

Patient Name Mr. K. Ravi Bhai MRN : 156791 Age Sex F Date/Time 25/11/23

Mob No.

Investigations : (Please Tick)

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- HbA1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

H-156
W-53
OB-109
P-95

- USG → Cervicitis
- Gynecologist reference

Dr. Bhawna Garg
MBBS, DIP.GO, PGDHA
Reg. No. MPMC-18035
Deputy Medical Superintendent
RJN Apollo Spectra Hospitals

Vitals

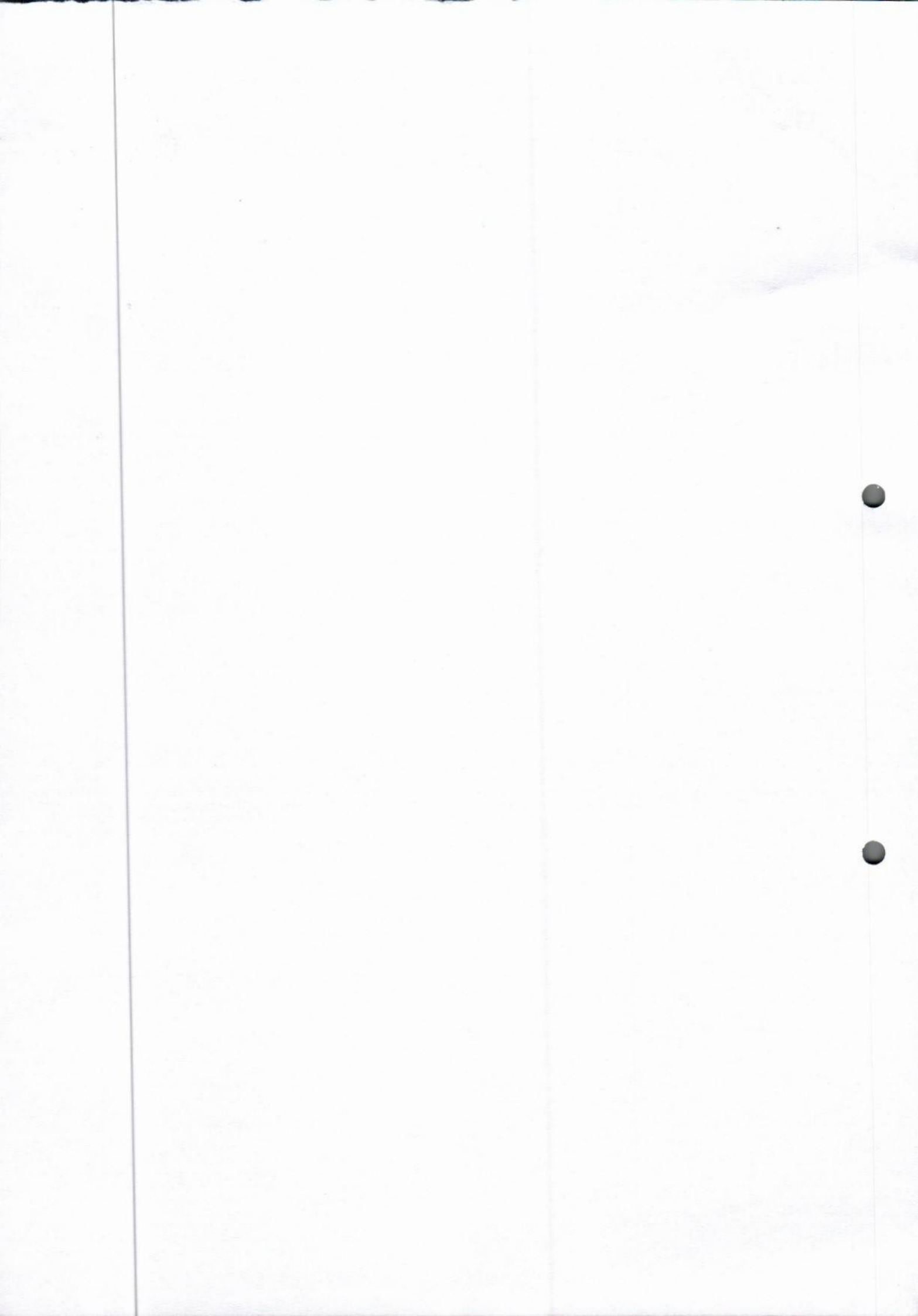
- B.P.
- R.
- SPO2
- Temp

Medical Illness

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

Next Appointment/Follow up

Signature :



Patient NAME : Mrs. KIRAN BAI DHAKER	Collected : 25/Nov/2023 11:10AM
Age/Gender : 33 Y 0 M 0 D /F	Received : 25/Nov/2023 11:30AM
UHID/MR NO : ILK.00035832	Reported : 25/Nov/2023 12:00PM
Visit ID : ILK.104587	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF HEMATOLOGY

COMPLETE BLOOD COUNT- CBC / HAEMOGRAM , WHOLE BLOOD EDTA

Haemoglobin (Hb%)	12.2	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	37.6	%	40-54	Cell Counter
RBC Count	5.0	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	74.0	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	24.5	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	32.5	g/dl	30.0-35.0	Calculated
RDW	14.2	%	11-16	Calculated
Total WBC count (TLC)	7,600	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	67.1	%	50-70	Cell Counter
Lymphocytes	24.8	%	20-40	
Monocytes	5.3	%	01-10	Cell Counter
Eosinophils	2.6	%	01-06	Cell Counter
Basophils	0.2	%	00-01	Cell Counter

Absolute Leucocyte Count

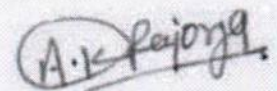
Neutrophil (Abs.)	5,100	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1885	per cumm	600-4000	Calculated
Monocyte (Abs.)	403	per cumm	0-600	Calculated
Eosinophil (Abs.)	197	per cumm	40-440	Calculated
Basophils (Abs.)	15	per cumm	0-110	Calculated
Platelet Count	2.70	Lac/cmm	1.50-4.00	Cell Counter

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Erythrocyte Sedimentation Rate (ESR)	26	mm 1st hr.	0-20	Wester Green
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SIN NO : 10413523,



DR. ASHOK KUMAR
M.D. (PATH)



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DEPARTMENT OF HEMATOLOGY

BLOOD GROUPING(A,B,O) AND RH FACTOR , WHOLE BLOOD EDTA

Blood Grouping	B			Slide/Tube Agglutination
Rh (D) Type	POSITIVE			Slide/Tube Agglutination

BLOOD PICTURE - PERIPHERAL SMEAR EXAMINATION , WHOLE BLOOD EDTA

RBC : Predominantly microcytic hypochromic RBCs.
No cytoplasmic inclusions or hemoparasite.

WBC : Normal in number , morphology and distribution. No toxic granules seen.
No abnormal cell seen.

PLATELETS : Adequate on smear.

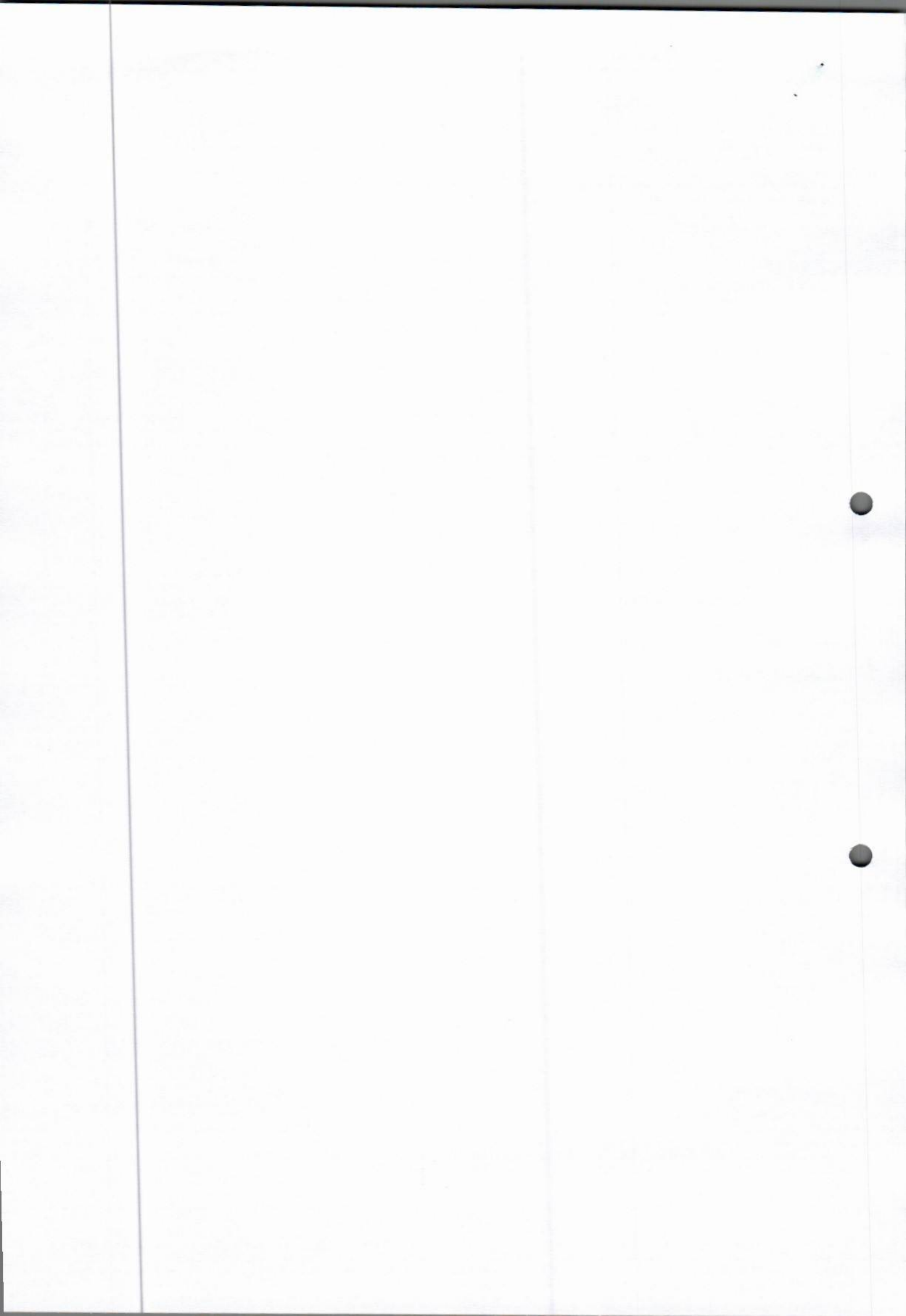
IMPRESSION : Microcytic hypochromic picture.



SIN NO :10413523,

A.K. Rajong

DR. ASHOK KUMAR
M.D. (PATH)



Patient NAME : Mrs. KIRAN BAI DHAKER	Collected : 25/Nov/2023 11:10AM
Age/Gender : 33 Y 0 M 0 D /F	Received : 25/Nov/2023 11:30AM
UHID/MR NO : ILK.00035832	Reported : 25/Nov/2023 12:02PM
Visit ID : ILK.104587	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE - FASTING (FBS) , NAF PLASMA

Fasting Glucose	87.0	mg/dL	65-110	God - Pod
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) , FLUORIDE PLASMA

Post Prandial Glucose	110.0	mg/dL	90-140	2hrs. after...gm glucose/lunch
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.



SIN NO :10413523,

A. K. Ashok Kumar

DR. ASHOK KUMAR
M.D. (PATH)



Patient NAME : Mrs. KIRAN BAI DHAKER	Collected : 25/Nov/2023 11:10AM
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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

GLYCOSYLATED HAEMOGLOBIN (GHB/HBA1C) , WHOLE BLOOD EDTA

Glycosylated Haemoglobin HbA1c	5.2	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	101.97			Calculated

Ref.for Biological Reference Intervals: American Diabetes Association.

INTERPRETATION:

The A1C test measures your average blood glucose for the past 2 to 3 months. Diabetes is diagnosed at an A1C of greater than or equal to 6.5%.

Therapeutic goals for glycemic control (ADA)

-Adults:

- Goal of therapy: <7.0% HbA1c
- Action suggested: >8.0% HbA1c

-Pediatric patients:

- Toddlers and preschoolers: <8.5% (but >7.5%)
- School age (6-12 years): <8%
- Adolescents and young adults (13-19 years): <7.5%

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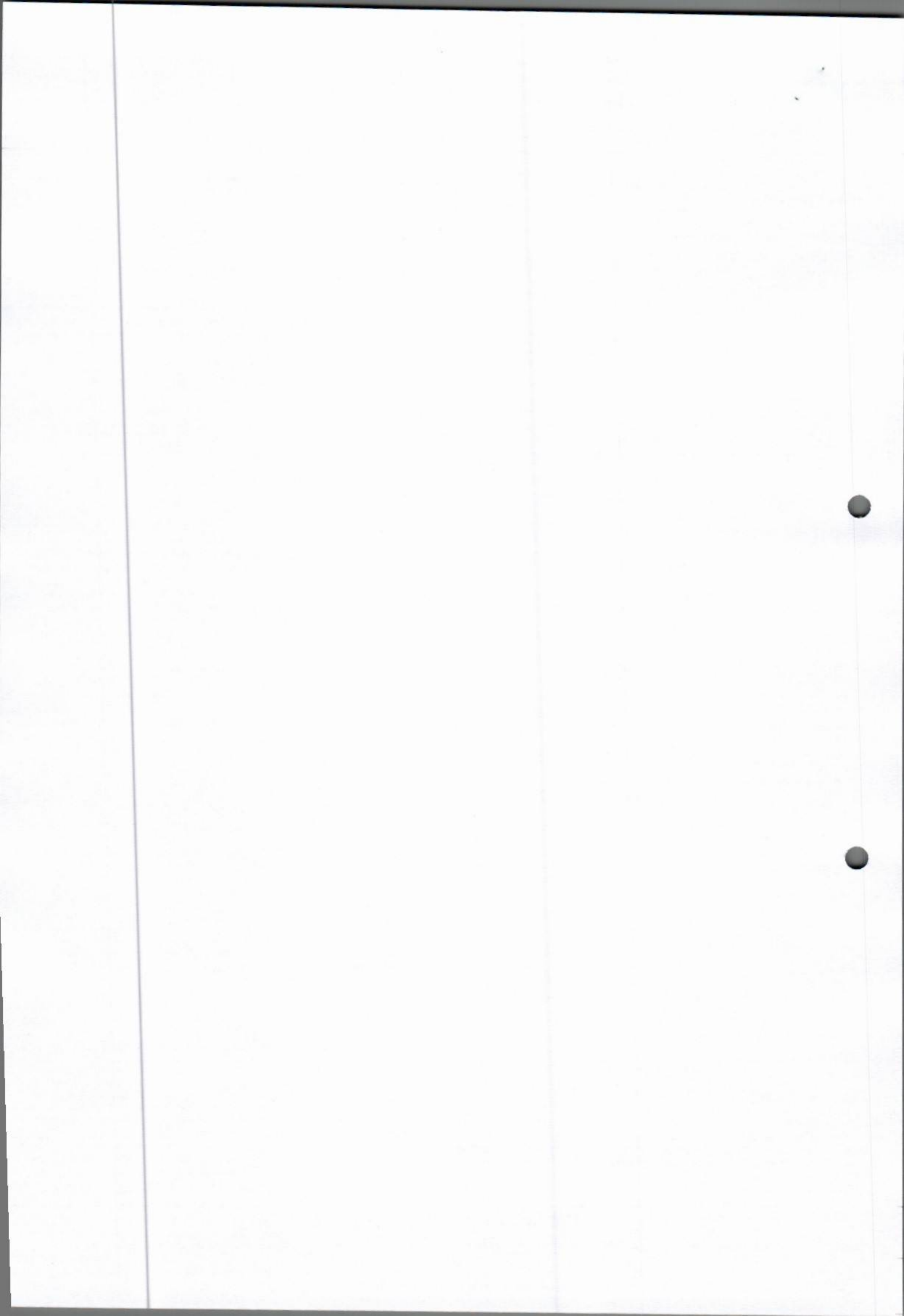
A.K. Rajong

DR. ASHOK KUMAR
M.D. (PATH)

RJN Apollo Spectra Hospitals

18, Vikas Nagar, Near Sai Baba Temple, Gwalior - 474009 (M.P.) Ph.: 0751-2454600, Mob.: 8269663137, Email: ipc.rjn@gmail.com

- Results may vary from lab to lab and from time to time for the same parameter for the same patient • Assays are performed in accordance with standard procedures.
- In case of disparity test may be repeated immediately. • This report is not valid for medico legal purpose.



Patient NAME : Mrs. KIRAN BAI DHAKER	Collected : 25/Nov/2023 11:10AM
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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM

Urea	17.18	mg/dL	13.0-43.0	Urease
Creatinine	0.5	mg/dL	0.5-1.3	Enzymatic
Uric Acid	3.5	mg/dL	2.6-6.0	Urease
Sodium	137.0	Meq/L	135-155	Direct ISE
Potassium	3.9	Meq/L	3.5-5.5	Direct ISE
Chloride	104.0	mmol/L	96-106	Direct ISE
Calcium	9.8	mg/dL	8.6-10.0	OCPC
Phosphorous	5.6	mg/dL	2.5-5.6	PMA Phenol
BUN	8.03	mg/dL	6.0-20.0	Reflect Spectrothoto



SIN NO : 10413523,

(Signature)

DR. ASHOK KUMAR
M.D. (PATH)



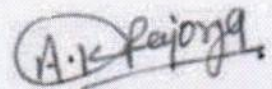
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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

Type OF Sample	SERUM			
Total Cholesterol	144.0	mg/dl	up to 200	End Point
Total Triglycerides	67.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	42.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	102	mg/dL	<130	
LDL Cholesterol	88.6	mg/dL	63-167	Reflect Spectrothoto
VLDL Cholesterol	13.4	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	3.43		Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0	CALCULATED



DR. ASHOK KUMAR
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Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : IN\$TA

DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) WITH GGT , SERUM				
Total Bilirubin	0.6	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.1	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.5	mg/dL	0.0-0.9	Calculated
SGOT / AST	29.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	26.0	U/L	1-34	UV Kinetic (IFCC)
Alkaline Phosphatase	44.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	12.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	8.3	g/dl	6.4-8.3	Biuret
Albumin	4.7	g/dL	3.5-5.2	BCG
Globulin	3.6	g.dl	2.0-3.5	Calculated
A/G Ratio	1.31	%	1.0-2.3	Calculated

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SIN NO :10413523,

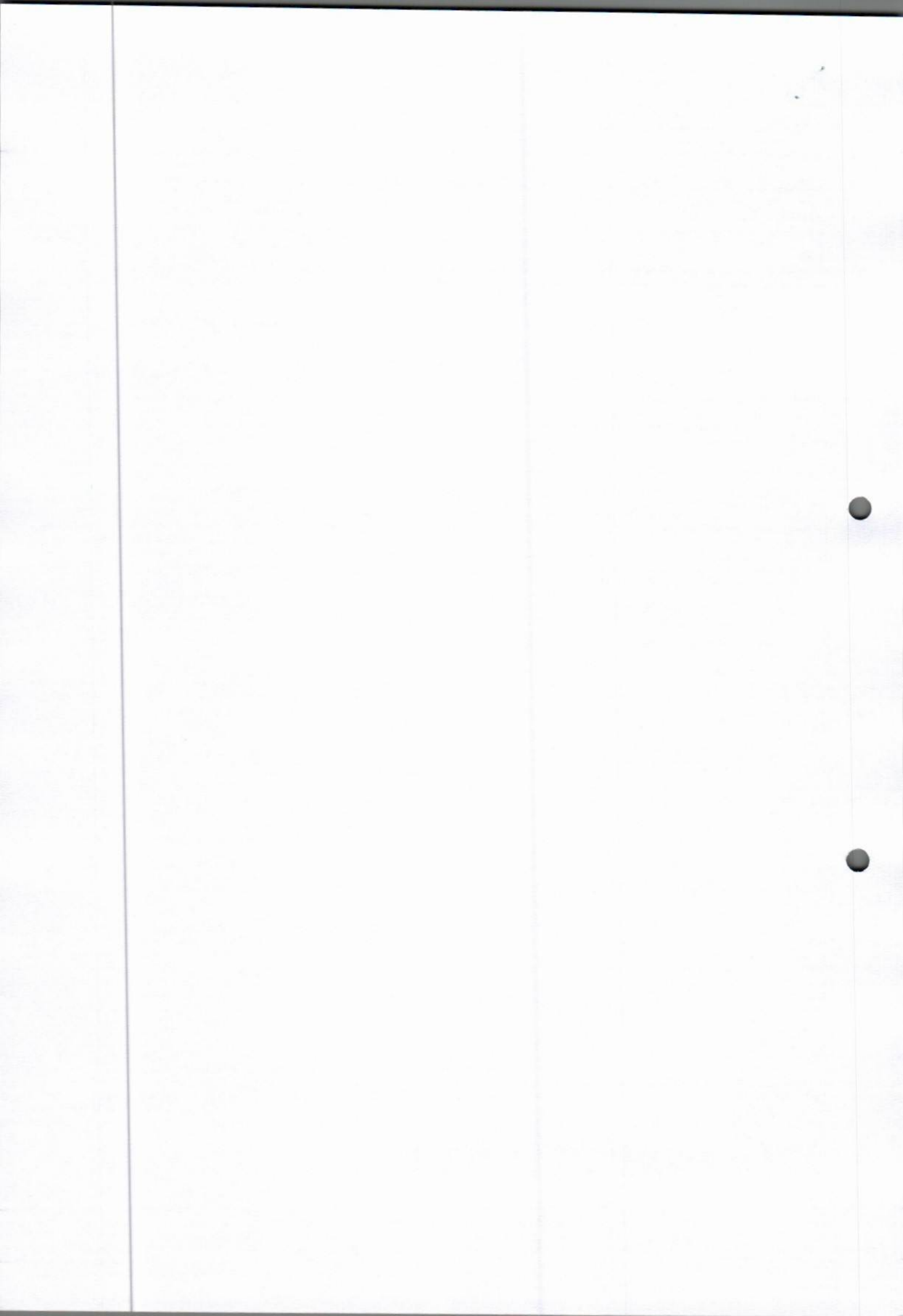
A.K. Rajong

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Patient NAME : Mrs. KIRAN BAI DHAKER	Collected : 25/Nov/2023 11:10AM
Age/Gender : 33 Y O M O D /F	Received : 25/Nov/2023 12:11PM
UHID/MR NO : ILK.00035832	Reported : 25/Nov/2023 01:56PM
Visit ID : ILK.104587	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-SPECIAL

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE-I , SERUM

Trilodothyronine Total (TT3)	1.43	ng/dL	0.6-1.8	Chemillumisence
Thyroxine (TT4)	9.20	µg/dL	4.5-10.9	Chemillumisence
Thyroid Stimulating Hormone (TSH)	2.484	µIU/ml	0.35-5.50	Chemillumisence

COMMENT :- Above mentioned reference ranges are standard reference ranges.

AGE RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH

TSH	NEW BORN	INFANT	CHILD	ADULT
(u lu/ml)	0.52-38.9	1.7-9.1	0.7-6.4	0.3-5.6

PREGNENCY RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH

TSH	1st Trimester	2nd & 3rd Trimester
(u lu/ml)	0.2 - 2.5	0.3 - 3.0

NOTE : TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM. Dose and time of drug intake also influence the test result.

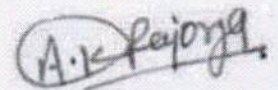
Ultrasensitive kits used.

Serum T3/ FT3 , T4/FT4 and TSH measurements form three components of thyroid screening panel.

- :-Primary hypothyroidism is accompanied by elevated serum T3 & T4 values alongwith depressed TSH level.
- :- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values & elevated serum TSH level.
- :-Normal T3 &T4 levels with high TSH indicate mild / subclinical HYPOTHYROIDISM.
- :-singhtly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol .
- :-Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours (secondary huperthyroidism).



SIN NO :10413523,



DR. ASHOK KUMAR
M.D. (PATH)



Patient NAME : Mrs. KIRAN BAI DHAKER	Collected : 25/Nov/2023 11:10AM
Age/Gender : 33 Y O M O D /F	Received : 25/Nov/2023 11:30AM
UHID/MR NO : ILK.00035832	Reported : 25/Nov/2023 01:35PM
Visit ID : ILK.104587	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF CLINICAL PATHOLOGY.

Test Name	Result	Unit	Bio. Ref. Range	Method
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CUE - COMPLETE URINE ANALYSIS , URINE

Physical Examination

Colour	STRAW			Visual
Appearance	CLEAR			Visual
pH	6.0		5.0-7.5	Dipstick
Specific Gravity	1.010		1.002-1.030	Dipstick

Chemical Examination

Albumin Urine/ Protein Urine	NIL		NIL	Dipstick/Heat Test
Glucose Urine	NIL		NIL	Dipstick/Benedict
Urobilinogen	NIL		NIL	Dipstick/Ehrlichs
Ketones	NIL		NIL	Dipstick/Rotheras
Bile Salts	ABSENT		ABSENT	Dipstick
Bile Pigments	ABSENT		ABSENT	Dipstick/Fouchets
Nitrite	ABSENT		ABSENT	Dipstick

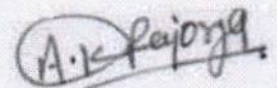
Microscopic Examination.

Pus Cells	2-3	/Hpf	0-5	
Epithelial Cells	1-2	Hpf	<10	
RBC	ABSENT	/Hpf	ABSENT	
Casts	ABSENT		ABSENT	
Crystals	ABSENT		ABSENT	
Bacteria	NORMALLY PRESENT		NORMALLY PRESENT	
Budding Yeast Cells	Absent		Absent	

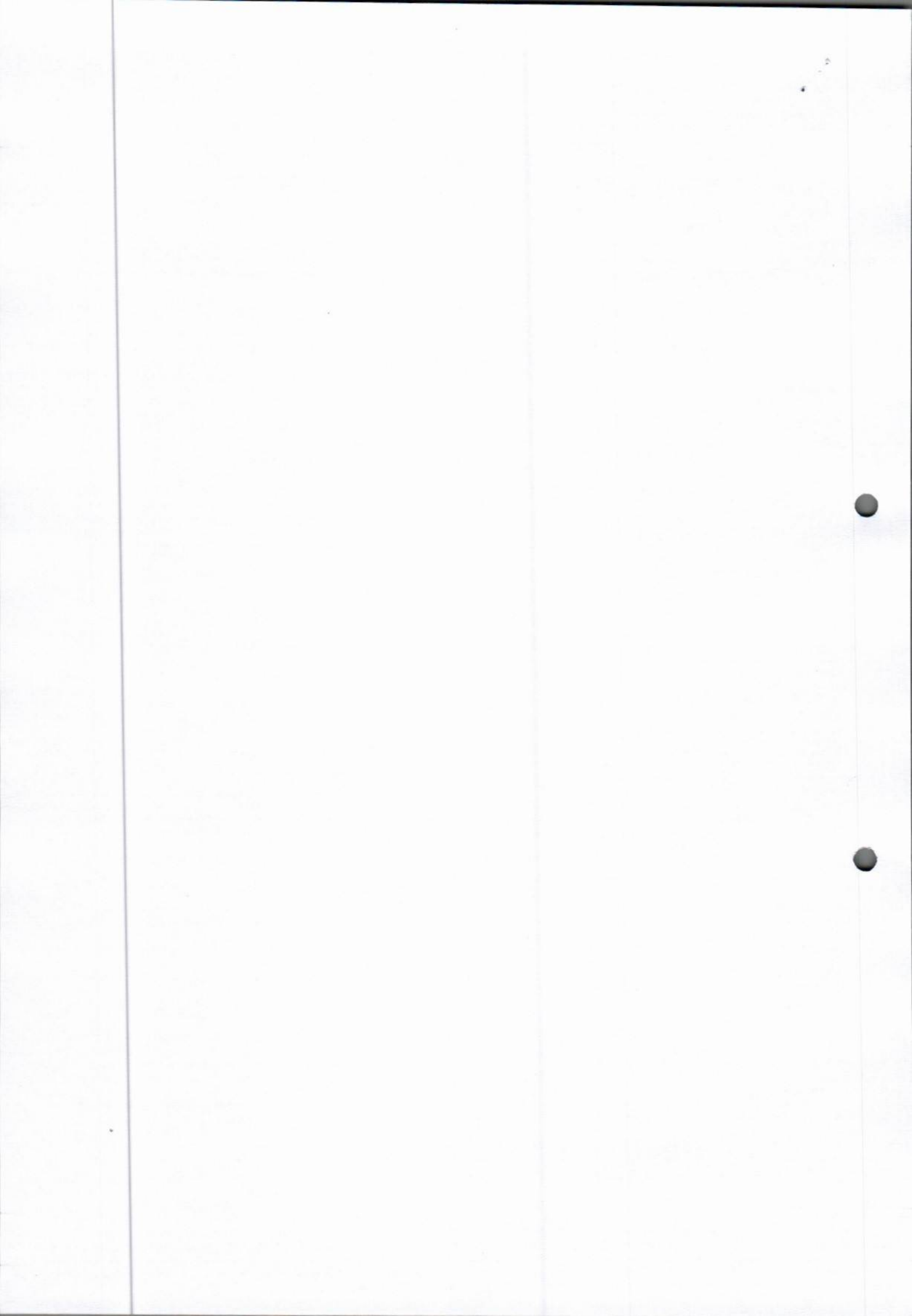
*** End Of Report ***



SIN NO : 10413523,



**DR. ASHOK KUMAR
M.D. (PATH)**



ECHO CARDIOGRAPHY REPORT

Patient Name : Mrs.kiran bai dhakad
Date : 25/11/2023

AGE & Sex : 33yrs /female

Echocardiography was performed on vivid.

Quality Of Imaging : Adequate

Mitral Valve : Normal
Tricuspid Valve : Normal
Aortic Valve : Normal
Pulmonary Valve : Normal
Left Atrium : 3.4cms
Left Ventricle : IVSD : 1.2cms LVPWD : 1.2cms
EDD : 4.7 cms EF 60%
ESD : 3.2 cms FS 32%

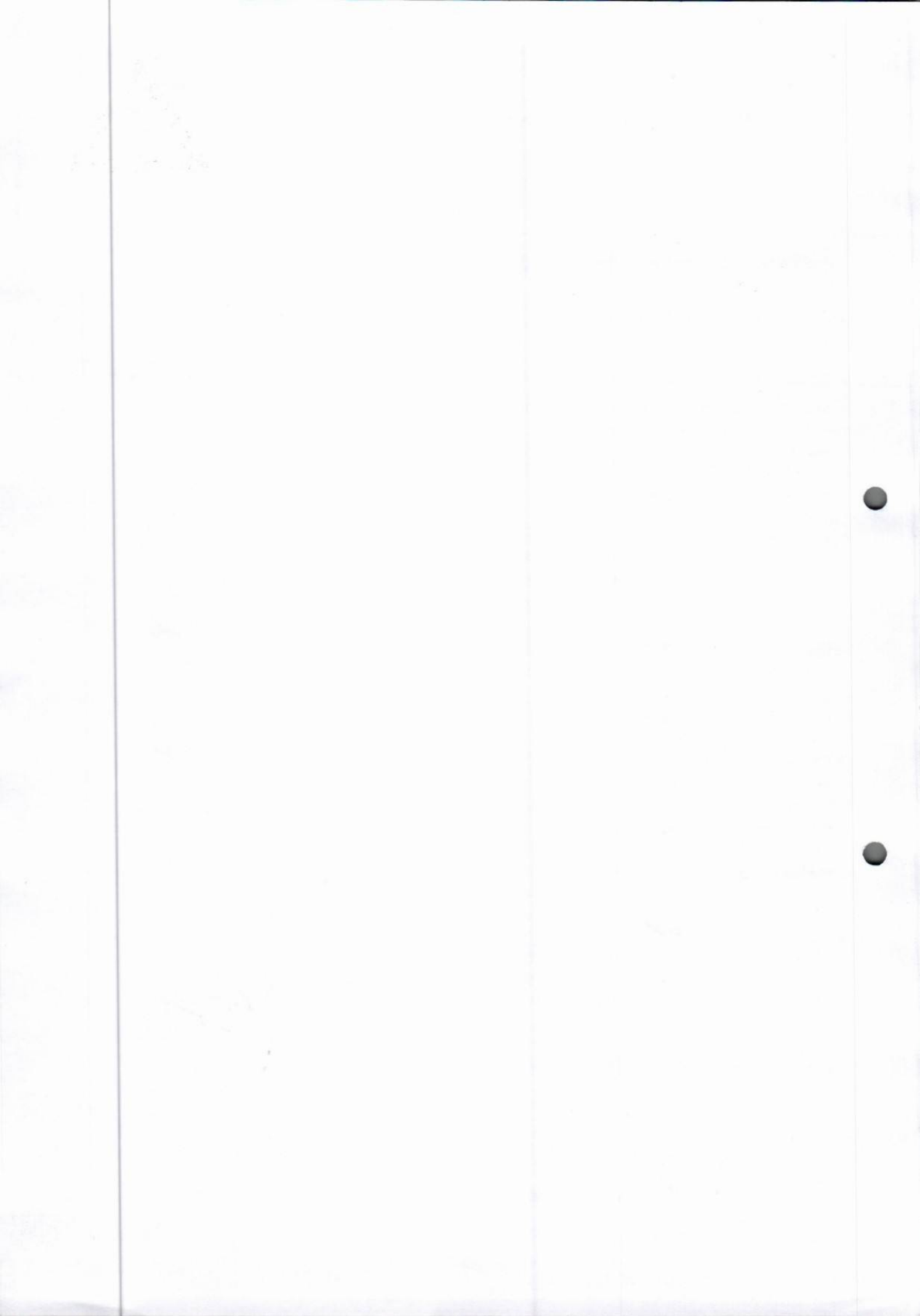
RWMA : NO REGIONAL WALL MOTION ABNORMALITY
Right Atrium : Normal
Right Ventricle : Normal
Aorta : 3.2cms
IAS IVS : Intact
Pulmonary Artery : Normal
Pericardium : Normal
SVC, IVC : Normal
Pulmonary Artery : Normal
Intracardiac Masses : Nil
Doppler : E > A

Conclusion :

NORMAL CARDIAC CHAMBERS DIMENSION .
NO REGIONAL WALL MOTION ABNORMALITY
NORMAL LV SYSTOLIC FUNCTION , LVEF-60%
NORMAL VALVES
INTACT SEPTUM
NO CLOT /VEGETATION /PERICARDIAL EFFUSION

Dr. Abhishek Sharma
MBBS,MD (Medicine) DNB (Cardiology)
Consultant Interventional-Cardiology
RjN Apollo Spectra Hospitals
Reg.No. MP 12056

Consultant
Dr. Abhishek sharma (DNB)
(Interventional Cardiologist)





RATAN JYOTI NETRALAYA

OPHTHALMIC INSTITUTE & RESEARCH CENTRE

Hospital Reg. No. : 071



॥ सर्वेन्द्रियाणाम् चयनम् प्रधानम् ॥

18, Vikas Nagar, Near Sai Baba Mandir, Gwalior-2 (M.P.) INDIA Tel. : 2423350/51, Web : www.ratanjyotigroup.org, Email : rjneye@gmail.com
Opp. Medical College, Gate No. 3 Jhansi-284128 (U.P.) Ph. 0510-2322311 (M) 9109973225

SR.NO. : 1891209
NAME : MRS KIRAN BAI DHAKER
AGE/SEX : 33 YRS / FEMALE

DATE : 25-November-2023
MRD NO. : R-109920
CITY : SHIVPURI

VISION	DISTANCE		NEAR	
	OD	OS	OD	OS
UNAIDED	6/6	6/6	N6	N6
WITH GLASSES				
WITH PIN HOLE				
WITH COLOR				
VISION				

IOP READING				
TIME	OD	OD METHOD	OS	OS METHOD
1:05PM	17		17	

Rx. EYE From To Instructions

1 WETEYE DROPS 1*10ML
(CARBOXYMETHYLCELLULOSE IP 5% W/V)
ONE DROP 4 TIMES A DAY FOR 60 DAYS BOTH EYE 25-Nov-2023 23-Jan-2024

TREATMENT PLAN : PERIODICAL FOLLOW UPS
REFERRED TO :
NEXT REVIEW : AS PER DR. ADVISED

DR KRISHNA PRASAD CHOUHAN

NOTE : Kindly continue medications as advised for the period advised.
In case of redness or allergy please discontinue and inform the doctor.
Nutritional Advice : As per treating physician
Instructions : Patient and Attendant(s) Counselling
Advised medicine may be replaced with a good quality generic medicine.

Speciality Clinics : ▪ Comprehensive Ophthalmology Clinic ▪ Cataract & IOL Clinic ▪ Vitreo Retina & Uvea Clinic ▪ Spectacle Removal Clinic (Lasik/Femto Lasik/Phakic Lens) ▪ Cornea Clinic ▪ Glaucoma Clinic ▪ Orbit & Oculoplasty Clinic ▪ Trauma Clinic ▪ Squint Clinic ▪ Paediatric Ophthalmology Clinic ▪ Low Vision Aid Clinic ▪ Contact Lens Clinic

CONSULTATION TIMINGS : MORNING 9:00 A.M. TO 6:00 P.M. (SUNDAY OFF)

- केन्द्रीय कर्मचारियों के लिए मान्यता प्राप्त ● कैशलेस इश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध
- For Appointment Please Contact : 9111004046

स्वामी विद्यानंद भारती आई बैंक

नेत्रदान

करें और करायें इसे अपने परिवार की परम्परा बनायें
नेत्रदान के लिए सम्पर्क करें : 9111004044



Patient Name Kiran Bai MRN : Age 32 Sex F Date/Time

Mob No.

Investigations : (Please Tick)

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- HbA1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

Health Checkup

O/E

• Duplexed τ $\frac{8}{8}$

• Calculus τ

• Steam τ

• Gen. gelugens:

• Choles τ $\frac{7}{7}$

• Extractions τ $\frac{8}{8}$

• oral prophylaxis.

• Choles ADS M/W

Vitals

- B.P.
- P.R.
- SPO2
- Temp

9/10 -

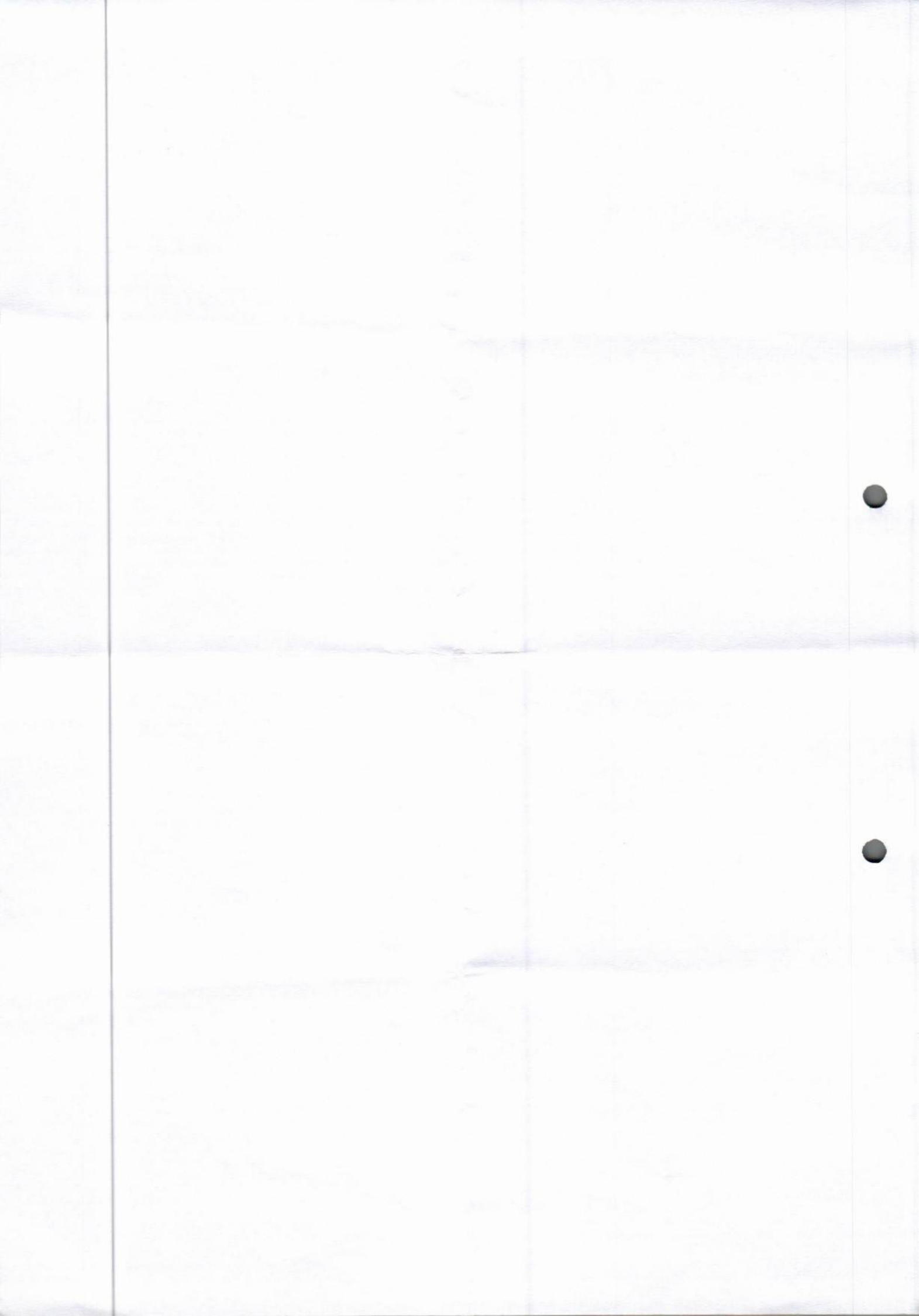
Medical Illness

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease fx
- Drug Allergies

Next Appointment/Follow up

Signature :





Patient Name Kizor MRN : Age 33 Sex PF Date/Time 28/4/23
Mob No.

Investigations : (Please Tick)

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- HbA1C
- LF1/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

*Health check up
of ear () EOC day
TM contact*

*None
TM*

*No
Action ear intervention*

[Signature]
Dr. Sunil Gupta
MS
Reg. No. MH/10000
RJN Apollo Spectra Hospitals

Vitals

- B.P.
- P.R.
- SPO2
- Temp

Medical Illness

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

Next Appointment/Follow up

Signature :



PATIENT NAME - KIRAN BAI DHAKER 33 Y/F
REFERRED BY - H.C.P.
DATE - 25/11/2023
INVESTIGATION - USG WHOLE ABDOMEN

IMAGING FINDINGS:-

Liver appears normal in size, position, shape, echotexture and margin. Liver does not show any measurable focal or diffuse abnormality. The intrahepatic biliary and portal venous radicles appear normal. Hepatic veins and portal vein are normal.

Gall Bladder is well distended. GB wall and lumen content appears normal. No echogenic focus within GB lumen. Visualized **CBD** is of normal caliber.

Spleen appears normal in size (~ 8.8 cm), position, shape, echotexture and margin. No any focal lesion within splenic parenchyma. Splenic vein is normal and undilated.

Pancreas is well visualized, appears normal in size, shape and echotexture. Pancreatic duct is not dilated. No USG evidence of obvious measurable focal lesion.

Both Kidneys: Measurements are right kidney ~ 8.3x3.2 cm and left kidney ~ 8.3x4.8 cm. Both kidneys are normal in position, size, shape, surface, echotexture and cortico-medullary differentiation. Bilateral PC systems are compact. No significant calculus or hydronephrosis on either side. Ureters are undilated on either side.

Urinary Bladder is partially distended.

Uterus is anteverted, appears normal in size, position and echotexture. No obvious measurable myometrial focal lesion. Endometrium is linear, regular and normal in thickness. No abnormal endometrial collection. Cervix appears mildly bulky 2.7 cm with multiple nabothian cysts seen in cervix. **POD** is clear.

Both Ovaries are normal in size, shape and echotexture. No abnormal measurable mass or cyst in adnexal region.

No obvious ascites.

OPINION:- Features are suggestive of-

- Mildly bulky cervix with multiple nabothian cysts in cervix ? Cervicitis.

Suggested clinical correlation/Follow up imaging.

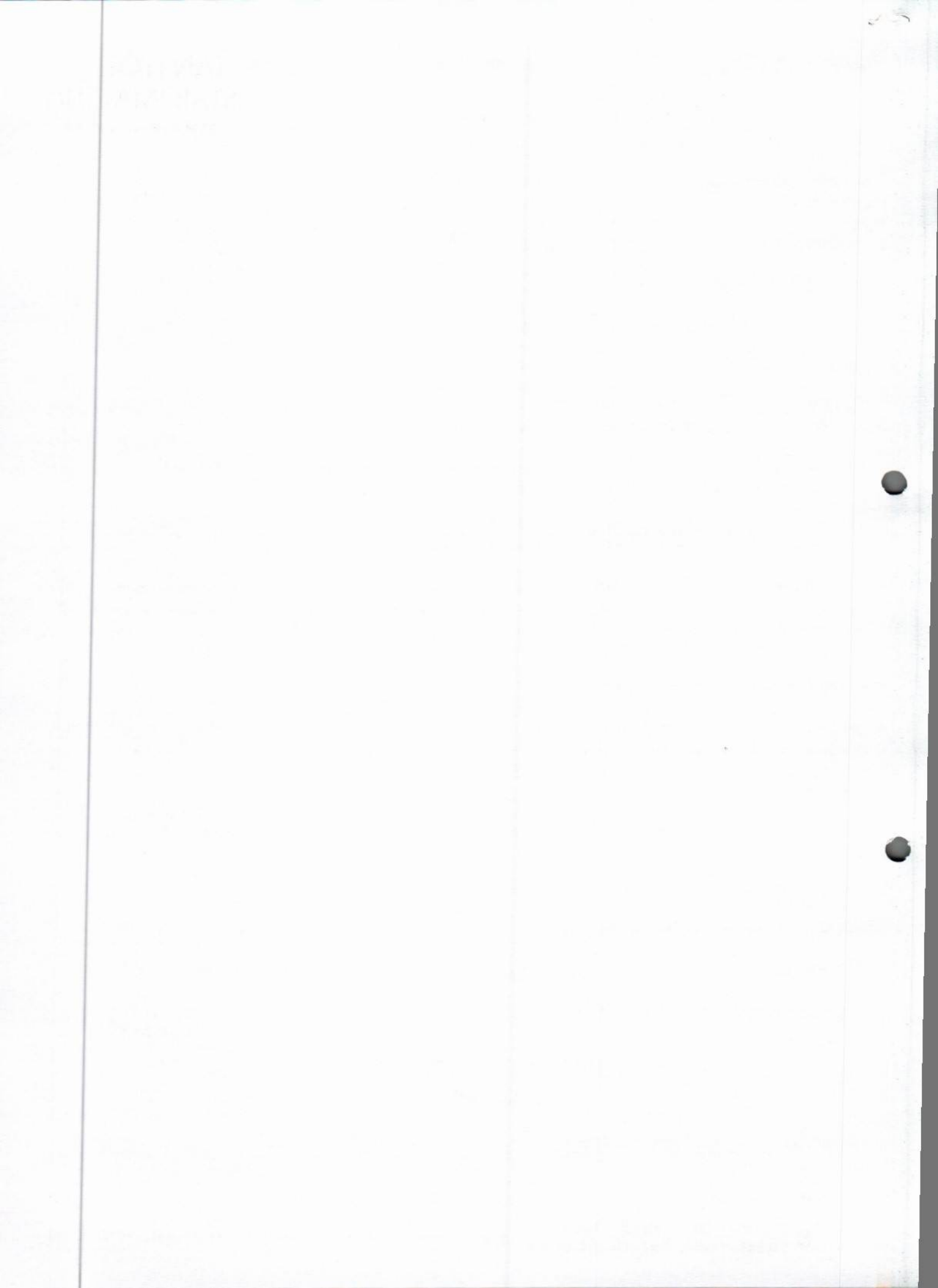


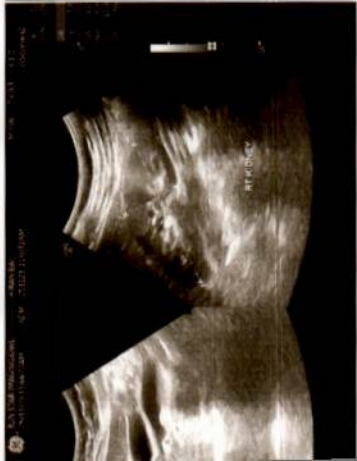
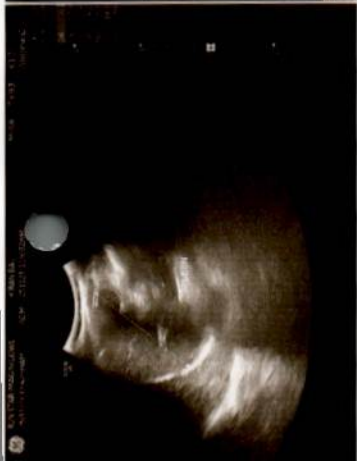
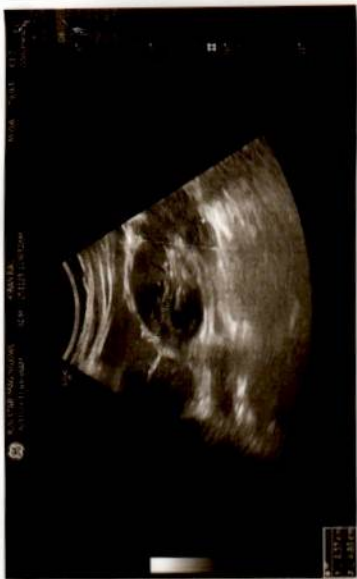
DR. SAKSHI CHAWLA
(MD RADIODIAGNOSIS)

Disclaimer: The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes. For any kind of typing error, please intimate us within 7 days of reporting.

गर्भाशय कन्या भ्रूण की जाँच एवं हत्या दण्डनीय अपराध है।

बेटो बचाओ - बेटो पढ़ाओ





Female

Rate 75 . Sinus arrhythmia.....V-rate 60- 90, variation>10%
 . RSR' in V1 or V2, right VCD or RVH.....QRS area positive & R' V1/V2
 . Baseline wander in lead(s) V6

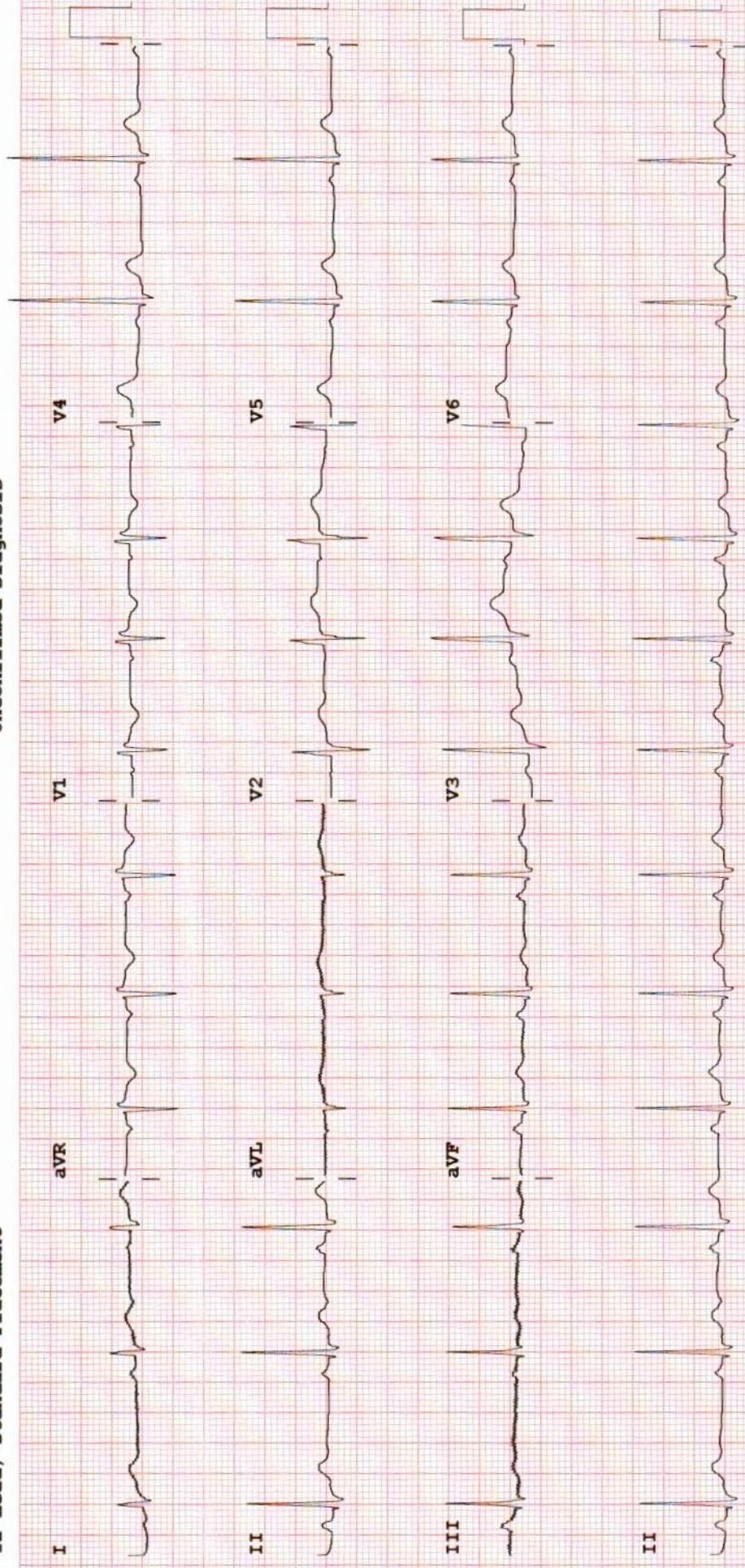
PR 141
 QRS 96
 QT 368
 QTc 411

--AXIS--
 P 74
 QRS 70
 T 24

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis

12 Lead; Standard Placement



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 60~ 0.15-100 Hz PH100B CL P?



100
100
100

Patient name	MRS KIRAN BAI DHAKEER	Age/sex	33 Y /F
Ref. By	156791	Date	25.11.23

XRAY CHEST

- The lung fields appear clear.
- Bilateral C.P. angles appear clear.
- Cardiac size within normal limits.
- Soft tissue shadow and bony thoracic cage appears normal.

Please correlate clinically.

DR. AKANKSHA MALVIYA
MBBS, MD (RADIODIAGNOSIS)

