



CID : 2129210859  
Name : MS.DEVYANI RAVINDRA GADHAVE  
Age / Gender : 27 Years / Female  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

Collected : 19-Oct-2021 / 10:23  
Reported : 19-Oct-2021 / 11:55

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	14.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.61	3.8-4.8 mil/cmm	Elect. Impedance
PCV	42.3	36-46 %	Calculated
MCV	92	80-100 fl	Calculated
MCH	30.3	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	12.0	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	6000	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	34.9	20-40 %	
Absolute Lymphocytes	2094.0	1000-3000 /cmm	Calculated
Monocytes	3.1	2-10 %	
Absolute Monocytes	186.0	200-1000 /cmm	Calculated
Neutrophils	60.8	40-80 %	
Absolute Neutrophils	3648.0	2000-7000 /cmm	Calculated
Eosinophils	1.2	1-6 %	
Absolute Eosinophils	72.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	251000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	15.3	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-
Macrocytosis	-

*Adw*  
*Consult family physician*  
*Ref to General*

**Dr. I. U. BAMB**  
M.B.B.S., M.D. (Medicine)  
Reg. No. 39452

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Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY -  
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 14 2-20 mm at 1 hr. Westergren  
\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  
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MC-2463



*Shruti Ramteke*  
Dr.SHRUTI RAMTEKE  
M.B.B.S, DCP (PATH)  
Pathologist

PUNE LAB ADDRESS: Seraph Centre, Opp. BSNL Exchange, Shahu College Road, Off Pune-Satara Road, Behind Panchami Hotel, Pune - 411009

CENTRAL PROCESSING LAB: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	88.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	77.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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*Shamla Kulkarni*  
**Dr.SHAMLA KULKARNI**  
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**Pathologist**

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1c goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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*Shruti Ramteke*

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT  
URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	-
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	Chemical Indicator
Volume (ml)	30	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	-
Glucose	Absent	Absent	pH Indicator
Ketones	Absent	Absent	GOD-POD
Blood	Absent	Absent	Legals Test
Bilirubin	Absent	Absent	Peroxidase
Urobilinogen	Normal	Absent	Diazonium Salt
Nitrite	Absent	Normal	Diazonium Salt
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	-
Red Blood Cells / hpf	Absent	0-2/hpf	-
Epithelial Cells / hpf	3-4	-	-
Casts	Absent	-	-
Crystals	Absent	Absent	-
Amorphous debris	Absent	Absent	-
Bacteria / hpf	6-8	Absent	-
		Less than 20/hpf	-

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT  
BLOOD GROUPING & Rh TYPING**

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:  
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	147.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	61.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	35.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	111.8	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	100.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Colorimetric
VLDL CHOLESTEROL, Serum	11.8	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

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*Signature*

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	18.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.56	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	138	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	4.5	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.4	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	8.6	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	4.1	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.1	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	10.7	9-19 pmol/L Pregnant Women (pmol/L): First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	1.02	0.35-4.94 microIU/ml Pregnant Women (microIU/ml): First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH. 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.

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**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1) TSH Values between 5.5 to 15 microU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:** TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

**Reflex Tests:** Anti thyroid Antibodies, USG Thyroid, TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:** Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

**Reference:**

1. O. Koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT  
LIVER FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.42	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.26	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	15.2	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	13.0	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	17.5	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	46.5	35-105 U/L	Colorimetric

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M.D.(PATH)  
Pathologist

Brief Disclaimer: (1)Suburban Diagnostics ensures that the tests are conducted with utmost care and safety and are performed on samples received as per the sample collection guide of Suburban Diagnostics.(2)Sample may be rejected if unacceptable for the requested tests. (3)Test results may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.(4)Report must not be copied in part, only in full. (5)This report is not valid for medico-legal purposes.(6)Patient information or data will not be communicated to a third party except in the case of a notifiable disease to a Public Care Unit.(7)Suburban Diagnostics reserves the right to subcontract samples to other laboratories as required.(8)Suburban Diagnostics is not liable for any penalties or liabilities arising out of or relating in any way to these services and/or content or information provided herein.(9) For the elaborated disclaimer, please turn over the page or visit our website.

NAME: Mrs. Devyani Gadhave

AGE / SEX: 27 / FEMALE

REGN DATE: 19/10/21

CID: 2129210859

**GYNAEC CHECK-UP**

History *No any complaints.*

MH - Past *LMP - 30/9/21, Regular 30 days cycle.*  
Present

Obs. History - *0<sup>o</sup> - 2 yrs - LSCS - P/L/A 3*

Prev Illness - *NAD.*

Prev Op - *HA LSCS .2019.*

Drugs - *No.*

Breasts:

R - *NAD.*  
L - *NAD.*

PA - *Soft.*

PS - *Vg - (H)*

PV - *Cx - mid erosion (+)*

Impression -

*R*

Name: Devyani Gadhave

Sex / Age: 27+1F

CID: 212920859

Date: 19/10/21

**EYE EXAMINATION**

**VISION**

Distance Vision Without Glasses	Right Eye 6/6	Left Eye 6/6
Distance Vision With Glasses	Right Eye	Left Eye
Near Vision Without Glasses	Right Eye 27/6	Left Eye 27/6
Near Vision With Glasses	Right Eye	Left Eye

**GENERAL EXAMINATION:**

LIDS  
CORNEA  
CONJUNCTIVAE  
EYE MOVEMENTS  
COLOUR VISION

DR I.U.BAMB

M.B.B.S MD (Medicine)

Reg No 39452

**DENTAL CHECK - UP**

Name:- Mrs. Devyani Gadhave CID : 2129210859 Sex / Age : F / 27 yrs.

Occupation:-

Date: 19/10/2021

Chief complaints:- Routine Dental check up

Medical / dental history:-

**GENERAL EXAMINATION:**

**1) Extra Oral Examination:**

- a) TMJ: N/D
- b) Facial Symmetry: NAD

**2) Intra Oral Examination:**

a) Soft Tissue Examination: NAD

b) Hard Tissue Examination: Suspected impacted 73 | 7  
Spacing present between C21 | 123  
Grade I mobility in C1

c) Calculus:

Stains: +

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

	Missing	#	Fractured
<input type="radio"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="radio"/>	Cavity/Caries	RP	Root Piece

Advised: OPG  
Scaling and polishing.

Provisional Diagnosis:- Impacted teeth.

*[Signature]*  
Dr Mukund Kothawale  
M.D.S (Bom.)  
Reg. No A2321

CID#	: 2129210859	SID#	: 177804355644
Name	: MS.DEVYANI RAVINDRA GADHAVE	Registered	: 19-Oct-2021 / 10:23
Age / Gender	: 27 Years/Female	Collected	: 19-Oct-2021 / 10:23
Ref. Dr	: -	Reported	: 19-Oct-2021 / 11:30
Reg.Location	: Swargate, Pune (Main Centre)	Printed	: 19-Oct-2021 / 11:31

**USG WHOLE ABDOMEN (SCREENING-Only Corporates)**

**LIVER:** Size, shape and echopattern are normal. No focal lesions noted. No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal calibre.

**GALL BLADDER :** Partially distended. No evidence of any pericholecystic collection.

**PANCREAS :** Normal in size and echotexture. Pancretic duct is normal.

**SPLEEN :** Normal in size and echopattern. No focal lesion. Splenic vein is normal.

**RIGHT KIDNEY :** Measures 9.6 x 3.7 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

**LEFT KIDNEY :** Measures 10.1 x 4.4 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

Paraaortic and paracaval region appears to be normal.  
No evidence of lymphnodes noted.  
No free fluid in abdomen.

**URINARY BLADDER :** Well distended. No calculi. Wall thickness is normal.

**UTERUS :** Anteverted normal in size, measures 7.9 x 4.0 x 3.8 cm. No area of increased or decreased echogenicity.  
Endometrial echoes are normal. Endometrial thickness is 8.1 mm.

Both the ovaries are normal in size shape and echotexture.  
No obvious abnormal ovarian or adnexal mass lesion.  
No free fluid noted in the POD.

**IMPRESSION :** USG Abdomen and pelvis study is within normal limits.

Clinical correlation is indicated.

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

  
**Dr. NIKHIL G JOSHI**  
**M.B.B.S., D.M.R.E.**  
**Reg. No. 2001/02/397**

**PUNE LAB ADDRESS:** Seraph Centre, Opp. BSNL Exchange, Shahu College Road, Off Pune-Satara Road, Behind Panchami Hotel, Pune - 411009

**CENTRAL PROCESSING LAB:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053

**HEALTHLINE - MUMBAI:** 022-6170-0000 | **OTHER CITIES:** 1800-266-4343 | **For Feedback -** customerservice@suburbandiagnosics.com | **www.suburbandiagnosics.com**





Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo  
Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

CID	: 2129210859	SID	: 177804355644
Name	: MS.DEVYANI RAVINDRA GADHAVE	Registered	: 19-Oct-2021 / 10:23
Age / Gender	: 27 Years/Female	Collected	: 19-Oct-2021 / 10:23
Ref. Dr	: -	Reported	: 19-Oct-2021 / 12:44
Reg.Location	: Swargate, Pune (Main Centre)	Printed	: 19-Oct-2021 / 12:45

**X-RAY CHEST PA VIEW**

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm are normal.


The cardio and costophrenic angles are clear.

Bony thorax is normal.

**IMPRESSION** : Essentially normal X-ray of the chest.

Clinical correlation is indicated.

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

  
**Dr. NIKHIL JOSHI**  
**MBBS, DMRE**  
**CONSULTANT RADIOLOGIST**

आयकर विभाग  
INCOME TAX DEPARTMENT  
DEVYANI R GADHAVE

भारत सरकार  
GOVT. OF INDIA

RAVINDRA GULABRAO GADHAVE

01/02/1994  
Permanent Account Number  
BUWPG4492H

  
Signature


05042016

*Gadhave*

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