

प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई केशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	SANTOSH BHAUSAHEB GUNJAL
जन्म की तारीख	27-03-1980
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	23-03-2024
बुकिंग संदर्भ सं.	23M165870100105192S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MS. GUNJAL RASHMI DEWANGAN
कर्मचारी की क.कू.संख्या	165870
कर्मचारी का पद	HEAD CASHIER "E" _II
कर्मचारी के कार्य का स्थान	RAIPUR, NEW RAJENDRA NAGAR
कर्मचारी के जन्म की तारीख	23-05-1983

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 22-03-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार केशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनबॉर्ड्स में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



*[Handwritten signature]*  
29/01/24  
9617769303





# 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 : 020240000745 PT. TYPE : NEW REGISTRATION  
UH-ID : SRMH-24032275 PRINT DATE : 29-03-2024 / 09:21:27AM TOKEN NO. : 1

PATIENT NAME	: SANTOSH BHAUSAHEB GUNJAL	DEPARTMENT	: MEDICINE
AGE / SEX	: 44-Y 0-M 0-D / MALE	CONSULTANT	: DR. AJIT KUMAR
DOB	: none	CONSULT-DATE	: 29-Mar-2024 - 08:47 AM
MOB-NO	: 9647769303	COMPANY NAME	: MEDIWHEEL FULL BODY HEALTH ANNUA
GUARDIAN NAME	: S/o MR. BHAUSAHEB GUNJAL	OPD PAID FEE	: 0.00
ADDRESS	: NEW RAJENDRA NAGAR, RAIPUR, CG		

Weight : Temp : B.P. : 171/107 Pulse : SPO2 : 98%



GO - General Checkup.

H/O - NO DM, NO HTN, NO DM2, NO PMSD

- NO Any surgical & Medicinal H/O.

R.  
pt. is fit.



FOLLOW-UP DATE :

ADVICE FOR ADMISSION  YES  NO

Near Railway Under Bridge, Basant Vihar Gate No. 1, Gondwara Chowk, Gudhiyari, Raipur (Chhattisgarh)

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OPD - ID : 020240000745

PT. TYPE : NEW REGISTRATION

UH-ID : SRMH-24032275

PRINT DATE : 29-03-2024 / 09:37:45

TOKEN NO. : 1

PATIENT NAME	: SANTOSH BHAUSAHEB GUNJAL	DEPARTMENT	: ENT
AGE / SEX	: 44-Y 0-M 0-D / MALE	CONSULT-DATE	: 29-Mar-2024 - 08:47 AM
DOB	: none	COMPANY NAME	: MEDIWHEEL FULL BODY HEALTH ANNUAL PLUS
MOB-NO	: 9647769303	OPD PAID FEE	: 0.00
GUARDIAN NAME	: S/o MR. BHAUSAHEB GUNJAL		
ADDRESS	: NEW RAJENDRA NAGAR, RAIPUR, CG		

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

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

Yes      No

Ears, Nose, Mouth, Throat

Ear pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ear itch	<input type="checkbox"/>	<input type="checkbox"/>
Ear drainage	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness/ Loss of balance	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Hearing	<input type="checkbox"/>	<input type="checkbox"/>
Popping Noise	<input type="checkbox"/>	<input type="checkbox"/>
Tinnitus	<input type="checkbox"/>	<input type="checkbox"/>
Nosebleeds	<input type="checkbox"/>	<input type="checkbox"/>
Post-nasal Drip	<input type="checkbox"/>	<input type="checkbox"/>
Sinus pain	<input type="checkbox"/>	<input type="checkbox"/>
Sinus pressure	<input type="checkbox"/>	<input type="checkbox"/>
Nasal congestion	<input type="checkbox"/>	<input type="checkbox"/>
Loss of smell/taste	<input type="checkbox"/>	<input type="checkbox"/>
Hoarseness	<input type="checkbox"/>	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>
Throat tickle	<input type="checkbox"/>	<input type="checkbox"/>
Dry Mouth / Throat	<input type="checkbox"/>	<input type="checkbox"/>
Throat clearing	<input type="checkbox"/>	<input type="checkbox"/>
Snoring	<input type="checkbox"/>	<input type="checkbox"/>

*if cold & flu. at present no pain.*

Present chief complaints:-

*At present NO Active intervention Required.*

Dr. Signature



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UH-ID : SRMH-24032275	PRINT DATE : 29-03-2024 / 09:37:45	
PATIENT NAME : SANTOSH BHAUSAHEB GUNJAL	DEPARTMENT : DENTAL	
AGE / SEX : 44-Y O-M D-D / MALE	CONSULT-DATE : 29-Mar-2024 - 08:47 AM	
DOB : none	COMPANY NAME : MEDIWHEEL FULL BODY HEALTH ANNUAL PLUS	
MOB-NO : 9647749303	OPD PAID FEE : 0.00	
GUARDIAN NAME : S/o MR. BHAUSAHEB GUNJAL		
ADDRESS : NEW RAJENDRA NAGAR, RAIPUR, CG		
Weight :	Temp :	B.P. :
		Pulse :
		SPO2 :

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:-

- left lower permanent molar blacking (+).  
No Pain, Redness in gum (-).

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. Santosh Bhausaheb Gungul  
Sex/ Age 44 Y/M

Date 29/03/24  
UHID SRMH-24032275

EXTERNAL EXAMINATION				
SQUINT		No		
NYSTAGMUS				
COLOUR VISION		NAD		
FUNDUS : (RE):-		WNL	(LE):-	WNL
INDIVIDUAL COLOUR IDENTIFICATION		Good		
DISTANT VISION:(RE):-		6/6	(LE):-	6/6
NEAR VISION:(RE):-		N6	(LE):-	N6
NIGHT BLINDNESS		NAD		
	SPH	CYL	AXIS	ADD
RIGHT				
LEFT				
REMARKS:-				



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Mr Santosh  
 M 43Y 078Kg  
 09:11 AM  
 29/03/2024

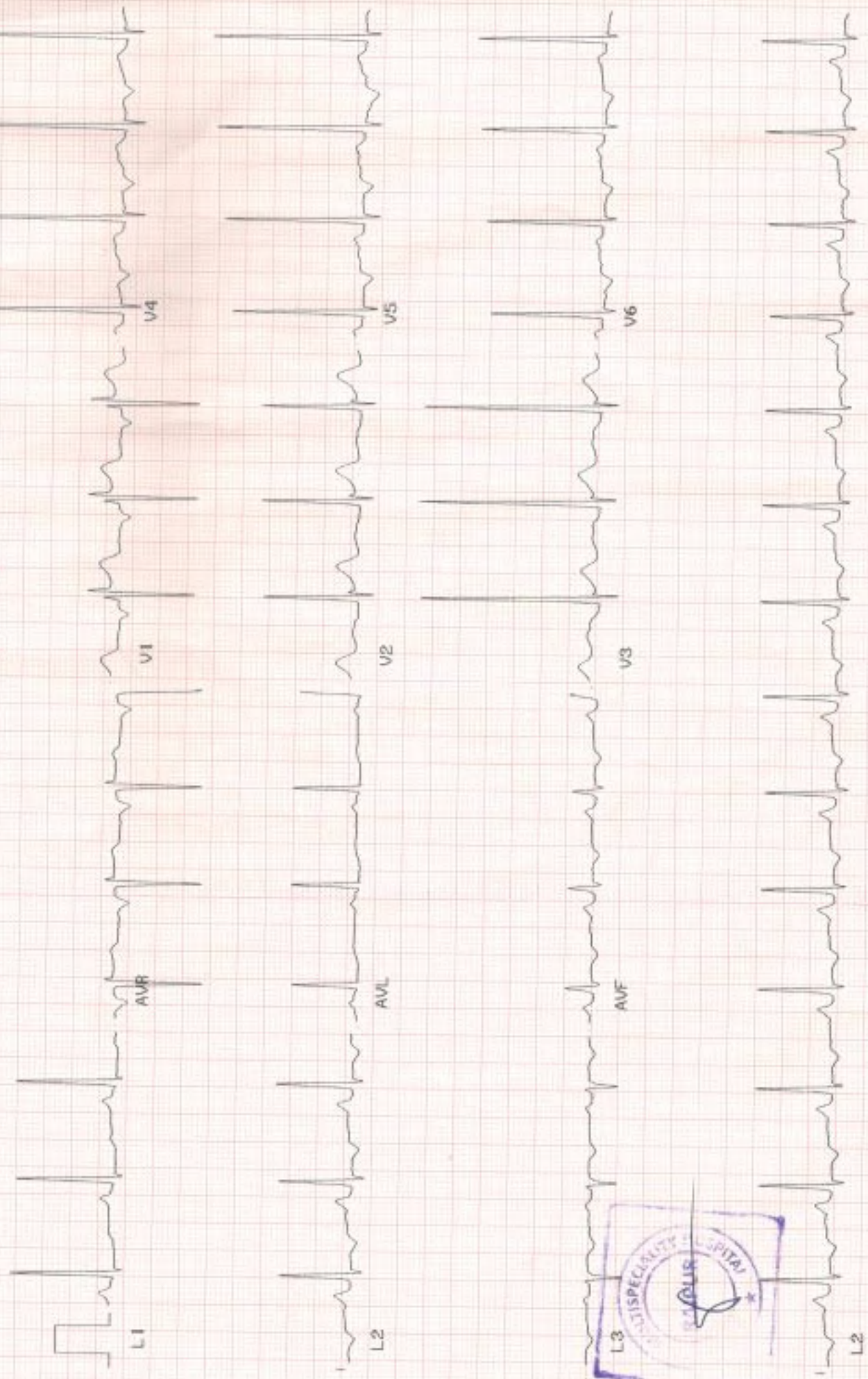
AUTO SEQ

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

P = 87 ms  
 QRS = 97 ms  
 PR = 147 ms  
 QT = 347 ms  
 QTc = 416 ms

QT/QTc = 83%  
 QT/RR = 49%  
 QRS ax15 = 19°  
 P ax15 = 43°  
 T ax15 = 36°

To be clinically correlated: HR = 86bpm  
 Check Limb Leads(may be reversed). No Analysis done.





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MOBILE NO : 9647769303  
DOCTOR : DR. AJIT KUMAR  
REFERRED BY : SELF

AGE / SEX : 44/MALE  
UH ID NO. : SRMH-24032275  
COLLECTION : 29-03-2024  
REPORTING : 29-Mar-2024

TEST NO  
431

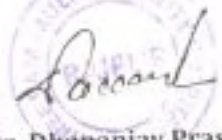
## HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>CBC (COMPLETE BLOOD COUNT)</b>			
HAEMOGLOBIN (Hb)	14.6	gm/dL	13.5 - 17.5
TOTAL RBC COUNT	5.28	Million/cumm	4.5 - 5.9
HAEMATOCRIT (PCV)	43.8	%	41.5 - 50.4
<b>RBC INDICES</b>			
MCV	85.2	fL	78 - 96
MCH	27.7	pg	27 - 32
MCHC	32.5	%	33 - 37
RDW	13.9	%	11 - 16
TOTAL WBC COUNT (TLC)	9000	/cumm	4000 - 11000
<b>DIFFERENTIAL COUNT</b>			
Neutrophils	63	%	40 - 70
Lymphocytes	28	%	22 - 48
Eosinophils	04	%	0 - 6
Monocytes	05	%	0 - 8
Basophils	00	%	00 -
PLATELET COUNT	2.85	/ $\mu$ L	1.50 - 4.50
PCT	0.26	%	0.10 - 0.28
MPV(MEAN PLATELET VOLUME)	9.2	fL	8 - 11
PDW	12.1	%	11 - 18

-- End Of Report --

LAB TECHNICIAN

Note : This Report is not for medicolegal purpose



Dr. Dhyanjay Prasad  
( MD PATHOLOGY )

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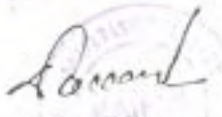
## HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>ESR (ERYTHROCYTE SEDIMENTATION RATE)</b>			
ESR	15	mm after 1 hrr	0 - 20

-- End Of Report --

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Emergency  
SERVICE





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## HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>BLOOD GROUPING AND RH TYPING</b>			
BLOOD GROUP	"A"		-
RH FACTOR	POSITIVE		-

-- End Of Report --

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*Dhananjay Prasad*  
 Dr. Dhananjay Prasad  
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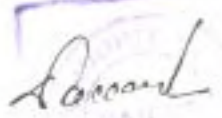
## BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>BLOOD SUGAR - FASTING AND PP</b>			
BLOOD SUGAR FASTING	99.5	mg/dL	60 - 120
BLOOD SUGAR PP	154.2	mg/dL	80 - 140

-- End Of Report --

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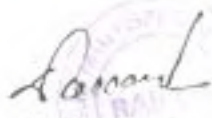
## CLINICAL PATHOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>URINE SUGAR FASTING AND PP</b>			
URINE SUGAR - FASTING	Absent		Absent -
URINE SUGAR - PP	Absent		Absent -

-- End Of Report --

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## BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>LIVER FUNCTION TEST (LFT)</b>			
BILIRUBIN TOTAL	0.59	mg/dL	0.2 - 1
BILIRUBIN DIRECT	0.25	mg / dl	0.1 - 0.6
BILIRUBIN INDIRECT	0.34	mg / dl	0.1 - 0.4
SGOT	29.4	U / L	10 - 55
SGPT	25.3	U / L	0 - 40
ALKALINE PHOSPHATASE	171.6	U / L	0 - 270
TOTAL PROTEIN	6.61	g / dl	6 - 8
ALBUMIN	3.84	g/dl	3.5 - 5.0
GLOBULIN	2.77	g / dl	2 - 3.5
A/G RATIO	1.07	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.

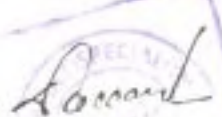
#### Bilirubin

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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431


## BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
	<b>CREATININE</b>		
CREATININE	0.95	mg / dl	0.6 - 1.2

-- End Of Report --

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DOCTOR : DR. AJIT KUMAR  
REFERED BY : SELF

AGE / SEX : 44/MALE  
UH ID NO. : SRMH-24032275  
COLLECTION : 29-03-2024  
REPORTING : 29-Mar-2024

TEST NO  
431

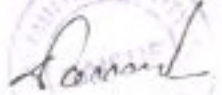
## BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>URIC ACID</b>			
URIC ACID	5.92	mg/dL	3.6 - 7.7

-- End Of Report --

LAB TECHNICIAN

Note : This Report is not for medicolegal purpose

  
Dr. Dhyanjay Prasad  
( MD PATHOLOGY )

📍 Near Railway Under Bridge, Basant Vihar Gate No. 1, Gondwara Chowk,  
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✉ shreeramhospital.op@gmail.com 🌐 www.srmhraipur.com

24/7  
Emergency





# 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 : SANTOSH BHAUSAHEB GUNJAL  
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431

## BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>HBA1c (GLYCOSYLATED HEAMOGLOBIN)</b>			
HBA1c	5.01	%	Normal Range : <6% - Good Control : 6 - 7% - Fair Control : 7 - 8% - Unsatisfactory Control : 8-10% - Poor Control : >10% -
Estimated average plasma glucose	101.2	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. Converse is true for a diabetic previously under good control but now poorly controlled.

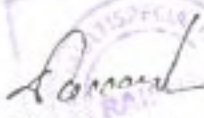
### Significance of Test:

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.

-- End Of Report --

LAB TECHNICIAN

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**SANTOSH BHUSAHEB GUNJAL** Sample Collected At : Registered : 29 Mar,24 11:36 PM  
Age: 44 Years Ref By : **DR. AJIT KUMAR** Collected : 29 Mar,24 11:42 PM  
Sex: Male Reported : 30 Mar,24 5:35 PM

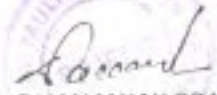
## GAMAMA GLUTAMYL TRANSFERASE (GGT)

INVESTIGATION	RESULT	REFERENCE VALUE	UNIT
GAMMA – GLUTAMYL TRANSFERASE (GGT) , SERUM	14.75	12.00-18.00	U/L

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. SANTOSH BHAUSAHEB GUNJAL

Age: 44 Years

Sex: Male

Sample Collected At:

Ref. By: DR.AJIT KUMAR

Registered: 29 Mar, 24 12:06 PM

Collected: 29 Mar, 24 12:12 PM

Reported: 30 Mar, 24 09:10 AM

## BUN / Creatinine Ratio PANAL

Investigation	Observed Value	Unit	Biological Reference Interval
<b>BUN</b>			
BUN	13.15	mg/dL	7.00 - 20.00
Serum Creatinine	0.95	mg/dL	0.55 - 1.20
BUN / Creatinine Ratio	13.84		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)



# 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. SANTOSH BHAUSAHEB GUNJAL**

Age: 44Years

Sex: Male

**Sample Collected At:**

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

Registered: 29 Mar, 24 11:05 AM

Collected: 29 Mar, 24 11:10 AM

Reported: 29 Mar, 24 05:35 PM

## TFT

### Thyroid Function Test (TFT)

Investigation	Observed Value	Unit	Biological Reference Interval
<b>THYROID SERUM HORMONS</b>			
Serum Triiodothyronine (T3)	1.35	ng/mL	0.89 - 1.87
Serum thyroxine (T4)	13.18	ug/dL	5.1 - 14.28
Thyroid Stimulating Hormone (TSH)	1.36	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)

END OF REPORT  
Near Railway Under Bridge, Basant Vihar Gate No. 1, Gondwara Chowk,  
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# Shree Ram Multispeciality Hospital (SRMH)

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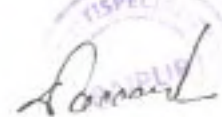
## BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>LIPID PROFILE</b>			
CHOLESTEROL	210.5	mg / dl	150 - 220
SERUM TRIGLYCERIDE	147.6	mg / dl	60 - 165
HDL	32.7	mg / dl	35 - 80
LDL	177.8	mg/dL	90 - 160
VLDL	29.52	mg/dl	20 - 50
CHOLESTEROL / HDL RATIO	6.43	mg/dl	3.5 - 5.5
LDL/HDL Ratio	5.43	mg/dl	2.5 - 3.5
TRIGLYCERIDES/HDL RATIO	4.51	mg/dl	2.0 - 4.0

-- End Of Report --

LAB TECHNICIAN

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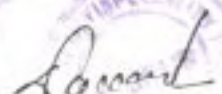
## CLINICAL PATHOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
<b>URINE ROUTINE AND MICROSCOPY</b>			
<b>PHYSICAL EXAMINATION</b>			
QUANTITY	20	ml	-
COLOUR	Dark Yellow		Pale Yellow -
APPEARANCE	S.Turbid		Clear -
REACTION	Acitic		Acitic -
<b>CHEMICAL EXAMINATION</b>			
ALBUMIN	Present(++)		Absent -
SUGAR	Absent		Absent -
KETONE	Absent		Absent -
BILE SALT	Absent		Absent -
BILE PIGMENT	Absent		Absent -
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS	6-8	/hpf	2 - 5
EPITHELIAL CELLS	4-6	/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

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# SHRI RAM IMAGING & DIAGNOSTIC CENTER

Ground Floor, Raheja Towers, Jail Road, Raipur  
Ph. : 0771-4099090, Mo. : 9294870000

**DR ANAND BANSAL**

MBBS MD DNB(Radiodiagnosis)  
(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: SANTOSH GUNJAL	DATE: 29/03/2024
REF PHY: SHRIRAM MULTISPECIALITY HOSPITAL GUDHIYARI, PATIENT ID: 46703	AGE/SEX: 43 Years/MALE

## USG WHOLE ABDOMEN

**Liver:** Liver is normal in size (12.2 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 (10.9 cm) with normal echotexture.

Kidneys	RIGHT	LEFT
SIZE	10.7 x 4.7 cm	12.2 x 6.0 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 3.1 x 4.0 x 3.1 cm (weight 20.1 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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REF PHY: SHRIRAM MULTISPECIALITY HOSPITAL GUDHIYARI, PATIENT ID: 46703	AGE/SEX: 43 Years/MALE

### IMPRESSION:

- GRADE – II FATTY LIVER CHANGES.
- SIMPLE RENAL CORTICAL CYST NOTED IN MID POLE OF LEFT KIDNEY. IT MEASURES 1.6 X 1.5 CM.

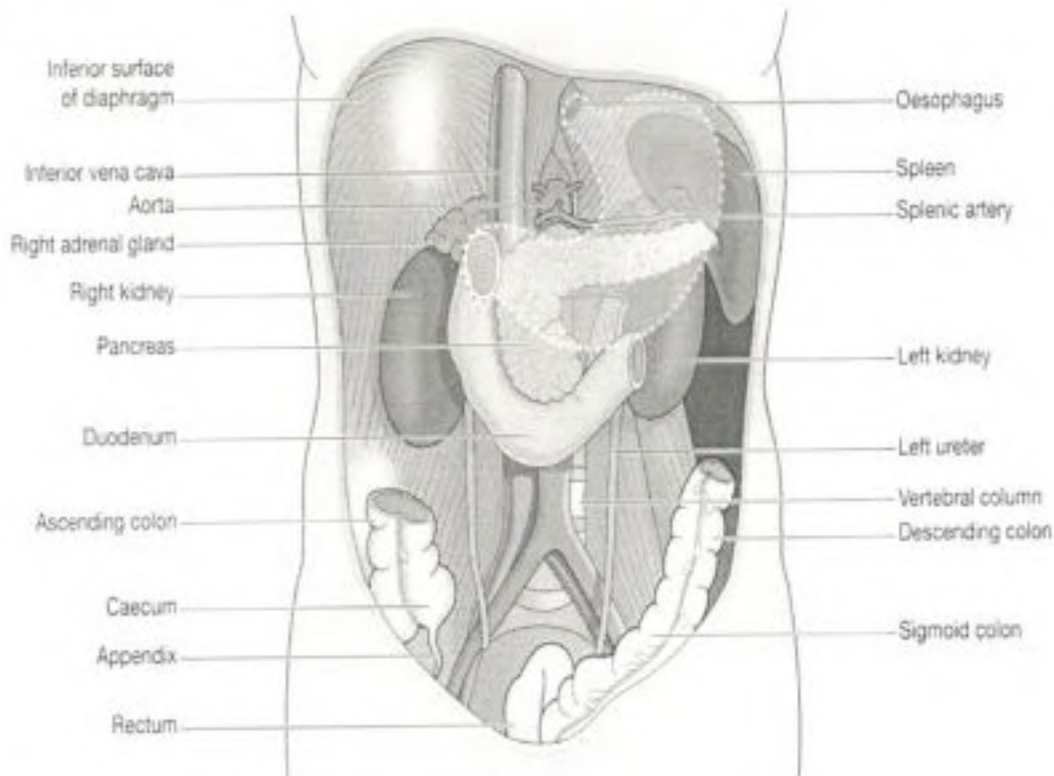
*Advised clinical correlation/further evaluation if clinically indicated.*



*Anand*  
DR ANAND BANSAL  
MD DNB RADIO DIAGNOSIS  
CONSULTANT RADIOLOGIST  
CGMC 2015/6359

Typist: DEKUMAR SAHU

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.





## ECHOCARDIOGRAPHY REPORT

Name	Mr. Santosh Bhausheb Gunjal	Age / Sex	44 years / Male
Date	29-03-2024	UHID no	24032275

PULMOANRY VELOCITY ; 0.96 m/s

AORTIC VELOCITY : 0.85 m/s

TRICUSPID VELOCITY : 1.69 m/s

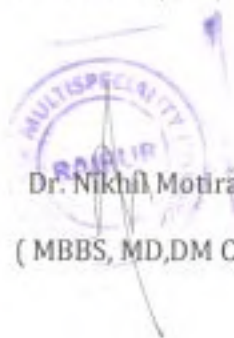
PASP : 16 mmHg + RAP

M-Measurement Value

Aorta	2.8	LVEDD	4.5
LA	3.4	IVSD	1.1
LVEF	>60%	LVPWD	1.1

### FINAL IMPRESSION

- Mild LVH
- NO RWMA
- Normal LV Systolic Function
- LVEF >60%
- Trace MR/TR, PASP 16 mmHg + RAP
- No Clot/PE / Vegetation

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

Dr. Raghvesh Ojha  
(MBBS, PGDCC clinical cardiology )







## Department of Radiology

NAME -;	MR.SANTOSH BHAUSAHEB GUNAL	AGE - 44 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

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CONSULTANT RADIOLOGIST

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