health 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

Prerna
7017020700



भारत सरकार

Government of India



विकल कुमार बर्मान

Vikal Kumar Burman

जन्म तिथि / DOB : 25/10/71/1992

पुरुष / MALE

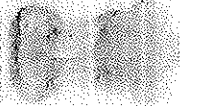
*Kumar
25/10/92*

2071 2954 9956



2071 2954 9956

सेरा आधार, सेरी पहचान



एन डी आर डी आर

Unique Identification Authority of India



वडा अडाला विनोद कुमार, रामनगर काला

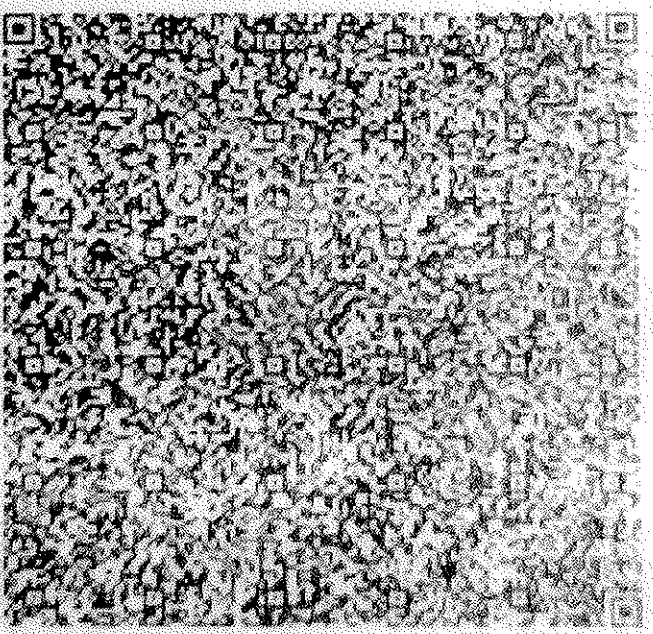
देहा काला रुरल, शामली, उत्तर प्रदेश,

247775

Address: S/O. Vinod Kumar, ramnagar

kandhla dehal, Kandhala Rural, Shamli,

Uttar Pradesh, 247775



2071 2954 9956



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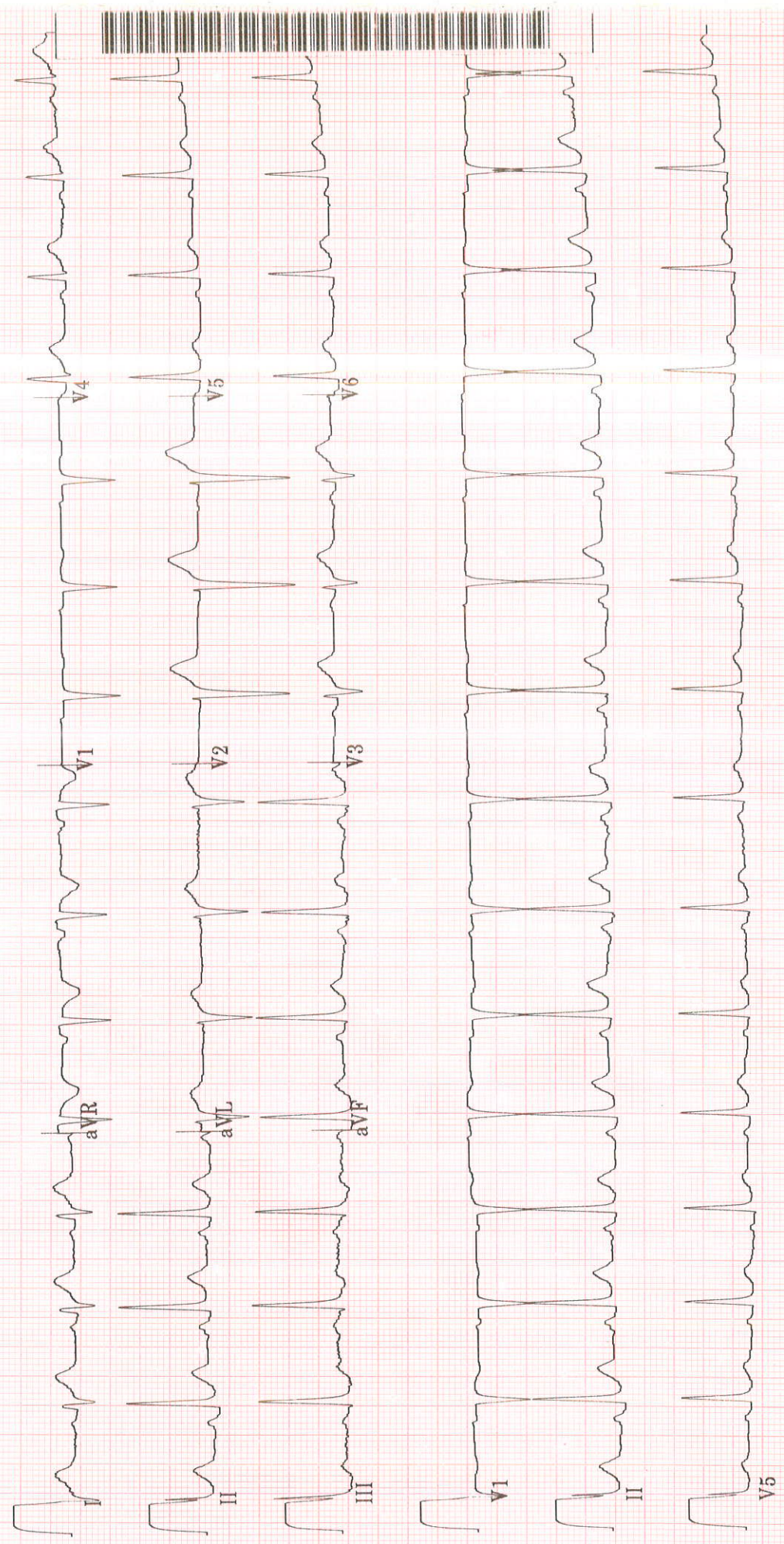
31 years Male Asian

Vent. rate 86 bpm
PR interval 156 ms
QRS duration 78 ms
QT/QTc 330/394 ms
P-R-T axes 64 91 38

Normal sinus rhythm
Rightward axis
Borderline ECG

Technician:
Test ind:

Referred by: hcp
Unconfirmed





TMT INVESTIGATION REPORT

Patient Name	Vikal BURMAN	Location	: Ghaziabad
Age/Sex	: 31 Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	10877870	Order Date	: 13/02/2024
Ref. Doctor	: HCP	Report Date	: 13/02/2024

Protocol : Bruce **MPHR** : 189BPM
Duration of exercise : 6min 33sec **85% of MPHR** : 160BPM
Reason for termination : THR achieved **Peak HR Achieved** : 166BPM
Blood Pressure (mmHg) : Baseline BP : 120/70mmHg **% Target HR** : 87%
Peak BP : 140/74 mmHg **METS** : 7.8METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	98	120/70	Nil	No ST changes seen	Nil
STAGE 1	3:00	120	126/70	Nil	No ST changes seen	Nil
STAGE 2	3:00	155	134/74	Nil	No ST changes seen	Nil
STAGE 3	0:33	166	140/74	Nil	No ST changes seen	Nil
RECOVERY	3:02	110	130/70	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh
MD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology

Dr. Abhishek Singh
MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
MD
Cardiology Registrar

Manipal Hospital, Ghaziabad

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

P : 0120-3535353

Page 1 of 2

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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LABORATORY REPORT

Name : MR VIKAL BURMAN Age : 31 Yr(s) Sex :Male
Registration No : MH010877870 Lab No : 202402002151
Patient Episode : H18000001797 Collection Date : 13 Feb 2024 10:42
Referred By : HEALTH CHECK MGD Reporting Date : 13 Feb 2024 15:32
Receiving Date : 13 Feb 2024 10:42

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	8.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	Negative	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

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

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR VIKAL BURMAN
Registration No : MH010877870
Patient Episode : H18000001797
Referred By : HEALTH CHECK MGD
Receiving Date : 13 Feb 2024 12:49

Age : 31 Yr(s) Sex : Male
Lab No : 202402002153
Collection Date : 13 Feb 2024 12:49
Reporting Date : 13 Feb 2024 14:01

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	109.0	mg/dl	[80.0-140.0]

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

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MR VIKAL BURMAN
Registration No : MH010877870
Patient Episode : H18000001797
Referred By : HEALTH CHECK MGD
Receiving Date : 13 Feb 2024 09:47

Age : 31 Yr(s) Sex : Male
Lab No : 202402002152
Collection Date : 13 Feb 2024 09:47
Reporting Date : 13 Feb 2024 11:54

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	87.0	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.

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

Page 7 of 8

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MR VIKAL BURMAN
Registration No : MH010877870
Patient Episode : H18000001797
Referred By : HEALTH CHECK MGD
Receiving Date : 13 Feb 2024 09:47

Age : 31 Yr(s) Sex : Male
Lab No : 202402002151
Collection Date : 13 Feb 2024 09:47
Reporting Date : 13 Feb 2024 11:51

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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.

Page 6 of 8

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



Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MR VIKAL BURMAN
Registration No : MH010877870
Patient Episode : H18000001797
Referred By : HEALTH CHECK MGD
Receiving Date : 13 Feb 2024 09:47

Age : 31 Yr(s) Sex : Male
Lab No : 202402002151
Collection Date : 13 Feb 2024 09:47
Reporting Date : 13 Feb 2024 11:51

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.96	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.17	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.79	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.60	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.87	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.70	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.78		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	39.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	53.50	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	92.0 #	IU/L	[32.0-91.0]
GGT	80.0 #	U/L	[7.0-50.0]



LABORATORY REPORT

Name : MR VIKAL BURMAN
Registration No : MH010877870
Patient Episode : H18000001797
Referred By : HEALTH CHECK MGD
Receiving Date : 13 Feb 2024 09:47

Age : 31 Yr(s) Sex : Male
Lab No : 202402002151
Collection Date : 13 Feb 2024 09:47
Reporting Date : 13 Feb 2024 11:48

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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 Method: GLDH, Kinatic assay	13.8 #	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN Method: Calculated	6.4 #	mg/dl	[8.0-20.0]
CREATININE, SERUM Method: Jaffe rate-IDMS Standardization	0.78	mg/dl	[0.70-1.20]
URIC ACID Method: uricase PAP	6.0	mg/dl	[4.0-8.5]

SODIUM, SERUM	136.20	mmol/L	[136.00-144.00]
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POTASSIUM, SERUM	4.28	mmol/L	[3.60-5.10]
SERUM CHLORIDE Method: ISE Indirect	101.1	mmol/L	[101.0-111.0]

eGFR (calculated) Technical Note	120.3	ml/min/1.73sq.m	[>60.0]
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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.



LABORATORY REPORT

Name	: MR VIKAL BURMAN	Age	: 31 Yr(s) Sex :Male
Registration No	: MH010877870	Lab No	: 202402002151
Patient Episode	: H18000001797	Collection Date	: 13 Feb 2024 10:42
Referred By	: HEALTH CHECK MGD	Reporting Date	: 13 Feb 2024 15:32
Receiving Date	: 13 Feb 2024 10:42		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

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

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	194	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	240 #	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
			[35.0-65.0]
HDL- CHOLESTEROL	44.0	mg/dl	
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	48 #	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	102.0	mg/dl	[<120.0]
			Near/
Above optimal-100-129			
			Borderline High:130-159
			High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	4.4		<4.0 Optimal
			4.0-5.0 Borderline
			>6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.3		<3 Optimal
			3-4 Borderline
			>6 High Risk



LABORATORY REPORT

Name : MR VIKAL BURMAN
Registration No : MH010877870
Patient Episode : H18000001797
Referred By : HEALTH CHECK MGD
Receiving Date : 13 Feb 2024 09:47

Age : 31 Yr(s) Sex :Male
Lab No : 202402002151
Collection Date : 13 Feb 2024 09:47
Reporting Date : 13 Feb 2024 17:43

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	4.8	%	[0.0-5.6]
Method: HPLC			
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			
Estimated Average Glucose (eAG)	91	mg/dl	

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.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	8.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	Negative	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)



Name : MR VIKAL BURMAN
Registration No : MH010877870
Patient Episode : H18000001797
Referred By : HEALTH CHECK MGD
Receiving Date : 13 Feb 2024 09:47

Age : 31 Yr(s) Sex : Male
Lab No : 202402002151
Collection Date : 13 Feb 2024 09:47
Reporting Date : 13 Feb 2024 13:29

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)			
SPECIMEN-EDTA Whole Blood			
RBC COUNT (IMPEDENCE)	4.60	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.8	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	43.6	%	[40.0-50.0]
MCV (DERIVED)	94.8	fL	[83.0-101.0]
MCH (CALCULATED)	32.2 #	pg	[25.0-32.0]
MCHC (CALCULATED)	33.9	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.1	%	[11.6-14.0]
Platelet count	166	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.7		
WBC COUNT (TC) (IMPEDENCE)	4.64	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	49.0	%	[40.0-80.0]
Lymphocytes	41.0 #	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	18.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: MR VIKAL BURMAN	Age	: 31 Yr(s) Sex :Male
Registration No	: MH010877870	Lab No	: 202402002151
Patient Episode	: H18000001797	Collection Date	: 13 Feb 2024 09:47
Referred By	: HEALTH CHECK MGD	Reporting Date	: 13 Feb 2024 13:25
Receiving Date	: 13 Feb 2024 09:47		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	1.090	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.860	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.600	µIU/mL	[0.250-5.000]

NOTE :

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect.

In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.

The TSH assay aids in diagnosing thyroid or hypophysial disorders.

The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.



LABORATORY REPORT

Name : MR VIKAL BURMAN Age : 31 Yr(s) Sex :Male
Registration No : MH010877870 Lab No : 202402002151
Patient Episode : H18000001797 Collection Date : 13 Feb 2024 09:47
Referred By : HEALTH CHECK MGD Reporting Date : 13 Feb 2024 13:51
Receiving Date : 13 Feb 2024 09:47

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	B Rh(D) Positive		

Technical note:

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

Page 2 of 2

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist

RADIOLOGY REPORT

NAME	MR Vikal Kumar BURMAN	STUDY DATE	13/02/2024 9:57AM
AGE / SEX	31 y / M	HOSPITAL NO.	MH010877870
ACCESSION NO.	R6873258	MODALITY	CR
REPORTED ON	13/02/2024 10:05AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Normal.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
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:

No significant abnormality noted.

Recommend clinical correlation.



Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

www.manipalhospitals.com

This report is subject to the terms and conditions mentioned overleaf

RADIOLOGY REPORT

NAME	MR Vikal Kumar BURMAN	STUDY DATE	13/02/2024 10:21AM
AGE / SEX	31 y / M	HOSPITAL NO.	MH010877870
ACCESSION NO.	R6873260	MODALITY	US
REPORTED ON	13/02/2024 11:06AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: Liver is normal in size (measures 141 mm), shape and echotexture. Rest normal.
SPLEEN: Spleen is normal in size (measures 100 mm), shape and echotexture. Rest normal.
PORTAL VEIN: Appears normal in size and measures 10 mm.
COMMON BILE DUCT: Appears normal in size and measures 3 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 96 x 46 mm.
Left Kidney: measures 96 x 48 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.
PROSTATE: Prostate is normal in size, shape and echotexture. It measures 35 x 30 x 19 mm with volume 10 cc. Rest normal.
SEMINAL VESICLES: Normal.
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-No significant abnormality noted.

Recommend clinical correlation.



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

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

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

www.manipalhospitals.com

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