

भारत सरकार  
GOVERNMENT OF INDIA

नीलम जाखड़  
Neelam Jakhar  
जन्म तिथि/DOB: 07/10/1968  
महिला / FEMALE

3558 2589 6340

आधार-आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: Address:  
W/O: रणवीर सिंह जाखड़, W/O: Ranbir Singh Jakhar, Village-  
गाँव-अकेहड़ी मदनपुर, Akheri Madanpur,  
मदालसहपुर (२०१), Madalsahpur(201), Jhajjar,  
झज्जर, Haryana - 124146  
हरियाणा - 124146

3558 2589 6340

Aadhaar-Aam Admi ka Adhikar



Mrs. Neelam Jakhar

Age - 55/f



C/C Patient came for normal routine dental check-up.

MIA N/A

O/C Edentulous space  $\bar{c}$   
2-4 / 4-7

Adut FPD / Implant  $\bar{c}$   
7-4 / 4-7

General Annual Physical

Mrs Neelam Jakhar is examining physically fit and is not taking any medications.

- CNS - Normal
- CNS - Normal
- Pulmonary - Normal
- ECG - Baseline ECG.

Dr. [Signature]

[Signature]



BOOK APPOINTMENT



28-09-2024 12:15:53 PM

ID: 48

neelam jakhari  
Female 55Years  
Req. No. :

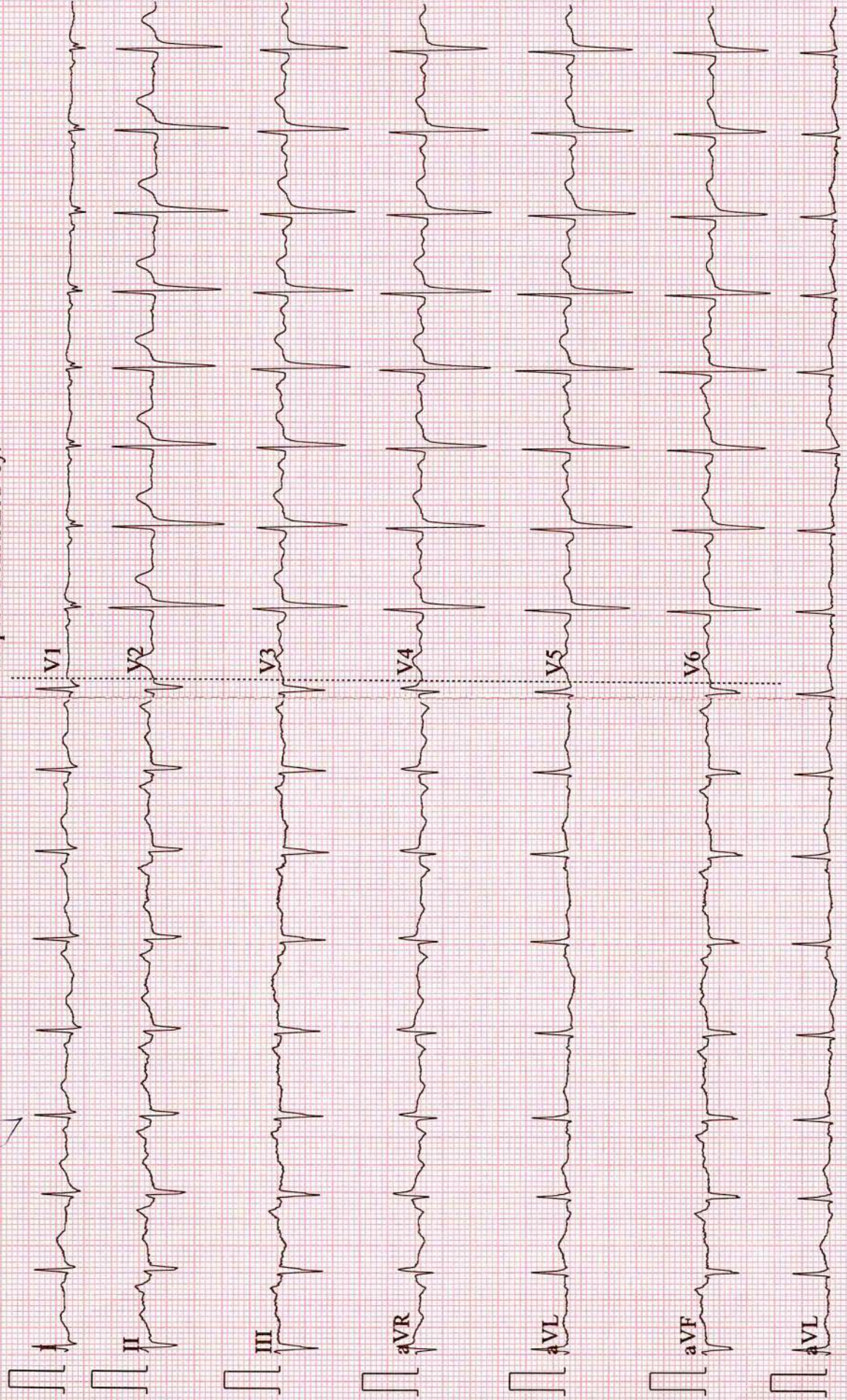
HR : 99 bpm  
P : 108 ms  
PR : 142 ms  
QRS : 102 ms  
QT/QTcBz : 334/429 ms  
P/QRS/T : 67/-60/36 °  
RV5/SV1 : 0.875/0.246 mV

Diagnosis Information:  
Sinus rhythm  
Marked left axis deviation  
Borderline ECG

Dr. ANIL SAHOO  
MD. PGDCC  
Regn. No. 33201

रिपोर्ट की

Report Confirmed by:



<b>Patient Name</b> : Mrs. NEELAM JAKHAR	<b>Reg No.</b> : 4319/UHID24DL	<b>Lab ID.</b> : 4430/OPDPB24DL
<b>Age / Gender</b> : 55Y11M / Female	<b>Date</b> : 28-Sep-2024	
<b>Mobile No.</b> : 9911899958	<b>Manual No.</b>	<b>Collected</b> : 28-Sep-2024 12.05
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 28-Sep-2024 12.06
<b>Sample Type</b> : EDTA whole blood	<b>Sample ID</b> : 246587	<b>Report</b> : 28-Sep-2024 14.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
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### HEAMOTOLOGY

BLOOD GROUPING(A,B,O)&Rh  
FACTOR  
BLOOD GROUP ABO  
RH TYPING

"A"  
"POSITIVE"

Manual  
Manual

-----End of Report-----




Dr. Sangeeta B  
DCP, DNB, PATHOLOGY,  
DMC/25252  
Lab Technician : chand



BOOK APPOINTMENT



<b>Patient Name</b> : Mrs. NEELAM JAKHAR	<b>Reg No.</b> : 4319/UHID24DL	<b>Lab ID.</b> : 4430/OPDPB24DL
<b>Age / Gender</b> : 55Y11M / Female	<b>Date</b> : 28-Sep-2024	
<b>Mobile No.</b> : 9911899958	<b>Manual No.</b>	<b>Collected</b> :28-Sep-2024 12.05
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> :28-Sep-2024 12.06
<b>Sample Type</b> : Plasma(Sodium fluoride)	<b>Sample ID</b> : 246587	<b>Report</b> :28-Sep-2024 14.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY				
BLOOD SUGAR FASTING	101.1	mg/dl	74-100	GOD-POD

### INTERPRETATION:

American Diabetes Association (ADA) Diabetes Guidelines

#### Criteria for Diabetes Mellitus Diagnosis:

Fasting plasma glucose >126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours) or

2-hr plasma glucose >200 mg/dl after glucose load or

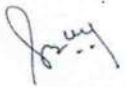
HbA1c  $\geq$  6.5% or

Random Plasma glucose >200 mg/dl

Impaired Fasting Glucose

Fasting glucose  $\geq$ 100mg/dl but <126 mg/dl

-----End of Report-----




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DMC/25252  
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BOOK APPOINTMENT



<b>Patient Name</b> : Mrs. NEELAM JAKHAR	<b>Reg No.</b> : 4319/UHID24DL	<b>Lab ID.</b> : 4430/OPDPB24DL
<b>Age / Gender</b> : 55Y11M / Female	<b>Date</b> : 28-Sep-2024	
<b>Mobile No.</b> : 9911899958	<b>Manual No.</b>	<b>Collected</b> : 28-Sep-2024 14.14
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 28-Sep-2024 14.14
<b>Sample Type</b> : Plasma(Sodium fluoride)	<b>Sample ID</b> : 246587	<b>Report</b> : 28-Sep-2024 14.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
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**BIOCHEMISTRY**

Blood Sugar PP	178.0	mg/dl	70-150	GOD-POD
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**INTERPRETATION:**

American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Mellitus Diagnosis:

Fasting plasma glucose >126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours) or

2-hr plasma glucose >200 mg/dl after glucose load or

HbA1c  $\geq$  6.5% or

Random Plasma glucose >200 mg/dl

Impaired Fasting Glucose

Fasting glucose  $\geq$ 100mg/dl but <126 mg/dl

-----End of Report-----




Dr. Sangeeta B  
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DMC/25252  
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BOOK APPOINTMENT



<b>Patient Name</b> : Mrs. NEELAM JAKHAR	<b>Reg No.</b> : 4319/UHID24DL	<b>Lab ID.</b> : 4430/OPDPB24DL
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### HEAMATOLOGY

#### COMPLETE BLOOD COUNT

HEMOGLOBIN	13.7	g/dl	12.0 - 15.0	Colorimetric
TOTAL LEUCOCYTE COUNT	7.0	10 <sup>3</sup> /uL	4.0-11.0	Electrical impedance
<b>DIFFERENTIAL LEUCOCYTE COUNT(DLC)</b>				
Neutrophil	69	%	40-75	Electrical impedance
Lymphocyte	24	%	20-45	Electrical impedance
Eosinophil	03	%	1-6	Microscopy
Monocyte	04	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	20	mm/1sthr	0-20	Westergren's
RBC COUNT	5.05	mili/cmm	3.80 - 4.80	Electrical impedance
PCV	42	%	36 - 40	Calculated
MCV	82.80	Fl	83.00 - 101.00	Calculated
MCH	27.1	Picogram	27.0 - 32.0	Calculated
MCHC	32.80	gm/dl	31.50 - 34.50	Calculated
PLATELET COUNT	202	10 <sup>3</sup> /uL	150 - 410	Electrical impedance

-----End of Report-----




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**HEAMOTOLOGY**

<b>HBA1C (GLYCOSYLATED HB)</b>	5.1	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %  
6.1 - 6.5 %

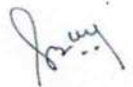
Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3 Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

-----End of Report-----




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DMC/25252  
Lab Technician : chand



BOOK APPOINTMENT





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<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 28-Sep-2024 12.06
<b>Sample Type</b> : Serum	<b>Sample ID</b> : 246587	<b>Report</b> : 28-Sep-2024 14.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
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### BIOCHEMISTRY

#### KIDNEY FUNCTION TEST

Blood Urea	25.0	mg/dl	15.0-45.0	urease-GLDH
Serum Creatinine	0.9	mg/dl	0.6 - 1.1	Jaffes Kinetic
Serum Uric Acid	3.10	mg/dl	2.6-6.0	Uricase
<b>Total Protein</b>				
PROTEN	6.90	g/dl	6.4-8.3	Biuret
ALBUMIN	4.4	g/dl	3.4-4.8	Bcg
GLOBULIN	2.50	g/dl	2.3-3.5	
A/G RATIO	<b>1.76</b>			
Calcium	9.2	mg/dl	8.6-10.2	Arsenazo
Sodium	140.0	mmol/L	136.0-149.0	ISE Indirect
Potassium	4.1	mmol/L	3.5-5.5	ISE Indirect
Chloride	102.3	mmol/L	98.0-109.0	ISE Indirect

-----End of Report-----




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BOOK APPOINTMENT



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<b>Sample Type</b> : Serum	<b>Sample ID</b> : 246587	<b>Report</b> :28-Sep-2024 14.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
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### BIOCHEMISTRY

#### LIPID PROFILE

Total Cholesterol	229.00	mg/dl	123-199	CHOD-PAP
Triglycerides	94.3	mg/dl	35-135	Gpo
HDL Cholesterol Direct	69.8	mg/dl	42-88	Direct
Vldl	19	mg/dl	4.7-22.1	
LDL Cholesterol Direct	140.3	mg/dl	63-129	
Total Cholesterol/HDL Ratio	3.3		0.0-4.97	
LDL/HDL Ratio	2.0		0.0-3.55	

#### INTERPRETATION:-

Acceptable/Low Risk	: Total cholesterol < 200 mg/dl	LDL cholesterol <130 mg/dl	Triglycerides <150 mg/dl
Borderline High Risk	: 200-239 mg/dl	130-159 mg/dl	150-199 mg/dl
High Risk	: > 240 mg /dl	> 160 mg/dl	200-499 mg/dl
Very High			>500 mg/dl

-----End of Report-----




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BOOK APPOINTMENT



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<b>Age / Gender</b> : 55Y11M / Female	<b>Date</b> : 28-Sep-2024	
<b>Mobile No.</b> : 9911899958	<b>Manual No.</b>	<b>Collected</b> : 28-Sep-2024 12.05
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 28-Sep-2024 12.06
<b>Sample Type</b> : Serum	<b>Sample ID</b> : 246587	<b>Report</b> : 28-Sep-2024 14.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
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### BIOCHEMISTRY

#### LIVER FUNCTION TEST

##### Serum Bilirubin

Total Bilirubin	0.67	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.26	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.41	mg/dl	0-0.8	Calculated

##### Total Protein

PROTEN	6.90	g/dl	6.4-8.3	Biuret
ALBUMIN	4.4	g/dl	3.4-4.8	Bcg
GLOBULIN	2.50	g/dl	2.3-3.5	

##### A/G RATIO

SGOT	1.76			
SGPT	26	U/L	0-31	IFCC
	30	U/L	0.0-34	IFCC

Gamma GT	16.3	U/L	0-38	Glupa-c
Alkaline Phosphatase	64	U/L	42-98	Amp

-----End of Report-----



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DMC/25252  
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BOOK APPOINTMENT



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<b>Age / Gender</b> : 55Y11M / Female	<b>Date</b> : 28-Sep-2024	
<b>Mobile No.</b> : 9911899958	<b>Manual No.</b>	<b>Collected</b> :28-Sep-2024 14.14
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> :28-Sep-2024 14.14
<b>Sample Type</b> : STOOL	<b>Sample ID</b> : 246587	<b>Report</b> :28-Sep-2024 14.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
<b>CLINICAL PATHOLOGY</b>				
STOOL R/M		%		
<b>PHYSICAL EXAMINATION</b>				
COLOUR/ APPEARANCE	BROWNISH			
CONSISTENCY	SEMI-FORMED			
PUS	NIL			
MUCUS	NIL			
BLOOD	NIL			
<b>CHEMICAL REACTION</b>				
REACTION	ACIDIC			
<b>MICROSCOPY EXAMINATION</b>				
PUS CELLS	1-2/HPF			
RBC'S	NIL			
OVA	NIL			
CYST	NIL			
BACTERIA	NIL			
OTHERS	NIL			

-----End of Report-----




Dr. Sangeeta B  
DCP, DNB, PATHOLOGY,  
DMC/25252

Lab Technician : chand



BOOK APPOINTMENT



<b>Patient Name</b> : Mrs. NEELAM JAKHAR	<b>Reg No.</b> : 4319/UHID24DL	<b>Lab ID.</b> : 4430/OPDPB24DL
<b>Age / Gender</b> : 55Y11M / Female	<b>Date</b> : 28-Sep-2024	
<b>Mobile No.</b> : 9911899958	<b>Manual No.</b>	<b>Collected</b> :28-Sep-2024 14.14
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> :28-Sep-2024 14.14
<b>Sample Type</b> : URINE	<b>Sample ID</b> : 246587	<b>Report</b> :28-Sep-2024 14.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY

15.00 ml 10-30

COLOUR

PALE YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.015 1.015-1.025

PH

6.0 5.5 - 7

CHEMICAL EXAMINATION

PROTEIN

NIL

SUGAR

NIL

MICROSCOPIC EXAMINATION

PUS CELLS

3-5 /hpf

MICROSCOPIC

RBC'S

NIL

NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

2-3

BACTERIA

NIL

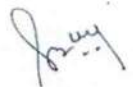
OTHERS

NIL

KETONE

NIL

-----End of Report-----




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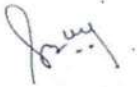
Patient Name : Mrs. NEELAM JAKHAR	Reg No. : 4319/UHID24DL	Lab ID. : 4439/OPDPB24DL
Age / Gender : 55Y11M / Female	Date : 28-Sep-2024	
Mobile No. : 9911899958	Manual No.	Collected : 28-Sep-2024 12.08
Refd. By : Dr. INSURANCE	Sample ID : 246597	Received : 28-Sep-2024 12.09
Sample Type : Serum		Report : 28-Sep-2024 14.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BUN

**BIOCHEMISTRY**  
11.68 mg/dl 6-20  
-----End of Report-----

Urease-Gldh




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DMC/25252  
Lab Technician : chand



BOOK APPOINTMENT



<b>Patient Name</b> : Mrs. NEELAM JAKHAR	<b>Reg No.</b> : 4319/UHID24DL	<b>Lab ID.</b> : 4439/OPDPB24DL
<b>Age / Gender</b> : 55Y11M / Female	<b>Date</b> : 28-Sep-2024	
<b>Mobile No.</b> : 9911899958	<b>Manual No.</b>	<b>Collected</b> :28-Sep-2024 12.08
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> :28-Sep-2024 12.09
<b>Sample Type</b> : EDTA whole blood	<b>Sample ID</b> : 246597	<b>Report</b> :28-Sep-2024 14.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
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### HEAMOTOLOGY

BLOOD GROUPING(A,B,O)&Rh  
FACTOR  
BLOOD GROUP ABO  
RH TYPING

"A"  
"POSITIVE"

Manual  
Manual

-----End of Report-----



Dr. Sangeeta B  
DCP, DNB, PATHOLOGY,  
DMC/25252  
Lab Technician :chand



BOOK APPOINTMENT



<b>Patient Name</b> : Mrs. NEELAM JAKHAR	<b>Reg No.</b> : 4319/UHID24DL	<b>Lab ID.</b> : 4430/OPDPB24DL
<b>Age / Gender</b> : 55Y11M / Female	<b>Date</b> : 28-Sep-2024	
<b>Mobile No.</b> : 9911899958	<b>Manual No.</b>	<b>Collected</b> : 28-Sep-2024 12.05
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 28-Sep-2024 12.06
<b>Sample Type</b> : Serum	<b>Sample ID</b> : 246587	<b>Report</b> : 28-Sep-2024 17.22

TEST NAME	RESULT	UNIT	RANGE	METHOD
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### HORMONES

**THYROID PROFILE**  
T3

1.27

ng/dl

CLIA

#### All values

Adults (euthyroid) 0.50-2.00

Newborns 0.73-2.88

6d - 3 mth 0.80-2.75

4 - 12 mth 0.86-2.65

1 - 6 yr 0.92-2.48

7 - 11 yr 0.93-2.31

12- 20 yr 0.91-2.18

#### Pregnancy

First trimester 0.05 - 3.70

Second trimester 1.7 - 4.3

Third trimester 0.4 - 3.9

T4

10.2

µg/dl

CLIA

Adults - M - 4.4-10.8 µg/dl

F- 4.8 - 11.6 µg/dl

1<sup>st</sup> Trimester 7.3-15.00 µg/dl

2<sup>st</sup> Trimester 8.92-17.38

3<sup>st</sup> Trimester 7.98-17.70




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BOOK APPOINTMENT





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<b>Age / Gender</b> : 55Y11M / Female	<b>Date</b> : 28-Sep-2024	
<b>Mobile No.</b> : 9911899958	<b>Manual No.</b>	<b>Collected</b> :28-Sep-2024 12.05
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<b>Sample Type</b> : Serum	<b>Sample ID</b> : 246587	<b>Report</b> :28-Sep-2024 17.22

TSH 1.69  $\mu$ U/ml CLIA

### Adults

21-100 yrs 0.42 - 5.45

### Pediatric

0-12 Months 0.98-5.63

1-5 years 0.64-5.76

6-10 Years 0.51-4.82

11-14 Years 0.53-5.27

15-20 years 0.43-4.20

### Pregnancy

First trimester 0.1 - 2.5\*

Second trimester 0.2 - 3\*

Third trimester 0.3 - 3\*

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

Adults 21-100 yrs 0.35 - 5.50

Pediatric 0-12 Months 0.98-5.63

1-5 years 0.64-5.76

6-10 Years 0.51-4.82

11-14 Years 0.53-5.27

15-20 years 0.43-4.20

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy



Dr. Sangeeta B  
DCP, DNB, PATHOLOGY,  
DMC/25252

Lab Technician : chand

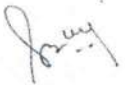


BOOK APPOINTMENT



<b>Patient Name</b> : Mrs. NEELAM JAKHAR	<b>Reg No.</b> : 4319/UHID24DL	<b>Lab ID.</b> : 4430/OPDPB24DL
<b>Age / Gender</b> : 55Y11M / Female	<b>Date</b> : 28-Sep-2024	
<b>Mobile No.</b> : 9911899958	<b>Manual No.</b>	<b>Collected</b> :28-Sep-2024 12.05
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> :28-Sep-2024 12.06
<b>Sample Type</b> : Serum	<b>Sample ID</b> : 246587	<b>Report</b> :28-Sep-2024 17.22

-----End of Report-----



Dr. Sangeeta B  
DCP, DNB, PATHOLOGY,  
DMC/25252

Lab Technician : chand



BOOK APPOINTMENT



<b>Patient Name</b>	: Mrs. NEELAM JAKHAR	<b>Radiology No.</b>	: 4430/OPDPB24DL
<b>Referred By</b>	: Dr. INSURANCE	<b>Date</b>	: 28-Sep-2024
<b>UHID No.</b>	: 4319/UHID24DI	<b>Age/Sex</b>	: 55Y11M Female

### ULTRASOUND OF WHOLE ABDOMEN

**Convex and linear Probes were used.**

**The liver** is normal in size, contour and echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

**Gall bladder** is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

**Pancreas** is of normal size and contour with normal echotexture.

**Right kidney** is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

**Right kidney measures- 105 x 31mm.**

Renal artery pulsation appear normal.

**Left kidney** is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

**Left kidney measures- 103 x 49mm.**

Renal artery pulsation appear normal.

Spleen is of normal size and shape. Ecotexture is normal. No focal lesion is seen.

No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Uterus and ovaries shows involutinal changes.

No free fluid is seen in the pouch of douglas.

**Urinary bladder** does not show any calculus or mass lesion.

**Impression: Normal scan.**

Dr Harshita Surange

MBBS,DMRD(RADIODIAGNOSIS)

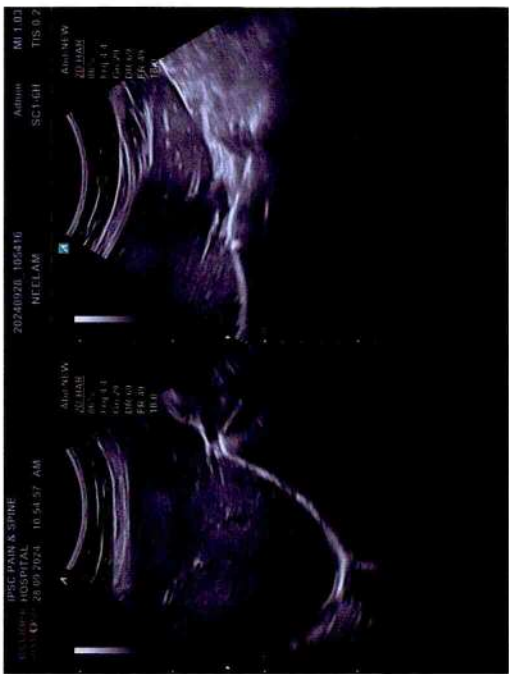
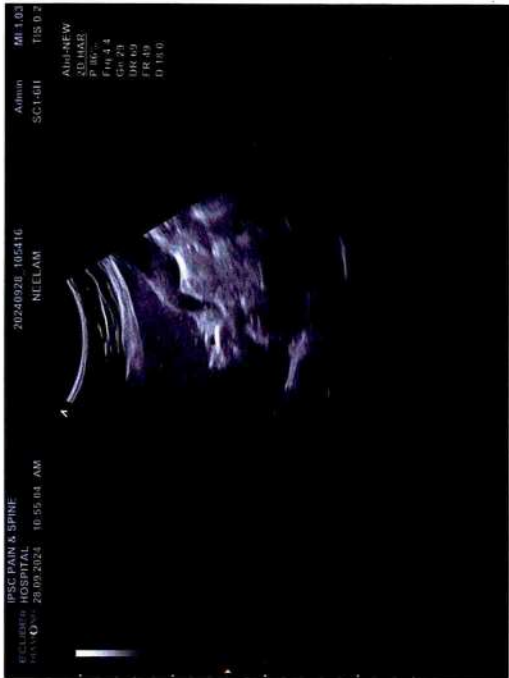
DIPLOMA IN MSK,UCAM(Spain)

Reg.No. MCI/16522,DMC/18402



BOOK APPOINTMENT







<b>Patient Name</b> :	<b>Mrs. NEELAM JAKHAR</b>	<b>Radiology No.</b> :	4430/OPDPB24DL
<b>Referred By</b> :	Dr. INSURANCE	<b>Date</b> :	28-Sep-2024
<b>UHID No.</b> :	4319/UHID24DL	<b>Age/Sex</b> :	55Y11M Female

## ULTRASOUND SCAN OF BREAST

### Scan done with high frequency probe reveals

#### Right breast

Normal skin and subcutaneous fat.

Normal echo-texture of breast parenchyma is seen with mixed fatty and glandular tissue.

No abnormal hypo or hyper-echoic lesion is seen within the breast.

No evidence of ductal ectasia or other pathology is identified.

No evidence of enlarged nodes seen within axilla.

#### Left breast

Normal skin and subcutaneous fat.

Normal echo-texture of breast parenchyma is seen with mixed fatty and glandular tissue.

No other abnormal hypo or hyper-echoic lesion is seen within the breast.

No evidence of ductal ectasia or other pathology is identified.

**Axillary node with central hilum is seen in the left axilla measuring 12mm (WNL).**

**Impression – BIRADS I bilateral breast.**

Dr. Harshita Surange

MBBS,DMRD(RADIODIAGNOSIS)

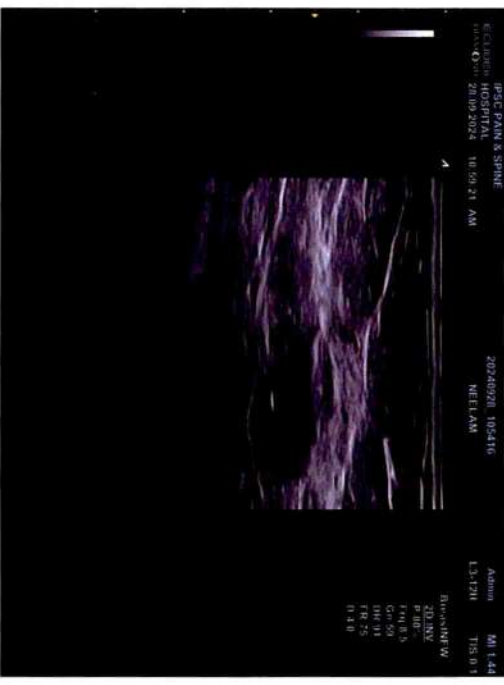
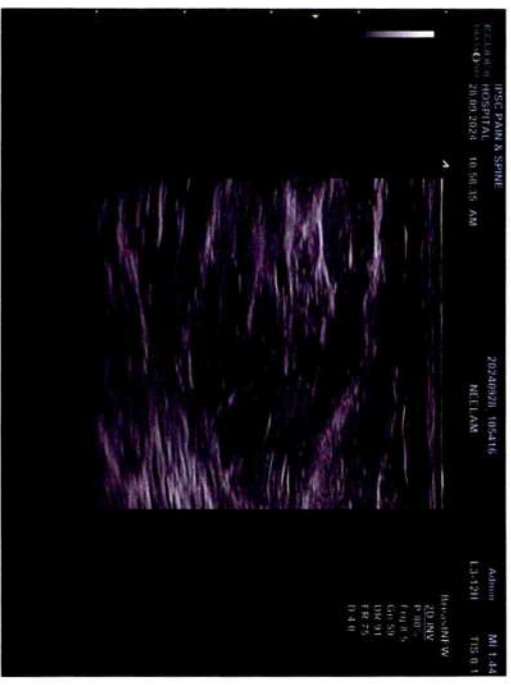
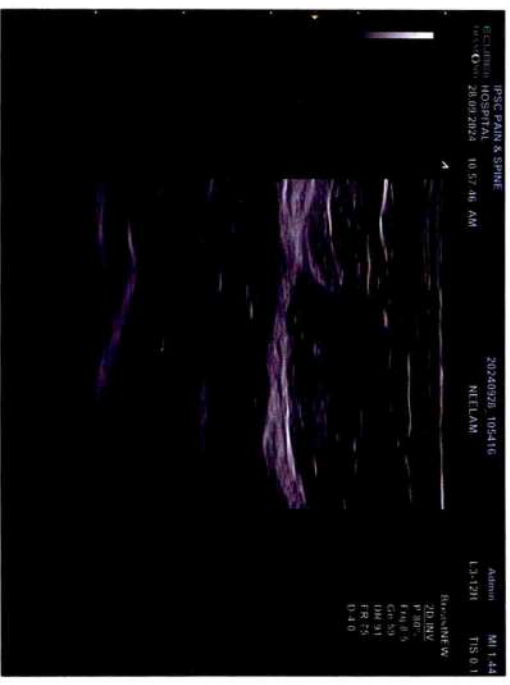
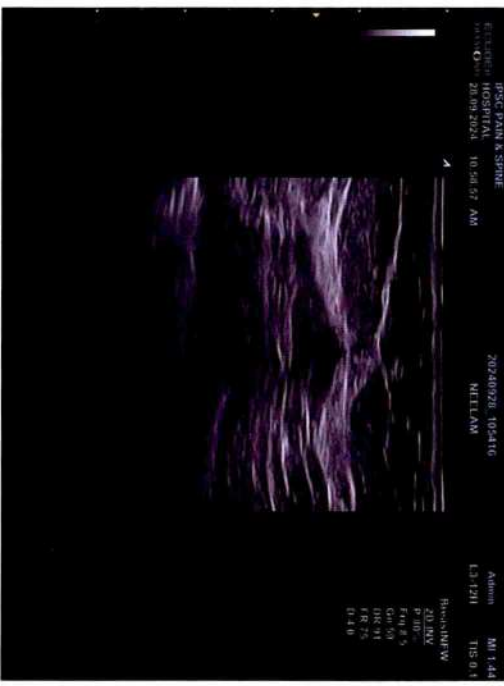
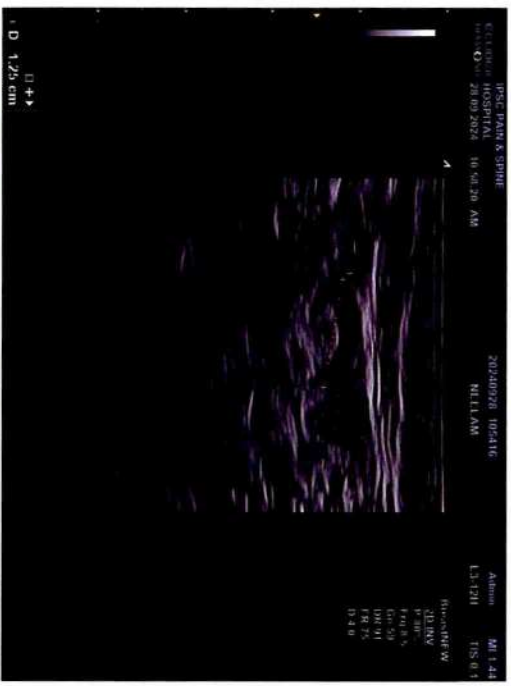
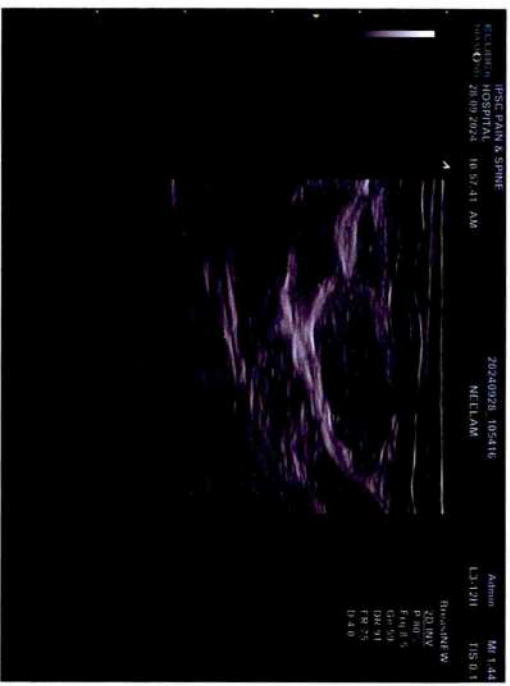
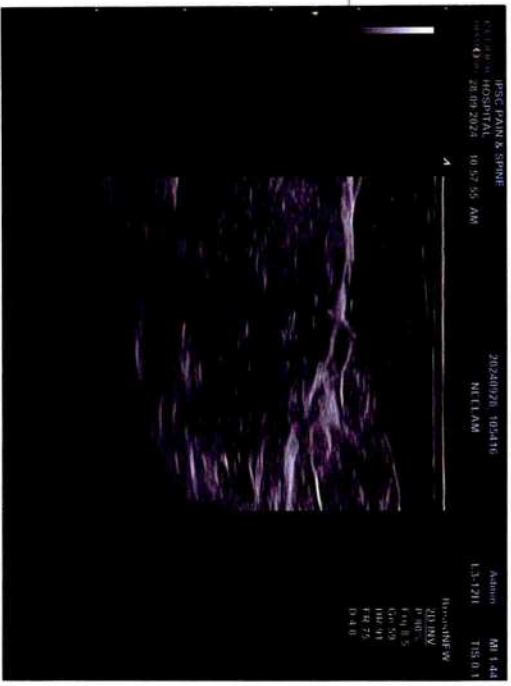
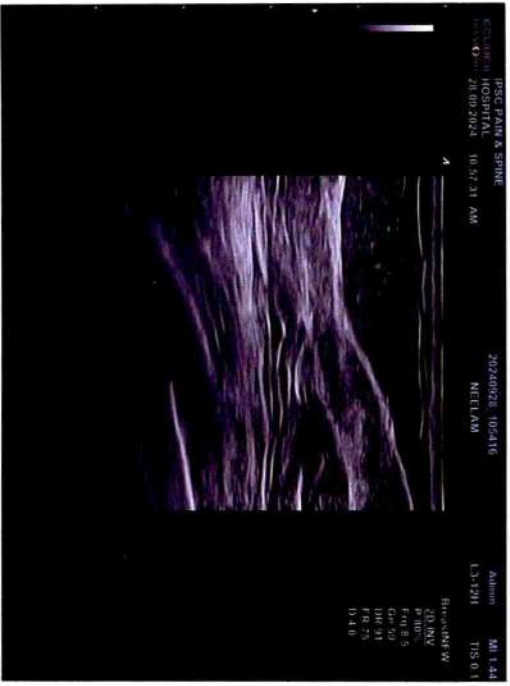
DIPLOMA IN MSK,UCAM(Spain)

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BOOK APPOINTMENT







Patient Name	: Mrs. NEELAM JAKHAR	Radiology No.	: 4430/OPDPB24DL
Referred By	: Dr. INSURANCE	Date	: 28-Sep-2024
UHID No.	: 4319/UHID24DI	Age/Sex	: 55Y11M Female

X-RAY CHEST

Indication: Routine check-up.

Image quality:-

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- Clear.

Cardiac:- Cardiac borders are visible.

Normal heart size.

Diaphragm:- Left CP angle is blunted s/o thickening. Right CP angle is normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

Bony cage:- No evidence of bony lesion/fracture seen.

No evidence of cervical ribs is seen.

Please correlate clinically.

Dr. Harshita Surange  
MBBS, DMRD (RADIODIAGNOSIS)  
DIPLOMA IN MSK, UCAM (Spain)  
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BOOK APPOINTMENT

