

Subject: Fwd: Health Check up Booking Confirmed Request(22S54078), Package Code-, Beneficiary Code-292682

From: sk bhagal <skbhagal@gmail.com>

Date: 26/02/2025, 10:19 am

To: mainreception@livasahospitals.com

----- Forwarded message -----

From: Mediwheel <wellness@mediwheel.in>

Date: Tue, 25 Feb, 2025, 5:04 pm

Subject: Health Check up Booking Confirmed Request(22S54078), Package Code-, Beneficiary Code-292682

To: <skbhagal@gmail.com>

Cc: <customercare@mediwheel.in>

Dear **MR. KUMAR SANDEEP,**

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Health Checkup Female Above 40

**Name of Diagnostic/
Hospital :** Ivy Hospital

**Address of Diagnostic/
Hospital- :** Sector - 71, Mohali, Mohali, PUNJAB - 160071

City : Mohali

State : PUNJAB

Pincode : 160071

Appointment Date : 26-02-2025

Confirmation Status : Booking Confirmed

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

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Sunita	49 year	Female

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team

Please Download Mediwheel App



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@ 2025 - 26, Arcofemi Healthcare Pvt Limited.(Mediwheel)



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Bank of Baroda
भारत का अंतर्राष्ट्रीय बैंक



नाम : SANDEEP KUMAR
कर्मचारी कूट.क्र.
E. C. No. : 158308

Schoor

जारीकर्ता प्राधिकारी, उ.क्षे.प्र., शे.का., करनाल
Issuing Authority DRM, RO, Karnal



[Signature]

धारक के हस्ताक्षर
Signature of Holder

भारत सरकार
Government of India

सुनीता
Sunita

जन्म वर्ष / Year of Birth : 1975
महिला / Female

5221 0756 4675

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: W/O: संदीप कुमार, एच न
.2860, सेक्टर 49डी, चंडीगढ़, सेक्टर
४७, चंडीगढ़, चंडीगढ़, 160047

Address: W/O: Sandeep Kumar, h no
.2860, sector 49D, Chandigarh, Sector 47,
Chandigarh, 160047

5221 0756 4675

1947
1800 300 1947

help@uidai.gov.in

www
www.uidai.gov.in

Name : MRS. SUNITA (49y, Female) Date & Time : 26-Feb-2025 03:30 PM
 Phone : 9915877066
 ID : 373471
 Doctor : Dr. G Ranjeeth Kumar

Past Medical History: B/L KNEE OA
 BP 175/113 mmHg | Pulse 56 bpm | Weight 77 kg
 Complaints: REGULAR HEALTH CHECKUP , HOME BP RECORDINGS CONTROLLED

Rx

Medicine	Dosage	Timing - Freq. - Duration
1) CAP. MECOCAL MAX * Composition : calcium citrate maleate 500 mg + L - methyl folate 250 mg + Vit K2 7.75 mg + Zinc 10 mg... Timing : 1 (cap) - 2 HR After lunch Administration : Oral-To be swallowed	0 - 1 - 0 (cap)	2 HR - After Food - Daily - 2 Months
2) GEL. DERCY * Composition : Diclofenac Timing : 1 - Morning, 1 - Night Administration : Topical Application	1 - 0 - 1	Daily
3) CAP. RABZENAM- DSR * Composition : Rabeprazole 20 mg + Domperidone 30 mg Timing : 1 (cap) - 30 mins Before breakfast Administration : Oral-To be swallowed	1 - 0 - 0 (cap)	30 mins - Before Breakfast - Daily - 1 Month

Advice: low fat diet and regular exercise
 Tests Prescribed: [Next Visit] FASTING LIPID PROFILE
 Next Visit :3 months
 Admission Advice: NO



Dr. G. Ranjeeth Kumar
 MBBS, MD Internal Medicine (PGIMER)
 Regn No. 88598

Powered by HealthPlix EMR. www.healthplix.com

Disclaimer - This is a computer generated e-prescription, No Signature is required.

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 CIN No.: U85110PB2005PTC027898
 GSTIN: 03AABCI4594F1ZQ

Mrs Sunita

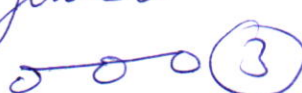
VA $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$ (u/a)

Near $\left\{ \begin{array}{l} N6 \\ N6 \end{array} \right.$ (A)

AS 

pupils: rnr
cosms: clear
lens: clear
visual axis - 11/2

Fundus - cond

Adv Refresh tears / gental  (3)

Dr. Mukesh Vats
MS, FVRS
Retina Consultant & Phaco Surgeon
D.O. 15/03/2018

LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 01727170000, 9115115257

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NAME	: MRS. SUNITA	Requisition Date	: 26/Feb/2025 10:26AM
DOB/Gender	: 14-Sep-1975/F	Sample CollDate	: 26/Feb/2025 10:34AM
UHID	: 373471	Sample Rec.Date	: 26/Feb/2025 10:34AM
Inv. No.	: 4982370	Approved Date	: 26/Feb/2025 11:32AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13413231		

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 (CLIA/Vitros 5600)	1.20	ng/mL	0.970 - 1.69
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Summary & Interpretation:

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of medicaments such as propranolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

Serum Total T4 (CLIA/Vitros 5600)	7.80	µg/dL	5.52 - 12.97
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Summary & Interpretation:

The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken in to account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

Serum TSH (CLIA/Vitros 5600- TSH 3rd generation)	1.800	mIU/L	0.4001 - 4.049 PREGNANCY REFERENCE RANGE FOR TSH IN uIU/mL 1st Trimester 0.1298 - 3.1202nd Trimester 0.2749 - 2.6523rd Trimester 0.3127 - 2.947
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Summary & Interpretation

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The determination of TSH serves as the initial test in thyroid diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
4. Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic - Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 - 3.70
2nd Trimester	0.31 - 4.35
3rd Trimester	0.41 - 5.18

The highlighted values should be correlated clinically
Result Entered By: Geetika 40845



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CIN No.: U85110PB2005PTC027898

GSTIN: 03AABC14594F1ZQ

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Bar Code No	: 13413231		

Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting (VITROS 5600 /Colorimetric - Glucose oxidase, hydrogen peroxide)	94	mg/dL	Normal 70-99 mg/dl Impaired Tolerance 100 - 125mg/dl Diabetic \geq 126 mg/dl
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Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 100 mg/dL is considered normal.
- A fasting plasma glucose level between 100-125 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level \geq 126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

The highlighted values should be correlated clinically
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Dr Shweta Kundu
M.D PATHOLOGY

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Test Description	Observed Value	Unit	Reference Range
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BIOCHEMISTRY

RFT (RENAL FUNCTION TESTS)

Serum Urea (VITROS 5600 /Colorimetric - Urease, UV)	36.00	mg/dL	14.98-36.38
Serum Creatinine (VITROS 5600 /Two-point rate - Enzymatic)	0.70	mg/dL	0.52--1.04 mg/dl
Serum Uric acid (VITROS 5600 /Colorimetric - Uricase)	4.80	mg/dL	2.5--6.2 mg/dl

Interpretation:

Renal function tests are used to detect and diagnose diseases of the Kidney.

The highlighted values should be correlated clinically

Result Entered By:Geetika 40845



Dr. VARUN HATWAL
M.D. PATHOLOGY

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Test Description	Observed Value	Unit	Reference Range
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LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total (VITROS 5600 /Colorimetric - Diphylline, Diazonium salt)	0.50	mg/dL	0.2-1.3 mg/dl
Bilirubin(Unconjugated) (VITROS 5600 / Colorimetric - Direct measure)	0.10	mg/dL	Adult 0.0 - 1.1 Neonate 0.6 - 10.5
Bilirubin(Conjugated) (VITROS 5600 / Colorimetric - Spectrophotometric)	0.01	mg/dL	Adult 0.0 - 0.3 Neonate 0.0 - 0.6
Serum SGOT(AST) (VITROS 5600 /UV with PSP)	26	U/L	14-36U/L
Serum SGPT(ALT) (VITROS 5600 /Multi-point rate - UV with PSP)	17	U/L	<35
Serum AST/ALT Ratio (Calculated)	1.53		
Serum GGT (VITROS 5600 /Multi-point rate - G-glutamyl-p-nitroanilide)	11	U/L	12 - 43
Serum Alkaline Phosphatase (VITROS 5600 /Multi-point rate - PMPP, AMP Buffer (37°C))	111	U/L	38--126U/L
Serum Protein Total (VITROS 5600 /Colorimetric - Biuret,no serum blank, end point)	7.7	g/dl	6.3--8.2g/dl
Serum Albumin (VITROS 5600 /Colorimetric - Bromocresol Green)	4.4	g/dl	3.5--5.0g/dl
Serum Globulin (Calculated)	3.30	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.33	%	1.0 - 1.8

Interpretation:

Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels.

LIPID PROFILE

Serum Cholesterol (VITROS 5600 /Colorimetric - Cholesterol oxidase, esterase, peroxidase)	221	mg/dL	Desirable <200mg/dl Boredrine High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides (VITROS 5600 /Colorimetric - Enzymatic, end point)	114	mg/dL	Normal < 150mg/dl Boredrine High 150--199mg/dl High 200-499mg/dl Very High ≥500 mg/dl
Serum HDL Cholesterol (VITROS 5600 /Colorimetric - Direct measure, PTA/MgCl2)	73	mg/dL	Low to Average <40 mg/dl High ≥ 60.0mg/dl

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Test Description	Observed Value	Unit	Reference Range
Serum VLDL cholesterol (Calculated)	23	mg/dL	7-35
Serum LDL cholesterol (Calculated)	125	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	3.03		3-5
Serum LDL-HDL Ratio (Calculated)	1.72		1.5 - 3.5

Interpretation:

As per ATP 111 Guidelines - National Cholesterol Education Program

Total Cholesterol (mg/dL)	Desirable <200 Borderline High 200 – 239 High >240
Triglyceride	Normal < 150 Borderline High 150 – 199 High 200 – 499 Very High ≥ 500
HDL – Cholesterol	Low < 40 High ≥ 60
LDL- Cholesterol – Primary Target of Therapy	Optimal < 100 Near optimal/ Above optimal 100 – 129 Borderline high 130 – 159 High 160 – 189 Very high ≥ 190

Risk Category LDL	Goal (mg/dL)	Non-HDL Goal (mg/dL)
CHD and CHD Risk Equivalent (10-year risk for CHD>20%)	<100	<130
Multiple (2+) Risk Factors and 10-year risk <20%	<130	<160
0-1 Risk Factor	<160	<190

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Test Description	Observed Value	Unit	Reference Range
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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	40.00	mL	
Urine Colour	Pale yellow		Light Yellow
Urine Appearance	Clear		Clear

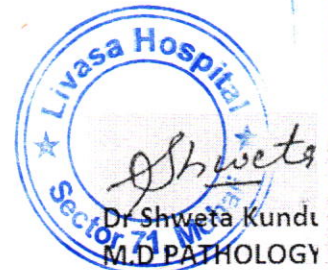
Chemical Examination (Reflectance Photometry)

Urine pH (Double Indicator)	6.50		4.8-7.6
Urine Specific Gravity (Ion Exchange)	1.005		1.010-1.030
Urine Glucose (Oxidase/Peroxidase Reaction)	Negative		Negative
Urine Protein (Acid Base Indicator)	Negative		Negative
Urine Ketones (Legal's Test)	Negative		Negative
Urine Bilirubin (Coupling)	Negative		Negative
Urine for Urobilinogen (Coupling)	Normal		Normal
Urine Nitrite (Griess Test)	Negative		Negative
Urine Blood (Peroxidase Activity)	Negative		Negative

Microscopic Examination

Urine Pus Cells	0-1		Negative
Urine RBC	Absent	/hpf	Negative
Urine Epithelial Cells	Absent	/hpf	0-5
Urine Casts	Absent	/lpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent

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HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c	5.1
Estimated Average Glucose (eAG)	100

ADA criteria for correlation between HbA1c & Mean plasma glucose levels:
(Last three month's average).

HbA1c (%)	Mean Plasma Glucose (mg / dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

BLOOD GROUP RH TYPE

ABO & RH Typing

Forward Grouping

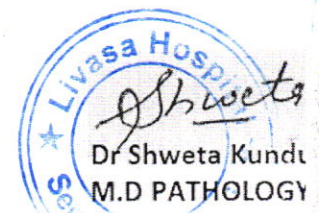
Anti A	NEGATIVE
Anti B	POSITIVE
Anti D	POSITIVE
Final Blood Group	B POSITIVE

NOTE :

- * Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- * So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping.
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

The highlighted values should be correlated clinically

Result Entered By:Geetika 40845



Livasa Hospital, Mohali

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Phone: 91-172-7170000, Fax: 91-172-2274900

CIN No.: U85110PB2005PTC027898
GSTIN: 03AABCI4594F1ZQ

LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

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Email: pathreports@livasahospitals.in



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NAME	: MRS. SUNITA	Requisition Date	: 26/Feb/2025 10:26AM
DOB/Gender	: 14-Sep-1975/F	SampleCollDate	: 26/Feb/2025 10:34AM
UHID	: 373471	Sample Rec.Date	: 26/Feb/2025 10:34AM
Inv. No.	: 4982370	Approved Date	: 26/Feb/2025 11:08AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13413231		

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR (Automated ESR analyser)	62	mm/h	0-15
---------------------------------	----	------	------

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin (Noncyanmethaemoglobin)	11.4	g/dl	12.0 - 15.0
Hematocrit(PCV) (Calculated)	37.3	%	33-45
Red Blood Cell (RBC) (Impedence/DC Detection)	3.90	$10^6 / \mu\text{l}$	3.8-4.8
Mean Corp Volume (MCV) (Impedence/DC Detection)	95.2	fL	83-97
Mean Corp HB (MCH) (Calculated)	29.1	pg/mL	27-31
Mean Corp HB Conc (MCHC) (Calculated)	30.6	gm/dl	32-36
Red Cell Distribution Width -CV (Calculated)	13.4	%	11-15
Platelet Count (Impedence/DC Detection/Microscopy)	182	$10^3 / \mu\text{l}$	150-450
Mean Platelet Volume (MPV) (Impedence/DC Detection)	12.5	fL	7.5-10.3
Total Leucocyte Count (TLC) (Impedence/DC Detection)	5.9	$10^3 / \mu\text{l}$	4.0 - 10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	59	%	40-75
Lymphocytes	30	%	20-40
Monocytes	6	%	0-8
Eosinophils	5	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,481	μl	2000-7000
Absolute Lymphocyte Count	1,770	μL	1000-3000
Absolute Monocyte Count	354	μL	200-1000
Absolute Eosinophil Count	295	μl	20-500

The highlighted values should be correlated clinically
Result Entered By: Geetika 40845



Dr Shweta Kundu
M.D PATHOLOGY

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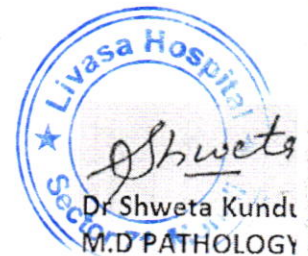


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Test Description	Observed Value	Unit	Reference Range
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*** End Of Report ***

The highlighted values should be correlated clinically
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CIN No.: U85110PB2005PTC027898
GSTIN: 03AABCI4594F1ZQ

HR 62 bpm

Mrs. Sunil
UIN - 828471

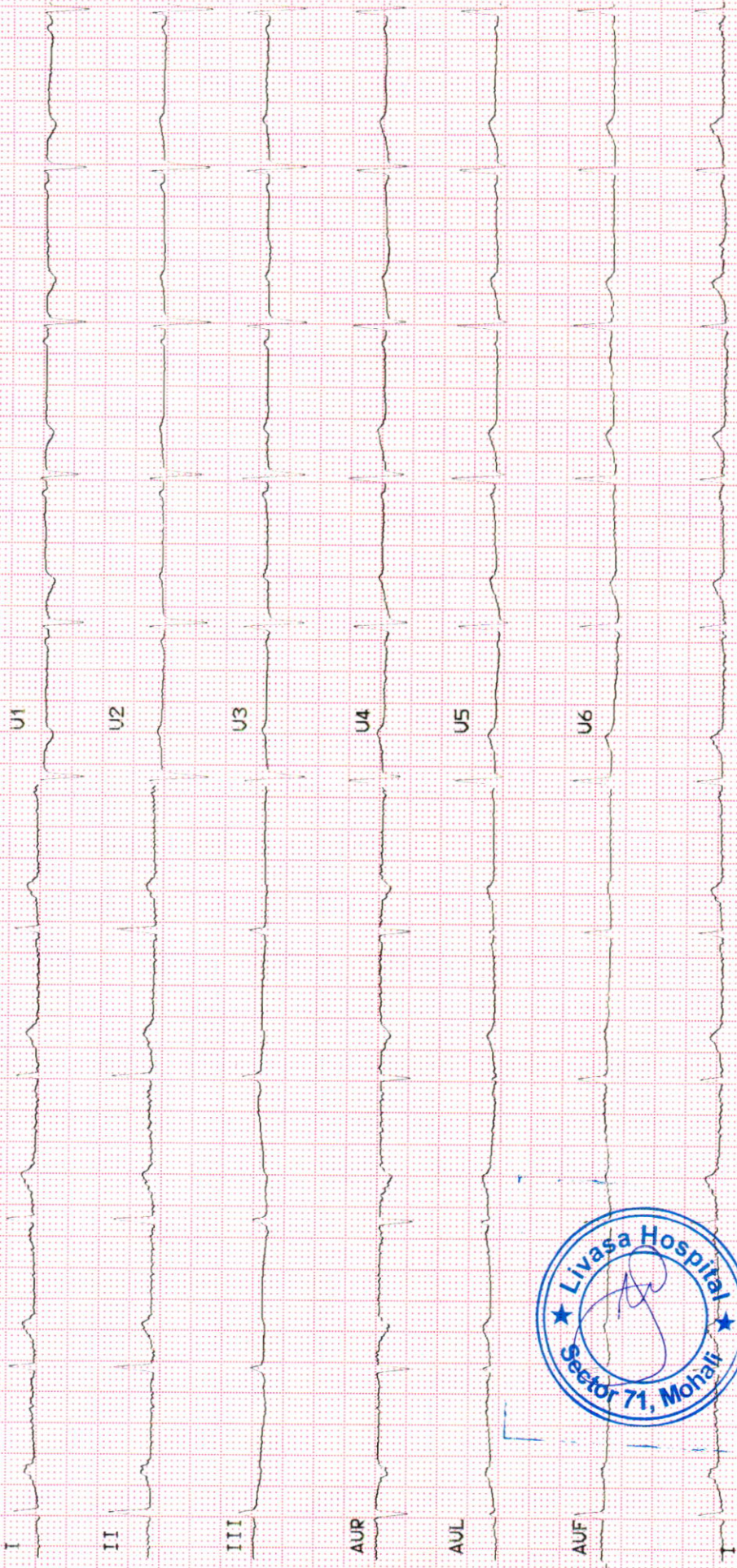
Interpretation:
short PR interval
probably abnormal ECG

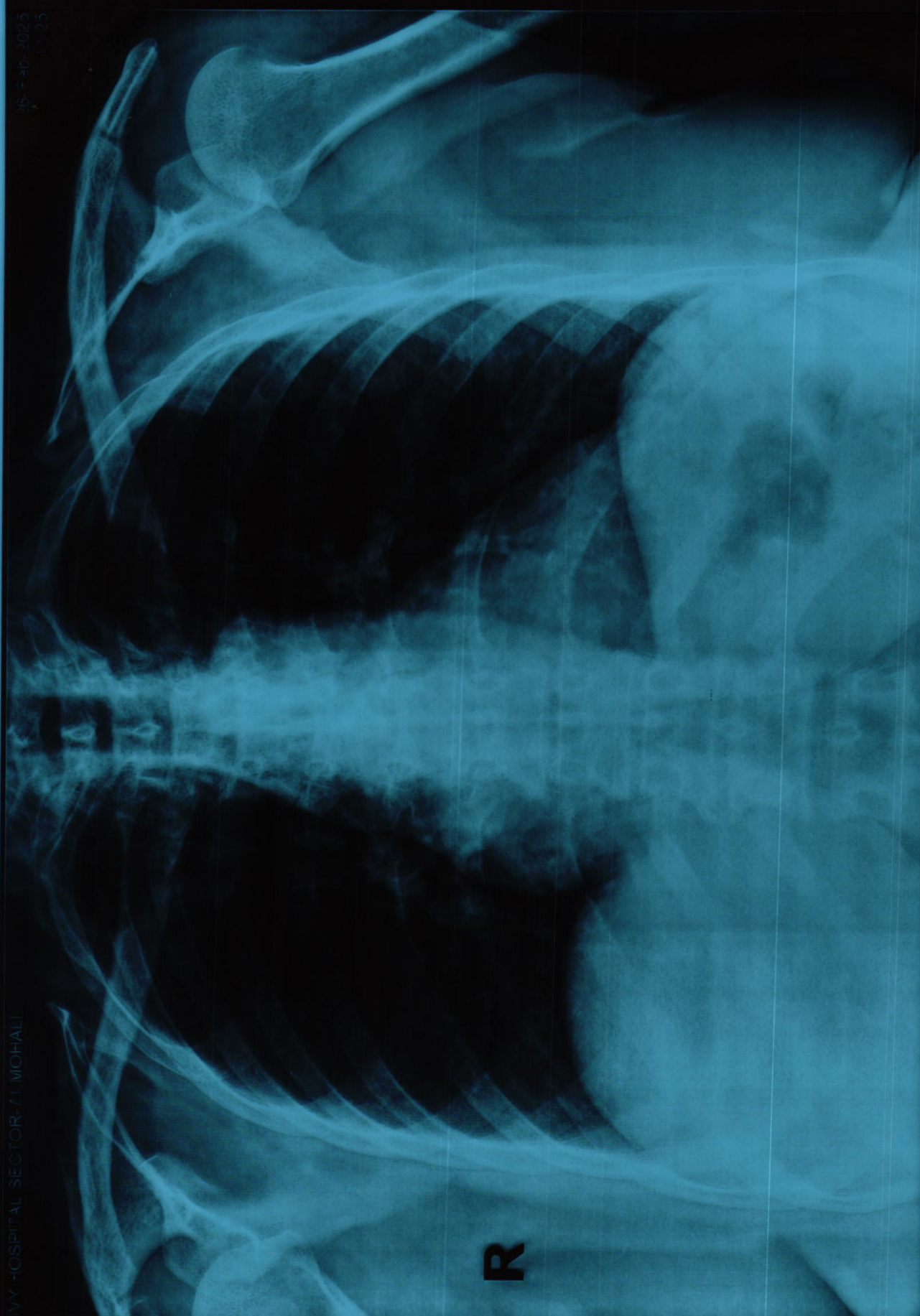
< P
< T
< QRS
aUR
aVL
0 I

Measurement Results:
QRS : 86 ms
QT/QTcB : 404 / 413 ms
P : 51 ms
RR/PP : 956 / 1000 ms
P/ORS/T : 10 / 50 / 15 degrees
QT/QTcBD : 36 / 37 ms
Sokolow : 1.2 mV
NK : 9

III +90 II
aUF

Unconfirmed report





R

ID373471 SUNITA F 49 years XR 3235-OPD

WY HOSPITAL SECTOR-71 MOHALI



Patient Name SUNITA Patient ID 373471
 Gender/Age Female / 50 Test Date : 26 Feb 2025

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.1	3.7-5.6 CM
Left Ventricular ES Dimension	2.5	2.2-4.0 CM
IVS (D)	1.0	0.6-1.2 CM
IVS (s)	1.5	0.7-2.6 CM
LVPW (D)	0.9	0.6-1.1 CM
LVPW (S)	1.4	0.8-1.0 CM
Aortic Root	2.5	2.0-3.7 CM
LA Diameter	3.6	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	62%	54-76%

Mitral Valve : Normal movements of all leaflet, No subvalvular pathology, No calcification, no prolapse.

Aortic Valve : Thin Trileaflet open completely with central closure

Tricuspid Valve : Thin, opening well with no prolapse **Mild TR, RVSP = 26+RAPmmHg**

Pulmonary Valve : Thin, Pulmonary Artery not dilated

Pulse & CW Doppler : **Mitral valve: E=94 cm/s, A=48 cm/s, E>A**

Aortic valve: Vmax =142 cm/s

Pulmonary valve: Vmax =82 cm/s

Chamber Size -

LV - Normal/ Enlarged LA - Normal / Enlarged

RV - Normal/ Enlarged RA - Normal/ Enlarged

RWMA - Nil

Others : Intact IAS, IVS

No LA, LV Clot seen

No vegetation or intracardiac mass present

No Pericardial effusion present

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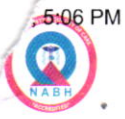
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Remarks -

FINAL IMPRESSION -

No RWMA of LV

Normal LV systolic function (LVEF~62%)



DR. RAKESH BHUTUNGRU
Director, Non Invasive Cardiology
MBBS, MD(Medicine), DM(Cardiology)
PMC-42588

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NAME	., SUNITA	SEX/AGE	F49Y
PATIENT ID	ID373471	Accession Number	
REF CONSULTANT	PACKAGE	DATE	26/02/2025 10:47

SONOGRAPHY OF BOTH BREAST



The fibroglandular tissue in the bilateral retroareolar regions and subjacent parts of the quadrants of the bilateral breasts shows raised echogenicity with few ill-defined subcentimetric hypochoic areas and few subcentimetric cysts within - s/o fibroadenosis.

No spiculated lesion is seen in both breasts.

Nipple and retroareolar region of both breast are normal.

Skin and subcutaneous tissues are normal in both breasts.

IMPRESSION: BIRADS 2

BIRADS ASSESSMENT CATEGORIES

CATEGORY 0: NEEDS ADDITIONAL IMAGING EVALUATION

CATEGORY 1: NEGATIVE

CATEGORY 2: BENIGN FINDING

CATEGORY 3: PROBABLY BENIGN FINDING: SHORT INTERVAL FOLLOWED UP SUGGESTED

CATEGORY 4: SUSPICIOUS ABNORMALITY: BIOPSY SHOULD BE CONSIDERED

CATEGORY 5: HIGH S/O MALIGNANCY: APPROPRIATE ACTION SHOULD BE TAKEN

CATEGORY 6: KNOWN BIOPSY PROVE MALIGNANCY. ASSURE THAT TREATMENT IS COMPLETED.

Dr. Shruti
DNB Resident



Dr Arushi Yadav
MD Radiodiagnosis

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NAME	SUNITA	SEX/AGE	F49Y
PATIENT ID	ID373471	Accession Number	XR.3235-OPD
REF CONSULTANT	Dr.	DATE	26/02/2025 11:25

X-RAY CHEST (PA VIEW)

Rotation is present.

Bronchovascular markings are prominent in both lungs.

Bilateral hilar regions appear normal.

Domes of diaphragm and costophrenic angles appear normal.

Cardiac shadow is within normal limit.

Please correlate clinically.


DR COL HARPREET SINGH
MBBS, MD, DNB

The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

(NOT FOR MEDICO-LEGAL PURPOSE)