Mediwheel <wellness@mediwheel.in>

Wed 3/27/2024 10:58 AM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com> Cc:customercare@mediwheel.in <customercare@mediwheel.in>



011-41195959

## Dear Manipal Hospital

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

## You confirm this booking?

Name

: MANOJ KUMAR GIRI

Contact Details

: 9285106002

Hospital Package

Name

Mediwheel Full Body Health Checkup Male Above 40

Location

NH-24, Hapur Road, Oppo. Bahmeta Village, Near Lancraft Golf

Links Aparment

**Appointment Date** 

: 29-03-2024

Member Informa	ition	
Booked Member Name	Age	Gender
MANOJ KUMAR GIRI	l55 vear	Male

# Tests included in this Package -

- Stool Test
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- · Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- · Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- · Lipid Profile
- Kidney Profile
- Liver profile
- Prostate Specific Antigen (PSA Male)

Thanks, Mediwheel Team Please Download Mediwheel App





You have received this mail because your e-mail ID is registered with Arcofemi Healthcare Limited This is a system-generated e-mail please don't reply to this message.

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 $\widetilde{\eta_0}$  2024 - 26, Arceleni Healthcare Pvi Limited (Medlwhoot)

# Bh - New Delhi-Dilshad Garden [Union Bank Of India]

From: Sent:

Mediwheel < wellness@mediwheel.in > Wednesday, March 27, 2024 12:05 PM

To:

Bh - New Delhi-Dilshad Garden [Union Bank Of India]

Cc:

customercare@mediwheel.in

Subject:

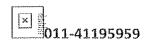
Health Check up Booking Confirmed Request(UBOIE4741), Package Code-PKG10000476,

Beneficiary Code-309080

कृपया सावधानी बरतें एवं <u>ध्यान दें:</u> यह ई- मेल बाहर से प्राप्त हुई है, कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचे (केवल प्रेषक का नाम ही नही). प्रेषक की पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्न को न खोले और पहचाने की दी गई सामग्री सुरक्षित है अथवा नहीं. संदिग्ध मेल के संबंध में, कृपया antiphishing[Dot]ciso[At the rate]unionbankofindia[Dot]bank पर रिपोर्ट करें

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## Dear MANOJ KUMAR GIRI,

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

**Hospital Package** 

Name

: Mediwheel Full Body Health Checkup Male Above 40

Patient Package Name: Executive Health Checkup Male

Name of

Diagnostic/Hospital

: Manipal Hospital

Address of

NH-24, Hapur Road, Oppo. Bahmeta Village, Near Lancraft Golf Links

Diagnostic/Hospital-

**Aparment** 

City

: Ghaziabad

State

: Uttar Pradesh

Pincode

: 201002

**Appointment Date** 

: 29-03-2024

**Confirmation Status** 

: Booking Confirmed

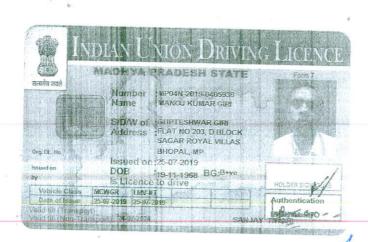
**Preferred Time** 

: 8:30am

**Booking Status** 

: Booking Confirmed

Member Information			
Booked Member Name	Age	Gender	



w6

y.



नाम: मनोज कुमार गिरि

Name: MANOJ KUMAR GIRI

कर्मचारी क्र/Employee No. : 626895 जन्म तिथि/Date of Birth : 19-11-1968

: B+ ख्त गुप/Blood Group

जारी करने का स्थान Place of Issue : जारी करने की तारीख Date of Issue:

हस्ताक्षर /Signature FGMO - BHOPAL

30-09-2020

जारीकर्ता प्राधिकारी Ssuing Authority

यदि किसी को यह पहचौन पत्र मिले तो कृपया यहां लौटाये :

यूनियन बैंक ऑफ इंडिया क्षेत्र महाप्रबंधक कार्यालय 1513/1/1 द्वितीय मंजिल, अरेरा हिल्स, भोपाल (म.प्र.)-462011 फोन नं. 0755-2676754

If Found please retrun to Union Bank of India Field General Manager's Office 1513/1/1, Ilnd Floor, Arera Hills, Bhopal (M.P.)-462011 Phone No. 0755-2676754







Ph. +91 120 353 5353, M. 88609 45566 www.manipalhospitals.com

## **LABORATORY REPORT**

Name

: MR MANOJ KUMAR GIRI

Registration No

: MH011809264

Patient Episode

: H18000002004

Referred By

: HEALTH CHECK MGD

**Receiving Date** 

: 29 Mar 2024 13:32

Age

55 Yr(s) Sex :Male

Lab No

202403004230

**Collection Date:** 

29 Mar 2024 13:32

Reporting Date :

29 Mar 2024 16:04

**BIOCHEMISTRY** 

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

112.0

mg/dl

[80.0-140.0]

Method: Hexokinase

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

Page 8 of 8

----END OF REPORT----

Dr. Alka Dixit Vats

**Consultant Pathologist** 







# **LABORATORY REPORT**

Name

: MR MANOJ KUMAR GIRI

Age

55 Yr(s) Sex :Male

Registration No

: MH011809264

Lab No

202403004229

Patient Episode

: H18000002004

29 Mar 2024 09:38

**Collection Date:** 

Referred By

: HEALTH CHECK MGD

Reporting Date:

29 Mar 2024 14:10

**Receiving Date** 

: 29 Mar 2024 09:38

## **BIOCHEMISTRY**

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F)

100.0

mg/dl

[70.0-110.0]

Method: Hexokinase

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, adrenocortica insufficiency, hypopituitarism, diffuse liver disease, malignancy (adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases (e.g.galactosemia),

insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

Page 7 of 8

\_\_\_\_\_END OF REPORT-----

Dr. Charu Agarwal **Consultant Pathologist** 

Chaery







NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002 Ph. +91 120 353 5353, M. 88609 45566 www.manipalhospitals.com

# LABORATORY REPORT

Name

: MR MANOJ KUMAR GIRI

Registration No

: MH011809264

Patient Episode

: H18000002004

Referred By

: HEALTH CHECK MGD

**Receiving Date** 

: 29 Mar 2024 09:38

Age

55 Yr(s) Sex :Male

Lab No

202403004228

**Collection Date:** 

29 Mar 2024 09:38

Reporting Date :

29 Mar 2024 16:31

### **BIOCHEMISTRY**

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin)

5.3

[0.0-5.6]

Method: HPLC

As per American Diabetes Association (ADA

HbAlc in %

Non diabetic adults >= 18 years <5.7

Prediabetes (At Risk )5.7-6.4 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG)

105

mg/dl

Comments: HbAlc 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.

Serum LIPID PROFILE

[<200] mg/dl Serum TOTAL CHOLESTEROL 178 Moderate risk:200-239 Method: Oxidase, esterase, peroxide High risk:>240 [<150] 208 # mg/dl TRIGLYCERIDES (GPO/POD) Borderline high: 151-199 High: 200 - 499 Very high:>500 [35-65]mg/dl 43 HDL- CHOLESTEROL Method: Enzymatic Immunoimhibition [0-35]mg/dl 42 # VLDL- CHOLESTEROL (Calculated) [<120.0] mg/dl 93.0 CHOLESTEROL, LDL, CALCULATED Near/

Above optimal-100-129

Borderline High:130-159 High Risk:160-189

Page 3 of 8







# **LABORATORY REPORT**

Name

: MR MANOJ KUMAR GIRI

55 Yr(s) Sex :Male

Registration No

: MH011809264

Age Lab No

202403004228

Patient Episode

: H18000002004

**Collection Date:** 

29 Mar 2024 09:38.

Referred By

: HEALTH CHECK MGD

Reporting Date :

29 Mar 2024 14:10

**Receiving Date** 

: 29 Mar 2024 09:38

**BIOCHEMISTRY** 

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

T.Chol/HDL.Chol ratio(Calculated)

4.1

<4.0 Optimal

4.0-5.0 Borderline

>6 High Risk

LDL.CHOL/HDL.CHOL Ratio (Calculated)

2.2

<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

## KIDNEY PROFILE

Specimen: Serum			
UREA	18.5	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay		-	
BUN, BLOOD UREA NITROGEN	8.6	mg/dl	[8.0-20.0]
Method: Calculated			25 W W W LEADER THAT
CREATININE, SERUM	0.82	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization		W.	
URIC ACID	, 6.4	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	124 60 #	transporters was a few or	
SODIOM, SEROM	134.60 #	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.53	mmol/L	[3.60-5.10]
SERUM CHLORIDE	100.8 #	81 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	-
Method: ISE Indirect	100.0 #	mmol/L	[101.0-111.0]
riccirod. IDE INGILECT			

Page 4 of 8







# **LABORATORY REPORT**

Name

: MR MANOJ KUMAR GIRI

Registration No

: MH011809264

Patient Episode

: H18000002004

Referred By

: HEALTH CHECK MGD

**Receiving Date** 

: 29 Mar 2024 09:38

Age

55 Yr(s) Sex :Male

Lab No

202403004228

**Collection Date:** 

29 Mar 2024 09:38

Reporting Date :

29 Mar 2024 14:10

### **BIOCHEMISTRY**

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

eGFR (calculated)

Technical Note

99.6

ml/min/1.73sq.m

[>60.0]

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to1.73 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 Icterus / Lipemia.

LIVER	FUNCTION	TEST
-------	----------	------

BILIRUBIN - TOTAL Method: D P D	0.89	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.17	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.72	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.22	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.10	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.37		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	24.00	U/L	[0.00-40.00]

'Page 5 of 8







# **LABORATORY REPORT**

Name

: MR MANOJ KUMAR GIRI

Age

55 Yr(s) Sex :Male

Registration No

: MH011809264

Lab No

202403004228

Patient Episode

: H18000002004

**Collection Date:** 

29 Mar 2024 09:38

Referred By

: HEALTH CHECK MGD

Reporting Date:

**Receiving Date** 

: 29 Mar 2024 09:38

29 Mar 2024 14:10

## **BIOCHEMISTRY**

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

ALT (SGPT) (SERUM)

Method: IFCC W/O P5P

41.00

U/L

[17.00-63.00]

Serum Alkaline Phosphatase

61.0

IU/L

[32.0-91.0]

GGT

Method: AMP BUFFER IFCC)

15.0

U/L

[7.0-50.0]

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.

Page 6 of 8

----END OF REPORT----

Dr. Charu Agarwal **Consultant Pathologist** 





Ph. +91 120 353 5353, M. 88609 45566 www.manipalhospitals.com

Name

: MR MANOJ KUMAR GIRI

Age

55 Yr(s) Sex :Male

Registration No

MH011809264

Lab No

202403004228

Patient Episode

H18000002004

**Collection Date:** 

29 Mar 2024 09:38

Referred By

: HEALTH CHECK MGD

Reporting Date:

29 Mar 2024 14:10

**Receiving Date** 

: 29 Mar 2024 09:38

### **BIOCHEMISTRY**

TEST

RESULT

UNIT

**BIOLOGICAL REFERENCE INTERVAL** 

THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)		ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.070	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.650	uIU/mL	[0.250-5.000]

#### NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect.

In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.

The TSH assay aids in diagnosing thyroid or hypophysial disorders.

This report is subject to the terms and as

The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.

Page1 of 3





Name

: MR MANOJ KUMAR GIRI

Age

55 Yr(s) Sex :Male

Registration No

MH011809264

Lab No

202403004228

Patient Episode

H18000002004

**Collection Date:** 

29 Mar 2024 09:38

Referred By

: HEALTH CHECK MGD

Reporting Date:

29 Mar 2024 16:43

**Receiving Date** 

: 29 Mar 2024 09:38

### **BIOCHEMISTRY**

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

PROSTATE SPECIFIC ANTIGEN (PSA-Total):

1.220

ng/mL

[<3.500]

Method : ELFA

Note :1. This is a recommended test for detection of prostate cancer along with Digital Recta Examination (DRE) in males above 50 years of age

damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

- 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
- 3. PSA levels may appear consistently elevated / depressed due to the interference by hetero antibodies & nonspecific protein binding
- 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massag indwelling catheterization, and ultrasonography and needle biopsy of prostate is not recomme as they falsely elevate levels
- 5. PSA values regardless of levels should not be interpreted as absolute evidence of the pre or absence of disease. All values should be correlated with clinical findings and results of other investigations
- 6. Sites of Non prostatic PSA production are breast epithelium, salivary glands, peri urethral
  - & anal glands, cells of male urethra && breast mil
  - 7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity

Recommended Testing Intervals

- \* Pre-operatively (Baseline)
- \* 2-4 days post-operatively
- \* Prior to discharge from hospital
- \* Monthly follow-up if levels are high or show a rising trend

Page 2 of 3





Name

: MR MANOJ KUMAR GIRI

Age

55 Yr(s) Sex :Male

**Registration No** 

MH011809264

Lab No

202403004228

Patient Episode

: H18000002004

**Collection Date:** 

29 Mar 2024 09:38

Referred By

: HEALTH CHECK MGD

Reporting Date:

29 Mar 2024 16:37

**Receiving Date** 

: 29 Mar 2024 09:38

**BLOOD BANK** 

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

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

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

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.

Page 3 of 3

NOTE:

# - Abnormal Values

Dr. Charu Agarwal Consultant Pathologist







# **LABORATORY REPORT**

Name

: MR MANOJ KUMAR GIRI

Registration No

: MH011809264

**Patient Episode** 

: H18000002004

Referred By

: HEALTH CHECK MGD

**Receiving Date** 

: 29 Mar 2024 09:38

Age

55 Yr(s) Sex :Male

Lab No

202403004228

**Collection Date:** 

29 Mar 2024 09:38

Reporting Date :

29 Mar 2024 14:34

HAEMATOLOGY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

COMPLETE BLOOD COUNT (AUTOMATED)

SPECIMEN-EDTA Whole Blood

RBC COUNT (IMPEDENCE) HEMOGLOBIN	<b>5.55 #</b> 13.4	millions/cumm	[ <b>4.50-5.50</b> ] [13.0-17.0]
Method:cyanide free SLS-colo			
HEMATOCRIT (CALCULATED)	41.8	90	[40.0-50.0]
MCV (DERIVED)	75.3 #	fL	[83.0-101.0]
MCV (DERIVED) MCH (CALCULATED)	24.1 #	pg	[25.0-32.0]
5-1-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	32.1	g/dl	[31.5-34.5]
MCHC (CALCULATED)	15.7 #	8	[11.6-14.0]
RDW CV% (DERIVED)	243	x 10³ cells/cumm	[150-410]
Platelet count		X 10 CC115/ Cumm	(
Method: Electrical Impedance		£1	
MPV (DERIVED)	11.60	fL fL	
WBC COUNT (TC) (IMPEDENCE) DIFFERENTIAL COUNT	7.43	$\times$ 10 $^{3}$ cells/cumm	[4.00-10.00]
(VCS TECHNOLOGY/MICROSCOPY)		0	[40.0-80.0]
Neutrophils	62.0	%	NAME OF THE PROPERTY OF STREET
Lymphocytes	29.0	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	1.0	96 .	[1.0-6.0]
Basophils	0.0	96	[0.0-2.0]
ESR	11.0	mm/1sthour	[0.0-

Page 1 of 8







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# **LABORATORY REPORT**

Name

: MR MANOJ KUMAR GIRI

Registration No

: MH011809264

Patient Episode

: H18000002004

Referred By

: HEALTH CHECK MGD

**Receiving Date** 

: 29 Mar 2024 09:57

Age

55 Yr(s) Sex :Male

Lab No

202403004228

**Collection Date:** 

29 Mar 2024 09:57

Reporting Date:

29 Mar 2024 14:21

#### **CLINICAL PATHOLOGY**

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

## MACROSCOPIC DESCRIPTION

Colour

PALE YELLOW

(Pale Yellow - Yellow)

Appearance

CLEAR

(4.6-8.0)

Reaction[pH]

7.0 1.005

(1.003-1.035)

Specific Gravity

CHEMICAL EXAMINATION

Negative

(NEGATIVE)

Glucose

NIL

(NIL)

Ketone Bodies

Protein/Albumin

Negative

(NEGATIVE)

Urobilincgen

Normal

(NORMAL)

## MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells

2-3/hpf

(0-5/hpf)

RBC

NIL

/hpf

(0-2/hpf)

Epithelial Cells

0-1 NIL

CASTS

NIL

Crystals

14 T T

Bacteria

NIL

OTHERS

NIL

2 1 22 32

Page 2 of 8





NH-24, Hapur Road, Near Landcraft Golflinks, Ghazlabad - 201002 Ph. +91 120 353 5353, M. 88609 45566 www.manipalhospitals.com

NAME	MR Manoj kumar GIRI	STUDY DATE	29/03/2024 9:59AM
AGE / SEX	55 y / M	HOSPITAL NO.	MH011809264
ACCESSION NO.	R7142728	MODALITY	US
REPORTED ON	29/03/2024 10:32AM	REFERRED BY	HEALTH CHECK MGD

## **USG ABDOMEN & PELVIS**

#### **FINDINGS**

LIVER: appears normal in size (measures 144 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 80 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 11.9 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.2 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: Both kidneys are normal in size and shape but show raised renal cortical echotexture. Cortico-

medullary differentiation is however maintained. Rest normal.

Right Kidney: measures  $98 \times 42$  mm with parenchymal thickness 10.9 mm. Left Kidney: measures  $99 \times 52$  mm with parenchymal thickness 12.3 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 31 x 29 x 28 mm with volume 13 cc.

Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

### **IMPRESSION**

- -Diffuse grade I fatty infiltration in liver.
- -Bilateral raised renal cortical echotexture (ADV: RFT correlation)

Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB

CONSULTANT RADIOLOGIST

Maria.

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





NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002 Ph. +91 120 353 5353, M. 88609 45566 www.manipalhospitals.com

NAME	MR Manoj kumar GIRI	STUDY DATE	29/03/2024 11:18AM
AGE / SEX	55 y / M	HOSPITAL NO.	MH011809264
ACCESSION NO.	R7142727	MODALITY	CR /
REPORTED ON	29/03/2024 12:51PM	REFERRED BY	HEALTH CHECK MGD

### XR- CHEST PA VIEW

FINDINGS:

LUNGS: Bronchovascular markings appear prominent.

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: Unfolding of Aorta is seen .

THORACIC SPINE: Degenerative changes are seen in the dorsal spine.

OTHER VISUALIZED BONES: Normal. VISUALIZED SOFT TISSUES: Normal.

DIAPHRAGM: Normal.

VISUALIZED ABDOMEN: Normal. VISUALIZED NECK: Normal.

### IMPRESSION:

Prominent bronchovascular markings in bilateral lung fields.

Degenerative changes seen in the dorsal spine.

Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB

CONSULTANT RADIOLOGIST

Minia.

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







 Patient Name
 Location
 Ghaziabad

 Age/Sex
 55Year(s)/male
 Visit No
 : V00000000001-GHZB

 MRN No
 MH011809264
 Order Date
 :29/03/2024

 Ref. Doctor
 Dr. BHUPENDRA SINGH
 Report Date
 :29/03/2024

# **Echocardiography**

# Final Interpretation

- 1. No RWMA, LVEF=60%.
- 2. Mild concentric LVH.
- 3. Grade II LV diastolic dysfunction.
- 4. Trace MR, Mild AR.
- 5. No TR, Normal PASP.
- 6. No intracardiac clot/mass/pericardial pathology.
- 7. IVC normal

# **Chambers & valves:**

- <u>Left Ventricle</u>: It is normal sized.
- Left Atrium: It is normal sized.
- Right Atrium: It is normal sized.
- Right Ventricle: It is normal sized.
- Aortic Valve: Mild AR.
- Mitral Valve: Opens normally. Subvalvular apparatus appear normal. Trace MR.
- Tricuspid Valve: It appears normal.
   Pulmonic Valve: It appears normal.
- Main Pulmonary artery & its branches: Appear normal.
- Pericardium: There is no pericardial effusion.

# Description:

LV is normal size with normal contractility.

## Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002 P: 0120-3535353

### Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017 P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com

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