



Patient Name : MR. SOMENATH NANDAN

Age / Gender : 35 years / Male

Mobile No. : 9830861188

Patient ID : 78664

Bill ID : 81455

Referral : SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 24/03/2024, 08:57 AM

Receiving Time : 24/03/2024, 12:53 PM

Reporting Time : 24/03/2024, 01:57 PM

Sample ID : 1924020759

Sample Type : Serum


Test Description	Value(s)	Unit(s)	Reference Range
<u>Lipid Profile</u>			
TRIGLYCERIDES Method : Enzymatic Colorimetric Assay using GPO-POD	197	mg/dL	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >= 500
CHOLESTEROL Method : Enzymatic Colorimetric Assay using CHOD-POD	155	mg/dl	Desirable : < 200 Borderline High : 200 - 240 High Risk : > 240
HDL CHOLESTEROL Method : Enzymatic Inhibition	29	mg/dl	Low HDL : <40 High HDL : >= 60
LDL CHOLESTEROL Method : Enzymatic Selective Protection	85	mg/dl	Optimal : < 100 Above Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190
VLDL / CHOLESTEROL REMNANTS Method : Calculation	41	mg/dl	< 30
NON HDL CHOLESTEROL Method : Calculation	126	mg/dl	<130
TOTAL CHOLESTEROL / HDL CHOLESTEROL RATIO	5.34	Ratio	
LDL CHOLESTEROL / HDL CHOLESTEROL RATIO	2.93	Ratio	

Remark :

* National Cholesterol Education Programme Adult Treatment Panel III Guidelines (US)

****END OF REPORT****

Checked by
Mainak Adhuriya


Dr. Meenakshi Mohan
MD (Pathology)
Consultant Pathologist
Regn. No. : WBMC 54631



Reported By : -

Registered By : Swarnali Sarkar





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Optional ID : -
Collection Time : 24/03/2024, 08:57 AM
Receiving Time : 24/03/2024, 12:53 PM
Reporting Time : 24/03/2024, 01:49 PM
Sample ID : 1924020759
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
Prostate Specific Antigen (PSA), Serum			
PSA (PROSTATE SPECIFIC ANTIGEN)	0.52	ng/mL	< 1.4
Method : Electrochemiluminescence Immunoassay (ECLIA)			
Remark			

****END OF REPORT****

Checked by
Barun Jana

Supratik Biswas
 Dr. Supratik Biswas
 MBBS, MD,
 Consultant Biochemist



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Sample ID : 1924020759

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Liver Function Test</u>			
TOTAL BILIRUBIN Method : DPD	0.16	mg/dL	<1.2
CONJUGATED BILIRUBIN Method : DPD	0.07	mg/dl	< 0.2
UNCONJUGATED BILIRUBIN Method : Calculation	0.09	mg/dL	
SGPT Method : IFCC (without pyridoxal phosphate activation)	36	U/L	< 50
SGOT Method : IFCC (without pyridoxal phosphate activation)	27	U/L	< 50
ALKALINE PHOSPHATASE Method : IFCC AMP Buffer	81	U/L	30 - 120
TOTAL PROTEIN Method : Biuret	6.8	g/dL	6.6 - 8.3
ALBUMIN Method : Bromocresol Green	4.53	g/dL	Adults: 3.5 - 5.2 Newborn (1-4 days): 2.8 - 4.4
GLOBULIN Method : Calculation	2.27	g/dL	1.80 - 3.60
A/G RATIO Method : Calculation	2.00		1.2 - 2
GAMMA-GLUTAMYL TRANSFERASE Method : IFCC	23	U/L	< 55

****END OF REPORT****

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Optional ID : -
Collection Time : 24/03/2024, 08:57 AM
Receiving Time : 24/03/2024, 12:53 PM
Reporting Time : 24/03/2024, 01:51 PM
Sample ID : 1924020759
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Creatinine, Serum</u>			
CREATININE	0.75	mg/dl	< 1.2
Method : Modified Jaffe kinetic.			

****END OF REPORT****

Checked by
Barun Jana

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD,
Consultant Biochemist



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Reporting Time : 24/03/2024, 01:57 PM
Sample ID : 1924020759
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Total Proteins, Serum</u>			
TOTAL PROTEIN Method : Biuret	6.8	g/dl	6.6 - 8.3
ALBUMIN Method : Bromocresol green	4.53	g/dl	Adults: 3.5 - 5.2 Newborn(0-4days): 2.8 - 4.4
GLOBULIN Method : Calculation	2.27	g/dl	1.8 - 3.6
A/G RATIO Method : Calculation	2.00		1.2 - 2.0

****END OF REPORT****

Checked by
Mainak Adhuriya

Meenakshi
 Dr. Meenakshi Mohan
 MD (Pathology)
 Consultant Pathologist
 Regn. No. : WBMC 54631



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Sample ID : 1924020759
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
Urea Nitrogen (Bun)			
Urea Method : GLDH Kinetic assay	19	mg/dl	Adult : 17 - 43 Newborn: 8.4 - 25.8
UREA NITROGEN (BUN) Method : GLDH Kinetic assay (AU480), calculation.	8.88	mg/dl	6 - 20

****END OF REPORT****

Checked by
Mainak Adhuriya

Meenakshi Mohan
 Dr. Meenakshi Mohan
 MD (Pathology)
 Consultant Pathologist
 Regn. No. : WBMC 54631



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Optional ID : -

Collection Time : 24/03/2024, 08:57 a.m.

Receiving Time : 24/03/2024, 12:53 p.m.

Reporting Time : 24/03/2024, 02:18 p.m.

Sample ID : 1924020759

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Bun / Creatrine Ratio</u>			
BUN/Creatinine ratio	11.98		12 - 20
Method : Calculation			

****END OF REPORT****

Checked by
Barun Jana

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 Dr. Meenakshi Mohan
 MD (Pathology)
 Consultant Pathologist
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Reporting Time : 24/03/2024, 01:51 PM
Sample ID : 1924020759
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Uric Acid, Serum</u>			
URIC ACID Method : Uricase PAP	5.85	mg/dL	3.5 - 7.2

****END OF REPORT****

Checked by
Barun Jana

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 Dr. Supratik Biswas
 MBBS, MD,
 Consultant Biochemist



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Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 24/03/2024, 08:56 AM

Receiving Time : 24/03/2024, 12:53 PM

Reporting Time : 24/03/2024, 02:29 PM

Sample ID : 1924020759

Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
Complete Blood Count			
HAEMOGLOBIN	13.7	gm/dl	13 - 17
TOTAL LEUCOCYTE COUNT	8,500	/cumm	4000 - 11000
HCT	43.3	Vol%	40 - 50
R B C	4.74	millions/cumm	4.2 - 5.5
M C V	91.4	Femtolitre(fl)	80 - 100
M C H	28.9	Picograms(pg)	27 - 31
M C H C	31.6	gm/dl	32 - 36
PLATELET COUNT	2,20,000	/cumm	150000 - 450000
DIFFERENTIAL COUNT			
Neutrophils	55	%	40 - 75
Lymphocytes	37	%	20 - 40
Monocytes	03	%	2 - 8
Eosinophils	05	%	1 - 6
Basophils	00	%	0 - 1
ESR	08	mm	2 - 17
Remarks	Normocytic Normochromic. Platelets adequate.		
Note	XN 1000, SYSMEX METHOD : FLOWCYTOMETRY ESR : AUTOMATED VESCUBE - 30 TOUCH		

****END OF REPORT****

Checked by
Bappa Karmakar

Meenakshi
Dr. Meenakshi Mohan
MD (Pathology)
Consultant Pathologist
Regn. No. : WBMC 54631



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Registered By : Swarnali Sarkar





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Sample ID : 1924020759

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>T3,T4 & TSH</u>			
T3 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	1.07	ng/mL	1 - 30 days: 1 - 7.4 1m - 11m: 1.05 - 2.45 1yr - 5yrs: 1.05 - 2.69 6yrs - 10yrs: 0.94 - 2.41 11yrs - 15yrs: 0.82 - 2.13 16yrs- 20yrs: 0.8 - 2.1 Adult: 0.58 - 1.59
T4 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	6.33	µg/dL	1d - 6d : 11.8 - 22.6 7d - 14d : 9.9 - 16.6 15d - 4m : 7.2 - 14.4 4m - 12m : 7.8 - 16.5 1yr - 5yr : 7.2 - 15.0 5yr - 10yr : 6.4 - 13.6 > 10yr : 4.87 - 11.72 Adult : 4.87 - 11.72
TSH Method : Chemiluminescent Microparticle Immunoassay (CMIA)	2.24	µIU/ml	0.35 - 4.94

Interpretation :

T3
Triiodothyronine (3,5,3' triiodothyronine or T3) is the thyroid hormone principally responsible for the regulation of metabolism of the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by enzymatic 5' deiodination of T4 (thyroxine). A reduction in the conversion of T4 to T3 results in a decrease in the T3 concentration. It occurs under the influence of medicaments such as propranolol, glucocorticoids or amiodarone and in severe non thyroidal illness (NTI), and is referred to as "low T3 syndrome". The determination of T3 is utilized in the diagnosis of T3 hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4
The hormone thyroxine (T4) is the main product secreted by the thyroid gland and is an integral component of the hypothalamus anterior pituitary thyroid regulating system. The major part (> 99 %) of total thyroxine in serum is present in proteinbound form. As the concentrations of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken into account in the assessment of the thyroid hormone concentration in serum. If this is ignored, changes in the binding proteins (e.g. due to estrogen containing preparations, during pregnancy or in the presence of a nephrotic syndrome etc.) can lead to erroneous assessments of the thyroid metabolic state. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the



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Sample ID : 1924020759

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
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detection of primary and secondary hypothyroidism, and the monitoring of TSH suppression therapy.

TSH

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones. The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH level. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

****END OF REPORT****

Checked by
Barun Jana

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD,
Consultant Biochemist



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Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 24/03/2024, 08:56 AM
Receiving Time : 24/03/2024, 12:53 PM
Reporting Time : 24/03/2024, 05:02 PM
Sample ID : 1924020759
Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
HbA1c HPLC			
HbA1c HPLC Method : High Performance Liquid Chromatography (HPLC)	5.3	%	Normal : < 5.7 Pre Diabetes : 5.7 - 6.4 Diabetes : >= 6.5
Estimated Average Glucose	105	mg/dL	70 - 116

NOTE :

1. Glucose combines with haemoglobin(Hb) continuously and nearly irreversibly during life span of RBC(120 days); thus glycosylated Hb is proportional to mean plasma glucose level during the previous 2-3 months. Therefore A1c assay is a useful mean of evaluation of success of long term diabetic control by monitoring diabetic patient~s compliance with therapeutic regimen used and long-term blood glucose level control. Added advantage is its ability to predict progression of diabetic complications.
2. Presence of Hb variant may interfere with accurate estimation of HbA1c. Please do Hb HPLC test to identify Haemoglobinopathy if any and also do Glycated albumin or Fructosamine tests to assess glycemic status if required.
3. Inappropriately low value may be seen in anemia due to iron deficiency or due to other causes, acute blood loss, recent blood transfusion, hemoglobinopathies, CLD, Hypertriglyceridemia, intake of Vitamin E & C, Aspirin, Co-trimoxazole etc.



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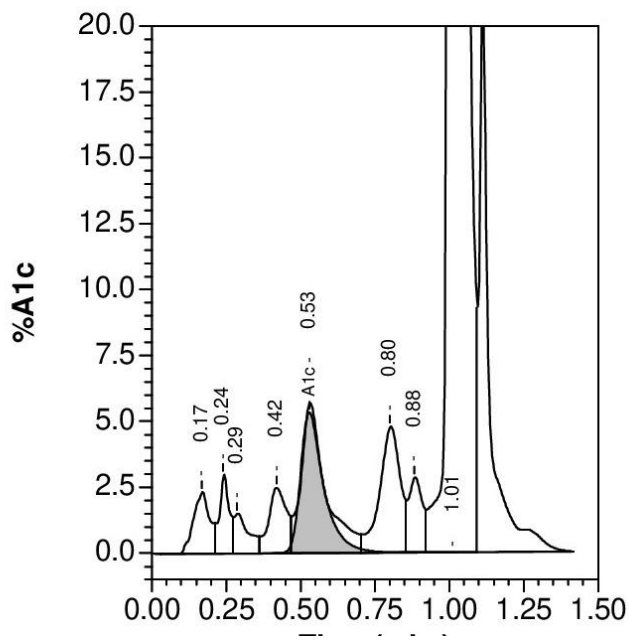
Optional ID : -
Collection Time : 24/03/2024, 08:56 AM
Receiving Time : 24/03/2024, 12:53 PM
Reporting Time : 24/03/2024, 05:02 PM
Sample ID : 1924020759
Sample Type : Edta Blood

Test Description **Value(s)** **Unit(s)** **Reference Range**

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.4	0.167	21014
A1b	---	1.1	0.239	16131
F	---	0.8	0.287	12204
LA1c	---	1.5	0.420	22910
A1c	5.3	---	0.529	68783
P3	---	3.5	0.800	53097
P4	---	1.4	0.881	21089
Ao	---	85.6	1.010	1282381

Total Area: 1,497,609

HbA1c (NGSP) = 5.3 %



END OF REPORT



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Reporting Time : 24/03/2024, 05:02 PM
Sample ID : 1924020759
Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
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Checked by
Mainak Adhuriya

Meenakshi
 Dr. Meenakshi Mohan
 MD (Pathology)
 Consultant Pathologist
 Regn. No. : WBMC 54631



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Optional ID : -
Collection Time : 24/03/2024, 08:57 AM
Receiving Time : 24/03/2024, 12:53 PM
Reporting Time : 24/03/2024, 03:08 PM
Sample ID : 1924020759
Sample Type : Urine

Test Description	Value(s)	Unit(s)	Reference Range
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Urine Fasting Sugar

URINE FOR SUGAR

Result

Absent

****END OF REPORT****

Meenakshi
 Dr. Meenakshi Mohan
 MD (Pathology)
 Consultant Pathologist
 Regn. No. : WBMC 54631



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Referral : SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 24/03/2024, 02:21 PM
Receiving Time : 24/03/2024, 04:13 PM
Reporting Time : 24/03/2024, 04:38 PM
Sample ID : 1924020759P
Sample Type : Fluoride Plasma

Test Description	Value(s)	Unit(s)	Reference Range
Glucose Post Prandial Plasma			
GLUCOSE POST PRANDIAL PLASMA Method : Hexokinase	89	mg/dL	70 - 140

****END OF REPORT****

Checked by
Mainak Adhuriya

Meenakshi Mohan
 Dr. Meenakshi Mohan
 MD (Pathology)
 Consultant Pathologist
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Optional ID : -
Collection Time : 24/03/2024, 08:56 AM
Receiving Time : 24/03/2024, 12:53 PM
Reporting Time : 24/03/2024, 01:48 PM
Sample ID : 1924020759F
Sample Type : Fluoride - F

Test Description	Value(s)	Unit(s)	Reference Range
Glucose Fasting Plasma			
GLUCOSE FASTING PLASMA Method : Hexokinase	81	mg/dL	74 - 109

****END OF REPORT****

Checked by
Barun Jana

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD,
Consultant Biochemist



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Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 24/03/2024, 08:56 AM

Receiving Time : 24/03/2024, 12:53 PM

Reporting Time : 24/03/2024, 03:31 PM

Sample ID : 1924020759

Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
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Blood Group & RH Typing

BLOOD GROUP	"AB"		
RH TYPING	POSITIVE		


FORWARD & REVERSE BLOOD GROUPING,

GEL CARD BY BIO-RAD



****END OF REPORT****

Checked by
Tamal Sarkar


Dr. Meenakshi Mohan
MD (Pathology)
Consultant Pathologist
Regn. No. : WBMC 54631



Reported By : -

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Reporting Time : 24/03/2024, 02:49 PM

Sample ID : 1924020759

Sample Type : Urine

Test Description	Value(s)	Unit(s)	Reference Range
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Urine Routine

PHYSICAL EXAMINATION

Volume	40 ml		
Colour	Pale Straw		
Appearance	Slightly hazy		
Deposit	Present		
Specific Gravity	1.025		

CHEMICAL EXAMINATION

Reaction	Acidic (PH: 6.0)		
Protein	Absent		
Sugar	Absent		
Ketones Bodies	Absent		
Urobilinogen	Normal		
Blood	Absent		

MICROSCOPIC EXAMINATION

Pus Cells	1 - 2 /hpf		
R.B.C	Not found		
Epithelial Cells	1 - 2 /hpf		
Casts	Not found		
Crystals	Not found		

METHOD : SEDIMENTATION AND MICROSCOPE

Terms and conditions:

Test results released pertain to the specimen/sample submitted.

The tests results are dependent on the quality of the sample received by the Laboratory.

The test results are released with the presumption that the specimen/sample belongs to the patient as mentioned on the bill/ vials/TRF/booking ID Laboratory investigations test results are only a tool to facilitate in arriving at a diagnosis and should always be clinically correlated by the Referring Physician.

Repeat samples/specimens are accepted on request of Referring Physician within 7 days of reporting.

Due to some unforeseen circumstances reports may be delayed. Inconvenience is regretted.

Test result may show inter laboratory variations.

The test results are not valid for medico legal purposes.



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Sample ID : 1924020759
Sample Type : Urine

Test Description	Value(s)	Unit(s)	Reference Range
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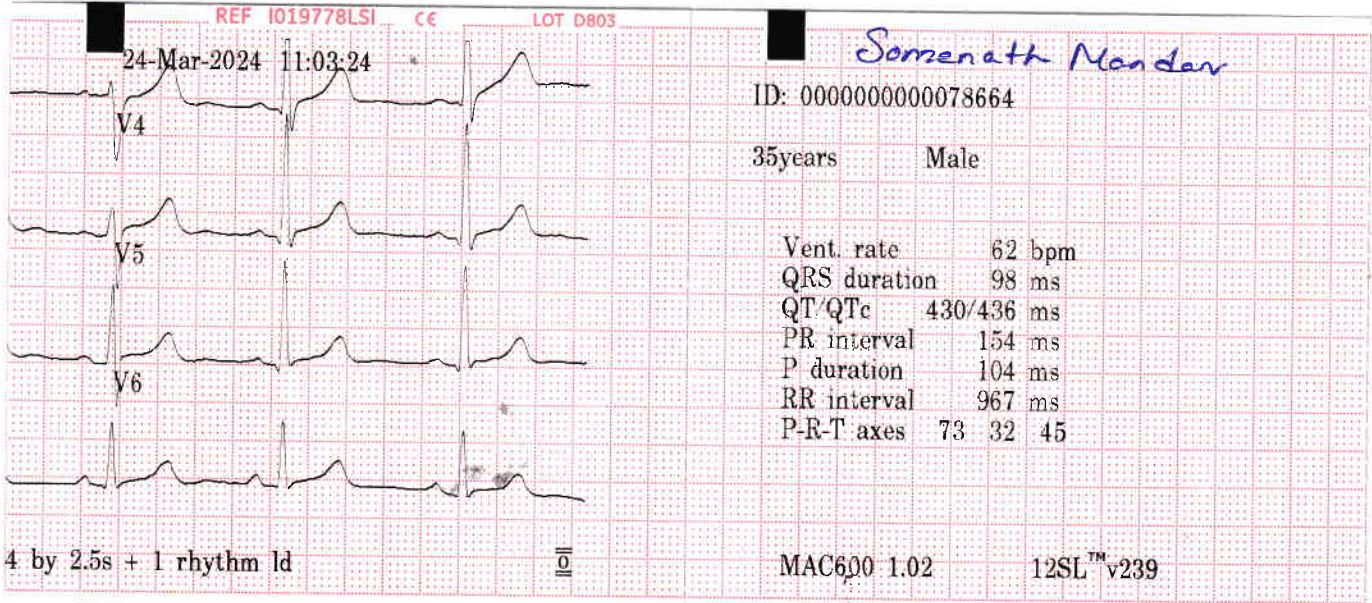
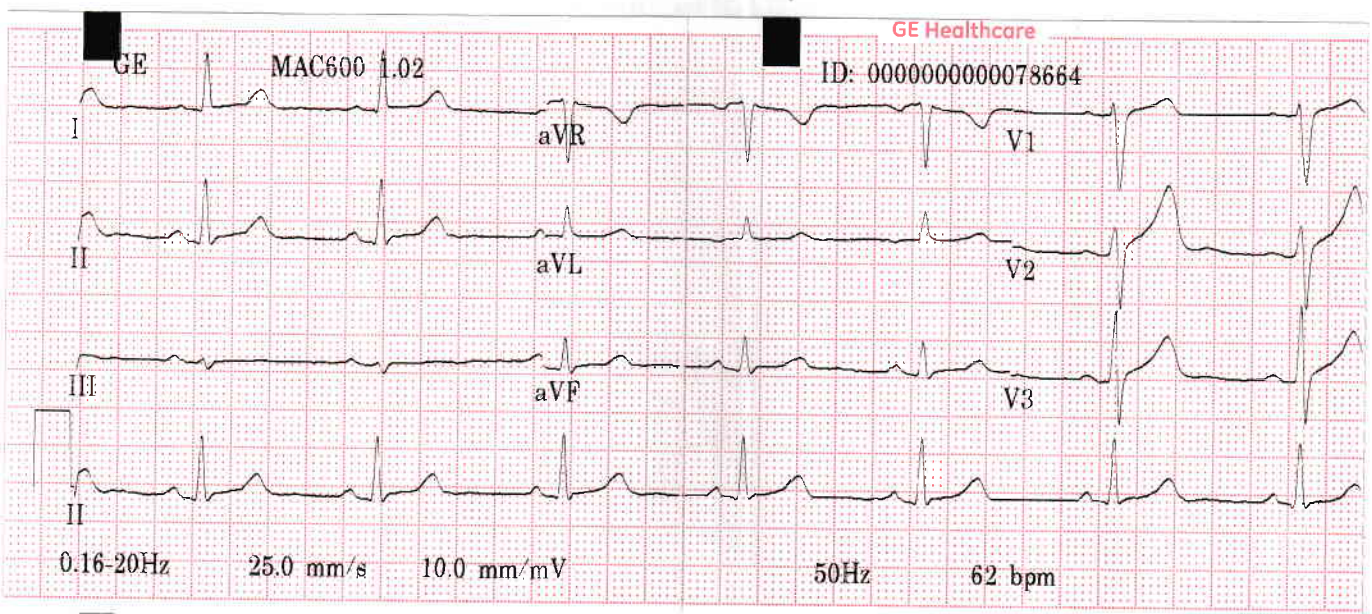
****END OF REPORT****

Meenakshi
 Dr. Meenakshi Mohan
 MD (Pathology)
 Consultant Pathologist
 Regn. No. : WBMC 54631



Reported By : -

Registered By : Swarnali Sarkar



GE Healthcare

~~Normal sinus rhythm~~
~~Normal ECG~~

[Signature]
Dr. P. DASGUPTA
MD. (Medicine)
Consultant Cardiologist
Regn. No. WBMC 1353



Patient Name : MR. SOMENATH NANDAN

Age / Gender : 35 years / Male

Mobile No. : 9830861188

Patient ID : 78664

Bill ID : 81455

Referral : SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 24/03/2024, 08:38 AM

Receiving Time : 24/03/2024, 11:56 AM

Reporting Time : 26/03/2024, 03:52 PM

Sample ID : 1924020759

Sample Type : 2D Echo

Echocardiography/TMT

M Mode Data : Parameter	Test Value	Normal Range (Adults)	Unit
Aortic Root Diameter	3.4	2.0 – 4.0	cm
Aortic cusp opening	1.9	1.5 – 2.0	cm
Left atrial diameter	3.8	2.0 – 4.0	cm
RV internal diameter	3.5	2.0 – 4.0	cm
IV septal thickness (diastole)	1.0	0.60 – 1.10	cm
LV Internal diameter (diastole)	5.2	3.50 – 5.6	cm
Post. Wall thickness (diastole)	1.0	0.60 – 1.10	cm
Internal diameter (systole)	3.3	2.4 – 4.20	cm
LV Ejection fraction	66	55 – 75	%
EPSS	0.4	0.1 – 1.0	cm
EF slope	10	5 – 15	cm/ sec
DE amplitude	1.6	1.5 – 2.5	cm
FS	36		%

E/A = 1.51 E/E' = 7.59

IMPRESSION :

• **LV shows:**

Normal wall thickness.

Normal cavity size.

No regional wall motion abnormality at rest

Good systolic function with LVEF 66 %

Normal diastolic flow.



Reported By : Minakashmi Patra Sarkar

Registered By : Swarnali Sarkar



Patient Name : MR. SOMENATH NANDAN

Age / Gender : 35 years / Male

Mobile No. : 9830861188

Patient ID : 78664

Bill ID : 81455

Referral : SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 24/03/2024, 08:38 AM

Receiving Time : 24/03/2024, 11:56 AM

Reporting Time : 26/03/2024, 03:52 PM

Sample ID : 1924020759

Sample Type : 2D Echo

- LA/RA/RV are normal in size. Good RV systolic function with TAPSE - 22 mm.
- All four cardiac valves are morphologically normal.
- No Pulmonary arterial hypertension.
- Intact IAS/IVS.
- Normal pericardium.
- No intracardiac clots/vegetation.
- IVC is normal in size (9 mm) with > 50% collapsibility.

****END OF REPORT****

Checked by
Jharna Halder



Reported By : Minakashmi Patra Sarkar

Registered By : Swarnali Sarkar



Patient Name : MR. SOMENATH NANDAN

Age / Gender : 35 years / Male

Mobile No. : 9830861188

Patient ID : 78664

Bill ID : 81455

Referral : SELF

Optional ID : -

Collection Time : 24/03/2024, 08:38 a.m.

Receiving Time : 24/03/2024, 10:33 a.m.

Reporting Time : 26/03/2024, 04:26 p.m.

Sample ID : 1924020759

Sample Type : USG

USG Whole Abdomen

USG STUDY OF WHOLE ABDOMEN

LIVER

Is enlarged (156 mm) in size, outline with mildly increased parenchymal echotexture. No focal lesion is seen. Intrahepatic biliary radicles are not seen dilated. Hepatic & Portal venous systems appear normal. Portal vein 8 mm.in calibre.

GALL BLADDER

Is seen normal in size, shape, outline, position & wall thickness. No intraluminal calculus or any mass lesion is seen. No pericholecystic fluid collection is seen.

CBD

Is not seen dilated and measures 4 mm.

PANCREAS

Is normal in size, shape, outline and echotexture. No definite focal lesion is evident. Pancreatic duct is not seen dilated. No tenderness is seen over the region.

SPLEEN

Is normal in shape, size, position and echotexture. No focal lesion is seen. No abnormal vessels are seen at the splenic hilum. Spleen measures 80 mm. in length.

KIDNEYS

Are normal in size, position, outline and echogenicity with maintained cortico-medullary differentiation. No focal lesion is seen involving either kidney. Central echocomplexes of both kidneys appear normal. There is no evidence of hydronephrosis or calculus.

Right kidney measures 115 mm.

Left kidney measures 95 mm.

URETERS

Ureters are not seen dilated.





Patient Name : MR. SOMENATH NANDAN

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Sample ID : 1924020759

Sample Type : USG

URINARY BLADDER

Urinary bladder appears optimally distended. It appears smooth in outline. No mass lesion or any calculus is seen within the urinary bladder.

PROSTATE

Prostate is seen normal in size, outline and echotexture. No definite focal parenchymal lesion is seen. Prostatic capsule is intact. Prostate measures 34 x 31 x 26 mm and weighs 14 gm.

No evidence of ascitis, pleural effusion or abdominal lymphadenopathy.

IMPRESSION

Hepatomegaly with grade I fatty changes.

****END OF REPORT****

Dr. Priyadarshini Sur
M.D. (Radiodiagnosis).
Regn. No. 74235(WBMC)



Reported By : Ankita Mullick

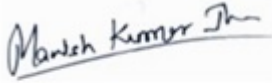
Registered By : Swarnali Sarkar

Patient Name :	SOMENATH NANDAN	Patient ID :	D-81455
Modality :	DX	Sex :	M
Age :	035Y	Study :	CHEST PA
Reff. Dr. :	DR.SELF	Study Date :	24-03-2024

X-RAY CHEST PA VIEW

Bilateral lung fields appear normal.
Bilateral costophrenic angles are unremarkable.
Bilateral hila and vascular markings are unremarkable.
Domes of diaphragm are normal in morphology and contour.
Cardiac size is within normal limits.
Bony thoracic cage appears normal.

Recommended clinical correlation with other investigation,,



Dr. Manish Kumar Jha

MBBS, MD (Radio-diagnosis)

Registration No. 77237 (WBMC)