



**2D ECHO / COLOUR DOPPLER**

**NAME : MRS. SWATI RATHI**  
**RF BY : DR. HOSPITAL PATIENT**

**33yrs/F**

**OPD**  
**10-Sep-22**

**M - Mode values**

**Doppler Values**

AORTIC ROOT (mm)	20	PULMONARY VEL (m/sec)	
LEFT ATRIUM (mm)	29	PG (mmHg)	
RV (mm)		AORTIC VEL (m/sec)	1.5
LVID - D (mm)	38	PG (mmHg)	9
LVID - S (mm)	17	MITRAL E VEL (m/sec)	1.2
IVS - D (mm)	9	A VEL (m/sec)	0.7
LVPW -D (mm)	9	TRICUSPID VEL. (m/sec)	
EJECTION FRACTION (%)	60%	PG (mmHg)	

**REPORT**

Normal LV size & wall thickness.  
No regional wall motion abnormality  
Normal LV systolic function , LVEF 60%  
Normal sized cardiac chambers.

Pliable mitral valve., no Mitral regurgitation.  
Normal mitral diastolic flows.

Trileaflet aortic valve. No aortic stenosis / regurgitation.

Normal Tricuspid & pulmonary valve  
Trivial tricuspid regurgitation ,  
PA pressure = 20 mmHg - normal

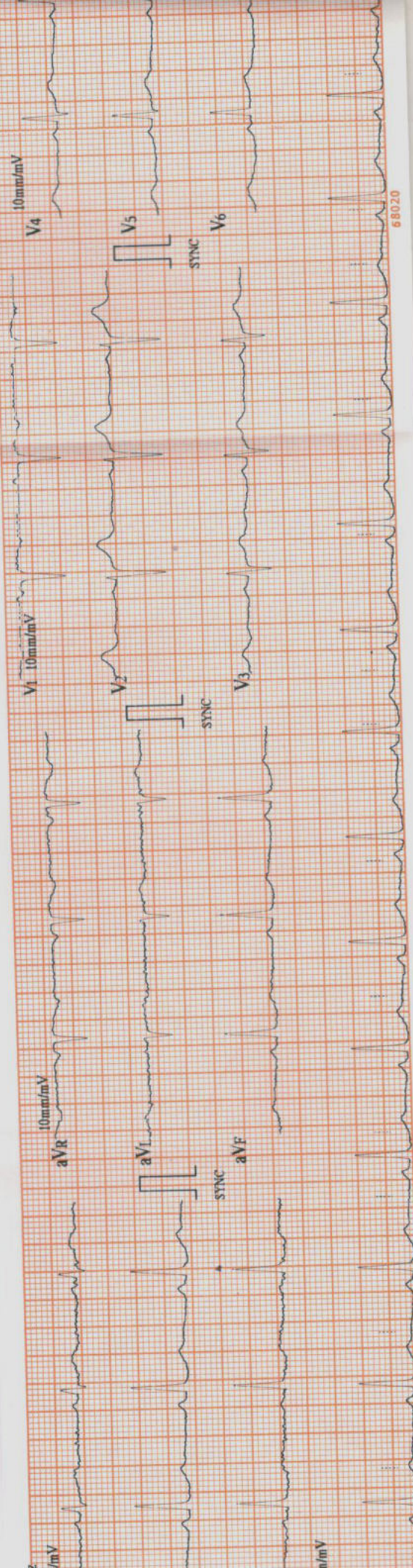
Intact IAS & IVS  
No PDA, coarctation of aorta.  
No clots , vegetations , pericardial effusion noted.

**IMPRESSION :**

**No regional wall motion abnormality.**  
**Normal LV systolic function , LVEF 60%**  
**No diastolic dysfunction.**  
**Normal PA pressure.**

  
**DR. RAJDATT DEORE.**  
**MD, DM-CARDIOLOGIST**  
**MMC 2005/03/1520**

*(NORMAL 2D-ECHO & COLOR DOPPLER DOESN'T RULE OUT ISCHAEMIC HEART DISEASE)*



V1: 010-2011-05-22 00:28  
MCN 65-2011-05-22 00:28

65020



भारत सरकार  
GOVERNMENT OF INDIA



केशव नवरतन राठी  
Keshav Navratan Rathi  
जन्म तारीख/ DOB: 20/01/1989  
पुरुष / MALE



3110 8303 2841

आधार-सामान्य माणसाचा अधिकार

बैंक ऑफ़ बड़ौदा  
Bank of Baroda



नाम: Sruati Rathi  
कर्मचारी कूट क्र. 13026  
3110 8303 2841

जारीकर्ता प्राधिकारी  
Issuing Authority  
Chief Manager (Security)  
Pune Zone

धारक के हस्ताक्षर  
Signature of Holder

पता:  
फ्लॉट नं-203, सी विंग,  
रेलीकॉन फॅलिकॉ, बाणेर  
एन.ए. रोड, मंगलिका  
एन.ए. रोड, एन.ए. -  
136/3/3 बाणेर, पुणे,  
महाराष्ट्र - 411021

Address:  
Flat No-203, C Wing, Relicon Felica,  
Baner Pashan Link Road, Next to  
Mangdia Scheme, S.No-136/3/3  
Pashan, Pashan, Pune,  
Maharashtra - 411021

भारतीय विशिष्ट पहचान प्राधिकार  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MRS. RATHI SWATI
EC NO.	92031
DESIGNATION	CREDIT
PLACE OF WORK	PUNE,ZO PUNE
BIRTHDATE	11-08-1988
PROPOSED DATE OF HEALTH CHECKUP	10-09-2022
BOOKING REFERENCE NO.	22S92031100024954E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **06-09-2022** till **31-03-2023** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	KESHAV RATHI
DATE OF BIRTH	20-01-1989
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	10-09-2022
BOOKING REFERENCE NO.	22S92031100024956S
SPOUSE DETAILS	
EMPLOYEE NAME	MRS. RATHI SWATI
EMPLOYEE EC NO.	92031
EMPLOYEE DESIGNATION	CREDIT
EMPLOYEE PLACE OF WORK	PUNE,ZO PUNE
EMPLOYEE BIRTHDATE	11-08-1988

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **06-09-2022** till **31-03-2023**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



# Dept. of Pathology

(For Report Purpose Only)



PRN : 067603  
 Patient Name : Mrs. RATHI SWATI  
 Age/Sex : 34Yr(s)/Female  
 Company Name : BANK OF BARODA  
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 7405  
 Req.No : 7405

Collection Date & Time : 10/09/2022 10:33 AM  
 Reporting Date & Time : 10/09/2022 01:44 PM  
 Print Date & Time : 10/09/2022 01:51 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
<b>HAEMATOLOGY</b>			
<b>HAEMOGRAM</b>			
HAEMOGLOBIN (Hb)	: 12.5	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 39.0	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 4.31	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 90.5	cu micron	76 - 96
M.C.H.	: 29.0	pg	27 - 32
M.C.H.C	: 32.1	picograms	32 - 36
RDW-CV	: 12.4	%	11 - 16
WBC TOTAL COUNT	: 8730	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000 150000 - 450000
PLATELET COUNT	: 319000	cumm	150000 - 450000
<b>WBC DIFFERENTIAL COUNT</b>			
NEUTROPHILS	: 70	%	ADULT : 40 - 70 CHILD : 20 - 40 2000 - 7000
ABSOLUTE NEUTROPHILS	: 6111	µL	ADULT : 20 - 40 CHILD : 40 - 70 1000 - 3000
LYMPHOCYTES	: 23	%	01 - 04
ABSOLUTE LYMPHOCYTES	: 2007.90	µL	20 - 500
EOSINOPHILS	: 02	%	02 - 08
ABSOLUTE EOSINOPHILS	: 174.60	µL	200 - 1000
MONOCYTES	: 05	%	00 - 01
ABSOLUTE MONOCYTES	: 436.50	µL	0 - 100
BASOPHILS	: 00	%	
ABSOLUTE BASOPHILS	: 0	µL	

SV  
 Technician

Dr. POONAM KADAM  
 MD (Microbiology), Dip.Pathology &  
 Bacteriology (MMC-2012/03/0668)  
 Pathologist



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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
RBC MORPHOLOGY	: Normocytic Normochromic		
WBC MORPHOLOGY	: Within Normal Limits		
PLATELETS	: Adequate		
PARASITES	: Not Detected		

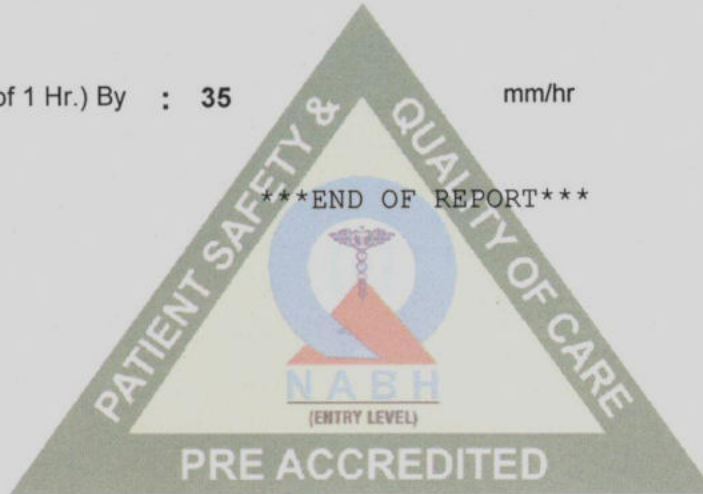
Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

### ESR

ESR MM ( AT The End of 1 Hr.) By : **35** mm/hr  
 Westergren Method

Male : 0 - 15  
 Female : 0 - 20

\*\*\*END OF REPORT\*\*\*



*SK*  
 Technician

*PO*  
 Dr. POONAM KADAM  
 MD (Microbiology), Dip.Pathology &  
 Bacteriology (MMC-2012/03/0668)  
 Pathologist



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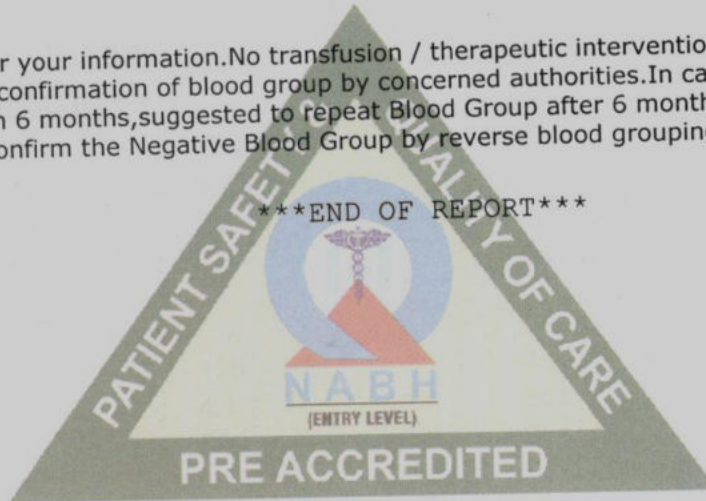
### HAEMATOLOGY

#### BLOOD GROUP

BLOOD GROUP : "A"  
RH FACTOR : POSITIVE

NOTE : This is for your information.No transfusion / therapeutic intervention is done without confirmation of blood group by concerned authorities.In case of infants less than 6 months,suggested to repeat Blood Group after 6 months of age for confirmation. Kindly confirm the Negative Blood Group by reverse blood grouping (Tube method).

\*\*\*END OF REPORT\*\*\*



*SV*  
Technician

*Dr. Poonam Kadam*  
Dr. POONAM KADAM  
MD (Microbiology), Dip.Pathology &  
Bacteriology (MMC-2012/03/0668)  
Pathologist





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### BIOCHEMISTRY

#### BSL-F & PP

Blood Sugar Level Fasting	: 93	MG/DL	60 - 110
Blood Sugar Level PP	: 112	MG/DL	70 - 140

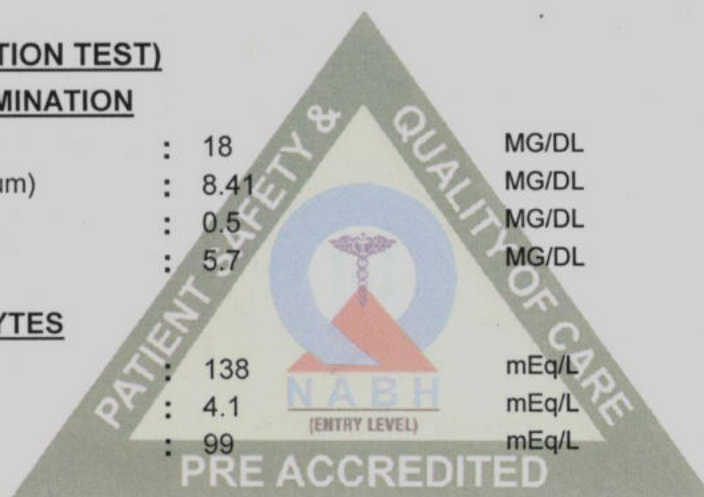
#### RFT (RENAL FUNCTION TEST)

##### BIOCHEMICAL EXAMINATION

UREA (serum)	: 18	MG/DL	0 - 45
UREA NITROGEN (serum)	: 8.41	MG/DL	7 - 21
CREATININE (serum)	: 0.5	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 5.7	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7

##### SERUM ELECTROLYTES

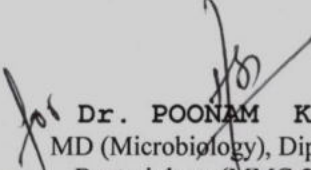
SERUM SODIUM	: 138	mEq/L	136 - 149
SERUM POTASSIUM	: 4.1	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 99	mEq/L	98 - 107



\*\*\*END OF REPORT\*\*\*

  
Technician

Report Type By :- PANDURANG TAMBARE

  
Dr. POONAM KADAM  
MD (Microbiology), Dip.Pathology &  
Bacteriology (MMC-2012/03/0668)  
Pathologist

For Free Home Collection Call : 9545200011



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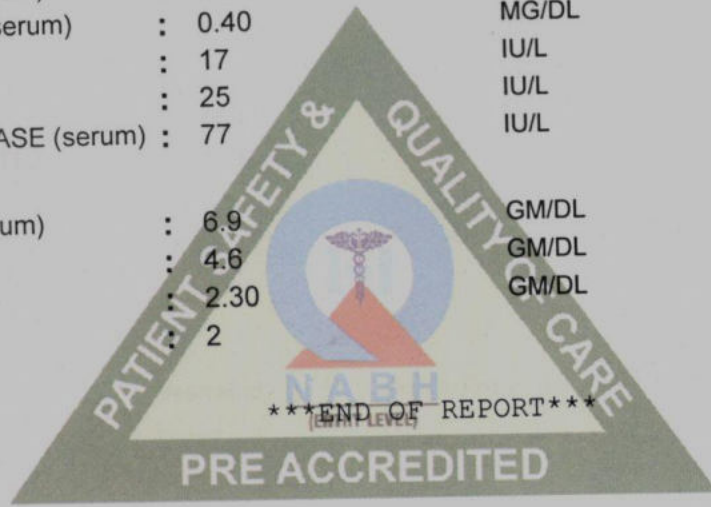
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### BIOCHEMISTRY

#### LFT ( Liver function Test )

BILIRUBIN TOTAL (serum)	: 0.6	MG/DL	INFANTS : 1.2 - 12.0 ADULT : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 0.2	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 0.40	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 17	IU/L	5 - 40
S.G.P.T (serum)	: 25	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 77	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : 67 - 382 ADULT : 36 - 113
PROTEINS TOTAL (serum)	: 6.9	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 4.6	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 2.30	GM/DL	1.8 - 3.6
A/G RATIO	: 2		1:2 - 2:1



\*\*\*END OF REPORT\*\*\*

*SV*  
 Technician

*PO*  
 Dr. POONAM KADAM  
 MD (Microbiology), Dip.Pathology &  
 Bacteriology (MMC-2012/03/0668)  
 Pathologist



# Dept. of Pathology

(For Report Purpose Only)



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### BIOCHEMISTRY

#### LIPID PROFILE

CHOLESTEROL (serum)	: 145	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 79	MG/DL	0 - 150
HDL (serum)	: 34	MG/DL	Male : 42 - 79.5 Female : 42 - 79.5
LDL (serum)	: 102	MG/DL	0 - 130
VLDL (serum)	: 15.80	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 4.26		Male : 1.0 - 5.0 Female : 1.0 - 4.5
LDL/HDL RATIO	: 3		Male : <= 3.6 Female : <=3.2

#### NCEP Guidelines

	Desirable	Borderline	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable.  
Cholesterol & Triglycerides reprocessed , & confirmed.

\*\*\*END OF REPORT\*\*\*

Technician

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### BIOCHEMISTRY

#### HbA1C- GLYCOSYLATED -HB

HBA1C	: 4.91	%	Good Control :: 5.5 - 6.7 Fair Control :: 6.8 - 7.6 Poor Control :: >7.6
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**Instrument: COBAS C 111**

The HbA1C determination is based on turbidimetric inhibition immunoassay (TNIA) for hemolysed whole blood on Cobas c111 system.

**NOTE :**

1. The HbA1C test shows your average blood sugar for last 3 months.
2. The HbA1C test does not replace your day-to-day monitoring of blood glucose.  
Use this test result along with your daily test results to measure your overall diabetes control.

**How does HbA1C works ?**

The HbA1C test measures the amount of **sugar that attaches to protein** in your red blood cells. RBCs live for about 3 months, so this test shows your average blood sugar levels during that time. Greater the level of sugar & longer it is high, the more sugar that will attach to RBCs.

**Why is this test so important ?**

Research studies demonstrated that **the closer to normal your HbA1C level was, the less likely your risk of developing the long-term complications of diabetes.** Such problems include eye disease and kidney problems.

**Who should have the HbA1c test done ?**

Everyone with diabetes can benefit from taking this test. Knowing your HbA1C level helps you and your doctor decide if you need to change your diabetes management plan.

**How often should you have a HbA1C test ?**

You should have this test done when you are first diagnosed with diabetes. Then at least twice a year if your treatment goals are being met & blood glucose control is stable. More frequent HbA1C testing (4 times / year) is recommended if your blood glucose management goals.

\*\*\*END OF REPORT\*\*\*

*sw*  
 Technician

*Dr. Poonam Kadam*  
 Dr. POONAM KADAM  
 MD (Microbiology), Dip.Pathology &  
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### CLINICAL PATHOLOGY

#### URINE ROUTINE

##### PHYSICAL EXAMINATION

QUANTITY	: 30	ML
COLOUR	: PALE YELLOW	
APPEARANCE	: SLIGHTLY HAZY	
REACTION	: ACIDIC	
SPECIFIC GRAVITY	: 1.010	

##### CHEMICAL EXAMINATION

PROTEIN	: ABSENT
SUGAR	: ABSENT
KETONES	: ABSENT
BILE SALTS	: ABSENT
BILE PIGMENTS	: ABSENT
UROBILINOGEN	: NORMAL

##### MICROSCOPIC EXAMINATION

PUS CELLS	: 2-3	/hpf
RBC CELLS	: ABSENT	/hpf
EPITHELIAL CELLS	: 3-4	/hpf
CASTS	: ABSENT	/hpf
CRYSTALS	: ABSENT	
OTHER FINDINGS	: ABSENT	
BACTERIA	: ABSENT	

\*\*\*END OF REPORT\*\*\*

sv  
Technician

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### ENDOCRINOLOGY

#### TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	: 1.66	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 9.75	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 4.14	µIU/mL	0.465 - 4.68

#### NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The third type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4, Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra TSH
First Trimester	0.86 - 1.87	6.60 - 12.4	0.30 - 4.50
2 nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3 rd Trimester	1.0 - 2.60	6.60 - 15.5	0.80 - 5.20

The guidelines for age related reference ranges for T3, T4, & Ultra TSH

	Total T3	Total T4	Ultra TSH
Cord Blood	0.30 - 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1.0-38.9
New Born	0.75 - 2.60	1 Week 6.0-15.9	2-20 Week : 1.7-9.1
1-5 Years	1.0-2.60	1-12 Months 6.8 - 14.9	20 Week- 20 years 0.7 - 6.4
5-10 Years	0.90 - 2.40	1-3 Years 6.8-13.5	
10-15 Years	0.80 - 2.10	3-10 Years 5.5-12.8	

\*\*\*END OF REPORT\*\*\*

Technician

Report Type By :- PANDURANG KAMBARE

*for* Dr. POONAM KADAM  
 MD (Microbiology), Dip.Pathology &  
 Bacteriology (MMC-2012/03/0668)  
 Pathologist

For Free Home Collection Call : 9545200011

Tabular Summary

**RATHI, SWATI**

Patient ID 75007

Female

34yrs

Meds:

BRUCE: Total Exercise Time 07:30  
 Max HR: 169 bpm 90% of max predicted 186 bpm HR at rest: 80  
 Max BP: 140/90 mmHg BP at rest: 120/75 Max RPP: 21970 mmHg\*bpm

Maximum Workload: 10.10 METS

Max. ST: -0.17 mV, 0.00 mV/s in V6; EXERCISE STAGE 2 04:29

Arrhythmia: A:83

ST/HR index: 1.39  $\mu$ V/bpm

Reasons for Termination: Dyspnea

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Conclusion: GOOD EFFORT TOLERANCE

ACHIEVED 90% THR ON RX.

NORMAL BP RESPONSE

NO SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DR. RAJDATT DEORE \*  
 MD,DM-CARDIOLOGIST  
 MMC 2005/03/1520

Test Reason: Screening for CAD  
 Medical History: NO HISTORY.

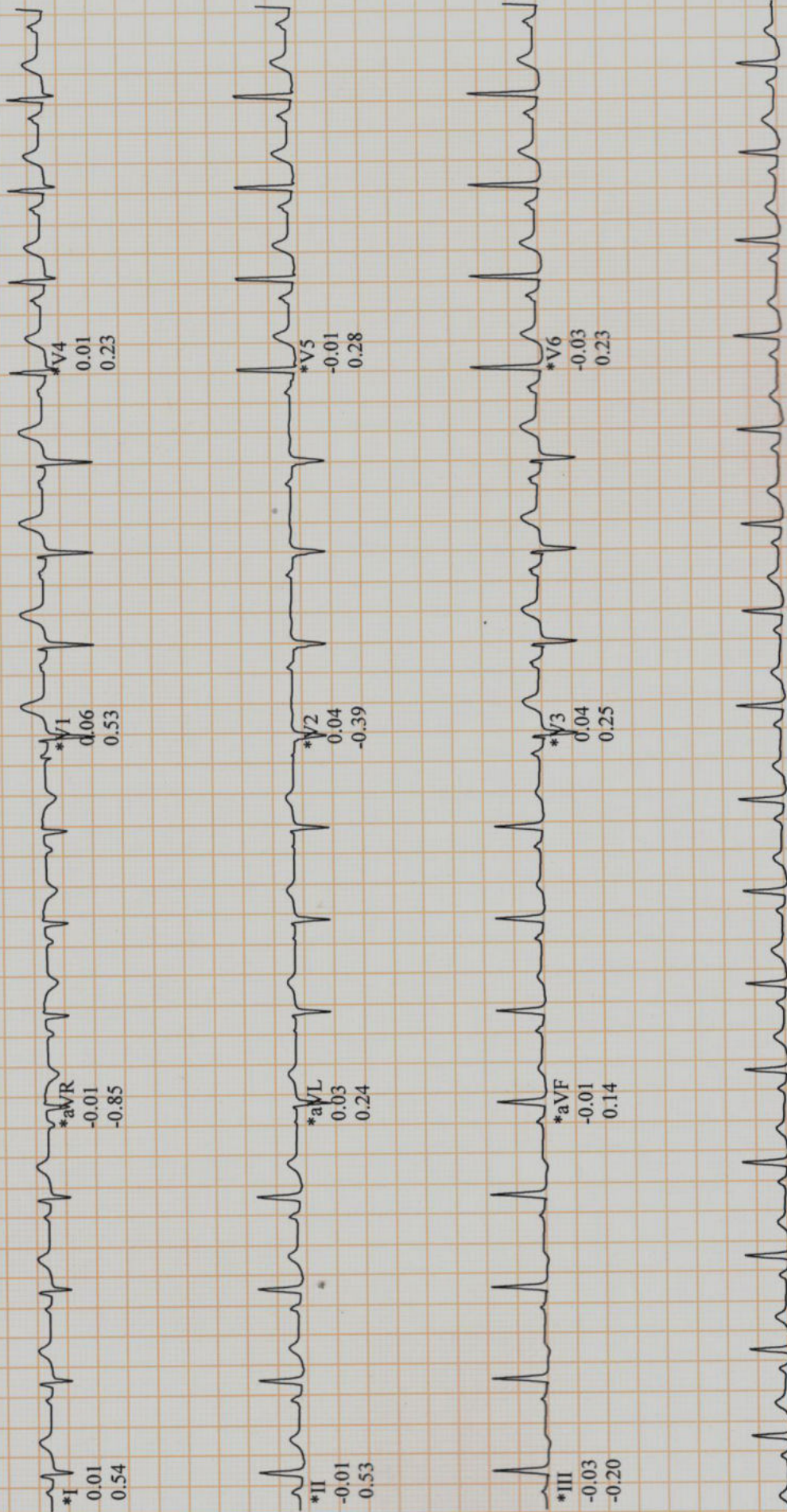
Ref. MD: Ordering MD:

Technician: RUPALI Test Type: Treadmill Stress Test

Comment:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (V6 mV)	Comment
PRETEST	SUPINE	00:17	0.00	0.00	1.0	76	120/75	9120	0	0.04	
	STANDING	00:21	0.00	0.00	1.0	76			0	0.04	
	HYPERV.	00:44	0.50	0.00	1.2	94	120/75	11280	0	0.01	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	144	120/75	17280	0	-0.09	
	STAGE 2	03:00	2.50	12.00	7.0	157	130/85	20410	0	-0.13	
	STAGE 3	01:31	3.40	14.00	10.1	166	130/85	21580	0	-0.16	
RECOVERY		02:58	0.00	0.00	1.0	100	140/90	14000	0	-0.03	

Lead  
ST Level (mV)  
ST Slope (mV/s)



II  
Raw Data

\*Computer Synthesized Rhythms





**Dept. of Radiology**  
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Hospital & Research Center  
Caring Redefined

REQ. DATE : 10-SEP-2022  
NAME : MRS. RATHI SWATI  
PATIENT CODE : 067603  
REFERRAL BY : HOSPITAL PATIENT

REP. DATE : 10-SEP-2022  
AGE/SEX : 34 YR(S) / FEMALE

**BILATERAL SONOMAMMOGRAPHY**

**OBSERVATION:**

**RT. BREAST.**

Fibro-glandular tissues appear normal.  
Skin and subcutaneous tissue appear normal.  
Nipple shows normal features.  
No significant axillary adenopathy.

**LT. BREAST.**

Fibro-glandular tissue appear normal.  
Skin and subcutaneous tissue appear normal.  
Nipple appear normal.  
No e/o axillary lymphadenopathy.

**IMPRESSION :**

No sonologically demonstrable focal breast lesion.

- Kindly correlate clinically.

  
Dr. PIYUSH YEOLE

(MBBS, DMRE)

CONSULTANT RADIOLOGIST



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NAME : MRS. RATHI SWATI  
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### USG ABDOMEN AND PELVIS

#### OBSERVATION :

**Liver** : Is normal in size ( 13.5 cms ), shape & bright in echotexture. No focal lesion / IHBR dilatation.

**CBD / PV** : Normal.

**G.B.** : Moderately distended, normal.

**Spleen** : Is normal in size (8.3 cms ) , shape & echotexture. No focal lesion.

**Pancreas** : Normal in size, shape & echotexture.

**Both kidneys** are normal in size, shape & echotexture, CMD maintained. No calculus/ hydronephrosis / hydroureter on either side.

Right kidney measures : 11.1 x 4.1 cm.

Left kidney measures : 11.4 x 4.4 cm.

**Urinary bladder** : Moderately distended, normal.

**Uterus** : Anteverted, normal in size (5.9 x 3.5 x 4.7 cms), shape, echotexture. No fibroid.

Endometrium show normal appearance. ET = 8.0 mm.

**Both ovaries** : show normal features. Adnexa clear.

No obvious demonstrable small bowel / RIF pathology.

Normal Aorta, IVC, adrenals and other retroperitoneal structures.

No ascites / lymphadenopathy / pleural effusion.

#### IMPRESSION :

**Grade I fatty liver.**

- Kindly co-relate clinically.

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**CHEST X-RAY PA VIEW**

**OBSERVATION :**

**Prominent bronchovascular markings are noted in both lung fields.**

Heart and mediastinum are normal.

Diaphragm and both CP angles are normal.

**There is e/o an old healed fracture of mid shaft of right clavicle with implant and screws in situ.**

Rest of the visualised bones & extra-thoracic soft tissues appear normal.

**IMPRESSION :**

**Prominent bronchovascular markings in both lung fields ? bronchitis.**

**-Kindly correlate clinically.**

**Dr. PIYUSH YEOLE**  
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