

## DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr LAV ARUNBHAI VAIDYA MRN : 17510000593370 Gender/Age : MALE , 62y (26/11/1960)

Collected On : 03/04/2023 08:41 AM Received On : 03/04/2023 08:55 AM Reported On : 03/04/2023 10:44 AM

Barcode : 812304030189 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-003 Patient Mobile No : 9433071713

### HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Modified Westergren Method)	<b>25.0 H</b>	mm/1hr	0.0-10.0

--End of Report--



Dr. Sanjib Kumar Pattari  
MD, Pathology  
Consultant Pathology MBBS, MD. Reg No : 53635 (WBMC)

#### Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



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Patient Name : Mr LAV ARUNBHAI VAIDYA MRN : 17510000593370 Gender/Age : MALE , 62y (26/11/1960)

Collected On : 03/04/2023 08:41 AM Received On : 03/04/2023 08:52 AM Reported On : 03/04/2023 09:40 AM

Barcode : 802304030227 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-003 Patient Mobile No : 9433071713

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Glucose Oxidase, Peroxidase)	<b>101 H</b>	mg/dL	Normal: 70-99 Pre-diabetes: 100-125 Diabetes: => 126 ADA standards 2019

--End of Report--

Dr. Debasree Biswas  
MD, Biochemistry  
Clinical Biochemist MBBS, MD

Dr. Sujata Ghosh  
PhD, Biochemistry  
Biochemist M.Sc , Ph. D

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- Kindly correlate clinically.  
(Fasting Blood Sugar (FBS) -> Auto Authorized)



**DEPARTMENT OF LABORATORY MEDICINE**

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Collected On : 03/04/2023 08:41 AM Received On : 03/04/2023 08:53 AM Reported On : 03/04/2023 10:40 AM

Barcode : 802304030225 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-003 Patient Mobile No : 9433071713

**CLINICAL CHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	1.24	mg/dL	0.66-1.25
eGFR	59.1	mL/min/1.73m <sup>2</sup>	-
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric - Urease)	<b>8.98 L</b>	-	9.0-20.0
<b>Serum Sodium</b> (Direct ISE - Potentiometric)	142	mmol/L	137.0-145.0
<b>Serum Potassium</b> (Direct ISE - Potentiometric)	3.5	mmol/L	3.5-5.1
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	159	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric )	156	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	<b>26 L</b>	mg/dL	40.0-60.0
Non-HDL Cholesterol	133.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	89.24	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	31.2	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	6.2	-	-
<b>Prostate Specific Antigen (PSA)</b> (CLIA)	1.56	ng/mL	0.0-4.5

Patient Name : Mr LAV ARUNBHAI VAIDYA MRN : 17510000593370 Gender/Age : MALE , 62y (26/11/1960)

### LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.48	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.21	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.26	-	-
Total Protein (Biuret Method)	7.90	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.40	gm/dL	3.5-5.0
Serum Globulin (Calculated)	<b>3.6 H</b>	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.26	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	24	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	22	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	82	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	25	U/L	15.0-73.0

--End of Report--



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Clinical Biochemist MBBS, MD



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- Kindly correlate clinically.  
(LFT, -> Auto Authorized)  
(Lipid Profile, -> Auto Authorized)  
(Serum Sodium, -> Auto Authorized)  
(Blood Urea Nitrogen (Bun), -> Auto Authorized)  
(Serum Potassium, -> Auto Authorized)  
(CR, -> Auto Authorized)  
(Prostate Specific Antigen (Psa) -> Auto Authorized)



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Barcode : 802304030225 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-003 Patient Mobile No : 9433071713

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>THYROID PROFILE (T3, T4, TSH)</b>			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.20	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	8.93	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	2.960	uIU/ml	0.4001-4.049

--End of Report--

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Patient Name : Mr LAV ARUNBHAI VAIDYA MRN : 17510000593370 Gender/Age : MALE , 62y (26/11/1960)

Collected On : 03/04/2023 01:49 PM Received On : 03/04/2023 02:24 PM Reported On : 03/04/2023 03:11 PM

Barcode : 802304030708 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-003 Patient Mobile No : 9433071713

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Peroxidase)	134	mg/dL	Normal: 70-139 Pre-diabetes: 140-199 Diabetes: => 200 ADA standards 2019

**Interpretations:**  
 (ADA Standards Jan 2017)  
 FBS can be less than PPBS in certain conditions like post prandial reactive hypoglycaemia, exaggerated response to insulin, subclinical hypothyroidism, very lean/anxious individuals. In non-diabetic individuals, such patients can be followed up with GTT.

--End of Report--

Dr. Debasree Biswas  
MD, Biochemistry  
Clinical Biochemist MBBS, MD

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PhD, Biochemistry  
Biochemist M.Sc , Ph. D

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(Post Prandial Blood Sugar (PPBS) -> Auto Authorized)



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Collected On : 03/04/2023 08:41 AM Received On : 03/04/2023 12:07 PM Reported On : 03/04/2023 02:49 PM

Barcode : 802304030226 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-003 Patient Mobile No : 9433071713

**CLINICAL CHEMISTRY**

Test	Result	Unit	Biological Reference Interval
Urine For Sugar	<b>NEGATIVE</b>	mg	ATEST

--End of Report--

Dr. Rakhi Mandal  
MD, Pathology  
Consultant Pathology MBBS, MD

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Collected On : 03/04/2023 08:41 AM Received On : 03/04/2023 11:55 AM Reported On : 03/04/2023 12:54 PM

Barcode : 822304030015 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-003 Patient Mobile No : 9433071713

**CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
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**URINE ROUTINE & MICROSCOPY****PHYSICAL EXAMINATION**

Volume	45	ml	-
Colour	Light-Yellow	-	-
Appearance	Clear	-	-

**CHEMICAL EXAMINATION**

pH(Reaction) (Mixed PH Indicator)	6.5	-	4.8-7.5
Sp. Gravity (Dual Wavelength Reflectance )	1.006	-	1.002-1.030
Protein (Protein Error Of PH Indicator)	Negative	-	-
Urine Glucose (Glucose Oxidase, Peroxidase)	Negative	-	Negative
Ketone Bodies (Legal's Method)	Negative	-	Negative
Bile Salts (Dual Wavelength Reflectance/Manual)	Negative	-	Negative
Bile Pigment (Bilirubin) (Coupling Of Bilirubin With Diazonium Salt)	Negative	-	Negative
Urobilinogen (Coupling Reaction Of Urobilinogen With A Stable Diazonium Salt In Buffer)	Normal	-	Normal
Urine Leucocyte Esterase (Enzymatic, Indoxyl Ester And Diazonium Salt)	Negative	-	Negative
Blood Urine (Pseudo - Enzymatic Test, Organic Peroxidase And Chromogen)	Trace	-	-
Nitrite (Modified Griess Reaction)	Negative	-	Negative

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### MICROSCOPIC EXAMINATION

Pus Cells	2-4	/hpf	1-2
RBC	0-2	/hpf	0 - 3
Epithelial Cells	1-2	/hpf	2-3
Crystals	NIL	-	-
Casts	NIL	-	-

--End of Report--

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MD, Pathology  
Consultant Pathology MBBS, MD. Reg No : 53635 (WBMC)

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Collected On : 03/04/2023 08:41 AM Received On : 03/04/2023 08:55 AM Reported On : 03/04/2023 09:40 AM

Barcode : 812304030190 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-003 Patient Mobile No : 9433071713

## HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Photometric Measurement)	14.3	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	<b>5.63 H</b>	millions/ $\mu$ L	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	43.8	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	<b>77.8 L</b>	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	<b>25.4 L</b>	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.6	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	<b>14.9 H</b>	%	11.6-14.0
Platelet Count (Electrical Impedance)	371	$10^3/\mu$ L	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	8.1	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	9.7	$10^3/\mu$ L	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils (VCSn Technology)	56.4	%	40.0-75.0
Lymphocytes (VCSn Technology)	33.5	%	20.0-40.0
Monocytes (VCSn Technology)	6.5	%	2.0-10.0
Eosinophils (VCSn Technology)	2.6	%	1.0-6.0

Patient Name : Mr LAV ARUNBHAI VAIDYA MRN : 17510000593370 Gender/Age : MALE , 62y (26/11/1960)

Basophils (VCSn Technology)	1.0	%	0.0-2.0
NRBC (VCSn Technology)	0.1	/100 WBC	-
Absolute Neutrophil Count (Calculated)	5.48	$10^3/\mu\text{L}$	1.8-7.8
Absolute Lymphocyte Count (Calculated)	3.25	$10^3/\mu\text{L}$	1.0-4.8
Absolute Monocyte Count (Calculated)	0.64	$10^3/\mu\text{L}$	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.26	$10^3/\mu\text{L}$	0.0-0.45
Absolute Basophil Count (Calculated)	0.1	$10^3/\mu\text{L}$	0.0-0.2

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

--End of Report--

Dr. Rakhi Mandal  
MD, Pathology  
Consultant Pathology MBBS, MD

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr LAV ARUNBHAI VAIDYA MRN : 17510000593370 Gender/Age : MALE , 62y (26/11/1960)

Collected On : 03/04/2023 08:41 AM Received On : 03/04/2023 08:55 AM Reported On : 03/04/2023 10:06 AM

Barcode : 802304030228 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-003 Patient Mobile No : 9433071713

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (HPLC)	<b>5.8 H</b>	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	119.76	-	-

Interpretation:

- HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- Any sample with >15% should be suspected of having a haemoglobin variant.

--End of Report--

Dr. Sujata Ghosh  
PhD, Biochemistry  
Biochemist M.Sc , Ph. D

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

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Collected On : 03/04/2023 08:41 AM Received On : 03/04/2023 08:57 AM Reported On : 03/04/2023 10:42 AM

Barcode : BR2304030019 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-003 Patient Mobile No : 9433071713

IMMUNOHAEMATOLOGY

Test	Result	Unit
<b>BLOOD GROUP &amp; RH TYPING</b>		
Blood Group (Column Agglutination Technology)	B	-
RH Typing (Column Agglutination Technology)	Negative	-

--End of Report--

Dr. Amal Kumar Saha  
MBBS, D.PED, ECFMG  
Blood Bank Officer

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## ADULT TRANS-THORACIC ECHO REPORT

**PATIENT NAME** : Mr LAV ARUNBHAI VAIDYA

**GENDER/AGE** : Male, 62 Years

**LOCATION** : -

**PATIENT MRN** : 17510000593370

**PROCEDURE DATE** : 03/04/2023 12:27 PM

**REQUESTED BY** : EXTERNAL



### IMPRESSION

- IHD.
- RWMA+.
- GOOD LV SYSTOLIC FUNCTION WITH GRADE I DIASTOLIC DYSFUNCTION.

### FINDINGS

#### CHAMBERS

LEFT ATRIUM : NORMAL SIZED

RIGHT ATRIUM : NORMAL SIZED

LEFT VENTRICLE : - NORMAL SIZED CAVITY. - HYPOKINETIC MID & BASAL INFERIOR WALL. - OTHER WALLS ARE CONTRACTING NORMALLY. - GOOD LV SYSTOLIC FUNCTION WITH EJECTION FRACTION: 58%. - GRADE I DIASTOLIC DYSFUNCTION.

RIGHT VENTRICLE : NORMAL SIZE AND THICKNESS WITH NORMAL FUNCTION

#### VALVES

MITRAL : NORMAL.

AORTIC : NORMAL.

TRICUSPID : NORMAL.

PULMONARY : NORMAL.

#### SEPTAE

IAS : INTACT

IVS : INTACT

#### ARTERIES AND VEINS

AORTA : NORMAL, LEFT AORTIC ARCH

PA : NORMAL SIZE

IVC : NORMAL SIZE & COLLAPSIBILITY

SVC & CS : NORMAL

PULMONARY VEINS : NORMAL

**PERICARDIUM** : NORMAL PERICARDIAL THICKNESS. NO EFFUSION

**INTRACARDIAC MASS** : NO TUMOUR, THROMBUS OR VEGETATION SEEN

**OTHERS** : NIL.

MR LAV ARUNBHAI VAIDYA (17510000593370)

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DR. SANGEETA DAS  
CONSULTANT GENERAL MEDICINE MBBS

POMPA BISWAS  
TECHNICIAN

03/04/2023 12:27 PM

<b>PREPARED BY</b>	: NITA PAUL(308573)	<b>PREPARED ON</b>	: 03/04/2023 01:21 PM
<b>GENERATED BY</b>	: MADHUPARNA DASGUPTA(333433)	<b>GENERATED ON</b>	: 07/04/2023 03:41 PM



<b>Patient Name</b>	LAV ARUNBHAI VAIDYA	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17510000593370	<b>Procedure DateTime</b>	2023-04-03 12:01:50
<b>Age/Sex</b>	62Y 4M/Male	<b>Hospital</b>	NH-RTIICS

### **USG OF WHOLE ABDOMEN (SCREENING)**

#### **LIVER:**

It is enlarged and mild increased in echogenicity. No focal SOL is seen. The intrahepatic biliary radicles are not dilated.

#### **PORTAL VEIN:**

The portal vein is normal in calibre at the porta. There is no intraluminal thrombus. No collaterals are seen.

#### **GALL BLADDER:**

It is optimally distended. No calculus or sludge is seen within it. The wall is not thickened.

#### **CBD:**

The common duct is not dilated at porta. No intraluminal calculus is seen.

#### **SPLEEN:**

It is normal in size measuring 7.2 cm and echogenicity. No focal SOL is seen. The splenoportal axis is patent and is normal in dimensions.

#### **PANCREAS:**

It is normal in size and echogenicity. The duct is not dilated. No calcification or focal SOL is seen.

**KIDNEYS:**

Both kidneys are normal in size, position and echogenicity. The corticomedullary differentiation is maintained. A parapelvic cyst and a cortical cyst measuring 2.6x2.3 and 2.0x1.9cm seen at right kidney. No hydronephrosis or calculus is seen.

Right kidney and left kidney measures 10.8 cm and 10.7 cm respectively.

**URINARY BLADDER:**

It is normal in capacity. The wall is not thickened. No intraluminal calculus or mass is seen. Post void residual urine insignificant.

**PROSTATE:**

It is mild enlarged in size measuring 4.1 x 3.1 x 3.5 cm (Weight = 25 gms). It shows a homogenous echotexture and smooth outline.

No ascites is seen.

**IMPRESSION:**

- Hepatomegaly with grade I fatty changes in liver.
- Right renal cysts.
- Mild prostatomegaly.

NOT FOR MEDICO LEGAL PURPOSES

This is only a Radiological Impression and not Diagnosis. Like all diagnostic modalities, USG also has its limitations. Therefore USG report should be interpreted in correlation with clinical and pathological findings.

All typing and topographical error is regretted and if detected at any time is correctable. Please inform us immediately.

A handwritten signature in black ink that reads "Lalan Kumar". The signature is written in a cursive style and is underlined with a single horizontal line.

Dr. Lalan Kumar

Consultant Sonologist  
MBBS CBET (USG)

\* ***This is a digitally signed valid document.*** Reported Date/Time: 2023-04-03 12:28:37

<b>Patient Name</b>	LAV ARUNBHAI VAIDYA	<b>Requested By</b>	
<b>MRN</b>	17510000593370	<b>Procedure DateTime</b>	2023-04-03 09:27:23
<b>Age/Sex</b>	62Y 4M/Male	<b>Hospital</b>	NH-RTIICS

**CHEST RADIOGRAPH (PA VIEW)**

**FINDINGS :**

- Trachea is normal and is central.
- The cardiac shadow is normal in contour.
- Mediastinum and great vessels are within normal limits.
- The hilar shadows are within normal limits.
- The costo-phrenic angles are clear.
- No significant lung parenchymal lesion is seen.
- The visualized bones and soft tissue structures appear normal.
- Both the diaphragmatic domes appear normal.

**IMPRESSION:**

- **No significant radiological abnormality detected.**

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All typing and topographical error is regretted and if detected at any time is correctable. Please inform us immediately.



Dr. Sarbari Chatterjee

Consultant Radiologist

\* **This is a digitally signed valid document.** Reported Date/Time: 2023-04-03 12:45:17