

**DR. DILIP B GHEEWALA**

M.D. (Medicine)

Reg No: G 17770,

Mo: 9825338408

Consultant Physician & Ex. Professor Of Medicine

OPD Days: Monday, Saturday

**OPR NO:**

### Shalby MD Physician Clinic

Patient Name:-

Vivekavand Saini

Date: 14/9/24

Age / Sex :-

31 M.

Weight:-

Height:- 173cm

Chief Complaints:-

Nodo

Nutritional assessment:-

- Obese
- Well nourished
- Mild-moderate nourished
- Severely mal-nourished

Pulse:- 72/min

BP:- 120/80mm

SpO2:- 99%

Drug / Food Allergy:-

NAD

Past History :-

Family History:-

Systemic Examination:-

AS }  
CS }  
RA } NAD  
CS }

Provisional Diagnosis:-

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CIN: L85110GJ2004PLC044667

Investigation :-

Treatment and further advices:-  
(Write in Capital Letters)

Rx

Terbison 2ml  
+ fole 200mg (4)

- 4 -

*[Signature]*

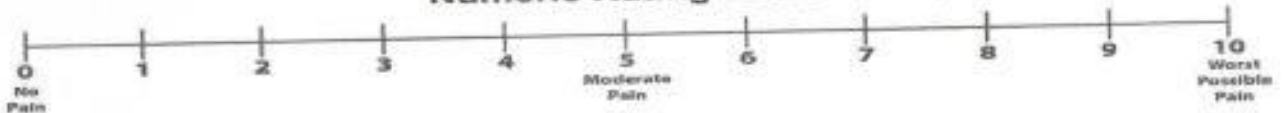
Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

Date:- \_\_\_\_\_

Incase of emergency please report to Emergency Department of Hospital OR Call:- 0261-

**Numeric Rating Scale**



**Wong-Baker FACES® Pain Rating Scale**



Pre - op

Post- op

Health Check-up

Date : 14/9/24

Patient Reg. No. : \_\_\_\_\_

Patient Name : virchand Saini Age / Sex : 21 / M

Address : Surat

**Complaints :**

Pain : \_\_\_\_\_

Bleeding gums : \_\_\_\_\_

Swelling : \_\_\_\_\_

Sensitivity : \_\_\_\_\_

Pus Discharge : \_\_\_\_\_

**Medical History :**

Hypertension : \_\_\_\_\_ DM \_\_\_\_\_ Acidity \_\_\_\_\_ Pregnancy : \_\_\_\_\_

Bleeding Disorders : \_\_\_\_\_ Asthma : \_\_\_\_\_ Allergy : \_\_\_\_\_

Past Surgical Intervention : \_\_\_\_\_

**Any Medication :**

**On Examination :**

Abscess : \_\_\_\_\_ Food lodgement : \_\_\_\_\_

Periodontitis : \_\_\_\_\_ Gingivitis : \_\_\_\_\_

Missing Teeth : \_\_\_\_\_ Mobility : \_\_\_\_\_

**Treatment Advised :**

Scaling : Sitzings 1  2  3  Deep  Perio Surgery : \_\_\_\_\_

Restoration : \_\_\_\_\_ Class V Fillings : \_\_\_\_\_

RCT : \_\_\_\_\_ Extraction : \_\_\_\_\_

Dentures : \_\_\_\_\_ Partial Denture : \_\_\_\_\_

Implants : \_\_\_\_\_ Crown & Bridge Present : \_\_\_\_\_

Crown / Bridge Replacement :

Advised Crown / Bridge :

Advised X - Ray / O.P.G. :


**Some Golden Rules :**

1. Brush your teeth twice a day.
2. Floss your teeth daily.
3. Gargle forcefully after each meal.
4. Visit your dentist twice a year.
5. Any dental treatment should be performed in a well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

Adv: Scaling

*Dr. Darshini V. Shah*

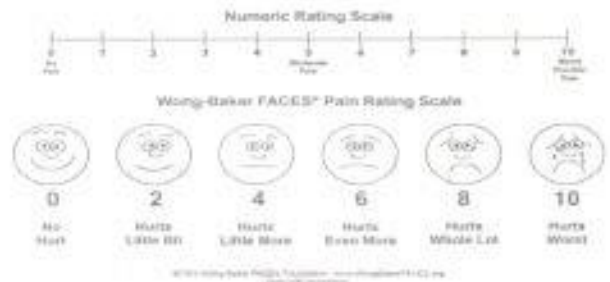
**Dr. Darshini V. Shah**  
(Consultant Dental Surgeon)

**DR. RUJUTA SHELAT**  
 Consultant Ophthalmologists  
 Reg. No.:- G-48712

Name:- *Neekand Jaini*

Date: *14/09/20*

Chief Complaints:- *Routine Eye check up*



Pain Assessment:-

Past History:-

Family History:-

Allergy:- *no drug Allergy*

Personal History:- Habits:- Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

BP:- Pulse:- Temp:-

Visual Acuity:- *6/6*

NCT *11.3*  
*1.1*

ON Examination

Ant. Segment

*WNL*

Systemic Examination:-

HT:- WT:-

PH Vision:- *6/6*

*6/6*

Both Eye

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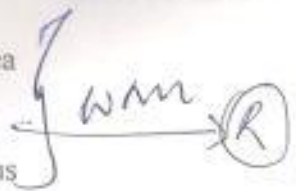
d. 3mm

Anterior Chamber

Cornea

Lens

Fundus



pse  
Rt. EYE

Lt. EYE

10-1- psc

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

It will come later on

(R) pse cataract

Investigation:-

Treatment:-

Sos Cat ex (R)

Nutritional Assessment:-

Preventive Care & Counselling:-

Follow Up ON:-

2 months / sos

Signature of the Consultant

Dr. Rujala S. Shetal

Patient Name: VIVEKANAD SAINI		UHID: SUR0000371377	
Age / Sex: 31 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 14.09.2024	

**ULTRASOUND OF ABDOMEN AND PELVIS**

**Liver** is normal in size shows grade I fatty changes. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R. **Portal vein** appears normal.

**Gall bladder** is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

**Pancreas** appears normal in size and echotexture.

**Spleen** appears normal in size and appearance. No focal lesion seen.

**Right kidney** It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Left kidney** It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Urinary bladder** well distended and appears normal. No evidence of any intraluminal mass or calculi.

**Prostate** is normal in size and measures 33 X 34 X 34 mm (Approx. vol- 21 cc). It has smooth outlines and normal reflectivity.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

**IMPRESSION:**

- Grade I fatty liver.

*Thanks for referral.*

  
**DR. ASHUTOSH GANDHI**  
DMRD (Radiodiagnosis)  
G-14916

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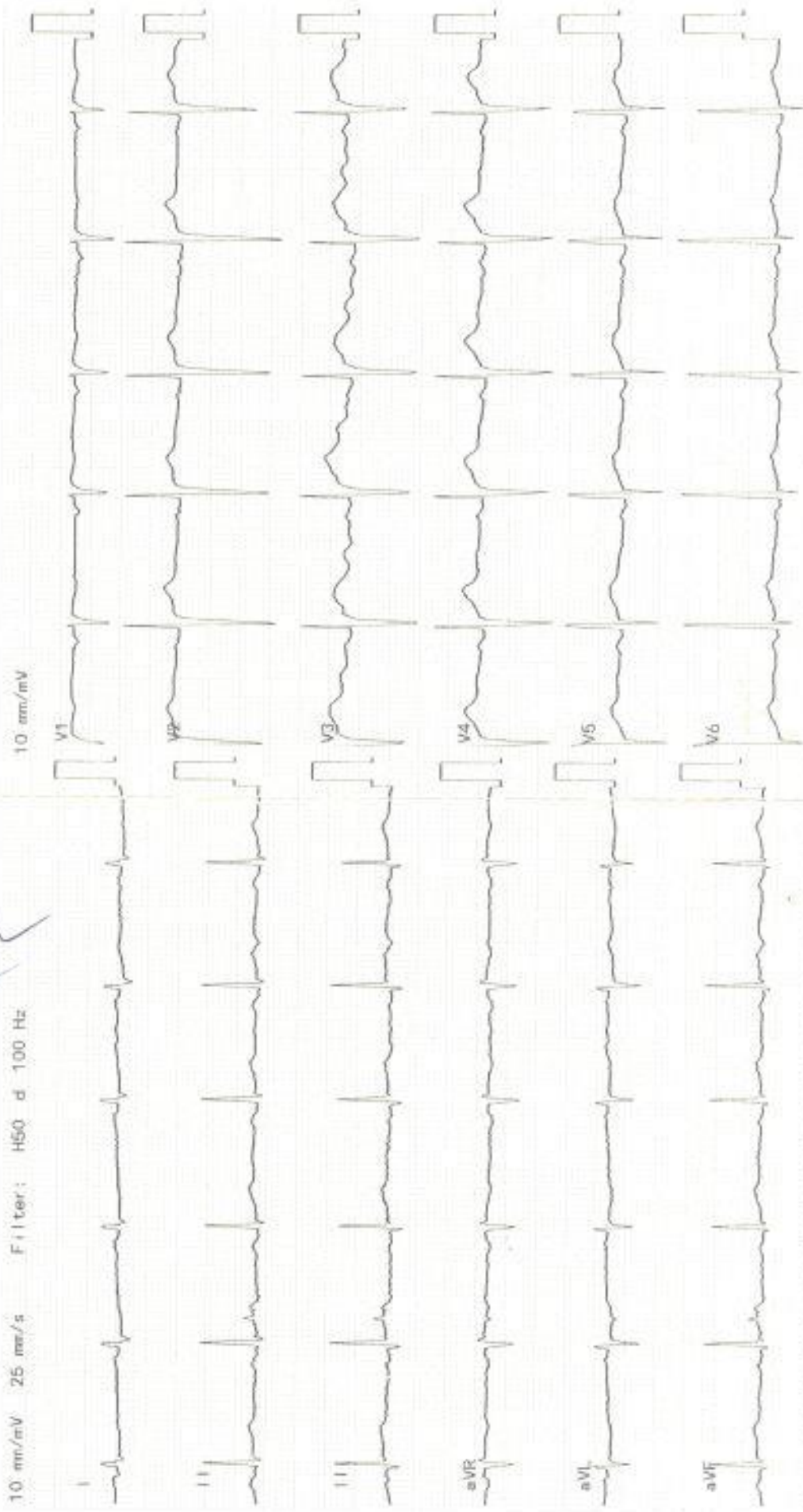




Vivek bhai

1100 Sinus rhythm  
4035 Nonspecific ST elevation  
4048 Nonspecific ST & T wave abnormality  
9130 \*\* borderline ECG \*\*

Unconfirmed Report  
Reviewed by:



*WNL*

ID: \_\_\_\_\_ years

Sex: M Birth date: / / mm/dd

kg

cm

Medications:

Symptoms:

History:

Heart rate: 72 bpm

PR int: 146 ms

QRS dur: 84 ms

QT/QTc(E) int: 386/411 ms

↑QRS/T axis: 30/ 81/ 90 °

RV5/SV1 amp: 0.94/ 0.57 mV

RV5+SV1 amp: 1.52 mV

**Patient's Name: Vivekanand Saini****UHID:371337****Age: 31 yrs / male****Date: 14/ 09 / 2024****ECHOCARDIOGRAPHY REPORT****Valves:-****Mitral valve :Normal, No MR****Aortic valve :Normal, No AR****Tricuspid valve :Normal, No TR****Pulmonary valve:Normal, No PR****Chambers:-****Left Atrium:Normal****Right Atrium:Normal****Right Ventricle:Normal size cavity,Good RV systolic function With TAPSE:20****Left Ventricle: Normal size cardiac chambers, No Regional wall Motion abnormality.  
Normal LV systolic function  
with Ejection Fraction 60 %.  
**Normal Diastolic Flow Pattern.******Septae:-****IVS: Intact. No residual VSD.****IAS :Intact.****Pericardium:Chink of pericardial effusion around the heart****IVC:13 mm with more than 50% collapsibility.****OTHER FINDINGS :- Bilateral lung angle clear****CONCLUSION:-**

- Normal LV Systolic function
- No RWMA
- EF 60 %

  
**DR.SUSHIL YADAV****Consultant Clinical cardiologist****Note : Normal echo study does not rule out underlying Coronary artery disease****SHALBY HOSPITAL, SURAT**

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Certificate No.: 160-028

Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat, India.  
Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email: pathology.surat@shalby.in | Web: www.shalby.org

PID : SUR0000371377 OP-001

REPORT STATUS : Interim



Patient Name : <b>Mr Vivekanad Saini</b>	/	Registered On : 14-Sep-2024 09:34 AM
Lab ID : 409901120		Collected On : 14-Sep-2024 09:40 AM
Gender/Age : Male / 31 Years	DOB : 14-May-1993	Received On : 14-Sep-2024 09:48 AM
Ref. By : Health Check Up Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
<b>BLOOD COUNT AND INDICIES</b>			
HAEMOGLOBIN <small>Colorimetric Non Cyanide</small>	15.1	g/dL	13.0 - 17.0
RBC COUNT <small>Electrical Impedance</small>	5.49	mill/cmm	4.5 - 5.5
HCT <small>Calculated</small>	47.1	%	40 - 50
MCV <small>Calculated based on the RBC histogram</small>	85.8	fL	83 - 101
MCH <small>Calculated</small>	27.5	pg	27 - 32
MCHC <small>Calculated</small>	32.1	g/dL	31.5 - 34.5
RDW <small>Calculated</small>	12.4	%	13.3 - 18.3

**TOTAL LEUCOCYTE COUNT**

Total WBC Count <small>Electrical Impedance</small>	5850	cells/cmm	4000 - 10000
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**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS <small>Flow Cytometry</small>	50	%	40 - 80
LYMPHOCYTES <small>Flow Cytometry</small>	39	%	20 - 40
EOSINOPHILS <small>Flow Cytometry</small>	4	%	1 - 6
MONOCYTES <small>Flow Cytometry</small>	6	%	2 - 10
BASOPHIL <small>Flow Cytometry</small>	1	%	0 - 2

**PLATELET INDICES**

PLATELET COUNT <small>Electrical Impedance</small>	274000	/cmm	150000 - 410000
MPV <small>Calculated based on PLT Histogram</small>	8.7	fL	7.5 - 12.0

**PERIPHERAL SMEAR EXAMINATION**

RBCs	Normochromic and Normocytic.
WBCs	Total and differential leucocyte counts are within normal limit
PLATELETs	Adequate in number and normal in morphology.
MALARIAL PARASITE	Malarial parasites are not seen on smear examination.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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Approved On : 14-Sep-2024 10:42 AM

*Dr Pankaj Agrawal*  
**Dr Pankaj Agrawal**  
M.B., D.C.P.  
Consulting Pathologist



Certificate No. - MC-499

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Ref. By : Health Check Up Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

ABO Type

"B"

RH Type

POSITIVE

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<b>ESR 1st hour</b>	2	mm in 1 hour	0 - 15
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Modified Westergren Method

**HBA1C**

<b>HbA1c - Glycated Haemoglobin</b>	5.7	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemic control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5
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Boronate Affinity Assay

<b>Estimated Average Glucose (eAG) (mg/dL)</b>	117	mg/dL
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Calculated

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Lab ID : 409901120		Collected On : 14-Sep-2024 09:40 AM
Gender/Age : Male / 31 Years	DOB : 14-May-1993	Received On : 14-Sep-2024 09:52 AM
Ref. By : Health Check Up Shalby		Sample Type : Fluoride F, Urine (PP), Fluoride PP, Urine (F)

Parameter	Result	Unit	Biological Ref. Interval
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## PLASMA GLUCOSE LEVEL

## FASTING PLASMA GLUCOSE

Plasma Glucose (F)	96	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)	ABSENT	mg/dL	Absent
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Glucose-oxidase/peroxidase reaction

## POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	88	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	ABSENT	mg/dL	Absent
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Glucose-oxidase/peroxidase reaction

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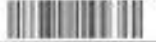
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Gender/Age : Male / 31 Years	DOB : 14-May-1993	Received On : 14-Sep-2024 09:48 AM
Ref. By : Health Check Up Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>LIPID PROFILE</b>			
<b>LIPID PROFILE</b>			
<b>Cholesterol</b> <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	198	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	225	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
<b>HDL CHOLESTEROL DIRECT</b> <i>Phosphotungstic Acid/Mgc2 - Enzymatic</i>	34	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	164	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>LDL Cholesterol</b> <i>Calculated</i>	119	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129  Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
<b>VLDL</b> <i>Calculated</i>	45	mg/dL	6 - 38
<b>LDL/dHDL</b> <i>Calculated</i>	3.5		2.5 - 3.5
<b>Chol/dHDL</b> <i>Calculated</i>	5.8	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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Parameter	Result	Unit	Biological Ref. Interval
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**THYROID PROFILE (TFT)**

<b>Total T3</b> <i>Chemiluminescence immunoassay (CLIA)</i>	127	ng/dL	87 - 178
<b>Total T4</b> <i>Chemiluminescence immunoassay (CLIA)</i>	10.11	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
<b>TSH</b> <i>Chemiluminescence immunoassay (CLIA)</i>	3.378	µIU/mL	0.38 - 5.33

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% .hence

time of the day has influence on the measured serum TSH concentrations.

TSH levels During Pregnancy :

First Trimester :0.1 to 2.5 µIU/mL Second Trimester : 0.2 to 3.0 µIU/mL Third trimester : 0.3 to 3.0 µIU/mL

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## BIOCHEMISTRY

## RENAL FUNCTION TEST

## NABL Accredited Parameters

<b>Urea Nitrogen (BUN)</b> <i>Urease, colorimetric</i>	10	mg/dL	9 - 20
<b>UREA</b> <i>Calculated</i>	21	mg/dL	19 - 43
<b>Creatinine</b> <i>Enzymatic - Creatinine amidohydrolase</i>	0.72	mg/dL	0.66 - 1.25
<b>S. URIC ACID</b> <i>Uricase/Peroxidase, Colorimetric</i>	6.6	mg/dL	3.5 - 8.5
<b>Calcium</b> <i>Arsenazo III dye</i>	9.8	mg/dL	8.4 - 10.2
<b>Sodium</b> <i>Direct Ion Selective Electrode</i>	142	mmol/L	137 - 145
<b>S. POTASSIUM</b> <i>Direct Ion Selective Electrode</i>	4.4	mmol/L	3.5 - 5.1
<b>Chloride</b>	105	mmol/L	98 - 107
<b>Phosphorus (Not in NABL Scope)</b> <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.6	mg/dL	2.5 - 4.5

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Ref. By : Health Check Up Shalby	Received On : 14-Sep-2024 09:48 AM
	Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Liver Function Test</b>			
<b>Liver Function Test</b>			
<b>SGPT (ALT)</b> <i>Multi Point Rate with P-S-P</i>	132	U/L	21 - 72
<b>SGOT (AST)</b> <i>Multi Point Rate with P-S-P</i>	69	U/L	17 - 59
<b>Alkaline Phosphatase</b> <i>BNPP - AMP Buffer</i>	89	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
<b>GGT</b> <i>L-gamma-glutamyl-4-nitroanilide(glycylglycine) Kinetic</i>	34	U/L	15 - 73
<b>S. PROTEIN</b> <i>Buret (Alkaline cupric sulfate), End Point</i>	7.4	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green (BCG), Colorimetric</i>	4.8	g/dL	3.5 - 5.0
<b>S. GLOBULIN</b> <i>Calculated</i>	2.6	g/dL	2.3 - 3.6
<b>A/G Ratio</b> <i>Calculated</i>	1.8	Ratio	1.0 - 2.3
<b>Bilirubin Total</b> <i>Azobilirubin/Dyphyline/Diazonium Salt</i>	1.3	mg/dL	0-1 day (premature) : 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0  Adult : 0.2 - 1.3
<b>Bilirubin Unconjugated</b> <i>End-point Colorimetric (Dual wavelength) spectrophotometric</i>	1.3	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
<b>Bilirubin Direct</b> <i>Calculated</i>	0.0	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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**Dr Pankaj Agrawal**  
M.B., D.C.P.  
Consulting Pathologist


 Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat, India.  
 Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email: pathology.surat@shalby.in | Web: www.shalby.org

PID : SUR0000371377 OP-001

REPORT STATUS : Interim



Patient Name : Mr Vivekanad Saini /	Registered On : 14-Sep-2024 09:34 AM
Lab ID : 409901120	Collected On : 14-Sep-2024 09:40 AM
Gender/Age : Male / 31 Years	DOB : 14-May-1993
Received On : 14-Sep-2024 09:48 AM	Sample Type : Urine
Ref. By : Health Check Up Shalby	

## URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
<b>Physical Examination</b>			
Colour	Pale Yellow		Pale yellow
Transparency	Clear		Clear
<b>Chemical Examination</b>			
Glucose	Glucose-oxidase/oxidase reaction	Negative	Negative
Bilirubin	Azo coupling Reaction with diazonium	Negative	Negative
Ketone	Sodium Nitroprusside reaction	Negative	Negative
Specific Gravity	Refractometric Method - Bromthymol blue	1.020	S.G. value 1.001 - 1.035
Blood	Peroxidase like activity of hemoglobin	Trace (+/-)	Negative
pH	Double indicator principle	5.5	PH value 4.6 - 8.0
Protein	Protein Error of Indicator Principle	Negative	Negative
Urobilinogen	Modified Ehrlich reaction	0.2	EU/dL Upto 1.0 mg/dL (EU/dL)
Nitrite	Diazotization reaction of nitrite with an aromatic amine	Negative	Negative
Leucocyte	Leucocyte Esterase Test	Negative	Negative
<b>Microscopic Examination</b>			
Pus cells	4-5/hpf	/hpf	0-5/hpf
Red blood cells	2-3/hpf	/hpf	NIL/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	Nil		Nil
Cast	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

----- End of Report -----

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Dr Pankaj Agrawal

M.B., D.C.P.  
Consulting Pathologist

<b>Patient ID:</b>	<i>SUR0000371377</i>	<b>Patient Name:</b>	<i>VIVEKANAND SAINI</i>
<b>Age:</b>	<i>31 Years</i>	<b>Sex:</b>	<i>M</i>
<b>Accession Number:</b>	<i>9255 MHC</i>	<b>Modality:</b>	<i>DX</i>
<b>Referring Physician:</b>	<i>DR. SHALBY</i>	<b>Study:</b>	<i>CHEST PA</i>
<b>Study Date:</b>	<i>14-Sep-2024</i>		

**CHEST X-RAY (PA)**

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

**IMPRESSION:**

- **No significant abnormality seen.**

*Thanks for referral.*

**DR. ASHUTOSH GANDHI**

DMRD (Radiodiagnosis)

G-14916

**SHALBY HOSPITAL, SURAT**

Near Navyug College, Rander Road, Adajan, Surat, Gujarat, India. | Ph.: 0261-7190000 | Email : info.surat@shalby.org

**SHALBY LIMITED**

Regd. Office: Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India.

Corp. Office: B-301 & 302, Mondeal Heights, Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India

Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org

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