

Health Check up Booking Confirmed Request(bobE18521),Package Code-PKG10000366,
Beneficiary Code-297210

Mediwheel <wellness@mediwheel.in>

Tue 26-03-2024 05:06

To:Amitabh Barman <AMITABH.BARMAN@bankofbaroda.com>

Cc:customercare@mediwheel.in <customercare@mediwheel.in>

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

। बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना क
S MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON

011-41195959

Dear Amitabh Barman,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Annual Plus
Patient Package Name : Mediwheel Full Body Health Checkup Male Below 40
Name of Diagnostic/Hospital : Shree Ram multispeciality Hospital
Address of Diagnostic/Hospital- Gate No.1, Basant Vihar, near Railway Under Bridge, Gondwara Chowk, Gudhiyari, Raipur, Chhattisgarh- 492001
City : Raipur
State : Chhattisgarh
Pincode : 492001
Appointment Date : 29-03-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:00am
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. BARMAN AMITABH	35 year	Male

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.



सत्यमेव जयते
भारत सरकार



आधार

ভারত সরকার
Unique Identification Authority of India
Government of India

ভালিকাচুক্তির আই ডি / Enrollment No.: 1111/18080/00036

29/04/2015
246060848

To
অমিতাভ বর্মান
Amitabh Barman
NIRANJAN NAGAR BOSE BAGAN
Garulia (m)
Garulia
North 24 Paraganas North 24 Parganas
West Bengal 743133



MP460608488FT



আপনার আধার সংখ্যা / Your Aadhaar No. :

4697 0393 4040

আধার - সাধারণ মানুষের অধিকার



ভারত সরকার
Government of India



অমিতাভ বর্মান
Amitabh Barman
পিতা : তপন কুমার বর্মান
Father : Tapan Kumar Barman
জন্মতারিখ / DOB : 29/10/1988
পুংসব / Male



4697 0393 4040

আধার - সাধারণ মানুষের অধিকার

Amitabh Barman
9748241975



Shree Ram Multispeciality Hospital (SRMH)

Lokah Samasta Sukhino Bhavantu

OPD - ID : 020240000747	PT. TYPE : NEW REGISTRATION	TOKEN NO. : 2
UH-ID : SRMH-24032277	PRINT DATE : 29-03-2024 / 09:53:02AM	

PATIENT NAME : MR AMITABH BARMAN	DEPARTMENT : MEDICINE
AGE / SEX : 35-Y 0-M 0-D / MALE	CONSULTANT : DR. AJIT KUMAR
DOB : none	CONSULT-DATE : 29-Mar-2024 - 09:49 AM
MOB-NO : 9748241975	COMPANY NAME : MEDIWHEEL FULL BODY ANNUAL CHECK
GUARDIAN NAME : S/o TAPAN KUMAR BARMAN	OPD PAID FEE : 0.00
ADDRESS : NIRANJAN NAGAR BOSE BAGAN GARULIA, RAIPUR, CG	

Weight : 84.7 kg Temp : 97.6°F B.P. 116/73 Pulse : 82 b/m SPO2 : 97%



C/O - Generalized cheery.
H/O - NO DM, NO HTN, NO Tumor
 - NO psychosocial.
 R
 pt is fit



FOLLOW-UP DATE :
 ADVICE FOR ADMISSION YES NO



Shree Ram Multispeciality Hospital (SRMH)

L o k a h S a m a s t a S u k h i n o B h a v a n t u

OPD - ID : 020240000747 PT. TYPE : NEW REGISTRATION
UH-ID : SRMH-24032277 PRINT DATE : 29-03-2024 / 10:18:52 TOKEN NO. : 2

PATIENT NAME	: MR AMITABH BARMAN	DEPARTMENT	: DENTAL
AGE / SEX	: 35-Y 0-M 0-D / MALE	CONSULT-DATE	: 29-Mar-2024 - 09:49 AM
DOB	: none	COMPANY NAME	: MEDIWHEEL FULL BODY ANNUAL CHECKUP
MOB-NO	: 9748241975	OPD PAID FEE	: 0.00
GUARDIAN NAME	: S/o TAPAN KUMAR BARMAN		
ADDRESS	: NIRANJAN NAGAR BOSE BAGAN GARULIA, RAIPUR, CG		

Weight : 84.7 kg Temp : 97.6°F B.P. 116/73 Pulse : 82 b/m SPO2 : 97 %

Please indicate whether you are presently suffering from anyone of the following symptoms:

Oral Health Status:

- Yes No Dental Sealants Present on Permanent Molars
- Yes No Caries Experience / Restoration History : A filling (Temporary / Permanent) OR a Tooth that is missing because it was extracted as a result of caries .
- Yes No Untreated Caries/ Open Treatment Plan
- Yes No Urgent Treatment: abscess, Nerve Exposure, Advanced Disease State, Signs of Symptoms that include pain/ infection / swelling

Treatment Needs:

- Restorative Care- Fillings, crowns, etc.
- Preventative Care-prophylaxis, sealants, fluoride Treatment
- Sedation / Surgery Needs to Complete Treatment

Present chief complaints:- *At present No Active Intervention Required.*

Dr. Signature



FOLLOW-UP DATE :

ADVICE FOR ADMISSION YES NO

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Lokah Samasta Sukhino Bhavantu

OPD - ID : 02024000747 PT. TYPE : NEW REGISTRATION
UH-ID : SRMH-24032277 PRINT DATE : 29-03-2024 / 10:18:52 TOKEN NO. : 2

PATIENT NAME : MR AMITABH BARMAN DEPARTMENT : ENT
AGE / SEX : 35-Y O-M 0-D / MALE
DOB : none CONSULT-DATE : 29-Mar-2024 - 09:49 AM
MOB-NO : 9748241975 COMPANY NAME : MEDIWHEEL FULL BODY ANNUAL CHECKUP
GUARDIAN NAME : S/o TAPAN KUMAR BARMAN OPD PAID FEE : 0.00
ADDRESS : NIRANJAN NAGAR ROSE BAGAN GARULIA, RAIPUR, CG

Weight : Temp : B.P. : Pulse : SPO2 :

Please indicate whether you are presently suffering from anyone of the following symptoms:

Ears, Nose, Mouth, Throat

Ear pain	0	0
Ear itch	0	0
Ear drainage	0	0
Dizziness/ Loss of balance	0	0
Loss of Hearing	0	0
Popping Noise	0	0
Tinnitus	0	0
Nosebleeds	0	0
Post-nasal Drip	0	0
Sinus pain	0	0
Sinus pressure	0	0
Nasal congestion	0	0
Loss of smell/taste	0	0
Hoarseness	0	0
Sore Throat	0	0
Throat tickle	0	0
Dry Mouth / Throat	0	0
Throat clearing	0	0
Snoring	0	0

Present chief complaints:-

At present no active intervention required in this case.

Dr. Signature



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L o k a h S a m a s t a S u k h i n o B h a v a n t u

EXAMINATION OF EYES:- (BY OPHTHALMOLOGIST)

Patient Name Mr. Amitabh Barman

Date 29/03/24

Sex/ Age 35/M

UHID.....

EXTERNAL EXAMINATION				
SQUINT <u>NO</u>				
NYSTAGMUS				
COLOUR VISION <u>Normal</u>				
FUNDUS : (RE):- <u>NRH</u>		(LE):- <u>NRH</u>		
INDIVIDUAL COLOUR IDENTIFICATION <u>Good</u>				
DISTANT VISION:(RE):- <u>6/6</u>		(LE):- <u>6/6</u>		
NEAR VISION:(RE):- <u>NI</u>		(LE):- <u>NI</u>		
NIGHT BLINDNESS <u>NAD</u>				
	SPH	CYL	AXIS	ADD
RIGHT				
LEFT				
REMARKS:-				



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6.4

Clarity Medical TrueBeat 200 Ver2.2.6H

MR Anilabh barman
 M 35Y 084KG
 10:50 AM
 29/03/2024

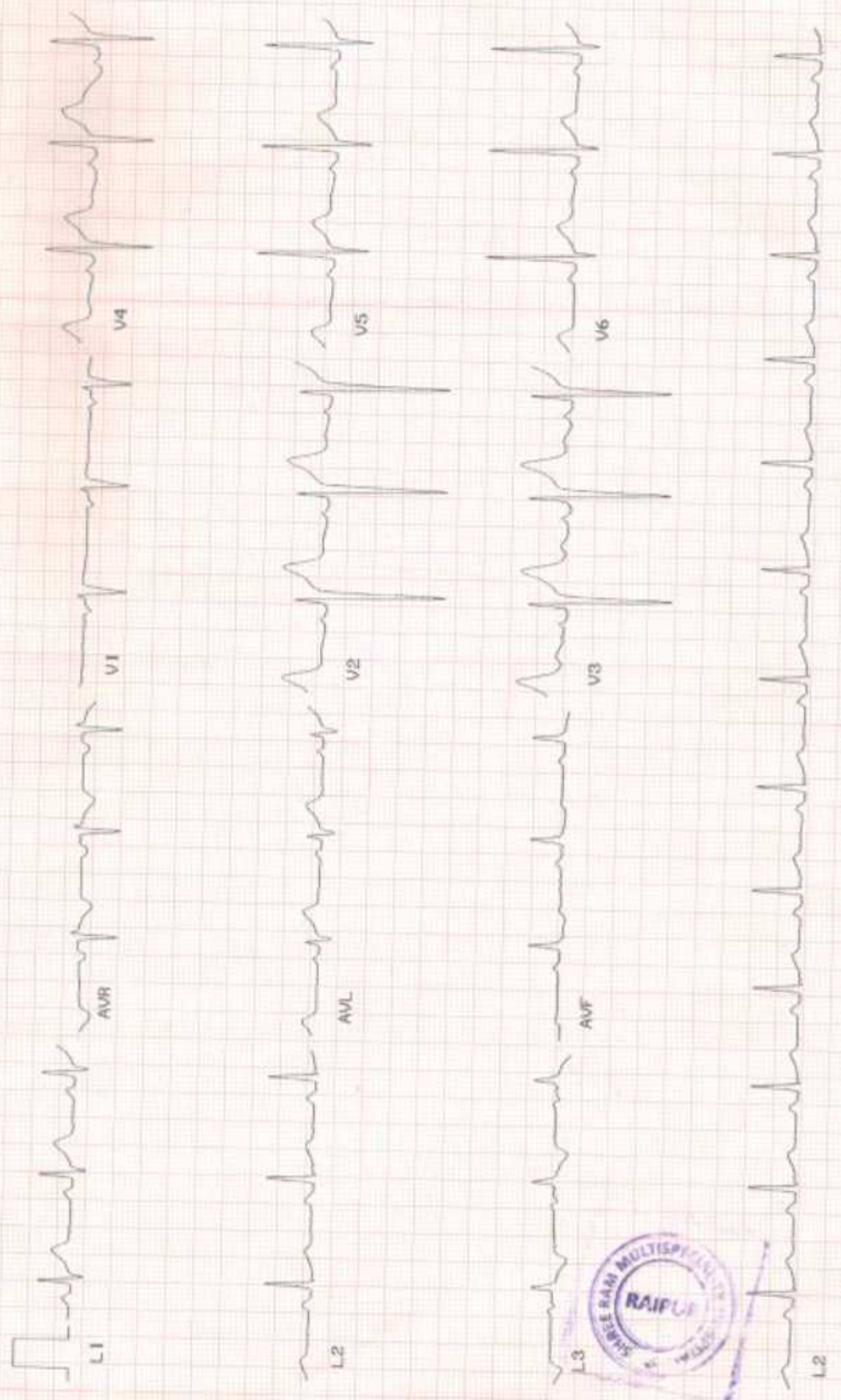
25 mm/s
 10mm/mV
 0.1 - 35Hz
 50Hz ReJ-Y
 AUTO 12LS BLC-Y

P = 87 ms
 QRS = 77 ms
 PR = 145 ms
 QT = 330 ms
 QTc = 381 ms

QT/QTc = 86%
 QT/RR = 44%
 QRS axis = 56°
 P axis = 35°
 T axis = -98°

To be clinically correlated:
 Sinus Rhytm
 Normal ECG

HR = 80bpm





ECHOCARDIOGRAPHY REPORT

Name	Amitabh Barman	Age / Sex	35 years / Male
Date	29-03-2024	UHID no	24032277

PULMOANRY VELOCITY ; 0.85 m/s

AORTIC VELOCITY: 1.02 m/s

TRICUSPID VELOCITY : 1.89 m/s

PASP : 18 mmHg + RAP

M-Measurement Value

Aorta	2.9	LVEDD	4.9
LA	3.5	IVSD	1.0
LVEF	>60%	LVPWD	1.0

FINAL IMPRESSION

- Normal Cardiac Chambers & Dimension
- NO RWMA
- Normal LV Systolic Function
- LVEF >60%
- Trace TR, PASP 18 mmHg + RAP
- No Clot/PE / Vegetation

Dr. Nikhil Motiramani
(MBBS, MD,DM Card)



Dr. Raghvesh Ojha

(MBBS, PGDCC clinical cardiology)

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Lokah Samasta Sukhino Bhavantu

PT. NAME : MR AMITABH BARMAN
MOBILE NO : 9748241975
DOCTOR : DR. AJIT KUMAR
REFERRED BY : SELF

AGE / SEX : 35/MALE
UH ID NO. : SRMH-24032277
COLLECTION : 29-03-2024
REPORTING : 29-Mar-2024

TEST NO
433

HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
CBC (COMPLETE BLOOD COUNT)			
HAEMOGLOBIN (Hb)	13.9	gm/dL	13.5 - 17.5
TOTAL RBC COUNT	4.87	Million/cumm	4.5 - 5.9
HAEMATOCRIT (PCV)	41.7	%	41.5 - 50.4
RBC INDICES			
MCV	89.1	f l	78 - 96
MCH	28.6	pg	27 - 32
MCHC	32.1	%	33 - 37
RDW	14.1	%	11 - 16
TOTAL WBC COUNT (TLC)	5000	/cumm	4000 - 11000
DIFFERENTIAL COUNT			
Neutrophils	70	%	40 - 70
Lymphocytes	21	%	22 - 48
Eosinophils	04	%	0 - 6
Monocytes	05	%	0 - 8
Basophils	00	%	00 -
PLATELET COUNT	1.68	/ μ L	1.50 - 4.50
PCT	0.18	%	0.10 - 0.28
MPV(MEAN PLATELET VOLUME)	10.9	fL	8 - 11
PDW	14.5	%	11 - 18

-- End Of Report --

LAB TECHNICIAN

Note : This Report is not for medicolegal purpose



Dr. Dhananjay Prasad
(MD PATHOLOGY)

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HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
ESR (ERYTHROCYTE SEDIMENTATION RATE)			
ESR	30	mm after 1 hrr	0 - 20

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HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
BLOOD GROUPING AND RH TYPING			
BLOOD GROUP	"B"	-	-
RH FACTOR	POSITIVE	-	-

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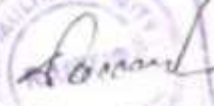
BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
BLOOD SUGAR - FASTING AND PP			
BLOOD SUGAR FASTING	86.2	mg/dL	60 - 120
BLOOD SUGAR PP	118.6	mg/dL	80 - 140

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TEST NO : 433


CLINICAL PATHOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
URINE SUGAR FASTING AND PP			
URINE SUGAR - FASTING	Absent		Absent -
URINE SUGAR - PP	Absent		Absent -

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BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
HBA1c (GLYCOSYLATED HEAMOGLOBIN)			
HBA1c	5.54	%	Normal Range : <6% - Good Control : 6 - 7% - Fair Control : 7 - 8% - Unsatisfactory Control : 8-10% - Poor Control : >10% -
Estimated average plasma glucose	119.9	mg/dl	80 - 120

Interpretation: As per American Diabetes Association(ADA)

Non diabetic adults >= 18 years	<5.7
At risk (prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Good of Therapy > 19 years - <7.0 <19 years - <7.5

NOTE:

- HbA1c reflects long term fluctuations in the blood glucose concentration
- A diabetic patient who is recently under good control may still have a high concentration of HbA1c. Conversely is true for a diabetic previously under good control but now poorly controlled.


Significance of Test:

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 as compared to blood and urinary glucose determinations.

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BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
LIPID PROFILE			
CHOLESTEROL	228.4	mg / dl	150 - 220
SERUM TRIGLYCERIDE	169.2	mg / dl	60 - 165
HDL	36.5	mg / dl	35 - 80
LDL	158.06	mg/dL	90 - 160
VLDL	33.84	mg/dl	20 - 50
CHOLESTEROL / HDL RATIO	6.26	mg/dl	3.5 - 5.5
LDL/HDL Ratio	4.33	mg/dl	2.5 - 3.5
TRIGLYCERIDES/HDL RATIO	4.64	mg/dl	2.0 - 4.0

-- End Of Report --

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BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
LIVER FUNCTION TEST (LFT)			
BILIRUBIN TOTAL	0.65	mg/dL	0.2 - 1
BILIRUBIN DIRECT	0.36	mg / dl	0.1 - 0.6
BILIRUBIN INDIRECT	0.29	mg / dl	0.1 - 0.4
SGOT	49.4	U / L	10 - 55
SGPT	55.6	U / L	0 - 40
ALKALINE PHOSPHATASE	198.8	U / L	0 - 270
TOTAL PROTEIN	6.59	g / dl	6 - 8
ALBUMIN	3.81	g/dl	3.5 - 5.0
GLOBULIN	2.78	g / dl	2 - 3.5
A/G RATIO	1.03	g/dl	1 - 2.5

Clinical Significance:

Alanine transaminase (ALT)

ALT is an enzyme found in the liver that helps your body metabolize protein. When the liver is damaged, ALT is released into the bloodstream and levels increase.

Aspartate transaminase (AST)

AST is an enzyme that helps metabolize alanine, an amino acid. Like ALT, AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

Alkaline phosphatase (ALP)

ALP is an enzyme in the liver, bile ducts and bone. Higher-than-normal levels of ALP may indicate liver damage or disease, such as a blocked bile duct, or certain bone diseases.

Albumin and total protein

Albumin is one of several proteins made in the liver. Your body needs these proteins to fight infections and to perform other functions. Lower-than-normal levels of albumin and total protein might indicate liver damage or disease.


Bilirubin

Bilirubin is a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted in stool. Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

-- End Of Report --

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BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
URIC ACID			
URIC ACID	5.83	mg/dL	3.6 - 7.7

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BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
	CREATININE		
CREATININE	0.86	mg / dl	0.6 - 1.2

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24/7
Emergency





MR. AMITABH BARMAN

Sample Collected At :

Registered : 29 Mar,24 11:40 AM

Age: 35 Years

Ref By : DR. AJIT KUMAR

Collected : 29 Mar,24 11:45 AM

Sex: Male

Reported : 30 Mar,24 5:40 PM

GAMAMA GLUTAMYL TRANSFERASE (GGT)

INVESTIGATION	RESULT	REFERENCE VALUE	UNIT
GAMMA – GLUTAMYL TRANSFERASE	15.21	12.00-18.00	U/L

(GGT) , SERUM

GENDER	-	NORMAL RANGE(U/L)
MALE	-	12.00-18.00
FEMALE	-	6.00-29.00

COMMENTS:-

Gamma – Glutamyl Transferase (Ggt) Is An Enzyme That Is Found In Many Organs Throughtout The Body , With The Highest Concentrations Found In The Liver .Ggt Is Elevated In The Blood In Most Diseases That Cause Damage To The Liver Or Bile Ducts ,This Test Measures The Level Of Ggt In A Blood Samle.

DR. DHANANJAY PRASAD
(MD Pathology)

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MR. AMITABH BARMAN

Age: 35 Years

Sex: Male

Sample Collected At:

Ref. By: **DR. AJIT KUMAR**

Registered: 29 Mar, 24 12:10 PM

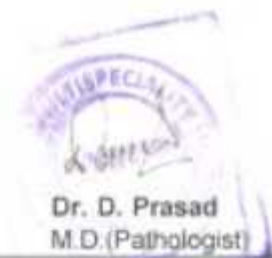
Collected: 29 Mar, 24 12:15 PM

Reported: 30 Mar, 24 09:20 AM

BUN / Creatinine Ratio PANAL

Investigation	Observed Value	Unit	Biological Reference Interval
BUN			
BUN	11.25	mg/dL	7.00 - 20.00
Serum Creatinine	0.86	mg/dL	0.55 - 1.20
BUN / Creatinine Ratio	13.08		10:1 - 20:1

Blood urea nitrogen (BUN) is a waste product produced when the liver breaks down protein. The kidneys then filter it out of the blood and eliminate it through urine. Creatinine is a waste product created by the breakdown of phosphocreatine, a molecule stored in muscle tissue. The kidneys filter creatinine from the blood, and its levels in the body reflect the efficiency of the kidney's excretory function. therefore, BUN and creatinine are useful markers in assessing kidney health because they help doctors evaluate the kidney's filtration rate.



Dr. D. Prasad
M.D.(Pathologist)

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Shree Ram Multispeciality Hospital (SRMH)

L o k a h S a m a s t a S u k h i n o B h a v a n t u

MR. AMITABH BARMAN

Age: 35 Years

Sex: Male

Sample Collected At:

Ref. By: DR. AJIT KUMAR

Registered: 29 Mar, 24 11:15 AM

Collected: 29 Mar, 24 11:21 PM

Reported: 29 Mar, 24 05:45 PM

TFT

Thyroid Function Test (TFT)

Investigation	Observed Value	Unit	Biological Reference Interval
THYROID SERUM HORMONS			
Serum Triiodothyronine (T3)	0.98	ng/mL	0.89 - 1.87
Serum thyroxine (T4)	11.34	ug/dL	5.1 - 14.28
Thyroid Stimulating Hormone (TSH)	1.41	μIU/mL	0.66 - 5.67

Comments:-


(i) Ethnicity, iodine intake, gender, age, body mass index and Exercise influences the reference range of Thyroid hormones and serum TSH concentrations.

(ii) Changes in Thyroid Hormones (especially T3) and TSH may be seen as early as 24 hours after the onset of non-thyroidal illness. (Poor nutrition/starvation, sepsis, burns, malignancy, myocardial infarction, post-surgery, and with chronic liver and renal disease)

(iii) Serum total T4 and T3 concentrations increase to approximately 150% of non-pregnant values – this occurs during the first half of pregnancy and is maintained thereafter until parturition. Free T4 concentrations also change during pregnancy; in the first trimester a transient rise is often observed.

(iv) Measurement of FT4 and FT3 is best avoided in patients receiving heparin therapy (When indicated, blood sample should be taken 10 hours after the last injection of heparin, and analyzing it without delay, can reduce the risk of artifactual hyperthyroxinaemia.)

(v) Phenytoin, carbamazepine and furosemide cause artifactual increase in free T4 (FT4) and decrease in total T4.



Dr. D. Prasad
M.D. (Pathologist)

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Shree Ram Multispeciality Hospital (SRMH)

L o k a h S a m a s t a S u k h i n o B h a v a n t u

PT. NAME : MR AMITABH BARMAN	AGE / SEX : 35/MALE	TEST NO
MOBILE NO : 9748241975	UH ID NO. : SRMH-24032277	433
DOCTOR : DR. AJIT KUMAR	COLLECTION : 29-03-2024	
REFERRED BY : SELF	REPORTING : 29-Mar-2024	

CLINICAL PATHOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
URINE ROUTINE AND MICROSCOPY			
PHYSICAL EXAMINATION			
QUANTITY	20	ml	-
COLOUR	Yellow		Pale Yellow -
APPEARANCE	Clear		Clear -
REACTION	Acitic		Acitic -
CHEMICAL EXAMINATION			
ALBUMIN	Absent		Absent -
SUGAR	Absent		Absent -
KETONE	Absent		Absent -
BILE SALT	Absent		Absent -
BILE PIGMENT	Absent		Absent -
MICROSCOPIC EXAMINATION			
PUS CELLS	2-3	/hpf	2 - 5
EPITHELIAL CELLS	1-2	/hpf	1 - 5
RBC	Nil	/hpf	0 - 3
CAST	Nil	/lpf	Nil -
YEAST	Nil		Nil -
CRYSTAL	Nil	/lpf	Nil -
Bacteria	Nil		Nil -
OTHERS	-		-

-- End Of Report --

LAB TECHNICIAN

Note : This Report is not for medicolegal purpose


Dr. Dhananjay Prasad
 (MD PATHOLOGY)

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Shree Ram Multispeciality Hospital (SRMH)

L o k a h S a m a s t a S u k h i n o B h a v a n t u

Department of Radiology

NAME -;	MR.AMITABH BARMAN	AGE - 35 YEAR /MALE
REF.BY -;	SHREE RAM MULTI SPECIALITY HOSPITAL	DATE - 29/03/2024

X – RAY CHEST PA VIEW.

FINDINGS:

- Bilateral lung parenchyma is clear.
- Both apices free.
- Trachea in mid line.
- C T ratio within normal limits.
- Both hila are normal.
- Both costo & cardiophrenic angles are clear.
- Bony cage normal.
- Soft tissue appears normal.

IMPRESSION :

No significant abnormality detected.


DR ANAND BANSAL
MD DNB RADIODIAGNOSIS
CONSULTANT RADIOLOGIST

CGMC 2015/6359

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DR ANAND BANSAL

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(IMS BHU) (Gold Medalist)
Ex Senior Resident (AIIMS Raipur)
Ex Assistant Professor (Pt JNMC Raipur)
Reg. No. - CGMC 6359/2015

5D SONOGRAPHY -16 SLICE CT SCAN - DIGITAL X RAY - PATHOLOGY - BIOPSY

PATIENT NAME: AMITABH BARMAN	DATE: 29/03/2024
REF PHY: SHRIRAM MULTISPECIALITY HOSPITAL GUDHIYARI (SRMS), PATIENT ID: 46717	AGE/SEX: 35 Years/MALE

USG WHOLE ABDOMEN

Liver: Liver is normal in size (13.6 cm), smooth in outline & raised echotexture.

Billiry system: IHBR's are not dilated. CBD is not dilated.

Liver vessels: Portal vein and hepatic veins are normal.

Gall bladder: Distended with anechoic lumen and normal wall thickness.

Pancreas & Paraaortic Region: Normal. Pancreatic duct not dilated.

Spleen: Is normal in size measures (10.5 cm) with normal echotexture.

Kidneys	RIGHT	LEFT
SIZE	11.1 x 4.4 cm	12.7 x 5.2 cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PELVICALYCEAL SYSTEM	Not dilated	Not dilated
URETER	Not dilated	Not dilated
CALCULUS	No	No

Urinary bladder: The urinary bladder shows physiological distention. It shows normal wall thickness.

Prostate: is normal in size measures 2.3 x 3.2 x 2.6 cm (weight 10.1 gm) with normal shape & echotexture.

Fluid: There is no free or loculated fluid collection in abdomen or pelvis.

Bowel loops are grossly normal.

No significant lymphadenopathy is noted.



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IMPRESSION:

- GRADE – II FATTY LIVER CHANGES.

Advised clinical correlation/further evaluation if clinically indicated.

DR ANAND BANSAL
MD DNB RADIODIAGNOSIS
CONSULTANT RADIOLOGIST
CGMC 2015/6359

Typist: LAXMINARAYAN YADAV

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.

