

Patient Name : Mr.SHRIKANT KESHAV BORADE	Collected : 08/Jul/2023 08:40AM
Age/Gender : 32 Y 4 M 15 D/M	Received : 08/Jul/2023 01:14PM
UHID/MR No : CKHA.0000067401	Reported : 08/Jul/2023 02:29PM
Visit ID : CKHAOPV99504	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 946556565	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



Patient Name : Mr.SHRIKANT KESHAV BORADE	Collected : 08/Jul/2023 08:40AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	14.8	g/dL	13-17	Spectrophotometer
PCV	42.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.33	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	80	fL	83-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	34.8	g/dL	31.5-34.5	Calculated
R.D.W	15.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,240	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	61.4	%	40-80	Electrical Impedence
LYMPHOCYTES	29.4	%	20-40	Electrical Impedence
EOSINOPHILS	2.2	%	1-6	Electrical Impedence
MONOCYTES	6.4	%	2-10	Electrical Impedence
BASOPHILS	0.6	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4445.36	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2128.56	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	159.28	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	463.36	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	43.44	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT	266000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBCs ARE NORMOCYTIC NORMOCHROMIC.

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PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN



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Age/Gender : 32 Y 4 M 15 D/M	Received : 08/Jul/2023 01:14PM
UHID/MR No : CKHA.0000067401	Reported : 08/Jul/2023 03:15PM
Visit ID : CKHAOPV99504	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 946556565	

DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination



Patient Name : Mr.SHRIKANT KESHAV BORADE	Collected : 08/Jul/2023 08:40AM
Age/Gender : 32 Y 4 M 15 D/M	Received : 08/Jul/2023 01:17PM
UHID/MR No : CKHA.0000067401	Reported : 08/Jul/2023 03:33PM
Visit ID : CKHAOPV99504	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 946556565	

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	100	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	110	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	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	103	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.

- A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 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.
- 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



Patient Name : Mr.SHRIKANT KESHAV BORADE	Collected : 08/Jul/2023 08:40AM
Age/Gender : 32 Y 4 M 15 D/M	Received : 08/Jul/2023 02:44PM
UHID/MR No : CKHA.0000067401	Reported : 08/Jul/2023 05:10PM
Visit ID : CKHAOPV99504	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	152	mg/dL	<200	CHO-POD
TRIGLYCERIDES	185	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	28	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	124	mg/dL	<130	Calculated
LDL CHOLESTEROL	86.52	mg/dL	<100	Calculated
VLDL CHOLESTEROL	37.07	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.37		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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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.54	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16.4	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.7	U/L	<50	IFCC
ALKALINE PHOSPHATASE	51.29	U/L	30-120	IFCC
PROTEIN, TOTAL	7.03	g/dL	6.6-8.3	Biuret
ALBUMIN	4.53	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.81		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.77	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	18.69	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.82	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.49	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.02	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.08	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.88	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	19.57	U/L	<55	IFCC



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Visit ID : CKHAOPV99504	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 946556565	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	1.23	ng/mL	0.7-2.04	CLIA
Thyroxine (T4, TOTAL)	8.59	µg/dL	6.09-12.23	CLIA
Thyroid Stimulating Hormone (TSH)	1.306	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



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Visit ID : CKHAOPV99504	Status : Final Report
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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	1.020		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	1 - 2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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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 ***


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist


 Dr.Sanjay Ingle
 M.B.B.S,MD(Pathology)
 Consultant Pathologist



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Sheikant Keshav Borade on 08/07/2023

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Dyslipidemia</u>.....</p> <p>2. <u>LFT: Grade I fatty changes in liver</u>.....</p> <p>3.</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. **Dr Samruddhi D. Jagdale**
 MBBS
 Medical Officer
 Apollo Clinic, Kharadi
 Reg. No. 2021087453

This certificate is not meant for medico-legal purposes

Name: Mr. SHRIKANT BORADE
Age/ Sex: 32 yrs / M

Date: 08/07/2023

2D ECHO/COLOUR DOPPLER

M - Mode values		Doppler Values	
AORTIC ROOT (mm)	21	PULMONARY VE(m/sec)	1.8
LEFT ATRIUM (mm)	24	PG (mmHg)	0.9
		AORTIC VEL (m/sec)	1.2
IVS - D (mm)	9	PG (mmHg)	5.8
LVID - D (mm)	42	MITRAL E WAVE(m/sec)	0.9
		A WAVE (m/sec)	0.6
LVPW - D (mm)	9		
EJECTION FRACTION (%)	60%		

REPORT:

Normal sized all cardiac chambers.
No regional wall motion abnormality.
Normal LV systolic function.
Mitral valve Normal, No mitral regurgitation/ No Mitral stenosis.
Aortic valve normal. No aortic regurgitation/No Aortic stenosis.
Normal Tricuspid & pulmonary valve.
NO t ricuspid regurgitation.. No pulmonary hypertension.
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.
Aortic arch appears normal

IMPRESSION:

Normal PA pressures.

Normal LV systolic function, No RWMA. LVEF 60%.



DR. VIKRANT KHESE
MBBS, MD Medicine, DNB Medicine, DM Cardiology
Consultant and interventional Cardiologist
Reg No: MMC: 2015/02/0627

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Date : 08-07-2023
MR NO : CKHA.0000067401

Department : GENERAL
Doctor :

Shrikant Borade

Name : Mr. SHRIKANT KESHAV BORADE

Registration No :

Age/ Gender : 32 Y / Male

Qualification :

Consultation Timing: 08:36

hip - 96

Height : <i>170 cm</i>	Weight : <i>69.3 kg</i>	BMI : <i>23</i>	Waist Circum : <i>88</i>
Temp :	Pulse : <i>83/m</i>	Resp :	B.P : <i>125/89 mm</i>

General Examination / Allergies History

Adv. :-
- vit. B12
- vit. D3

Clinical Diagnosis & Management Plan

Present complains - *Nil*
Comorbidity - *Nil*
Allergies - *Nil*
Surgical H/O - *Tonsillectomy in childhood*
Family H/O - *Nil*
Addiction - *Nil*

OE
CVS-
CNS-
P/A-
Chest-
} *NAD*

H/O covid infection - *COVID (+) in y. 2020*
Vaccinated with - *2 doses*

Follow up date:

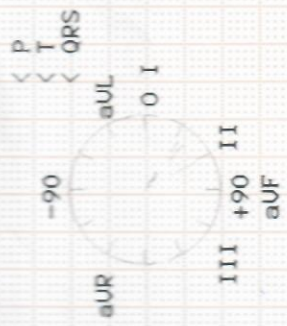
Doctor Signature



HR 76 bpm

Sporadic

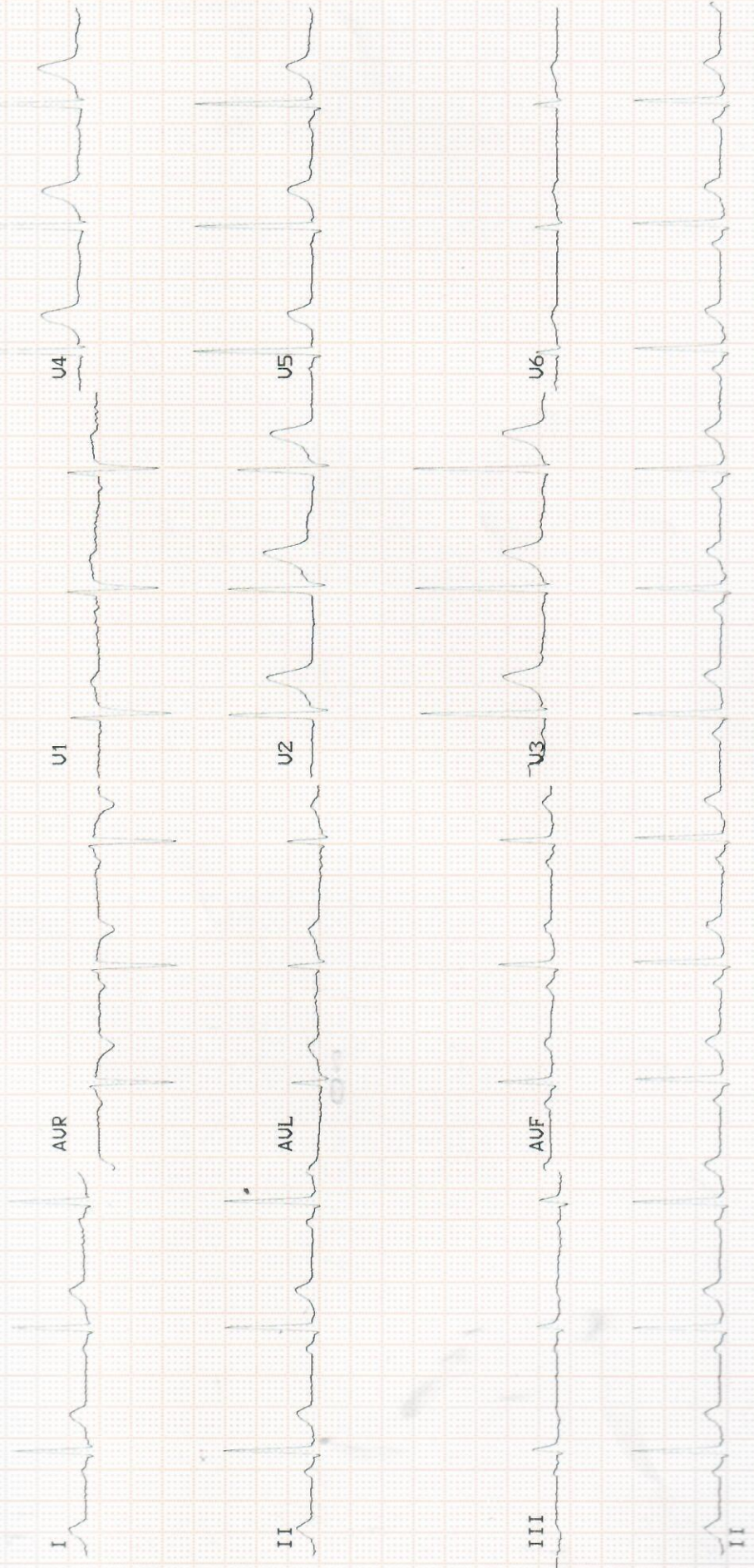
Interpretation:



Measurement Results:

QRS	88 ms
QT/QTcB	374 / 420 ms
PR	142 ms
P	120 ms
AVRT	272 / 202 ms
P/ORS/T	61 / 40 / 35 degrees

microfibrillar deposits



POWER PRESCRIPTION

NAME: MR Shrikant Keshav Borade GENDER: M/F DATE: 8-7-23
 AGE: 32 UHID: 67401

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	PL	.	.	6/6
NEAR				

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	PL	.	.	6/6
NEAR				

INSTRUCTIONS:

SIGNATURE 

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

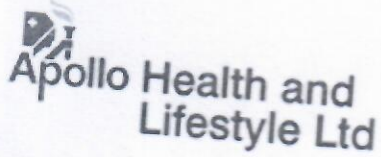
Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Kharadi Apollo Clinic

From: noreply@apolloclinics.info
Sent: 06 July 2023 04:29 PM
To: panduranga7798@gmail.com
Cc: Kharadi Apollo Clinic; Vinayak Dimble; Syamsunder M
Subject: Your Apollo order has been confirmed



Dear MR. BORADE SHRIKANT KESHAV,

Namaste Team,

Greetings from Apollo Clinics,

With regards to the below request the below appointment is scheduled at **KHARADI clinic** on **2023-07-08** at **08:25-08:30**.

Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324]

"In view of corona virus precautionary measures, you are requested to take a mandatory check for symptoms & self-declaration at centre. Please cooperate. Thank you."

NOTE: We are not providing the breakfast in view of corona virus. And that customers on their own should carry their breakfast.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to undergo Health Check:

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

भारत सरकार
Government of India

श्रीकांत केशव बोराडे
Shrikant Keshav Borade
जन्म तिथि/DOB: 21/02/1991
पुरुष/ MALE

Issue Date: 03/05/2017

Download Date: 11/08/2021

4201 9311 8443
VID : 9168 4981 7216 7730

मेरा आधार, मेरी पहचान

बैंक ऑफ बरोडा
Bank of Baroda
India's International Bank

नाम
Name : Shrikant Keshav Borade

कर्मचारी कूट क्र.
E.C.No. 117869

जारीकर्ता प्राधिकारी

भारत सरकार
Unique Identification Authority of India

पता:
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Maharashtra - 413701

4201 9311 8443
VID : 9168 4981 7216 7730

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Patient Name	: Mr. SHRIKANT KESHAV BORADE	Age/Gender	: 32 Y/M
UHID/MR No.	: CKHA.0000067401	OP Visit No	: CKHAOPV99504
Sample Collected on	:	Reported on	: 08-07-2023 17:41
LRN#	: RAD2041356	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 946556565		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size, shape and shows **raised echotexture**. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein and CBD appear normal in dimensions at porta hepatis.

Gall bladder: is well distended with normal wall thickness. No echoreflexive calculus or soft tissue mass noted.

Spleen: appears normal in size, shape and echotexture. No focal lesion is noted.

Pancreas: appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Right kidney : normal in size ms 10.0 x 4.1 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

Left kidney : normal in size ms 10.0 x 4.4 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

Urinary bladder: is well distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

Prostate: appears normal in size and echotexture

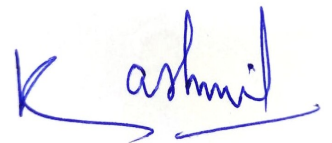
Visualised bowel loops appear normal. No wall edema or mass noted.

IMPRESSION :

- **Grade I fatty changes in liver.**

Clinical correlation suggested....

(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. SANKET KASLIWAL
MBBS DMRE
Radiology

Patient Name : Mr. SHRIKANT KESHAV BORADE

Age/Gender : 32 Y/M

UHID/MR No. : CKHA.0000067401

OP Visit No : CKHAOPV99504

Sample Collected on :

Reported on : 08-07-2023 16:24

LRN# : RAD2041356

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 946556565

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

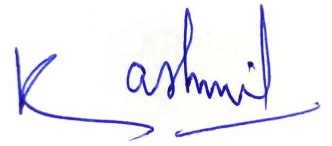
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. SANKET KASLIWAL
MBBS DMRE
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