



Patient Name Mo Saurabh MRN: 166003 Age 37 Sex M Date/Time 08/03/05

H-169 W-71 BB-129 B-69

Orology & t

Dr. Bhawna Garg

MBBS, DIP.GO, PGDHA

MEDICAL GO ORDINATOR

RIN Apollo Spectra Hospital

RIN Apollo Spectra Hospital

CIN: U85110MP2013PTC030901

Registered Office: 18, Vikas Nagar, Near Sai Baba Mandir, Gwalior - 474002

#### **RJN APOLLO SPECTRA HOSPITALS**

18, Vikas Nagar, Near Sai Baba Mandir, Gwalior 474002 Ph. No.: 0751-2454600, 2450500 www.apollospectra.com Registered Vide No. NH/1542/MAR-2016



: Mr. SAURABH YADAV

Age/Gender

: 37 Y O M O D /M

UHID/MR NO

: ILK.00039772 : ILK.149856

Visit ID Ref Doctor

: Dr.ARCOFEMI HEALTHCARE LIMITED

Collected

: 08/Mar/2025 09:33AM

Received

: 08/Mar/2025 10:23AM : 08/Mar/2025 01:19PM

Reported Status

: Final Report

Client Name

: INSTA

#### DEPARTMENT OF HEMATOLOGY

Haemoglobin (Hb%)	13.5	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	43.9	%	40-54	Cell Counter
RBC Count	7.00	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	62.5	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	19.2	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	30.8	g/dl	30.0-35.0	Calculated
RDW	16.1	%	11-16	Calculated
Total WBC count (TLC)	7,740	/cu mm	4000-11000	Cell Counter
Differential Count by Flowcytometry/	Microscopy			
Neutrophils	66.2	%	50-70	Cell Counter
Lymphocytes	20.0	%	20-40	
Monocytes	5.3	%	01-10	Cell Counter
Eosinophils	8.1	%	01-06	Cell Counter
Basophils	0.4	%	00-01	Cell Counter
Absolute Leucocyte Count				
Neutrophil (Abs.)	5,120	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1550	per cumm	600-4000	Calculated
Monocyte (Abs.)	410	per cumm	0-600	Calculated
Eosinophil (Abs.)	630	per cumm	40-440	Calculated
Basophils (Abs.)	30	per cumm	0-110	Calculated
Platelet Count	2.01	Lac/cmm	1.50-4.00	Cell Counter

ERYTH	ROCYTE SEDIN	MENTATION RATE (E	SR)	
Erythrocyte Sedimentation Rate (ESR)	5	mm lst hr.	0-20	Wester Green

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DR. SUREKHA SHARMA MD PATHOLOGIST

18, Vikas Nagar, Near Sai Baba Temple, Gwalior - 474009 (M.P.) Ph.: 0751-2454600, Mob. : 8269663137, Email: lpc.rjn@gmail.com

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## DEPARTMENT OF HEMATOLOGY

BLO	OD GROUPING(A,B,O) AND RH FACTOR,	VHOLE BLOOD EDTA
Blood Grouping	В	Slide/Tube Agglutination
Rh (D) Type	POSITIVE	Slide/Tube Agglutination

#### BLOOD PICTURE - PERIPHERAL SMEAR EXAMINATION, WHOLE BLOOD EDTA

BC

: Microcytic hypochromic to normocytic blood picture with fair no of target cells and few schistiocytes.

No cytoplasmic inclusions or hemoparasite seen

WBC

: Total leukocytes count with in normal limit, differential showing mild eosinophilia.

No abnormal cell seen.

PLATELETS : Adequate on smear.

IMPRESSION: MICROCYTIC HYPOCHROMIC BLOOD PICTURE WITH (MENTZER INDEX 8.9)

ADVICE-SERUM IRON AND SERUM FERRITIN ,HPLC AS POSSIBILITY OF THALESSEMIA TRAIT NEED BE RULED OUT.

Page 2 of 9



DR. SUREKHA SHARMA MD PATHOLOGIST

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DEPARTMENT	OF	BIOCHEMISTRY-ROUTINE
------------	----	----------------------

Method Unit Bio. Ref. Range Result **Test Name** 

GLUCOSE - FASTING (FBS), NAF PLASMA

**Fasting Glucose** 

mg/dL

65-110

God - Pod

Ref.for Biological Reference Intervals: American Diabetic Assiosation.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL), FLUORIDE PLASMA

Post Prandial Glucose

94.0

mg/dL

90-140

2hrs. after...gm glucose/lunch

Ref.for Biological Reference Intervals: American Diabetic Assiosation.

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DR. SUREKHA SHARMA MD PATHOLOGIST



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DEPARTMENT	OF	BIOCHEMISTRY-ROUTIN	<b>NE</b>
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Test Name	Result	Unit	Bio. Ref. Range	Method
GLYCOSYLATE	D HAEMOGLOBIN	(GHB/HBA10	C) , WHOLE BLOOD EDTA	
Glycosylated Haemoglobin HbA1c	5.2	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	HPLC
Approximate mean plasma glucose	102.54			Calculated

Ref.for Biological Reference Intervals: American Diabetes Association.

#### INTERPRETATION:

The A1C test measures your average blood glucose for the past 2 to 3 months. Diabetes is diagnosed at an A1C of greater than or equal to 6.5%.

Therapeutic goals for glycemic control (ADA)

#### -Adults:

- Goal of therapy: <7.0% HbA1c</li>
- Action suggested: >8.0% HbA1c

#### -Pediatric patients:

- Toddlers and preschoolers: <8.5% (but >7.5%)
- School age (6-12 years): <8%
- Adolescents and young adults (13-19 years): <7.5%

Page 4 of 9



DR. SUREKHA SHARMA

**MD PATHOLOGIST** 

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DEPARTMENT C	)F	BIOCHEMISTRY	-ROUTINE
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Test Name	Result	Unit	Bio. Ref. Range	Method
	COMPLETE KIDNEY PR	OFILE (RFT/KFT)	, SERUM	
Urea	17.78	mg/dL	13.0-43.0	Urease
Creatinine	0.8	mg/dL	0.5-1.3	Enzymatic
Uric Acid	7.3	mg/dL	3.5-7.2	Urease
Sodium	143.0	Meq/L	135-155	Direct ISE
Potassium	5.4	Meq/L	3.5-5.5	Direct ISE
Chloride	106.0	mmol/L	96-106	Direct ISE
Calcium	9.6	mg/dL	8.6-10.0	OCPC
Phosphorous	2.8	mg/dL	2.5-5.6	PMA Phenol
BUN	8.31	mg/dL	6.0-20.0	Reflect Spectrothoto

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UHID/MR NO : ILK.00039772 Visit ID : ILK.149856

Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED

Collected : 08/Mar/2025 09:33AM

Received : 08/Mar/2025 10:23AM Reported : 08/Mar/2025 01:21PM

Status : Final Report Client Name : INSTA

#### DEPARTMENT OF BIOCHEMISTRY-ROUTINE

	DEPARTIVIENT OF BIOC	CHEWIISTIN	JOHNE	
Test Name	Result	Unit	Bio. Ref. Range	Method

	LIPID PROF	ILE , SERUM		
Type OF Sample	SERUM F			
Total Cholesterol	172.0	mg/dl	up to 200	End Point
Total Triglycerides	135.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	50.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	122	mg/dL	<130	
LDL Cholesterol	95	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	27	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	3.44		Low Risk: 3.3-4.4 Average Risk: 4.5-7.1 Moderate Risk: 7.2- 11.0 High Risk: >11.0	CALCULATED

POST LUNCH URINE SUGAR , URINE						
ost Lunch Urine Sugar	NIL					

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DR. SUREKHA SHARMA
MD PATHOLOGIST

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Age/Gender : 37 Y 0 M 0 D /M

UHID/MR NO : ILK.00039772 Visit ID : ILK.149856

Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED

Collected : 08/Mar/2025 09:33AM Received : 08/Mar/2025 10:23AM

: INSTA

Reported : 08/Mar/2025 01:21PM Status : Final Report

DEPARTMENT	OF	<b>BIOCHEMISTRY</b>	-ROUTINE
------------	----	---------------------	----------

Client Name

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER	FUNCTION TEST	(LFT) WITH GG	T, SERUM	
Total Bilirubin	0.8	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.2	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.6	mg/dL	0.0-0.9	Calculated
SGOT / AST	30.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	38.0	U/L	1-45	UV Kinetic (IFCC)
Alkaline Phosphatase	51.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	25.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	7.4	g/dl	6.4-8.3	Biuret
Albumin	4.6	g/dL	3.5-5.2	BCG
Globulin	2.8	g.dl	2.0-3.5	Calculated
A/G Ratio	1.64	%	1.0-2.3	Calculated

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DR. SUREKHA SHARMA MD PATHOLOGIST

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Visit ID

: ILK.149856

Ref Doctor

: Dr.ARCOFEMI HEALTHCARE LIMITED

Collected

: 08/Mar/2025 09:33AM

Received

: 08/Mar/2025 01:08PM

Reported Status : 08/Mar/2025 03:02PM

Client Name

: Final Report : INSTA

DEPARTMENT OF I	BIOCHEMISTRY-	SPECIAL
-----------------	---------------	---------

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

THYROID PROFILE-I, SERUM						
Trilodothyronine Total (TT3)	1.56	ng/dL	0.6-1.8	Chemilluminisence		
Thyroxine (TT4)	10.14	μg/dL	4.5-10.9	Chemilluminisence		
Thyroid Stimulating Hormone (TSH)	1.770	μIU/ml	0.35-5.50	Chemilluminisence		

COMMENT: - Above mentioned reference ranges are standard reference ranges.

AGE RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH

TSH	NEW BORN	INFANT	CHILD	ADULT
(u lu/ml)	0.52-38.9	1.7-9.1	0.7-6.4	0.3-5.6
PREGNENCY R	ELATED GUIDLINES FOR F	REFERENCE RANGE	S FOR TSH	
TSH	1st Trimester	2nd & 3rd Tri	mester	
(u lu/ml)	0.2 - 2.5	0.3 - 3.0		

NOTE: TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM. Dose and time of drug intake also influence the test result.

#### Ultrasensetive kits used.

Serum T3/ FT3, T4/FT4 and TSH measurements form three components of thyroid screening panel.

- :-Primary hypethyroidism is accompanied by elevated serum T3 & T4 values alongwith depressed TSH level.
- :- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values & elevated serum TSH level.
- :-Normal T3 &T4 levels with high TSH indicate mild / subclinical HYPOTHYROIDISM.
- :-.singhtly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propanolol.
- :-Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours (seconday hypothyroidism).

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Dr. Sarita Pathak MD. Path

# SIN NO :105692 N Apollo Spectra Hospitals

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Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED

Collected : 08/Mar/2025 09:33AM Received : 08/Mar/2025 10:23AM

Reported : 08/Mar/2025 12:55PM Status : Final Report

Client Name : INSTA

#### DEPARTMENT OF CLINICAL PATHOLOGY

Test Name Result Unit Bio. Ref. Range Method

## **CUE - COMPLETE URINE ANALYSIS, URINE**

#### **Physical Examination**

Colour	PALE YELLOW		Visual
Appearance	ppearance Clear		Visual
рН	6.0	5.0-7.5	Dipstick
Specific Gravity	1.025	1.002-1.030	Dipstick

#### **Chemical Examination**

Albumin Urine/ Protein Urine	NIL	NIL	Dipstick/Heat Test
Glucose Urine	NIL	NIL	Dipstick/Benedict
Urobilinogen	NIL		Dipstick/Ehrlichs
Ketones	NIL	NIL	Dipstick/Rotheras
Bile Salts	ABSENT	ABSENT	Dipstick
Bile Pigments	ABSENT	ABSENT	Dipstick/Fouchets
Nitrite	ABSENT	ABSENT	Dipstick
NAI			

#### Microscopic Examination.

Pus Cells	s Cells 1-2		0-2	
Epithelial Cells	2-3	/Hpf Hpf	<10	
RBC	ABSENT	/Hpf	ABSENT	
Casts	ABSENT		ABSENT	
Crystals	ABSENT		ABSENT	
Bacteria	NORMALLY PRESENT		NORMALLY PRESENT	
Budding Yeast Cells	Absent		Absent	

GAR FASTING , URINE
---------------------

Fasting Urine Sugar	NIL	NIL			

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

Page 9 of 9





Dr. Sarita Pathak MD. Path

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## **ECHO REPORT**

NAME: MR. SURABH YADAV

Age/Sex 37Yrs/male

MR NO.166003

Date:-08/03/2025

Clinical Diagnosis:

Reffered by: Dr. Ravi ShankerDalmia MD DM

PROCEDURES: M-MODE /2D / DOPPLER /COLOR /CONTRAST/ B.S.A M2

MEASUREMENTS					Normal Range
Aortic root diameter		3.1			$2.0 - 3.7 \text{ cm} < 2.2 \text{ cm} / \text{M}^2$
Aortic valve opening		2.1			1.5 - 2.6 cm
Right ventricular dimension					$0.7 - 2.6 \text{ cm} < 1.4 \text{ cm/M}^2$
Right ventricular thickness					0.3 - 0.9  cm
Left atrial dimension		3.0			$1.9 - 4.0 \text{ cm} < 2.2 \text{ cm} / \text{M}^2$
Left ventricular ED dimension		4.0			$3.7 - 5.6 \text{ cm} < 3.2 \text{ cm} / \text{M}^2$
Left ventricular ES dimension		3.0			2.2 - 4.0  cm
Interventricular septal thickness	(S)	1.2	(D)	0.9	.6 − 1.2 cm
Left vent PW thickness	(S)	1.1	(D)	0.8	0.5 - 1.0  cm
IVS / LVPW					
Ejection fraction		60%			

#### DOPPLER

				*	•
- 1	1	n/	litro	l va	WA
		1.0	1111 0	u va	IVC

Peak Velocity E= 0.9 m/s A=1.0 m/s

MVA

Pg/Mg

Stenosis / Regurgitation NIL

2) Aortic valve -

Peak Velocity

Pg/Mg

Stenosis / Regurgitation NIL

3) Pulmonary valvep

Velocity

Stenosis / Regurgitation NIL

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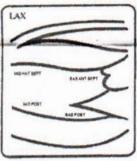


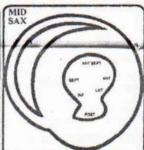


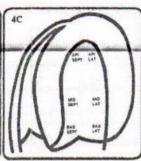
Tricuspid valve
 Velocity
 Stenosis / Regurgitation

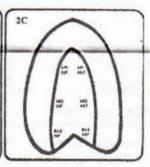
NIL

5) Pericardium- Normal LV WALL MOTION









#### FINAL IMPRESSION -

- > No regional wall motion abnormality :LVEF-60%
- > Normal Cardiac Chamber Dimensions
- > Normal Colourflow
- > NO I/C Clot / Vegetation/PE.

Dr. Ravi Shankar Dalmia
MD (Goldmedalist) DM FACC Cardiologist
RJN Apollo pectra Hospitals
Red No. 947

CONSULTANT

DR. RAVI SHANKER DALMIA

MD (Medicine), DM (Cardiology)

Registered Office: 18, Vikas Nagar, Near Sai Baba Mandir, Gwalior - 474002

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MR No Patient Name Valleabh yadai	Age 37 Sex M Date 08/03/25
Investigations : (Please Tick)	Mob No
CBC	
ESR	
CRP Yealth ellentup	
S-Vit D3	
S-Vit B12	
The second secon	
RBS B Sugar - F/PP	
HBAIC - Imperfeel e	18
LFT/KFT	
PT A A	*
INR - Celce m	
RA Factor	
Anti CCP - Specie	
HLA B27 /	
HIV gengjufis.	
HIV GEOG GALLET	
HBsAg	
Anti HCV	
Vitals TIA oual fungly!	
В.Р.	
SPO2 Expressed C	18
/	
Temp	
Medical Illness	
	)s deg
Diabetes	200-11 - 11 -
Thyroid	penfe -11 -
Cardiac Disease	1
Drug Allergies	
	. 1
Next Appointment/Follow up	Signature :

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## RATAN JYOTI NETRALAYA

OPHTHALMIC INSTITUTE & RESEARCH CENTRE

Hospital Reg. No.: 071



18, Vikas Nagar, Near Sai Baba Mandir, Gwalior-2 (M.P.) INDIA Tel.: 2423350/51, Web: www.ratanjyotigroup.org, Email:rjneye@gmail.com

ANC

EYE

SR.NO.

: 2096379

NAME AGE/SEX : MR SAURABH YADAV : 37 YRS / MALE DATE

: 08-March-2025

MRD NO.

: R-146095 : GWALIOR

VISION	DISTANCE		NEAR	
	OD	os	OD	os
UNAIDED	6/6	6/6	N6	N6
WITH GLASSES				
WITH PIN HOLE				
WITH COLOR				
VISION				

IOP READING					
TIME	OD	OD METHOD	os	OS METHOD	
10:25AM	18		17		

Rx.

1 LACRYL ULTRA EYE DROPS (PEG

400+PROPYLENE GLYCOL+OCULAR

ONE DROP 4 TIMES A DAY FOR 60 DAYS

From

Instructions

BOTH EYE 8-Mar-2025 6-May-2025

TREATMENT PLAN

: -BE ASWNL

REFFERED TO

.

**NEXT REVIEW** 

: AS PER DR. ADVISED

DR MANOJ SAXENA

Reg.No

To

MP-10861

NOTE

: Kindly continue medications as advised for the period advised.

In case of redness or allergy please discontinue and inform the doctor.

Nutritional Advice : As per treating physician

Instructions :

: Patient and Attendant(s) Counselled

Advised medicine may be replaced with a good quality generic medicine.

Speciality Clinics: Comprehensive Ophthalmology Clinic Cataract & IOL Clinic Vitreo Retina & Uvea Clinic Spectacle Removal Clinic (Lasik/Pemto Lasik/Phakic Lens) Cornea Clinic Glaucoma Clinic Orbit & Oculoplasty Clinic Trauma Clinic Squint Clinic Paediatric Ophthalmology Clinic Low Vision Aid Clinic Contact Lens Clinic

CONSULTATION TIMINGS: MORNING 9:00 A.M. TO 6:00 P.M. (SUNDAY OFF)

स्वामी विद्यानंद भारती आई बैंक नेत्रदान

करें और करायें इसे अपने परिवार की परम्परा बनायें नेत्रदान के लिए सम्पर्क करें : 9111004044

• केन्द्रीय कर्मचारियों के लिए मान्यता प्राप्त • कैशलैस इंश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध • For Appointment Please Contact : 9111004046





SAURABH YADAV 37Y/M PATIENT NAME

H.C.P REFERRED BY

08/03/2025 DATE

USG WHOLE ABDOMEN INVESTIGATION

## IMAGING FINDINGS:-

Liver appears normal in size (~13.6cm), position, shape and margin. Parenchyma shows increased echogenecities. The intrahepatic biliary and portal venous radicles appear normal. Hepatic veins and portal vein are normal.

Gall Bladder is well distended. GB wall and lumen content appears normal. No echogenic focus. within GB lumen. Visualized CBD is of normal caliber.

Spleen appears normal in size (~ 10.1cm), position, shape, echotexture and margin. No any focal lesion within splenic parenchyma. Splenic vein is normal and undilated.

Pancreas is well visualized, appears normal in size, shape and echotexture. Pancreatic duct is not dilated. No USG evidence of obvious measurable focal lesion.

Right Kidney: Measurement of right kidney ~ 10.5x4.8cm. Right kidney is normal in position, size, shape, surface, echotexture and cortico-medullary differentiation. PC system is compact. No significant calculus or hydronephrosis. Ureter is undilated.

Left Kidney: Measurement of left kidney ~ 9.6x5.3cm. Left kidney is normal in position, size, shape and surface. PC system is moderately dilated with smooth tapering at PUJ. Areas of mild to moderate renal cortical thinning also seen. No significant calculus seen. Ureter is undilated.

Urinary Bladder is normal in shape, wall and content.

Prostate appears normal in size (~16 cc), shape and echotexture.

No obvious ascites.

## OPINION:- Features are suggestive of-

Grade I fatty liver.

Left side moderate hydronephrosis with undilated left ureter? PUJ narrowing. Advised KFT correlation.

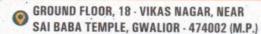
Suggested clinical correlation/Follow up imaging.

DR. ABHISHEK GUPTA (MD RADIODIAGNOSIS

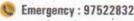
Disclaimer: The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes. For any kind of typing error, please intimate us within 7 days of reporting.

गर्भाशय कन्या भूण की जाँच एवं हत्या दण्डनीय अपराध है।

बेटी बचाओ - बेटी पढाओं





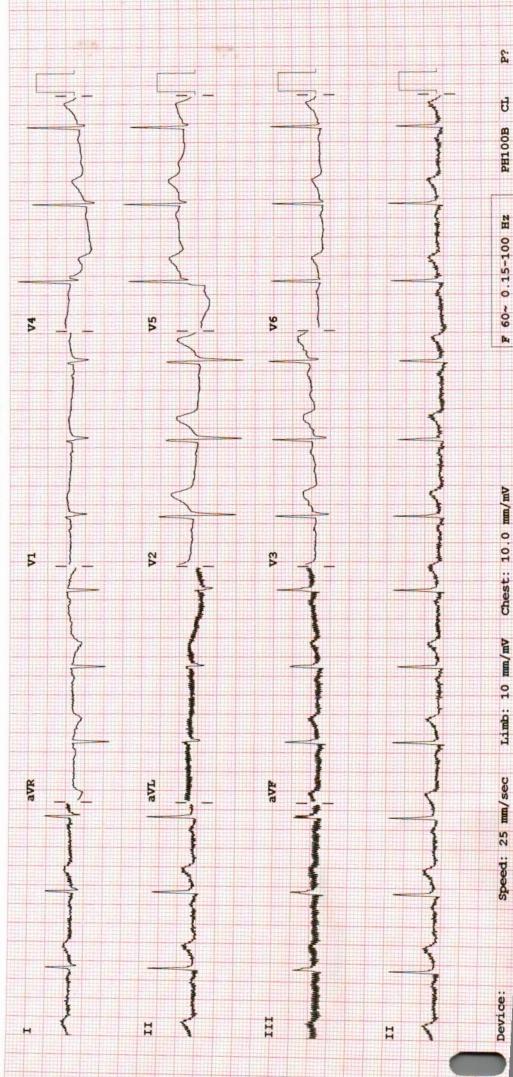
















PT. NAME: SAURABH YADAV AGE/SEX: 37Y/M REF.BY: 166003 08/3/2025

### X RAY CHEST (PA)

#### IMAGING FINDINGS:

L costophrenic angle appear clear and normal.

rachea is central.

Cardiothoracic ratio is within normal limit.

Soft tissue and bony cage appear normal.

B/L domes of diaphragm are smooth, regular and normal in position.

#### OPINION:

No significant abnormality is noted in CXR

Please correlate with clinical findings and relevant investigations.

(MD RADIODIAGNOSIS)

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