



Dept. of Pathology
(For Report Purpose Only)



PRN : 108400
 Patient Name : Mr. CHAVHAN AVINASH
 Age/Sex : 29Yr(s)/Male
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 2953
 Req.No : 2953

Collection Date & Time : 11/06/2022 10:04 AM
 Reporting Date & Time : 11/06/2022 02:28 PM
 Print Date & Time : 11/06/2022 03:01 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------


HAEMATOLOGY

HAEMOGRAM

HAEMOGLOBIN (Hb)	: 15.4	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 47.6	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 5.18	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 91.9	cu micron	76 - 96
M.C.H.	: 29.7	pg	27 - 32
M.C.H.C	: 32.4	picograms	32 - 36
RDW-CV	: 12.7	%	11 - 16
WBC TOTAL COUNT	: 5680	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000 150000 - 450000
PLATELET COUNT	: 200000	cumm	(ENTRY LEVEL)
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	: 63	%	ADULT : 40 - 70 CHILD : 20 - 40 2000 - 7000
ABSOLUTE NEUTROPHILS	: 3578.40	µL	ADULT : 20 - 40 CHILD : 40 - 70
LYMPHOCYTES	: 28	%	1000 - 3000
ABSOLUTE LYMPHOCYTES	: 1590.40	µL	01 - 04
EOSINOPHILS	: 02	%	20 - 500
ABSOLUTE EOSINOPHILS	: 113.60	µL	02 - 08
MONOCYTES	: 07	%	200 - 1000
ABSOLUTE MONOCYTES	: 397.60	µL	00 - 01
BASOPHILS	: 00	%	0 - 100
ABSOLUTE BASOPHILS	: 0	µL	

Technician 

Report Type By :- KAJAL SADIGALE


 Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist

For Free Home Collection Call : 9545200011



Dept. of Pathology

(For Report Purpose Only)



PRN : 108400
Patient Name : Mr. CHAVHAN AVINASH
Age/Sex : 29Yr(s)/Male
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 2953
Req.No : 2953

Collection Date & Time : 11/06/2022 10:04 AM
Reporting Date & Time : 11/06/2022 02:28 PM
Print Date & Time : 11/06/2022 03:01 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
RBC MORPHOLOGY	: Normocytic Normochromic		
WBC MORPHOLOGY	: Within Normal Limits		
PLATELETS	: Adequate		
PARASITES	: Not Detected		

Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

ESR

ESR MM (AT The End of 1 Hr.) By : 02
Westergren Method

mm/hr


Male : 0 - 15
Female : 0 - 20

END OF REPORT

(ENTRY LEVEL)

Technician

Report Type By :- KAJAL SADIGALE


Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist



Dept. of Pathology
(For Report Purpose Only)



PRN : 108400
Patient Name : Mr. CHAVHAN AVINASH
Age/Sex : 29Yr(s)/Male
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 2953
Req.No : 2953

Collection Date & Time : 11/06/2022 10:04 AM
Reporting Date & Time : 11/06/2022 02:28 PM
Print Date & Time : 11/06/2022 03:01 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP : "A"
RH FACTOR : NEGATIVE

NOTE : This is for your information.No transfusion / therapeutic intervention is done without confirmation of blood group by concerned authorities.In case of infants less than 6 months,suggested to repeat Blood Group after 6 months of age for confirmation. Kindly confirm the Negative Blood Group by reverse blood grouping (Tube method).

END OF REPORT



Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist



Dept. of Pathology
(For Report Purpose Only)



PRN : 108400
Patient Name : Mr. CHAVHAN AVINASH
Age/Sex : 29Yr(s)/Male
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 2953
Req.No : 2953

Collection Date & Time : 11/06/2022 10:04 AM
Reporting Date & Time : 11/06/2022 02:28 PM
Print Date & Time : 11/06/2022 02:59 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

BIOCHEMISTRY

BSL-F & PP

Blood Sugar Level Fasting	: 91	MG/DL	60 - 110
Blood Sugar Level PP	: 95	MG/DL	70 - 140

CALCIUM


CALCIUM (serum)	: 9.57	MG/DL	8.4 - 10.4
-----------------	--------	-------	------------

END OF REPORT

(ENTRY LEVEL)

Technician 

Report Type By :- KAJAL SADIGALE


Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist

For Free Home Collection Call: 05450000000



Dept. of Pathology
(For Report Purpose Only)



PRN : 108400
 Patient Name : Mr. CHAVHAN AVINASH
 Age/Sex : 29Yr(s)/Male
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 2953
 Req.No : 2953

Collection Date & Time : 11/06/2022 10:04 AM
 Reporting Date & Time : 11/06/2022 02:28 PM
 Print Date & Time : 11/06/2022 03:02 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

BIOCHEMISTRY

HbA1C- GLYCOSYLATED -HB

HbA1C : 5.13

%

Normal Control : : 4.2 - 6.2
 Good Control : : 5.5 - 6.7
 Fair Control : : 6.8 - 7.6
 Poor Control : : >7.6

Instrument: COBAS C 111

NOTE :

- The HbA1C test shows your average blood sugar for last 3 months.
- The HbA1C test does not replace your day-to-day monitoring of blood glucose.
Use this test result along with your daily test results to measure your overall diabetes control.

How does HbA1C works ?

The HbA1C test measures the amount of **sugar that attaches to protein** in your red blood cells. RBCs live for about 3 months, so this test shows your average blood sugar levels during that time. Greater the level of sugar & longer it is high, the more sugar that will attach to RBCs.

Why is this test so important ?

Research studies demonstrated that **the closer to normal your HbA1C level was, the less likely your risk of developing the long- term complications of diabetes.** Such problems include eye disease and kidney problems.

Who should have the HbA1c test done ?

Everyone with diabetes can benefit from taking this test. Knowing your HbA1C level helps you and your doctor decide if you need to change your diabetes management plan.

How often should you have a HbA1C test ?

You should have this test done when you are first diagnosed with diabetes. Then at least twice a year if your treatment goals are being met & blood glucose control is stable. More frequent HbA1C testing (4 times / year) is recommended if your blood glucose management goals.

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist



Dept. of Pathology
(For Report Purpose Only)



PRN : 108400
 Patient Name : Mr. CHAVHAN AVINASH
 Age/Sex : 29Yr(s)/Male
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 2953
 Req.No : 2953
 Collection Date & Time : 11/06/2022 10:04 AM
 Reporting Date & Time : 11/06/2022 02:28 PM
 Print Date & Time : 11/06/2022 03:02 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL (serum)	: 247	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 167	MG/DL	0 - 150
HDL (serum)	: 38	MG/DL	Male: : 42 - 79.5 Female: : 42 - 79.5
LDL (serum)	: 207	MG/DL	0 - 130
VLDL (serum)	: 33.40	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 6.50		Male : 1.0 - 5.0 Female: : 1.0 - 4.5
LDL/HDL RATIO	: 5.45		Male : <= 3.6 Female : <=3.2

NCEP Guidelines

	Desirable	Borderline (ENTRY LEVEL)	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable.
 Cholesterol & Triglycerides reprocessed , & confirmed.

END OF REPORT

Technician *R*
 Report Type By : KAJAL SADIGALE

[Signature]
Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
Pathologist



Dept. of Pathology
(For Report Purpose Only)



PRN : 108400
Patient Name : Mr. CHAVHAN AVINASH
Age/Sex : 29Yr(s)/Male
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 2953
Req.No : 2953

Collection Date & Time : 11/06/2022 10:04 AM
Reporting Date & Time : 11/06/2022 02:28 PM
Print Date & Time : 11/06/2022 03:02 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

BIOCHEMISTRY

LFT (Liver function Test)

BILIRUBIN TOTAL (serum)	: 0.6	MG/DL	INFANTS : 1.2 - 12.0 ADULT : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 0.3	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 0.30	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 27	IU/L	5 - 40
S.G.P.T (serum)	: 25	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 92	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : 67 - 382 ADULT : 36 - 113
PROTEINS TOTAL (serum)	: 7.2	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 4.5	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 2.70	GM/DL	1.8 - 3.6
A/G RATIO	: 1.67		1:2 - 2:1

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist



Dept. of Pathology
(For Report Purpose Only)



PRN : 108400
Patient Name : Mr. CHAVHAN AVINASH
Age/Sex : 29Yr(s)/Male
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 2953
Req.No : 2953

Collection Date & Time : 11/06/2022 10:04 AM
Reporting Date & Time : 11/06/2022 02:28 PM
Print Date & Time : 11/06/2022 03:02 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

BIOCHEMISTRY

RFT (RENAL FUNCTION TEST)

BIOCHEMICAL EXAMINATION

UREA (serum)	: 19	MG/DL	0 - 45
UREA NITROGEN (serum)	: 8.87	MG/DL	7 - 21
CREATININE (serum)	: 0.9	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 8.2	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7

SERUM ELECTROLYTES

SERUM SODIUM	: 140	mEq/L	136 - 149
SERUM POTASSIUM	: 4.1	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 103	mEq/L	98 - 107

END OF REPORT

(ENTRY LEVEL)

Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist



Dept. of Pathology

(For Report Purpose Only)



PRN : 108400
 Patient Name : Mr. CHAVHAN AVINASH
 Age/Sex : 29Yr(s)/Male
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 2953
 Req.No : 2953
 Collection Date & Time : 11/06/2022 10:04 AM
 Reporting Date & Time : 11/06/2022 02:28 PM
 Print Date & Time : 11/06/2022 03:02 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

ENDOCRINOLOGY

TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	: 1.56	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 7.32	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 1.36	µIU/mL	0.465 - 4.68

NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The third type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4, Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra TSH
First Trimester	0.86 - 1.87	6.60 - 12.4	0.30 - 4.50
2 nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3 rd Trimester	1.0 - 2.60	6.60 - 15.5	0.80 - 5.20

The guidelines for age related reference ranges for T3, T4, & Ultra TSH

	Total T3	Total T4	Ultra TSH
Cord Blood	0.30 - 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1.0-38.9
New Born	0.75 - 2.60	1 Week 6.0-15.9	2-20 Week : 1.7-9.1
1-5 Years	1.0-2.60	1-12 Months 6.8 - 14.9	20 Week- 20 years 0.7 - 6.4
5-10 Years	0.90 - 2.40	1-3 Years 6.8-13.5	
10-15 Years	0.80 - 2.10	3-10 Years 5.5-12.8	

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist



Dept. of Pathology
(For Report Purpose Only)



PRN : 108400
Patient Name : Mr. CHAVHAN AVINASH
Age/Sex : 29Yr(s)/Male
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 2953
Req.No : 2953

Collection Date & Time : 11/06/2022 10:04 AM
Reporting Date & Time : 11/06/2022 02:28 PM
Print Date & Time : 11/06/2022 03:02 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY : 30 ML
COLOUR : COLOURLESS
REACTION : ACIDIC
SPECIFIC GRAVITY : 1.005

CHEMICAL EXAMINATION

PROTEIN : ABSENT
SUGAR : ABSENT
KETONES : ABSENT
BILE SALTS : ABSENT
BILE PIGMENTS : ABSENT
UROBILINOGEN : NORMAL


MICROSCOPIC EXAMINATION

(ENTRY LEVEL)
PUS CELLS : OCCASIONAL /hpf
RBC CELLS : ABSENT / hpf
EPITHELIAL CELLS : 0-1 /hpf
CASTS : ABSENT /hpf
CRYSTALS : ABSENT
OTHER FINDINGS : ABSENT
BACTERIA : ABSENT

END OF REPORT

Technician 

Report Type By :- KAJAL SADIGALE


Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist



Dept. of Radiology

(For Report Purpose Only)



REQ. DATE : 11-JUN-2022
NAME : MR. CHAVHAN AVINASH
PATIENT CODE : 108400
REFERRAL BY : Dr. HOSPITAL PATIENT

REP. DATE : 11-JUN-2022
AGE/SEX : 29 YR(S) / MALE

USG ABDOMEN AND PELVIS

OBSERVATION :

Liver : Is normal in size (14.8cms), shape & bright in echotexture. No focal lesion / IHBR dilatation.

CBD & PV : Normal in caliber.

G.B. : Moderately distended, Normal.

Spleen : Is normal in size (11.0cms) , shape & echotexture. No focal lesion.

Pancreas : Normal in size, shape & echotexture.

Both kidneys are normal in size, shape & echotexture, CMD maintained. No calculus/ hydronephrosis / hydroureter on either side.

Right kidney measures : 9.5 x 3.6 cm.
Left kidney measures : 9.8 x 4.4 cm.

Urinary bladder : Moderately distended, normal.

Prostate : is normal in size, shape and echotexture. No focal lesion seen.

No demonstrable small bowel / RIF pathology.

No ascites / lymphadenopathy.

IMPRESSION :

Grade I fatty liver.

- Kindly correlate clinically.

Dr. PIYUSH YEOLE

(MBBS, DMRE)

CONSULTANT RADIOLOGIST

CHAVHAN, AVINASH
 Patient ID 31554
 11.06.2022
 12:50:18

Tabular Summary

LOREA HEALTHCARE PVT LTD

BRUCE: Total Exercise Time 07:39
 Max HR: 134 bpm 70% of max predicted 191 bpm HR at rest: 71
 Max BP: 120/70 mmHg BP at rest: 120/70 Max RPP: 15600 mmHg*bpm

Maximum Workload: 6.60 METS
 Max ST: -0.10 mV, 0.00 mV/s in V6; EXERCISE STAGE 3 07:29
 Arrhythmia: A:8, PSVC:2
 ST/HR index: 1.28 μ V/bpm

Reasons for Termination: Target heart rate achieved

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Conclusion: GOOD EFFORT TOLERANCE

MAX HR ACHIEVED

NORMAL BP RESPONSE

NO SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DR. RAJDAJI DEORE
 MD,DM-CARDIOLOGIST
 MMC 2005/03/1520

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (V6 mV)	Comment
PRETEST	SUPINE	01:36	0.00	0.00	1.0	68	120/70	8160	0	0.08	
	STANDING	00:05	0.00	0.00	1.0	74			0	0.07	
	HYPERV.	00:28	0.80	0.00	1.1	76			0	0.07	
EXERCISE	STAGE 1	02:08	1.70	10.00	3.2	111	120/70	13320	0	0.03	
	STAGE 2	03:00	2.50	12.00	4.7	120	120/70	14400	0	-0.04	
	STAGE 3	02:31			1.0	133	120/70	15960	0	-0.09	
RECOVERY		03:15	0.00	0.00	1.0	84			0	-0.03	

CHAVHAN, AVINASH
Patient ID 31554
11.06.2022
13:02:57

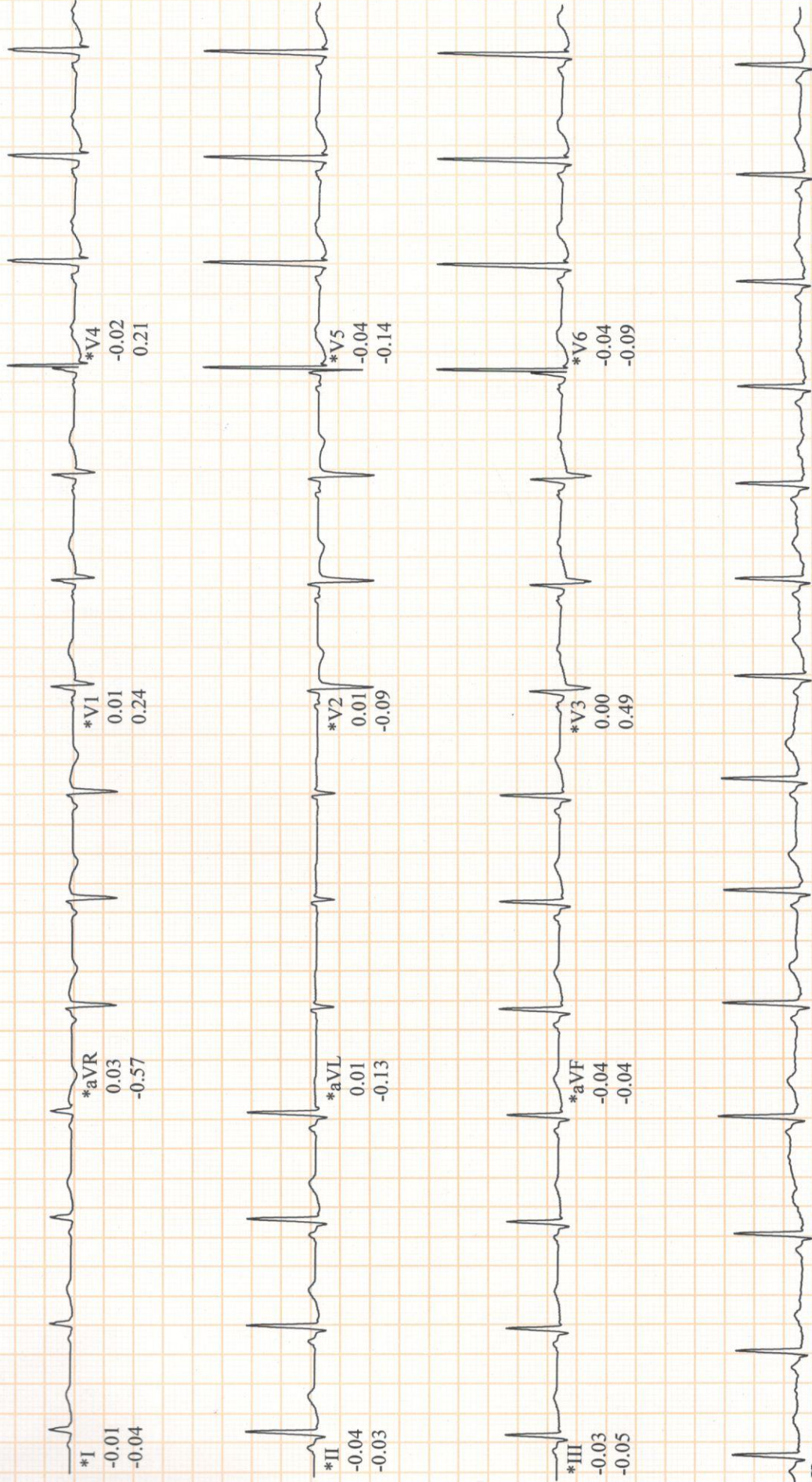
Linked Medians
RECOVERY
#1
02:50

82 bpm

BRUCE
0.0 km/h
0.0 %

LOREA HEALTHCARE PVT LTD

Lead
ST Level (mV)
ST Slope (mV/s)



II
Raw Data

*Computer Synthesized Rhythms



2D ECHO / COLOUR DOPPLER

NAME : MR. AVINASH CHAVHAN
REF BY : DR. HOSPITAL PATIENT

30yrs/M

OPD
11-June-22

M - Mode values

Doppler Values

AORTIC ROOT (mm)	23	PULMONARY VEL (m/sec)	
LEFT ATRIUM (mm)	37	PG (mmHg)	
RV (mm)		AORTIC VEL (m/sec)	1.2
LVID - D (mm)	41	PG (mmHg)	6
LVID - S (mm)	25	MITRAL E VEL (m/sec)	0.8
IVS - D (mm)	11	A VEL (m/ sec)	0.5
LVPW -D (mm)	10	TRICUSPID VEL. (m/sec)	
EJECTION FRACTION (%)	60%	PG (mmHg)	

REPORT

Normal LV size & wall thickness.
No regional wall motion abnormality
Normal LV systolic function , LVEF 60%
Normal sized cardiac chambers.

Pliable mitral valve., no Mitral regurgitation.
Normal mitral diastolic flows.

Trileaflet aortic valve. No aortic stenosis / regurgitation.

Normal Tricuspid & pulmonary valve (ENTRY LEVEL)
Trivial tricuspid regurgitation ,
PA pressure = 20 mmHg - normal

Intact IAS & IVS
No PDA, coarctation of aorta.
No clots , vegetations , pericardial effusion noted.

IMPRESSION :

Normal echo study.
No regional wall motion abnormality.
Normal LV systolic & diastolic function , LVEF 60%
Normal PA pressure.


DR. RAJDATT DEORE.
MD, DM-CARDIOLOGIST
MMC 2005/03/1520

(NORMAL 2D-ECHO & COLOR DOPPLER DOESN'T RULE OUT ISCHAEMIC HEART DISEASE)



Dept. of Radiology
(For Report Purpose Only)

AIMS Hospital & Research Center
Caring Redefined

REQ. DATE : 11-JUN-2022
NAME : MR. CHAVHAN AVINASH
PATIENT CODE : 108400
REFERRAL BY : HOSPITAL PATIENT
AGE/SEX : 29 YR(S) / MALE
REP. DATE : 11-JUN-2022

CHEST X-RAY PA VIEW

OBSERVATION :

Prominent bronchovascular markings are noted in both lung fields.
Heart and mediastinum are normal.
Diaphragm and both CP angles are normal.
Visualised bones & extra-thoracic soft tissues appear normal.

IMPRESSION :

Prominent bronchovascular markings in both lung fields ? bronchitis.
-Kindly correlate clinically.

Dr. PIUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST