

Patient Name : Mr.SANJIB KUMAR SAHU	Collected : 14/Apr/2023 10:20AM
Age/Gender : 40 Y 10 M 20 D/M	Received : 14/Apr/2023 01:05PM
UHID/MR No : CMAR.0000177176	Reported : 14/Apr/2023 03:33PM
Visit ID : CINROPV191996	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7847013368	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	14.6	g/dL	13-17	Spectrophotometer
PCV	43.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.08	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	85.3	fL	83-101	Calculated
MCH	28.7	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,940	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	56.6	%	40-80	Electrical Impedence
LYMPHOCYTES	35	%	20-40	Electrical Impedence
EOSINOPHILS	1.5	%	1-6	Electrical Impedence
MONOCYTES	6.6	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3362.04	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2079	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	89.1	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	392.04	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	17.82	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	250000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-15	Modified Westegren method
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PERIPHERAL SMEAR

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

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

Test Name	Result	Unit	Bio. Ref. Range	Method



Patient Name : Mr.SANJIB KUMAR SAHU	Collected : 14/Apr/2023 10:20AM
Age/Gender : 40 Y 10 M 20 D/M	Received : 14/Apr/2023 01:05PM
UHID/MR No : CMAR.0000177176	Reported : 14/Apr/2023 05:55PM
Visit ID : CINROPV191996	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7847013368	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mr.SANJIB KUMAR SAHU	Collected : 14/Apr/2023 10:20AM
Age/Gender : 40 Y 10 M 20 D/M	Received : 14/Apr/2023 01:22PM
UHID/MR No : CMAR.0000177176	Reported : 14/Apr/2023 03:57PM
Visit ID : CINROPV191996	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7847013368	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	89	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	85	mg/dL	70-140	HEXOKINASE
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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.

Ref: Marks medical biochemistry and clinical approach

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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
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	117	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



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Age/Gender : 40 Y 10 M 20 D/M	Received : 14/Apr/2023 01:19PM
UHID/MR No : CMAR.0000177176	Reported : 14/Apr/2023 02:47PM
Visit ID : CINROPV191996	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	176	mg/dL	<200	CHO-POD
TRIGLYCERIDES	103	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	116.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.51		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

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.



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.98	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.83	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	42.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.00	g/dL	6.6-8.3	Biuret
ALBUMIN	4.35	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.65	g/dL	2.0-3.5	Calculated
A/G RATIO	1.64		0.9-2.0	Calculated



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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
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.75	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	21.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.58	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.48	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	109	mmol/L	101–109	ISE (Indirect)



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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	37.00	U/L	<55	IFCC



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Visit ID : CINROPV191996	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.12	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.36	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.406	µIU/mL	0.34-5.60	CLIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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



Patient Name : Mr.SANJIB KUMAR SAHU	Collected : 14/Apr/2023 10:20AM
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UHID/MR No : CMAR.0000177176	Reported : 14/Apr/2023 04:33PM
Visit ID : CINROPV191996	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7847013368	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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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	1.015		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
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



SIN No:UR2097645

Patient Name : Mr.SANJIB KUMAR SAHU	Collected : 14/Apr/2023 10:19AM
Age/Gender : 40 Y 10 M 20 D/M	Received : 14/Apr/2023 02:07PM
UHID/MR No : CMAR.0000177176	Reported : 14/Apr/2023 03:43PM
Visit ID : CINROPV191996	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7847013368	


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
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Prasanna
M.B.B.S, M.D
Consultant Pathologist



DR. PRASHANTH. R
M.B.B.S, MD
Consultant Pathologist



Dr. Anita Shobha Flynn
M.B.B.S, MD(Pathology)
Consultant Pathologist



Name : Mr. Sanjib Kumar Sahu

Age: 40 Y

UHID:CMAR.0000177176

Sex: M



Address : Bangalore

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

OP Number:CINROPV191996

Bill No :CINR-OCR-84141

Date : 14.04.2023 10:03

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
✓1	URINE GLUCOSE(FASTING)	
✓2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓3	HbA1c, GLYCATED HEMOGLOBIN	
✓4	2D ECHO	
✓5	LIVER FUNCTION TEST (LFT)	
✓6	X-RAY CHEST PA	
✓7	GLUCOSE, FASTING	
✓8	HEMOGRAM + PERIPHERAL SMEAR	
✓9	DENT CONSULTATION	
10	FITNESS BY GENERAL PHYSICIAN	
11	DIET CONSULTATION	
✓12	COMPLETE URINE EXAMINATION	
✓13	URINE GLUCOSE(POST PRANDIAL)	
✓14	PERIPHERAL SMEAR	
✓15	ECG - 6	
✓16	BLOOD GROUP ABO AND RH FACTOR	
✓17	LIPID PROFILE	
✓18	BODY MASS INDEX (BMI)	
✓19	OPHTHAL BY GENERAL PHYSICIAN - Infinite	
✓20	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓21	ULTRASOUND - WHOLE ABDOMEN	
✓22	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
✓23	DENTAL CONSULTATION	
✓24	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	



Date : 14-04-2023
MR NO : CMAR.0000177176

Department : GENERAL
Doctor : *Dr. Shanti Manjunath*

Name : Mr. Sanjib Kumar Sahu

Registration No : 94498

Age/ Gender : 40 Y / Male

Qualification : *MBBS, MS ENT*

Consultation Timing: 10:03

Height : <i>166 cm</i>	Weight : <i>68.6 kg</i>	BMI :	Waist Circum :
Temp : <i>at fr</i>	Pulse : <i>80b</i>	Resp : <i>20b</i>	B.P : <i>110/70</i>

General Examination / Allergies
History

*of dry cough
increase in
AC environment*

O/E -

*Ears
Nose
Throat* } - *NAD*

Clinical Diagnosis & Management Plan

△ - Allergic Bronchitis

R -

(1) T. MONTAIR 5X

0-0-1 → 3 weeks.

Adv -

Plan - APT

PFT

Follow up date:

*Review 10s
after 3 weeks*

Doctor Signature

Shanti

Philips Healthcare

Name: MR SANJIB SAHU,
 MRN: 177176
 DOB:
 Age: 404
 Gender: Male

Study Date: 14/04/2023 12:57 PM
 Performed By: DR ANUPAMA KAKADE
 Referring Physician: HEALTH CHECK

Cardiac

Height:

BSA:

Weight:

BP:

HR:

Previous Surgery:

Indication: CARDIAC EVALUATION

Interpretation SummaryInterpretation Comments

NORMAL VALVES AND CHAMBERS
 NO REGIONAL WALL MOTION ABNORMALITY
 GOOD BIVENTRICULAR FUNCTION
 NORMAL DIASTOLIC FUNCTION

Left Ventricle

The left ventricle is normal in size. There is no thrombus. There is normal left ventricular wall thickness. Left ventricular systolic function is normal. No regional wall motion abnormalities noted.

Mitral Valve

There is trace mitral regurgitation.

MMode/2D Measurements & Calculations

IVSd (MM): 0.748 cm

LVIDd (MM): 4.42 cm

FS (MM): 32.3 %

IVSs (MM): 1.36 cm

LVIDs (MM): 2.99 cm

EF(Teich) (MM): 0.608

LVPWd (MM): 0.884 cm

LVPWs (MM): 1.36 cm

SV(Teich) (MM): 53.8 ml

Ao root diam (MM): 1.97 cm

LA/AO (MM): 1.21

LA dimension (MM): 2.38 cm

Doppler Measurements & Calculations

MV E point: 89.3 cm/s

AI max vel: 111 cm/s

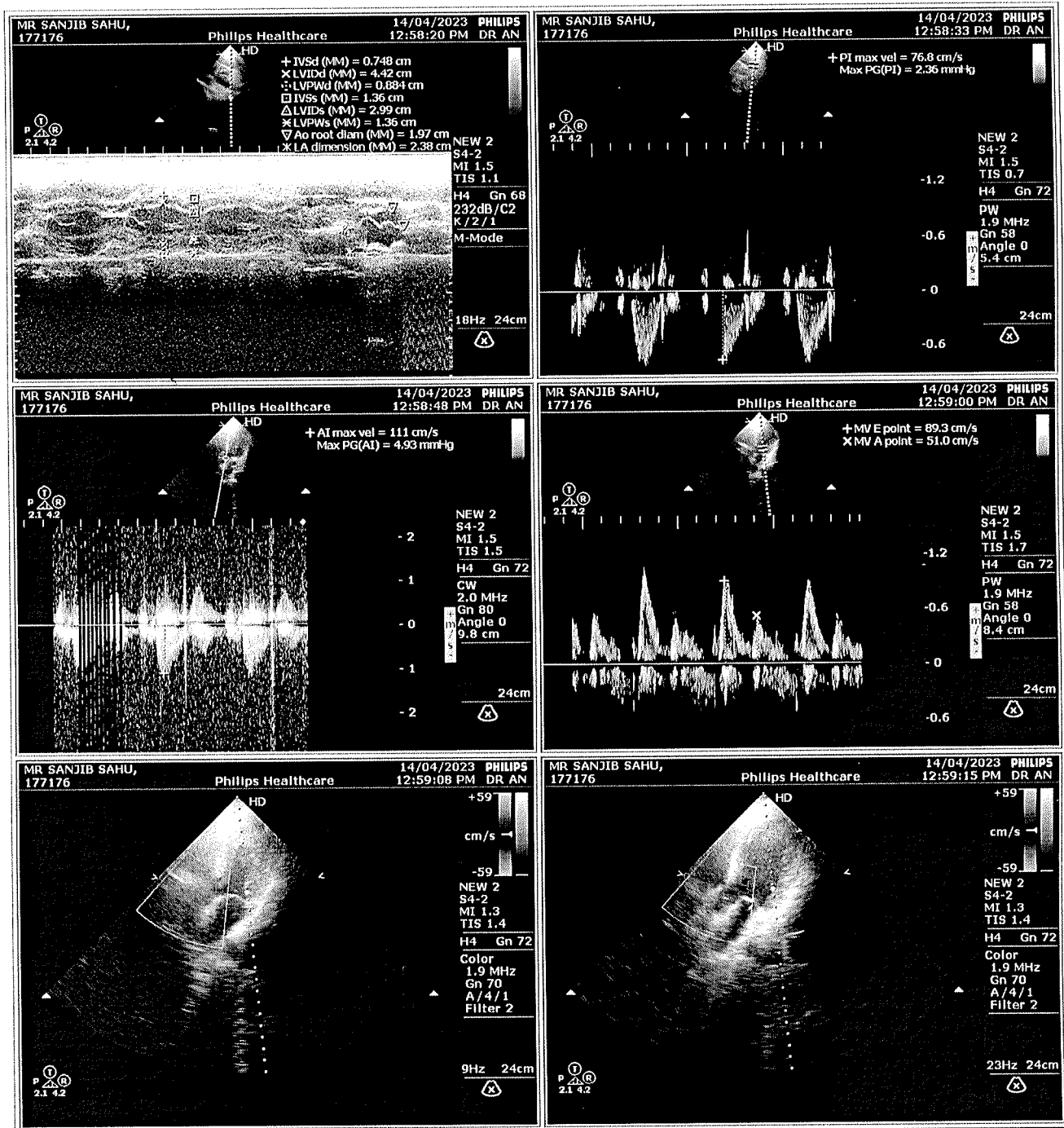
PI max vel: 76.8 cm/s

MV A point: 51.0 cm/s

Max PG(AI): 4.93 mmHg

Max PG(PI): 2.36 mmHg

MV E/A: 1.75



Reading Physician: _____

Sanjib
ID: 177176

25.03.1982
41 Years

Male

QRS 78 ms
QT/QTcBaz 358/392 ms
PR 142 ms
P 86 ms
RR/PP 834/833 ms
P/QRS/T 42/33/42 degrees

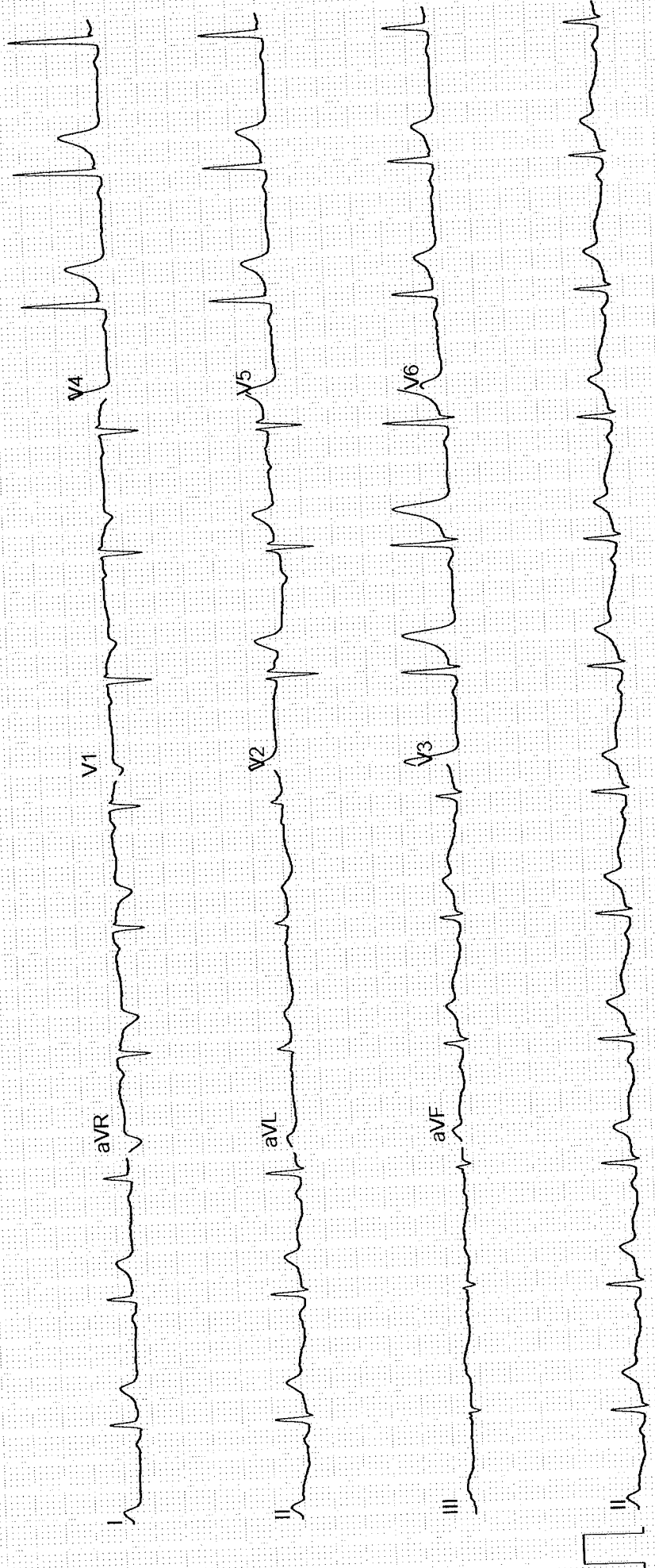
14.04.2023 13:15:40
APOLLO CLINIC
INDIRANAGAR
BANGALORE

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Handwritten notes and signatures: "nerd", "ERP", and a signature.

72 bpm
-- / -- mmHg



Unconfirmed

4x2.5x3_25_R1

ADS 0.56-20 Hz 50 Hz

25 mm/s 10 mm/mV

12SL™ V241

GE MAC2000 1.1

From: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Sent: 12 April 2023 10:58

To: Corporate Apollo Clinic <corporate@apolloclinic.com>

Cc: deepak <deepak.c@apolloclinic.com>; Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>; Network : Mediwheel : New Delhi <network@mediwheel.in>

Subject: Booking Appointment no. of 10

Dear Team

Please note the following booking and confirm the same.

Arcofemi/Mediwheel/MALE/FEM
ALE

Arcofemi MediWheel Full Body Annual
Plus Male 2D ECHO (Metro)

bobS37879

SANJIB KUN

Thanks & Regards
Lav Gupta

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

SANJIB KUMAR SAHU

RAMA CHANDRA SAHU

25/05/1982

Permanent Account Number

BLYPS9940M

Sanjib Kumar Sahu
Signature



Patient Name : Mr. Sanjib Kumar Sahu

Age/Gender : 40 Y/M

UHID/MR No. : CMAR.0000177176

OP Visit No : CINROPV191996

Sample Collected on :

Reported on : 14-04-2023 17:29

LRN# : RAD1976581

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 7847013368

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.RAMESH
Consultant Radiologist

Patient Name : Mr. Sanjib Kumar Sahu

Age/Gender : 40 Y/M

UHID/MR No. : CMAR.0000177176

OP Visit No : CINROPV191996

Sample Collected on :

Reported on : 14-04-2023 12:33

LRN# : RAD1976581

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 7847013368

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, **shape and show mild diffusely increased echogenicity.** No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

No free fluid or lymphadenopathy is seen.

IMPRESSION:

GRADE 1 FATTY LIVER.



Dr. DHANALAKSHMI B
MBBS, DMRD
Radiology