

Patient Name : Mrs.K SASIKALA	Collected : 14/Nov/2023 09:30AM
Age/Gender : 36 Y 5 M 20 D/F	Received : 14/Nov/2023 12:41PM
UHID/MR No : CMAR.0000331794	Reported : 14/Nov/2023 02:18PM
Visit ID : CMAROPV741603	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9481201715	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	10.9	g/dL	12-15	Spectrophotometer
PCV	33.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.3	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	76.7	fL	83-101	Calculated
MCH	25.3	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	16.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,810	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	43.4	%	40-80	Electrical Impedance
LYMPHOCYTES	37.8	%	20-40	Electrical Impedance
EOSINOPHILS	12	%	1-6	Electrical Impedance
MONOCYTES	6.3	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYte COUNT

NEUTROPHILS	3389.54	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2952.18	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	937.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	492.03	Cells/cu.mm	200-1000	Calculated
BASOPHILS	39.05	Cells/cu.mm	0-100	Calculated

PLATELET COUNT	316000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	27	mm at the end of 1 hour	0-20	Modified Westegren method

PERIPHERAL SMEAR

RBCs: Show microcytic hypochromic RBCs, moderate anisocytosis.

WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: appear adequate in number.

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HEMOPARASITES: negative

**IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA WITH RELATIVE EOSINOPHILIA.**

**Note: Kindly evaluate for iron deficiency status**

Kindly correlate clinically.



SIN No:BED230278502

NABL renewal accreditation under process

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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	86	mg/dL	70-100	HEXOKINASE
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**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	104	mg/dL	70-140	HEXOKINASE
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**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



SIN No:PLF02054126,PLP1386799

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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	123	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



SIN No:EDT230102701

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	139	mg/dL	<200	CHO-POD
TRIGLYCERIDES	77	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	92	mg/dL	<130	Calculated
LDL CHOLESTEROL	76.7	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.96		0-4.97	Calculated

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.51	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	83.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.13	g/dL	6.6-8.3	Biuret
ALBUMIN	4.33	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.

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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.57	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	17.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.21	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.83	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)



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Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034



Patient Name : Mrs.K SASIKALA	Collected : 14/Nov/2023 09:30AM
Age/Gender : 36 Y 5 M 20 D/F	Received : 14/Nov/2023 12:51PM
UHID/MR No : CMAR.0000331794	Reported : 14/Nov/2023 01:52PM
Visit ID : CMAROPV741603	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9481201715	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	19.00	U/L	<38	IFCC



SIN No:SE04538814

NABL renewal accreditation under process

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www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

**APOLLO CLINICS NETWORK**

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Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka- 560034

 **1860 500 7788**  
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Patient Name : Mrs.K SASIKALA	Collected : 14/Nov/2023 09:30AM
Age/Gender : 36 Y 5 M 20 D/F	Received : 14/Nov/2023 12:51PM
UHID/MR No : CMAR.0000331794	Reported : 14/Nov/2023 01:37PM
Visit ID : CMAROPV741603	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9481201715	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-iodothyronine (T3, TOTAL)	1.3	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.83	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.791	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



SIN No:SPL23159744

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 Karnataka - 560034

 **1860 500 7788**  
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Patient Name : Mrs.K SASIKALA	Collected : 14/Nov/2023 11:38AM
Age/Gender : 36 Y 5 M 20 D/F	Received : 14/Nov/2023 03:44PM
UHID/MR No : CMAR.0000331794	Reported : 14/Nov/2023 04:25PM
Visit ID : CMAROPV741603	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9481201715	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2219076

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Karnataka- 560034

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Patient Name : Mrs.K SASIKALA	Collected : 14/Nov/2023 09:29AM
Age/Gender : 36 Y 5 M 20 D/F	Received : 14/Nov/2023 12:35PM
UHID/MR No : CMAR.0000331794	Reported : 14/Nov/2023 12:39PM
Visit ID : CMAROPV741603	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9481201715	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

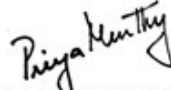
Result/s to Follow:  
PERIPHERAL SMEAR



DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST



Dr.Shobha Emmanuel  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Dr Priya Murthy  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:UPP015770,UF009777  
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## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Miss. K. Sasikala. on 12/11/23

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

Dr. \_\_\_\_\_  
Medical Officer



*This certificate is not meant for medico-legal purposes*

Date : 14-11-2023  
MR NO : CMAR.0000331794

Department : GENERAL  
Doctor :

Name : Mrs. K Sasikala

Registration No :

Age/ Gender : 36 Y / Female

Qualification :

Consultation Timing: 09:08

Height : 162 cm	Weight : 107 kg	BMI :	Waist Circum :
Temp :	Pulse : 75 bpm	Resp :	B.P : 110/62 mmHg

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature







<b>Patient Name</b>	: Mrs. K Sasikala	<b>Age/Gender</b>	: 36 Y/F
<b>UHID/MR No.</b>	: CMAR.0000331794	<b>OP Visit No</b>	: CMAROPV741603
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 14-11-2023 12:39
<b>LRN#</b>	: RAD2149348	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 9481201715		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

**GALLBLADDER:** Partially distended. No definite calculi identified in this state of distension. No evidence of abnormal wall thickening noted.

**SPLEEN:** Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

**PANCREAS:** Head and body appears normal. Rest obscured by bowel gas.

**KIDNEYS:** Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 9.8cm and parenchymal thickness measures 1.6cm.

Left kidney measures 10.4cm and parenchymal thickness measures 1.6cm.

**URINARY BLADDER:** Distended and appears normal. No evidence of abnormal wall thickening noted.

**UTERUS:** appears normal in size, measuring 8.3x5.3x3.9cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 7.7mm.

**OVARIES:** Both ovaries appear bulky in size and shows multiple tiny peripheral follicles with central echogenic stroma.

Right ovary measures 4.3x3.2x1.9cm. vol - 14.3cc.

Left ovary measures 4.7x3.5x2.1cm. vol - 18.5cc.

No free fluid is seen.

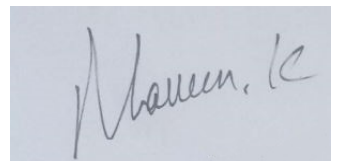
#### IMPRESSION:

**BILATERAL POLYCYSTIC OVARIAN PATTERN.**

Suggested clinical correlation and further evaluation if needed.

#### Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. Printing mistakes should immediately be brought to notice for correction.



**Dr. NAVEEN KUMAR K**  
**MBBS, DMRD Radiology, (DNB)**  
Radiology

<b>Patient Name</b>	: Mrs. K Sasikala	<b>Age/Gender</b>	: 36 Y/F
<b>UHID/MR No.</b>	: CMAR.0000331794	<b>OP Visit No</b>	: CMAROPV741603
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 14-11-2023 12:32
<b>LRN#</b>	: RAD2149348	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 9481201715		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

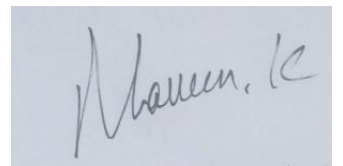
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. NAVEEN KUMAR K**  
**MBBS, DMRD Radiology, (DNB)**  
Radiology