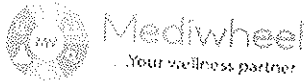


Mediwheel <wellness@mediwheel.in>

Sun 3/17/2024 12:45 PM

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



011-41195959

Hi **Manipal Hospital,**

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

Hospital
Package Name : Mediwheel Full Body Health Checkup Male Above 40

Patient Package
Name : Mediwheel Full Body Health Checkup Male Above 40

Contact Details : 9412844504

Appointment
Date : 23-03-2024

Confirmation
Status : Booking Confirmed

Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
MR. KUMAR RAJEEV	52 year	Male

We request you to facilitate the employee on priority.

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.

Please visit to our [Terms & Conditions](#) for more informaion. [Click here](#) to unsubscribe.

© 2024 - 25 Arcofemi Healthcare Pvt. Limited (Mediwheel)

आयकर विभाग
INCOME TAX DEPARTMENT

RAJEEV KUMAR

SURESH KUMAR

01/07/1971

Permanent Account Number

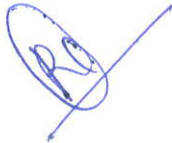
ADSPK3305K



Signature



भारत सरकार
GOVT. OF INDIA



भारत सरकार

Government of India

राजीव कुमार

Rajeev Kumar

उत्पन्न तिथि / DOB : 01/07/1971

प्राथ / Male

6393 7449 7686

आधार - आम आदमी का अधिकार



भारत सरकार
Unique Identification Authority of India

पता:
संबोधित सुरेश कुमार, डी-14, कृष्णा
गार्डन गोविन्दपुरम, गोविन्दपुरम,
गोविन्दपुरम, गाजियाबाद, उत्तर
प्रदेश, 201013

Address:
S/O Suresh Kumar, D-14, Krishna
garden Govindpuram,
Govindpuram, Govindpuram,
Ghaziabad, Uttar Pradesh,
201013

6393 7449 7686



1847
393 1847



help@uidai.gov.in



INVESTIGATION REPORT

Patient Name	MR RAJEEV KUMAR	Location	Ghaziabad
Age/Sex	52 Year(s)/male	Visit No	: V00000000001-GHZZB
MRN No	MH08825737	Order Date	:23/03/2024
Ref. Doctor	Dr. BHUPENDRA SINGH	Report Date	:23/03/2024

EchocardiographyFinal Interpretation

1. No RWMA, LVEF=60-65%.
2. Normal CCD.
3. Grade I LV diastolic dysfunction.
4. Trace MR, No AR.
5. Trace TR, Normal PASP.
6. No intracardiac clot/mass/pericardial pathology.
7. IVC normal

Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal. Trace MR.
- **Tricuspid Valve:** Trace TR, Normal PASP.
- **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



INVESTIGATION REPORT

Patient Name	MR RAJEEV KUMAR	Location	Ghaziabad
Age/Sex	52Year(s)/male	Visit No	: V0000000001-GHZB
	MH08825737	Order Date	23/03/2024
Ref. Doctor	: Dr.BHUPENDRA SINGH	Report Date	23/03/2024

Echocardiography

Measurements (mm):

	Observed values	Normal values
Aortic root diameter	30	20-36 (22mm/M ²)
Aortic valve opening	19	15-26
Left atrium size	35	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	40	24	(ED=37-50:Es=22-40)
Interventricular septum	11	12	(ED=6-12)
Posterior wall thickness	10	12	(ED=5-10)

LV Ejection Fraction (%)	60-65%	55%-80%
HR		

Color & Doppler evaluation

Valve	Velocity(cm/s)	Regurgitation
Mitral	E/A-93/125 DT-	Trace
Aortic	127	Nil
Tricuspid	28	Trace
Pulmonary	66	Nil

Dr. Bhupendra Singh
MD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology

Dr. Abhishek Singh
MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

Page 2 of 2

Manipal Health Enterprises Private Limited

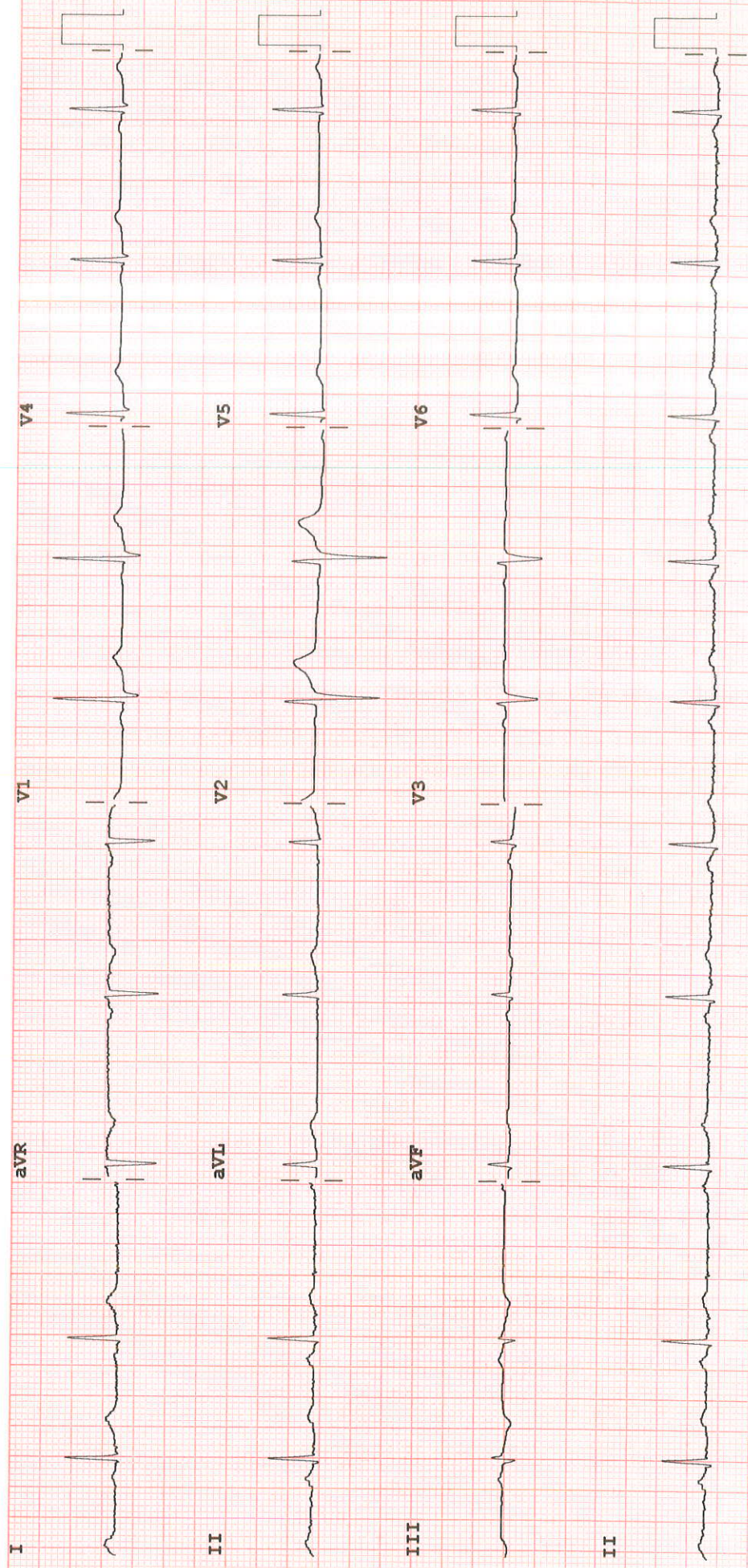
CIN: U85110KA2003PTC033055

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

- BORDERLINE ECG -

Unconfirmed Diagnosis



Dev: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL???



LABORATORY REPORT

Name	: RAJEEV KUMAR	Age	: 52 Yr(s) Sex :Male
Registration No	: MH008825737	Lab No	: 202403003420
Patient Episode	: H18000001976	Collection Date	: 23 Mar 2024 09:17
Referred By	: HEALTH CHECK MGD	Reporting Date	: 24 Mar 2024 12:25
Receiving Date	: 23 Mar 2024 09:17		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	1.300	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.210	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	3.770	μIU/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.

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.



LABORATORY REPORT

Name	: RAJEEV KUMAR	Age	: 52 Yr(s) Sex :Male
Registration No	: MH008825737	Lab No	: 202403003420
Patient Episode	: H18000001976	Collection Date	: 23 Mar 2024 09:17
Referred By	: HEALTH CHECK MGD	Reporting Date	: 24 Mar 2024 12:25
Receiving Date	: 23 Mar 2024 09:17		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type : Serum			
PROSTATE SPECIFIC ANTIGEN (PSA-Total):	2.710	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



LABORATORY REPORT

Name : RAJEEV KUMAR Age : 52 Yr(s) Sex :Male
Registration No : MH008825737 Lab No : 202403003420
Patient Episode : H18000001976 Collection Date : 23 Mar 2024 09:17
Referred By : HEALTH CHECK MGD Reporting Date : 23 Mar 2024 12:45
Receiving Date : 23 Mar 2024 09:17

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood

Blood Group & Rh typing O 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

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name	: RAJEEV KUMAR	Age	: 52 Yr(s) Sex :Male
Registration No	: MH008825737	Lab No	: 202403003420
Patient Episode	: H18000001976	Collection Date	: 23 Mar 2024 09:17
Referred By	: HEALTH CHECK MGD	Reporting Date	: 23 Mar 2024 12:14
Receiving Date	: 23 Mar 2024 09:17		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	4.82	millions/cumm	[4.50-5.50]
HEMOGLOBIN	13.0	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	42.7	%	[40.0-50.0]
MCV (DERIVED)	88.6	fL	[83.0-101.0]
MCH (CALCULATED)	27.0	pg	[25.0-32.0]
MCHC (CALCULATED)	30.4 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	15.6 #	%	[11.6-14.0]
Platelet count	343	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	10.60	fL	
WBC COUNT (TC) (IMPEDEANCE)	12.51 #	x 10³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	53.0	%	[40.0-80.0]
Lymphocytes	40.0	%	[20.0-40.0]
Monocytes	5.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	32.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: RAJEEV KUMAR	Age	: 52 Yr(s) Sex :Male
Registration No	: MH008825737	Lab No	: 202403003420
Patient Episode	: H18000001976	Collection Date	: 23 Mar 2024 10:05
Referred By	: HEALTH CHECK MGD	Reporting Date	: 23 Mar 2024 12:17
Receiving Date	: 23 Mar 2024 10:05		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	6.5	(4.6-8.0)
Specific Gravity	1.010	(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	1-2 /hpf	(0-5/hpf)
RBC	0-1/hpf	(0-2/hpf)
Epithelial Cells	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



LABORATORY REPORT

Name	: RAJEEV KUMAR	Age	: 52 Yr(s) Sex :Male
Registration No	: MH008825737	Lab No	: 202403003420
Patient Episode	: H18000001976	Collection Date	: 23 Mar 2024 09:17
Referred By	: HEALTH CHECK MGD	Reporting Date	: 23 Mar 2024 12:49
Receiving Date	: 23 Mar 2024 09:17		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.7 #	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association(ADA)			
HbA1c in %			
Non diabetic adults >= 18years <5.7			
Prediabetes (At Risk)5.7-6.4			
Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	117	mg/dl	

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.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	252 #	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			
			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	202 #	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	52	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	40 #	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	160.0 #	mg/dl	[<120.0]
			Near/
			Borderline High:130-159
			High Risk:160-189

Above optimal-100-129



LABORATORY REPORT

Name	: RAJEEV KUMAR	Age	: 52 Yr(s) Sex :Male
Registration No	: MH008825737	Lab No	: 202403003420
Patient Episode	: H18000001976	Collection Date	: 23 Mar 2024 09:17
Referred By	: HEALTH CHECK MGD	Reporting Date	: 24 Mar 2024 12:24
Receiving Date	: 23 Mar 2024 09:17		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	4.8		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	3.1		<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	32.0	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	15.0	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	1.10	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	4.6	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	139.00	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.30	mmol/L	[3.60-5.10]
SERUM CHLORIDE	106.0	mmol/L	[101.0-111.0]
Method: ISE Indirect			



LABORATORY REPORT

Name	: RAJEEV KUMAR	Age	: 52 Yr(s) Sex :Male
Registration No	: MH008825737	Lab No	: 202403003420
Patient Episode	: H18000001976	Collection Date	: 23 Mar 2024 09:17
Referred By	: HEALTH CHECK MGD	Reporting Date	: 24 Mar 2024 12:24
Receiving Date	: 23 Mar 2024 09:17		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	76.8	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 Icterus / Lipemia.			
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.77	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.33 #	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.44	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	8.34	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.34	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	4.00 #	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.10		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	19.00	U/L	[0.00-40.00]



LABORATORY REPORT

Name	: RAJEEV KUMAR	Age	: 52 Yr(s) Sex :Male
Registration No	: MH008825737	Lab No	: 202403003420
Patient Episode	: H18000001976	Collection Date	: 23 Mar 2024 09:17
Referred By	: HEALTH CHECK MGD	Reporting Date	: 24 Mar 2024 12:25
Receiving Date	: 23 Mar 2024 09:17		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	32.00	U/L	[17.00-63.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	214.0 #	IU/L	[32.0-91.0]
GGT	22.0	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.

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

Alka

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : RAJEEV KUMAR
 Registration No : MH008825737
 Patient Episode : H18000001976
 Referred By : HEALTH CHECK MGD
 Receiving Date : 23 Mar 2024 09:17

Age : 52 Yr(s) Sex : Male
 Lab No : 202403003421
 Collection Date : 23 Mar 2024 09:17
 Reporting Date : 24 Mar 2024 12:25

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting			
Specimen: Plasma			
GLUCOSE, FASTING (F)	80.0	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, 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. Charu Agarwal
 Consultant Pathologist



LABORATORY REPORT

Name : RAJEEV KUMAR Age : 52 Yr(s) Sex :Male
Registration No : MH008825737 Lab No : 202403003422
Patient Episode : H18000001976 Collection Date : 23 Mar 2024 13:10
Referred By : HEALTH CHECK MGD Reporting Date : 24 Mar 2024 12:25
Receiving Date : 23 Mar 2024 13:10

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
------	--------	------	-------------------------------

PLASMA GLUCOSE

Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS 106.0 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

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

Dr. Charu Agarwal
Consultant Pathologist

**RADIOLOGY REPORT**

NAME	RAJEEV KUMAR	STUDY DATE	23/03/2024 9:37AM
AGE / SEX	52 y / M	HOSPITAL NO.	MH008825737
ACCESSION NO.	R7108223	MODALITY	US
REPORTED ON	23/03/2024 11:24AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears normal in size (measures 143 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 71 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9 mm.

COMMON BILE DUCT: Appears normal in size and measures 3 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder neck is obscured (advised MRCP for further evaluation if clinically indicated). Rest of the gallbladder 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 95 x 42 mm. A simple anechoic cortical cyst measuring 45 x 33 mm is seen at upper pole.

Left Kidney: measures 94 x 50 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 39 x 38 x 28 mm with volume 21 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.



**Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST**

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

**RADIOLOGY REPORT**

NAME	RAJEEV KUMAR	STUDY DATE	23/03/2024 9:26AM
AGE / SEX	52 y / M	HOSPITAL NO.	MH008825737
ACCESSION NO.	R7108222	MODALITY	CR
REPORTED ON	23/03/2024 9:44AM	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: Anterior end of right 5th rib is bifid. Rest normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

No significant abnormality noted in chest.
Bifid anterior end of right 5th rib.
Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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