DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40001836 (2154)	**RISNo./Status :**	4002434/
Patient Name :	Mrs. KIRAN JAIN CHOUDHARY	**Age/Gender :**	57 Y/F
Referred By :	EHS CONSUTANT	**Ward/Bed No :**	OPD
Bill Date/No :	08/05/2023 8:18AM/ OPSCR23-24/149	**Scan Date :**	
Report Date :	08/05/2023 10:08AM	**Company Name:**	Provisional

REFERRAL REASON: - CKD, HTN, DM, HEALTH CHECK UP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal			Normal
IVSD	**9.9**	**6-12mm**	**LVIDS**	**26.2**	**20-40mm**
LVIDD	**38.9**	**32-57mm**	**LVPWS**	**15.1**	**mm**
LVPWD	**9.5**	**6-12mm**	**AO**	**23.0**	**19-37mm**
IVSS	**13.5**	**mm**	**LA**	**30.1**	**19-40mm**
LVEF	**60-62**	**>55%**	**RA**	**-**	**mm**

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
MITRAL VALVE	**NORMAL**	**E**	**0.68**	**e'**		**-**	**NIL**
		A	**0.98**	**E/e'**			
TRICUSPID VALVE	**NORMAL**	**E**		**0.64**		_	**NIL**
		A		**0.83**			
AORTIC VALVE	**THICKENED**	**2.02**				-	**NIL**
PULMONARY VALVE	**NORMAL**	**1.02**				-	**NIL**

COMMENTS & CONCLUSION: -

- NO RWMA, LVEF 60-62%
- GRADE I LV DIASTOLIC DYSFUNCTION
- AORTIC VALVE THICKENED, OTHER CARDIAC VALVES ARE NORMAL
- ALL CARDIAC CHAMBERS ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

IMPRESSION: - SINUS TACHYCARDIA SEEN DURING STUDY, GRADE I LV DIASTOLIC DYSFUNCTION, NORMAL BI VENTRICULAR SYSTOLIC FUNCTION

DR ROOPAM SHARMA
MBBS, PGDCC, FIAE
CONSULTANT & INCHARGE
EMERGENCY, PREVENTIVE CARDIOLOGY AND WELLNESS CENTER.

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

0

Patient Name	Mrs. KIRAN JAIN CHOUDHARY	**Lab No**	4002438
UHID	40001836	**Sample Date**	08/05/2023 11:13AM
Age/Gender	57 Yrs/Female	**Report Date**	08/05/2023 3:04PM
Prescribed By	EHS CONSUTANT	**Bed No / Ward**	OPD
Referred By	EHS CONSUTANT	**Report Status**	Final
Company	Mediwheel		

CYTOLOGY

CYTOLOGY*

Type of Specimen	**Vault smear (Conventional)**
No. of smears examined	Two
Adequacy	Satisfactory for evaluation. Adequate
Endocervical cells	-
Inflammation	Dense neutrophilic inflammatory infiltrate.
Organisms	-
Epithelial cell abnormality	Few cells show high N:C ratio. Mild anisonucleocytosis seen ?Inflammation induced reactive changes /? Atypical changes.
Others	-
Impression	Marked inflammatory smear

Advice - Repeat smear is adviced after course of antibiotics / if clinically indicated.

Note: Test marked as * are not accreditedby NABL

Bethesda2014

----------** End Of Report **----------

Dr. MUDITA SHARMA

MBBS|MD| PATHOLOGY

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mrs. KIRAN JAIN CHOUDHARY	**Lab No**	4002436
UHID	40001836	**Collection Date**	08/05/2023 10:12AM
Age/Gender	57 Yrs/Female	**Receiving Date**	08/05/2023 10:12AM
IP/OP Location	O-OPD	**Report Date**	08/05/2023 10:35AM
Referred By	EHS CONSUTANT	**Report Status**	Final
Mobile No.	7875530363		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
			Sample: Serum
VITAMIN B12	868	ng/mL	239 - 931

Method : ElectroChemiLuminescence ImmunoAssay – ECLIA
Interpretation:–Nutritional and macrocytic anemias can be caused by a deficiency of vitamin B12. Malabsorption is the major cause of this deficiency through pancreatic deficiency, gastric atrophy or gastrectomy, intestinal damage, loss of intestinal vitamin B12 binding protein (Intrinsic factor), production of autoantibodies directed against intrinsic factor, or related causes. Untreated deficiencies will lead to megaloblastic anemia, and vitamin B12 deficiency results in irreversible central nervous system degeneration.

			Sample: Serum
VITAMIN D - TOTAL (25 - Hydroxyvitamin D)	15.1	ng/mL	Severe Deficiency : <20 ng/ml/(<50 nmol/L) Insufficiency : 20 -< 30 ng/ml /(50-<75 nmol/L) Sufficiency : 30 - 100 ng/ml /(75-250 nmol/L) Potential Toxicity : >100 ng/ml /(>250 nmol/L)

Method: ElectroChemiLuminescence ImmunoAssay – ECLIA
Interpretation:–Vit D deficiency is a common cause of secondary hyperparathyroidism.

End Of Report

RESULT ENTERED BY : SUNIL EHS

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
BLOOD GLUCOSE (FASTING)			Sample: Fl. Plasma
BLOOD GLUCOSE (FASTING)	100.5	mg/dl	74 - 106

Method: Hexokinase assay.
Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

BLOOD GLUCOSE (PP)			Sample: PLASMA
BLOOD GLUCOSE (PP)	223.2	mg/dl	Non – Diabetic: - < 140 mg/dl Pre – Diabetic: - 140-199 mg/dl Diabetic: - >=200 mg/dl

Method: Hexokinase assay.
Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

THYROID T3 T4 TSH			Sample: Serum
T3	1.060	ng/mL	0.970 - 1.690
T4	8.58	ug/dl	5.53 - 11.00
TSH	1.93	µIU/mL	0.40 - 4.05

RESULT ENTERED BY : SUNIL EHS

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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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BIOCHEMISTRY

T3:- Method: ElectroChemiLuminescence ImmunoAssay – ECLIA

Interpretation:-The determination of T3 is utilized in thediagnosis of T3-hyperthyroidism the detection of early stages ofhyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4:- Method: ElectroChemiLuminescence ImmunoAssay – ECLIA

Interpretation:-The determination of T4 assay employs acompetitive test principle with an antibody specifically directed against T4.

TSH – THYROID STIMULATING HORMONE :- ElectroChemiLuminescenceImmunoAssay – ECLIA

Interpretation:-The determination of TSH serves as theinitial test in thyroid diagnostics. Even very slight changes in theconcentrations of the free thyroid hormones bring about much greater oppositechanges in the TSH levels.

LFT (LIVER FUNCTION TEST) Sample: Serum

BILIRUBIN TOTAL	0.57	mg/dl	0.00 - 1.20
BILIRUBIN INDIRECT	0.44	mg/dl	0.20 - 1.00
BILIRUBIN DIRECT	0.13	mg/dl	0.00 - 0.40
SGOT	17.6	U/L	0.0 - 40.0
SGPT	21.6	U/L	0.0 - 40.0
TOTAL PROTEIN	8.0	g/dl	6.6 - 8.7
ALBUMIN	4.1	g/dl	3.5 - 5.2
GLOBULIN	**3.9 H**		1.8 - 3.6
ALKALINE PHOSPHATASE	42.8	U/L	39 - 118
A/G RATIO	**1.1 L**	Ratio	1.5 - 2.5
GGTP	22.8	U/L	6.0 - 38.0

RESULT ENTERED BY : SUNIL EHS

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MBBS|MD| PATHOLOGY

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BIOCHEMISTRY

BILIRUBIN TOTAL :- Method: DPD assay. Interpretation:-Total Bilirubin measurements are used in the diagnosis and treatment of various liver diseases, and of haemolytic and metabolic disorders in adults and newborns. Both obstruction damage to hepatocellular structive.
BILIRUBIN DIRECT :- Method: Diazo method Interpretation:-Determinations of direct bilirubin measure mainly conjugated, water soluble bilirubin.
SGOT - AST :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGOT(AST) measurements are used in the diagnosis and treatment of certain types of liver and heart disease.
SGPT - ALT :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGPT(ALT) Ratio Is Used For Differential Diagnosis In Liver Diseases.
TOTAL PROTEINS :- Method: Biuret colorimetric assay. Interpretation:-Total protein measurements are used in the diagnosis and treatment of a variety of liver and kidney diseases and bone marrow as well as metabolic and nutritional disorder.
ALBUMIN :- Method: Colorimetric (BCP) assay. Interpretation:-For Diagnosis and monitoring of liver diseases, e.g. liver cirrhosis, nutritional status.
ALKALINE PHOSPHATASE :- Method: Colorimetric assay according to IFCC. Interpretation:-Elevated serum ALT is found in hepatitis, cirrhosis, obstructive jaundice, carcinoma of the liver, and chronic alcohol abuse. ALT is only slightly elevated in patients who have an uncomplicated myocardial infarction. **GGTP-GAMMA GLUTAMYL TRANSPEPTIDASE** :- Method: Enzymetic colorimetric assay. Interpretation:-y-glutamyltransferase is used in the diagnosis and monitoring of hepatobiliary disease. Enzymatic activity of GGT is often the only parameter with increased values when testing for such diseases and is one of the most sensitive indicator known.

LIPID PROFILE

TOTAL CHOLESTEROL	177		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	39.6		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	99.7		Optimal :- <100 mg/dl Near or Above Optimal :- 100-129 mg/dl Borderline :- 130-159 mg/dl High :- 160-189 mg/dl Very High :- >190 mg/dl
CHOLESTERO VLDL	40	mg/dl	10 - 50
TRIGLYCERIDES	198.2		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	4.5	%	

RESULT ENTERED BY : SUNIL EHS

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BIOCHEMISTRY

CHOLESTEROL TOTAL :- Method: CHOD-PAP enzymatic colorimetric assay.
interpretation:-The determination of the individual total cholesterol (TC) level is used for screening purposes while for a better risk assessment it is necessary to measure additionally lipid & lipoprotein metabolic disorders.
HDL CHOLESTEROL :- Method:-Homogenous enzymetic colorimetric method.
Interpretation:-HDL-cholesterol has a protective against coronary heart disease, while reduced HDL-cholesterol concentrations, particularly in conjunction with elevated triglycerides, increase the cardiovascular disease.
LDL CHOLESTEROL :- Method: Homogenous enzymatic colorimetric assay.
Interpretation:-LDL play a key role in causing and influencing the progression of atherosclerosis and in particular coronary sclerosis. The LDL are derived form VLDL rich in TG by the action of various lipolytic enzymes and are synthesized in the liver.
CHOLESTEROL VLDL :- Method: VLDL Calculative
TRIGLYCERIDES :- Method: GPO-PAP enzymatic colorimetric assay.
Interpretation:-High triglycerde levels also occur in various diseases of liver, kidneys and pancreas. DM, nephrosis, liver obstruction.
CHOLESTEROL/HDL RATIO :- Method: Cholesterol/HDL Ratio Calculative

RENAL PROFILE TEST Sample: Serum

UREA	**58.60 H**	mg/dl	16.60 - 48.50
BUN	**27.4 H**	mg/dl	6 - 20
CREATININE	**1.95 H**	mg/dl	0.50 - 0.90
SODIUM	**147.5 H**	mmol/L	136 - 145
POTASSIUM	4.68	mmol/L	3.50 - 5.50
CHLORIDE	102.8	mmol/L	98 - 107
URIC ACID	3.4	mg/dl	2.6 - 6.0
CALCIUM	**8.06 L**	mg/dl	8.60 - 10.30

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BIOCHEMISTRY

CREATININE – SERUM :- Method:-Jaffe method, Interpretation:-To differentiate acute and chronic kidneydisease.
URIC ACID :- Method: Enzymatic colorimetric assay. Interpretation:- Elevated blood concentrations of uricacid are renal diseases with decreased excretion of waste products, starvation,drug abuse and increased alcohol consume.
SODIUM:- Method: ISE electrode. Interpretation:-Decrease: Prolonged vomiting or diarrhea,diminished reabsorption in the kidney and excessive fluid retention. Increase: excessive fluid loss, high salt intake andkidney reabsorption.
POTASSIUM :- Method: ISE electrode. Intrpretation:-Low level: Intake excessive loss formbodydue to diarrhea, vomiting renal failure, High level: Dehydration, shock severe burns, DKA, renalfailure.
CHLORIDE – SERUM :- Method: ISE electrode. Interpretation:-Decrease: reduced dietary intake,prolonged vomiting and reduced renal reabsorption as well as forms of acidosisand alkalosis.
Increase: dehydration, kidney failure, some form ofacidosis, high dietary or parenteral chloride intake, and salicylate poisoning.
UREA:- Method: Urease/GLDH kinetic assay. Interpretation:-Elevations in blood urea nitrogenconcentration are seen in inadequate renal perfusion, shock, diminished bloodvolume, chronic nephritis, nephrosclerosis, tubular necrosis, glomerularnephritis and UTI.
CALCIUM TOTAL :- Method: O-Cresolphthaleine complexone. Interpretation:-Increase in serum PTH or vit-D are usuallyassociated with hypercalcemia. Increased serum calcium levels may also beobserved in multiple myeloma and other neoplastic diseases. Hypocalcemia may
beobserved in hypoparathyroidism, nephrosis, and pancreatitis.

Sample: WHOLE BLOOD EDTA

HBA1C	6.5	%	< 5.7% Nondiabetic 5.7-6.4% Pre-diabetic > 6.4% Indicate Diabetes Known Diabetic Patients < 7 % Excellent Control 7 - 8 % Good Control > 8 % Poor Control

Method : - High - performance liquid chromatography HPLC
Interpretation:-Monitoring long term glycemic control, testing every 3 to 4 months is generally sufficient.
The approximate relationship between HbA1C and mean blood glucose values during the preceding 2 to 3 months.

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BLOOD BANK INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range
BLOOD GROUPING	"B" Rh Positive		

Note :
1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

RESULT ENTERED BY : SUNIL EHS

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CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range
URINE SUGAR (RANDOM)			Sample: Urine
URINE SUGAR (RANDOM)	TRACE		
ROUTINE EXAMINATION - URINE			Sample: Urine
PHYSICAL EXAMINATION			
VOLUME	15	ml	
COLOUR	PALE YELLOW		P YELLOW
APPEARANCE	CLEAR		CLEAR
CHEMICAL EXAMINATION			
PH	**5.0 L**		5.5 - 7.0
SPECIFIC GRAVITY	1.005		1.016-1.022
PROTEIN	NEGATIVE		NEGATIVE
SUGAR	TRACE		NEGATIVE
BILIRUBIN	NEGATIVE		NEGATIVE
BLOOD	NEGATIVE		
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
UROBILINOGEN	NEGATIVE		NEGATIVE
LEUCOCYTE	NEGATIVE		NEGATIVE
MICROSCOPIC EXAMINATION			
WBCS/HPF	2-3	/hpf	0 - 3
RBCS/HPF	0-0	/hpf	0 - 2
EPITHELIAL CELLS/HPF	3-4	/hpf	0 - 1
CASTS	NIL		NIL
CRYSTALS	NIL		NIL
BACTERIA	NIL		NIL
OHTERS	NIL		NIL

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Methodology:-
Glucose: GOD-POD, Bilirubin: Diazo-Azo-coupling reaction with a diazonium, Ketone: Nitro Pruside reaction, Specific Gravity: Proton re;ease from ions, Blood: Psuedo-Peroxidase activity oh Haem moiety, pH: Methye Red-Bromothymol Blue (Double indicator system), Protein: H+ Release by buffer, microscopic & chemical method.
interpretation: Diagnosis of Kidney function, UTI, Presence of Protein, Glucoses, Blood. Vocubulary syntax: Kit insert

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HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
CBC (COMPLETE BLOOD COUNT)			Sample: WHOLE BLOOD EDTA
HAEMOGLOBIN	**11.6 L**	g/dl	12.0 - 15.0
PACKED CELL VOLUME(PCV)	39.2	%	36.0 - 46.0
MCV	**81.8 L**	fl	82 - 92
MCH	**24.2 L**	pg	27 - 32
MCHC	**29.6 L**	g/dl	32 - 36
RBC COUNT	4.79	millions/cu.mm	3.80 - 4.80
TLC (TOTAL WBC COUNT)	**11.58 H**	10^3/ uL	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	55.5	%	40 - 80
LYMPHOCYTE	34.7	%	20 - 40
EOSINOPHILS	1.7	%	1 - 6
MONOCYTES	7.8	%	2 - 10
BASOPHIL	**0.3 L**	%	1 - 2
PLATELET COUNT	3.21	lakh/cumm	1.500 - 4.500

HAEMOGLOBIN :- Method:-SLS HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.
MCV :- Method:- Calculation bysysmex.
MCH :- Method:- Calculation bysysmex.
MCHC :- Method:- Calculation bysysmex.
RBC COUNT :- Method:-Hydrodynamicfocusing.Interpretation:-Low-Anemia,High-Polycythemia.
TLC (TOTAL WBC COUNT) :- Method:-Optical Detectorblock based on Flowcytometry.Interpretation:-High-Leucocytosis, Low-Leucopenia.
NEUTROPHILS :- Method: Optical detectorblock based on Flowcytometry
LYMPHOCYTS :- Method: Optical detectorblock based on Flowcytometry
EOSINOPHILS :- Method: Optical detectorblock based on Flowcytometry
MONOCYTES :- Method: Optical detectorblock based on Flowcytometry
BASOPHIL :- Method: Optical detectorblock based on Flowcytometry
PLATELET COUNT :- Method:-Hydrodynamicfocusing method.Interpretation:-Low-Thrombocytopenia, High-Thrombocytosis.
HCT: Method:- Pulse Height Detection. Interpretation:-Low-Anemia, High-Polycythemia.
NOTE: CH- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

ESR (ERYTHROCYTE SEDIMENTATION RATE)	**80 H**	mm/1st hr	0 - 15

RESULT ENTERED BY : SUNIL EHS

Dr. MUDITA SHARMA

MBBS|MD| PATHOLOGY

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Method:-Modified Westergrens.
Interpretation:-Increased in infections, sepsis, and malignancy.

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Test Name	Result	Unit	Biological Ref. Range

USG REPORT - ABDOMEN AND PELVIS

LIVER:

Is normal in size **(~131 mm)** and uniform echo texture. No obvious focal lesion seen. No intra – Hepatic biliary radical dilatation seen.

GALL BLADDER:

Partially distended with no obvious wall thickening/pericholecystic fat stranding/fluid. No obvious calculus/polyp/mass seen within.

PANCREAS:

Appears normal in size and it shows uniform echo texture.

SPLEEN:

Is normal in size **(~68 mm)** and shows uniform echogenicity.

RIGHT KIDNEY:

Right kidney measures 7**7 x 41 mm, slightly small in size.**

The shape, size and contour of the right kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

LEFT KIDNEY:

RESULT ENTERED BY : SUNIL EHS

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USG

Left kidney measures **83 x 42 mm.**

The shape, size and contour of the left kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

BLADDER:

Is normal contour. No intra luminal echoes are seen.

UTERUS AND ADENXA:

Post-hysterectomy status.

No obvious adnexal mass lesion is seen.

RIGHT ILIAC FOSSA:

No focal fluid collections seen.

IMPRESSION:
No significant sonographic abnormality detected.

USG REPORT - BOTH BREASTS

RESULT ENTERED BY : SUNIL EHS

Dr. RENU JADIYA
MBBS, DNB
RADIOLOGIST

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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RIGHT BREAST:

Parenchyma

Skin Thickness normal.

Sub cutaneous fat normal.

Few mildly dilated ducts are seen in retroareolar region with no obvious internal echoes and solid component , 2.2 mm is maximum diameter.

No focal lesion seen.

Fibroglandular echogenicity normal.

Nipple areolar complex normal.

Retromammary

Retromammary area appeared normal.

Axillary Tail

Axillary Tail: Normal.

Axillary Nodes

Few small-volume lymph nodes with intact fatty hilum are seen in right axilla, largest 5 mm in short axis.

LEFT BREAST:

Parenchyma

RESULT ENTERED BY : SUNIL EHS

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mrs. KIRAN JAIN CHOUDHARY	**Lab No**	4002434
UHID	40001836	**Collection Date**	08/05/2023 10:11AM
Age/Gender	57 Yrs/Female	**Receiving Date**	08/05/2023 10:12AM
IP/OP Location	O-OPD	**Report Date**	08/05/2023 1:50PM
Referred By	EHS CONSUTANT	**Report Status**	Final
Mobile No.	7875530363		

Skin Thickness normal.

Subcutaneous fat normal.

No ductal dilatation.

No focal lesion seen.

Fibroglandular echogenicity normal.

Nipple areolar complex normal.

Retromammary

Retromammary area appeared normal.

Axillary Tail

Axillary Tail: Normal.

Axillary Nodes

Few small-volume lymph nodes with intact fatty hilum are seen in left axilla, largest 5 mm in short axis.

IMPRESSION:

- **Few mildly dilated ducts are in retroareolar region of right breast with no obvious internal echoes and solid component.**
- **Left breast parenchyma is normal.**
- **Radiologically benign appearing bilateral axillary lymph nodes.**

- **Suggested clinical correlation for further evaluation.**

BI - RADS SCORE IS: RIGHT BREAST: II LEFT BREAST : I

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USG

NOTE: BI -RADS SCORING KEY

O – Needs additional evaluation, I – Negative, II – Benign findings, III – Probably benign

IV – Suspicious abnormality –Biopsy to be considered, V – Highly suggestive of malignancy,

VI – Known biopsy proven malignancy.

RESULT ENTERED BY : SUNIL EHS

Dr. RENU JADIYA
MBBS, DNB
RADIOLOGIST

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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X Ray

Test Name	Result	Unit	Biological Ref. Range

X-RAY - CHEST PA VIEW

OBSERVATION:

The trachea is central.

The mediastinal and cardiac silhouette are normal.

Cardiothoracic ratio is normal.

Cardiophrenic and costophrenic angles are normal.

Both hila are normal.

The lung fields are clear.

Bones of the thoracic cage are normal.

Soft tissues of the chest wall are normal.

IMPRESSION:

No significant abnormality seen.

End Of Report

RESULT ENTERED BY : SUNIL EHS

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