

Apollo Health Check



Name: Dipikaben J. Pateliya

UHID: 42484

Date: 30/03/2023

Date of Birth: 06/07/1988

Age: 34 yrs

Sex: Female

Company Name: Arcofemi – Mediwheel – Full Body Annual Plus – Female - AHC

Medical Summary

GENERAL EXAMINATION

Vital signs: Height: 155 cm

Weight: 51.7 kg

Pulse: 62 /min

BP: 110/70 mmHg

BMI: 21.54

Physician Consultation

Chief Complaints: Nil

History:

Past History: Cyst removal 6 months back

Family History: Nil Significant

Addiction: Nil


Allergy: Nil

Exercise: Nil

Systemic Review: NAD O/E Pallor (+)

Impression: Clinically normal with Anemia

Recommendation: Medication Attached


Dr. Mayur Patel

MD - Physician

Apollo Health Check

Name: Dipikaben J. Pateliya

UHID: 42484

Date: 30/03/2023

Date of Birth: 06/07/1988

Age: 34 yrs

Sex: Female

Company Name: Arcofemi – Mediwheel – Full Body Annual Plus – Female - AHC

Medical Summary

ENT Consultation

No ENT complains

On Examination: Ear, Nose, Throat – NAD



Dr. Mayur Patel
MD - Physician

Dental Consultation

On Examination: Over retained irt $\frac{A}{AB}$, Caries irt $\frac{1}{6}$

Advice: Extraction irt $\frac{A}{AB}$, Restoration irt $\frac{1}{6}$



Dr. Rushda Malek
Consultant - Dentist

Vision Check (With Glasses)

Colour Vision: Normal

Far Vision: Normal

Near Vision: Normal

Apollo Health Check



Name: Dipikaben J. Pateliya

UHID: 42484

Date: 30/03/2023

Date of Birth: 06/07/1988

Age: 34 yrs

Sex: Female

Company Name: Arcofemi – Mediwheel – Full Body Annual Plus – Female - AHC

Medical Summary

Gynaec Consultation

Chief Complaints: Nil

Menstrual History: Menarche: VIII Std. LMP: 14/03/2023

Regularity of Periods: Regular

Flow: 4- 5 days

Obstetric History: Married Life: 7 years

Details of conception: G3P2

LCB: 3 ½ years

On Examination: Breasts: Normal

Per abdomen: Normal

Per vagina: Normal

Per speculum: Normal

Recommendations: Nil

Pap smear taken

Dr. Radha Mohan
Centre Director

Doctor Neelam Patil Date 30/03/23

Patient Name Dipti Kulkarni Age 36 Sex F

T. Querty 2000

07 or (60)

T

Next appointment on:

Doctor's Signature

Patient Name	: Mrs. Dipikaben J Pateliya	Age / Gender	: 34Y/Female
UHID/MR No.	: FVAD.0000042484	OP Visit No	: FVADOPV22643
Visit Date	: 30-03-2023 09:51	Reported on	: 30-03-2023 12:15
Sample Collected on	: 30-03-2023 11:07	Specimen	: Whole Blood (Edta)
Ref Doctor	: SELF	Pres Doctor:	:
Emp/Auth/TPA ID	: bobE35920		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
HAEMOGRAM			
HAEMOGLOBIN	7.2*	12 - 15	gm/dl
Method: Non Cyanide,SlS Based			
RBC COUNT	4.08	3.8 - 4.8	Mll/Cumm
Method: Electrical Impedence			
HEMATOCRIT(PCV)	23.4*	36 - 46	%
Method: Cumulative Pulse			
MCV	57.4*	83 - 101	fl
Method: Calculated			
MCH	17.6*	27 - 32	pg
Method: Calculated			
MCHC	30.8*	31.5 - 34.5	%
Method: Calculated			
RDW	14.1*	11.6 - 14	%
TOTAL WBC COUNT	4600		/cumm
Method: Electrical Impedence			
NEUTROPHIL	58	40 - 80	%
Method: Microscopy			
LYMPHOCYTE	29	20 - 40	%
Method: Microscopy			
EOSINOPHIL	06	1 - 6	%
Method: Microscopy			
MONOCYTE	07		%
BASOPHIL	00	<1 - 2	%
Method: Microscopy			
PLATELET COUNT	501000*	150000 - 400000	/cumm
Method: Electrical Impedence			
ESR	10	0 - 20	mm/hr
Method: Auto			
BLOOD GROUP AND RH TYPE			
BLOOD GROUP AND RH TYPE	O POSITIVE		
Method: Slide Test			

End of the report

Results are to be correlated clinically



Dr. Gopi Davara

Lab Technician / Technologist
VAC009

Patient Name	: Mrs. Dipikaben J Pateliya	Age / Gender	: 34Y/Female
UHID/MR No.	: FVAD.0000042484	OP Visit No	: FVADOPV22643
Visit Date	: 30-03-2023 09:51	Reported on	: 30-03-2023 12:15
Sample Collected on	: 30-03-2023 11:07	Specimen	: Whole Blood (Edta)
Ref Doctor	: SELF	Pres Doctor:	:
Emp/Auth/TPA ID	: bobE35920		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
HAEMOGRAM			
HAEMOGLOBIN	7.2*	12 - 15	gm/dl
Method: Non Cyanide, SIs Based			
RBC COUNT	4.08	3.8 - 4.8	Mll/Cumm
Method: Electrical Impedence			
HEMATOCRIT(PCV)	23.4*	36 - 46	%
Method: Cumulative Pulse			
MCV	57.4*	83 - 101	fl
Method: Calculated			
MCH	17.6*	27 - 32	pg
Method: Calculated			
MCHC	30.8*	31.5 - 34.5	%
Method: Calculated			
RDW	14.1*	11.6 - 14	%
TOTAL WBC COUNT	4600		/cumm
Method: Electrical Impedence			
NEUTROPHIL	58	40 - 80	%
Method: Microscopy			
LYMPHOCYTE	29	20 - 40	%
Method: Microscopy			
EOSINOPHIL	06	1 - 6	%
Method: Microscopy			
MONOCYTE	07		%
BASOPHIL	00	<1 - 2	%
Method: Microscopy			
PLATELET COUNT	501000*	150000 - 400000	/cumm
Method: Electrical Impedence			
ESR	10	0 - 20	mm/hr
Method: Auto			
BLOOD GROUP AND RH TYPE			
BLOOD GROUP AND RH TYPE	O POSITIVE		
Method: Slide Test			

End of the report

Results are to be correlated clinically



Dr. Gopi Davara

Lab Technician / Technologist
VAC009

Patient Name	: Mrs. Dipikaben J Pateliya	Age / Gender	: 34Y/Female
UHID/MR No.	: FVAD.0000042484	OP Visit No	: FVADOPV22643
Visit Date	: 30-03-2023 09:51	Reported on	: 30-03-2023 13:51
Sample Collected on	: 30-03-2023 11:07	Specimen	: Serum
Ref Doctor	: SELF	Pres Doctor:	:
Emp/Auth/TPA ID	: bobE35920		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIPID PROFILE TEST (PACKAGE)			
HDL	41	30 - 70	mg/dl
VLDL	20.6	7 mg/dl -35mg/dl	mg/dl
Method: Calculated			
RATIO OF CHOLESTEROL / HDL	3.39	0 - 4.5	
Method: Calculated			
CHOLESTEROL	139	Desirable < 200 Borderline High : 200-239 High : > 240	mg/dl
Method: CHOD - PAP			
LDL	77.4	60 - 150 mg/dl	
Method: Calculated.			
Triglyceride	103	50 - 200	mg/dl
Method: GPO- TOPS			
LDL/HDL:	1.88*	2.5 - 3.5	mg/dl
Method: Calculated			
KFT - RENAL PROFILE-SERUM			
CREATININE	0.62	0.5-1.5	mg/dl
Method: Jaffe			
Urea	10.5	10 - 50	mg/dl
Method: NED-DYE			
Uric Acid	4.08	3.5 - 7.2	mg/dl
Method: URICASE -PAP			
LIVER FUNCTION TEST (PACKAGE)			
BILIRUBIN - TOTAL	0.51	0.1 - 1.2	mg/dL
Method: Daizo			
BILIRUBIN - INDIRECT	0.31	0.1 - 1.0	mg/dL
Method: Calculated			
TOTAL-PROTIEN:	6.92	Adult: 6.6 - 8.8	gm/dL
Method: Photometric UV test			
ALBUMIN:	3.56	3.5 - 5.2	gm/dL
Method: BCG			
A/G	1.0	1.0 - 2.0	
Method: Calculated			
SGOT /AST.	17		IU/I
Method: IFCC			
ALKA-PHOS	209		U/L
Method: IFCC			
BILIRUBIN - DIRECT	0.20	0-0.5	mg/dL
Method: Daizo			
SGPT/ALT	14	0 - 40	U/L
Method: Daizo			
GGT.	10	10 - 50	U/L

Patient Name : Mrs. Dipikaben J Pateliya	Age / Gender : 34Y/Female
UHID/MR No. : FVAD.0000042484	OP Visit No : FVADOPV22643
Visit Date : 30-03-2023 09:51	Reported on : 30-03-2023 13:51
Sample Collected on : 30-03-2023 11:07	Specimen : Serum
Ref Doctor : SELF	Pres Doctor: :
Emp/Auth/TPA ID : bobE35920	
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

~~Method: SZAZ~~

GLOBULIN.	3.36	2.8 - 4.5	g/dl
Method: Calculated.			

GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE

GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE	10	10 - 40	U/L
Method: KINETIC ASSAY			

GLUCOSE - (FASTING)

GLUCOSE - (FASTING).	81	70.0 - 110.0	mg/dL
Method: (GOD-POD)			

GLUCOSE - (POST PRANDIAL)

GLUCOSE - (POST PRANDIAL).	109	80.0 - 140.0	mg/dl
Method: (GOD-POD)			

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
VAC009



Dr. Gopi Davara
MBBS DCP

Fasting Urine Sugar Nil

Post Prandial Urine Sugar Nil

5

Patient Name	: Mrs. Dipikaben J Pateliya	Age / Gender	: 34Y/Female
UHID/MR No.	: FVAD.0000042484	OP Visit No	: FVADOPV22643
Visit Date	: 30-03-2023 09:51	Reported on	: 30-03-2023 11:28
Sample Collected on	: 30-03-2023 11:07	Specimen	: Urine
Ref Doctor	: SELF	Pres Doctor:	:
Emp/Auth/TPA ID	: bobE35920		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

URINE ROUTINE EXAMINATION


Sample Type: Urine

Test	Result
Urine Routine And Microscopy	
PHYSICAL EXAMINATION:	
Volume of urine	30Millilitre
Colour	Pale Yellow
Specific Gravity	1.015
Deposit	Absent
Appearance	Trace
pH	6.0
Chemical Examination	
Protein	Nil
Sugar	Nil
Ketone Bodies	Nil
Bile Salts	Negative
Bile Pigments	Negative
Urobilinogen	Normal (< mg/dl)
Microscopic Examination	
Pus Cell	1-2/hpf
Red Blood Cells	Nil
Epithelial Cells	2-3/hpf
Cast	Nil
Crystals	Nil

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
VAC009



Dr. Gopi Davara
MBBS DCP



TEST REPORT

Reg. No. : 30301016881 Reg. Date : 30-Mar-2023 11:49 Collected On : 30-Mar-2023 11:49
 Name : Ms. DIPIKABEN PATELIYA Approved On : 30-Mar-2023 12:43
 Age : 34 Years Gender : Female Ref. No. : Dispatch At :
 Ref. By : Tele No. :
 Location : SCIENTIFIC REMEDIES AND HEALTHCARE PVT. LTD. @ SAMA

Test Name	Results	Units	Bio. Ref. Interval
-----------	---------	-------	--------------------

HEMOGLOBIN A1 C

HbA1c <i>HPLC</i>	5.20	%	Normal: <= 5.6 Prediabetes: 5.7-6.4 Diabetes: >= 6.5 Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
----------------------	------	---	---

Mean Blood Glucose 103 mg/dL
Method: Calculated

Sample Type: EDTA Whole Blood

Criteria for the diagnosis of diabetes

- HbA1c ≥ 6.5 *Or
- Fasting plasma glucose > 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
- Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water. Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycaemic control that would be expected in patients with normal population.
- Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
- Glycated HbF is not detected by this assay and hence specimens containing high HbF ($>10\%$) may result in lower HbA1c values than expected.

Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus

- HbA1C, also known as glycated haemoglobin, is the most important test for the assessment of long term blood glucose control(also called glycaemic control).
- HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of long term glycaemic control than blood glucose determination.
- HbA1C is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
- Glycaemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP).

WBhatt

DEPARTMENT OF LABORATORY MEDICINE

CERVICAL CYTOLOGY REPORT

(As per Bethesda System)

Name : Dipikaben J Pateliya

Collected Date:30/03/2023

Gender : FEMALE

Age : 34 Years

Ref. by : Self

Gross Description : 2 fixed slides received

Specimen Adequacy: Adequate

Microscopic Description: Predominantly superficial and intermediate squamous epithelial cells .

There is presence of Severe Inflammatory infiltrate.

No evidence of atypical/dysplasia.

Conclusion: **NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY(NILM)**

Recommendations based on diagnostic category

1. Not satisfactory for evaluation : Please repeat the smear
2. Inflammatory smear : Please repeat after treatment of specific infection
3. LGSIL : Repeat smear annually for 2 years
4. HGSIL : Colposcopy and Biopsy
5. Squamous Cell Carcinoma : Biopsy
6. ASCUS : Repeat smear annually for 2 years
7. NILM : Smear is negative for malignancy, repeat if clinically suspicious



Dr.GOPI DAVARA

M.B.B.S.DCP



TEST REPORT

Name : Mrs. DIPIKABEN PATELIYA	Reg. No : 3032001261
Age/Sex : 34 Years / Female	Reg. Date : 30-Mar-2023 11:42 AM
Ref. By :	Collected On : 30-Mar-2023
Client Name : Apollo Clinic	

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

IMMUNOLOGY

TSH *	1.638	µIU/ml	0.55 - 4.78
--------------	-------	--------	-------------

CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL

Third trimester : 0.3 to 3.0 µIU/mL

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Saunders,2012:2170

T3 (Triiodothyronine) *	1.12	ng/mL	0.58 - 1.59
--------------------------------	------	-------	-------------

CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins,especially TBG.

This is an Electronically Authenticated Report.

Report Status : **Final**

Verified by : Auto





TEST REPORT

Name : Mrs. DIPIKABEN PATELIYA	Reg. No : 3032001261
Age/Sex : 34 Years / Female	Reg. Date : 30-Mar-2023 11:42 AM
Ref. By :	Collected On : 30-Mar-2023
Client Name : Apollo Clinic	

T4 (Thyroxine) *	14.31	µg/dL	4.87 - 12.60
<small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>			
Sample Type:Serum			

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

- 1.The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites
- 2.F T4 values may be decreased in patients taking carbamazepine.
- 3.Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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

This is an Electronically Authenticated Report.

Report Status : **Final**

Verified by : Auto

Patient Name: Mrs. Dipikaben J Pateliya
Visit No: FVADOPV22643
Cond Doctor: Dr. Radha C. Mohan
Referred By: SELF


MR No: FVAD.0000042484
Age/Gender: 34 Y/F
Conducted Date: 30-03-2023 13:37
Prescribing Doctor:

ECG

RESULTS

1. The rhythm is sinus
2. Heart rate is 99 beats per minute
3. Normal P,QRS,T wave axis
4. Normal PR,QRS,QT duration
5. No pathological Q wave or ST - T changes seen
6. No evidence of chamber hypertrophy or enlargement seen

IMPRESSION : Within Normal Limits.


Dr. Mayur Patel
MD(Physician)

APOLLO CLINIC VADODARA

Room : 2 Dep: OPD

ID : 0

Name : DIPIKABEN J PATELIYA"

Gender : F Age : 034 (Yrs)

Height : 155 (cm) Weight: 051(Kg)

Axis (deg)

P : 64

QRS: 47

T : 34

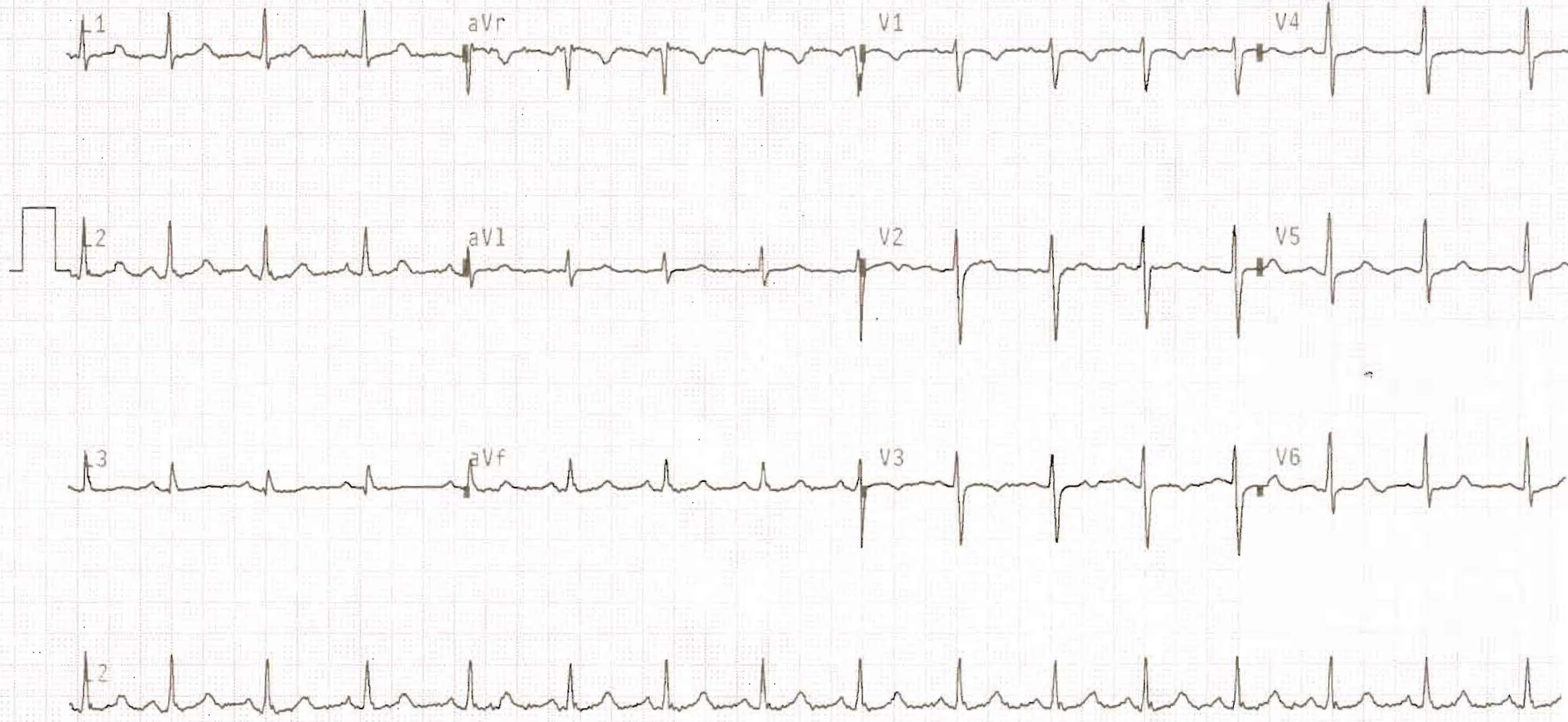
Intervals (msec)

PR: 141, QRS: 84

QT: 344, QTc: 442

ST: 96

N



ECHOCARDIOGRAPHY AND COLOR DOPPLER SCREENING REPORT

NAME : DIPIKABEN PATELIYA

AGE/SEX:34YRS/FEMALE

DATE: 30/03/2023

OBSERVATIONS:

- NORMAL LV SIZE WITH GOOD SYSTOLIC FUNCTION.
- LVEF 60% (VISUAL).
- NO E/O DIASTOLIC DYSFUNCTION.
- NO RWMA AT REST.
- NORMAL MITRAL VALVE: NO MR, NO MS
- NO AR: NO AS
- NO TR, NO PAH
- NORMAL RA, RV WITH GOOD REV FUNCTION
- INTACT IAS/IVS.
- NO E/O CLOT OR VEGETATION
- PERICARDIUM NORMAL

AO-25MM ; LA-22MM ; IVS-08/12MM ; LV-35/20MM ; LVPW-09/12MM

FINAL IMPRESSION: NORMAL LV SIZE WITH GOOD LV SYSTOLIC FUNCTION
NO E/O DIASTOLIC DYSFUNCTION PRESENT.
LVEF 60% (VISUAL)


DR MAYUR PATEL
MD (PHYSICIAN), PGCCC
Fellow in Echocardiography
(Dr. Randhawa's Institute, Delhi)

NOT VALID FOR MEDICOLEGAL PURPOSE

Name: **DIPIKABEN PATELIYA**

Date: **30/03/23**

Age : **34YRS**

Sex : **FEMALE**

USG ABDOMEN

Liver is normal in size (128mm) and shows normal echotexture. No focal lesion or dilatation of intrahepatic biliary radicles is seen. Intrahepatic portal venous radicles and hepatic veins appear normal. Porta hepatis reveals no abnormality.

Gall bladder appears normal in size and distended . No evidence of calculus, mass or sludge is seen. Wall thickness appears normal. Common duct is not dilated.

Pancreas is normal.

Spleen is normal in size (80mm) and echotexture. Portal and splenic veins are normal in calibre.

Both kidneys are normal in size (RK 95x35 mm and LK 94x36 mm), shape, position and movements. Both kidneys show good corticomedullary differentiation and cortical thickness. No calculus or hydronephrosis is seen on either side.

Urinary bladder is normal. No calculus filling defect, mass or diverticula is seen. Residual urine nil.

Uterus normal size (68x36x46 mm) and shape normal. Endometrium mm. No focal or diffuse lesion noted.

Ovaries: are normal. RO measures 23x18mm and LO measures 26x16mm. Parametrium are free. No fluid in pelvis.

IMPRESSION: Normal Sonography of whole abdomen.



Dr. H. M. PATEL
Consultant Radiologist

Patient Name : Mrs. Dipikaben J Pateliya
Age/Sex : 34 Y/F
Pres Doctor :
Ref.by : SELF

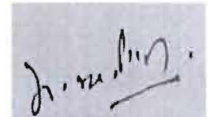
MR No : FVAD.0000042484
Visit No : FVADOPV22643
Bill Date : 30-03-2023 09:51
Report Date : 30-03-2023 11:03

CHEST X- RAY (PA VIEW)

Both lung fields show normal markings.
No evidence of collapse or consolidation is seen.
Both costophrenic recesses appear normal.
Cardiac size appears normal.
Central pulmonary vessels appear normal.
Domes of diaphragm appear normal.

IMPRESSION: NORMAL X-RAY CHEST

Technician



Dr. Harshavadan M. Patel
M.B.B.S (DMRD)
Consultant Radiologist