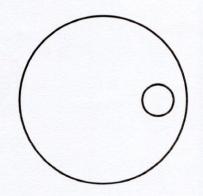
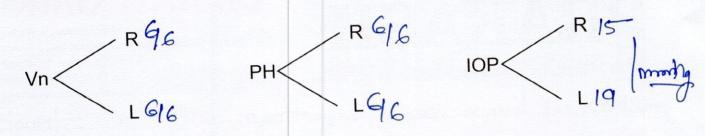


RE colour usion ( NORMAL MORMAL

	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance		flono	-	616		llono	-	9,6
Near Add BE	+1.50	-		MIG	+ 1.50	_	-	M6.

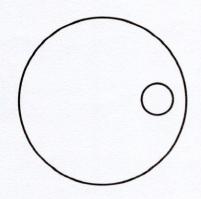






RE colour reston NORMAL MORMAL

	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Dietance	Орт	flono	-	616		llono	_	98
Distance Near				N16	+ 1.50			ME.
Add BE	+1.50	-		1416	T 1.50			







Dr. MONIKA GARG M.B.B.S. M.D. (Path.) GARG PATHOLOGY



### सारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India

आत्मजः मांगेराम वर्मा, 50, इन्द्रा कॉलोनी, मुजफ्फरनगर, मुजफ्फर नगर सिटी, मुजफ्फरनगर, उत्तर प्रदेश, 251002

Address: S/O: Mangeram Verma, 50, indra colony, Muzaffarnagar, Muzaffar Nagar City, Muzaffarnagar, Uttar Pradesh, 251002

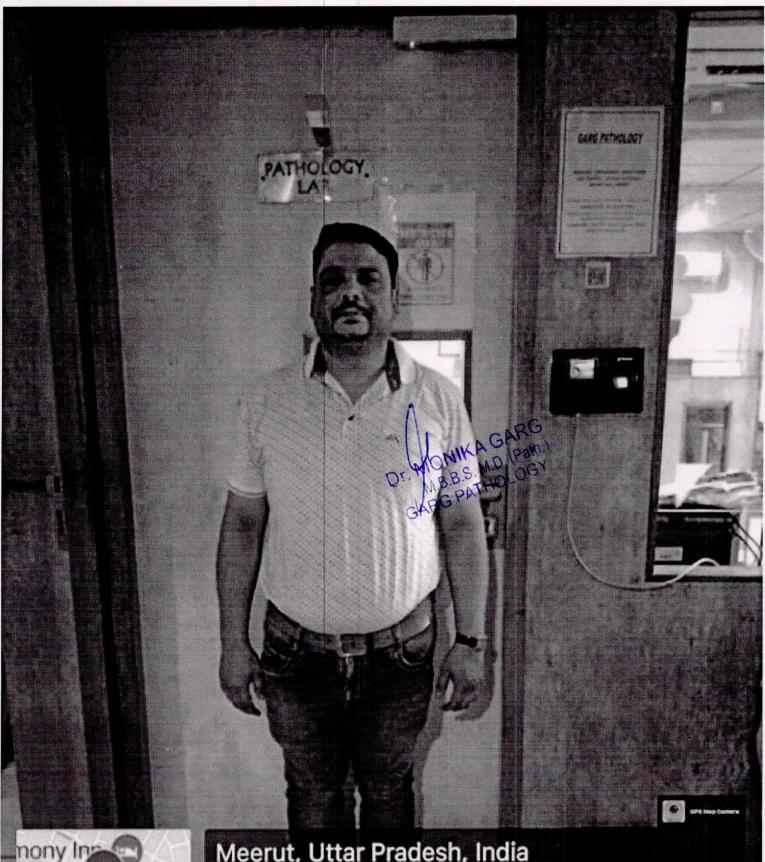
CES

3332 1851 9344

1947 1800 300 1947

M help@uidai.gov.in

www





## Meerut, Uttar Pradesh, India

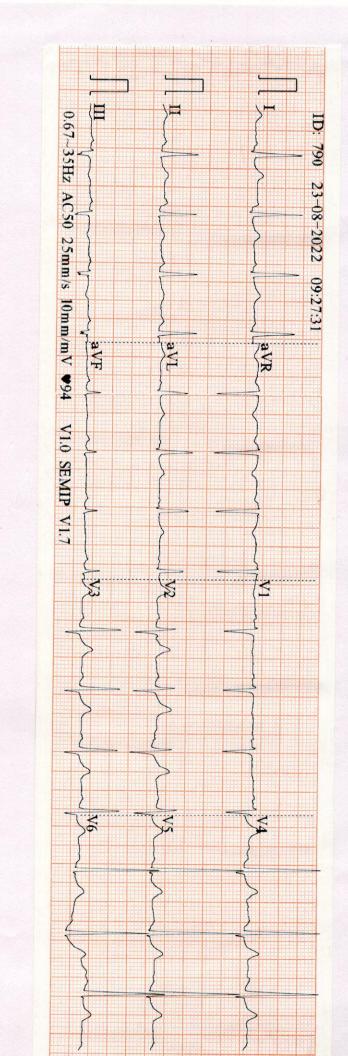
XP8J+FHH, Sector 3, Tejgarhi, Meerut, Uttar Pradesh 250001,

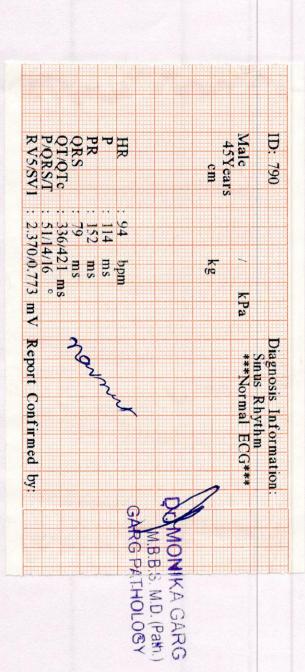
India

Lat 28.966239°

Long 77.731485°

23/08/22 09:19 AM







Certified by

National Accreditation Board For Testing & Calibration Laboratories Garden House Colony, Near Nai Sarak, Garh Road, Meerut

Former Pathologist : St. Stephan's Hospital, Delhi

M.D. (Path) Gold Medalist

Ph.: 0121-2600454, 8979608687, 9837772828

603

PUID : 220823/603 **Patient Name** : Mr. NAVNEET KUMAR VERMA 45Y / Male

Sample By Organization

**Referred By** 

: Dr. BANK OF BARODA

C. NO:

**Collection Time Receiving Time** 

**Reporting Time** 

: 23-Aug-2022 9:20AM <sup>1</sup> 23-Aug-2022 9:55AM : 23-Aug-2022 1:46PM

: Garg Pathology Lab - TPA **Centre Name** 

Units Investigation **Biological Ref-Interval** Results

#### **HAEMATOLOGY (EDTA WHOLE BLOOD)**

COMPLETE BLOOD COUNT			
HAEMOGLOBIN	12.0	gm/dl	13.0-17.0
(Colorimetry)			
TOTAL LEUCOCYTE COUNT	6240	*10^6/L	4000 - 11000
(Electric Impedence)			
DIFFERENTIAL LEUCOCYTE COUNT			
(Microscopy)			
Neutrophils	62	%.	40-80
Lymphocytes	33	%.	20-40
Eosinophils	02	%.	1-6
Monocytes	03	%.	2-10
Basophils	00	%.	<1-2
Band cells	00	%	0-5
Absolute neutrophil count	3.87	x 10^9/L	2.0-7.0(40-80%
Absolute lymphocyte count	2.06	x 10^9/L	1.0-3.0(20-40%)
Absolute eosinophil count	0.12	x 10^9/L	0.02-0.5(1-6%)
Method:-((EDTA Whole blood,Automa			
RBC Indices			
TOTAL R.B.C. COUNT	4.35	Million/Cumm	4.5 - 6.5
(Electric Impedence)			
Haematocrit Value (P.C.V.)	38.8	%	26-50
MCV	89.2	fL	80-94
(Calculated)			
MCH	27.6	pg	27-32
(Calculated)			
MCHC	30.9	g/dl	30-35

(Calculated)

\*THIS TEST IS NOT UNDER NABL SCOPE

**Checked By Technician:** 

Page 1 of 10





M.D. (Path) Gold Medalist

Former Pathologist :

St. Stephan's Hospital, Delhi

National Accreditation Board For Testing & Calibration Laboratories

C. NO:

Garden House Colony, Near Nai Sarak, Garh Road, Meerut Ph.: 0121-2600454, 8979608687, 9837772828

603

PUTD : 220823/603

: Mr. NAVNEET KUMAR VERMA 45Y / Male

**Collection Time Receiving Time**  : 23-Aug-2022 9:20AM <sup>1</sup> 23-Aug-2022 9:55AM

**Referred By** 

**Patient Name** 

: Dr. BANK OF BARODA

**Reporting Time** 

: 23-Aug-2022 1:46PM

Sample By

**Centre Name** 

: Garg Pathology Lab - TPA

Organization :			
Investigation	Results	Units	Biological Ref-Interval
RDW-SD	47.6	fL	37-54
(Calculated)			
RDW-CV	13.0	%	11.5 - 14.5
(Calculated)			
Platelet Count	1.65	/Cumm	1.50-4.50
(Electric Impedence)			
MPV	11.6	%	7.5-11.5
(Calculated)			
GENERAL BLOOD PICTURE			
NLR	1.88		1-3
6.0 Mild stress			

6-9 Mild stres

7-9 Pathological cause

- -NLR is a reflection of physiologic stress, perhaps tied most directly to cortisol and catecholamine levels.
- -NLR can be a useful tool to sort out patients who are sicker, compared to those who are less sick (its not specific to infection).
- -NLR has proven more useful than white blood cell count (WBC) when the two are directly compared. Ultimately, NLR may be a logical replacement for the WBC. In some situations, NLR is competitive with more expensive biomarkers (e.g. procalcitonin, lactate).
- -With specific clinical contexts (e.g. pancreatitis, pulmonary embolism), NLR may have surprisingly good prognostic value.

0-10 **Erythrocyte Sedimentation Rate end o** 12 mm **BLOOD GROUP \*** "B" POSITIVE \$ \$



\*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

Page 2 of 10

Dr. Monika Garg





M.D. (Path) Gold Medalist

Former Pathologist : St. Stephan's Hospital, Delhi

National Accreditation Board For Testing & Calibration Laboratories Garden House Colony, Near Nai Sarak, Garh Road, Meerut

Ph.: 0121-2600454, 8979608687, 9837772828

603

PUTD : 220823/603 **Patient Name** 

: Mr. NAVNEET KUMAR VERMA 45Y / Male

**Collection Time Receiving Time**  : 23-Aug-2022 9:20AM <sup>1</sup> 23-Aug-2022 9:55AM

Referred By

: Dr. BANK OF BARODA

**Reporting Time** 

: 23-Aug-2022 1:46PM

Sample By Organization **Centre Name** 

: Garg Pathology Lab - TPA 

Investigation	Results	Units	Biological Ref-Interval

#### **GLYCATED HAEMOGLOBIN (HbA1c)\* ESTIMATED AVERAGE GLUCOSE**

5.3 105.4

C. NO:

% ma/dl 4.3-6.3

EXPECTED RESULTS:

Non diabetic patients & Stabilized diabetics : 4.3% to 6.30%

> Good Control of diabetes : 6.4% to 7.5% Fair Control of diabetes : 7.5% to 9.0% Poor Control of diabetes 9.0 % and above

- -Next due date for HBA1C test: After 3 months
- -High HbF & Trig.level, iron def.anaemia result in high GHb
- -Haemolyic anemia, presence of HbS, HbC and other Haemoglobinopathies may produce low values. three months.

INTERPRETATION: 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. Mean Plasma 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.



\*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

Page 3 of 10

Dr. Monika Garg





M.D. (Path) Gold Medalist Former Pathologist :

National Accreditation Board For Testing & Calibration Laboratories

St. Stephan's Hospital, Delhi

Garden House Colony, Near Nai Sarak, Garh Road, Meerut Ph.: 0121-2600454, 8979608687, 9837772828

PUID C. NO: 603 : 220823/603 **Collection Time** : 23-Aug-2022 9:20AM **Patient Name** : Mr. NAVNEET KUMAR VERMA 45Y / Male **Receiving Time** <sup>1</sup> 23-Aug-2022 9:55AM

**Reporting Time** : Dr. BANK OF BARODA : 23-Aug-2022 1:47PM Referred By : Garg Pathology Lab - TPA Sample By **Centre Name** 

Organization

70 - 110

Investigation	Results	Units	Biological Ref-Interval

mg/dl

(GOD/POD method)

PLASMA SUGAR FASTING

PLASMASUGAR P.P. 80-140 182.0 mg/dl

104.0

(GOD/POD method)

\*THIS TEST IS NOT UNDER NABL SCOPE

**Checked By Technician:** 

Page 4 of 10





M.D. (Path) Gold Medalist

Former Pathologist :

National Accreditation Board For Testing & Calibration Laboratories

St. Stephan's Hospital, Delhi

Garden House Colony, Near Nai Sarak, Garh Road, Meerut Ph.: 0121-2600454, 8979608687, 9837772828

603

PUID : 220823/603 **Patient Name** 

C. NO: : Mr. NAVNEET KUMAR VERMA 45Y / Male

Sample By Organization

**Referred By** 

: Dr. BANK OF BARODA

**Collection Time Receiving Time Reporting Time**  : 23-Aug-2022 9:20AM <sup>1</sup> 23-Aug-2022 9:55AM

**Centre Name** 

: 23-Aug-2022 1:47PM : Garg Pathology Lab - TPA

Units Investigation **Biological Ref-Interval** Results

**BIOCHEMISTRY (SERUM)** 

**URIC ACID** 4.5 mg/dL. 3.6-7.7 **BLOOD UREA NITROGEN** 14.30 mg/dL. 8-23



\*THIS TEST IS NOT UNDER NABL SCOPE

**Checked By Technician:** 

Page 5 of 10





: Garg Pathology Lab - TPA

Former Pathologist :

National Accreditation Board For Testing & Calibration Laboratories Garden House Colony, Near Nai Sarak, Garh Road, Meerut

St. Stephan's Hospital, Delhi

Ph.: 0121-2600454, 8979608687, 9837772828

PUID C. NO: 603 : 23-Aug-2022 9:20AM : 220823/603 **Collection Time Receiving Time Patient Name** : Mr. NAVNEET KUMAR VERMA 45Y / Male <sup>1</sup> 23-Aug-2022 9:55AM **Reporting Time** : Dr. BANK OF BARODA : 23-Aug-2022 1:47PM Referred By

Sample By **Centre Name** 

Organization

Organization :				
Investigation	Results	Units	Biological Ref-Interval	
LIVER FUNCTION TEST				
SERUM BILIRUBIN				
TOTAL	0.6	mg/dl	0.1-1.2	
(Diazo)				
DIRECT	0.3	mg/dl	<0.3	
(Diazo)				
INDIRECT	0.3	mg/dl	0.1-1.0	
(Calculated)				
S.G.P.T.	60.0	U/L	8-40	
(IFCC method)				
S.G.O.T.	46.0	U/L	6-37	
(IFCC method)				
SERUM ALKALINE PHOSPHATASE	123.0	IU/L.	50-126	
(IFCC KINETIC)				
SERUM PROTEINS				
TOTAL PROTEINS	7.0	Gm/dL.	6-8	
(Biuret)				
ALBUMIN	4.1	Gm/dL.	3.5-5.0	
(Bromocresol green Dye)				
GLOBULIN	2.9	Gm/dL.	2.5-3.5	
(Calculated)				
A: G RATIO	1.4		1.5-2.5	
(Calculated)				



\*THIS TEST IS NOT UNDER NABL SCOPE

**Checked By Technician:** 

Page 6 of 10





Former Pathologist :

St. Stephan's Hospital, Delhi

National Accreditation Board For Testing & Calibration Laboratories

Garden House Colony, Near Nai Sarak, Garh Road, Meerut Ph.: 0121-2600454, 8979608687, 9837772828

603

PUID : 220823/603 **Patient Name** 

C. NO: : Mr. NAVNEET KUMAR VERMA 45Y / Male

: Dr. BANK OF BARODA

Referred By

Organization

Sample By

**Collection Time** 

**Receiving Time** 

: 23-Aug-2022 9:20AM <sup>1</sup> 23-Aug-2022 9:55AM

**Reporting Time** 

: 23-Aug-2022 1:47PM

**Centre Name** 

: Garg Pathology Lab - TPA

Investigation	Results	Units	Biological Ref-Interval
PSA*	0.913	ng/ml	

**ECLIA** 

NORMAL VALUE

Age (years)	Medain (ng/ml)
<49	<2.0
50-59	<3.5
60-69	<4.5
70-79	<6.5

#### KIDNEY FUNCTION TEST

KIDNEY FUNCTION TEST			
UREA	27.0	mg / dl	10 - 50
(Urease-GLDH)			
CREATININE	1.3	mg/dl	0.6 - 1.4
(Enzymatic)			
S.CALCIUM	9.8	mg/dl	9.2-11.0
Method:-Arsenazo			
SODIUM (NA)*	139.0	m Eq/litre.	135 - 155
(ISE)			
POTASSIUM (K)*	4.1	m Eq/litre.	3.5 - 5.5
(ISE)			



\*THIS TEST IS NOT UNDER NABL SCOPE

**Checked By Technician:** 

Page 7 of 10

Dr. Monika Garg





M.D. (Path) Gold Medalist

Former Pathologist :

National Accreditation Board For Testing & Calibration Laboratories Garden House Colony, Near Nai Sarak, Garh Road, Meerut

St. Stephan's Hospital, Delhi

Ph.: 0121-2600454, 8979608687, 9837772828

PUID : 220823/603 **Patient Name** 

C. NO: 603 **Collection Time Receiving Time**  : 23-Aug-2022 9:20AM <sup>1</sup> 23-Aug-2022 9:55AM

Referred By

: Mr. NAVNEET KUMAR VERMA 45Y / Male

: Dr. BANK OF BARODA

**Reporting Time** 

: 23-Aug-2022 1:47PM

Sample By Organization : **Centre Name** 

: Garg Pathology Lab - TPA

Investigation	Results	Units	Biological Ref-Interval
LIPID PROFILE			
SERUM CHOLESTEROL	230.0	mg/dl	150-250
(CHOD - PAP)			
SERUM TRIGYCERIDE	190.0	mg/dl	70-150
(GPO-PAP)			
HDL CHOLESTEROL *	42.3	mg/dl	30-60
(PRECIPITATION METHOD)			
VLDL CHOLESTEROL *	38.0	mg/dl	10-30
(Calculated)			
LDL CHOLESTEROL *	149.7	mg/dL.	0-100
(Calculated)			
LDL/HDL RATIO *	03.5	ratio	<3.55
(Calculated)			
CHOL/HDL CHOLESTROL RATIO*	5.4	ratio	3.8-5.9
(Calculated)			

(Calculated)

Interpretation:

NOTE:

Lipid Profile Ranges As PER NCEP-ATP III:

SERUM CHOESTEROL : Desirable : < 200 Borderline : 200 - 239 Elevated :> 240 mg/dl HDLCHOLESTEROL Desirable : > 60 Borderline : 40- 60 Decreased :< 40 mg/dl LDL CHOLESTEROL Desirable: 100 mg/dl, Borderline: 100-159 Elevated: >160 mg/dl Desirable: 150 Borderline: 150-199 High: 200 - 499 Very High: >500 Triglycerides

Friedwald Equation, VLDL & LDL values are not applicable for triglyceride > 400 mg/dl.



\*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

Page 8 of 10

Dr. Monika Garg MBBS, MD(Path)

(Consultant Pathologist)



<sup>\*</sup>Paitient Should be Fast overnight For Minimum 12 hours and normal diet for one week\*



M.D. (Path) Gold Medalist Former Pathologist :

National Accreditation Board For Testing & Calibration Laboratories

St. Stephan's Hospital, Delhi

Garden House Colony, Near Nai Sarak, Garh Road, Meerut Ph.: 0121-2600454, 8979608687, 9837772828

PUTD : 220823/603 C. NO: 603 **Collection Time** : 23-Aug-2022 9:20AM **Patient Name** : Mr. NAVNEET KUMAR VERMA 45Y / Male **Receiving Time** <sup>1</sup> 23-Aug-2022 9:55AM : Dr. BANK OF BARODA **Reporting Time** : 23-Aug-2022 1:47PM Referred By : Garg Pathology Lab - TPA **Centre Name** 

Sample By Organization

Investigation	Results	Units	Biological Ref-Interval
THYRIOD PROFILE*			
Triiodothyronine (T3) *	0.985	ng/dl	0.79-1.58
(ECLIA)			
Thyroxine (T4) *	8.432	ug/dl	4.9-11.0
(ECLIA)			
THYROID STIMULATING HORMONE (TSH	1.996	uIU/ml	0.38-5.30
(ECLTA)			

Hyperthyroid patient have suppressed TSH values, with the exception of those few individuals whos have hyperthyroidism caused by TSH producing pituitary tumor or other rare disordes such as pituitary resistance to thyroid hormones. Subclinical hyperthyroidism is defined as low TSH with levels of T4 and T3 within the reference interval. In most patients with hypothyroidism, serum TSH results are markedly elevated, but results are low in individuals with hypothyroidism caused by pituitary or hypothalamic disorders. An important cause of both incresed and decreased TSH results is NTI. Patients with NTI tend to have low TSH results during their acute illness ,then TSH rises to within or above the reference range with resolution of the underlying illness, and finally returns to within the reference range. The situation is complicated because drugs, including glucagon and dopamine, suppress TSH. Sensitive TSH assays are helpful in evaluation of treatment with thyroid hormone both for replacement therapy and suppressive doses for malignant thyroid disease.

**SERUM CALCIUM** mg/dl 9.2-11.0 9.8

(Arsenazo)

\*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

Page 9 of 10

Dr. Monika Garg





Former Pathologist : St. Stephan's Hospital, Delhi

National Accreditation Board For Testing & Calibration Laboratories Garden House Colony, Near Nai Sarak, Garh Road, Meerut

Ph.: 0121-2600454, 8979608687, 9837772828

PUTD : 220823/603 **Patient Name** 

C. NO: 603 **Collection Time** 

: 23-Aug-2022 9:20AM

**Referred By** 

Organization

Colour

**Appearance** 

**Specific Gravity** 

PH ( Reaction )

: Mr. NAVNEET KUMAR VERMA 45Y / Male

**Receiving Time Reporting Time**  <sup>1</sup> 23-Aug-2022 9:55AM : 23-Aug-2022 1:51PM

Sample By

**Centre Name** 

ml

/HPF

/HPF

/HPF

: Garg Pathology Lab - TPA

Clear

Nil

Nil

Nil

0-2

1-3

1.000-1.030

Investigation	Results	Units	Biological Ref-Interval
1			•

#### **URINE**

FXAMINATION

**Volume** 25

: Dr. BANK OF BARODA

Pale yellow

Clear 1.030

Acidic

Nil

Absent

Absent

**BIOCHEMICAL EXAMINATION** 

**Protein** Nil

Sugar Nil

**MICROSCOPIC EXAMINATION** 

**Red Blood Cells** Nil Pus cells 1-2

**Epithilial Cells** 1-2 **Crystals** Nil

**Casts** 

@ Special Examination **Bile Pigments** 

**Blood** Nil

**Bile Salts** 

-----{END OF REPORT }-----



\*THIS TEST IS NOT UNDER NABL SCOPE

**Checked By Technician:** 

Page 10 of 10





# LOKPRIYA HOSPITAL





#### DEPARTMENT OF NON-INVASIVE CARDIOLOGY

DATE : 23/08/2022 REFERENCE NO. : 50204

PATIENT NAME : NAVNEET KUMAR VERMA AGE/SEX : 45YRS/M

REFERRED BY : DR. MONIKA GARG ECHOGENECITY : NORMAL

**REFERRING DIAGNOSIS:** To rule out structural heart disease.

#### ECHOCARDIOGRAPHY REPORT

DIMENSIC	ONS	NORMAL			NORMAL
AO (ed)	2.5 cm	(2.1 - 3.7 cm)	IVS (ed)	0.9 cm	(0.6 - 1.2 cm)
LA (es)	2.6 cm	(2.1 - 3.7 cm)	LVPW (ed)	0.9 cm	(0.6 - 1.2 cm)
RVID (ed)	1.3 cm	(1.1 - 2.5 cm)	<b>EF</b>	55%	(62% - 85%)
LVID (ed)	3.9 cm	(3.6 - 5.2 cm)	FS	27%	(28% - 42%)
LVID (es)	2.8 cm	(2.3 - 3.9 cm)			

#### <u>MORPHOLOGICAL DATA</u>:

Left Ventricle

Mitral Valve: AML: Normal Interatrial septum: Intact

PML: Normal Interventricular Septum: Intact

Aortic Valve : Thickened Pulmonary Artery : Normal

Tricuspid Valve : Normal Aorta : Normal

Pulmonary Valve: Normal Right Atrium: Normal

Right Ventricle : Normal Left Atrium : Normal

: Normal

Cont. Page No. 2



# LOKPRIYA HOSPITAL





:: 2 ::

#### 2-D ECHOCARDIOGRAPHY FINDINGS:

LV normal in size with normal contractions. No LV regional wall motion abnormality seen in basal state. RV normal in size with adequate contractions. LA and RA normal. Aortic valve is thickened and rest other cardiac valves are structurally normal. No intracardiac mass. Estimated LV ejection fraction is 55%.

#### **DOPPLER STUDIES:**

Valve	Regurgitation	Velocity m/sec	Gradient mmHg
Mitral Valve	No	0.93	3.3
Tricuspid Valve	No	0.69	2.1
Pulmonary Valve	No	0.79	2.3
Aortic Valve	No	1.0	4.7

#### IMPRESSION:

- No RWMA.
- > LV Diastolic Dysfunction Grade I.
- Adequate LV Systolic Function (LVEF = 55%).

DR. HARIOM TYAGI MD, DM (CARDIOLOGY) (Interventional Cardiologist)

Director, Lokpriya Heart Centre

**NOTE:** Echocardiography report given is that of the procedure done on that day and needs to be correlated clinically. This is not for medico legal purpose, as patient's identity is not confirmed. No record of this report is kept in the Hospital



# LOKPRIYA HOSPITA

## **LOKPRIYA RADIOLOGY CENTRE**

SAMRAT PALACE, GARH ROAD, MEERUT - 250003



DATE	23.08.2022	REF. NO.	1726		
PATIENT NAME	NAVNEET KUMAR VERMA	AGE	45YRS	SEX:	M
INVESTIGATION	USG WHOLE ABDOMEN	REF. BY	GARG (PA	ATHOLOG	Y)

#### REPORT

Liver - appears normal in size and echotexture. No mass lesion seen. Portal vein is normal.

Gall bladder - Wall thickness is normal. No calculus / mass lesion seen. CBD is normal.

Pancreas- appears normal in size and echotexture. No mass lesion seen.

Spleen- is normal in size and echotexture.

Right Kidney - Normal in size and echotexture. Show well maintained corticomedullary differentiation. No calculus / hydronephrosis is noted.

Left Kidney - Normal in size and echotexture. Show well maintained corticomedullary differentiation. No calculus / hydronephrosis is noted.

Urinary bladder - appears distended. Wall thickness is normal. No calculus / mass seen.

Prostate - Normal in size (22g) & echotexture.

#### **IMPRESSION**

Essentially normal study

M.B.B.S., D.M.R.D. (VIMS & RC) Consultant Radiologist and Head

Impression is a professional opinion & not a diagnosis
 All modern machines & procedures have their limitations, if there is variance clinically this examination may be repeated or reevaluated by other investigations Ps. All congenital anomalies are not picked upon ultrasounds.
 Suspected typing errors should be informed back for correction immediately.
 Not for medico-legal purpose. Identity of the patient cannot be verified.

<sup>• 1.5</sup> Tesla MRI → 64 Slice CT → Ultrasound

Doppler → Dexa Scan / BMD → Digital X-ray



# LOKPRIYA HOSPITA

### **LOKPRIYA RADIOLOGY CENTRE**

SAMRAT PALACE, GARH ROAD, MEERUT - 250003



DATE	23.08.2022	REF. NO.	7909		
PATIENT NAME	NAVNEET KUMAR VERMA	AGE	45 YRS	SEX	М
INVESTIGATION	X-RAY CHEST PA VIEW	REF. BY	GARG (PATHOLOGY)		

#### REPORT

- Trachea is central in position.
- Both lung show mildly prominent broncho vascular marking.
- Cardiac size is within normal limits.
- Both costophrenic angles are clear.
- Both domes of diaphragm are normal in contour and position.

#### **IMPRESSION**

Both lung show mildly prominent broncho vascular marking.

M.B.B.S., D.M.R.D. (VIMS & RC) Consultant Radiologist and Head

<sup>.</sup> Impression is a professional opinion & not a diagnosis

<sup>1.</sup> Impression is a professional opinion & not a diagnosis
2. All modern machines & procedures have their limitations, if there is variance clinically this examination may be repeated or reevaluated by other investigations Ps. All congenital anomalies are not picked upon ultrasounds.
3. Suspected typing errors should be informed back for correction immediately.
4. Not for medico-legal purpose, Identity of the patient cannot be verified.

<sup>• 1.5</sup> Tesla MRI → 64 Slice CT → Ultrasound