

# Health Check up Booking Confirmed Request(22E38981), Package Code-, Beneficiary Code-294748

From Mediwheel <wellness@mediwheel.in>

Date Thu 11/14/2024 2:41 PM

To PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>

Cc customercare@mediwheel.in <customercare@mediwheel.in>

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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 Female Below 40

Patient Package

Name

Mediwheel Full Body Health Checkup Female Below 40

Contact Details: 7575820319

Appointment

Date

: 15-11-2024

Confirmation

**Status** 

: Booking Confirmed

Preferred Time : 08:30 AM - 09:00 AM

N	lember Information	
Booked Member Name	Age	Gender
MS. SHARMA RUCHI	31 year	Female

We request you to facilitate the employee on priority.

Thanks,

Mediwheel Team

Please Download Mediwheel App





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Unique Identification Authority of India

Address: D/O: Suresh Sharma, A-124, Anand Vihar, Railway Colony, Jagatpura, Near Water tank, Jaipur, Jaipur, Rajasthan - 302017

पता: D/O: खुरेश शर्मा, ए-124, आनंद विहार, रेलवे कालोनी, जमतपुरा, पानी की टंकी के वास, जयपुर, जयपुर, सजरशान - 302017

5539 3090 4746

**MITTER** 



भारत सरकार Government of India



रूचि शर्मा Ruchi Sharma जन्म तिथि/DOB: 11/03/1993 महिला/ FEMALE



5539 3090 4746

मेरी पहचान भेरा





### INVESTIGATION REPORT

Patient Name

Location

Ghaziabad

Age/Sex

31Year(s)/Female

Visit No

: V0000000001-GHZB

MRN No

MH014279100

Order Date

:15/11/2024

Ref. Doctor

H/C

Report Date

:15/11/2024

### **Echocardiography**

### Final Interpretation

- 1. No RWMA, LVEF=60%.
- 2. Normal CCD.
- 3. Normal MIP.
- 4. No MR, No AR.
- 5. Trace TR, PASP-20mmHg.
- 6. No intracardiac clot/vegetation/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: It appears normal.
- Mitral Valve: Opens normally. Subvalvular apparatus appear normal.
- Tricuspid Valve: Trace TR, PASP-20mmHg.
- <u>Pulmonic Valve:</u> 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+01 80 4036 0300 Finfo@meninalbosnitals.com www.maninalbosnitals.com





### INVESTIGATION REPORT

Patient Name MRS RUCHI SHARMA

Location

Ghaziabad

Age/Sex

31Year(s)/Female

Visit No

: V000000001-GHZB

MH014279100

Order Date

15/11/2024

Ref. Doctor : H/C

Report Date

15/11/2024

### **Echocardiography**

### Measurements (mm):

	Observed values	Normal values
Aortic root diameter	21	20-36 (22mm/M <sup>2</sup> )
Aortic valve opening	19	15-26
Left atrium size	23	19-40

	<b>End Diastole</b>	End Systole	Normal Values
Left ventricle size	35	21	(ED=37-53:Es=22-40)
Interventricular septum	09	12	(ED=6-12)
Posterior wall thickness	08	11	(ED=5-10)

LV Ejection Fraction (%)	60%	55%-80%
HR		4

### Color & Doppler evaluation

Valve	Velocity(cm/s)	Regurgitation
Mitral	E/A-87/63 DT-	Nil
Aortic	111	Nil
Tricuspid	29	Trace
Pulmonary	70	Nil

### Dr. Bhupendra Singh

MD, DM (CARDIOLOGY), FACC Sr. Consultant Cardiology

### Dr. Sudhanshu Mishra

Cardiology Registrar

Manipal Hospital, Ghaziabad

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

Dr. Abhishek Singh

MD, DNB (CARDIOLOGY), MNAMS

Sr. Consultant Cardiology

Dr. Geetesh Govil

MD, D. Card, PGDCC, MAAC, M. Med, MIMA, FAGE

Jr. Consultant Cardiology

Page 2 of 2

Manipal Health Enterprises Private Limited

CIN:U85110KA2003PTC033055

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P+91 80 4936 0300 Einfo@maninalhospitals.com www.maninalhospitals.com







Age

Lab No

Collection Date:

Reporting Date:

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

31 Yr(s) Sex :Female

15 Nov 2024 13:06

16 Nov 2024 12:51

202411002851

### LABORATORY REPORT

Name

: MRS RUCHI SHARMA

Registration No

: MH014279100

Patient Episode

: H18000003229

Referred By

: HEALTH CHECK MGD

**Receiving Date** 

TEST

: 15 Nov 2024 13:06

**BIOCHEMISTRY** 

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

108.9

mg/dl

[80.0-140.0]

Method: Hexokinase

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 1 of 1

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

Dr. Alka Dixit Vats Consultant Pathologist





### LABORATORY REPORT

Name

: MRS RUCHI SHARMA

Age

31 Yr(s) Sex :Female

Registration No

Lab No

202411002849

: MH014279100

Patient Episode

H18000003229

**Collection Date:** 

15 Nov 2024 09:09

Referred By

HEALTH CHECK MGD

Reporting Date:

15 Nov 2024 13:14

Receiving Date

15 Nov 2024 09:09

### **BIOCHEMISTRY**

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

### THYROID PROFILE, Serum

T3 - Triiodothyronine (ELFA) T4 - Thyroxine (ELFA) Thyroid Stimulating Hormone	1.130	ng/ml	[0.610-1.630]
	6.590	ug/ dl	[4.680-9.360]
	1.310	µIU/mL	[0.250-5.000]

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In NOTE: 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

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

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### LABORATORY REPORT

Name

MRS RUCHI SHARMA

Age

31 Yr(s) Sex: Female

**Registration No** 

MH014279100

Lab No

202411002849

**Patient Episode** 

H18000003229

**Collection Date:** 

15 Nov 2024 09:09

Referred By

HEALTH CHECK MGD

Reporting Date:

15 Nov 2024 13:45

**Receiving Date** 

15 Nov 2024 09:09

**BLOOD BANK** 

BIOLOGICAL REFERENCE INTERVAL

TEST

RESULT

UNIT

Chaerl

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood O Rh(D) Negative Blood Group & Rh typing

Technical note:

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

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NOTE:

# - Abnormal Values

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

Dr. Charu Agarwal **Consultant Pathologist** 







### **LABORATORY REPORT**

Name

: MRS RUCHI SHARMA

Registration No

: MH014279100

Patient Episode

: H18000003229

Referred By

: HEALTH CHECK MGD

Receiving Date

TEST

: 15 Nov 2024 09:09

Age

31 Yr(s) Sex :Female

Lab No

202411002849

**Collection Date:** 

15 Nov 2024 09:09

Reporting Date:

15 Nov 2024 13:16

BIOLOGICAL REFERENCE INTERVAL

#### HAEMATOLOGY

RESULT

UNIT

COMPLETE BLOOD COUNT (AUTOMAT	ED)	SPECIMEN-EDTA Whole	Blood
RBC COUNT (IMPEDENCE)	4.13	millions/cumm	[3.80-4.80]
HEMOGLOBIN	12.0	g/dl	[12.0-15.0]
Method:cyanide free SLS-color	imetry	9	
HEMATOCRIT (CALCULATED)	36.9	%	[36.0-46.0]
MCV (DERIVED)	89.3	fL	[83.0-101.0]
MCH (CALCULATED)	29.1	pg	[25.0-32.0]
MCHC (CALCULATED)	32.5	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.3	8	[11.6-14.0]
Platelet count	347	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV(DERIVED)	11.10	fL	
WBC COUNT (TC) (IMPEDENCE)	6.46	$\times$ 10 $^3$ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT			7/4
(VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	53.0	8	[40.0-80.0]
Lymphocytes	38.0	8	[20.0-40.0]
Monocytes	7.0	8	[2.0-10.0]
Eosinophils	2.0	8	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	55.0 #	mm/1sthour	[0.0-20.0]

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Age

Lab No

**Collection Date:** 

Reporting Date:

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

31 Yr(s) Sex :Female

15 Nov 2024 09:09

15 Nov 2024 14:47

202411002849

### LABORATORY REPORT

Name

: MRS RUCHI SHARMA

Registration No

: MH014279100

Patient Episode

: H18000003229

Referred By

: HEALTH CHECK MGD

Receiving Date

: 15 Nov 2024 09:09

**BIOCHEMISTRY** 

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

Method: HPLC

HbAlc (Glycosylated Hemoglobin)

4.9

00

[0.0-5.6]

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)

94

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.

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

MACROSCOPIC DESCRIPTION

Colour

PALE YELLOW

(Pale Yellow - Yellow)

Appearance

CLEAR

Reaction[pH]

7.0

1.005

(4.6 - 8.0)

Specific Gravity

(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin

NEGATIVE

(NEGATIVE)

Glucose

NIL

(NIL)

Ketone Bodies

Negative

(NEGATIVE)

Urobilinogen

Normal

(NORMAL)







### LABORATORY REPORT

Name

: MRS RUCHI SHARMA

Registration No

: MH014279100

Patient Episode

: H18000003229

Referred By

: HEALTH CHECK MGD

Receiving Date

: 15 Nov 2024 09:56

Age

31 Yr(s) Sex :Female

Lab No

202411002849

**Collection Date:** 

15 Nov 2024 09:56

Reporting Date:

15 Nov 2024 13:23

### **CLINICAL PATHOLOGY**

MICROSCOPIC	EXAMINATION	(Automated	/Manual)
-------------	-------------	------------	----------

Pus Cells	2-4 /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 Method:Oxidase, esterase, peroxide	205	#	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	81		mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	67	#	mg/dl	[35-65]
Method: Enzymatic Immunoimhibition VLDL- CHOLESTEROL (Calculated) CHOLESTEROL, LDL, CALCULATED	16 <b>122.0</b>	#	mg/dl mg/dl	[0-35] [<120.0] Near/
Above optimal-100-129				Borderline High: 130-159
T.Chol/HDL.Chol ratio(Calculated)	3.1			High Risk:160-189 <4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.8			<pre>&lt;3 Optimal 3-4 Borderline &gt;6 High Risk</pre>

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### LABORATORY REPORT

Name

: MRS RUCHI SHARMA

Age

31 Yr(s) Sex :Female

Registration No

: MH014279100

Lab No

202411002849

Patient Episode

: H18000003229

: 15 Nov 2024 09:09

**Collection Date:** 

15 Nov 2024 09:09

Referred By Receiving Date : HEALTH CHECK MGD

Reporting Date:

15 Nov 2024 11:17

**BIOCHEMISTRY** 

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

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	16.8		mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay				
BUN, BLOOD UREA NITROGEN	7.9	#	mg/dl	[8.0-20.0]
Method: Calculated				
CREATININE, SERUM	0.59	#	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization				
URIC ACID	3.9	#	mg/dl	[4.0-8.5]
Method:uricase PAP				
SODIUM, SERUM	136.30		mmol/L	[136.00-144.00]
SODION, SERON	130.30		HUHOT/L	[130.00-144.00]
POTASSIUM, SERUM	5.14	#	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.0	1)	mmol/L	[101.0-111.0]
Method: ISE Indirect				
eGFR (calculated)	122.5		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 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.

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### **LABORATORY REPORT**

Name

: MRS RUCHI SHARMA

Registration No

: MH014279100

Patient Episode

: H18000003229

Referred By

: HEALTH CHECK MGD

Receiving Date

: 15 Nov 2024 09:09

Age

31 Yr(s) Sex: Female

Lab No

202411002849

**Collection Date:** 

15 Nov 2024 09:09

Reporting Date:

15 Nov 2024 11:17

### **BIOCHEMISTRY**

TEST	RESULT	UNIT B	HOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.44	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.07	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN(SERUM) Method: Calculation	0.37	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.40	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.65	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.80	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.69		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	23.15	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	17.60	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	74.0	IU/L	[32.0-91.0]
GGT	25.5	U/L	[7.0-50.0]

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### LABORATORY REPORT

Name

: MRS RUCHI SHARMA

: MH014279100

Registration No Patient Episode

: H18000003229

Referred By **Receiving Date**  : HEALTH CHECK MGD

: 15 Nov 2024 09:09

Age

31 Yr(s) Sex :Female

Lab No

202411002849

**Collection Date:** 

15 Nov 2024 09:09

Reporting Date:

15 Nov 2024 11:17

### **BIOCHEMISTRY**

TEST

RESULT

UNIT

**BIOLOGICAL REFERENCE INTERVAL** 

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.

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

Dr. Charu Agarwal **Consultant Pathologist** 







### LABORATORY REPORT

Name

: MRS RUCHI SHARMA

: MH014279100

Patient Episode

: H18000003229

Referred By

Registration No

: HEALTH CHECK MGD

Receiving Date

: 15 Nov 2024 09:09

Age

31 Yr(s) Sex : Female

Lab No

202411002850

**Collection Date:** 

15 Nov 2024 09:09

**Reporting Date:** 15 Nov 2024 11:17

#### **BIOCHEMISTRY**

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

### GLUCOSE-Fasting

Specimen: Plasma GLUCOSE, FASTING (F)

90.7

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 7

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

Dr. Charu Agarwal **Consultant Pathologist** 





NAME	Ruchi SHARMA	STUDY DATE	15/11/2024 9:43AM
AGE / SEX	31 y / F	HOSPITAL NO.	MH014279100
ACCESSION NO.	R8587525	MODALITY	US
REPORTED ON	15/11/2024 10:10AM	REFERRED BY	HEALTH CHECK MGD

## USG ABDOMEN & PELVIS

FINDINGS

LIVER: Liver is normal in size (measures 144 mm), shape and echotexture. Rest normal. SPLEEN: Spleen is normal in size (measures 63 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 8 mm.

COMMON BILE DUCT: Appears normal in size and measures 2.8 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 97 x 50 mm. It shows a concretion measuring 2.5 mm at mid calyx. Left Kidney: measures 90 x 47 mm. It shows a concretion measuring 2.3 mm at upper 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

UTERUS: Uterus is anteverted, normal in size (measures 63 x 39 x 27 mm), shape and echotexture.

An intramural fibroid is seen in posterior myometrium measuring  $10 \times 8$  mm but with no increased vascularity seen within and not seen indenting the endometrium (FIGO Type IV).

Endometrial thickness measures 8.2 mm. Cervix appears normal.

OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.

Right ovary measures 25 x 21 x 15 mm with volume 4.2 cc.

Left ovary measures 27 x 23 x 17 mm with volume 5.4 cc.

Bilateral adnexa is clear.

BOWEL: Visualized bowel loops appear normal.

#### **IMPRESSION**

- Bilateral renal concretions.
- Intramural uterine fibroid (FIGO Type IV).

Recommend clinical correlation.

Dr. Monica Shekhawat

Marica.

MBBS, DNB, CCFRG, ACFRG (Reg No MCI 11-10887)

CONSULTANT RADIOLOGIST

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





NAME	Ruchi SHARMA	STUDY DATE	15/11/2024 9:24AM
AGE / SEX	31 y / F	HOSPITAL NO.	MH014279100
ACCESSION NO.	R8587524	MODALITY	CR
REPORTED ON	15/11/2024 9:33AM	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: Normal. VISUALIZED SOFT TISSUES: Normal.

DIAPHRAGM: Normal.

VISUALIZED ABDOMEN: Normal.

### IMPRESSION:

No significant abnormality noted.

Recommend clinical correlation.

Dr. Monica Shekhawat

Marica.

MBBS, DNB, CCFRG, ACFRG (Reg No MCI 11-10887)

**CONSULTANT RADIOLOGIST** 

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