

<b>Patient Name</b> :	Mr.ANUJ SURESH KHATOD	<b>Bill Date</b> :	08-03-2025 08:44 AM
<b>Age / Gender</b> :	42Y(s) 4M(s) 18D(s)/Male	<b>Collected Date</b> :	08-03-2025 12:59 PM
<b>Lab Ref No/UHID</b> :	PS011301/P00000748507	<b>Report Date</b> :	08-03-2025 06:27 PM
<b>Lab No/Result No</b> :	2500121608/2030818	<b>Release Date</b> :	08-03-2025 06:34 PM
<b>Referred By Dr.</b> :	HOSPITAL CASE	<b>Specimen</b> :	SERUM
		<b>Processing Loc</b> :	RHC Hinjawadi
		<b>Passport No</b> :	



**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
<b>FBS</b>			
Glucose (Fasting). <i>Method : GOD-POD</i>	: 78	mg/dL	Prediabetic : 100 - 125 Diabetic : >= 126 Normal : < 100.0
REFERENCE : ADA 2015 GUIDELINES			
<b>CREATININE</b>			
Creatinine <i>Method : Enzymatic</i>	: 0.9	mg/dL	0.6 - 1.3
<b>BUN</b>			
Urea Nitrogen(BUN) <i>Method : Calculated</i>	: 7.01	mg/dL	6.0 - 20.0
Urea <i>Method : Urease</i>	: 15	mg/dL	12.8-42.8
<b>CALCIUM</b>			
Calcium <i>Method : Arsenazo</i>	: 9.6	mg/dL	8.6 - 10.2
<b>PHOSPHOROUS</b>			
Phosphorus <i>Method : Phospho Molybdate</i>	: 3.2		2.7-4.5
<b>URIC ACID</b>			
Uric Acid <i>Method : Uricase</i>	: 5.0	mg/dL	3.5-7.2
<b>-BIOCHEMISTRY</b>			
Total Bilirubin <i>Method : Diazo</i>	: 0.5	mg/dL	0.3 - 1.2
Direct Bilirubin <i>Method : Diazo</i>	: 0.3	mg/dL	0-0.4
Indirect Bilirubin <i>Method : Diazo</i>	: 0.2	mg/dL	0.0 - 0.8
Alanine Transaminase (ALT) <i>Method : Kinetic</i>	: 26.0	U/L	<50
Aspartate Transaminase (AST) <i>Method : Kinetic</i>	: 24.0	U/L	10.0 - 40.0
Alkaline Phosphatase <i>Method : 4NPP/AMP BUFFER</i>	: 64.0	U/L	30.0 - 115.0

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**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
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**-BIOCHEMISTRY**

Total Protein	: 7.3	g/dl	6.0 - 8.0
<i>Method : Biuret</i>			
Albumin	: 4.8	g/dl	3.5-4.8
<i>Method : BCG</i>			
Globulin	: 2.5	gm/dL	2.3-3.5
<i>Method : Calculated</i>			
A/G Ratio	: 1.92		
<i>Method : Calculated</i>			

**T3-T4-TSH -**

Tri-Iodothyronine, (Total T3)	: 1.44	ng/ml	0.97-1.69
<i>Method : Enhanced Chemiluminescence</i>			
Thyroxine (T4), Total	: 10.3	ug/dl	5.53-11.01
<i>Method : Enhanced Chemiluminescence</i>			
Thyroid Stimulating Hormone (Ultra).	: 1.331	uIU/mL	0.40-4.04
<i>Method : Enhanced Chemiluminescence</i>			

1.The TSH levels are subject to diurnal/circadian variation. reaching to peak level between 2 to 4 am. and at a minimum between 6 to 10 pm. The variation is to the order of 50%, hence the time when sample is collected has influence on the levels of TSH 2.Many substances produced in central nervous system, even in healthy euthyroid individuals, may enhance or suppress TSH production in addition to the feedback effect of thyroid hormone . 3.Furthermore, although TSH levels rise and fall in response to changes in the concentration of Free T4, individuals appear to have their own setpoints and factors such as race and age also contribute to variability in TSH levels Alterations of normal pituitary response are also common in patients with a variety of illnesses which can affect the levels of TSH. 4.Interassay variations are possible on different Immunoassay platforms.

TSH - For pregnancy the reference range is as follows -

1st -trimester : 0.6 - 3.4 uIU/mL  
 2nd trimester : 0.37 - 3.6 uIU/mL  
 3rd trimester : 0.38 - 4.04 uIU/mL

**PSA BLOOD**

Prostate Specific Antigen (PSA)	: 1.09	ng/ml	00-4.0
<i>Method : Enhanced Chemiluminescence</i>			

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

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<b>Lab Ref No/UHID</b>	: PS011301/P00000748507	<b>Report Date</b>	: 08-03-2025 06:12 PM
<b>Lab No/Result No</b>	: /2030818	<b>Release Date</b>	: 08-03-2025 06:34 PM
<b>Referred By Dr.</b>	: HOSPITAL CASE	<b>Specimen</b>	: SERUM
		<b>Processing Loc</b>	: RHC Hinjawadi
		<b>Passport No</b>	:



**Verified By**  
Atul

*Anjana Sanghavi*

**Dr.Anjana Sanghavi**  
**Consultant Pathologist**

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<b>Lab Ref No/UHID</b> :	PS011301/P00000748507	<b>Report Date</b> :	08-03-2025 04:08 PM
<b>Lab No/Result No</b> :	2500121609/2030818	<b>Release Date</b> :	08-03-2025 04:41 PM
<b>Referred By Dr.</b> :	HOSPITAL CASE	<b>Specimen</b> :	EDTA WHOLE BLC
		<b>Processing Loc</b> :	RHC Hinjawadi
		<b>Passport No</b> :	



### DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY

Investigation	Result	Units	Biological Reference Interval
<b>HAEMOGRAM</b>			
<b>W.B.C.Count</b>	: 7300	/ul	4000-10000/ul
<i>Method : Coulter Principle</i>			
Neutrophils	: 60.5	%	40-80
<i>Method : Derived from WBC Histogram</i>			
Lymphocytes	: 21.4	%	20 - 40
Monocytes	: 6.7	%	2-10
Eosinophils	: <b>11.0</b>	%	1.0-6.0
<i>Method : OPTICAL/IMPEDENCE</i>			
Basophils	: 0.5	%	0.0-1.0
<i>Method : OPTICAL/IMPEDENCE</i>			
Absolute Neutrophil Count	: 4.43	x10 <sup>3</sup> cells/ul	2-7
<i>Method : Calculated</i>			
Absolute Lymphocyte Count	: 1.57	x10 <sup>3</sup> cells/ul	1-3
<i>Method : Calculated</i>			
Absolute Monocyte Count	: 0.49	x10 <sup>3</sup> cells/ul	0.2-1.0
<i>Method : Calculated</i>			
Absolute Eosinophil Count	: <b>0.81</b>	x10 <sup>3</sup> cells/ul	0.02-0.5
<i>Method : Calculated</i>			
Absolute Basophil Count	: 0.03	x10 <sup>3</sup> cells/ul	0.02 - 0.1
<i>Method : Calculated</i>			
R.B.C Count	: <b>5.6</b>	million/ul	4.5-5.5
<i>Method : Coulter Principle</i>			
<b>Haemoglobin</b>	: <b>17.1</b>	g/dl	13-17
<i>Method : Photometric Measurement</i>			
Haematocrit	: <b>50.8</b>	%	40-50
<i>Method : Calculated</i>			
MCV	: 91.1	fl	83-101
<i>Method : Derived from RBC Histogram</i>			
MCH	: 30.6	pg	27-32
<i>Method : Calculated</i>			
MCHC	: 33.6	g/dl	31.5-34.5
<i>Method : Calculated</i>			
RDW	: <b>14.2</b>	%	11.6-14
<i>Method : Derived from RBC Histogram</i>			
<b>Platelet Count</b>	: 302	x10 <sup>3</sup> /ul	150-410
<i>Method : Coulter Principle</i>			
MPV	: 8.06	fl	5.4-11.5
<i>Method : Derived from Platelet Histogram</i>			

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<b>Lab Ref No/UHID</b>	: PS011301/P00000748507	<b>Report Date</b>	: 08-03-2025 04:08 PM
<b>Lab No/Result No</b>	: 2500121609/2030818	<b>Release Date</b>	: 08-03-2025 04:41 PM
<b>Referred By Dr.</b>	: HOSPITAL CASE	<b>Specimen</b>	: EDTA WHOLE BLC
		<b>Processing Loc</b>	: RHC Hinjawadi
		<b>Passport No</b>	:



RBC Morphology : Normocytic  
normochromic

WBC Morphology : Eosinophilia  
Platelet : Adequate

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

**Verified By**  
Ruhi S

**Dr.Anjana Sanghavi**  
Consultant Pathologist

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<b>Age / Gender</b> :	42Y(s) 4M(s) 18D(s)/Male	<b>Collected Date</b> :	08-03-2025 01:20 PM
<b>Lab Ref No/UHID</b> :	PS011301/P00000748507	<b>Report Date</b> :	08-03-2025 06:12 PM
<b>Lab No/Result No</b> :	2500121704P/2030818	<b>Release Date</b> :	08-03-2025 06:34 PM
<b>Referred By Dr.</b> :	HOSPITAL CASE	<b>Specimen</b> :	SERUM
		<b>Processing Loc</b> :	RHC Hinjawadi
		<b>Passport No</b> :	



**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
<b>PPBS</b>			
Glucose (Post Prandial)	: 112	mg/dL	60-140
<i>Method : GOD-POD</i>			

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

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Atul

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<b>Lab Ref No/UHID</b>	: PS011301/P00000748507	<b>Report Date</b>	: 08-03-2025 04:21 PM
<b>Lab No/Result No</b>	: 2500121609/2030818	<b>Release Date</b>	: 08-03-2025 04:41 PM
<b>Referred By Dr.</b>	: HOSPITAL CASE	<b>Specimen</b>	: EDTA WHOLE BLC
		<b>Processing Loc</b>	: RHC Hinjawadi
		<b>Passport No</b>	:



**DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

Investigation	Result	Units	Biological Reference Interval
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**ESR**

ESR At 1 Hour : **17** mm/hr 0 - 15

Method : Modified Westergren Method

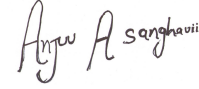
**INTERPRETATION :**

ESR is a screening test to detect presence of systemic disease; however a normal result does not rule out a systemic disease.

ESR is also used to monitor course of disease or response to therapy if initially elevated.

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

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<b>Age / Gender</b> :	42Y(s) 4M(s) 18D(s)/Male	<b>Collected Date</b> :	08-03-2025 12:59 PM
<b>Lab Ref No/UHID</b> :	PS011301/P00000748507	<b>Report Date</b> :	08-03-2025 07:48 PM
<b>Lab No/Result No</b> :	2500121608/2030818	<b>Release Date</b> :	09-03-2025 01:17 PM
<b>Referred By Dr.</b> :	HOSPITAL CASE	<b>Specimen</b> :	SERUM
		<b>Processing Loc</b> :	RHC Hinjawadi
		<b>Passport No</b> :	



**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
<b>ELECTROLYTES (Na &amp; K)</b>			
Sodium	: 141.0	mmol/L	136.0 - 145.0
<i>Method : Potentiometric</i>			
Potassium	: 3.8	mmol/L	3.5 - 5.1
<i>Method : Potentiometric</i>			
Chloride	: 100.0	mmol/L	98.0 - 107.0
<i>Method : Potentiometric</i>			

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

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Anand

*Anjana Sanghavi*

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Consultant Pathologist

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<b>Age / Gender</b> :	42Y(s) 4M(s) 18D(s)/Male	<b>Collected Date</b> :	08-03-2025 02:21 PM
<b>Lab Ref No/UHID</b> :	PS011301/P00000748507	<b>Report Date</b> :	08-03-2025 05:21 PM
<b>Lab No/Result No</b> :	2500121890/2030818	<b>Release Date</b> :	08-03-2025 06:00 PM
<b>Referred By Dr.</b> :	HOSPITAL CASE	<b>Specimen</b> :	URINE
		<b>Processing Loc</b> :	RHC Hinjawadi
		<b>Passport No</b> :	



**DEPARTMENT OF LABORATORY MEDICINE-CLINICAL PATHOLOGY**

Investigation	Result	Units	Biological Reference Interval
<b>URINE ROUTINE</b>			
<b>PHYSICAL EXAMINATION</b>			
Colour	: Pale Yellow		
Appearance	: Clear		
<b>CHEMICAL TEST</b>			
Ph	: 6.5		5.0-7.0
Specific Gravity	: <b>1.005</b>		1.015-1.030
Albumin	: Absent		Abset
Urine Glucose	: Absent	mg/dL	
Ketone Bodies	: Absent		Absent
Bile Pigments	: Absent		Absent
<i>Method : Photometric Measurement</i>			
Urobilinogen	: Normal		Normal
Nitrites	: Absent		Absent
Leucocytes Esterase	: Absent		Absent
<b>MICROSCOPIC TEST</b>			
Pus Cells.	: 1-2	/hpf	0 - 5
Red Blood Cells.	: Absent	/hpf	0 - 2
Epithelial Cells.	: 1-2	/hpf	0-5
Bacteria	: Absent	/hpf	Absent
Cast	: Absent		Absent
Yeast Cells	: Absent		Absent
Crystals	: Absent		Absent
Others	: Absent		Absent

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

**Verified By**  
SACHIN

**Dr. Anjana Sanghavi**  
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<b>Referred By Dr.</b> :	HOSPITAL CASE	<b>Specimen</b> :	SERUM
		<b>Processing Loc</b> :	RHC Hinjawadi
		<b>Passport No</b> :	



**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
<b>LIPID PROFILE</b>			
Cholesterol	: 175.0	mg/dL	130.0 - 220.0
<i>Method : Enzymatic</i>			
Triglycerides	: <b>223</b>	mg/dL	35.0 - 180.0
<i>Method : Enzymatic</i>			
HDL Cholesterol	: 38	mg/dL	35-65
<i>Method : Enzymatic</i>			
LDL Cholesterol	: 92.4	mg/dL	10.0 - 130.0
<i>Method : Calculated</i>			
VLDL Cholesterol	: <b>44.6</b>	mg/dL	5.0-36.0
<i>Method : Calculated</i>			
Cholestrol/HDL Ratio	: 4.61	--	2.0-6.2
<i>Method : Calculated</i>			

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

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<b>Lab Ref No/UHID</b>	: PS011301/P00000748507	<b>Report Date</b>	: 08-03-2025 04:02 PM
<b>Lab No/Result No</b>	: 2500121609/2030818	<b>Release Date</b>	: 08-03-2025 04:25 PM
<b>Referred By Dr.</b>	: HOSPITAL CASE	<b>Specimen</b>	: EDTA WHOLE BLC
		<b>Processing Loc</b>	: RHC Hinjawadi
		<b>Passport No</b>	:



**DEPARTMENT OF LABORATORY MEDICINE BLOOD BANK**

Investigation	Result	Units	Biological Reference Interval
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**BLOOD GROUP**

Blood Group : A RH POSITIVE

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

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Ardeore

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<b>Lab Ref No/UHID</b>	: PS011301/P00000748507	<b>Report Date</b>	: 08-03-2025 04:18 PM
<b>Lab No/Result No</b>	: 2500121610G/2030818	<b>Release Date</b>	: 08-03-2025 04:41 PM
<b>Referred By Dr.</b>	: HOSPITAL CASE	<b>Specimen</b>	: WHOLE BLOOD
		<b>Processing Loc</b>	: RHC Hinjawadi
		<b>Passport No</b>	:



**DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

Investigation	Result	Units	Biological Reference Interval
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**GLYCOSYLATED HB% (HbA1C)**

Glycosylated Haemoglobin (HbA1C)	: 4.6	%	4-6.5
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Method : Turbidometric Inhibition Immunoassay

Prediabetic : 5.7 - 6.4 %

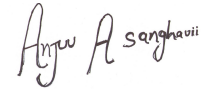
Diabetic :  $\geq 6.5$  %

Therapeutic Target :  $< 7.0$  %

REFERENCE : ADA 2015 GUIDELINES

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

**Verified By**  
Ruhi S



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Ref: PS011301-Reg: 3000013650  
424-17M - NH - 08/03/2025  
P00000748507 -

ID: \_\_\_\_\_

Name: \_\_\_\_\_

Sex: M

kg

Medication: \_\_\_\_\_

Symptoms: \_\_\_\_\_

History: \_\_\_\_\_

Vent. rate: 84 bpm

PR int: \*\*\*\* ms

QRS dur: 98 ms

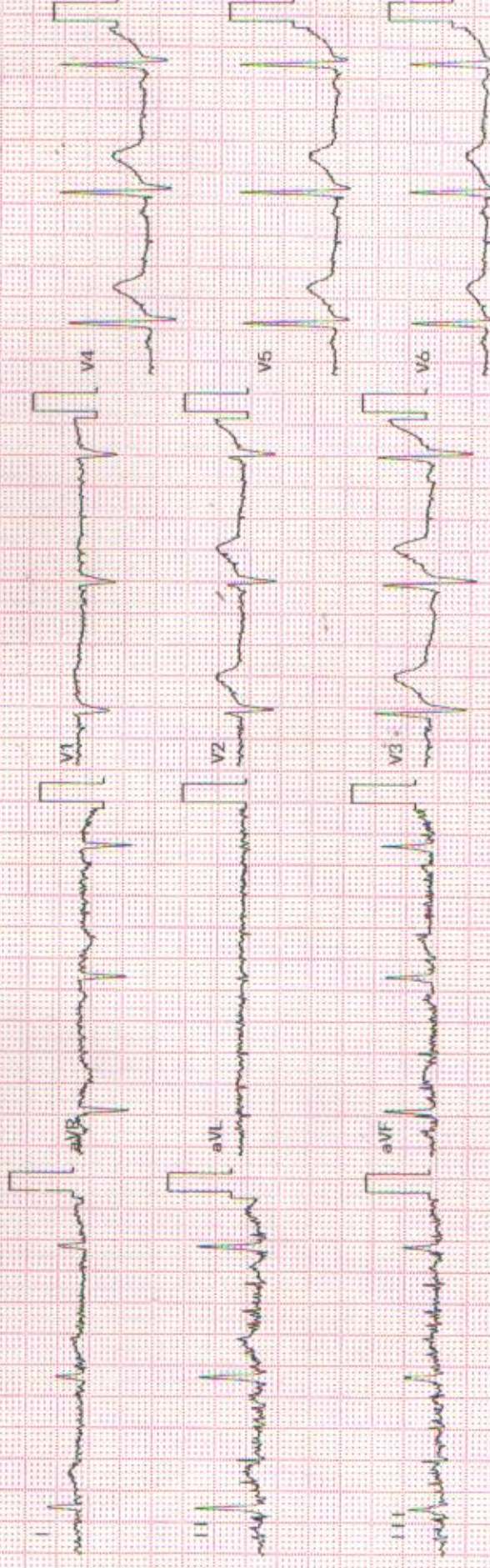
QT/QTc (E) int: 392/433 ms

P/QRS/T axis: \*\*\*\*/ 63/ 56 °

RV5/SV1 amp: 1.65/ 0.61 mV

RV5+SV1 amp: 2.26 mV

10 mm/mV 25 mm/s Filter: H50 D 35 Hz 10 mm/mV



Rhythm [11] 10 mm/mV



1400 Undetermined rhythm (Possible supraventricular rhythm)  
19708 with occasional ectopic premature complexes (Unreliable analysis due to noise)  
4038 Nonspecific ST elevation  
0102 ARTIFACT PRESENT  
9140 \*\* abnormal rhythm ECG \*\*

Unconfirmed Report

Reviewed by: \_\_\_\_\_

10 mm/mV

10 mm/mV

10 mm/mV 25 mm/s Filter: H50 D 35 Hz 10 mm/mV

10 mm/mV



MR. ANUJ SURESHKHATOD



HEALTH CHECK PHYSICIAN ANALYSIS

Ref: PS011301- Reg: 3000013650  
 42.4.17/M - NH - 08/03/2025  
 P00000748507 -

FULL NAME: .....

DATE: ..... / ..... / ..... AGE: ..... GENDER:  FEMALE  MALE

HEIGHT	170 cm	WEIGHT	58.2 kg	BMI	20.1	BP	113/68 mm/hg	PULSE	93 /min
SPO2	98 %	TEMP	97.2 F	WAIST	82 cm	HIP	94 cm	CHEST	Expanded/Normal 93/89

LIFESTYLE  VERY ACTIVE  MODERATELY ACTIVE  SEDENTARY

DIETARY HABBITs  VERY HEALTHY  MODERATELY HEALTHY  NOT HEALTHY

CLINICAL HISTORY CONDITIONS	EXISTING CONDITION (YES/NO)	PERIOD SINCE	UNDER TREATMENT (YES/NO)	MEDICATION DETAILS, IF ANY
HYPERTENSION				
DIABETES				
ASTHMA				
THYROID				
HEART DISEASE				
ANY OTHER CONDITION (SPECIFY IF YES)				
PREVIOUS SURGERY		SURGERY DETAILS IF YES:		

CLINICAL FINDINGS.....

POST INVESTIGATION REVIEW.....

FURTHER INVESTIGATION RECOMMENDED (IF ANY).....

REFERENCE (IF ANY).....

Doctor's Stamp.....

SIGN:.....

## RURY HALL CLINIC PIMPLE SAUDAGAR

MR. ANUJ SURESHKATOD

**Name:**



Date: 08-03-2025 Time: 13:40

Age: 42

Ref: PS011301- Reg: 3000013650  
42.4.17/M - NH - 08/03/2025  
P00000748507 -

Height: 170 cms

Weight: 58 Kg

ID: PS011301

Clinical History:

Medications:

### Test Details:

Protocol: Bruce

Predicted Max HR: 178

Target HR: 151

Exercise Time: 0:04:30

Achieved Max HR: 153 (86% of Predicted MHR)

Max BP: 160/80

Max BP x HR: 24480

Max Mets: 5.3

Test Termination Criteria:

### Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:32	1	0	0	93	120/80	11160	3.5 V4	2.9 V4
Standing	01:30	1	0	0	96	120/80	11520	-7.9 V1	2.1 V4
HyperVentilation	00:08	1	0	0	102	120/80	12240	3.2 V4	2.6 V4
PreTest	00:37	1	1.6	0	96	120/80	11520	3.1 V4	1.9 V4
Stage: 1	02:02	3.2	2.7	10	130	120/80	15600	3.3 V4	2.6 V4
Peak Exercise	02:28	5.3	4	12	153	160/80	24480	2.6 V4	3.6 V4
Recovery1	01:00	1	0	0	141	160/80	22560	3.5 V4	4.1 V4
Recovery2	00:23	1	0	0	131	140/80	18340	3.6 V4	4.6 V4

### Interpretation

The Patient Exercised according to Bruce Protocol for 0:04:30 achieving a work level of 5.3 METS.  
Resting Heart Rate, initially 93 bpm rose to a max. heart rate of 153bpm (86% of Predicted Maximum Heart Rate).  
Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg  
Poor Effort Tolerance  
Normal HR & BP Response  
No Angina or Arrhythmias  
No Significant ST-T Changes Noted During Exercise  
Negative Stress Test

Ref. Doctor: ---

Doctor: DR.KEDAR KULKARNI

**SCHILLER**

The Art of Diagnostics

( Summary Report edited by User )  
Spandan CS 10 Version:3.2.0



Grant Medical Foundation

**Ruby Hall Clinic**

*Pimple Saudagar*

<b>Name:</b>	ANUJ SURESHKATOD	<b>Exam Date:</b>	08-Mar-2025
<b>Age &amp; Sex:</b>	42 Year /M	<b>Accession:</b>	159597091608
<b>Exam:</b>	ABDOMEN AND PELVIS	<b>PID:</b>	P00000748507
<b>Physician:</b>	DR. HOSPITAL CASE,	<b>OP/IP:</b>	

### ULTRASOUND OF ABDOMEN AND PELVIS

Liver appears normal in size, shape and echotexture. No focal lesion is seen. No intrahepatic biliary radicle dilatation seen. The portal vein and CBD appear normal.

Gall bladder is well distended with normal wall thickness and shows multiple (7-8 in no) polyps largest of size 7.4 mm. No calculus or sludge is seen.

Pancreas appears normal in size and echotexture. No focal lesion is seen.  
Spleen appears normal in size and echotexture. No focal lesion is seen.

Both kidneys appear normal in size, shape & echotexture. They show good cortico-medullary differentiation. There is no hydronephrosis, hydroureter or calculus seen on either side.

The urinary bladder is well distended. Wall thickness is normal. No mass lesion or calculus is seen. Prevoid urine volume measures cc. Postvoid urine residue measures cc.

Prostate is normal in size, shape and echotexture.

Visualised bowel loops are non-dilated and show normal peristalsis.  
There is no ascites or significant lymphadenopathy seen.

#### IMPRESSION :

**Gall bladder polyps.**

**No other significant abnormality noted.**

**Suggest : Clinical Correlation.**

**DR. POOJA SHRIRAMWAR**  
MBBS, DMRE  
CONSULTANT RADIOLOGIST

10-Mar-2025 12:31:54 PM





Grant Medical Foundation

**Ruby Hall Clinic**

*Pimple Saudagar*

<b>Name:</b> ANUJ SURESHKATOD	<b>Study Date:</b> 08-Mar-2025
<b>Age &amp; Sex:</b> 42 Year /M	<b>Accession:</b> 159596091537
<b>Exam:</b> CHEST X RAY,	<b>PID:</b> P00000748507
<b>Physician:</b> DR. HOSPITAL CASE,	<b>OP</b>

Health Check

**Radiograph Chest PA View :**

Both lung fields normal.

Both costo-phrenic angles are clear.

Cardiac silhouette and aortic knuckle are normal.

Both hilar shadows and the diaphragmatic contours are normal.

Thoracic soft tissues and the rib cage normal.

**Impression :**

No significant abnormality noted.

**DR. POOJA SHRIRAMWAR**  
**MBBS, DMRE**  
**CONSULTANT RADIOLOGIST**

10-Mar-2025 12:28:06 PM