



Name : MRS SAVITA SHARMA **Age** : 46 Yr(s) Sex :Female
Registration No : MH010712886 **Lab No** : 31230100496
Patient Episode : H03000051447 **Collection Date** : 14 Jan 2023 11:18
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 12:13
Receiving Date : 14 Jan 2023 11:38

Department of Transfusion Medicine (Blood Bank)

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)
Specimen-Blood

Blood Group & Rh Typing (Agglutination by gel/tube technique)

Blood Group & Rh typing B Rh(D) Positive

Antibody Screening (Microtyping in gel cards using reagent red cells)

Final Antibody Screen Result Negative

Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

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-----END OF REPORT-----

Dr Himanshu Lamba



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Name : MRS SAVITA SHARMA **Age** : 46 Yr(s) Sex :Female
Registration No : MH010712886 **Lab No** : 32230104912
Patient Episode : H03000051447 **Collection Date** : 14 Jan 2023 11:19
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 13:20
Receiving Date : 14 Jan 2023 11:42

BIOCHEMISTRY

Glycosylated Hemoglobin Specimen: EDTA Whole blood
HbA1c (Glycosylated Hemoglobin) 5.5 As per American Diabetes Association(ADA)
% [4.0-6.5]HbA1c in %
Non diabetic adults >= 18years <5.7
Prediabetes (At Risk)5.7-6.4
Diagnosing Diabetes >= 6.5
Methodology (HPLC)
Estimated Average Glucose (eAG) 111 mg/dl

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.32	ng/ml	2 [0.70-2.04]
T4 - Thyroxine (ECLIA)	8.69	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	4.570 #	µIU/mL	[0.340-4.250]

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

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.



Name : MRS SAVITA SHARMA **Age** : 46 Yr(s) Sex :Female
Registration No : MH010712886 **Lab No** : 32230104912
Patient Episode : H03000051447 **Collection Date** : 14 Jan 2023 11:19
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 14:08
Receiving Date : 14 Jan 2023 11:42

BIOCHEMISTRY

* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

Test Name	Result	Unit	Biological Ref. Interval
Lipid Profile (Serum)			
TOTAL CHOLESTEROL (CHOD/POD)	199	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	166 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	52	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	33	mg/dl	[10-40]
LDL- CHOLESTEROL	114 #	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	3.8		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	2.2		<3 Optimal 3-4 Borderline >6 High Risk

Note:
 Reference ranges based on ATP III Classifications.
 Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.



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Registration No : MH010712886 **Lab No** : 32230104912
Patient Episode : H03000051447 **Collection Date** : 14 Jan 2023 11:19
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 14:05
Receiving Date : 14 Jan 2023 11:42

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.45	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.17	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	0.28	mg/dl	[0.20-1.00]
SGOT/ AST (P5P,IFCC)	19.70	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	23.30	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	122 #	IU/L	[39-100]
TOTAL PROTEIN (mod.Biuret)	8.2	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.7	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	3.5 #	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.34		[1.10-1.80]

Note:

**NEW BORN:Vary according to age (days), body wt & gestation of baby

*New born: 4 times the adult value





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Registration No : MH010712886 Lab No : 32230104912
Patient Episode : H03000051447 Collection Date : 14 Jan 2023 11:19
Referred By : HEALTH CHECK MHD Reporting Date : 14 Jan 2023 14:06
Receiving Date : 14 Jan 2023 11:42

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	10.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	0.67	mg/dl	[0.60-1.40]
SERUM URIC ACID (mod.Uricase)	6.5 #	mg/dl	[2.6-6.0]
SERUM CALCIUM (NM-BAPTA)	9.5	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	4.0	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	139.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.24	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	101.3	mmol/l	[95.0-105.0]
eGFR	105.8	ml/min/1.73sq.m	[>60.0]

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

-----END OF REPORT-----

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



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Name : MRS SAVITA SHARMA **Age** : 46 Yr(s) Sex :Female
Registration No : MH010712886 **Lab No** : 32230104913
Patient Episode : H03000051447 **Collection Date** : 14 Jan 2023 14:53
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 17:26
Receiving Date : 14 Jan 2023 15:33

BIOCHEMISTRY

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 133 mg/dl [70-140]

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Plasma GLUCOSE-Fasting (Hexokinase) 90 mg/dl [70-100]

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Name : MRS SAVITA SHARMA **Age** : 46 Yr(s) Sex :Female
Registration No : MH010712886 **Lab No** : 33230103168
Patient Episode : H03000051447 **Collection Date** : 14 Jan 2023 11:18
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 13:14
Receiving Date : 14 Jan 2023 11:30

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR 19.0 /1sthour [0.0-20.0]

Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	Result	Unit	Biological Ref. Interval
COMPLETE BLOOD COUNT (EDTA Blood)			
WBC Count (Flow cytometry)	6120	/cu.mm	[4000-10000]
RBC Count (Impedence)	4.42	million/cu.mm	[3.80-4.80]
Haemoglobin (SLS Method)	13.0	g/dL	[12.0-15.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	39.3	%	[36.0-46.0]
MCV (Calculated)	88.9	fL	[83.0-101.0]
MCH (Calculated)	29.4	pg	[25.0-32.0]
MCHC (Calculated)	33.1	g/dL	[31.5-34.5]
Platelet Count (Impedence)	258000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	13.6	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	67.5	%	[40.0-80.0]

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Name : MRS SAVITA SHARMA **Age** : 46 Yr(s) Sex :Female
Registration No : MH010712886 **Lab No** : 33230103168
Patient Episode : H03000051447 **Collection Date** : 14 Jan 2023 11:18
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 11:46
Receiving Date : 14 Jan 2023 11:30

HAEMATOLOGY

Lymphocytes (Flowcytometry)	22.5	%	[20.0-40.0]
Monocytes (Flowcytometry)	6.4	%	[2.0-10.0]
Eosinophils (Flowcytometry)	2.9	%	[1.0-6.0]
Basophils (Flowcytometry)	0.7 #	%	[1.0-2.0]
IG	0.20	%	

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

-----END OF REPORT-----

Dr.Lakshita singh



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Name	: MRS SAVITA SHARMA	Age	: 46 Yr(s) Sex :Female
Registration No	: MH010712886	Lab No	: 38230100840
Patient Episode	: H03000051447	Collection Date	: 14 Jan 2023 11:18
Referred By	: HEALTH CHECK MHD	Reporting Date	: 14 Jan 2023 14:08
Receiving Date	: 14 Jan 2023 12:51		

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	TURBID	
CHEMICAL EXAMINATION		
Reaction[pH]	5.0	(5.0-9.0)
(Reflectancephotometry(Indicator Method))		
Specific Gravity	1.010	(1.003-1.035)
(Reflectancephotometry(Indicator Method))		
Bilirubin	Negative	NEGATIVE
Protein/Albumin	Negative	(NEGATIVE-TRACE)
(Reflectance photometry(Indicator Method)/Manual SSA)		
Glucose	NOT DETECTED	(NEGATIVE)
(Reflectance photometry (GOD-POD/Benedict Method))		
Ketone Bodies	NOT DETECTED	(NEGATIVE)
(Reflectance photometry(Legal's Test)/Manual Rotheras)		
Urobilinogen	NORMAL	(NORMAL)
Reflectance photometry/Diazonium salt reaction		
Nitrite	NEGATIVE	NEGATIVE
Reflectance photometry/Griess test		
Leukocytes	++	NEGATIVE
Reflectance photometry/Action of Esterase		
BLOOD	NIL	NEGATIVE
(Reflectance photometry(peroxidase))		
MICROSCOPIC EXAMINATION (Manual)	Method: Light microscopy on centrifuged urine	
WBC/Pus Cells	15-20/hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	6-8 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	





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Patient Episode : H03000051447 **Collection Date** : 14 Jan 2023 11:18
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 14:08
Receiving Date : 14 Jan 2023 12:51

CLINICAL PATHOLOGY

Interpretation:

URINALYSIS-Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.

Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.

Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most Common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis,

bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

-----END OF REPORT-----

Dr.Lakshita singh



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NAME	Savita SHARMA	STUDY DATE	14-01-2023 14:03:46
AGE / SEX	046Yrs / F	HOSPITAL NO.	MH010712886
REFERRING DEPT	OPD	MODALITY/Procedure	CR /Mammogram Both Breasts
REPORTED ON	14-01-2023 15:06:34	REFERRED BY	Dr. Health Check MHD

BILATERAL MAMMOGRAM

Bilateral breast mammogram was performed in craniocaudal and mediolateral oblique projections and the images were reviewed on a mammography compatible digital CR system.

Indication: Screening. No previous mammogram provided.

Findings:

Both breasts show heterogeneous fibro-glandular parenchyma (ACR class C).

Presence of any mass / glandular asymmetry– No

Presence of any calcification - No .

No skin thickening, nipple retraction or architectural distortion seen in either breast.

Axillary lymph nodes - Round-oval shaped nodes seen bilaterally.

IMPRESSION: Heterogeneous breast parenchyma. BIRADS 0.

Kindly correlate clinically

Recommendation- US correlation

Kindly bring these films and the report on your next visit.

Please note: Not all breast abnormalities show up on mammography. The management of a palpable abnormality must be based on clinical grounds. If you detect a lump or any other changes in your breast before your next screening mammogram, consult your doctor immediately.

**Dr.Simran Singh DNB, FRCR(UK),
DMC Reg. no. 36404
Consultant Radiologist**

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

NAME	Savita SHARMA	STUDY DATE	14-01-2023 14:03:46
AGE / SEX	046Yrs / F	HOSPITAL NO.	MH010712886
REFERRING DEPT	OPD	MODALITY/Procedure	CR /Mammogram Both Breasts
REPORTED ON	14-01-2023 15:06:34	REFERRED BY	Dr. Health Check MHD

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10712886

mrs savita sharma

1/14/2023 12:18:35 PM

46 Years

Female

Rate 66 . Sinus rhythm.....normal P axis, V-rate 50- 99
. Minimal ST depression.....ST <-0.04mV, T neg, any 2 leads

PR 127
QRSD 89
QT 388
QTc 407

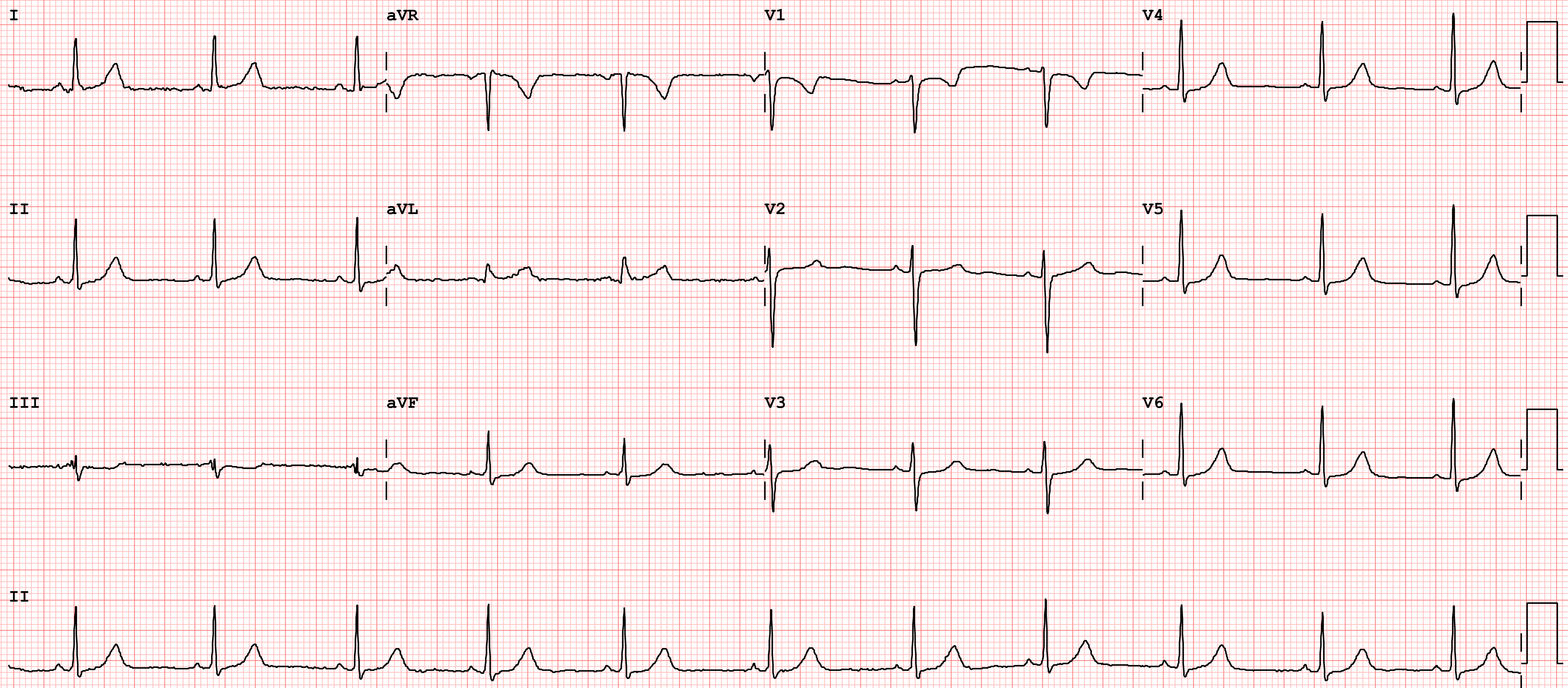
--AXIS--

P -18
QRS 5
T 21

- OTHERWISE NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



NAME	Savita SHARMA	STUDY DATE	14-01-2023 14:05:56
AGE / SEX	046Yrs / F	HOSPITAL NO.	MH010712886
REFERRING DEPT	OPD	MODALITY/Procedure Description	US /Ultrasound abdomen n pelvis
REPORTED ON	14-01-2023 16:43:38	REFERRED BY	Dr. Health Check MHD

USG WHOLE ABDOMEN

Findings:

Liver is normal in size (~13.7 cm) and shows **grade I fatty changes**. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder appears echofree with normal wall thickness.
Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.
Spleen is normal in size (~ 9.8 cm) and echopattern.

Both kidneys are normal in position, size (RK ~ 9.2 cm and LK ~ 10.1 cm) and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

Uterus is anteverted. It is normal in size (~ 7.7 x 4.0 x 5.2 cm). Myometrial echogenicity appears uniform. Endometrium measures ~ 11 mm.

Cervix appear bulky, heterogeneous with small cysts seen, largest measures ~ 9.2 x 5.8 mm- likely suggested PAP smear).

Both ovaries are normal in size and echopattern.

No significant free fluid is detected.

Impression:

- Grade I fatty liver.
- Bulky cervix with multiple nabothian cysts. Kindly correlate clinically



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NAME	Savita SHARMA	STUDY DATE	14-01-2023 14:05:56
AGE / SEX	046Yrs / F	HOSPITAL NO.	MH010712886
REFERRING DEPT	OPD	MODALITY/Procedure Description	US /Ultrasound abdomen n pelvis
REPORTED ON	14-01-2023 16:43:38	REFERRED BY	Dr. Health Check MHD

**Dr. Divya Jain MBBS, DNB,
DMC/R/7955
Associate Consultant Radiologist**

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NAME	Savita SHARMA	STUDY DATE	14-01-2023 14:04:18
AGE / SEX	046Yrs / F	HOSPITAL NO.	MH010712886
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Xray chest PA (CXR)
REPORTED ON	14-01-2023 16:41:17	REFERRED BY	Dr. Health Check MHD

X-RAY CHEST - PA VIEW

Findings:

Visualized lung fields appear clear.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

Kindly correlate clinically



**Dr. Anuja MBBS,DMRD,DNB, DMC No.
76738
Associate Consultant, Radiology**

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NAME	Savita SHARMA	STUDY DATE	14-01-2023 14:04:18
AGE / SEX	046Yrs / F	HOSPITAL NO.	MH010712886
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Xray chest PA (CXR)
REPORTED ON	14-01-2023 16:41:17	REFERRED BY	Dr. Health Check MHD

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