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CID# : **2131308260** SID# : 177804409949

Name : MR.AISHWARYA MISHRA Registered : 09-Nov-2021 / 09:28

Age / Gender : 31 Years/Male Collected : 09-Nov-2021 / 09:28

Ref. Dr :- Reported : 10-Nov-2021 / 12:17

Reg.Location : Vashi (Main Centre) Printed : 10-Nov-2021 / 16:55

## PHYSICAL EXAMINATION REPORT

History and Complaints: Asymptomatic for RHC

#### **EXAMINATION FINDINGS:**

Height (cms): 175 Weight (kg): 73

Temp (0c):NormalSkin:NormalBlood Pressure (mm/hg):130/80Nails:Normal

Pulse: 84/min Lymph Node: Not Palpable / Not Tender

## **Systems**

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION: AS ABOVE AVAILABLE REPORTS NOTED

## ADVICE: To consult family physician with all the reports.

TO DO Hb ELECTROPHORESIS, RETICULOCYTE COUNT AND CONSULT HEMATOLOGIST WITH REPORTS AND CBC REPORT.

DIET AND LIFESTYLE MANAGMENT, FAT FREE DIET AND ABSTAIN FROM ALCOHOL IF ANY, ADEQUATE HYDRATION, MONITOR URIC ACID, LIVER FUNCTION TEST AND FASTING LIPID PROFILE AND CONSULT FAMILY PHYSICIAN.

CHIEF COMPLAINTS: Both doses of covid vaccine taken

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Page: 1 of 2



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No

## Covid infection in March 2021 home quarantine

1)	Hypertension:	No
2)	IHD	No

- 2) IHD No
- 3) Arrhythmia No
- 4) Diabetes Mellitus No
- 6) **Asthama** No
- 7) Pulmonary Disease No
- o) Turnonary biocase
- 8) Thyroid/ Endocrine disorders No
- 9) Nervous disorders No
- 10) **GI system** No
- 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:**

**Tuberculosis** 

Alcohol
 Smoking
 Diet
 Medication
 No
 Mixed
 none

\*\*\* End Of Report \*\*\*

Dr.SHEPHALI BODKHE

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Name: MR AISHWARYA MISHRA ID: 2131308260 **Patient Details** Date: 09-Nov-21 Time: 11:51:26 AM

Height: 175 cms

Weight: 73 Kgs

Clinical History: NIL

Medications: NIL

Protocol: Bruce

**Test Details** 

Total Exec. Time: 5 m 31 s

Max. BP: 170/80 mmHg

Test Termination Criteria: FATIGUE

**Pr.MHR:** 189 bpm

Max. BP x HR; 21930 mmHg/min

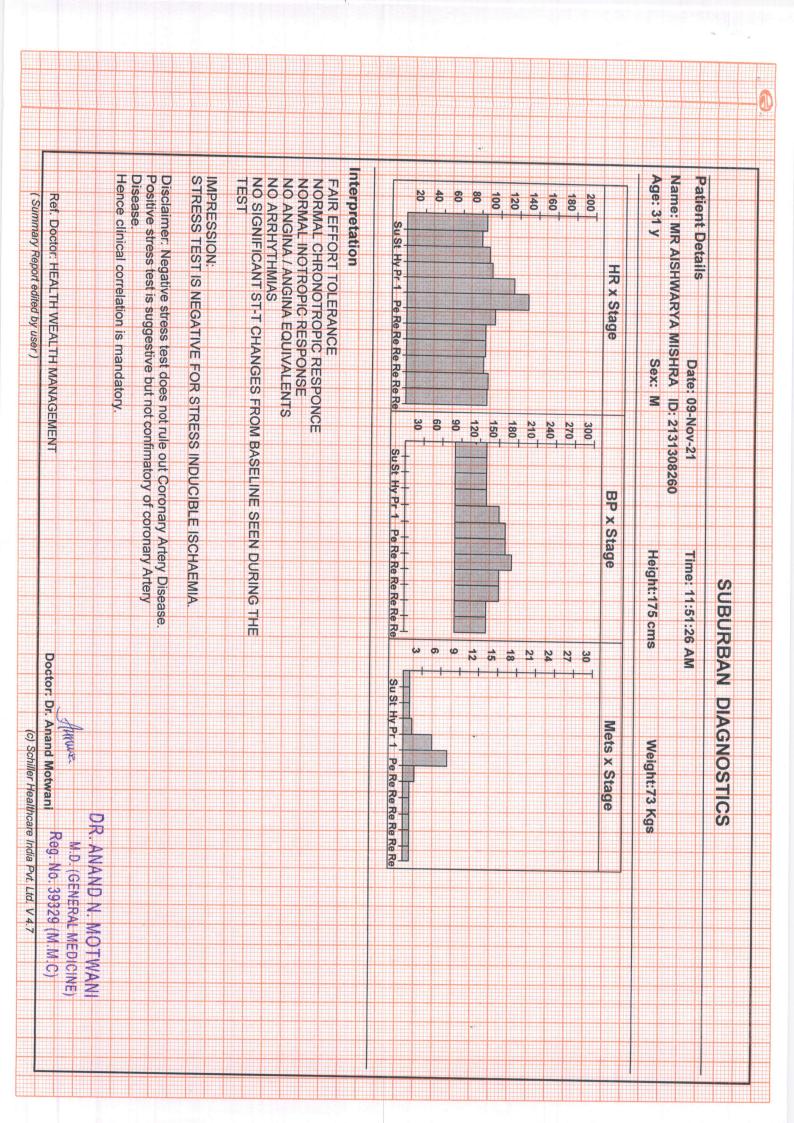
Max. HR: 129 (68% of Pr.MHR ) bpm

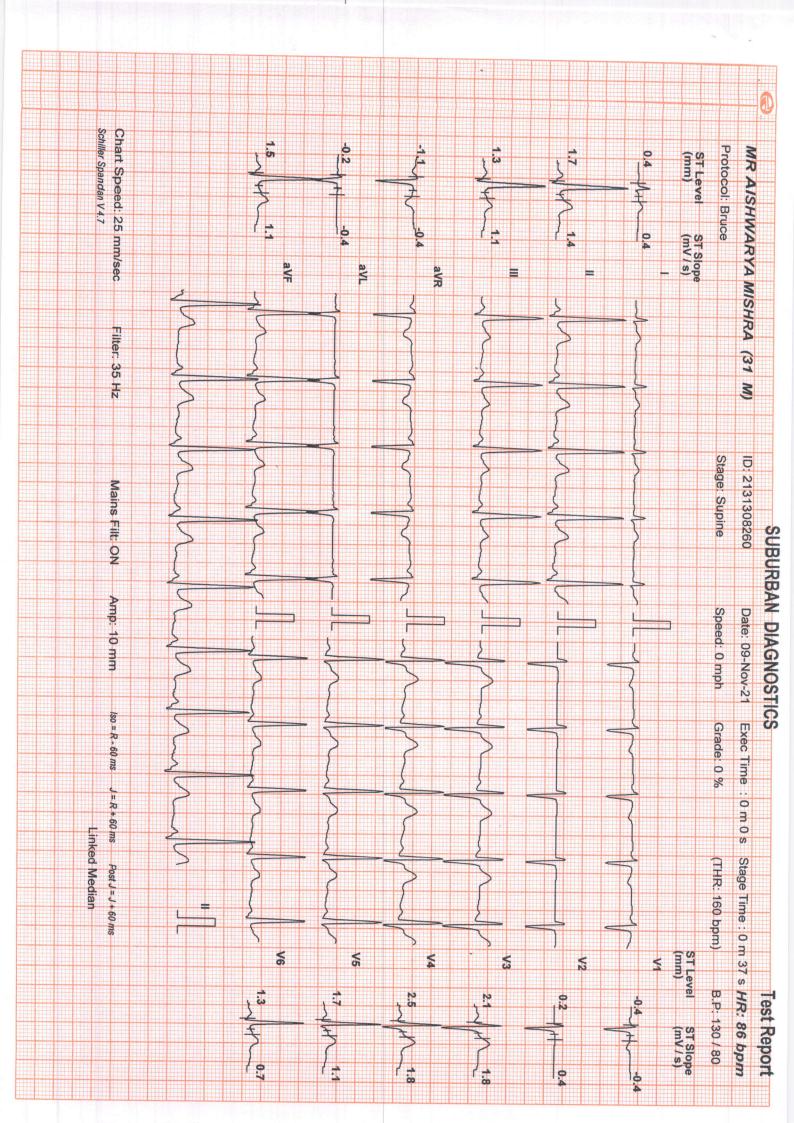
THR: 160 (85 % of Pr.MHR) bpm

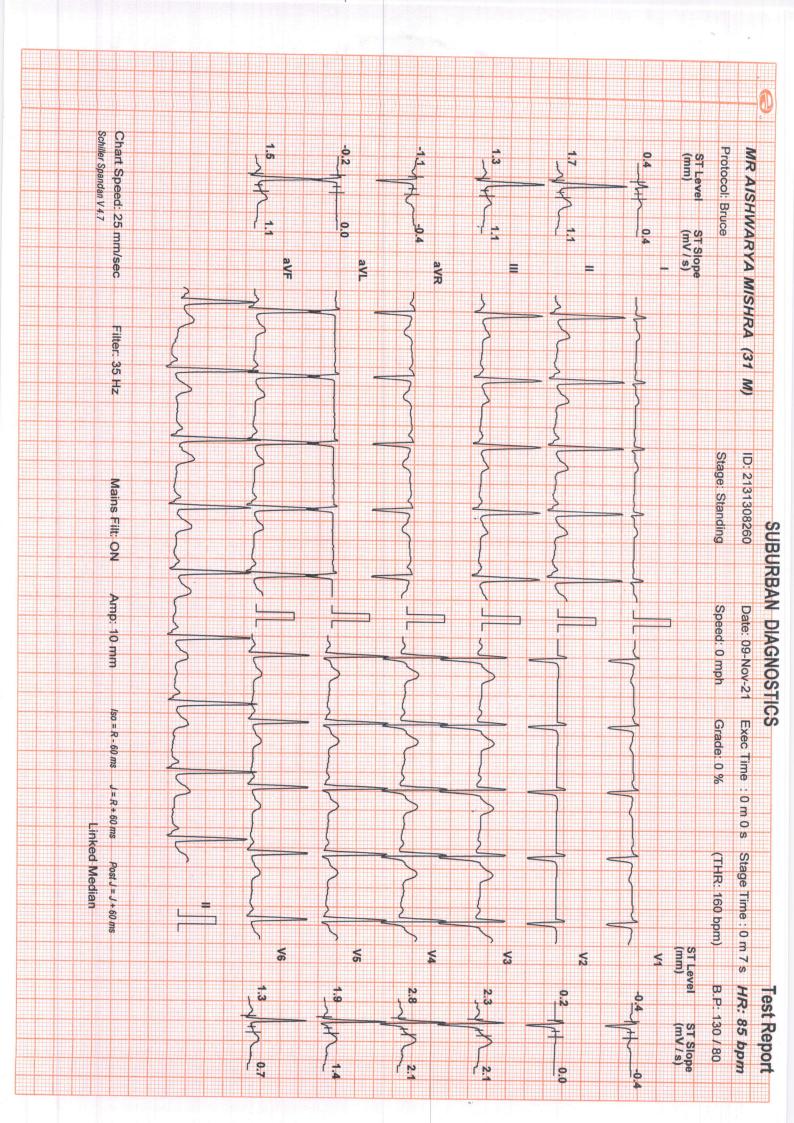
Max. Mets: 7.00

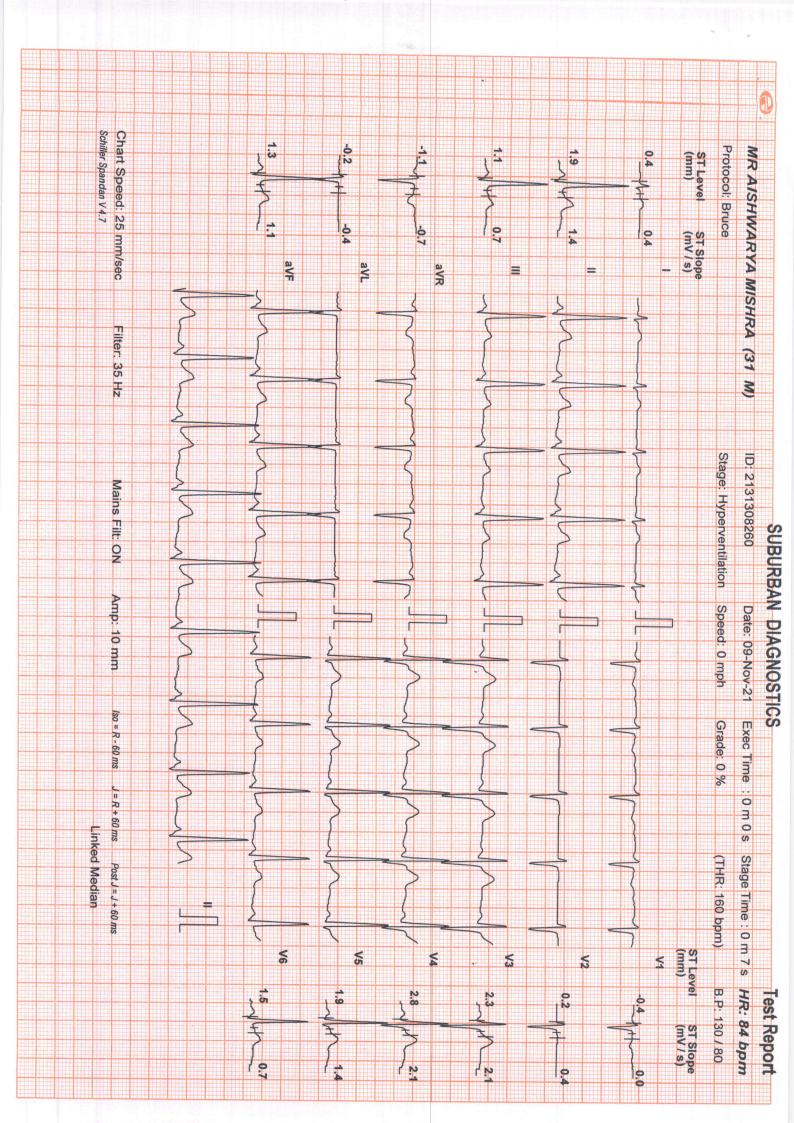
Min. BP x HR: 6400 mmHg/min

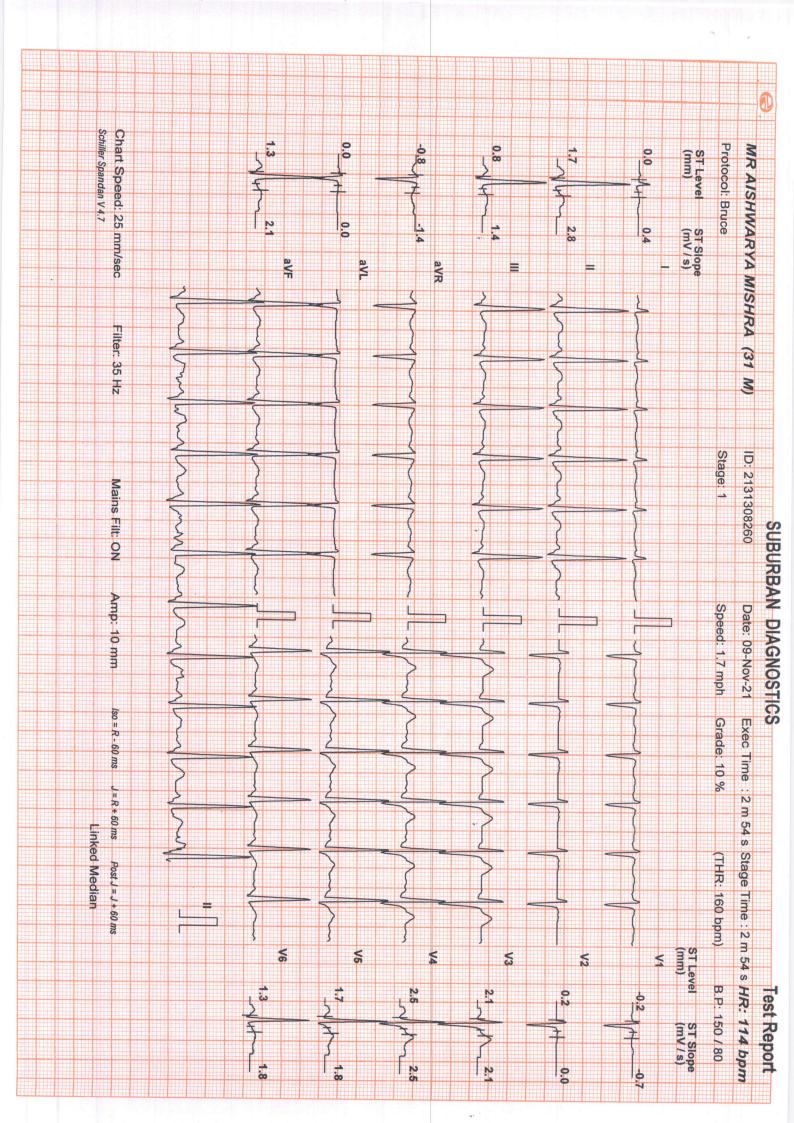
Protocol Details								
Stage Name	Stage Time	Mets	Speed	Grade	Heart	Max. BP	Max. ST	Max. ST
	(min : sec)		(mph)	(%)	Rate	(mm/Hg)		Slope
					(bpm)		(mm)	(mV/s)
Supine	0:43	1.0	0	0	85	130 / 80	-1.49 aVR	2.12 V4
Standing	0:13	1.0	0	0	80	130 / 80	-1.27 aVR	2.12 V3
Hyperventilation	0:13	1.0	0	0	88	130 / 80	-1.27 aVR	2.48 V3
	3:0	4.6	1.7	10	114	150 / 80	-1.70 aVR	2.83 V3
Peak Ex	2:31	7.0	2.5	12	129	160 / 80	-1.06 aVR	3.18 V3
Recovery(1)	1:0	1.8		0	94	160 / 80	-0.85 aVR	3.54 V3
Recovery(2)	1:0	1.0	0	0	84	170 / 80	-0.85 aVR	2.48 V3
Recovery(3)	1:0	1.0	0	0	84	150 / 80	-0.85 aVR	2.1211
Recovery(4)	1:0	1.0	0	0	82	150 / 80	-1.06 aVR	2.12
Recovery(5)	1:0	1.0	0	0	87	130 / 80	-1.06 aVR	2.1211
Recovery(6)	0:24	1.0	0	0	86	130 / 80	-1.06 aVR	2.12

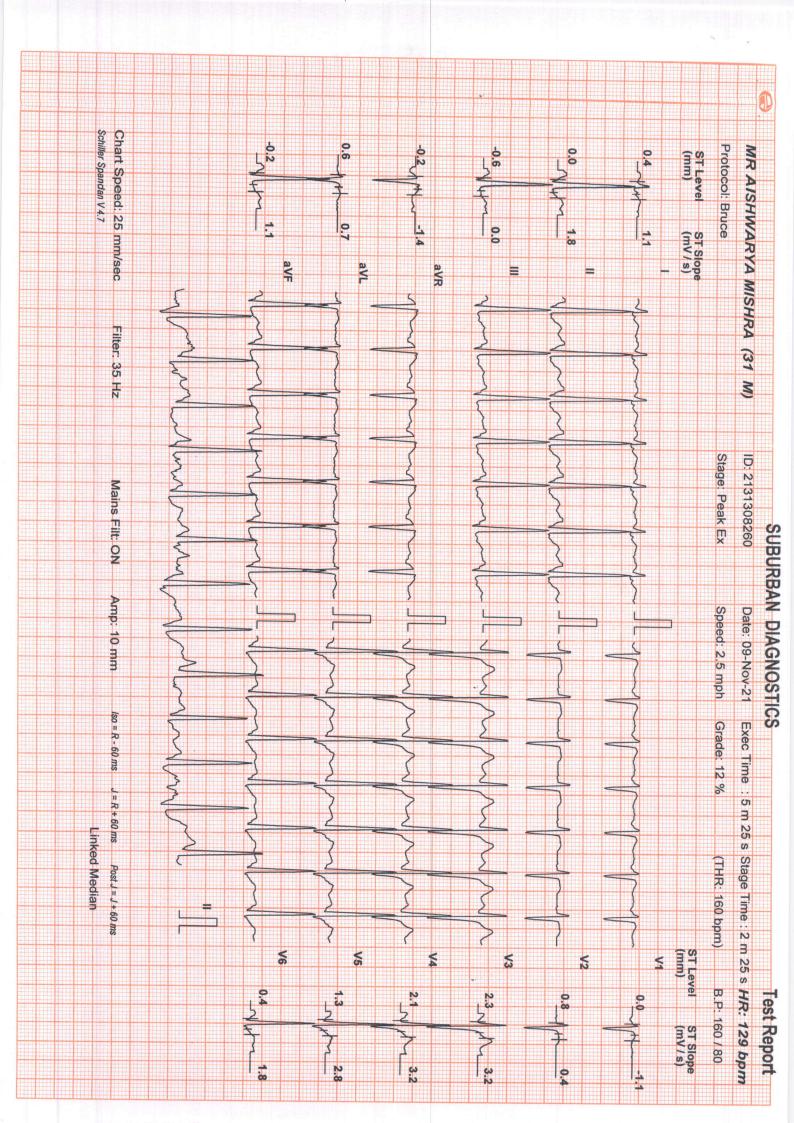


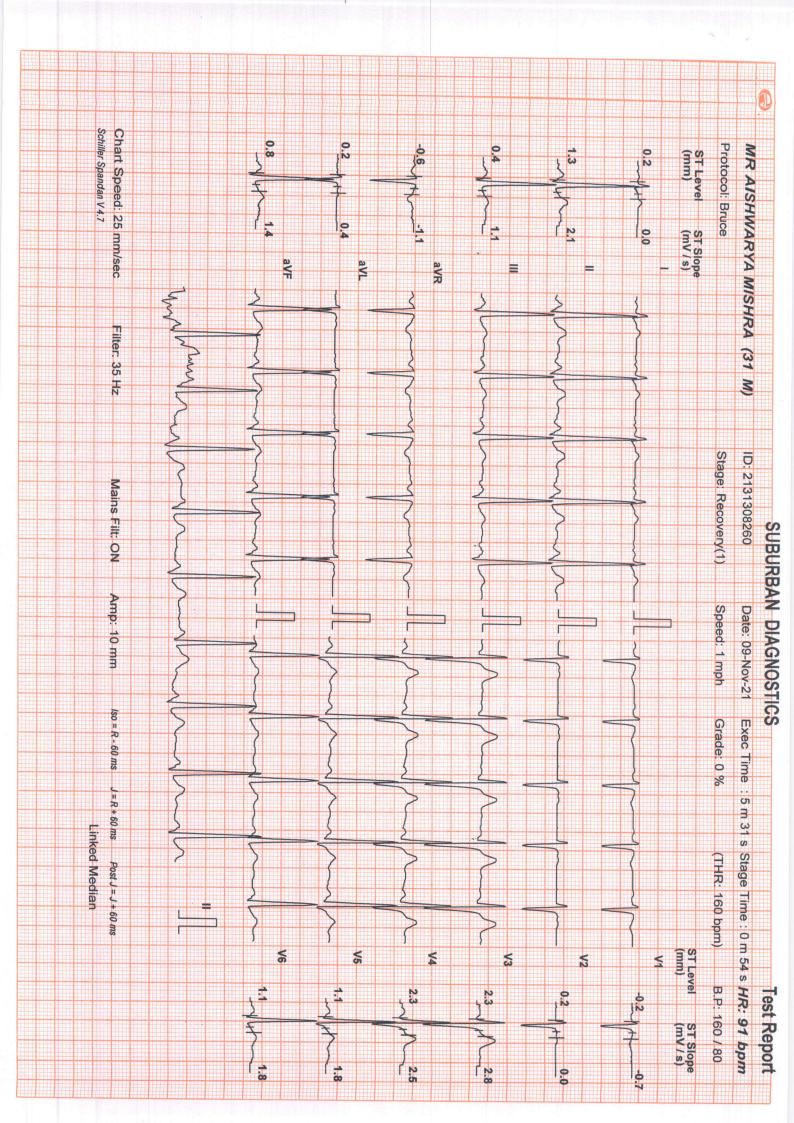


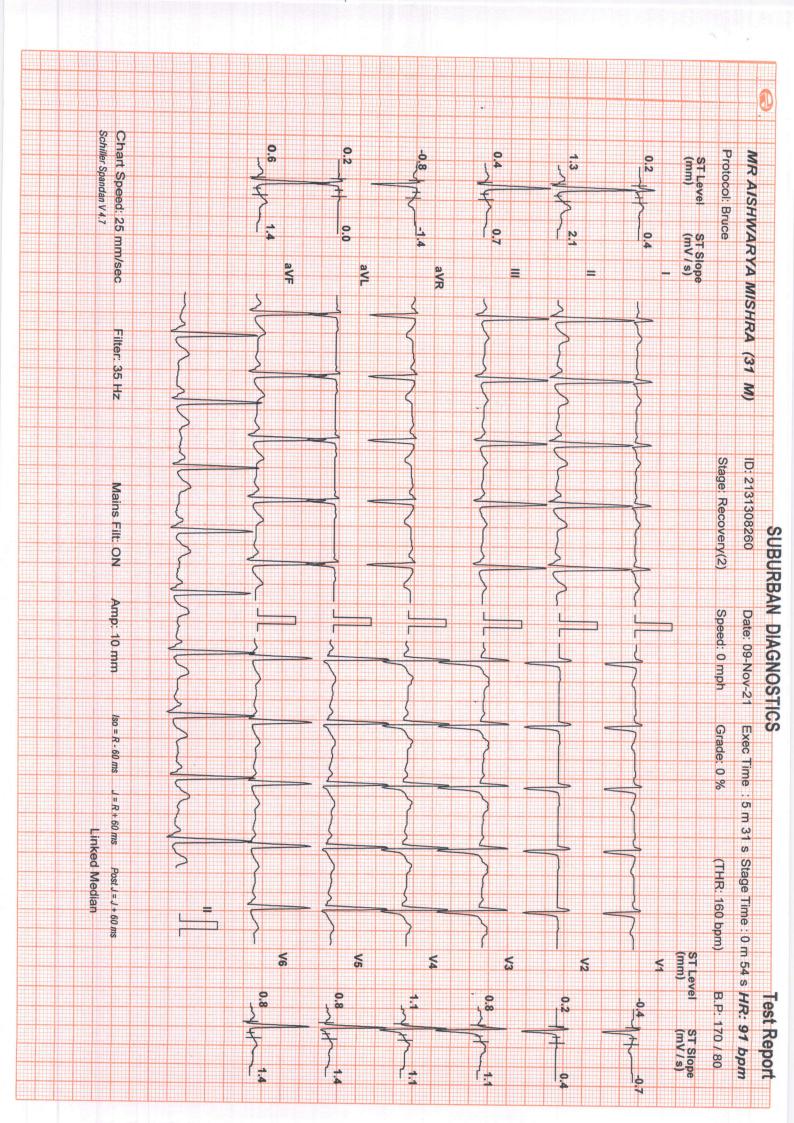


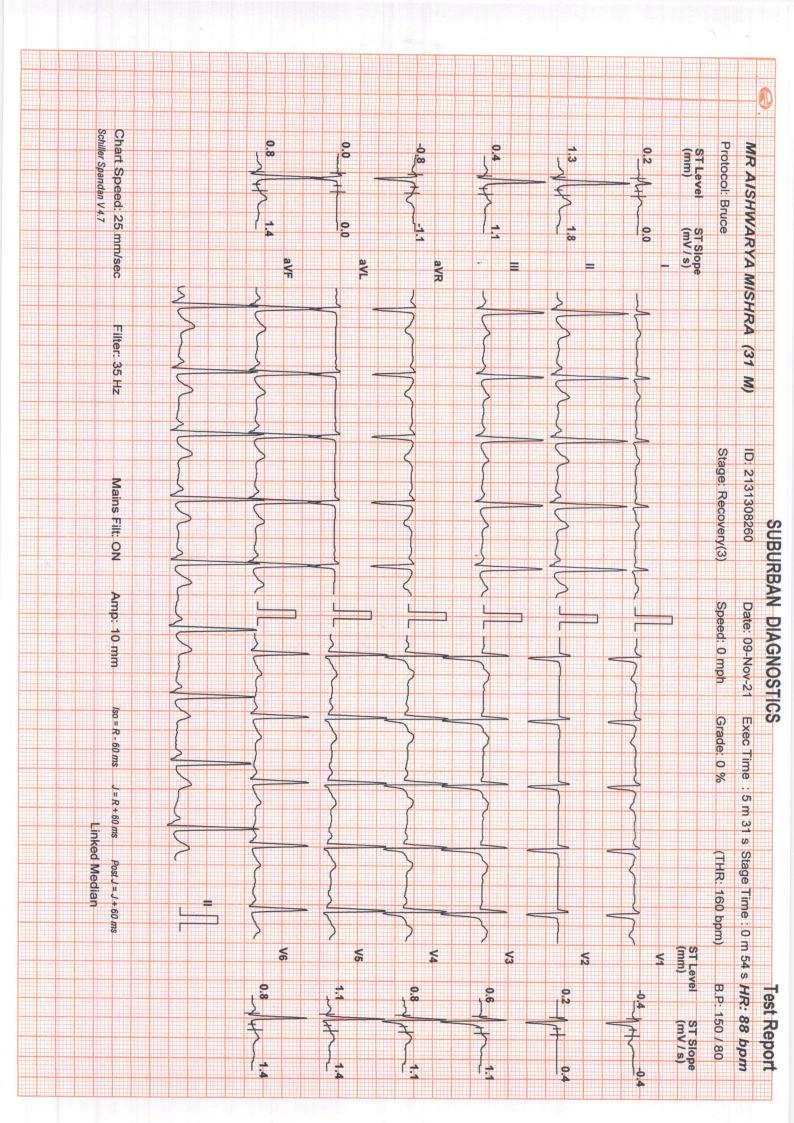


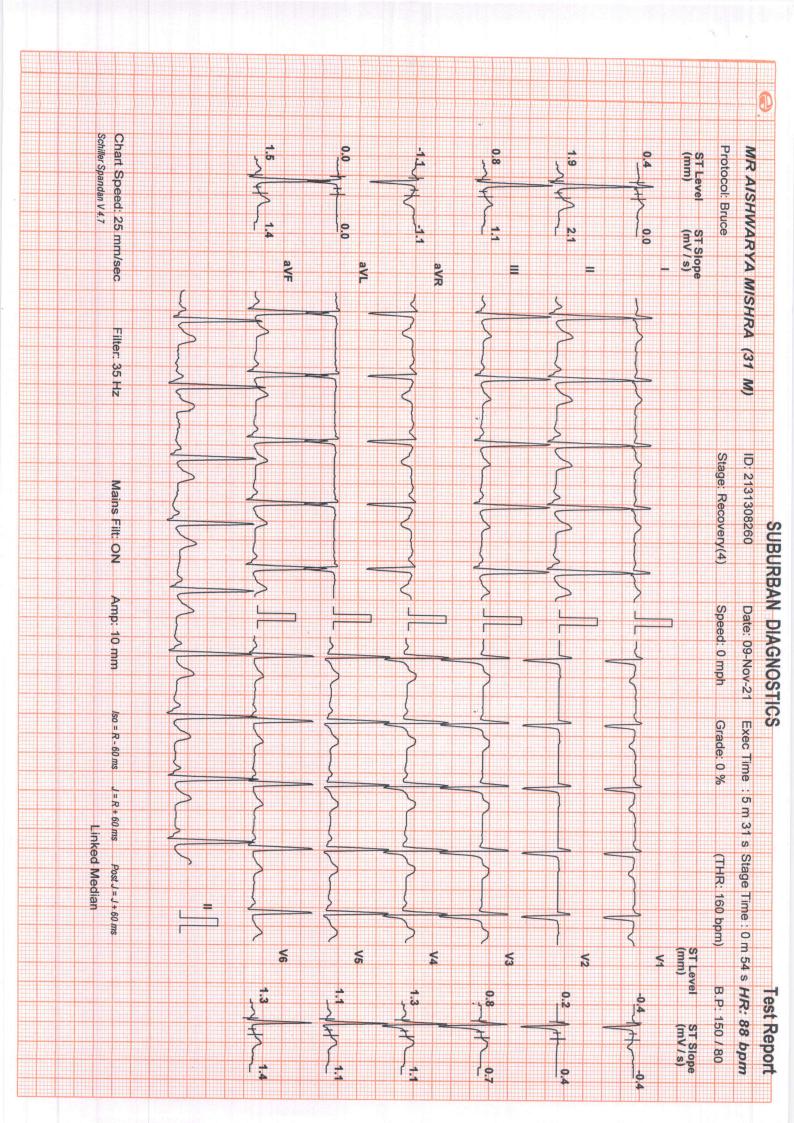


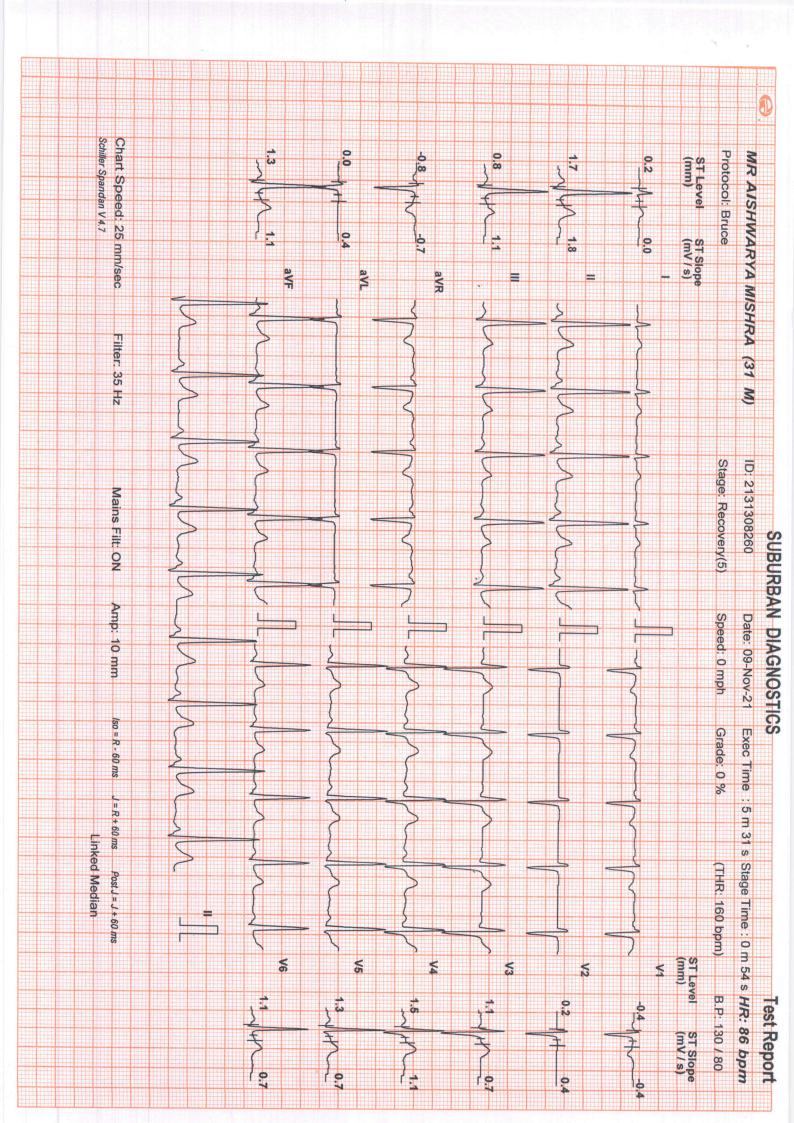


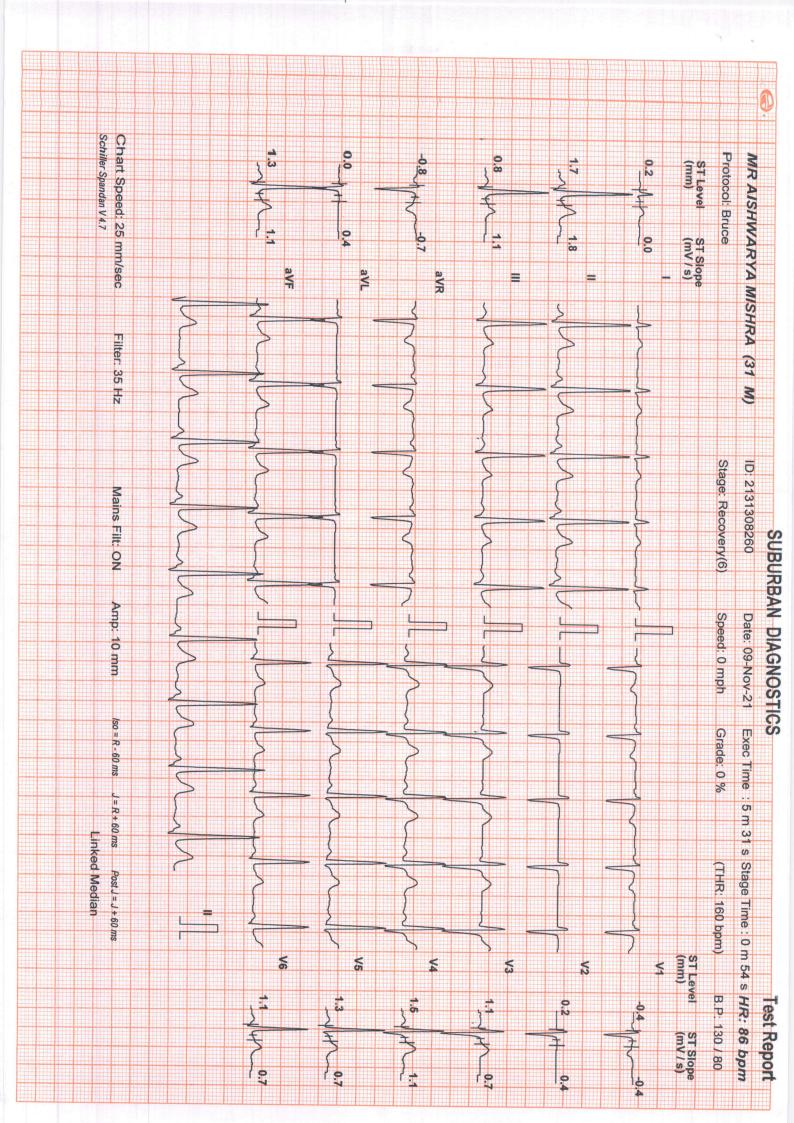














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Reg. Location : Vashi (Main Centre)

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## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

	CBC (Complete Blood	l Count), Blood	
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	13.0	13.0-17.0 g/dL	Spectrophotometric
RBC	7.24	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.5	40-50 %	Measured
MCV	62	80-100 fl	Calculated
MCH	18.0	27-32 pg	Calculated
MCHC	29.2	31.5-34.5 g/dL	Calculated
RDW	16.2	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5170	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSO	LUTE COUNTS		
Lymphocytes	31.7	20-40 %	
Absolute Lymphocytes	1638.9	1000-3000 /cmm	Calculated
Monocytes	9.2	2-10 %	
Absolute Monocytes	475.6	200-1000 /cmm	Calculated
Neutrophils	56.2	40-80 %	
Absolute Neutrophils	2905.5	2000-7000 /cmm	Calculated
Eosinophils	2.0	1-6 %	
Absolute Eosinophils	103.4	20-500 /cmm	Calculated
Basophils	0.9	0.1-2 %	
Absolute Basophils	46.5	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

#### **PLATELET PARAMETERS**

Platelet Count	203000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	16.3	11-18 %	Calculated

### **RBC MORPHOLOGY**

Hypochromia	++
Microcytosis	++
Macrocytosis	_

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Anisocytosis Mild Poikilocytosis Mild

Polkilocytosis Mile Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others Elliptocytes-occasional

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT Features suggest thalassemia trait.

Advice: Hb Electrophoresis & Reticulocyte count estimation.

Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 3 2-15 mm at 1 hr. Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
\*\*\* End Of Report \*\*\*



Dr.TEJASWINI DHOTE M.D. (PATH) Pathologist

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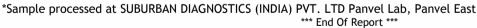
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## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	90.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	110.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.13	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.36	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.77	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	50.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	85.4	5-45 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	78.1	40-130 U/L	Colorimetric
BLOOD UREA, Serum	20.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.79	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	122	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	8.4	3.5-7.2 mg/dl	Enzymatic
*Commis museused at CURUDRAN DIA	CNOCTICE (INDIA) DVT LTD Down	ral Lab Danival Fast	







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Page 3 of 9



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## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)**

#### **BIOLOGICAL REF RANGE PARAMETER RESULTS** METHOD

Glycosylated Hemoglobin **HPLC** Non-Diabetic Level: < 5.7 % 5.6 (HbA1c), EDTA WB - CC

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

Estimated Average Glucose 114.0 mg/dl Calculated

(eAG), EDTA WB - CC

#### 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 Vitamin 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.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West \*\*\* End Of Report \*\*\*







c. Solve Dr.LEENA SALUNKHE M.B.B.S, DPB (PATH) **Pathologist** 

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## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT**

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	25	-	-
<b>CHEMICAL EXAMINATION</b>			
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 EXAMINATIO	<u>N</u>		
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Ped Pleed Cells / haf	Absont	0.2/hnf	

Red Blood Cells / hpf Absent 0-2/hpf

Epithelial Cells / hpf 2-4

Casts Absent Absent Crystals **Absent** Absent Amorphous debris **Absent** Absent

Bacteria / hpf 15-17 Less than 20/hpf



**Dr.TEJASWINI DHOTE** M.D. (PATH) **Pathologist** 

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Page 5 of 9

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE ENT BASIC CHECK UP

<u>PARAMETER</u> <u>RESULTS</u> <u>BIOLOGICAL REF RANGE</u> <u>METHO</u>

ENT BASIC CHECK UP ENT NAD on basic inspection



Dr.SHEPHALI BODKHE
MBBS

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Page 6 of 9



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:09-Nov-2021 / 14:52

## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD GROUPING & Rh TYPING**

**RESULTS PARAMETER** 

**ABO GROUP** Α

Rh TYPING **POSITIVE** 

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

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 origin.
- 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 phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

#### Refernces:

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West \*\*\* End Of Report \*\*







Dr.MEGHA SHARMA M.D. (PATH), DNB (PATH) **Pathologist** 

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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
CHOLESTEROL, Serum	198.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	176.2	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	35.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	163.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	128.0	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	Colorimetric
VLDL CHOLESTEROL, Serum	35.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.6	0-3.5 Ratio	Calculated

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
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:31 Years / Male Age / Gender

Consulting Dr. Collected : 09-Nov-2021 / 09:36

:09-Nov-2021 / 12:47 : Vashi (Main Centre) Reported Reg. Location

# **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

# THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	6.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.2	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.52	0.35-5.5 microIU/ml	ECLIA

#### Interpretation:

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

#### Clinical Significance:

- 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 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, tyrosine 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: 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.

#### 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)

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East \*\*\* End Of Report \*\*\*



**Dr.TEJASWINI DHOTE** M.D. (PATH) **Pathologist** 

Authenticity Check

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Page 9 of 9

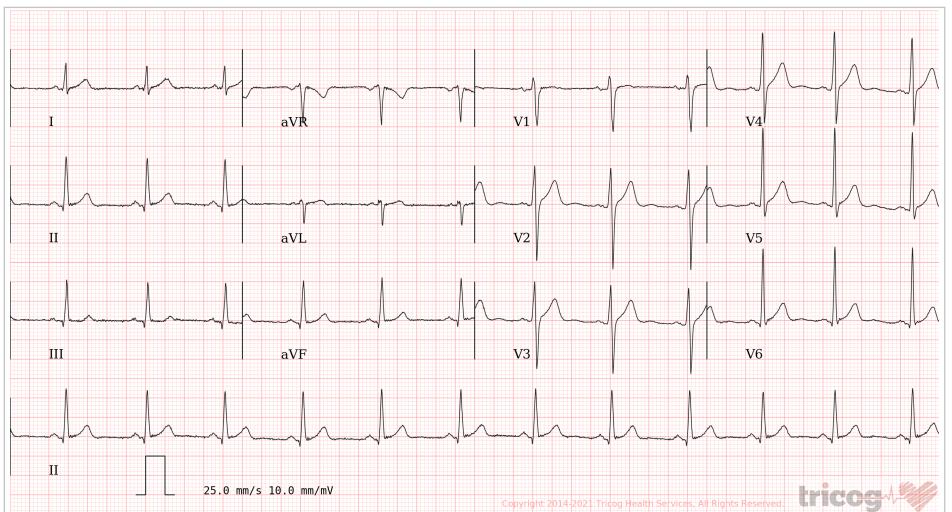
## **SUBURBAN DIAGNOSTICS - VASHI**



Patient Name: AISHWARYA MISHRA

Patient ID: 2131308260

Date and Time: 9th Nov 21 1:35 PM



Age 31 10 2 years months days

Gender Male

Heart Rate 75 bpm

#### **Patient Vitals**

BP: 130/80 mmHg

Weight: 73 kg

Height: 175 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QSRD: 106 ms

QT: 350 ms

QTc: 390 ms

PR: 136 ms

P-R-T: 53° 70° 51°

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

REPORTED BY

ALIMAN

Dr.Anand N Motwani M.D (General Medicine) Reg No 39329 M.M.C

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

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Navi Mumph.
384547

SUBURBAN DIAGNOSTICS (I) PVT. LTD Shop No. 22, Ground Floor, Raikar Bhavan, Tel. 27884547 / 27864548.

INCOME TAX DEPARTMENT
AISHWARYA MISHRA

NARENDRA KUMAR MISHRA

07/01/1990

Permanent Account Number
BIDPM1646L

Signature

Dr. Shephali

Dr. Shephali Bodkhe MBBS

2006/03/1809



Date: - 09 11/21

CID: 2131308260

Name: Aishwaya Mishra

Sex / Age: 314 | m.

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Pleum refer "phy wild Example" for

Past history:

Upaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	СуІ	Axis	Vn
Distance	-	-	-	6/6				6/6
Near				N6				N6

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (I) PVT. LTD. Shop No 22, Ground Floor, Raikar Bhavan, Sector-17, Vashi, Navi Mumbai - 400 703 Tel 27884547 / 27864543.

2006/03/1809

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053



CID

: 2131308260

Name

:Mr AISHWARYA MISHRA

Age / Sex

:31 Years/Male

Ref. Dr

Reg.Location

:Vashi Main Centre



Reg. Date :09-Nov-2021 / 11:46

Report Date :09-Nov-2021 / 18:43

Printed

:09-Nov-2021 / 18:43

## X-RAY CHEST PA VIEW

Both lung fields are 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:**

NO SIGNIFICANT ABNORMALITY IS DETECTED.

----End of Report----

Dr Jamila Johar Fani MD Radiologist Reg No 2018/01/0007 Consultant Radiologist