

**DR. HIMANI THAKER (VYAS)**

M.S (Gynec)  
Consultant Obstetrician & Gynecologist  
Laposcopic Surgeon  
Infertility Specialist  
Email-ID:- thaker.himani@gmail.com  
Register No. G-31062

*Swati*

**Shalby Women's Health Clinic**

Name:-

Chief Complaints:-

*Age - 37 yrs*

Date: *3/4/23*

Weight:-

Height:-

OPR NO:-

Nutritional Assessment:-

- Obese
- Well Nourished
- Mild-Moderate Nourished
- Severely Mal-Nourished

LMP:- *5/3/23*

*Cl - 1<sup>o</sup> infertility*

M/H:-

*Lamp -  $\frac{34}{30}$  days PLM*

O/H:-

*OH -*

P/H:-

F/H

Examination:-

*Pln - kcllo sickle cell Anaemia &  
Hb gain stroke*

*PlA - soft*

Provisional Diagnosis:-

*Pls - Cy hearny*

*PlA smear taken*

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CIN: L85110GJ2004PLC044667

Treatment & Further Advices:-  
(Write in Capital Letters)

Investigaion Advised:-

Rx

- Carmenter ointment - (1)

- candid tag tab - (1)

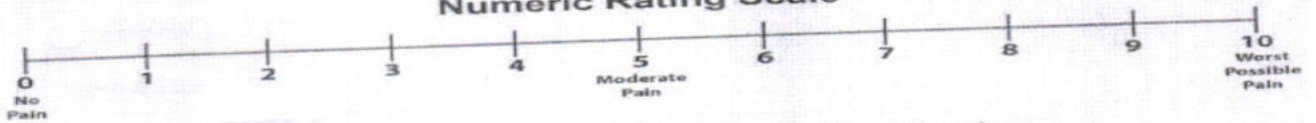
o o 1

Follow Up:

Date: \_\_\_\_\_



Numeric Rating Scale



Wong-Baker **FACES**® Pain Rating Scale



0

No Hurt



2

Hurts Little Bit



4

Hurts Little More



6

Hurts Even More



8

Hurts Whole Lot



10

Hurts Worst

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PID : SUR0000339101 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Switi Gamit	/	Registered On : 03-Apr-2023 10:43 AM
Lab ID : 304900168		Collected On : 03-Apr-2023 10:41 AM
Gender/Age : Female / 37 Years	DOB : 24-May-1985	Received On : 03-Apr-2023 11:02 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
<b>BLOOD COUNT AND INDICIES</b>			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	9.1	g/dL	12.0 - 15.0
RBC COUNT <i>Electrical Impedance</i>	3.92	mill/cmm	3.8 - 4.8
HCT <i>Calculated</i>	28.3	%	36 - 46
MCV <i>Calculated based on the RBC histogram</i>	72.2	fL	83 - 101
MCH <i>Calculated</i>	23.2	pg	27 - 32
MCHC <i>Calculated</i>	32.2	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	18.4	%	11.6 - 14.0

**TOTAL LEUCOCYTE COUNT**

Total WBC Count <i>Electrical Impedance</i>	4610	cells/cmm	4000 - 10000
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**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS <i>Flow Cytometry</i>	70	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	23	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	1	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	6	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

**PLATELET INDICES**

PLATELET COUNT <i>Electrical Impedance</i>	86000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	8.2	fL	7.5 - 12.0

**PERIPHERAL SMEAR EXAMINATION**

RBCs	<b>Hypochromic microcytic with anisopoikilocytosis.</b>
WBCs	Total and differential leucocyte counts are within normal limit
PLATELETs	<b>Reduced on smear examination.</b>
MALARIAL PARASITE	Malarial parasites are not seen on smear examination.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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*Dr Pankaj Agrawal*

**Dr Pankaj Agrawal**

M.B., D.C.P  
Consulting Pathologist

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**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

<b>ABO Type</b>	"A"		
<b>RH Type</b>	POSITIVE		
<b>ESR 1st hour *</b>	10	mm in 1 hour	0 - 20
<i>Modified Westergren Method</i>			
<b>HBA1C</b>			
<b>HbA1c - Glycated Haemoglobin *</b>	5.5	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemc control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5
<i>Boronate Affinity Assay</i>			

<b>Estimated Average Glucose (eAG) (mg/dL) *</b>	111	mg/dL
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*Calculated*

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Registered On : 03-Apr-2023 10:43 AM

Lab ID : 304900168

Collected On : 03-Apr-2023 12:00 AM

Gender/Age : Female / 37 Years

DOB : 24-May-1985

Received On : 03-Apr-2023 11:01 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum, Urine (PP),  
Fluoride P, Urine

Parameter	Result	Unit	Biological Ref. Interval
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## PLASMA GLUCOSE LEVEL

**FASTING PLASMA GLUCOSE**

Plasma Glucose (F)

92

mg/dL

74 - 106

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

**POST PRANDIAL PLASMA GLUCOSE**

Plasma Glucose (PP)

111

mg/dL

Normal: 100-140 Impaired: 140  
-199 Diabetic :=>200

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)

ABSENT

mg/dL

ABSENT

Glucose-oxidase/oxidase reaction

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>LIPID PROFILE</b>			
<b>LIPID PROFILE</b>			
<b>Cholesterol</b> <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	175	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	235	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
<b>HDL CHOLESTEROL DIRECT *</b> <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	35	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	140	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>S.LDL</b> <i>Calculated</i>	93	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129  Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
<b>VLDL</b> <i>Calculated</i>	47	mg/dL	6 - 38
<b>LDL/dHDL *</b> <i>Calculated</i>	2.7		2.5 - 3.5
<b>Chol/dHDL *</b> <i>Calculated</i>	5.0	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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Parameter	Result	Unit	Biological Ref. Interval
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**RENAL FUNCTION TEST**

**RENAL FUNCTION TEST**

<b>Urea Nitrogen (BUN)</b> <i>Urease, colorimetric</i>	5	mg/dL	7 - 17
<b>UREA</b> <i>Calculated</i>	11	mg/dL	15 - 36
<b>S. CREATININE</b> <i>Enzymatic - Creatinine amidohydrolase</i>	0.43	mg/dL	0.52 - 1.04
<b>S. URIC ACID</b> <i>Uricase/Peroxidase, Colorimetric</i>	2.9	mg/dL	2.5 - 6.2
<b>Calcium</b> <i>Arsenazo III dye</i>	8.3	mg/dL	8.4 - 10.2
<b>S. PHOSPHORUS *</b> <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.5	mg/dL	2.5 - 4.5
<b>Sodium</b> <i>Direct Ion Selective Electrode</i>	137	mmol/L	137 - 145
<b>S. POTASSIUM</b> <i>Direct Ion Selective Electrode</i>	4.05	mmol/L	3.5 - 5.1
<b>Chloride</b> <i>Direct Ion Selective Electrode</i>	103	mmol/L	98 - 107

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DOB : 24-May-1985

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Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Total T3 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	<b>78</b>	ng/dL	87 - 178
<b>Total T4 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	<b>8.40</b>	µg/dL	6.09 - 12.23
<b>TSH *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	<b>9.05</b>	µIU/mL	Non Pregnant Females: 0.38-5.33 µIU/mL Pregnant Females (1st trimester): 0.05-3.70 µIU/mL Pregnant Females (2nd trimester): 0.31-4.35 µIU/mL Pregnant Females (3rd trimester): 0.41-5.18 µIU/mL

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 Lab ID : 304900168 Collected On : 03-Apr-2023 12:00 AM  
 Gender/Age : Female / 37 Years DOB : 24-May-1985 Received On : 03-Apr-2023 01:55 PM  
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Urine

**URINE EXAMINATION**

Parameter	Result	Unit	Biological Ref. Interval
<b>Physical Examination</b>			
Colour	PALE YELLOW		Pale yellow
Transparency	Clear		Clear
<b>Chemical Examination</b>			
Blood	<i>Peroxidase like activity of hemoglobin</i>	NIL	RBCs/ $\mu$ L Absent
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	NIL	mg/dL Absent
Urobilinogen	<i>Modified Ehrlich reaction</i>	NORMAL	mg/dL Absent
Ketone	<i>Sodium Nitroprusside reaction</i>	NIL	mg/dL Absent
Protein	<i>Protein Error of Indicator Principle</i>	NIL	mg/dL Absent
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine</i>	NEGATIVE	mg/dL Absent
Glucose	<i>Glucose-oxidase/oxidase reaction</i>	NIL	mg/dL Absent
pH	<i>Double Indicator principle</i>	6.5	PH value 4.6 - 8.0
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.005	S.G. value 1.003 - 1.035
Leucocyte	<i>Leucocyte Esterase Test</i>	NEGATIVE	WBCs/ $\mu$ L Absent
<b>Microscopic Examination</b>			
Pus cells	0-2/hpf	/hpf	0-5/hpf
Red blood cells	NIL	/hpf	0-2/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	NIL		Nil
Cast	NIL/LPF		Nil/LPF
Bacteria	NIL		Nil
Amorphous	NIL		Nil
Yeast	NIL		Nil

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**Liver Function Test**

**Liver Function Test**

**SGPT (ALT)**

Multi Point Rate with P-5-P

48

U/L

9 - 52

**SGOT (AST)**

Multi Point Rate with P-5-P

34

U/L

14 - 36

**Alkaline Phosphatase**

PNPP, AMP Buffer

55

U/L

20-50 yrs.: 42 - 98  
4-19 yr : 54 - 369  
>=51 yr : 56 - 119

**GGT \***

L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic

52

U/L

12 - 43

**S. PROTEIN**

Biuret (Alkaline cupric sulfate), End Point

7.4

g/dL

6.3 - 8.2

**Albumin**

Bromocresol Green (BCG), Colorimetric

4.8

g/dL

3.5 - 5.0

**S. GLOBULIN**

Calculated

2.6

g/dL

2.3 - 3.6

**A/G Ratio**

Calculated

1.8

Ratio

1.0 - 2.3

**Bilirubin Total**

Azobilirubin/Dyphylline/Diazonium Salt

1.5

mg/dL

0-1 day (premature) 1.0 - 8.0  
0-1 day (full term) : 2.0 - 6.0  
1-2 day (premature) : 6.0 - 12.0  
1-2 day (full term) : 6.0 - 10.0  
3-5 day (premature) : 10.0 - 14.0  
3-5 day (full term) : 4.0 - 8.0

**Bilirubin Unconjugated**

End-point Colorimetric (Dual wavelength spectrophotometric)

1.5

mg/dL

Adult : 0.2 - 1.3

Unconjugated bilirubin

Adults: 0.0-1.1

Neonates: 0.6-10.5

**BILIRUBIN DIRECT**

Calculated

0.0

mg/dL

Conjugated bilirubin and  
Delta bilirubin (Bilirubin  
covalently bound to albumin)  
0.0-0.4

----- End of Report -----

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M.D. (Internal Medicine)  
Consultant Physician  
Reg No: G 3394,  
Mo: 9898053714  
OPD Days:

### Shalby MD Physician Clinic

OPR NO:

Patient Name:-

Sathy Grewal  
37/F

Date: 3/4/23

Age / Sex :-

Weight:-

Chief Complaints:-

weak

Height:-

Nutritional assessment:-

- Obese
- Well nourished
- Mild-moderate nourished
- Severely mal-nourished

Drug / Food Allergy:-

Past History :-

Sickle cell anemia - Jan 14  
menstrual irregularities

Pulse:-

BP:- 112/88

SpO2:-

Family History:-

Systemic Examination:-

sk  
H  
h  
h  
a  
a

Provisional Diagnosis:-

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CIN: L85110GJ2004PLC044667

Investigation :-

~~Pain~~  
WAS

Wk, HB Cabel

Treatment and further advices:-  
(Write in Capital Letters)

US 9.1  
PLT 8600  
T.M. 9.05

100

Rx T. THY Roy SB  
1-0-0  
Great Mem. etc.

Report after 2 Mo

8

Follow Up:

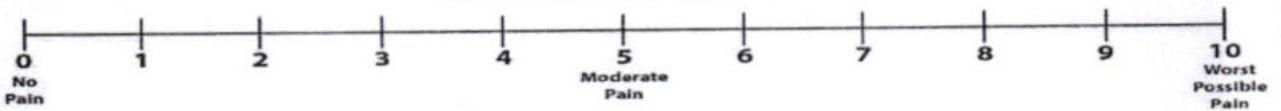
T3  
T4  
T5

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

Date:-

Incase of emergency please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660096

**Numeric Rating Scale**



**Wong-Baker FACES® Pain Rating Scale**



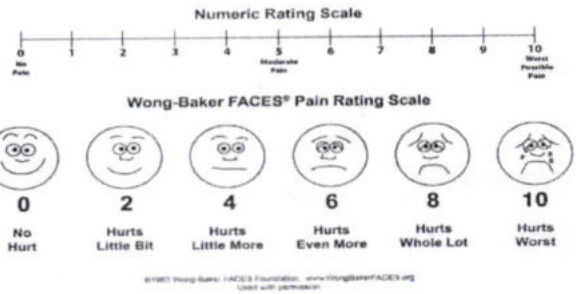
**DR. RUJUTA SHELAT**  
Consultant Ophthalmologist  
Reg. No.:- G-48712

Name :- Switi Gurnit

Date:- 3/4/23

Chief Complaints:-

DLK



Pain Assessment:-

Past History:-

- DMAD

Family History:-

Allergy:-

Personal History:- **Habits**:- Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

BP:- Pulse:- Temp:-

Systemic Examination:-

HT:- WT:-

Visual Acuity:- 6/6  
2 glass

PH Vision:-

NCT 13  
11 mm of hg

ON Examination Ant. Segmenet

Both Eye

- DMAD

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CIN: L85110GJ2004PLC044667

Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

} BE  
WNL

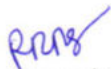
Investigation:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:- After 6 month

  
Signature of the Consultant

Pre - op

Post-op

Health Check-up

Date : 03/04/23

Patient Reg. No. : \_\_\_\_\_

Patient Name : Smithi Gurmit

Age / Sex : 37 / F

Address : Nyasa

**Complaints :**

Pain : \_\_\_\_\_

Bleeding gums : \_\_\_\_\_

Sensitivity : \_\_\_\_\_

Swelling : \_\_\_\_\_

Pus Discharge : \_\_\_\_\_

**Medical History :**

Hypertension : \_\_\_\_\_ DM \_\_\_\_\_ Acidity \_\_\_\_\_ Pregnancy : \_\_\_\_\_

Bleeding Disorders : \_\_\_\_\_ Asthma : \_\_\_\_\_ Allergy : \_\_\_\_\_

Past Surgical Intervention : \_\_\_\_\_

Any Medication : sterim t, Cefkullast

**On Examination :**

Abscess : \_\_\_\_\_ Foreign lodgement : \_\_\_\_\_

Periodontitis : \_\_\_\_\_ Gingivitis : \_\_\_\_\_

Missing Teeth : \_\_\_\_\_ Mobility : \_\_\_\_\_

**Treatment Advised :**

Scaling : Sitzings 1  2  3  Deep  Perio Surgery : \_\_\_\_\_

Restoration : 27 Class V Fillings : \_\_\_\_\_

RCT : \_\_\_\_\_ Extraction : \_\_\_\_\_

Dentures : \_\_\_\_\_ Partial Denture : \_\_\_\_\_

Implants : \_\_\_\_\_ Crown & Bridge : \_\_\_\_\_

Prevention : \_\_\_\_\_

Crown / Bridge Replacement :

Advised Crown / Bridge :

Advised X - Ray / O.P.G. :


**Some Golden Rules :**

1. Brush your teeth twice a day.
2. Floss your teeth daily.
3. Gargle forcefully after each meal.
4. Visit your dentist twice a year.
5. Any dental treatment should be performed in an well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

Adv.

- scaling

- Restoration of 27

**Dr. Darshini V. Shah**  
(Consultant Dental Surgeon)



**Patient's Name: Mrs.Switi Gamit**

**Age: 37 yrs/ Female**

**Date: 03 / 04 / 2023**

**ECHOCARDIOGRAPHY REPORT**

**Valves**

**Mitral valve :Normal, No MR**

**Aortic valve :Normal, No AR**

**Tricuspid valve :Normal, No TR**

**Pulmonary valve:Normal, No PR**

**Chambers**

**Left Atrium:Normal**

**Right Atrium:Normal**

**Right Ventricle:Normal size cavity,Good RV systolic function With TAPSE:19**

**Left Ventricle: Normal size cardiac chambers, No Regional wall Motion abnormality.  
Normal LV systolic function  
with Ejection Fraction 60 %.  
Normal Diastolic Flow Pattern.**

**Septae**

**IVS: Intact. No residual VSD.**

**IAS :Intact.**

**Pericardium:Normal.**

**IVC:13 mm with more than 50% collapsibility.**

**OTHER FINDINGS : Bilateral lung angle clear**

**CONCLUSION:**

- Normal LV Systolic function
- No RWMA
- EF 60 %



**DR.SUSHIL YADAV**

**Consultant Clinical cardiologist**

**Note : Normal echo study does not rule out underlying Coronary artery disease**

**SHALBY HOSPITAL, SURAT**

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org | CIN : L85110GJ2004PLC044667

**Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur - Mumbai**

ID:

Name:

Sex: M

Birth date:

years

cm

kg

/

mmHg

Medication:

Symptoms:

History:

Vent. rate	92	bpm
PR int	156	ms
QRS dur	84	ms
QT/QTc(E) int	336/ 385	ms
P/QRS/T axis	58/ 30/ -48	°
RV5/SV1 amp	0.89/ 0.68	mV
RV5+SV1 amp	1.57	mV

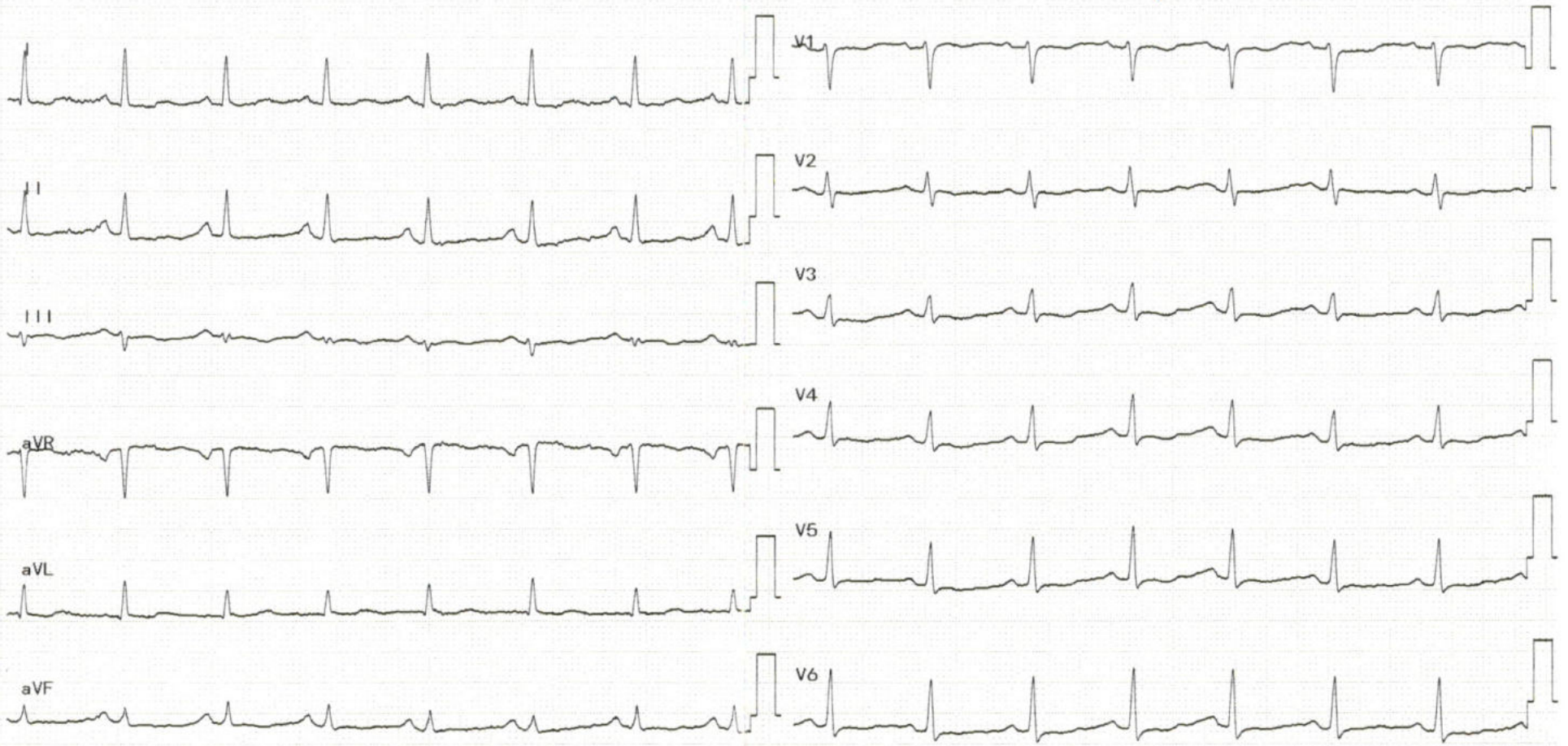
1100 Sinus rhythm  
 4068 Nonspecific Twave abnormality  
 9130 \*\* borderline ECG \*\*

Unconfirmed Report  
 Reviewed by:

*(Signature)*  
*3/4/23*

10 mm/mV 25 mm/s Filter: H50 d 35 Hz

10 mm/mV



Patient Name: SWITY GAMIT	
Age / Sex: 37 Yrs. / Female	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby hospital	Date: 03-04-2023

### ULTRASOUND OF ABDOMEN AND PELVIS (TAS)

**Liver** is normal in size and appearance. It shows normal parenchymal reflectivity. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R.

**Portal vein** appears normal.

**Gall bladder** is well distended and appears normal. Show multiple calculi largest measuring 8 mm. Wall appears normal. No pericholecystic fluid seen. **CBD** 4.6 mm appears normal.

**Pancreas** appears normal in size and echotexture.

**Spleen** is enlarged measures 17 cm and shows normal echopattern. No focal lesion seen.

**Right kidney** measures 110 x 47 mm and appears normal. It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Left kidney** measures 107 x 36 mm and appears normal. It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Urinary bladder** well distended and appears normal. No evidence of any intraluminal mass or calculi.

**Uterus** appears normal in size 77 x 43 x 53 mm. The uterine myometrial echotexture is homogenous. No focal lesion is seen. Endometrium: 13 mm.

There is no evidence of any ovarian or adnexal mass lesion.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

### IMPRESSION:

- **GB calculi.**
- **Moderate splenomegaly.**
- **No other significant abnormality detected.**

Thanks for referrals.

  
**Dr. BRIJESH CHAUHAN**  
Consultant Radiologist

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org

CIN: L85110GJ2004PLC044667

Patient ID:	SUR00004168	Patient Name:	SWITI GAMIT
Age:	37 Years	Sex:	F
Accession Number:	4168	Modality:	DX
Referring Physician:		Study:	CHEST PA
Study Date:	3-Apr-2023		

### CHEST X-RAY (PA)

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

### IMPRESSION:

- No significant abnormality seen.

*Thanks for referral.*

**Dr. BRIJESH CHAUHAN MD.**  
Consultant Radiologist

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