



Certificate No: MO-5597

Patient Name : Mr.ANIL RAMA ADHAV	Collected : 08/Jun/2024 09:33AM
Age/Gender : 50 Y 3 M 24 D/M	Received : 08/Jun/2024 02:00PM
UHID/MR No : CKHA.0000068093	Reported : 08/Jun/2024 02:48PM
Visit ID : CKHAOPV114358	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6629	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's are Normocytic Normochromic,
WBC's are normal in number and morphology
Platelets are Adequate
No Abnormal cells seen.**



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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, PH No: 040-49047777, Fax No: 49047744

Apollo Clinic Kharadi

Sr.No 8/3,9/1/1Part, 1st Floor, OFFICE No .102,
WVD, Shop No 200, KHL SCAPES, Opp. Reliance Mall,
Kharadi, Pune-411024



Certificate No: MO-5597

Patient Name : Mr.ANIL RAMA ADHAV	Collected : 08/Jun/2024 09:33AM
Age/Gender : 50 Y 3 M 24 D/M	Received : 08/Jun/2024 02:00PM
UHID/MR No : CKHA.0000068093	Reported : 08/Jun/2024 02:48PM
Visit ID : CKHAOPV114358	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6629	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.3	g/dL	13-17	Spectrophotometer
PCV	46.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.21	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.2	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61.9	%	40-80	Electrical Impedance
LYMPHOCYTES	30.8	%	20-40	Electrical Impedance
EOSINOPHILS	3.1	%	1-6	Electrical Impedance
MONOCYTES	4	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3652.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1817.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	182.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	236	Cells/cu.mm	200-1000	Calculated
BASOPHILS	11.8	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.01		0.78- 3.53	Calculated
PLATELET COUNT	259000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.

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





Certificate No: MO-5597

Patient Name : Mr.ANIL RAMA ADHAV	Collected : 08/Jun/2024 09:33AM
Age/Gender : 50 Y 3 M 24 D/M	Received : 08/Jun/2024 02:00PM
UHID/MR No : CKHA.0000068093	Reported : 08/Jun/2024 03:38PM
Visit ID : CKHAOPV114358	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6629	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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



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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, PH No: 040-49047777, Fax No: 49047744

Apollo Clinic Kharadi
Sr.No 8/3,9/1/1Part, 1st Floor, OFFICE No .102,
WVD, Shop No 200, KHL SCAPES, Opp. Reliance Mall,
Kharadi, Pune-411024

1860 500 7788
www.apolloclinic.com

Certificate No: MO-5597

Patient Name : Mr.ANIL RAMA ADHAV	Collected : 08/Jun/2024 01:09PM
Age/Gender : 50 Y 3 M 24 D/M	Received : 08/Jun/2024 03:35PM
UHID/MR No : CKHA.0000068093	Reported : 08/Jun/2024 04:34PM
Visit ID : CKHAOPV114358	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6629	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	125	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	138	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.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Certificate No: MO-5597

Patient Name	: Mr.ANIL RAMA ADHAV	Collected	: 08/Jun/2024 09:33AM
Age/Gender	: 50 Y 3 M 24 D/M	Received	: 08/Jun/2024 01:44PM
UHID/MR No	: CKHA.0000068093	Reported	: 08/Jun/2024 04:25PM
Visit ID	: CKHAOPV114358	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E6629		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL		Calculated

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.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. 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.

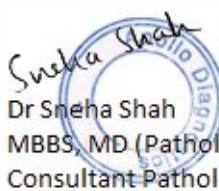
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist



Certificate No: MO-5597

Patient Name : Mr.ANIL RAMA ADHAV	Collected : 08/Jun/2024 09:33AM
Age/Gender : 50 Y 3 M 24 D/M	Received : 08/Jun/2024 01:42PM
UHID/MR No : CKHA.0000068093	Reported : 08/Jun/2024 04:15PM
Visit ID : CKHAOPV114358	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6629	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	164	mg/dL	<200	CHO-POD
TRIGLYCERIDES	83	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	31	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	132	mg/dL	<130	Calculated
LDL CHOLESTEROL	115.91	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.59	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.27		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.07		<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
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Certificate No: MO-5597

Patient Name : Mr.ANIL RAMA ADHAV	Collected : 08/Jun/2024 09:33AM
Age/Gender : 50 Y 3 M 24 D/M	Received : 08/Jun/2024 01:42PM
UHID/MR No : CKHA.000068093	Reported : 08/Jun/2024 04:15PM
Visit ID : CKHAOPV114358	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6629	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.63	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.53	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	49.31	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34.5	U/L	<50	IFCC
ALKALINE PHOSPHATASE	80.24	U/L	30-120	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.59	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.61	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		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:

- 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

- 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.

- Synthetic function impairment:
 - Albumin- Liver disease reduces albumin levels.



DR. Sanjay Ingle
M.B.B.S, M.D (Pathology)
Consultant Pathologist





Certificate No: MO-5597

Patient Name : Mr.ANIL RAMA ADHAV	Collected : 08/Jun/2024 09:33AM
Age/Gender : 50 Y 3 M 24 D/M	Received : 08/Jun/2024 01:42PM
UHID/MR No : CKHA.0000068093	Reported : 08/Jun/2024 04:15PM
Visit ID : CKHAOPV114358	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6629	

DEPARTMENT OF BIOCHEMISTRY

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

Correlation with PT (Prothrombin Time) helps.



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist





Certificate No: MO-5597

Patient Name : Mr.ANIL RAMA ADHAV	Collected : 08/Jun/2024 09:33AM
Age/Gender : 50 Y 3 M 24 D/M	Received : 08/Jun/2024 01:42PM
UHID/MR No : CKHA.0000068093	Reported : 08/Jun/2024 04:15PM
Visit ID : CKHAOPV114358	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6629	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.19	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	22.89	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.16	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	12.03	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.28	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.74	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105.82	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.20	g/dL	6.6-8.3	Biuret
ALBUMIN	4.59	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.61	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		0.9-2.0	Calculated



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist





Certificate No: MO-5597

Patient Name : Mr.ANIL RAMA ADHAV	Collected : 08/Jun/2024 09:33AM
Age/Gender : 50 Y 3 M 24 D/M	Received : 08/Jun/2024 01:42PM
UHID/MR No : CKHA.0000068093	Reported : 08/Jun/2024 04:15PM
Visit ID : CKHAOPV114358	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6629	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	80.24	U/L	30-120	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	33.87	U/L	<55	IFCC



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Certificate No: MO-5597

Patient Name : Mr.ANIL RAMA ADHAV	Collected : 08/Jun/2024 09:33AM
Age/Gender : 50 Y 3 M 24 D/M	Received : 08/Jun/2024 01:41PM
UHID/MR No : CKHA.0000068093	Reported : 08/Jun/2024 02:59PM
Visit ID : CKHAOPV114358	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6629	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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)	0.94	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.2	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.512	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

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist



Certificate No: MO-5597

Patient Name	: Mr.ANIL RAMA ADHAV	Collected	: 08/Jun/2024 09:33AM
Age/Gender	: 50 Y 3 M 24 D/M	Received	: 08/Jun/2024 01:41PM
UHID/MR No	: CKHA.0000068093	Reported	: 08/Jun/2024 02:59PM
Visit ID	: CKHAOPV114358	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E6629		

DEPARTMENT OF IMMUNOLOGY

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

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





Certificate No: MO-5597

Patient Name : Mr.ANIL RAMA ADHAV	Collected : 08/Jun/2024 09:33AM
Age/Gender : 50 Y 3 M 24 D/M	Received : 08/Jun/2024 01:41PM
UHID/MR No : CKHA.000068093	Reported : 08/Jun/2024 02:59PM
Visit ID : CKHAOPV114358	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6629	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	16.32	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D.

Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.

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





Certificate No: MO-5597

Patient Name : Mr.ANIL RAMA ADHAV	Collected : 08/Jun/2024 09:33AM
Age/Gender : 50 Y 3 M 24 D/M	Received : 08/Jun/2024 01:41PM
UHID/MR No : CKHA.0000068093	Reported : 08/Jun/2024 02:59PM
Visit ID : CKHAOPV114358	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6629	

DEPARTMENT OF IMMUNOLOGY

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

Nephrotic syndrome.

Increased levels:

Vitamin D intoxication

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	<80	pg/mL	120-914	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist



Patient Name : Mr.ANIL RAMA ADHAV	Collected : 08/Jun/2024 09:33AM
Age/Gender : 50 Y 3 M 24 D/M	Received : 08/Jun/2024 01:41PM
UHID/MR No : CKHA.0000068093	Reported : 08/Jun/2024 02:50PM
Visit ID : CKHAOPV114358	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6629	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.800	ng/mL	0-4	CLIA



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Certificate No: MO-5597

Patient Name : Mr.ANIL RAMA ADHAV	Collected : 08/Jun/2024 09:33AM
Age/Gender : 50 Y 3 M 24 D/M	Received : 08/Jun/2024 05:17PM
UHID/MR No : CKHA.0000068093	Reported : 08/Jun/2024 06:14PM
Visit ID : CKHAOPV114358	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6629	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	Physical measurement
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.007		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	POSITIVE++		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	28	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Automated Image Based Microscopy
RBC	97	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.



DR. Sanjay Ingle
M.B.B.S, M.D (Pathology)
Consultant Pathologist





Certificate No: MO-5597

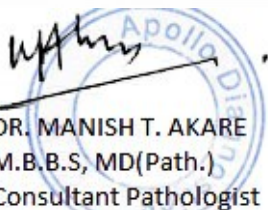
Patient Name : Mr.ANIL RAMA ADHAV	Collected : 08/Jun/2024 01:09PM
Age/Gender : 50 Y 3 M 24 D/M	Received : 08/Jun/2024 05:16PM
UHID/MR No : CKHA.0000068093	Reported : 08/Jun/2024 07:16PM
Visit ID : CKHAOPV114358	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6629	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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



Manish T. Akare

DR. MANISH T. AKARE
 M.B.B.S, MD(Path.)
 Consultant Pathologist



Certificate No: MO-5597

Patient Name : Mr.ANIL RAMA ADHAV	Collected : 08/Jun/2024 09:33AM
Age/Gender : 50 Y 3 M 24 D/M	Received : 08/Jun/2024 05:17PM
UHID/MR No : CKHA.0000068093	Reported : 08/Jun/2024 06:15PM
Visit ID : CKHAOPV114358	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E6629	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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




CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Anil Rama Yadav. on 10/06/24

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. <u>Feed. HBAIC 6:1</u></p> <p>2. <u>Vit B12 level</u></p> <p>3. <u>Grade I fatty liver changes</u></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. Zuha Khan
 MBBS General Physician
 Medical Officer
 Reg. No.: 2020/03/1804

This certificate is not meant for medico-legal purposes

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

Date : 08-06-2024
MR NO : CKHA.0000068093

Department : GENERAL 50
Doctor :

Name : Mr. ANIL RAMA ADHAV

Registration No :
Qualification :

Age/ Gender : 50 Y / Male

Consultation Timing: 09.18

Height : 175	Weight : 77.5	BMI : 25	Waist Circum : 88
Temp : 97.9°F	Pulse : 76	Resp : 22	B.P : 136/92

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Present complains - Nil
Comorbidity - Nil
Allergies - Nil
Surgical H/O Nil
Family H/O Nil
Addiction -

OE

CVS-
CNS-
P/A-
Chest-
H/O covid infection -
Vaccinated with -

Follow up date:


Doctor Signature

Anil Rama Adhavi,
SByrs /M.

08/06/2024.

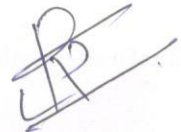
Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

pt. came for Routine ENT checkup;
- No H/O hearing.

O/E RL EAC - clear, RL TM intact;
Nose + Throat - WNL.



Follow up date:

Doctor Signature

POWER PRESCRIPTION

NAME: Mr Anil Rama Adhar

GENDER: M/F

DATE: 8.6.24

AGE: 50

UHID: 68093

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	PL	-	.	6/6
NEAR	+1.75			

	SPH	CYL	AXIS	VISION
DISTANCE	PL	-	.	6/6
NEAR	+1.75			

INSTRUCTIONS:

SIGNATURE



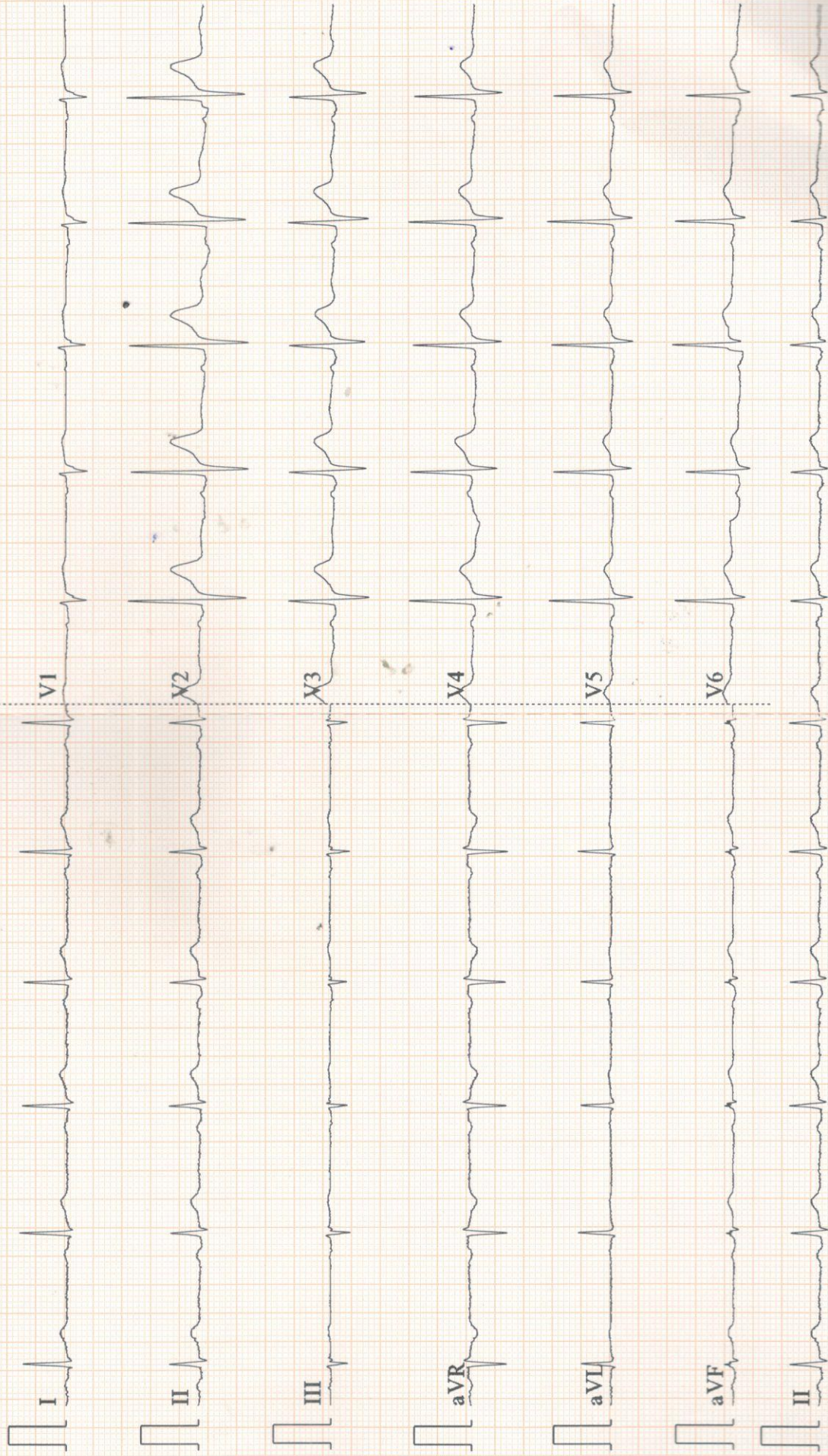
ID: 68093

anil adhav
Male 50Years
kg / mmHg
Req. No. :

HR : 66 bpm
P : 108 ms
PR : 162 ms
QRS : 90 ms
QT/QTcBz : 364/382 ms
P/QRS/T : 35/13/45 °
RV5/SV1 : 1.069/0.343 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



Patient Name : Mr. ANIL RAMA ADHAV
UHID : CKHA.0000068093
Reported on : 08-06-2024 14:56
Adm/Consult Doctor :

Age : 50 Y M
OP Visit No : CKHAOPV114358
Printed on : 08-06-2024 16:44
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

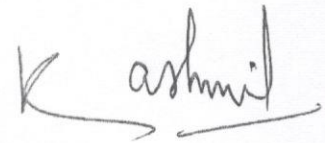
Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:08-06-2024 14:56

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

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**

Patient Name : Mr. ANIL RAMA ADHAV
UHID : CKHA.0000068093
Reported on : 08-06-2024 10:18
Adm/Consult Doctor :

Age : 50 Y M
OP Visit No : CKHAOPV114358
Printed on : 08-06-2024 16:44
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size, shape and **shows raised echotexture**. No focal lesion is noted. No e/o IHBR dilatation is seen.

Portal vein and CBD appear normal in dimensions at porta hepatis.

Gall bladder: is partially distended with normal wall thickness. No echoreflexive calculus or soft tissue mass noted.

Spleen: appears normal in size, shape and echotexture. No focal lesion is noted.

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

Right kidney : normal in size ms 9.6 x 4.2 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. **Multiple calculi noted , 3-4 in number , largest measuring approx 10 mm in upper pole No hydronephrosis seen.**

Left kidney : normal in size ms 11.3 x 5.3 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. **Multiple calculi noted , 3-4 in number , largest measuring approx 31 mm in renal pelvis causing mild hydro nephrosis**

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

Urinary bladder: is well distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

Prostate: appears normal in size and echotexture

Visualised bowel loops appear normal. No wall edema or mass noted.

IMPRESSION :

- **Grade I fatty changes in liver.**

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**

Patient Name : Mr. ANIL RAMA ADHAV
UHID : CKHA.0000068093
Reported on : 08-06-2024 10:18
Adm/Consult Doctor :

Age : 50 Y M
OP Visit No : CKHAOPV114358
Printed on : 08-06-2024 16:44
Ref Doctor : SELF

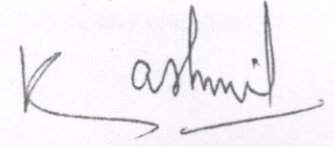
- **Bilateral renal multiple calculi.**
- **Left renal mild HN secondary to large calculus in renal plevis**

Clinical correlation , XRAY KUB to R/o staghorn calculus suggested....

(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.

Printed on:08-06-2024 10:18

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

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**

Name: Mr. ANIL RAMA ADHAV
Age/ Sex: 50 Yrs / M

Date: 08 /06/2024

2D ECHO/COLOUR DOPPLER

M - Mode values		Doppler Values	
AORTIC ROOT (mm)	27	PULMONARY VE(m/sec)	1
LEFT ATRIUM (mm)	30	PG (mmHg)	4
		AORTIC VEL (m/sec)	0.8
IVS – D (mm)	11	PG (mmHg)	3
LVIDD – D (mm)	42	MITRAL E WAVE(m/sec)	0.6
LVID – S (mm)	29	A WAVE (m/sec)	0.4
LVPW – D (mm)	10		
EJECTION FRACTION (%)	60%		

REPORT:

Normal sized all cardiac chambers.
No regional wall motion abnormality.
Normal LV systolic function.
Mitral valve Normal, No mitral regurgitation/ No Mitral stenosis.
Aortic valve normal. No aortic regurgitation/No Aortic stenosis.
Normal Tricuspid & pulmonary valve.
Trivial tricuspid regurgitation.RVSP-21+10 mm Hg. No pulmonary hypertension.
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.
Aortic arch appears normal

IMPRESSION:

Normal PA pressures.
Normal LV systolic function, No RWMA. LVEF 60%.



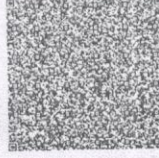
DR. VIKRANT KHESE
MBBS, MD Medicine, DNB Medicine, DM Cardiology
Consultant and interventional Cardiologist
Reg No: MMC: 2015/02/0627



भारत सरकार
GOVERNMENT OF INDIA



अनिल रामा आढव
Anil Rama Adhav
जन्म तारीख/DOB: 01/06/1974
पुरुष/ MALE
Mobile No: 9623889583



2973 9092 6613
VID : 9162 4236 9707 1942

माझे आधार, माझी ओळख

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter

Employee Request for Health Checkup at Tie-up Centre/Clinic

Employee Id 696984

Name ADHAV,ANIL RAMA

Date of Birth

01/06/1974

Gender Male

Designation Sr.CustomerService Assoc(CASH) Grade CLERK

Department RO - PUNE METRO Location SASWAD BRANCH

I wish to undergo Health Checkup at M/S Mediwheel under tie up arrangement with our bank for the FinancialYear 2024-2025

The health checkup charges payable to above Centre as per bank's agreement with them is Rs. 4000.00

Kindly make the payment to them towards their health checkup charges after deducting TDS and Service Tax as applicable.

**As bank is making payment to the above Centre/Clinic as per my request, I will undergo health checkup at above mentioned Centre only.

Submit

Date of Request 01/06/2024

Status of the application Sanctioned

Approve

Decline

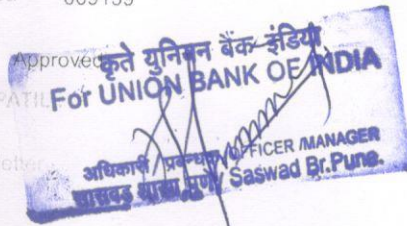
Approved by: 669139

Date 01/06/2024

Remarks, if declined

Approver Name

NITIN PATIL



Handwritten signature of the approver.

Health checkup at tie-up Ctr p HealthChkup Authorisatn letter

Patient Name : Mr. ANIL RAMA ADHAV

Age/Gender : 50 Y/M

UHID/MR No. : CKHA.0000068093

OP Visit No : CKHAOPV114358

Sample Collected on :

Reported on : 08-06-2024 14:57

LRN# : RAD2346315

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 35E6629

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

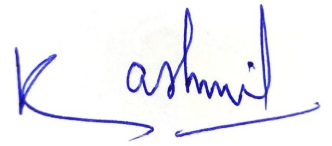
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Patient Name	: Mr. ANIL RAMA ADHAV	Age/Gender	: 50 Y/M
UHID/MR No.	: CKHA.0000068093	OP Visit No	: CKHAOPV114358
Sample Collected on	:	Reported on	: 08-06-2024 14:21
LRN#	: RAD2346315	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 35E6629		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size, shape and **shows raised echotexture**. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein and CBD appear normal in dimensions at porta hepatis.

Gall bladder: is partially distended with normal wall thickness. No echoreflexive calculus or soft tissue mass noted.

Spleen: appears normal in size, shape and echotexture. No focal lesion is noted.

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

Right kidney : normal in size ms 9.6 x 4.2 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. **Multiple calculi noted , 3-4 in number , largest measuring approx 10 mm in upper pole No hydronephrosis seen.**

Left kidney : normal in size ms 11.3 x 5.3 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. **Multiple calculi noted , 3-4 in number , largest measuring approx 31 mm in renal pelvis causing mild hydro nephrosis**

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

Urinary bladder: is well distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

Prostate: appears normal in size and echotexture

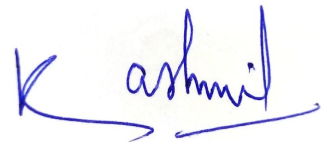
Visualised bowel loops appear normal. No wall edema or mass noted.

IMPRESSION :

- **Grade I fatty changes in liver.**
- **Bilateral renal multiple calculi.**
- **Left renal mild HN secondary to large calculus in renal plevis**

Clinical correlation , XRAY KUB to R/o staghorn calculus suggested....

(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. SANKET KASLIWAL
MBBS DMRE
Radiology