

Health Check up Booking Request(35E7744)

From Mediwheel <wellness@mediwheel.in>
Date Fri 11/8/2024 10:52 AM
To PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>
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Mediwheel
...Your wellness partner

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? Yes No

Name : AMBIKA SINGH
Contact Details : 9910694489
Hospital Package Name : Mediwheel Full Body Health Checkup Female Below 40
Location : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Aparment
Appointment Date : 09-11-2024

Member Information		
Booked Member Name	Age	Gender
AMBIKA SINGH	36 year	Female

Thanks,
Mediwheel Team
Please Download Mediwheel App



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भारत सरकार
आधार

Issue Date: 04/05/2015



अम्बिका सिंह
Ambika Singh
जन्म तिथि / DOB : 21/07/1988
महिला / Female

आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

6815 7660 7852

मेरा आधार, मेरी पहचान

(Handwritten signature)

भारत विशिष्ट पहचान अधिकरण
Government of India
AADHAAR

पता: व/ो सचिन कुमार भारती, हाउस नं-303,
ब्लॉक-ग,, गोविंदपुरम, गोविंदपुरम, गज़िआबाद,
उत्तर प्रदेश, 201013
Address: W/O SACHIN KUMAR BHARTI,
HOUSE No-303, BLOCK-G.,
GOVINDPURAM, Govindpuram, Ghaziabad,
Uttar Pradesh, 201013



Print Date: 17/02/2023

6815 7660 7852

1947 help@uidai.gov.in www.uidai.gov.in

Uttara Bank



उत्तरा बैंक

Name: Anshika Singh

Account No. / Branch No. : 730007

Branch Name: D-1, D-2, D-3

For the amount of Rs. 10,000/-

Rs. 10,000/-

Signature

Signature of the account holder

Date of issue: 10.07.2023

Place of issue: ...

...

[Handwritten signature]



Manipal Hospital Ghaziabad

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad 201 002

0120 3535 353 / +91 88609 45566



URN : MH014254737

OUTPATIENT RECORD

Hospital No: MH014254737	Visit No: H18000003194
Name: MRS AMBIKA SINGH	Age/Sex: 36 Yrs/Female
Doctor Name: HEALTH CHECK MGD	Specialty: HC SERVICE MGD
Date: 09/11/2024 08:39AM	

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS - ROUTINE EYE CHECK UP

SYSTEMIC/ OPHTHALMIC HISTORY - N/C

NO FAMILY H/O GLAUCOMA

EXAMINATION DETAILS

	RIGHT EYE	LEFT EYE
VISION	6/6	6/6
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
ANTERIOR CHAMBER/ IRIS	N	N
LENS		
OCULAR MOVEMENTS	FULL	FULL
NCT	16	16

FUNDUS EXAMINATION

A) VITREOUS

B) OPTIC DISC

C) MACULAR AREA

C:D 0.2

C:D 0.2

FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT

POWER OF GLASS

Right eye: -2.00 Dsp -6/6

Left eye: -2.00 Dsp -6/6

DIAGNOSIS: DRY EYES

ADVISE / TREATMENT

E/D AQUALINA 4 TIMES DAILY BE

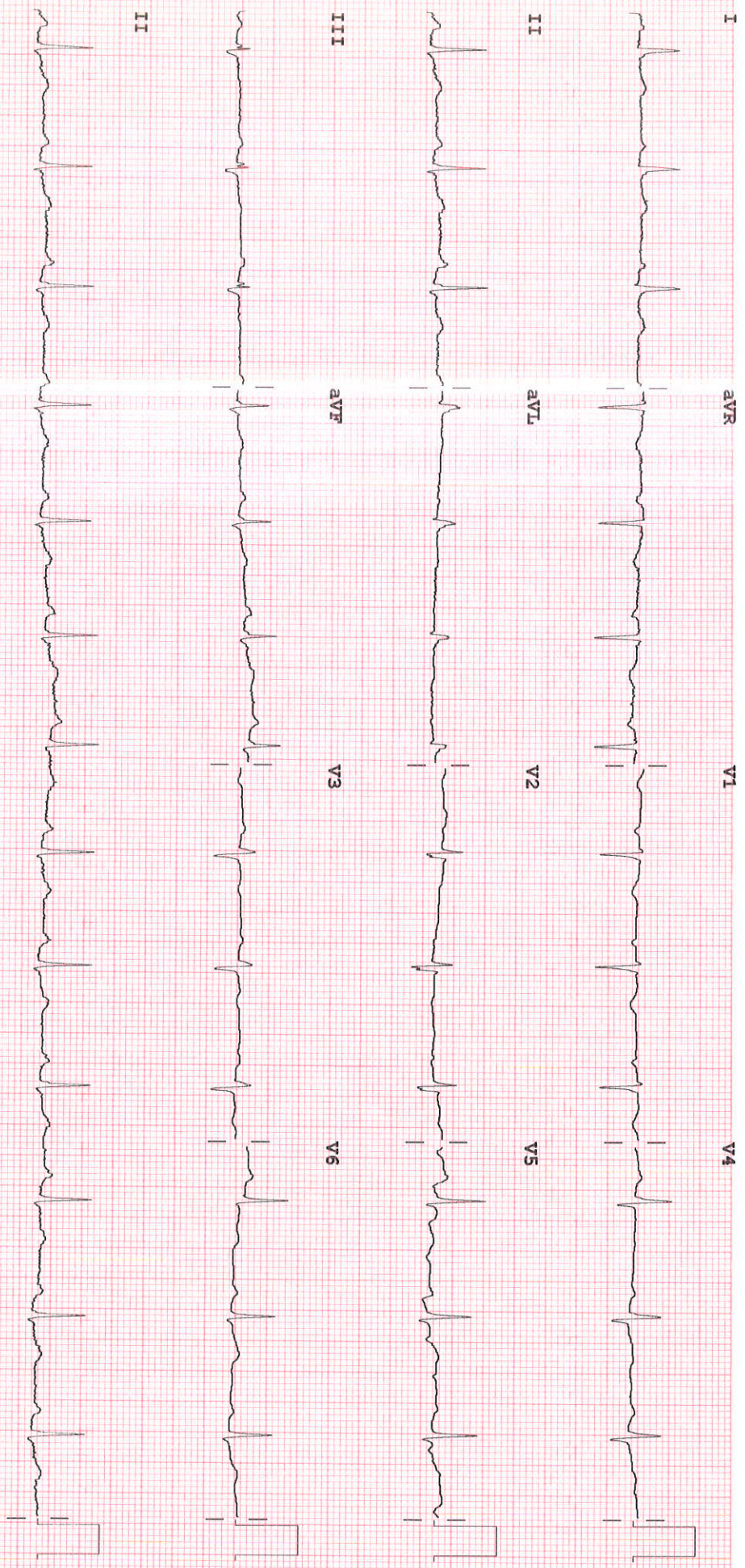
REVIEW AFTER 6 MONTHS OR SOS

HEALTH CHECK MGD

HLc

- 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 P?



Patient Name	MRS AMBIKA SINGH	Location	: Ghaziabad
Age/Sex	: 36 Year(s)/Female	Visit No	: V0000000001-GHZB
MRN No	MH014254737	Order Date	: 09/11/2024
Ref. Doctor	: H/C	Report Date	: 09/11/2024

Protocol	: Bruce	MPHR	: 184BPM
Duration of exercise	: 06min 10sec	85% of MPHR	: 156BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 182BPM
Blood Pressure (mmHg)	: Baseline BP : 120/80mmHg Peak BP : 140/80mmHg	% Target HR	: 98%
		METS	: 7.2METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	103	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	153	130/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	181	140/80	Nil	No ST changes seen	Nil
STAGE 3	0:10	184	140/80	Nil	No ST changes seen	Nil
RECOVERY	4:31	104	130/80	Nil	No New ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No New ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is **Negative** for exercise induced reversible myocardial ischemia.

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


Dr. Geetesh Govil
MD, D. Card, PGDCC, MAAC, M. Med, MIMA, FAGE
Jr. Consultant Cardiology

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@manipalhospitals.com www.manipalhospitals.com



LABORATORY REPORT

Name	: MRS AMBIKA SINGH	Age	: 36 Yr(s) Sex :Female
Registration No	: MH014254737	Lab No	: 202411001718
Patient Episode	: H18000003194	Collection Date	: 09 Nov 2024 08:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Nov 2024 13:53
Receiving Date	: 09 Nov 2024 08:58		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	0.830	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.420	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.470	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 : MRS AMBIKA SINGH Age : 36 Yr(s) Sex :Female
Registration No : MH014254737 Lab No : 202411001718
Patient Episode : H18000003194 Collection Date : 09 Nov 2024 08:58
Referred By : HEALTH CHECK MGD Reporting Date : 09 Nov 2024 16:18
Receiving Date : 09 Nov 2024 08:58

BLOOD BANK

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

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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NOTE:

- Abnormal Values

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

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS AMBIKA SINGH
Registration No : MH014254737
Patient Episode : H18000003194
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Nov 2024 08:58

Age : 36 Yr(s) Sex :Female
Lab No : 202411001718
Collection Date : 09 Nov 2024 08:58
Reporting Date : 09 Nov 2024 17:28

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	3.88	millions/cumm	[3.80-4.80]
HEMOGLOBIN	11.9 #	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	36.4	%	[36.0-46.0]
MCV (DERIVED)	93.8	fL	[83.0-101.0]
MCH (CALCULATED)	30.7	pg	[25.0-32.0]
MCHC (CALCULATED)	32.7	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	12.8	%	[11.6-14.0]
Platelet count	189	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.70	fL	
WBC COUNT (TC) (IMPEDENCE)	5.34	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	61.0	%	[40.0-80.0]
Lymphocytes	30.0	%	[20.0-40.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	21.0 #	mm/1sthour	[0.0-20.0]



LABORATORY REPORT

Name	: MRS AMBIKA SINGH	Age	: 36 Yr(s) Sex :Female
Registration No	: MH014254737	Lab No	: 202411001718
Patient Episode	: H18000003194	Collection Date	: 09 Nov 2024 08:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Nov 2024 13:53
Receiving Date	: 09 Nov 2024 08:58		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin) Method: HPLC	4.9	%	[0.0-5.6]
			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)	94	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.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	NEGATIVE	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)



LABORATORY REPORT

Name	: MRS AMBIKA SINGH	Age	: 36 Yr(s) Sex :Female
Registration No	: MH014254737	Lab No	: 202411001718
Patient Episode	: H18000003194	Collection Date	: 09 Nov 2024 10:32
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Nov 2024 16:10
Receiving Date	: 09 Nov 2024 10:32		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	168	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	68	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	47	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	14	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	107.0	mg/dl	[<120.0]
			Near/
Above optimal-100-129			
			Borderline High:130-159
			High Risk:160-189
T:Chol/HDL.Chol ratio(Calculated)	3.6		<4.0 Optimal
			4.0-5.0 Borderline
			>6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.3		<3 Optimal
			3-4 Borderline
			>6 High Risk



LABORATORY REPORT

Name	: MRS AMBIKA SINGH	Age	: 36 Yr(s) Sex :Female
Registration No	: MH014254737	Lab No	: 202411001718
Patient Episode	: H18000003194	Collection Date	: 09 Nov 2024 08:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Nov 2024 13:53
Receiving Date	: 09 Nov 2024 08:58		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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	17.9	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	8.4	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
CREATININE, SERUM	0.87	mg/dl	[0.70-1.20]
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	4.6	mg/dl	[4.0-8.5]
<i>Method:uricase PAP</i>			

SODIUM, SERUM	136.10	mmol/L	[136.00-144.00]
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POTASSIUM, SERUM	4.19	mmol/L	[3.60-5.10]
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SERUM CHLORIDE	104.6	mmol/L	[101.0-111.0]
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Method: ISE Indirect

eGFR (calculated)	86.0	ml/min/1.73sq.m	[>60.0]
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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.



LABORATORY REPORT

Name : MRS AMBIKA SINGH
Registration No : MH014254737
Patient Episode : H18000003194
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Nov 2024 08:58

Age : 36 Yr(s) Sex :Female
Lab No : 202411001718
Collection Date : 09 Nov 2024 08:58
Reporting Date : 09 Nov 2024 13:53

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.62	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.51	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.50	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.50	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.00	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.50		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	21.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	14.10	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	59.0	IU/L	[32.0-91.0]
GGT	9.0	U/L	[7.0-50.0]



LABORATORY REPORT

Name	: MRS AMBIKA SINGH	Age	: 36 Yr(s) Sex :Female
Registration No	: MH014254737	Lab No	: 202411001718
Patient Episode	: H18000003194	Collection Date	: 09 Nov 2024 08:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Nov 2024 13:53
Receiving Date	: 09 Nov 2024 08:58		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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	: MRS AMBIKA SINGH	Age	: 36 Yr(s) Sex :Female
Registration No	: MH014254737	Lab No	: 202411001719
Patient Episode	: H18000003194	Collection Date	: 09 Nov 2024 08:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 09 Nov 2024 13:53
Receiving Date	: 09 Nov 2024 08:58		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma			
GLUCOSE, FASTING (F) Method: Hexokinase	85.0	mg/dl	[70.0-110.0]

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-----

Alka

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS AMBIKA SINGH
Registration No : MH014254737
Patient Episode : H18000003194
Referred By : HEALTH CHECK MGD
Receiving Date : 09 Nov 2024 14:04

Age : 36 Yr(s) Sex :Female
Lab No : 202411001720
Collection Date : 09 Nov 2024 14:04
Reporting Date : 09 Nov 2024 16:27

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS 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	93.0	mg/dl	[80.0-140.0]

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

Dr. Alka Dixit Vats
Consultant Pathologist

**RADIOLOGY REPORT**

NAME	Ambika SINGH	STUDY DATE	09/11/2024 10:44AM
AGE / SEX	36 y / F	HOSPITAL NO.	MH014254737
ACCESSION NO.	R8548005	MODALITY	US
REPORTED ON	09/11/2024 11:24AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: Liver is normal in size (measures 125 mm), shape and echotexture. Rest normal.
 SPLEEN: Spleen is normal in size (measures 81 mm), shape and echotexture. Rest normal.
 PORTAL VEIN: Appears normal in size and measures 10.1 mm.
 COMMON BILE DUCT: Appears normal in size and measures 2.9 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: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.
 Right Kidney: measures 103 x 34 mm. It shows a concretion measuring 4.1 mm at upper calyx.
 Left Kidney: measures 104 x 40 mm. It shows a concretion measuring 2.1 mm at mid calyx.
 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.
 UTERUS: Uterus is anteverted, normal in size (measures 81 x 34 x 24 mm), shape and echotexture.
 Endometrial thickness measures 4.4 mm. Cervix appears normal.
 OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.
 Right ovary measures 27 x 24 x 13 mm with volume 4.5 cc.
 Left ovary measures 26 x 23 x 14 mm with volume 4.5 cc.
 Bilateral adnexa is clear.
 BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- **Bilateral renal concretions.**

Recommend clinical correlation.



Dr. Monica Shekhawat
MBBS, DNB, CCFRG, ACFRG (Reg No MCI 11-10887)
CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

NAME	Ambika SINGH	STUDY DATE	09/11/2024 9:26AM
AGE / SEX	36 y / F	HOSPITAL NO.	MH014254737
ACCESSION NO.	R8548004	MODALITY	CR
REPORTED ON	09/11/2024 10:24AM	REFERRED BY	HEALTH CHECK MGD

X-RAY CHEST – PA VIEW**FINDINGS:**

Lung fields appear normal on both sides.
Cardia appears normal.
Both costophrenic angles appear normal.
Both domes of the diaphragm appear normal.
Bony cage appear normal.

IMPRESSION:

No significant abnormality noted.



Dr. Rahul Suhas Whatkar

MBBS,DMRD,DNB Radiology Reg No. MMC 2009/04/1858

CONSULTANT RADIOLOGIST

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