

Patient Name : Mr. SANTOSH DEORAM WAGASKAR Age/Gender : 45 Y/M

UHID/MR No.

: CVIM.0000236461

Sample Collected on

LRN# : RAD2240367

**Ref Doctor** : SELF **Emp/Auth/TPA ID** : 360971

OP Visit No Reported on : CVIMOPV591116 : 17-02-2024 13:29

Specimen

# DEPARTMENT OF RADIOLOGY

# X-RAY CHEST PA

# X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

Dr. PREETI P KATHE
DMRE, MD, DNB

Radiology







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Collected

: 17/Feb/2024 01:12PM

Received : 17/Feb/2024 02:35PM

: 17/Feb/2024 04:07PM

Reported Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

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

Page 1 of 14



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

SIN No:BED240041798

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Test Name	Result	Unit	Bio. Ref. Range	Method
IEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.8	g/dL	13-17	Spectrophotometer
PCV	48.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.1	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	94.5	fL	83-101	Calculated
MCH	32.9	pg	27-32	Calculated
MCHC	34.8	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,160	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			
NEUTROPHILS	58.2	%	40-80	Electrical Impedance
LYMPHOCYTES	27.8	%	20-40	Electrical Impedance
EOSINOPHILS	6.9	%	1-6	Electrical Impedance
MONOCYTES	6.3	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4167.12	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1990.48	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	494.04	Cells/cu.mm	20-500	Calculated
MONOCYTES	451.08	Cells/cu.mm	200-1000	Calculated
BASOPHILS	57.28	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.09		0.78- 3.53	Calculated
PLATELET COUNT	195000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westergrer
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic,

WBC's are normal in number and morphology

Platelets are Adequate

Page 2 of 14



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

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## **DEPARTMENT OF HAEMATOLOGY**

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

No Abnormal cells/hemoparasite seen.

Page 3 of 14



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Consultant Pathologist

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## **DEPARTMENT OF HAEMATOLOGY**

## ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR	R, WHOLE BLOOD EDTA			
BLOOD GROUP TYPE	0			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Page 4 of 14



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Consultant Pathologist

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#### DEPARTMENT OF BIOCHEMISTRY

## ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Test Name Result Unit B		Bio. Ref. Range	Method
GLUCOSE, FASTING, NAF PLASMA	110	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

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)	105	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

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
IBA1C (GLYCATED HEMOGLOBIN) , W	HOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL		Calculated

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

SIN No:EDT240018530

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#### DEPARTMENT OF BIOCHEMISTRY

# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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.

- 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)

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#### **DEPARTMENT OF BIOCHEMISTRY**

## ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	148	mg/dL	<200	CHO-POD
TRIGLYCERIDES	93	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	109	mg/dL	<130	Calculated
LDL CHOLESTEROL	89.93	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.68	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.76		0-4.97	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

- 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.
- 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.

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Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SE04633319

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



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#### DEPARTMENT OF BIOCHEMISTRY

# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
IVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.48	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.37	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21.99	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	108.85	U/L	30-120	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.6-8.3	Biuret
ALBUMIN	4.55	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.85	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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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Consultant Pathologist SIN No:SE04633319

MBBS, MD (Pathology)

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## **DEPARTMENT OF BIOCHEMISTRY**

# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method			
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM							
CREATININE	1.28	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic			
UREA	32.63	mg/dL	17-43	GLDH, Kinetic Assay			
BLOOD UREA NITROGEN	15.2	mg/dL	8.0 - 23.0	Calculated			
URIC ACID	7.49	mg/dL	3.5–7.2	Uricase PAP			
CALCIUM	9.08	mg/dL	8.8-10.6	Arsenazo III			
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.5-4.5	Phosphomolybdate Complex			
SODIUM	139.83	mmol/L	136–146	ISE (Indirect)			
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)			
CHLORIDE	101.51	mmol/L	101–109	ISE (Indirect)			

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## ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL	20.03	U/L	<55	IFCC
TRANSPEPTIDASE (GGT), SERUM				

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#### **DEPARTMENT OF IMMUNOLOGY**

## ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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)	10.20	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.538	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

- 1. 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.
- 2. 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.
- 3. 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.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	Т3	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:SPL24027511

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telanga www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744 na - 500 016 l









Patient Name

: Mr.SANTOSH DEORAM WAGASKAR

Age/Gender

: 45 Y 8 M 16 D/M

UHID/MR No Visit ID

: CVIM.0000236461 : CVIMOPV591116

Ref Doctor

Emp/Auth/TPA ID

: Dr.SELF : 360971

Collected

: 17/Feb/2024 01:12PM

Received

: 17/Feb/2024 03:24PM

Reported

: 17/Feb/2024 04:33PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

## **DEPARTMENT OF IMMUNOLOGY**

## ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC	0.410	ng/mL	0-4	CLIA
ANTIGEN (tPSA), SERUM				

Page 12 of 14



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

SIN No:SPL24027511

This test has been performed at Apollo Health and Lifestyle Itd- Sadashiv Peth Pune, Diagnostics Lab Apollo Health and Lifestyle Limited (CIN-U85110TG2000PLC115819)

Nyati Millenium Premises, Cooperative

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744









Patient Name

: Mr.SANTOSH DEORAM WAGASKAR

Age/Gender

: 45 Y 8 M 16 D/M

UHID/MR No

: CVIM.0000236461

Visit ID Ref Doctor : CVIMOPV591116

: Dr.SELF

Emp/Auth/TPA ID : 360971 Collected

: 17/Feb/2024 01:12PM

Received : 17/Feb/2024 02:49PM

Reported Status

: 17/Feb/2024 03:12PM

Sponsor Name

: Final Report

: ARCOFEMI HEALTHCARE LIMITED

## **DEPARTMENT OF CLINICAL PATHOLOGY**

# ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY	<b>/</b>		
PUS CELLS	2 - 4	/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:UR2285741

MBBS, MD (Pathology) Consultant Pathologist

Dr Sneha Shah

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









Patient Name

: Mr.SANTOSH DEORAM WAGASKAR

Age/Gender

: 45 Y 8 M 16 D/M

UHID/MR No

: CVIM.0000236461

Visit ID Ref Doctor : CVIMOPV591116

: Dr.SELF

Emp/Auth/TPA ID : 360971 Collected

: 17/Feb/2024 01:12PM

Received : 17/Feb/2024 02:51PM

Reported

: 17/Feb/2024 03:47PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

## ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

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

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SIN No:UF010612

Dr Sneha Shah

MBBS, MD (Pathology) Consultant Pathologist

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





Patient Name : Mr. SANTOSH DEORAM WAGASKAR Age/Gender : 45 Y/M

Sample Collected on : Reported on : 17-02-2024 13:30

**Ref Doctor** : SELF **Emp/Auth/TPA ID** : 360971

# DEPARTMENT OF RADIOLOGY

## **ULTRASOUND - WHOLE ABDOMEN**

<u>Liver</u> appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

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

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

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on right side. Left kidney lower pole shows 5 mm calculus.

<u>Urinary Bladder</u> is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Prostate** is normal in size and echo texture. No evidence of necrosis/calcification seen.

**Bowel loops and Retroperitoneum** appear normal. Aorta and IVC appear normal. No abnormal lymphadenopathy noted.

## IMPRESSION:-

Left kidney lower pole shows 5 mm calculus.

(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. PREETI P KATHE

DMRE, MD, DNB

Radiology