



**asian**  
Institute of Medical Sciences



H-2011-0208  
06th July 2023 - 23rd June 2027  
since 24th June 2011



Name	: MRS.Manvi Nagar	UHID No.	: UHID-00073385
	: Mr. Sunny Chandila	Date	: 08-03-2025 09:12:57
Age / Gender	: 38 Yrs 8 Mth / FEMALE	Doctor / Unit	: DR. PRABHSARAN AHUJA /
CPG	: CORPORATE CASHArcoFemi HealthCare Ltd	Department	: Health Check Up
Inst. Name	: ArcoFemi Healthcare Ltd		
Address	: CPO Baroli Sec-80, FARIDABAD, FARIDABAD, HARYANA, INDIA, Zip No.-121006		

**DR. PRABHSARAN AHUJA, MBBS, Director - PHC-Health Check Up,**  
PHC (1st Floor), OPD Timmings Mon to Sat 9:00 a.m to 3:00p.m.

**Note :**

Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.

**WHEN TO OBTAIN URGENT CARE :** In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

**Asian Institute of Medical Sciences** (A unit of Blue Sapphire Healthcares Private Limited) CIN: U74999DL2007PTC159674

Reg. Off.: Level 10, Plot No. 18-20, Hindustan Times House, Kasturba Gandhi Marg, New Delhi -110001, Corp. Off.: Badkal Flyover Road, Sector - 21A, Faridabad - 121001 (Haryana)  
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UHID 73385  
DOB 6/26/1986 38 Years

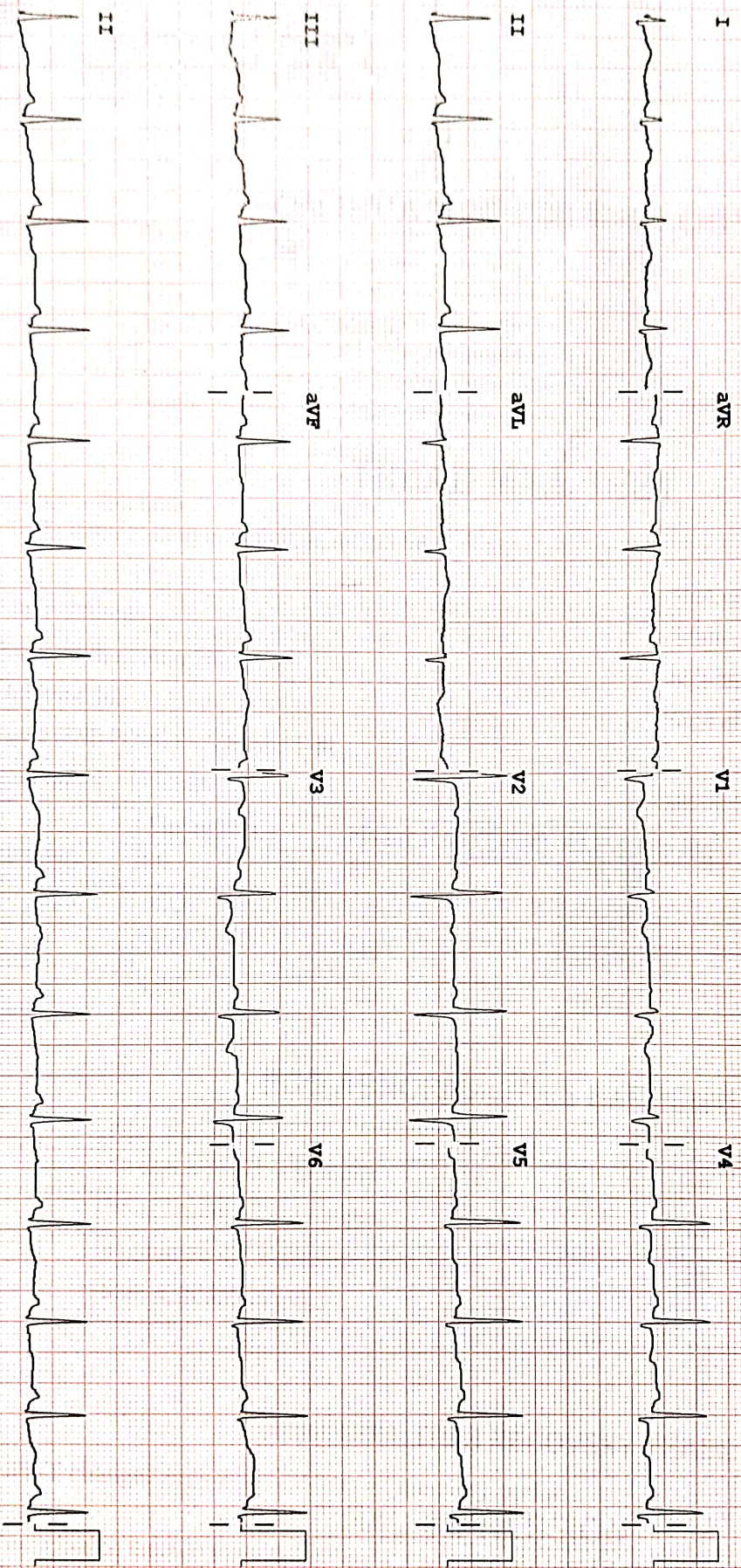
MRS MANVI NAGAR  
Female

3/8/2025 9:22:58 AM  
ASIAN HOSPITAL

Rate 85  
PR 139  
QRS 93  
QT 355  
QTc 422

--AXIS--  
P 72  
QRS 75  
T 2

12 Lead: Standard Placement



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

F 60-0.15-100 Hz

100B

P?

MEI PRODUCTS INC

OK USA

Eq HP M483A



## NON INVASIVE CARDIOLOGY

Patient Name	: MRS.Manvi Nagar	IPD No.	:	
Age	: 38 Yrs 8 Mth	UHID	:	UHID-00073385
Gender	: FEMALE	Bill No.	:	AFBHC250003447
Ref. Doctor	: DR. PRABHSARAN AHUJA	Bill Date	:	08-03-2025 09:16:46
Ward	:	Room No.	:	
		Procedure Date	:	08-03-2025 17:31:19

## TREAD MILL TEST

Clinical Diagnosis :- R/O CAD

Resting ECG: T- inversion seen in leads II, III, avf, V3-V6

Medication

Duration of Test : 7:00 min

Maximum Predicted Heart Rate 182

Heart Rate Achieved 165

GXT Terminated (END POINT) :- Achieved THR

Pressure Rate Product: - 165x150

Protocol: Bruce

Stage : III

85% Max 158

%age of Predicted Heart Rate 91%

METS: 8.5

	Time(Min.)	Heart Rate(BPM)	B.P.(mm Hg)	Symptoms
Control Recumbent	00	85	120/70	Nil
Stage I	3:00	125	130/70	Nil
Stage II	3:00	149	140/70	Nil
Stage III	1:00	165	150/70	Nil

## ECG ABNORMALITIES EXERCISE PHASE

	ST-T Changes	R Wave	Arrhythmia
Stage I	No significant ST -T changes.	Nil	Nil
Stage II	No significant ST -T changes.	Nil	Nil
Stage III	<1.0mm Hz ST depression seen in leads II, III, AVF, v3-v6.	Nil	Nil

## ABNORMALITIES RECOVERY PHASE

ST-T changes persisted till 3min of recovery period .

## FINAL IMPRESSION

1. Mrs. Manvi exercised on Bruce Protocol for 7:00Min at a workload of 8.5METS and achieved 91% of max. predicted HR.Exercise

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Age	:	38 Yrs 8 Mth	Bill No.	:	AFBHC250003447
Sex	:	FEMALE	Bill Date	:	08-03-2025 09:16:46
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	:		Procedure Date	:	08-03-2025 17:31:19

was terminated due to achieved THR.

- Resting ECG within normal limit.
- <1.0 mm Hz ST depression seen in leads II, III, avf, V5-V6 at peak exercise that persisted till 3min of recovery period.
- No significant arrhythmia was observed during stress test.
- Normal HR and B.P. response to the exercise No. S3/S4 heard.

**TMT IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHAEMIA.**

**Fair exercise tolerance.**

**DR. SUBRAT AKHOURY**  
MD,DM (Cardiology). FSCAI (USA)  
Chairman- Cardiology & Cath Lab

**DR. L K JHA**  
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Associate Director & Head  
Fellowship of society of Angiography

**DR.KUMAR HRISHIKESH**  
MBBS, PGDCC  
Fellowship in Non Invasive Cardiology  
Consultant Cardiology

**DR. PRATEEK CHAUDHARY**  
MBBS,MD,DM(Cardio)  
SR. Consultant Cardiology  
Interventional Cardiologist.

**DR. DIWAKAR KUMAR**  
MBBS,MD,DNB (Cardiology)  
Consultant Cardiology

For The perusal of a medical professional only

The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.

It is not the diagnosis & must be correlated clinically.

**NOT FOR MEDICAL REPORT PURPOSES**

Prepare By.  
**CHEETRA.RAWA**  
T



**FINAL REPORT**

Bill No.	: AFBHC250003447	Bill Date	: 08-03-2025 09:16
Patient Name	: MRS.Manvi Nagar	UHID	: UHID-00073386
Age / Gender	: 38 Yrs 8 Mth / FEMALE	Patlent Typo	: OPD    If PHC :
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bod	: /
Sample ID	: AFB25084255	Current Ward / Bod	: /
		Receiving Date & TImo	: 08-03-2025 14:31
		Reporting Date & TImo	: 08-03-2025 15:43

**BIOCHEMISTRY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Plasma, Serum

**MEDIWHEEL FULL BODY HEALTH ANNUAL PLUS CHECK(TMT)**

GLUCOSE-PLASMA (FASTING) (UV Hexokinase)		98.0	mg/dL	70 - 100
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Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.  
(As per American Diabetes Association recommendation)

GLUCOSE-PLASMA (POST PRANDIAL) (UV Hexokinase)		84.0	mg/dL	70 - 140
--	--	------	-------	----------

Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.  
(As per American Diabetes Association recommendation)

**KFT/RFT- KIDNEY/RENAL PANEL 1**

BLOOD UREA Urease-GLDH,Kinetic		16	mg/dL	15 - 45
CREATININE-SERUM (Modified Jaffe s Kinetic)		0.8	mg/dL	0.6 - 1.1
SODIUM-SERUM (Indirect Ion-Selective Electrode)		139	m.mol/L	135 - 145
POTASSIUM-SERUM (Indirect Ion-Selective Electrode)		4.8	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM (Indirect Ion-Selective Electrode)		106	m.mol/L	98 - 107

**INTERPRETATION:**

Kidney Function Test checks whether kidneys are working fine or not and also provides valuable insights into how effectively the kidneys filter waste products and maintain essential electrolyte balance in the body.

**LIPID PROFILE**

CHOLESTROL-TOTAL (CHO-POD)	H	205	mg/dL	0-200
HDL CHOLESTROL Enzymatic Immunoinhibition		56	mg/dL	40-60
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	H	144	mg/dL	0-100
S.TRIGLYCERIDES (GPO - POD)		73	mg/dL	0-150
NON-HDL CHOLESTROL (Calculated)	H	149.0	mg/dL	0-130
CHOLESTROL-VLDL (Calculated)		15	mg/dL	0-30
TOTAL CHOLESTROL / HDL CHOLESTROL (Calculated)		3.7		
LDL CHOLESTROL / HDL CHOLESTROL (Calculated)		2.6		

**FINAL REPORT**

Bill No.	: AFBHC250003447	Bill Date	: 08-03-2025 09:16
Patient Name	: MRS.Manvi Nagar	UHID	: UHID-00073385
Age / Gender	: 38 Yrs 8 Mth / FEMALE	Patient Type	: OPD    If PHC    :
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /
Sample ID	: AFB25084255	Current Ward / Bed	: /
	:	Receiving Date & Time	: 08-03-2025 14:31
	:	Reporting Date & Time	: 08-03-2025 15:43

**INTERPRETATION:**

For adults as per NCEP ATP-III Guidelines 2001

Parameters	Optimal	Above Optimal	Borderline High	High
Total Cholesterol	<200	NA	200-239	≥240
Triglyceride	<150	NA	150-199	≥200
LDL Cholesterol	<100	100-129	130-159	≥160

Non HDL Cholesterol	<130	130-159	160-189	≥190
VLDL-Calculated	<30	NA	NA	NA

A lipid profile test measures the different types of lipids in the blood. It measures the levels of four different types of cholesterol and triglycerides.

- LDL (low-density lipoproteins): LDL is the cholesterol that is considered "bad cholesterol" because it forms plaques in the arteries and adversely affects heart health. Thus, LDL cholesterol should be maintained in the lower range.
- VLDL (very low-density lipoproteins): VLDL appears in the blood soon after we have consumed food. A lipid profile is done as a fasting test, and thus, if there is an increased level of VLDL in the blood sample, it can be suggestive of some metabolic disease.
- HDL (high-density lipoproteins): HDL cholesterol is also known as "good cholesterol" because it helps clear away the bad LDL cholesterol and prevents its build-up.
- Triglycerides: Our body converts the excess calories into triglycerides and stores it as body fat. High levels of triglycerides are harmful to the heart, liver, and pancreas.

**LIVER FUNCTION TESTS (LFT)**

BILIRUBIN-TOTAL (DPD)		0.34	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.05	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT (Calculated)		0.29	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		7.6	g/dL	6.6 - 8.3
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.4	g/dL	3.5 - 5.2
S.GLOBULIN (Calculated)		3.2	g/dL	2.8-3.8
A/G RATIO (Calculated)	<b>L</b>	<b>1.38</b>		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		71.4	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		26.6	IU/L	0 - 35
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)	<b>H</b>	<b>38.0</b>	IU/L	0 - 35
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		16.8	IU/L	0 - 38





MC-3066



**LAB REPORT**

No.	: AFBHC250003447	Bill Date	: 08-03-2025 09:16
Patient Name	: MRS.Manvi Nagar	UHID	: UHID-00073385
Age / Gender	: 38 Yrs 8 Mth / FEMALE	Patient Type	: OPD    If PHC : <input type="checkbox"/>
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bod	: /
Sample ID	: AFB26084255	Current Ward / Bod	: /
		Receiving Date & Time	: 08-03-2025 14:31
		Reporting Date & Time	: 08-03-2025 15:43
LACTATE DEHYDROGENASE (IFCC; L-P)		188.0	IU/L    0 - 248

**INTERPRETATION:**

The LFT test is used to diagnose and monitor liver diseases. It can also provide the information about other health conditions that affect the liver, such as viral or alcoholic hepatitis. If a person is taking medications that can impact on the liver, the test results can indicate whether side effects are occurring.

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low  
Laboratory test results are to be clinically correlated.  
Storage and discard of Specimen shall be as per AIMS specimen retention policy.  
Test results are not valid for Medico - Legal purposes.

Results are Verified By

**DR. C.P. SHARMA**  
Ph.D.(Biochemistry)  
BIOCHEMIST

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Associate Director

**DR. SHARMILA RAI**  
MD, PATHOLOGY  
Consultant



**ANAL REPORT**

Patient No.	: AFBHC250003447	Bill Date	: 08-03-2025 09:16
Patient Name	: MRS.Manvi Nagar	UHID	: UHID-00073385
Age / Gender	: 38 Yrs 8 Mth / FEMALE	Patient Type	: OPD    If PHC :
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /
Sample ID	: AFB25083670	Current Ward / Bed	: /
		Receiving Date & Time	: 08-03-2025 09:51
		Reporting Date & Time	: 08-03-2025 11:29

**BLOOD BANK REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

**MEDIWHEEL FULL BODY HEALTH ANNUAL PLUS CHECK(TMT)**

**BLOOD GROUP (ABO & RH)**

ABO GROUP	O	
RH TYPE	POSITIVE	

**\*\* End of Report \*\***

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*Manvi*

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Consultant

DR. PRABHSARAN AHUJA      DR. UMA RANI      DR. SHILPA GUPTA      DR. SHARMILA RAI



**LABORATORY REPORT**

Bill No.	: AFBHC250003447	Bill Date	: 08-03-2025 09:16
Patient Name	: MRS.Manvi Nagar	UHID	: UHID-00073385
Age / Gender	: 38 Yrs 8 Mth / FEMALE	Patient Type	: OPD      If PHC :
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /
Sample ID	: AFB25084256	Current Ward / Bed	: /
		Receiving Date & Time	: 08-03-2025 14:31
		Reporting Date & Time	: 08-03-2025 15:29

**CLINICAL PATH REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Urine

**MEDIWHEEL FULL BODY HEALTH ANNUAL PLUS CHECK(TMT)**

URINE-SUGAR (GOD POD Method)		Negative		Negative
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**PHYSICAL EXAMINATION**

QUANTITY		40 mL		
COLOUR		Pale yellow		Pale Yellow
TURBIDITY		Slight		Clear

**CHEMICAL EXAMINATION**

PH (Double pH Indicator method)		5.0		5.0 - 8.5
PROTEINS (Protein-error-of-Indicators)		Negative		Negative
GLUCOSE (GOD POD Method)		Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)	L	1.005		1.005 - 1.030
UROBILINOGEN (Modified Erlich Reaction)		Normal		NORMAL
BILIRUBIN (Azo Coupling)		Negative		NEGATIVE
KETONES (Acetoacetic acid reaction with sodium nitroprusside)		Negative		NEGATIVE
NITRITE (Kinetic cadmium-reduction)		Negative		NEGATIVE

**MICROSCOPIC EXAMINATION**

LEUCOCYTES		1-2	/HPF	0 - 5
RBCS		Nil		Nil
EPITHELIAL CELLS (URINE)		Many		Nil
CASTS		Nil		Nil
CRYSTALS		Nil		Nil

**\*\* End of Report \*\***

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**LABORATORY REPORT**

Lab No.	: AFBHC250003447	Bill Date	: 08-03-2025 09:16
Patient Name	: MRS.Manvi Nagar	UHID	: UHID-00073385
Age / Gender	: 38 Yrs 8 Mth / FEMALE	Patient Type	: OPD      If PHC :
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /
Sample ID	: AFB25083669	Current Ward / Bed	: /
		Receiving Date & Time	: 08-03-2025 09:51
		Reporting Date & Time	: 08-03-2025 12:56

**HAEMATOLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

**MEDIWHEEL FULL BODY HEALTH ANNUAL PLUS CHECK(TMT)**

**ESR**

ESR (Westergren)	16	mm/1st hr	0 - 20
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**INTERPRETATION:**

An erythrocyte sedimentation rate show if there is inflammation in body. High ESR levels are often associated with various inflammatory conditions, infections, autoimmune diseases, and certain cancers. It can also indicate tissue damage or necrosis, as well as chronic diseases like rheumatoid arthritis, lupus, or vasculitis.

**CBC -1 (COMPLETE BLOOD COUNT)**

TOTAL LEUCOCYTE COUNT (Flow Cytometry)	8.2	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	4.3	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)	12.1	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)	38.5	%	36 - 46
MEAN CORPUSCULAR VOLUME (Calculated)	89.3	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN (Calculated)	28.1	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION (Calculated)	<b>L 31.4</b>	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)	302	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	45.8	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.) (Calculated)	14.0	%	11.6 - 14

**DIFFERENTIAL LEUCOCYTE COUNT**

NEUTROPHILS (Flow-cytometry & Microscopy)	60	%	40 - 80
LYMPHOCYTES (Flow-cytometry & Microscopy)	32	%	20 - 40
MONOCYTES (Flow-cytometry & Microscopy)	6	%	2 - 10
EOSINOPHILS (Flow-cytometry & Microscopy)	2	%	1 - 5
BASOPHILS (Flow-cytometry & Microscopy)	0	%	0 - 1

**INTERPRETATION:**

A complete blood count (CBC) provides information about the different types and numbers of cells in the blood, including red blood cells, white blood cells, and platelets. It's used to look at overall health and find a wide range of conditions, including anaemia, infection, thrombocytopenia and leukemia.



**FINAL REPORT**

Bill No.	: AFBHC250003447	Bill Date	: 08-03-2025 09:16
Patient Name	: MRS.Manvi Nagar	UHID	: UHID-00073385
Age / Gender	: 38 Yrs 8 Mth / FEMALE	Patient Type	: OPD      If PHC :      :
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /
Sample ID	: AFB25083669	Current Ward / Bed	: /
		Receiving Date & Time	: 08-03-2025 09:51
		Reporting Date & Time	: 08-03-2025 12:56

**GLYCATED HAEMOGLOBIN (HBA1C)**

HBA1C (HPLC)	5.5	%	4.27 - 6.07
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**INTERPRETATION:**

A Glycated Hb (HbA1C) test is a blood test that shows what your average blood sugar (glucose) level was over the past two to three months. This can help determine how well a person's diabetes is being controlled over time.

HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- Note:
1. A three monthly monitoring is recommended in diabetics.
  2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and

**\*\* End of Report \*\***

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*Sharmila*

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**FINAL REPORT**

Page 1 of 1

Bill No.	: AFBHC250003447	Bill Date	: 08-03-2025 09:16
Patient Name	: MRS.Manvi Nagar	UHID	: UHID-00073385
Age / Gender	: 38 Yrs 8 Mth / FEMALE	Patient Type	: OPD   If PHC   :
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /
Sample ID	: AFB25083672	Current Ward / Bed	: /
		Receiving Date & Time	: 08-03-2025 09:51
		Reporting Date & Time	: 08-03-2025 13:54

**SEROLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

**MEDIWHEEL FULL BODY HEALTH ANNUAL PLUS CHECK(TMT)**

**\*THYROID PROFILE (FT3+FT4+TSH)**

FREE-TRI IODO THYRONINE (FT3) (CLIA)		2.65	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (CLIA)		0.97	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (CLIA)	H	5.41	mIU/L	0.27-4.20

**INTERPRETATION:**

The thyroid profile test measures the thyroid hormones in the blood. Thyroid gland is responsible for producing hormones important for many bodily processes. Abnormal thyroid function, such as underactive thyroid (hypothyroidism) or overactive thyroid (hyperthyroidism), can lead to many symptoms. A thyroid profile can also be used to monitor the treatment of hyperthyroidism and assess those receiving levothyroxine therapy, which replaces or supplements thyroid hormones reduced or absent due to hypothyroidism, thyroid cancer, thyroid nodules, and goiters.

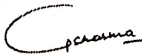
**\*\* End of Report \*\***

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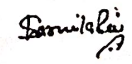


**DR. C.P. SHARMA**  
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BIOCHEMIST

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MD, PATHOLOGY  
Consultant





## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MRS.Manvi Nagar	IPD No.	:
Age	: 38 Yrs 8 Mth	UHID	: UHID-00073385
Gender	: FEMALE	Bill No.	: AFBHC250003447
Ref. Doctor	: DR. PRABHSARAN AHUJA	Bill Date	: 08-03-2025 09:16:46
Ward	:	Room No.	:
		Print Date	: 09-03-2025 09:53:04

### USG - WHOLE ABDOMEN:

Liver is normal in size and shows grade I fatty changes in its parenchyma. Intrahepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder is mildly distended. Visualized lumen is echofree.  
Visualized CBD appears normal in calibre.

Visualized pancreas appears normal in size and echotexture.

Spleen is normal in size and echotexture.

Both kidneys are normal in size and echotexture. Cortico-medullary distinction is maintained. No obvious hydronephrosis seen bilaterally. (CT is the modality of choice for evaluation of tiny renal calculi).

Urinary bladder appears normal in position, shape and outline.  
Wall thickness is normal.

Uterus is normal in size and echotexture.

Both ovaries are normal in size and echotexture.

No adnexal mass seen.

No ascites is seen.

**Please correlate clinically.**

.....End of Report.....

Prepare By.  
SAPNA.ARYA

DR. MOHIT SHARMA, MBBS, MD (Radio-Diagnosis), PDCC, EDIR  
CONSULTANT

**Note :** The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.



## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MRS.Manvi Nagar	IPD No.	:	
Age	: 38 Yrs 8 Mth	UHID	:	UHID-00073385
Gender	: FEMALE	Bill No.	:	AFBHC250003447
Ref. Doctor	: DR. PRABHSARAN AHUJA	Bill Date	:	08-03-2025 09:16:46
Ward	:	Room No.	:	
		Print Date	:	09-03-2025 12:23:07

### CHEST PA VIEW:

Cardiac shadow appears normal.

**Few tiny nodular radio-opacity is seen in right upper zone.**

Rest of the lung fields appear clear.

Both domes of diaphragm and both CP angles are clear.


Both hila appear normal.

Soft tissues and bony cage appear normal.

**Please correlate clinically.**

.....End of Report.....

Prepare By.  
SAPNA.ARYA

  
DR. MOHIT SHARMA, MBBS, MD (Radio-Diagnosis), PDCC, EDIR  
CONSULTANT

**Note :** The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.