

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 जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. VERMA PANKAJ
क.कू.संख्या	109905
पदनाम	JOINT MANAGER
कार्य का स्थान	GAUR CHOWK NOIDA
जन्म की तारीख	03-05-1985
स्वास्थ्य जांच की प्रस्तावित तारीख	28-09-2023
बुकिंग संदर्भ सं.	23S109905100070514E

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 27-09-2023 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 कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के 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 इनवॉइस 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।)

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. VERMA PANKAJ
EC NO.	109905
DESIGNATION	JOINT MANAGER
PLACE OF WORK	GAUR CHOWK NOIDA
BIRTHDATE	03-05-1985
PROPOSED DATE OF HEALTH CHECKUP	28-09-2023
BOOKING REFERENCE NO.	23S109905100070514E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **27-09-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

### SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



भारत सरकार  
Government of India



पंकज  
Pankaj  
जन्म तिथि / DOB : 03/05/1985  
पुरुष / Male



6721 7252 0415

आधार - आम आदमी का अधिकार

*Signature*



भारतीय विशिष्ट पहचान अधिकरण  
Unique Identification Authority of India

पता: S/O: अत्तर सिंह, बी-45,  
हरिजन बस्ती, कोन्डली, वसुंधरा  
एंक्लेव, वसुंधरा एंक्लेव, पूर्वी दिल्ली,  
दिल्ली, 110095

Address: S/O: Attar Singh, B-45, harijan  
basti, kondli, Vasundhra Enclave,  
Vasundhra Enclave, East Delhi, Delhi,  
110096

6721 7252 0415

1947  
1800 300 1947

✉  
help@uidai.gov.in

www  
www.uidai.gov.in

## LABORATORY REPORT

Name : PANKAJ VERMA  
Registration No : MH010405875  
Patient Episode : R03000054965  
Referred By : MANIPAL HOSPITALS GHAZIABAD  
Receiving Date : 09 Oct 2023 21:32

Age : 38 Yr(s) Sex : Male  
Lab No : 32231003595  
Collection Date : 09 Oct 2023 20:48  
Reporting Date : 10 Oct 2023 09:22

### BIOCHEMISTRY

#### THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	1.090	ng/ml	[0.800-2.040]
T4 - Thyroxine (ECLIA)	8.340	µg/dl	[4.600-10.500]
Thyroid Stimulating Hormone (ECLIA)	2.780	µIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

\* References ranges recommended by the American Thyroid Association

- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
- 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

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-----END OF REPORT-----

**Dr. Neelam Singal**  
CONSULTANT BIOCHEMISTRY



**LABORATORY REPORT**

Name : PANKAJ VERMA  
Registration No : MH010405875  
Patient Episode : H18000001296  
Referred By : HEALTH CHECK MGD  
Receiving Date : 09 Oct 2023 11:14

Age : 38 Yr(s) Sex :Male  
Lab No : 202310001763  
Collection Date : 09 Oct 2023 10:24  
Reporting Date : 09 Oct 2023 18:34

**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>			
<b>SPECIMEN-EDTA Whole Blood</b>			
RBC COUNT (IMPEDEANCE)	4.97	millions/cumm	[4.50-5.50]
HEMOGLOBIN	13.6	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	42.3	%	[40.0-50.0]
MCV (DERIVED)	85.1	fL	[83.0-101.0]
MCH (CALCULATED)	27.4	pg	[25.0-32.0]
MCHC (CALCULATED)	32.2	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.3	%	[11.6-14.0]
Platelet count	206	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.3		
WBC COUNT (TC) (IMPEDEANCE)	5.89	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
<b>Neutrophils</b>	<b>34.0 #</b>	%	<b>[40.0-80.0]</b>
<b>Lymphocytes</b>	<b>56.0 #</b>	%	<b>[20.0-40.0]</b>
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	7.0	mm/1sthour	[0.0-

**LABORATORY REPORT**

Name : PANKAJ VERMA  
Registration No : MH010405875  
Patient Episode : H18000001296  
Referred By : HEALTH CHECK MGD  
Receiving Date : 09 Oct 2023 11:14

Age : 38 Yr(s) Sex : Male  
Lab No : 202310001763  
Collection Date : 09 Oct 2023 10:24  
Reporting Date : 09 Oct 2023 17:09

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.8 #	%	[0.0-5.6]
Estimated Average Glucose (eAG)	120	mg/dl	

As per American Diabetes Association (ADA)  
HbA1c in %  
Non diabetic adults  $\geq 18$  years  $< 5.7$   
Prediabetes (At Risk) 5.7-6.4  
Diagnosing Diabetes  $\geq 6.5$

Comments : 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.

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing B Rh(D) Positive

**Technical note:**

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

-----END OF REPORT-----

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*Alka*

Dr. Alka Dixit Vats  
Consultant Pathologist



## LABORATORY REPORT

Name : PANKAJ VERMA  
Registration No : MH010405875  
Patient Episode : H18000001296  
Referred By : HEALTH CHECK MGD  
Receiving Date : 09 Oct 2023 11:14

Age : 38 Yr(s) Sex :Male  
Lab No : 202310001763  
Collection Date : 09 Oct 2023 11:14  
Reporting Date : 09 Oct 2023 16:35

### CLINICAL PATHOLOGY

#### ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

##### MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	6.0	(4.6-8.0)
Specific Gravity	1.015	(1.003-1.035)

##### CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

##### MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	0-1 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	





**LABORATORY REPORT**

<b>Name</b>	: PANKAJ VERMA	<b>Age</b>	: 38 Yr(s) Sex :Male
<b>Registration No</b>	: MH010405875	<b>Lab No</b>	: 202310001763
<b>Patient Episode</b>	: H18000001296	<b>Collection Date</b>	: 09 Oct 2023 10:24
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 09 Oct 2023 16:11
<b>Receiving Date</b>	: 09 Oct 2023 11:14		

**BIOCHEMISTRY**

<b>TEST</b>	<b>RESULT</b>	<b>UNIT</b>	<b>BIOLOGICAL REFERENCE INTERVAL</b>
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**Serum LIPID PROFILE**

Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	177	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	95	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	45.0	mg/dl	[35.0-65.0]
VLDL- CHOLESTEROL (Calculated)	19	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	113.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
T.Chol/HDL.Chol ratio(Calculated)	3.9		
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.5		<3 Optimal 3-4 Borderline >6 High Risk

Note:  
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases



**LABORATORY REPORT**

Name : PANKAJ VERMA  
Registration No : MH010405875  
Patient Episode : HI8000001296  
Referred By : HEALTH CHECK MGD  
Receiving Date : 09 Oct 2023 11:14

Age : 38 Yr(s) Sex :Male  
Lab No : 202310001763  
Collection Date : 09 Oct 2023 10:24  
Reporting Date : 09 Oct 2023 16:11

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>KIDNEY PROFILE</b>			
Specimen: Serum			
<b>UREA</b>	13.1 #	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
<b>BUN, BLOOD UREA NITROGEN</b>	6.1 #	mg/dl	[8.0-20.0]
Method: Calculated			
<b>CREATININE, SERUM</b>	0.94	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
<b>URIC ACID</b>	5.2	mg/dl	[4.0-8.5]
Method:uricase PAP			
<b>SODIUM, SERUM</b>	139.60	mmol/L	[136.00-144.00]
<b>POTASSIUM, SERUM</b>	4.68	mmol/L	[3.60-5.10]
<b>SERUM CHLORIDE</b>	107.2	mmol/L	[101.0-111.0]
Method: ISE Indirect			
<b>eGFR (calculated)</b>	102.4	ml/min/1.73sq.m	[>60.0]

**Technical Note**

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis, Hyperbilirubinemia / Lipemia.



**LABORATORY REPORT**

Name : PANKAJ VERMA  
Registration No : MH010405875  
Patient Episode : H18000001296  
Referred By : HEALTH CHECK MGD  
Receiving Date : 09 Oct 2023 11:14

Age : 38 Yr(s) Sex : Male  
Lab No : 202310001763  
Collection Date : 09 Oct 2023 10:24  
Reporting Date : 09 Oct 2023 16:11

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.91	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.18	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.73	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.50	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.53	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.00	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.53		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	31.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	61.50	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC	82.0	IU/L	[32.0-91.0]
GGT	53.0 #	U/L	[7.0-50.0]



## LABORATORY REPORT

Name : PANKAJ VERMA  
Registration No : MH010405875  
Patient Episode : H18000001296  
Referred By : HEALTH CHECK MGD  
Receiving Date : 09 Oct 2023 11:14

Age : 38 Yr(s) Sex : Male  
Lab No : 202310001763  
Collection Date : 09 Oct 2023 10:24  
Reporting Date : 09 Oct 2023 16:11

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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-----END OF REPORT-----



**Dr. Alka Dixit Vats**  
Consultant Pathologist



**LABORATORY REPORT**

Name : PANKAJ VERMA Age : 38 Yr(s) Sex : Male  
Registration No : MH010405875 Lab No : 202310001764  
Patient Episode : H18000001296 Collection Date : 09 Oct 2023 10:24  
Referred By : HEALTH CHECK MGD Reporting Date : 09 Oct 2023 16:12  
Receiving Date : 09 Oct 2023 10:24

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	84.0	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).  
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),  
Drugs-  
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----

**Dr. Alka Dixit Vats**  
Consultant Pathologist



## LABORATORY REPORT

Name : PANKAJ VERMA  
Registration No : MH010405875  
Patient Episode : H18000001296  
Referred By : HEALTH CHECK MGD  
Receiving Date : 09 Oct 2023 13:54

Age : 38 Yr(s) Sex : Male  
Lab No : 202310001765  
Collection Date : 09 Oct 2023 13:54  
Reporting Date : 09 Oct 2023 15:43

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b> Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	111.0	mg/dl	[80.0-140.0]

Note:  
Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption, post exercise

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-----END OF REPORT-----



Dr. Alka Dixit Vats  
Consultant Pathologist

## RADIOLOGY REPORT

NAME	PANKAJ VERMA	STUDY DATE	09/10/2023 10:33AM
AGE / SEX	38 y / M	HOSPITAL NO.	MH010405875
ACCESSION NO.	R6221704	MODALITY	CR
REPORTED ON	09/10/2023 10:46AM	REFERRED BY	HEALTH CHECK MGD

## XR- CHEST PA VIEW

**FINDINGS:**

LUNGS: Normal.  
TRACHEA: Normal.  
CARINA: Normal.  
RIGHT AND LEFT MAIN BRONCHI: Normal.  
PLEURA: Normal.  
HEART: Normal.  
RIGHT HEART BORDER: Normal.  
LEFT HEART BORDER: Normal.  
PULMONARY BAY: Normal.  
PULMONARY HILA: Normal.  
AORTA: Normal.  
THORACIC SPINE: Normal.  
OTHER VISUALIZED BONES: Bilateral rudimentary cervical ribs are seen. Rest normal.  
VISUALIZED SOFT TISSUES: Normal.  
DIAPHRAGM: Normal.  
VISUALIZED ABDOMEN: Normal.  
VISUALIZED NECK: Normal.

**IMPRESSION:**

**No significant abnormality noted in chest.**

**Bilateral rudimentary cervical ribs.**

Recommend clinical correlation.



Dr. Monica Shekhawat MBBS, DNB  
CONSULTANT RADIOLOGIST

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

**MANIPAL HOSPITALS**

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

www.manipalhospitals.com

**This report is subject to the terms and conditions mentioned overleaf**

## RADIOLOGY REPORT

NAME	PANKAJ VERMA	STUDY DATE	09/10/2023 11:00AM
AGE / SEX	38 y / M	HOSPITAL NO.	MH010405875
ACCESSION NO.	R6221705	MODALITY	US
REPORTED ON	09/10/2023 1:45PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS  
FINDINGS**

LIVER: appears normal in size (measures 146 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: appears borderline enlarged in size (measures 126 mm) but normal in shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 12.8 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.9 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 106 x 35 mm.

Left Kidney: measures 106 x 39 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 37 x 32 x 30 mm with volume 19 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

**-Diffuse grade I fatty infiltration in liver.**

**-Borderline splenomegaly.**

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

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**This report is subject to the terms and conditions mentioned overleaf**

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