NAME	**Uma DEVI**	STUDY DATE	**30-03-2023 11:09:01**
AGE / SEX	**058Yrs / F**	HOSPITAL NO.	**MH010882477**
REFERRING DEPT	**OPD**	MODALITY/Procedure Description	**US /Echo-Cardiogram**
REPORTED ON	**31-03-2023 13:39:33**	REFERRED BY	**Dr. Health Check MHD**

2D ECHOCARDIOGRAPHY REPORT

Findings:

	End diastole	End systole
IVS thickness (cm)	**1.2**	**1.4**
Left Ventricular Dimension (cm)	**3.8**	**2.6**
Left Ventricular Posterior Wall thickness (cm)	**1.1**	**1.3**

Aortic Root Diameter (cm)	**2.8**
Left Atrial Dimension (cm)	**2.6**
Left Ventricular Ejection Fraction (%)	**55 %**

LEFT VENTRICLE : LVH present. No RWMA. LVEF=55 %

RIGHT VENTRICLE : Normal in size. Normal RV function.

LEFT ATRIUM : Normal in size

RIGHT ATRIUM : Normal in size

MITRAL VALVE : Mild MR.

AORTIC VALVE : Normal

TRICUSPID VALVE : Mild TR, PASP~ 28 mmHg.

PULMONARY VALVE : Normal

MAIN PULMONARY ARTERY & ITS BRANCHES : Appears normal.

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

NAME	**Uma DEVI**	STUDY DATE	**30-03-2023 11:09:01**
AGE / SEX	**058Yrs / F**	HOSPITAL NO.	**MH010882477**
REFERRING DEPT	**OPD**	MODALITY/Procedure Description	**US /Echo-Cardiogram**
REPORTED ON	**31-03-2023 13:39:33**	REFERRED BY	**Dr. Health Check MHD**

INTERATRIAL SEPTUM : Intact.

INTERVENTRICULAR SEPTUM : Intact.

PERICARDIUM : No pericardial effusion or thickening

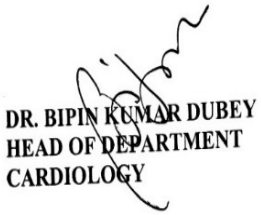
DOPPLER STUDY

VALVE	Peak Velocity (cm/sec)	Maximum P.G. (mmHg)	Mean P. G. (mmHg)	Regurgitation	Stenosis
MITRAL	E=73 A=105	-	-	Mild	Nil
AORTIC	147	-	-	Nil	Nil
TRICUSPID	-	N	N	Mild	Nil
PULMONARY	81	N	N	Nil	Nil

SUMMARY & INTERPRETATION:

- No LV regional wall motion abnormality with LVEF = 55 %
- LVH present. Normal sized RA/RV/LA. Normal RV function.
- Mild MR.
- Mild TR, PASP~ 28 mmHg.
- Grade- I diastolic dysfunction
- IVC normal in size, >50% collapse with inspiration, suggestive of normal RA pressure.
- No clot/vegetation/pericardial effusion.

Please correlate clinically.



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NAME	**Uma DEVI**	STUDY DATE	**30-03-2023 11:09:01**
AGE / SEX	**058Yrs / F**	HOSPITAL NO.	**MH010882477**
REFERRING DEPT	**OPD**	MODALITY/Procedure Description	**US /Echo-Cardiogram**
REPORTED ON	**31-03-2023 13:39:33**	REFERRED BY	**Dr. Health Check MHD**

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NAME	**Uma DEVI**	STUDY DATE	**30-03-2023 11:35:03**
AGE / SEX	**058Yrs / F**	HOSPITAL NO.	**MH010882477**
REFERRING DEPT	**OPD**	MODALITY/Procedure Description	**CR /Mammogram Both Breasts**
REPORTED ON	**31-03-2023 13:15:19**	REFERRED BY	**Dr. Health Check MHD**

MAMMOGRAM BOTH BREASTS

Technique:
Bilateral breast mammogram was performed in craniocaudal and mediolateral oblique projections and the images were reviewed on a mammography compatible digital CR system.

Indication:- Screening
Comparison – nil

Findings:
Both breasts show fibro-glandular parenchyma (ACR category B).

A round calcification is seen in left upper inner retroareolar region.

No skin thickening, nipple retraction or suspicious microcalcification cluster seen.

Bilateral small axillary lymph nodes are seen.

Impression:
Benign calcification in left breast – BIRADS 2.

ADV : Annual routine screening mammogram.

Kindly correlate clinically

BIRADS category: (0 = Requires additional evaluation, 1 = Negative, 2 = Benign findings, 3 = Probably benign findings, 4 = Suspicious abnormality and 5 = Highly suggestive of malignancy)

Please note: not all breast abnormalities show up on mammography. The management of a palpable abnormality must be based on clinical grounds. If you detect a lump or any other changes in your breast before your next screening mammogram, consult your doctor immediately.

NAME	**Uma DEVI**	STUDY DATE	**30-03-2023 11:35:03**
AGE / SEX	**058Yrs / F**	HOSPITAL NO.	**MH010882477**
REFERRING DEPT	**OPD**	MODALITY/Procedure Description	**CR /Mammogram Both Breasts**
REPORTED ON	**31-03-2023 13:15:19**	REFERRED BY	**Dr. Health Check MHD**

Dr. Aarushi MD,DNB
DMC/R/03291
Consultant Radiologist

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Name	:	MRS UMA DEVI	**Age**	:	58 Yr(s) Sex :Female
Registration No	:	MH010882477	**Lab No**	:	31230301432
Patient Episode	:	H03000053499	**Collection Date :**		30 Mar 2023 09:20
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		30 Mar 2023 13:11
Receiving Date	:	30 Mar 2023 10:25			

Department of Transfusion Medicine (Blood Bank)

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)
Specimen-Blood

Blood Group & Rh Typing (Agglutinaton by gel/tube technique)

Blood Group & Rh typing	B Rh(D) Positive

Antibody Screening (Microtyping in gel cards using reagent red cells)

Cell Panel I	NEGATIVE
Cell Panel II	NEGATIVE
Cell Panel III	NEGATIVE
Autocontrol	NEGATIVE

Final Antibody Screen Result	Negative

Technical Note:
ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell,Duffy,Kidd, Lewis, P,MNS,Lutheran and Xg antigens using gel technique.

----------END OF REPORT----------

Dr Himanshu Lamba

Name	:	MRS UMA DEVI	**Age**	:	58 Yr(s) Sex :Female
Registration No	:	MH010882477	**Lab No**	:	32230311621
Patient Episode	:	H03000053499	**Collection Date :**		30 Mar 2023 09:20
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		30 Mar 2023 12:03
Receiving Date	:	30 Mar 2023 09:50			

BIOCHEMISTRY

Glycosylated Hemoglobin — Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin)	5.4	%	As per American Diabetes Association(ADA) [4.0-6.5]HbA1c in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk)5.7-6.4 Diagnosing Diabetes >= 6.5

Methodology (HPLC)

Estimated Average Glucose (eAG) 108 mg/dl

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 glycemic control.

Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.24	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	7.30	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	**0.005 #**	**µIU/mL**	**[0.340-4.250]**

1st Trimester:0.6 - 3.4 micIU/mL
2nd Trimester:0.37 - 3.6 micIU/mL
3rd Trimester:0.38 - 4.04 micIU/mL

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness

Name	:	MRS UMA DEVI	**Age**	:	58 Yr(s) Sex :Female
Registration No	:	MH010882477	**Lab No**	:	32230311621
Patient Episode	:	H03000053499	**Collection Date :**		30 Mar 2023 09:20
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		30 Mar 2023 10:41
Receiving Date	:	30 Mar 2023 09:42			

BIOCHEMISTRY

affect TSH results.
* References ranges recommended by the American Thyroid Association
1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
2) http://www.thyroid-info.com/articles/tsh-fluctuating.html

Test Name	Result	Unit	Biological Ref. Interval
Lipid Profile (Serum)			
TOTAL CHOLESTEROL (CHOD/POD)	155	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	68	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	**80 #**	**mg/dl**	**[30-60]**
VLDL - Cholesterol (Calculated)	14	mg/dl	[10-40]
LDL- CHOLESTEROL	61	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	1.9		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	0.8		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.

Name	:	MRS UMA DEVI	**Age**	:	58 Yr(s) Sex :Female
Registration No	:	MH010882477	**Lab No**	:	32230311621
Patient Episode	:	H03000053499	**Collection Date :**		30 Mar 2023 09:20
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		30 Mar 2023 10:39
Receiving Date	:	30 Mar 2023 09:42			

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.29	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.14	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	**0.15 #**	**mg/dl**	**[0.20-1.00]**
SGOT/ AST (P5P,IFCC)	19.30	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	15.20	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	**234 #**	**IU/L**	**[46-118]**
TOTAL PROTEIN (mod.Biuret)	**8.3 #**	**g/dl**	**[6.0-8.2]**
SERUM ALBUMIN (BCG-dye)	4.8	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	**3.5 #**	**g/dl**	**[1.8-3.4]**
ALB/GLOB (A/G) Ratio	1.37		[1.10-1.80]

Note:
**NEW BORN:Vary according to age (days), body wt & gestation of baby
*New born: 4 times the adult value

Name	:	MRS UMA DEVI	**Age**	:	58 Yr(s) Sex :Female
Registration No	:	MH010882477	**Lab No**	:	32230311621
Patient Episode	:	H03000053499	**Collection Date :**		30 Mar 2023 09:20
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		30 Mar 2023 10:38
Receiving Date	:	30 Mar 2023 09:42			

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	12.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	0.66	mg/dl	[0.60-1.40]
SERUM URIC ACID (mod.Uricase)	4.0	mg/dl	[2.6-6.0]
SERUM CALCIUM (NM-BAPTA)	9.9	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	3.8	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	140.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	**5.44 #**	**mmol/l**	**[3.50-5.20]**
SERUM CHLORIDE (ISE / IMT)	103.2	mmol/l	[95.0-105.0]
eGFR	97.7	ml/min/1.73sq.m	[>60.0]

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

----------END OF REPORT----------

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

Name	:	MRS UMA DEVI	**Age**	:	58 Yr(s) Sex :Female
Registration No	:	MH010882477	**Lab No**	:	32230311622
Patient Episode	:	H03000053499	**Collection Date :**		30 Mar 2023 14:34
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		31 Mar 2023 09:25
Receiving Date	:	30 Mar 2023 15:14			

BIOCHEMISTRY

Specimen Type : Plasma

PLASMA GLUCOSE – PP

Plasma GLUCOSE – PP (Hexokinase)	127	mg/dl	[70-140]

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Specimen Type : Serum/Plasma

Plasma GLUCOSE-Fasting (Hexokinase)	99	mg/dl	[70-100]

----------END OF REPORT----------

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

Name	:	MRS UMA DEVI	**Age**	:	58 Yr(s) Sex :Female
Registration No	:	MH010882477	**Lab No**	:	33230306907
Patient Episode	:	H03000053499	**Collection Date :**		30 Mar 2023 09:20
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		30 Mar 2023 15:32
Receiving Date	:	30 Mar 2023 09:50			

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR	13.0	/1sthour	[0.0-20.0]

Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	Result	Unit	Biological Ref. Interval
COMPLETE BLOOD COUNT (EDTA Blood)			
WBC Count (Flow cytometry)	6500	/cu.mm	[4000-10000]
RBC Count (Impedence)	**5.69 #**	**million/cu.mm**	**[3.80-4.80]**
Haemoglobin (SLS Method)	14.3	g/dL	[12.0-15.0]
Haematocrit (PCV)	45.4	%	[36.0-46.0]
(RBC Pulse Height Detector Method)			
MCV (Calculated)	**79.8 #**	**fL**	**[83.0-101.0]**
MCH (Calculated)	25.1	pg	[25.0-32.0]
MCHC (Calculated)	31.5	g/dL	[31.5-34.5]
Platelet Count (Impedence)	194000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	**15.6 #**	**%**	**[11.6-14.0]**
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	67.0	%	[40.0-80.0]
Lymphocytes (Flowcytometry)	26.3	%	[20.0-40.0]

Name	:	MRS UMA DEVI	**Age**	:	58 Yr(s) Sex :Female
Registration No	:	MH010882477	**Lab No**	:	33230306907
Patient Episode	:	H03000053499	**Collection Date :**		30 Mar 2023 09:20
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		30 Mar 2023 12:19
Receiving Date	:	30 Mar 2023 09:50			

HAEMATOLOGY

Monocytes (Flowcytometry)	6.2	%	[2.0-10.0]
Eosinophils (Flowcytometry)	**0.0 #**	**%**	**[1.0-6.0]**
Basophils (Flowcytometry)	**0.5 #**	**%**	**[1.0-2.0]**
IG	0.00	%	
Neutrophil Absolute(Flouroscence flow cytometry)	4.4	/cu mm	[2.0-7.0]x10³
Lymphocyte Absolute(Flouroscence flow cytometry)	1.7	/cu mm	[1.0-3.0]x10³
Monocyte Absolute(Flouroscence flow cytometry)	0.4	/cu mm	[0.2-1.2]x10³
Eosinophil Absolute(Flouroscence flow cytometry)	0.0	/cu mm	[0.0-0.5]x10³
Basophil Absolute(Flouroscence flow cytometry)	0.0	/cu mm	[0.0-0.1]x10³

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

----------END OF REPORT----------

Soma Pradhan

Dr. Soma Pradhan

Name	:	MRS UMA DEVI	**Age**	:	58 Yr(s) Sex :Female
Registration No	:	MH010882477	**Lab No**	:	38230302353
Patient Episode	:	H03000053499	**Collection Date :**		30 Mar 2023 09:20
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		30 Mar 2023 12:31
Receiving Date	:	30 Mar 2023 09:45			

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
CHEMICAL EXAMINATION		
Reaction[pH] (Reflectancephotometry(Indicator Method))	6.0	(5.0-9.0)
Specific Gravity (Reflectancephotometry(Indicator Method))	1.015	(1.003-1.035)
Bilirubin	Negative	NEGATIVE
Protein/Albumin (Reflectance photometry(Indicator Method)/Manual SSA)	Negative	(NEGATIVE-TRACE)
Glucose (Reflectance photometry (GOD-POD/Benedict Method))	NOT DETECTED	(NEGATIVE)
Ketone Bodies (Reflectance photometry(Legal's Test)/Manual Rotheras)	NOT DETECTED	(NEGATIVE)
Urobilinogen Reflactance photometry/Diazonium salt reaction	NORMAL	(NORMAL)
Nitrite Reflactance photometry/Griess test	NEGATIVE	NEGATIVE
Leukocytes Reflactance photometry/Action of Esterase	NIL	NEGATIVE
BLOOD (Reflectance photometry(peroxidase))	**PRESENT TRACE**	**NEGATIVE**
MICROSCOPIC EXAMINATION (Manual)	**Method: Light microscopy on centrifuged urine**	
WBC/Pus Cells	1-2 /hpf	(4-6)
Red Blood Cells	1-2 /hpf	(1-2)
Epithelial Cells	OCCASIONAL /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

Interpretation:

Name	:	MRS UMA DEVI	**Age**	:	58 Yr(s) Sex :Female
Registration No	:	MH010882477	**Lab No**	:	38230302353
Patient Episode	:	H03000053499	**Collection Date :**		30 Mar 2023 09:20
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		30 Mar 2023 12:31
Receiving Date	:	30 Mar 2023 09:45			

CLINICAL PATHOLOGY

URINALYSIS-Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders
Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria,dehydration, urina tract infections and acute illness with fever
Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.
Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.
Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.
Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.
Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.
Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys Most Common cause is bacterial urinary tract infection.
Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration duri infection increases with length of time the urine specimen is retained in bladder prior to collection.
pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.
Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decrease Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.
Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.
Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

----------END OF REPORT----------

Soma Pradhan

Dr. Soma Pradhan

NAME	**Uma DEVI**	STUDY DATE	**30-03-2023 13:00:15**
AGE / SEX	**058Yrs / F**	HOSPITAL NO.	**MH010882477**
REFERRING DEPT	**OPD**	MODALITY/Procedure	**US /Ultrasound abdomen n pelvis**
REPORTED ON	**30-03-2023 18:36:12**	REFERRED BY	**Dr. Health Check MHD**

USG WHOLE ABDOMEN

Findings:

Liver is normal in size and shows grade II fatty changes. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder appears echofree with normal wall thickness. Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

Spleen is normal in size and echopattern.

Both kidneys are normal in position, size and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

Uterus is not seen (h/o surgery).

No adnexal focal lesion if seen.

No significant free fluid is detected.

Impression:

Grade II fatty liver.

Kindly correlate clinically.

Dr.Pankaj Saini MD,DHA

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NAME	**Uma DEVI**	STUDY DATE	**30-03-2023 13:00:15**
AGE / SEX	**058Yrs / F**	HOSPITAL NO.	**MH010882477**
REFERRING DEPT	**OPD**	MODALITY/Procedure	**US /Ultrasound abdomen n pelvis**
REPORTED ON	**30-03-2023 18:36:12**	REFERRED BY	**Dr. Health Check MHD**

DMC reg. no. 15796
Consultant Radiologist

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NAME	**Uma DEVI**	STUDY DATE	**30-03-2023 10:06:48**
AGE / SEX	**058Yrs / F**	HOSPITAL NO.	**MH010882477**
REFERRING DEPT	**OPD**	MODALITY/Procedure Description	**CR /Xray chest PA (CXR)**
REPORTED ON	**31-03-2023 10:59:30**	REFERRED BY	**Dr. Health Check MHD**

X-RAY CHEST - PA VIEW

Findings:

Unfolded aorta noted.

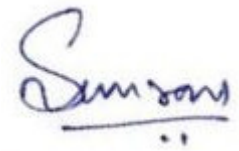
Cardiac silhouette is unremarkable.

Visualised lung fields are clear.

Bilateral hila, CP angles and hemidiaphragm are normal.

Bony cage is unremarkable.

Kindly correlate clinically.



Dr.Simran Singh DNB, FRCR(UK)
DMC Reg. no. 36404
Consultant Radiologist

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NAME	**Uma DEVI**	STUDY DATE	**30-03-2023 10:06:48**
AGE / SEX	**058Yrs / F**	HOSPITAL NO.	**MH010882477**
REFERRING DEPT	**OPD**	MODALITY/Procedure Description	**CR /Xray chest PA (CXR)**
REPORTED ON	**31-03-2023 10:59:30**	REFERRED BY	**Dr. Health Check MHD**

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.