

NAME: Pratik. Shivaji sawant

AGE / SEX: 34 / M.

PACKAGE NAME: Annual Health Checkup Male 30-34

TEST INCLUSION	SIGNATURE OF TEST CONDUCTING EMPLOYEE
FASTING BLOOD	mur
POST PRANDIAL BLOOD	Sana
URINE	mur
PAP SMEAR	
CHEST XRAY	Pratik
ECG	for
TMT 2D ECHO	for
ULTRASOUND ABDOMEN	for
GENERAL CONSULTATION (PHYSICIAN , DENTAL, EYE, ENT)	JSR
DIETICIAN CONSULTATION <i>Sakshi</i>	for
POST CONSULTATION WITH ALL REPORTS WITH MD DOCTOR	
COMPLIMENTARY BREAKFAST INCLUDED	

11:30am.

Pratik Sawant

From: Mediwheel <wellness@mediwheel.in>
Sent: 30 April 2024 16:17
To: Pratik Sawant
Cc: customercare@mediwheel.in
Subject: Health Check up Booking Request(36E1151)



Mediwheel
...Your wellness partner



011-41195959

Dear Pratik Shivaji Sawant,

We have received your booking request for the following health checkup

User Package Name : Annual Health Checkup Male 30-34

Name of Diagnostic/Hospital : Apex Hospital - Borivali west

Address of Diagnostic/Hospital- : Behind Punjab and Sindh Bank, LT Road, Babhai naka,
Borivali West Mumbai - 400092

Appointment Date : 01-05-2024

Preferred Time :

Member Information		
Booked Member Name	Age	Gender
Pratik Shivaji Sawant	33 year	Male

Tests included in this Package

- Bmi Check
- Ent Consultation
- Dietician Consultation
- 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

Thanks,
Mediwheel Team
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आधार - सामान्य मासिका अधिकार

8654 3736 3133



पुं / Male
जन्म वर्ष / Year of Birth : 1990

प्राण शिवजी सावंत
Pratik Shivaji Sawant



भारत सरकार
GOVERNMENT OF INDIA





भारतीय विशिष्ट ओळख प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता प्लॉट नं.206, रूम नं.20, श्री मंगल
को.हौ.सोसायटी, आरएससी 7, सेक्टर 2,
चारकोप, मुंबई, कांदिवली वेस्ट, महाराष्ट्र,
400067

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Kandivali West, Maharashtra,
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Arcofemi Healthcare Pvt Ltd

(Formerly known as Arcofemi Healthcare Ltd)

F-701A, Lado Sarai, Mehrauli, New Delhi - 110030

Email: wellness@mediwheel.in, Website: www.mediwheel.in

Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that **Mr. Pratik Shivaji** aged, **33yr**. Based on the examination, I certify that he is in good mental and physical health and it is free from any physical defects such as deafness, colour blindness, and any chronic or contagious diseases.

Place: **Mumbai**

Date: **01/05P/2024**

Dr. Nitesh Kumar
MBBS

M. Nitesh Kumar 47093

Name & Signature of

Medical officer



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01105124

PHYSICIAN CONSULTATION

PRESENT COMPLAINT :

Acidity

PAST MEDICAL / SURGICAL HISTORY: Nil

GENERAL EXAMINATION:

PULSE - 86/min
BP: - 140/80 mmHg
BMI - 26 (overweight)
APETITE: - Normal
THIRST: - Thirsty
STOOL: - Satisfactory
URINE: - Pale yellow
SLEEP: - Sound
SKIN: - NAD
NAILS: - Normal
HABITAT: - Alcohol intake weekly

SYSTEMIC EXAMINATION:

RESPIRATORY EXAMINATION: AERB

CARDIOVASCULAR EXAMINATION: S1 S2 A4

ABDOMINAL EXAMINATION: soft non tender

GYNACOLOGY / OBST HISTORY (FOR FEMALE):



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OPHTHAL EXAMINATION:

FAR VISION: < 6/6
NEAR VISION: < 6/6
COLOUR VISION: < N, N

OIE = BIE (N)

B
- Eid Refractive error
1.1 1.1 1.1 x 1.1 1.1 1.1

low

ENT EXAMINATION:

EAR: MASTOID TUNNIG FORK TEST: NAD
NOSE: EXT NOSE/ POST NASAL SPACE: NAD
THROAT: TOUNGE/ PALATE/ TEETH: Normal
NECK: NODES/ THYROID/TEETH: Normal

DENTAL EXAMINATION:

DECAY/ CARIES IF ANY: NO
PLAQUE IF ANY: NO
GUMS: Normal

Dr. CHIRAG V. SHAH
D.M.B.(M.D.)
CONSULTING PHYSICIAN CARDIOLOGIST
Reg. No. 2003/04/1649

PHYSICIAN NAME

PHYSICIAN SIGNATURE



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Tel : 022-26986677/46/47/48 Web : apexgroupofhospitals.com
Email : medical.admin_ash@apexhospitals.in

Diet Chart

NAME :- PRATIK SAWANT

C/O- Weight Management

DIET :- FULL DIET , HIGH PROTEIN, HIGH FIBER , LOW CARB

- Early Morning:** 1 cup tea/ coffee/black coffee/ toned milk (**without sugar**) (**preferable avoid**)
- Breakfast:** 1 bowl upma/ poha/ daliya upma **OR** 2 small rava **or** moong dal idli/ 1 dosa with vegetable sambar **OR** 1 bowl oats in milk/water
- Mid-morning:** 1 fruit / **Truhanz HP - 1 Scoop in 100ml Water (optional)**
- Lunch:**
1 bowl raw vegetable salad -(Cucumber , Tomato, carrot)
2 small roti/ 1 bhakri (jowar/Multigrain)
1 bowl bhaji / Pulse sabji (**1 Pulse needs to be added- moong, matki, soyabean, soychunks**)
1 bowl thick dal/ 1 medium piece of chicken or fish or egg preparation in curry
1 bowl rice - (**Preferable avoid/ once a week/ optional**)
OR 1 bowl vegetable dailya khichdi with vegetables
1 bowl curd/1 glass Buttermilk- **Everyday after lunch.**
- Evening snack:** 1 cup tea/ coffee/ toned milk/1 besan chilla **OR** 1 bowl boiled sprouts **OR** 1 vegetable egg/besan omelette with chapatti **OR** 1 rava/moong chilla with curd/ Dhokla, Idli, Dosa
- Mid-evening:** 1 bowl dal **OR** vegetable soup / Chicken soup/ **Add Truhanz Hp - 1scoop in water**
- Dinner:**
1 bowl raw vegetable salad
2 small roti/ 1 bhakri (jowar/Multigrain)
1 bowl bhaji + Pulse Sabji
1 bowl thick dal
OR 1 bowl vegetable dailya khichdi with vegetables/ Pulses Pulavo with vegetable
- Bedtime :-** 1tsp Sesame seed

Remarks: Drink ample of fluids, upto 3 litres of water daily

Follow small frequent and regular meal pattern. Do not miss meals.

Oil usage ½ litre per month, i.e. 3 teaspoon a day. Preferably mustard oil, sesame oil or rice bran oil.

Salt usage to 3gm. i.e. ½ teaspoon a day.

Include more green leafy vegetables, fruits and pulses in the diet.

Include **calcium** rich foods like milk and milk product, nuts, seeds, etc.

Make sure you get ample of exposure to sunlight for **Vitamin D**.

Avoid red meats like mutton, pork and beef.

Avoid processed foods, refined flour products and fried food. Restrict bakery products.

Avoid all sources of extra salt like sauces, pickles, papads, chutneys, chips, etc.

Avoid all sources of simple sugars like white sugar, brown sugar honey, jaggery.

Consulting Dietician Sakshi Gupta in OPD with prior appointment.



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DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. PRATIK SHIVAJI SAWANT	LabNo	2185	
UHID/IP No	140022993 / 522	Sample Date	01/05/2024 9:33AM	
Age/Gender	34 Yrs/Male	Receiving Date	01/05/2024 11:01AM	
Bed No/Ward	OPD	Report Date	01/05/2024 4:50PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD				
Sample: W. B. EDTA				
Hemoglobin Estimation (Hb)	16.8	gm/dl	13.5 - 18.0	SLS- Hb Method
RBC Count (Red Blood Cell)	5.23	10 ⁶ /uL	4.70 - 6.00	
PCV (Haematocrit)	45.5	%	40.0 - 50.0	
MCV	87	fl	78 - 100	Calculated
MCH	32.12 H	pg	27 - 31	Calculated
MCHC	36.92 H	gm/dl	30 - 36	Calculated
RDW	13.3	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	5800	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	49	%	40 - 80	
Lymphocyte %	46 H	%	20 - 40	
Eosinophil %	02	%	0 - 6	
Monocytes %	03	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	2842	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	2668	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	116	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	174 L	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
Absolute Basophil Count(Not in use)	2842 H	/cu.mm	0 - 100	Calculated
WBCs Morphology	Lymphocytosis			
RBCs Morphology	Normocytic Normochromic.			
Platelet Count	180	10 ³ /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	10.8	fl	7 - 12	

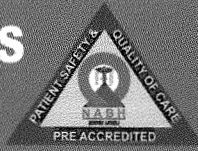
--End Of Report--

Dr. Neeraj Gujar
MD PATHOLOGY



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HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed. Rate)	03	mm/hr	0 * 20	Westergren

--End Of Report--

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IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD GROUPING Sample: W. B. EDTA				
Group (ABO and Rh)	"O" RH Positive			SLIDE METHOD

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
GLUCOSE (PP) Sample: Fl. Plasma				
Food Sugar(2 Hours PP)	110.0	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide
Urine PP Sugar	SNR			
Urine PP Ketone	SNR			

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :

The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

GLUCOSE (FASTING)

Sample: Fl. Plasma				
Glucose (Fasting Blood Sugar / FBS)	92.84	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BUN (BLOOD UREA NITROGEN)				
BUN - Blood Urea Nitrogen		mg/dl		
BUN - Blood Urea Nitrogen (SINGLE)	16.13	mg/dl	7 - 20	
SERUM CREATININE				
Sample: Serum				
Creatinine	1.11	mg/dl	0.80 - 1.50	Jaffes
URIC ACID (SERUM)				
Sample: Serum				
Uric Acid	6.72	mm/hr	3.5 - 8.5	URICASE- PEROXIDASE

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIPID PROFILE SERUM				
Sample: Serum				
Cholesterol-Total	177.6	mg/dl	< 200.00	Cholesterol Oxidase,Esterase,Peroxidase
Triglycerides	104.7	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	43.91	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	20.94	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	112.75 H	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	4.04		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	2.57		2.50 - 3.50	Calculated Value

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIVER FUNCTION TEST (LFT) SERUM				
Sample: Serum				
Bilirubin Total (TBil)		mg/dl		Diphyline Diazonium Salt
Bilirubin Total (TBil)	0.86	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.22	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.64	mg/dl	1 - 1	
SGPT (ALT)	20.94	U/L	5 - 40	IFCC modified
SGOT (AST)	17.96	U/L	5 - 40	IFCC modified
Protein Total	6.59	gm/dl	6.00 - 8.00	Biuret
Albumin	3.81	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.78	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.37		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	76.98	IU/L	42 - 140	
GGTP (GAMMA GT)	26.17	IU/L	15.0 - 72.0	UV Kinetic IFCC

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CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
URINE ROUTINE				
Sample: Urine				
PHYSICAL EXAMINATION				
Quantity	30	ml		
Color	Pale Yellow			
Appearance	Clear		Clear	Clear
Specific Gravity	1.025		1.010 - 1.025	
CHEMICAL EXAMINATION				
pH	6.0		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	ABSENT			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
MICROSCOPIC EXAMINATION				
WBCs	2-3			
RBCs	ABSENT			
Epithelial Cells	1-2			
Crystals	NAbsent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	ABSENT			

--End Of Report--

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Patient Id : PVD04224-25/6261
 Patient : MR PRATIK SHIVAJI SAWANT
 Age/sex : 34 Yrs/ Male
 Center : APEX SUPERSPECIALITY HOSPITALS
 Ref. By : Self

Sample ID : 2405073
 Reg. Date : 01/05/2024
 Report Date : 01/05/2024
 Case No. :



IMMUNOASSAY

Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	112.0	ng/dl	83-200 For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	9.12	ug/dL	5.13 - 14.10 For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	2.16	uIU/ml	0.27 - 4.20


Method : ECLIA

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	•Isolated High TSHespecially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. •Subclinical Autoimmune Hypothyroidism •Intermittent T4 therapy for hypothyroidism •Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	•Chronic Autoimmune Thyroiditis •Post thyroidectomy,Post radioiodine •Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	•Interfering antibodies to thyroid hormones (anti-TPO antibodies) •Intermittent T4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers,steroids,anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	•Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness •Subclinical Hyperthyroidism •Thyroxine ingestion"
Decreased	Decreased	Decreased	•Central Hypothyroidism •Non-Thyroidal illness •Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	•Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal illness

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

Term & Conditions* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone.Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.


DR. SANDEEP B. PORWAL
 MBBS MD (Path) Mumbai
 MMC Reg no 2001031640

Patient Id : **PVD04224-25/6261** Sample ID : 2405073
 Patient : MR PRATIK SHIVAJI SAWANT Reg. Date : 01/05/2024
 Age/sex : 34 Yrs/ Male Report Date : 01/05/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.0	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	96.80	mg/dL	
Method : HPLC-Biorad D10-USA			


INTERPRETATION

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
 - Excellent Control - 6 to 7 %,
 - Fair to Good Control - 7 to 8 %,
 - Unsatisfactory Control - 8 to 10 %
 - and Poor Control - More than 10 %.

Note : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

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

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 MMC Reg no 2001031640



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APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



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email: medical.admin_ash@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Land Line No. 022 - 42457040
Reception No. 9326787557

NAME : PRATIK SAWANT	DATE : 01/05/2024
REF : DR. CHIRAG SHAH	AGE/SEX : 34Y/M

2D ECHO & COLOR DOPPLER REPORT

Cardiac history:

Imaging window:

2D Findings:

Chamber dimensions: Normal

RWMA- Normal

Valve Anatomy-- Normal

Interventricular & Interatrial septum:- Normal

No intracardiac mass

Pericardium-Normal

IVC & Hepatic veins - Normal

Doppler Findings:

LV diastolic Dysfunction :- Normal

Color flow across valves :-- Normal



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M-Mode	
AO diam	: 3.2 cm
LA diam	: 2.7 cm
ACS	: 1.4 cm
DE excursion	: 1.4 cm
EF Slope	: 0.1cm
EPSS	: 1.4cm
IVSd	: 1.2 cm
IVSS	: 1.0 cm
LVIDd	: 4.3 cm
LVIDS	: 2.8 cm
LVPWd	: 1.0 cm
LVPWS	: 0.8 cm
LVEF	: 60 - 65 %

Conclusions:

Normal Cardiac Dimensions

No RWMA

Normal LV systolic function with EF 60 - 65 %

No LV diastolic Dysfunction.

No pulmonary hypertension.

Normal Pericardium.

Dr. CHIRAG V. SHAH
D.N.B.(M.D.)
CONSULTING PHYSICIAN CARDIOLOGIST
Reg. No. 2003 / 04 / 1649

DR. SHAH CHIRAG
D.N.B. (M.D.)
GENERAL PHYSICIAN

ASH/QA/FORM/NUR/04/MAR22/V1



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2898 6677

2898 6646

CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka, Borivali (W), Mumbai - 400 092.

ई. सी. जी.

Name Pratik Sawan L Date 15/24

Age 34 Gender: M F UHID NO _____ B.P 140/80 mmHg.

ELECTROCARDIOGRAPHIC OBSERVATIONS

Rate _____ Axis _____ Q.R.S. Complex _____

Rhythm _____ P. Wave _____ S.T. Segment _____

Standardisation : _____ P.R. Interval 2 T. Wave _____

Voltage : _____ Q. Wave : _____

Impression : with Q in

Dr. CHIRAG V. SHAH
D.N.B. (M.E) Interval
CONSULTING PHYSICIAN CARDIOLOGIST
Reg. No. 2003 / 04 / 1649

ID:2024050108554628

Name:

01-05-2024 08:59:31 AM

Pratik Sawant

ID:2024050108554628

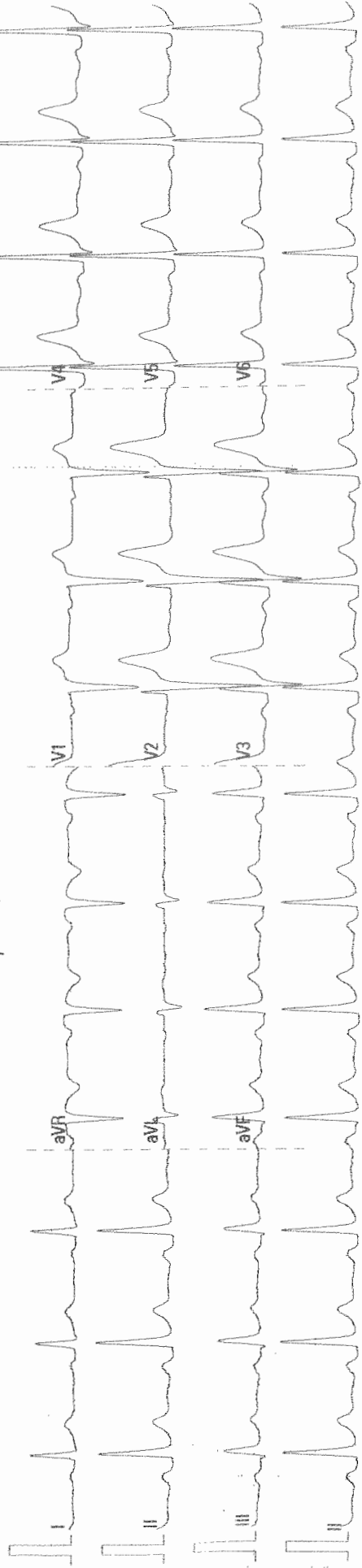
Name:

01-05-2024 08:59:31

Pratik Sawant

Sinus Rhythm

Unconfirmed Diet



25 mm/s

10 mm/mV

50 Hz

BDR 35 Hz

QTc: Bazett

APEX SUPERSPECIALITY HOSPITAL

02.07.00/V04.00.00

SN:FK-8301-4036



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Reception No. 9326787557

DEPARTMENT OF RADIOLOGY

Patient Name	Mr. PRATIK SHIVAJI SAWANT	LabNo	2185	
UHID/IP No	140022993 / 522	Order Date	01/05/2024 9:33AM	
Age/Gender	34 Yrs/Male	Receiving Date	01/05/2024 10:40AM	
Bed No/Ward	OPD	Report Date	02/05/2024 12:53PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

DIGITAL X-RAY CHEST <PA> VIEW

The lung on either side shows adequate translucency and exhibit normal vasculature.

Bilateral hila are symmetrical in size, outline and density

Trachea is central in position and no mediastinal abnormality is visible.

Cardiac shadow is unremarkable.

Bilateral costophrenic angles are clear.

Bone thorax appears unremarkable.

--End Of Report--

Dr. SAUMIL PANDYA
MD, D.N.B, RADIOLOGIST



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DEPARTMENT OF RADIOLOGY

Patient Name	Mr. PRATIK SHIVAJI SAWANT	LabNo	2185	
UHID/IP No	140022993 / 522	Order Date	01/05/2024 9:33AM	
Age/Gender	34 Yrs/Male	Receiving Date	01/05/2024 11:07AM	
Bed No/Ward	OPD	Report Date	01/05/2024 7:21PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

SONOGRAPHY OF ABDOMEN AND PELVIS MALE

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous normal echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It is normal in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 11 cm normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney = 11 x 5.1 cm

Left kidney = 11.3 x 4.7 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydronephrosis or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

PROSTATE: It measures about 3x3.7x3.2 cms; volume is 18.6 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

Ø No significant abnormality noted.

--End Of Report--

Dr. SAUMIL PANDYA
MD, D.N.B, RADIOLOGIST