SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

CID#	: **2305905808**		
Name	: MRS.DEEPA RAHUL JAGTAP		
Age / Gender	: 32 Years/Female		
Consulting Dr.	:	Collected	: 28-Feb-2023 / 10:11
Reg.Location	: Lulla Nagar, Pune (Main Centre)	Reported	: 02-Mar-2023 / 08:40

PHYSICAL EXAMINATION REPORT

History and Complaints:

Cough Since One & Half Months

EXAMINATION FINDINGS:

Height (cms):156
Weight (kg):54
Temp (0c): Afebrile
Skin: Normal
Blood Pressure (mm/hg):100/70
Nails: Healthy
Pulse: 70/min
Lymph Node: Not Palpable

Systems

Cardiovascular: S1,S2 Normal No Murmurs
Respiratory: Air Entry Bilaterally Equal
Genitourinary: Normal
GI System: Soft non tender No Organomegaly
CNS: Normal

CHIEF COMPLAINTS:

1)	**Hypertension:**	No
2)	**IHD:**	No
3)	**Arrhythmia:**	No
4)	**Diabetes Mellitus :**	No
5)	**Tuberculosis :**	15 Years Back
6)	**Asthama:**	No
7)	**Pulmonary Disease :**	No
8)	**Thyroid/ Endocrine disorders :**	No
9)	**Nervous disorders :**	No
	GI system :	No

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REPORT

CID# : **2305905808**
Name : MRS.DEEPA RAHUL JAGTAP
Age / Gender : 32 Years/Female
Consulting Dr. :
Reg.Location : Lulla Nagar, Pune (Main Centre)

Collected : 28-Feb-2023 / 10:11
Reported : 28-Feb-2023 / 12:22

11)	**Genital urinary disorder :**	No
12)	**Rheumatic joint diseases or symptoms :**	No
13)	**Blood disease or disorder :**	No
14)	**Cancer/lump growth/cyst :**	No
15)	**Congenital disease :**	No
16)	**Surgeries :**	No

PERSONAL HISTORY:

1)	**Alcohol**	No
2)	**Smoking**	No
3)	**Diet**	Mixed
4)	**Medication**	No

*** End Of Report ***

MCV: 77
Hb: 10.2
HDC: 35.9
chest xray - Mild pulmonary TB
Do Donation
Daily 30min walking
Ref to primary Physician

Dr.Milind Shinde
MBBS, DNB, Consuling Physician, Diabetologist & Echocardiologist

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

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Name	: MRS.DEEPA RAHUL JAGTAP
Age / Gender	: 32 Years / Female
Consulting Dr.	: -
Reg. Location	: Lulla Nagar, Pune (Main Centre)
Collected	: 28-Feb-2023 / 10:23
Reported	: 28-Feb-2023 / 12:32

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	**10.2**	12.0-15.0 g/dL	Spectrophotometric
RBC	4.05	3.8-4.8 mil/cmm	Elect. Impedance
PCV	**31.2**	36-46 %	Calculated
MCV	**77.0**	80-100 fl	Calculated
MCH	**25.3**	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	**17.7**	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6750	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	27.4	20-40 %	
Absolute Lymphocytes	1849.5	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	533.3	200-1000 /cmm	Calculated
Neutrophils	60.4	40-80 %	
Absolute Neutrophils	4077.0	2000-7000 /cmm	Calculated
Eosinophils	3.1	1-6 %	
Absolute Eosinophils	209.3	20-500 /cmm	Calculated
Basophils	1.2	0.1-2 %	
Absolute Basophils	81.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	391000	150000-400000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Calculated
PDW	12.4	11-18 %	Calculated

RBC MORPHOLOGY

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HEALTHLINE: 022-6170-0000 | **For Feedback -** customerservice@suburbandiagnostics.com | **www.suburbandiagnostics.com**

CID	: 2305905808		
Name	: MRS.DEEPA RAHUL JAGTAP		
Age / Gender	: 32 Years / Female		
Consulting Dr.	: -	**Collected**	: 28-Feb-2023 / 10:23
Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 28-Feb-2023 / 13:15

Hypochromia	Mild
Microcytosis	Mild
Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR	**50**	2-20 mm at 1 hr.	Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***

MC-2463

Dr.SHAMLA KULKARNI
MD (PATH)
Consultant Pathologist

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Age / Gender	: 32 Years / Female		
Consulting Dr.	: -	**Collected**	: 28-Feb-2023 / 10:23
Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 28-Feb-2023 / 12:56

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	86.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	94.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.25	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.1	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.15	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	19.8	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	13.4	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	18.9	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	66.8	35-105 U/L	Colorimetric
BLOOD UREA, Serum	16.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.75	0.51-0.95 mg/dl	Enzymatic

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Age / Gender	: 32 Years / Female		
Consulting Dr.	: -	**Collected**	: 28-Feb-2023 / 11:52
Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 28-Feb-2023 / 15:46

eGFR, Serum	95	>60 ml/min/1.73sqm	Calculated by MDRD equation (Modificati of Diet in Renal Disease)
URIC ACID, Serum	4.0	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***

MC-2463

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M.D.(PATH)
Pathologist

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Consulting Dr.	: -	Reported	: 28-Feb-2023 / 12:44
Reg. Location	: Lulla Nagar, Pune (Main Centre)		

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:
Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitam E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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*** End Of Report ***

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Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 28-Feb-2023 / 16:18

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ ~25 mg/dl, 2+ ~75 mg/dl, 3+ ~ 150 mg/dl, 4+ ~ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone:(1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

Reference: Pack insert

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*** End Of Report ***

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Reg. Location	: Lulla Nagar, Pune (Main Centre)
Collected	: 28-Feb-2023 / 10:23
Reported	: 28-Feb-2023 / 14:40

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

"This sample has been tested for Bombay group /Bombay phenotype /Oh using anti-H Lectin".

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origi
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenoty that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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*** End Of Report ***

ilac-MRA

MC-2463

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Reg. Location	: Lulla Nagar, Pune (Main Centre)
Collected	: 28-Feb-2023 / 10:23
Reported	: 28-Feb-2023 / 13:15

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	**205.6**	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	83.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	**34.9**	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	**170.7**	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	154	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	17	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	**5.9**	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	**4.4**	0-3.5 Ratio	Calculated

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Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 28-Feb-2023 / 13:46

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.6	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	13.0	9-19 pmol/L Pregnant Women (pmol/L): First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	0.63	0.35-4.94 microIU/ml Pregnant Women (microIU/ml): First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH. 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.

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Consulting Dr.	: -	**Collected**	: 28-Feb-2023 / 10:23
Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 28-Feb-2023 / 13:46

Interpretation:
A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:
1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors
can give falsely high TSH.
2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosin kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests: Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:
1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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*** End Of Report ***

MC-2463

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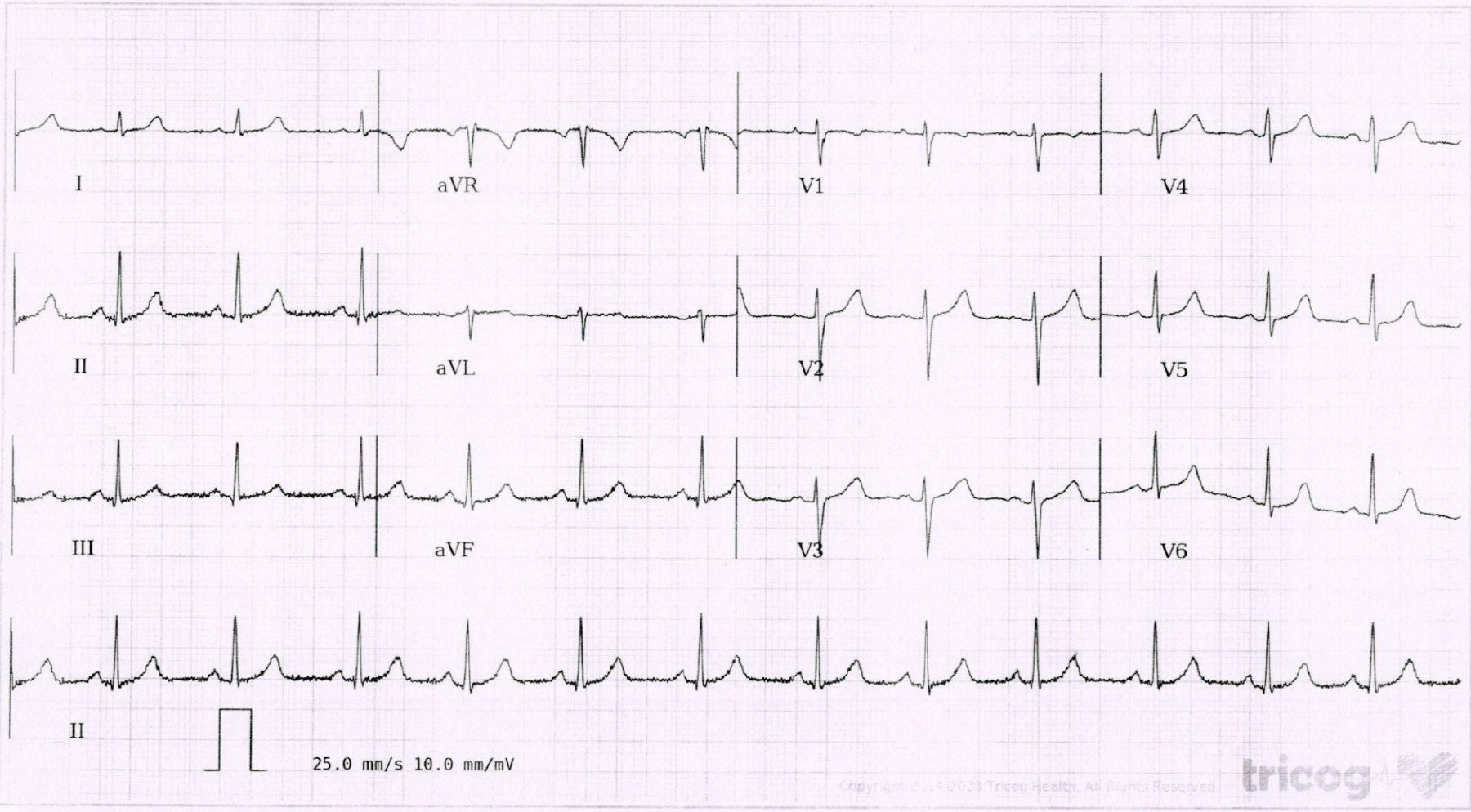
SUBURBAN DIAGNOSTICS - LULLANAGAR, PUNE

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Patient Name: DEEPA RAHUL JAGTAP
Patient ID: 2305905808

Date and Time: 28th Feb 23 10:34 AM



Age 32 years 7 months 26 days

Gender **Female**

Heart Rate **80bpm**

Patient Vitals

BP:	100/70 mmHg
Weight:	54 kg
Height:	156 cm
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	72ms
QT:	368ms
QTc:	424ms
PR:	154ms
P-R-T:	73° 78° 58°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

SUBURBAN DIAGNOSTIC (I) PVT. LTD. PUNE

REPORTED BY

Dr.Milind Shinde
MBBS, DNB Medicine
2011/05/1544

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check
<<QRCode>>

REPORT

CID	: 2305905808		
Name	: Mrs DEEPA RAHUL JAGTAP		
Age / Sex	: 32 Years/Female	Use a QR Code Scanner Application To Scan the Code	
Ref. Dr	:	Reg. Date	: 28-Feb-2023
Reg. Location	: Lulla Nagar, Pune Main Centre	Reported	: 28-Feb-2023 / 11:24

USG (ABDOMEN + PELVIS)

LIVER : The liver is normal in size, shape and smooth margins.
It shows normal parenchymal echo pattern.
The intra hepatic biliary and portal radical appear normal.
No evidence of any intra hepatic cystic or solid lesion seen.
The main portal vein and CBD appears normal.

GALL BLADDER : The gall bladder is physiologically distended.
The visualized gall bladder appears normal.
No evidence of pericholecystic fluid is seen.

PANCREAS : The pancreas is well visualised and appears normal.
No evidence of solid or cystic mass lesion is noted.

KIDNEYS : Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN : The spleen is normal in size, shape and echotexture.
No evidence of focal lesion is noted.

URINARY BLADDER : The urinary bladder is well distended.
It shows thin walls and sharp mucosa.
No evidence of calculus is noted. No mass or diverticulum is seen.

UTERUS : The uterus is anteverted and appears normal.

OVARIES : Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.

Visualized small bowel loops appear non-dilated.
Gaseous distension of large bowel loops.
There is no evidence of any lymphadenopathy or ascitis.

Click here to view images <<ImageLink>>

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

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CID	: 2305905808		
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Reg. Location	: Lulla Nagar, Pune Main Centre	Reported	: 28-Feb-2023 / 11:24

Use a QR Code Scanner Application To Scan the Code

IMPRESSION :

- No significant abnormality seen.

Advice - Clinical correlation.

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

This report is prepared and physically checked by Dr. Anupriya Batra before dispatch.

DR. ANUPRIYA BATRA
MD Radiology
Reg. No. 2021/12/8725

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Authenticity Check
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CID	: 2305905808		
Name	: Mrs DEEPA RAHUL JAGTAP		
Age / Sex	: 32 Years/Female		
Ref. Dr	:	Use a QR Code Scanner Application To Scan the Code	
Reg. Location	: Lulla Nagar, Pune Main Centre	Reg. Date	: 28-Feb-2023
		Reported	: 28-Feb-2023 / 11:21

X-RAY CHEST PA VIEW

Nodular opacities are seen in right upper zone and right lower zone. Few of them are calcified.

Fibrosis in right upper zone, left middle zone and bilateral lower zone.

Volume loss of right upper lobe is seen.

Bulky bilateral hila, suggestive of lymphadenopathy,

Both lung fields are otherwise clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

- **Findings suggest a sequel of healed pulmonary tuberculosis.**
- **No active lesion at present.**

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

This report is prepared and physically checked by Dr. Anupriya Batra before dispatch.

Anupriya

DR. **ANUPRIYA BATRA**
MD Radiology
Reg. No. 2021/12/8725

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