

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

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. ACHARYA KUSHAL GUNVANTRAY
EC NO.	110706
DESIGNATION	CUSTOMER SERVICE ASSOCIATE
PLACE OF WORK	CHANDRALA
BIRTHDATE	06-06-1989
PROPOSED DATE OF HEALTH CHECKUP	16-09-2024
BOOKING REFERENCE NO.	24S110706100113958E

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 **13-09-2024** till **31-03-2025** 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 & Marketing Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))




नाम
Name **Kushal Gunvantray Acharya**

कर्मचारी कूट क्र.
Employee Code No. **110706**


जारीकर्ता प्राधिकारी
Issuing Authority




धारक के हस्ताक्षर
Signature of Holder



LABORATORY REPORT



Name : KUSHAL GUNVANTRAY ACHARYA	Sex/Age : Male / 35 Years	Case ID : 40902200639
Ref.By : AASHKA HOSPITAL	Dis. At :	PL ID : 4423257
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 16-Sep-2024 09:11	Sample Type :	Mobile No :
Sample Date and Time : 16-Sep-2024 09:11	Sample Coll. By :	Ref Id1 : O0723057
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : OPD

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Urea Nitrogen (BUN)			
BUN (Blood Urea Nitrogen)	7.1	mg/dL	8.90 - 20.60
Glyco Hemoglobin (HbA1c)			
HbA1C	5.72	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Lipid Profile			
LDL Cholesterol	122.01	mg/dL	0.00 - 100.00
Liver Function Test			
Albumin	5.40	gm/dL	3.4 - 5

Abnormal Result(s) Summary End

Note (LL-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

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 Ref.By : AASHKA HOSPITAL Dis. At : PL ID : 4423257
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 16-Sep-2024 09:11 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 16-Sep-2024 09:11 Sample Coll. By : Ref Id1 : 00723057
 Report Date and Time : 16-Sep-2024 09:32 Acc. Remarks : Normal Ref Id2 : OPD

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	13.8	G%	13.00 - 17.00
RBC (Electrical Impedance)	4.77	millions/cumm	4.50 - 5.50
PCV(Calc)	40.59	%	40.00 - 50.00
MCV (RBC histogram)	85.1	fL	83.00 - 101.00
MCH (Calc)	29.0	pg	27.00 - 32.00
MCHC (Calc)	34.1	gm/dL	31.50 - 34.50
RDW (RBC histogram)	12.90	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

		UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	4620	/μL	4000.00 - 10000.00		
Neutrophil	56.0	%	40.00 - 70.00	2587	/μL 2000.00 - 7000.00
Lymphocyte	35.0	%	20.00 - 40.00	1617	/μL 1000.00 - 3000.00
Eosinophil	4.0	%	1.00 - 6.00	185	/μL 20.00 - 600.00
Monocytes	5.0	%	2.00 - 10.00	231	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	252000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.60		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

Note: (LL-Very Low, L-Low, H-High, HH-Vary High) A-Abnormal

Dr. Shreya Shah
M.D. (Pathologist)

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Page 2 of 12



Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden,
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contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,
Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
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 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 4423257
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 16-Sep-2024 09:11	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 16-Sep-2024 09:11	Sample Coll. By :	Ref Id1 : O0723057
Report Date and Time : 16-Sep-2024 09:39	Acc. Remarks : Normal	Ref Id2 : OPD

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	04	mm after 1hr	3 - 15	

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)

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Page 3 of 12



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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS

BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group)

ABO Type	B
Rh Type	POSITIVE

Note: (LL-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

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Page 4 of 12



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 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 4423257
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 16-Sep-2024 09:11 Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum Mobile No :
 Sample Date and Time : 16-Sep-2024 09:11 Sample Coll. By : Ref Id1 : 00723057
 Report Date and Time : 16-Sep-2024 10:45 Acc. Remarks : Normal Ref Id2 : OPD

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F	96.63	mg/dL	70.0 - 100	
Plasma Glucose - PP	95.90	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <small>GLDH</small>	L 7.1	mg/dL	8.90 - 20.60	
Uric Acid	5.13	mg/dL	3.5 - 7.2	
Creatinine	0.78	mg/dL	0.50 - 1.50	

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Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 16-Sep-2024 09:11	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 16-Sep-2024 09:11	Sample Coll. By :	Ref Id1 : 00723057
Report Date and Time : 16-Sep-2024 10:48	Acc. Remarks : Normal	Ref Id2 : OPD

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	H 5.72	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	117.46	mg/dL	Not available

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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Ref.By : AASHKA HOSPITAL	Dis. At :	Pl. ID : 4423257
Bill. Loc. : Aashka hospital		Pl. Loc. :
Reg Date and Time : 16-Sep-2024 09:11	Sample Type : Serum	Mobile No :
Sample Date and Time : 16-Sep-2024 09:11	Sample Coll. By :	Ref Id1 : 00723057
Report Date and Time : 16-Sep-2024 10:45	Acc. Remarks : Normal	Ref Id2 : OPD

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	188.24	mg/dL	110 - 200
HDL Cholesterol	49.3	mg/dL	48 - 77
Triglyceride	84.63	mg/dL	40 - 200
VLDL <small>Calculated</small>	16.93	mg/dL	10 - 40
Chol/HDL <small>Calculated</small>	3.82		0 - 4.1
LDL Cholesterol <small>Calculated</small>	H 122.01	mg/dL	0.00 - 100.00

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low >40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

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Page 7 of 12

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	20.99	U/L	0 - 41	
S.G.O.T.	19.38	U/L	15 - 37	
Alkaline Phosphatase	52.49	U/L	40 - 130	
Gamma Glutamyl Transferase	10.65	U/L	8 - 61	
Proteins (Total)	7.99	gm/dL	6.4 - 8.2	
Albumin	H 5.40	gm/dL	3.4 - 5	
Globulin Calculated	2.59	gm/dL	2 - 4.1	
A/G Ratio Calculated	2.08		1.0 - 2.1	
Bilirubin Total	0.61	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.25	mg/dL		
Bilirubin Unconjugated Calculated	0.36	mg/dL	0 - 0.8	

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Page 8 of 12

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Reg Date and Time : 16-Sep-2024 09:11	Sample Type : Serum	Mobile No :
Sample Date and Time : 16-Sep-2024 09:11	Sample Coll. By :	Ref Id1 : O0723057
Report Date and Time : 16-Sep-2024 10:38	Acc. Remarks : Normal	Ref Id2 : OPD

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	101.64	ng/dL	70 - 204	
Thyroxine (T4) CMIA	7.76	ng/dL	4.87 - 11.72	
TSH CMIA	2.434	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy

First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Report Date and Time : 16-Sep-2024 10:38	Acc. Remarks : Normal	Ref Id2 : OPD

Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test) when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & if TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Note (LL-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)

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Page 10 of 12

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Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 16-Sep-2024 09:11	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 16-Sep-2024 09:11	Sample Coll. By :	Ref Id1 : 00723057
Report Date and Time : 16-Sep-2024 09:39	Acc. Remarks : Normal	Ref Id2 : OPD

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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URINE EXAMINATION

Physical Examination

Colour : Pale yellow

Transparency : Clear

Chemical Examination

Sp.Gravity : 1.025 1.005 - 1.030

pH : 6.5 5 - 8

Leucocytes (ESTERASE) : Negative Negative

Protein : Negative Negative

Glucose : Negative Negative

Ketone Bodies Urine : Negative Negative

Urobilinogen : Negative Negative

Bilirubin : Negative Negative

Blood : Negative Negative

Nitrite : Negative Negative

Microscopic Examination

Leucocyte : Nil /HPF Nil

Red Blood Cell : Nil /HPF Nil

Epithelial Cell : Present + /HPF Present(+)

Bacteria : Nil /µL Nil

Yeast : Nil /µL Nil

Cast : Nil /HPF Nil

Crystals : Nil /HPF Nil

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Page 11 of 12

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Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

----- End Of Report -----

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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PATIENT NAME: KUSHAL GUNVANTRAY ACHARYA

GENDER/AGE: Male / 35 Years


DATE: 16/09/24

DOCTOR: DR. HASIT JOSHI

OPDNO: O0723057

2D-ECHO

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 29mm	
LEFT ATRIUM	: 32mm	
LV Dd / Ds	: 34/21mm	EF 65%
IVS / LVPW / D	: 10/9mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1/0.7m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: NO MR/AR/TR	
RVSP	:	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	


CARDIOLOGIST
DR. HASIT JOSHI (9825012235)

REPORT REPORT REPORT

PATIENT NAME: KUSHAL GUNVANTRAY ACHARYA

GENDER/AGE: Male / 35 Years

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X-RAY CHEST PA

Both lung fields show increased broncho-vascular markings.

No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.

Both hilar shadows and C.P. angles are normal.

Heart shadow appears normal in size. Aorta appears normal.

Bony thorax and both domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.


DR. SNEHIL PRAJAPATI
CONSULTANT RADIOLOGIST

REPORT REPORT REPORT REPORT REPORT

PATIENT NAME:KUSHAL GUNVANTRAY ACHARYA

GENDER/AGE:Male / 35 Years

DATE:16/09/24

DOCTOR:

OPDNO:O0723057

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

GALL BLADDER: Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

PANCREAS: Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

SPLEEN: Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

KIDNEYS: Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.3 x 4.0 cms in size.

Left kidney measures about 10.0 x 4.1 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.


No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 140 cc.

PROSTATE: Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen.

Prostate volume measures about 14 cc.

COMMENT: Normal sonographic appearance of liver, GB; Pancreas, spleen, kidneys, bladder and prostate.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

REPORT REPORT REPORT

16.09.2024 11:49:11 AM
AASHKA HOSPITAL LTD.
SARGANJAN
GANDHINAGAR

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

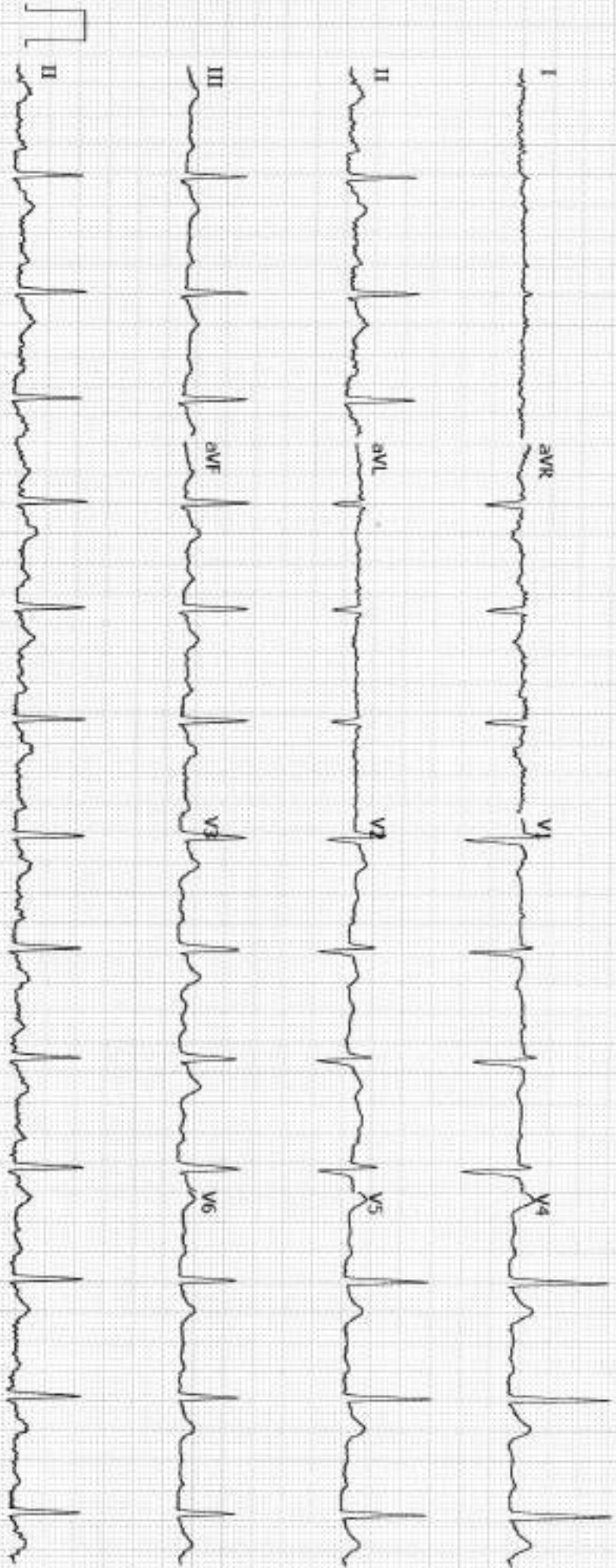
Room:

81 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 86 ms
QT / QTcBaz : 332 / 385 ms
PR : 204 ms
P : 90 ms
RR / PP : 742 / 740 ms
P / QRS / T : 58 / 82 / 75 degrees

Normal sinus rhythm
Normal ECG



DR. TAPAS RAVAL
MBBS . D.O
(FELLOW IN PHACO & MEDICAL
RATINA)
REG.NO.G-21350

UHID: 0SP 00423057	Date: 16/5/24	Time: 10:30 AM
Patient Name: Kishor Acharya	Age / Sex: Height: 179.0 cm. Weight: 59.6 kg.	
History: Retro Ectopia CR		
Allergy History: No		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: AC → NR L P-PL → PL C-CL → CR V → 6/6 6/6		
Diagnosis:		

Doctor Name:- DR. Jandeep Patel

UHID: —	Date: 16/9/24	Time: 3:30 PM
Patient Name: MR. KUSHAL ACHARYA	Age/Sex: 35Y / male	Height: — Weight: —
Chief Complain: no fresh complaints.		
History: —		
Allergy History: NKA		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: CVS — S1S2 ⊕ CVS — conscious, oriented RS — BEAT ⊕ PIA — Soft, moist, tender	PR — 88/min BP — 128/80 mm HA RR — 18/min SpO ₂ — 100% on R.A	
Diagnosis: —		