

### MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 24-Sep-2022 9:35 AM

H-157  
W-55 kgs  
BP-120/80 mmHg  
Pulse-80 bpm  
HR-36  
Wt-28

Customer Name : **MRS.SMRUTI VIKESH GAUNDHARE**

DOB : **23 Jul 1997**

Ref Dr Name : **MediWheel**

Age : **25Y/FEMALE**

Customer Id : **MED111309513**

Visit ID : **712229423**

Email Id :

Phone No : **7774074018**

Corp Name : **MediWheel**

Address :

6:30pm

Packag Name : **Mediwheel Full Body Health Checkup Female Below 40**

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN) ✓				
2	LAB	GLUCOSE - FASTING				
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS) ✓				
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c) ✓				
5	LAB	LIPID PROFILE ✓				
6	LAB	LIVER FUNCTION TEST (LFT)				
7	LAB	URIC ACID ✓				
8	LAB	URINE GLUCOSE ✓ FASTING				
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
10	LAB	COMPLETE BLOOD COUNT WITH ESR ✓				
11	LAB	THYROID PROFILE/ TFT( T3, T4, TSH) ✓				
12	LAB	STOOL ANALYSIS - ROUTINE				
13	LAB	URINE ROUTINE ✓				
14	LAB	CREATININE ✓				
15	LAB	BLOOD GROUP & RH TYPE (Forward Reverse) ✓				

Patient Details Print Page

	BUN/CREATININE RATIO			
OTHERS	physical examination	MYS2726496102651		
US	ULTRASOUND ABDOMEN - <del>P</del>	MYS2726496103462	Growth Record 4/30/17	
OTHERS	<del>Treadmill</del> / 2D Echo <i>done</i>	MYS2726496127528		
OTHERS	EYE CHECKUP	MYS2726496135592		
X-RAY	X RAY CHEST ✓	MYS2726496145199		1st floor
OTHERS	Consultation Physician	MYS2726496148004		
ECHO	ELECTROCARDIOGRAM ECG	MYS2726496149333		

✓ done

Registered By

(R.SUNILKUMAR)


## FITNESS CERTIFICATE

NAME: Smrutika V. G	AGE: 25
Ht: 157 CMS	Wt: 55 KGS
	SEX: female

PARAMETERS	MEASUREMENTS
PULSE / BP (supine)	80 /mt / /mmHg 120/80
INSPIRATION	35 Cm
EXPIRATION	34 Cm
CHEST CIRCUMFERENCE	35 Cm
PREVIOUS ILLNESS	Nil
VISION	(R)
FAMILY HISTORY	FATHER: Nil MOTHER: Nil

REPORTS: Within normal limits

DATE: 24/05/22  
PLACE: Mysuru

  
 CONSULTANT PHYSICIAN

**Dr. NIKHIL B.**  
 M.D., D.M.(Cardiologist)  
 Interventional Cardiologist  
 KMC Reg. No.: 90111





Customer Name	MRS.SMRUTI VIKESH GAUNDHARE	Customer ID	MED111309513
Age & Gender	25Y/FEMALE	Visit Date	24/09/2022
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### 2 D ECHOCARDIOGRAPHIC STUDY

#### M mode measurement:

AORTA	:	2.4cms
LEFT ATRIUM	:	2.5cms
LEFT VENTRICLE (DIASTOLE)	:	4.3cms
(SYSTOLE)	:	2.5cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.0cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
EDV	:	71ml
ESV	:	27ml
FRACTIONAL SHORTENING	:	37%
EJECTION FRACTION	:	63%
RVID	:	1.3cms

#### DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.85m/s	'A' - 0.29m/s	NO MR
AORTIC VALVE	:	0.99m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.76m/s	'A' - 0.26m/s	NO TR
PULMONARY VALVE	:	0.79m/s		NO PR



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**2D ECHOCARDIOGRAPHY FINDINGS:**

Left ventricle : Normal size, Normal systolic function.  
No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapsed.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

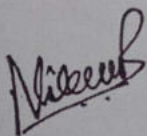
IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

**IMPRESSION:**

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 63%.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.

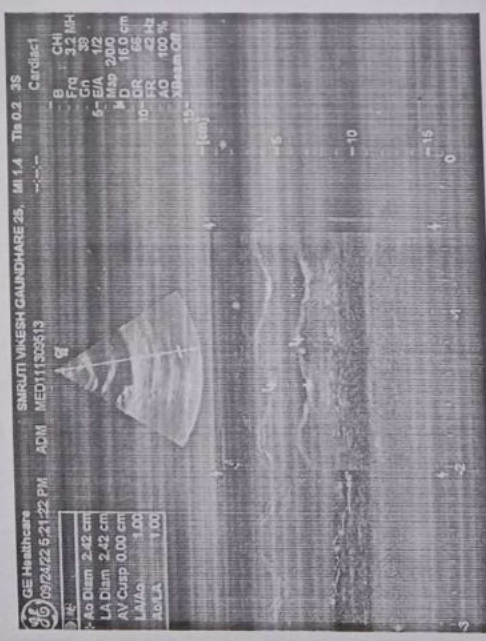
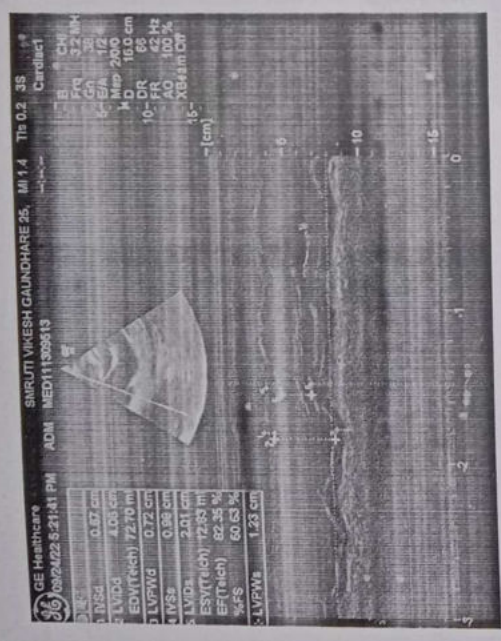
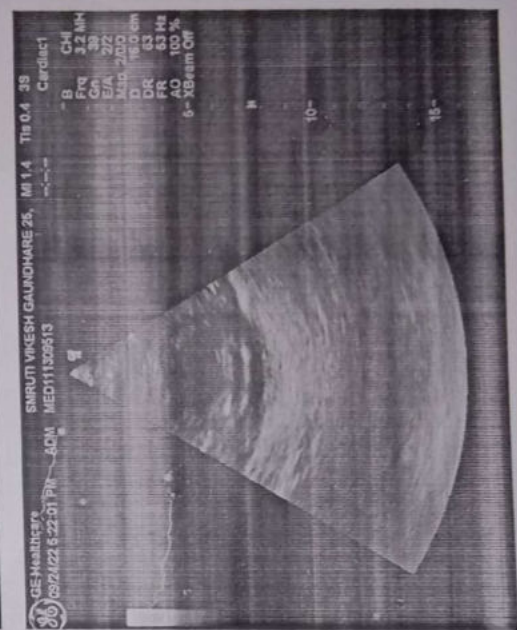
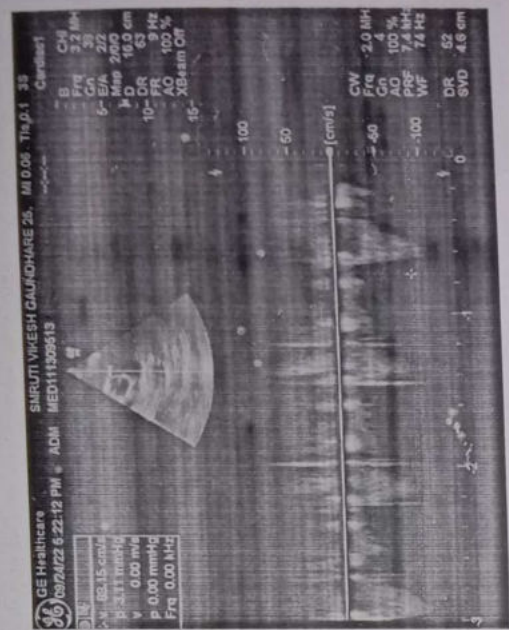
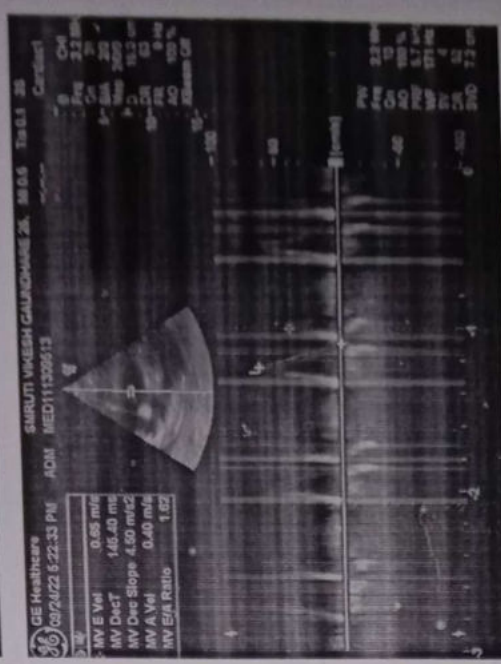
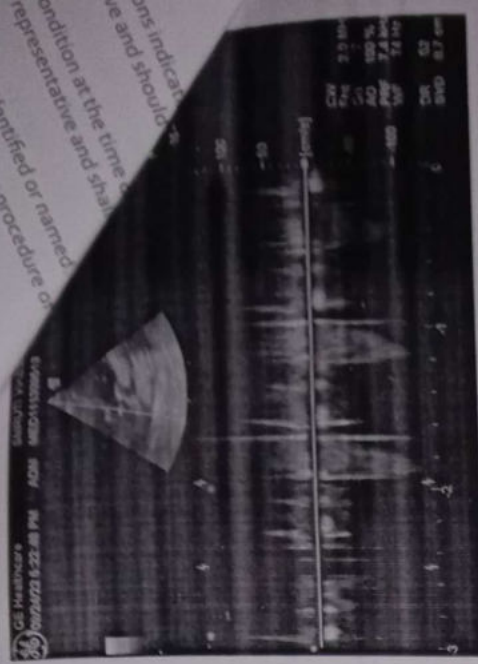


**DR. NIKHIL B**  
**INTERVENTIONAL CARDIOLOGIST**  
NB/TG





...s condition at the time of...  
 ...their representative and sho...  
 ...nt identified or named...  
 ...f the procedure o...



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# NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

## OPD SHEET

Date: 24/9/22

Patient's Name: Mrs. Samruti Vilkech Gaundhose

OP No. 1812112

25/F

5:50 Pm

**Dr. Richa**

MBBS, DOMS, DNB

Consultant-Vitreo Retina

KMC Reg. No. : 105719

14  
NCLK 13

6/6, N6  
BVA K 6/6, N6

Color vision - BE  
- 38/38 -

(N) on Ishihara  
chart

40 strabismic in BE R>L

ant seg. BE - mild alt. cong

Adv

- Review for del<sup>n</sup> / Ref<sup>n</sup>
- as prescribed.

Richa

Dayanagar Branch : 080-26088000 / 2663 3533 / 2663 3609 / 2245 Mobile : 94480 71816

Rajajinagar Branch : 080-4333 4111 / 2313 2777 / Mobile : 99728 53918

Indiranagar Branch : 080-4333 2555 Mobile : 81973 51609

Mysore Branch : 0821-4293000 Mobile : 94490 03771

Mangalore Lasik Centre : 0824-2213801 Mobile : 97410 26389

Davangere Lasik Centre : 08192-226607/08 Mobile : 94820 01795

R / FD / 07 / 13

Customer Name	MRS.SMRUTI VIKESH GAUNDHARE	Customer ID	MED111309513
Age & Gender	25Y/FEMALE	Visit Date	24/09/2022
Ref Doctor	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size and has uniform echopattern.  
No evidence of focal lesion or intrahepatic biliary ductal dilatation.  
Hepatic and portal vein radicals are normal.

**GALL BLADDER** show normal shape and has clear contents.  
Gall bladder wall is of normal thickness. CBD is of normal calibre.

**PANCREAS** has normal shape, size and uniform echopattern.  
No evidence of ductal dilatation or calcification.

**SPLEEN** show normal shape, size and echopattern.  
No demonstrable Para-aortic lymphadenopathy.

**KIDNEYS** move well with respiration and have normal shape, size and echopattern.  
Cortico- medullary differentiations are well madeout.  
No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.6	1.3
Left Kidney	10.8	1.4

**URINARY BLADDER** show normal shape and wall thickness.  
It has clear contents. No evidence of diverticula.

**UTERUS** is anteverted and has normal shape and size. It has uniform myometrial echopattern.  
Endometrial echo is of normal thickness 8.3mms.

Uterus measures as follows: LS: 7.2cms      AP: 4.2cms      TS: 4.5cms.

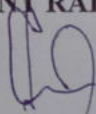
**OVARIES** are normal size, shape and echotexture.  
POD & adnexa are free.

No evidence of ascites.

#### IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

CONSULTANT RADIOLOGISTS



**DR. ANITHA ADARSH**  
AA/sv

**DR. MOHAN B**

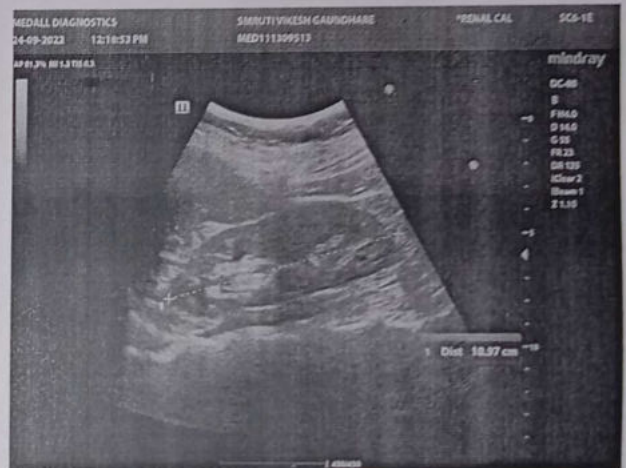
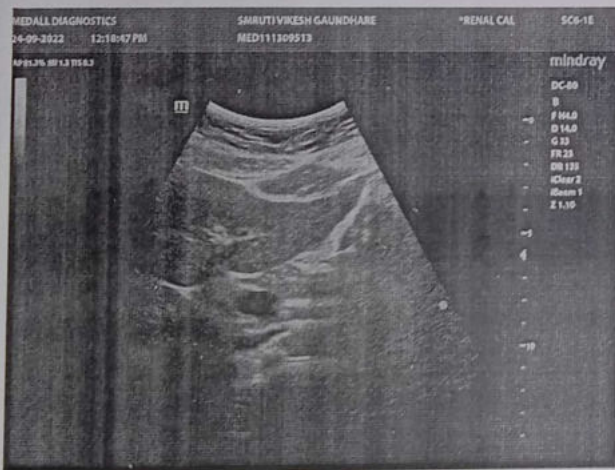
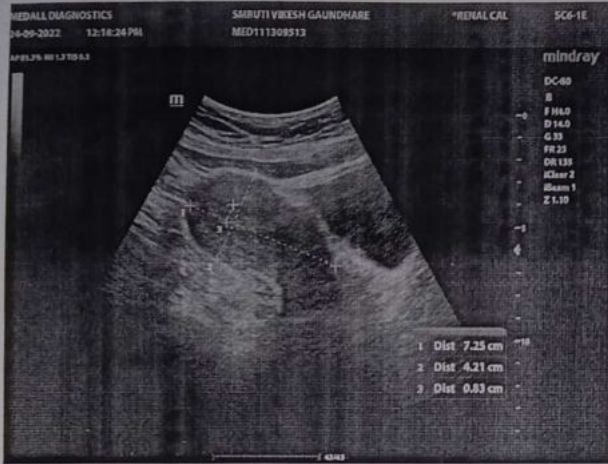




Medall Diagnostics  
Ballal Circle(Ashoka circle) - Mysore



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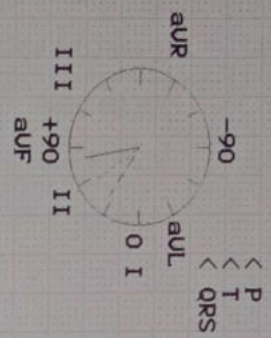
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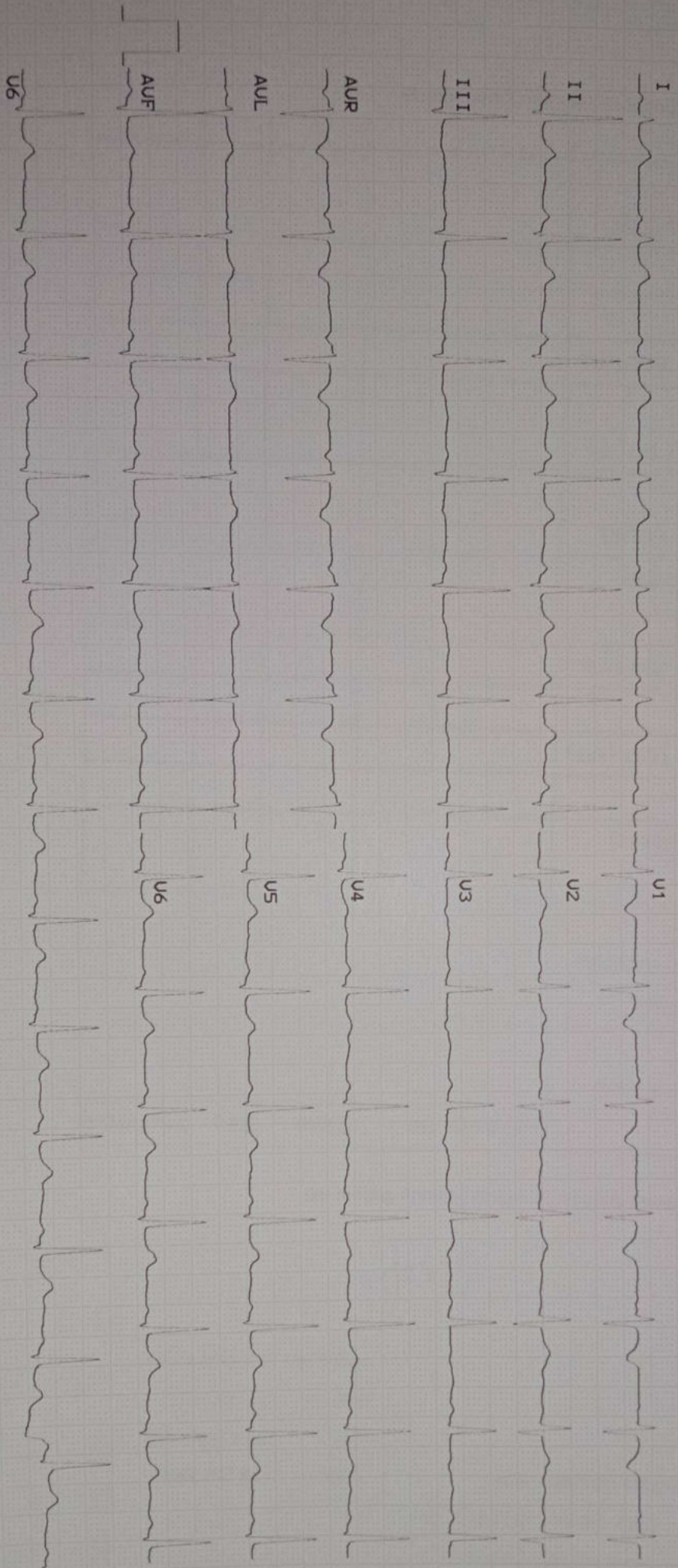


AGE: 25  
 Measurement Results:  
 QRS : 86 ms  
 QT/QTcB : 378 / 436 ms  
 PR : 142 ms  
 P : 102 ms  
 RR/PP : 752 / 740 ms  
 P/QRS/T : 55 / 80 / 35 degrees  
 QTd/QTcBD : 64 / 74 ms  
 Sokolow : 1.8 mV  
 NK : 11



Interpretation:  
 suspected right ventr. hypertrophy  
 R/S inversion area between U1 and U2  
 probably abnormal ECG

Unconfirmed report.

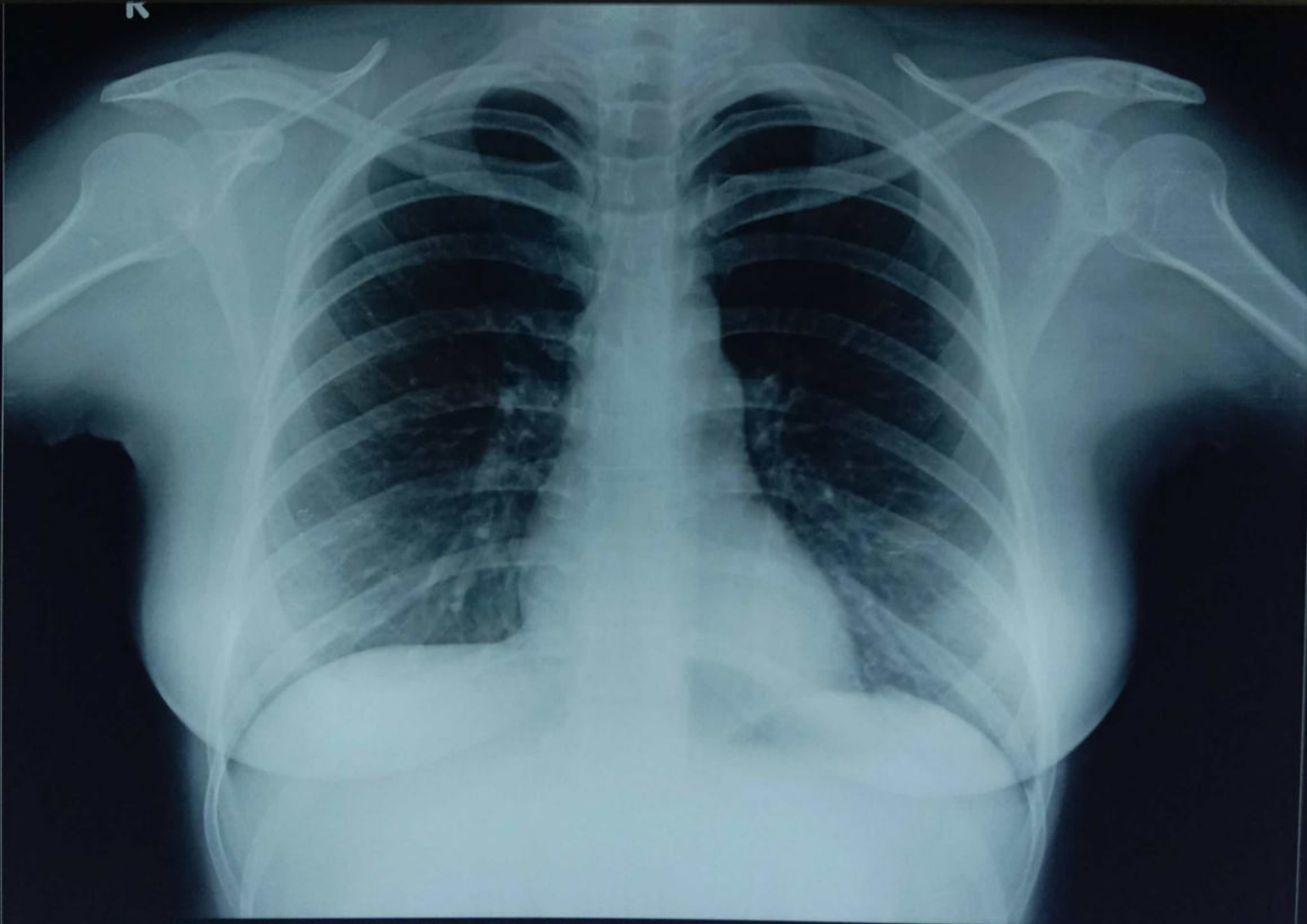


*Normal sinus rhythm*  
*Pravin*

*R*



R



SMRUTI VIKESH GAUNDHARE 25 MED111309513 025Y F CHEST PA 9/24/2022  
MEDALL CLUMAX DIAGNOSTIC

Name : Mrs. SMRUTI VIKESH GAUNDHARE

PID No. : MED111309513

Register On : 24/09/2022 9:35 AM

SID No. : 712229423

Collection On : 24/09/2022 11:16 AM

Age / Sex : 25 Year(s) / Female

Report On : 24/09/2022 5:21 PM

Type : OP

Printed On : 25/09/2022 12:59 PM

Ref. Dr : MediWheel



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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## HAEMATOLOGY

### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	12.4	g/dL	12.5 - 16.0
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**INTERPRETATION:** Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

**Remark:** Kindly correlate clinically. Test outsourced to an external lab.

PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	38.90	%	37 - 47
RBC Count (EDTA Blood/Automated Blood cell Counter)	5.22	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	75	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	23.7	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	31.7	g/dL	32 - 36
RDW-CV (Derived)	14.3	%	11.5 - 16.0
RDW-SD (Derived)	37.54	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	7400	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	53.6	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	39.5	%	20 - 45

  
Dr Shouree K.R.  
MBBS MD DNB  
Consultant Pathologist  
Reg No : KMC 103138

APPROVED BY



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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	2.5	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	4.3	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.1	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.97	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.92	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.18	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.32	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.01	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	213	10 <sup>3</sup> / $\mu$ l	150 - 450
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	16	mm/hr	< 20

  
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## **BIOCHEMISTRY**

### **Liver Function Test**

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.4	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.30	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	6.8	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.6	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.20	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	2.09		1.1 - 2.2

**INTERPRETATION:** Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	21	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	18	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	84	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	16	U/L	< 38

  
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<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	212	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	84	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the 'usual' circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	57	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	138.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	16.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	155.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

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**Investigation**

**Observed Value**

**Unit**

**Biological Reference Interval**

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.  
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated) 3.7  
Optimal: < 3.3  
Low Risk: 3.4 - 4.4  
Average Risk: 4.5 - 7.1  
Moderate Risk: 7.2 - 11.0  
High Risk: > 11.0

Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated) 1.5  
Optimal: < 2.5  
Mild to moderate risk: 2.5 - 5.0  
High Risk: > 5.0

LDL/HDL Cholesterol Ratio (Serum/Calculated) 2.4  
Optimal: 0.5 - 3.0  
Borderline: 3.1 - 6.0  
High Risk: > 6.0

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.6	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose 114.02 mg/dL  
(Whole Blood)

**INTERPRETATION: Comments**

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

  
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## IMMUNOASSAY

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.08	ng/mL	0.7 - 2.04
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#### **INTERPRETATION:**

##### **Comment :**

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	9.91	µg/dL	4.2 - 12.0
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#### **INTERPRETATION:**

##### **Comment :**

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	3.67	µIU/mL	0.35 - 5.50
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#### **INTERPRETATION:**

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0


(Indian Thyroid Society Guidelines)

##### **Comment :**

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

  
Dr Shouree K.R  
MBBS MD DNB  
Consultant Pathologist  
Reg No : KMC 103138

APPROVED BY

Name : Mrs. SMRUTI VIKESH GAUNDHARE  
PID No. : MED111309513  
SID No. : 712229423  
Age / Sex : 25 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 24/09/2022 9:35 AM  
Collection On : 24/09/2022 11:16 AM  
Report On : 24/09/2022 5:21 PM  
Printed On : 25/09/2022 12:59 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Volume (Urine/Physical examination)	30		ml
Appearance (Urine)	Clear		

### CHEMICAL EXAMINATION

pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.010		1.002 - 1.035
Protein (Urine/Dip Stick - Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative

  
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Blood (Urine)	Nil		Nil
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits

Urine Microscopy Pictures

RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	2-3	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil

  
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Investigation

Observed  
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Reference Interval

**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'O' Positive'

**Remark:** Test to be confirmed by gel method.

A handwritten signature in black ink over a circular stamp with a pink and blue background.

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## BIOCHEMISTRY

BUN / Creatinine Ratio

8.4

Glucose Fasting (FBS)  
(Plasma - F/GOD- POD)

92

mg/dL

Normal: < 100  
Pre Diabetic: 100 - 125  
Diabetic: >= 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Urine sugar, Fasting  
(Urine - F)

Nil

Nil

Glucose Postprandial (PPBS)  
(Plasma - PP/GOD - POD)

86

mg/dL

70 - 140

### **INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Blood Urea Nitrogen (BUN)  
(Serum/Urease UV / derived)

7.6

mg/dL

7.0 - 21

Creatinine  
(Serum/Jaffe Kinetic)

0.9

mg/dL

0.6 - 1.1

**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid  
(Serum/Uricase/Peroxidase)

4.2

mg/dL

2.6 - 6.0

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-- End of Report --



Name	SMRUTI VIKESH GAUNDHARE	ID	MED111309513
Age & Gender	25Y/F	Visit Date	Sep 24 2022 9:35AM
Ref Doctor	MediWheel		

**X – RAY CHEST PA VIEW**

**LUNGS:**

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

**CARDIA:**

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

**IMPRESSION:**

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.**

AA/SV



**Dr. Anitha Adarsh**  
**Consultant Radiologist**