



Name : MRS SAMMITA SACHDEV **Age** : 59 Yr(s) Sex :Female
Registration No : MH010882467 **Lab No** : 31230301431
Patient Episode : H03000053498 **Collection Date** : 30 Mar 2023 09:17
Referred By : HEALTH CHECK MHD **Reporting Date** : 30 Mar 2023 13:16
Receiving Date : 30 Mar 2023 10:25

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)

Cell Panel I NEGATIVE
Cell Panel II NEGATIVE
Cell Panel III NEGATIVE
Autocontrol NEGATIVE

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 SAMMITA SACHDEV **Age** : 59 Yr(s) Sex :Female
Registration No : MH010882467 **Lab No** : 32230311619
Patient Episode : H03000053498 **Collection Date** : 30 Mar 2023 09:17
Referred By : HEALTH CHECK MHD **Reporting Date** : 30 Mar 2023 11:02
Receiving Date : 30 Mar 2023 09:49

BIOCHEMISTRY

Glycosylated Hemoglobin

Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin) 6.0

As per American Diabetes Association (ADA)
% [4.0-6.5] HbA1c in %
Non diabetic adults \geq 18years $<$ 5.7
Prediabetes (At Risk) 5.7-6.4
Diagnosing Diabetes \geq 6.5

Methodology (HPLC)

Estimated Average Glucose (eAG) 126 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.

Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.27	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	8.36	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	2.590	μ IU/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



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Patient Episode : H03000053498 **Collection Date** : 30 Mar 2023 09:17
Referred By : HEALTH CHECK MHD **Reporting Date** : 30 Mar 2023 11:00
Receiving Date : 30 Mar 2023 09:43

BIOCHEMISTRY

affect TSH results.

* 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)	109	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	118	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	49	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	24	mg/dl	[10-40]
LDL- CHOLESTEROL	36	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	2.2		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	0.7		<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 : MH010882467 **Lab No** : 32230311619
Patient Episode : H03000053498 **Collection Date** : 30 Mar 2023 09:17
Referred By : HEALTH CHECK MHD **Reporting Date** : 30 Mar 2023 10:59
Receiving Date : 30 Mar 2023 09:43

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.22	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.13	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	0.09 #	mg/dl	[0.20-1.00]
SGOT/ AST (P5P,IFCC)	29.10	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	31.30	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	106	IU/L	[46-118]
TOTAL PROTEIN (mod.Biuret)	7.3	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.4	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	2.9	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.52		[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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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)	0.91	mg/dl	[0.60-1.40]
SERUM URIC ACID (mod.Uricase)	5.2	mg/dl	[2.6-6.0]
SERUM CALCIUM (NM-BAPTA)	9.3	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	2.8	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	140.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.85	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	106.0 #	mmol/l	[95.0-105.0]
eGFR	69.3	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 SAMMITA SACHDEV **Age** : 59 Yr(s) Sex :Female
Registration No : MH010882467 **Lab No** : 32230311620
Patient Episode : H03000053498 **Collection Date** : 30 Mar 2023 13:06
Referred By : HEALTH CHECK MHD **Reporting Date** : 30 Mar 2023 15:38
Receiving Date : 30 Mar 2023 13:48

BIOCHEMISTRY

Specimen Type : Plasma

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 79 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

Specimen Type : Serum/Plasma

Plasma GLUCOSE-Fasting (Hexokinase) 103 # mg/dl [70-100]

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Name : MRS SAMMITA SACHDEV **Age** : 59 Yr(s) Sex :Female
Registration No : MH010882467 **Lab No** : 33230306906
Patient Episode : H03000053498 **Collection Date** : 30 Mar 2023 09:17
Referred By : HEALTH CHECK MHD **Reporting Date** : 30 Mar 2023 13:00
Receiving Date : 30 Mar 2023 09:49

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR **30.0 #** /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)	7130	/cu.mm	[4000-10000]
RBC Count (Impedence)	4.24	million/cu.mm	[3.80-4.80]
Haemoglobin (SLS Method)	11.6 #	g/dL	[12.0-15.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	36.1	%	[36.0-46.0]
MCV (Calculated)	85.1	fL	[83.0-101.0]
MCH (Calculated)	27.4	pg	[25.0-32.0]
MCHC (Calculated)	32.1	g/dL	[31.5-34.5]
Platelet Count (Impedence)	199000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	14.8 #	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	62.3	%	[40.0-80.0]
Lymphocytes (Flowcytometry)	30.6	%	[20.0-40.0]



Name : MRS SAMMITA SACHDEV **Age** : 59 Yr(s) Sex :Female
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HAEMATOLOGY

Monocytes (Flowcytometry)	5.3	%	[2.0-10.0]
Eosinophils (Flowcytometry)	1.5	%	[1.0-6.0]
Basophils (Flowcytometry)	0.3 #	%	[1.0-2.0]
IG	0.10	%	
Neutrophil Absolute(Flourescence flow cytometry)	4.4	/cu mm	[2.0-7.0]x10 ³
Lymphocyte Absolute(Flourescence flow cytometry)	2.2	/cu mm	[1.0-3.0]x10 ³
Monocyte Absolute(Flourescence flow cytometry)	0.4	/cu mm	[0.2-1.2]x10 ³
Eosinophil Absolute(Flourescence flow cytometry)	0.1	/cu mm	[0.0-0.5]x10 ³
Basophil Absolute(Flourescence flow cytometry)	0.0	/cu mm	[0.0-0.1]x10 ³

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-----

Soma Pradhan

Dr. Soma Pradhan



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Name : MRS SAMMITA SACHDEV **Age** : 59 Yr(s) Sex :Female
Registration No : MH010882467 **Lab No** : 38230302352
Patient Episode : H03000053498 **Collection Date** : 30 Mar 2023 09:17
Referred By : HEALTH CHECK MHD **Reporting Date** : 30 Mar 2023 16:20
Receiving Date : 30 Mar 2023 11:26

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
CHEMICAL EXAMINATION		
Reaction[pH] (Reflectancephotometry(Indicator Method))	7.0	(5.0-9.0)
Specific Gravity (Reflectancephotometry(Indicator Method))	1.005	(1.003-1.035)
Bilirubin	Negative	NEGATIVE
Protein/Albumin (Reflectance photometry(Indicator Method)/Manual SSA)	Negative	(NEGATIVE-TRACE)
Glucose (Reflectance photometry (GOD-POD/Benedict Method))	NOT DETECTED	(NEGATIVE)
Ketone Bodies (Reflectance photometry(Legal's Test)/Manual Rotheras)	NOT DETECTED	(NEGATIVE)
Urobilinogen Reflectance photometry/Diazonium salt reaction	NORMAL	(NORMAL)
Nitrite Reflectance photometry/Griess test	NEGATIVE	NEGATIVE
Leukocytes Reflectance photometry/Action of Esterase	NIL	NEGATIVE
BLOOD (Reflectance photometry(peroxidase))	PRESENT TRACE	NEGATIVE
MICROSCOPIC EXAMINATION (Manual) Method: Light microscopy on centrifuged urine		
WBC/Pus Cells	1-2 /hpf	(4-6)
Red Blood Cells	1-2 /hpf	(1-2)
Epithelial Cells	OCCASIONAL /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

Interpretation:



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CLINICAL PATHOLOGY

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.

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Soma Pradhan

Dr. Soma Pradhan



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Name : MRS SAMMITA SACHDEV **Age** : 59 Yr(s) Sex :Female
Registration No : MH010882467 **Lab No** : 39230300335
Patient Episode : H03000053498 **Collection Date** : 30 Mar 2023 13:41
Referred By : HEALTH CHECK MHD **Reporting Date** : 31 Mar 2023 17:26
Receiving Date : 30 Mar 2023 16:22

CYTOPATHOLOGY

CYTOLOGY NUMBER: C-725/23

SPECIMEN TYPE: Conventional pap smear

SMEAR SITE: Ectocervix and Endocervix

CLINICAL HISTORY: P2 L2, Previous NCD, LCB: 30 yrs, Cervix healthy

REPORTING SYSTEM: Bethesda System for reporting Cervical Cytology

SPECIMEN ADEQUACY: Adequate

MICROSCOPY: Smears show predominantly parabasal cells and basal cells in a background of fair number of polymorphs. Endocervical cells are present. No evidence of trichomonas vaginalis or fungi is seen. No evidence of intraepithelial lesion or Malignancy is seen.

IMPRESSION: Atrophic inflammatory smear.
Negative for Intraepithelial lesion or Malignancy.

Disclaimer: Gynecological Cytology is a screening test that aids in the detection of cervical cancer precursors. Both false Positive & Negative results can occur. The test should be used at regular intervals & positive results should be confirmed before definitive therapy.

NAME	Sammita SACHDEV	STUDY DATE	30-03-2023 09:54:11
AGE / SEX	059Yrs / F	HOSPITAL NO.	MH010882467
REFERRING DEPT	OPD	MODALITY/Procedure Description	US /Echo-Cardiogram
REPORTED ON	31-03-2023 11:02:47	REFERRED BY	Dr. Health Check MHD

2D ECHOCARDIOGRAPHY REPORT

Findings:

	End diastole	End systole
IVS thickness (cm)	0.9	1.1
Left Ventricular Dimension (cm)	4.4	2.5
Left Ventricular Posterior Wall thickness (cm)	0.9	1.1

Aortic Root Diameter (cm)	3.0
Left Atrial Dimension (cm)	3.4
Left Ventricular Ejection Fraction (%)	55 %

LEFT VENTRICLE	:	Normal in size. Jerky septum. LVEF= 55 %
RIGHT VENTRICLE	:	Normal in size. Normal RV function.
LEFT ATRIUM	:	Normal in size
RIGHT ATRIUM	:	Normal in size
MITRAL VALVE	:	Mild MR.
AORTIC VALVE	:	Normal
TRICUSPID VALVE	:	Mild TR, PASP~ 23 mmHg
PULMONARY VALVE	:	Normal
MAIN PULMONARY ARTERY & ITS BRANCHES	:	Appears normal.

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	Sammita SACHDEV	STUDY DATE	30-03-2023 09:54:11
AGE / SEX	059Yrs / F	HOSPITAL NO.	MH010882467
REFERRING DEPT	OPD	MODALITY/Procedure Description	US /Echo-Cardiogram
REPORTED ON	31-03-2023 11:02:47	REFERRED BY	Dr. Health Check MHD

INTERATRIAL SEPTUM : Intact.

INTERVENTRICULAR SEPTUM : Intact.

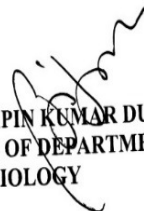
PERICARDIUM : No pericardial effusion or thickening
DOPPLER STUDY

VALVE	Peak Velocity (cm/sec)	Maximum P.G. (mmHg)	Mean P. G. (mmHg)	Regurgitation	Stenosis
MITRAL	E=61 A=89	-	-	Mild	Nil
AORTIC	134	-	-	Nil	Nil
TRICUSPID	-	N	N	Mild	Nil
PULMONARY	77	N	N	Nil	Nil

SUMMARY & INTERPRETATION:

- Jerky septum with LVEF = 55 %
- Normal sized RA/RV/LV/LA with no chamber hypertrophy. Normal RV function.
- Mild MR.
- Mild TR, PASP~ 23 mmHg
- Grade- I diastolic dysfunction
- IVC normal in size, >50% collapse with inspiration, suggestive of normal RA pressure.
- No clot/vegetation/pericardial effusion.

Please correlate clinically.


DR. BIPIN KUMAR DUBEY
HEAD OF DEPARTMENT
CARDIOLOGY

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NAME	Sammita SACHDEV	STUDY DATE	30-03-2023 09:54:11
AGE / SEX	059Yrs / F	HOSPITAL NO.	MH010882467
REFERRING DEPT	OPD	MODALITY/Procedure Description	US /Echo-Cardiogram
REPORTED ON	31-03-2023 11:02:47	REFERRED BY	Dr. Health Check MHD

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NAME	Sammita SACHDEV	STUDY DATE	30-03-2023 12:05:34
AGE / SEX	059Yrs / F	HOSPITAL NO.	MH010882467
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Mammogram Both Breasts
REPORTED ON	31-03-2023 13:14:06	REFERRED BY	Dr. Health Check MHD

MAMMOGRAM BOTH BREASTS

Technique:

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
Comparison – nil

Findings:

Both breasts show heterogeneously dense glandular parenchyma (ACR category C).

No focal lesion is seen.

No skin thickening, nipple retraction or suspicious microcalcification cluster seen.

Bilateral axillary lymph nodes with maintained fatty hilum is seen.

Impression:

- Dense glandular parenchyma in both breast with may obscured presence of any lesion – BIRADS 0.

ADV : USG correlation.

Kindly correlate clinically

BIRADS category: (0 = Requires additional evaluation, 1 = Negative, 2 = Benign findings, 3 = Probably benign findings, 4 = Suspicious abnormality and 5 = Highly suggestive of malignancy)

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.

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NAME	Sammita SACHDEV	STUDY DATE	30-03-2023 12:05:34
AGE / SEX	059Yrs / F	HOSPITAL NO.	MH010882467
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Mammogram Both Breasts
REPORTED ON	31-03-2023 13:14:06	REFERRED BY	Dr. Health Check MHD



**Dr. Aarushi MD,DNB
DMC/R/03291
Consultant Radiologist**

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NAME	Sammita SACHDEV	STUDY DATE	30-03-2023 10:45:07
AGE / SEX	059Yrs / F	HOSPITAL NO.	MH010882467
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	30-03-2023 13:27:18	REFERRED BY	Dr. Health Check MHD

USG WHOLE ABDOMEN

Findings:

Liver is normal in size 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 shows small sized echogenic non mobile polyp measuring 3.8mm. Wall thickness is normal. Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

Spleen is normal in size and echopattern.

Both kidneys are normal in position, size 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 retroverted. It is small in size. Myometrial echogenicity appears uniform. Endometrium is central.

No adnexal focal lesion is seen.

No significant free fluid is detected.

Impression:

- Grade I fatty liver.
- Gall bladder polyp.

Kindly correlate clinically.



Dr.Pankaj Saini MD,DHA

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	Sammita SACHDEV	STUDY DATE	30-03-2023 10:45:07
AGE / SEX	059Yrs / F	HOSPITAL NO.	MH010882467
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	30-03-2023 13:27:18	REFERRED BY	Dr. Health Check MHD

DMC reg. no. 15796
Consultant Radiologist

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NAME	Sammita SACHDEV	STUDY DATE	30-03-2023 09:54:27
AGE / SEX	059Yrs / F	HOSPITAL NO.	MH010882467
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Xray chest PA (CXR)
REPORTED ON	01-04-2023 12:32:19	REFERRED BY	Dr. Health Check MHD

X-RAY CHEST - PA VIEW

Findings:

Unfolding of aorta is seen.

Cardiac silhouette is unremarkable.

Fibrotic strands are seen in right upper zone and apex.

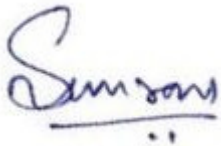
Left apical pleural thickening is seen.

The rest of the visualized lung fields are clear.

Bilateral hila, CP angles and hemidiaphragm are normal.

Bony cage is unremarkable.

Kindly correlate clinically.



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

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