

W - 80 Kg

H - 179 cm

B.P - 120/80

P - 67/min

SpO2 - 97/min

Union Bank of India

प्रधानमंत्री कर्मचारी ऋण योजना

नाम : प्रदीप कुमार
पंजीकृत / Employee No. : 634103
जन्म तिथि / Birth Date : 05-06-1979
रक्त समूह / Blood Group : B+ve

प्रोड्यूसर / Signatory
नाम : डॉ. सुनील शर्मा
पता : एमएसएसएच, नोएडा
फोन नंबर : 0120-2338233

संश्लेषित / Issued Authority

25-5-2024
8338233491



Mr Pradeep kumar
ID: 00000

25.05.2024 9:22:04 AM

67 bpm

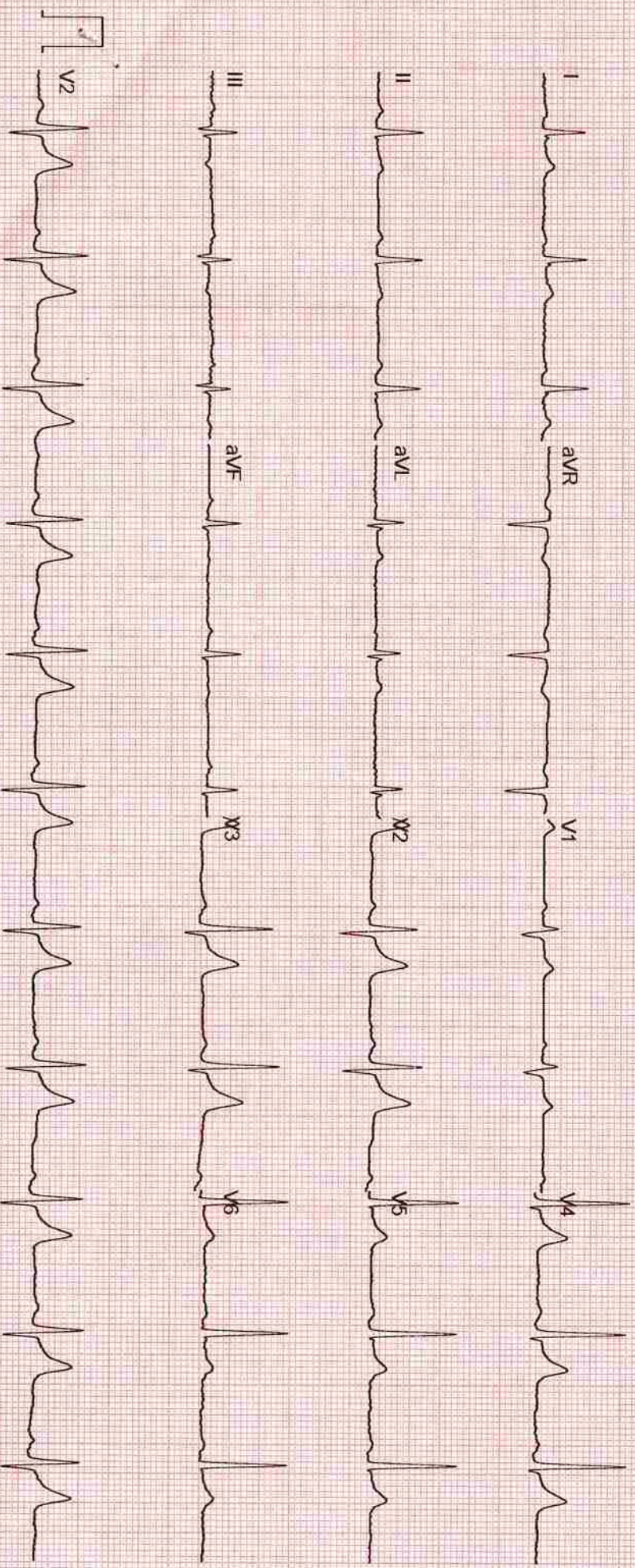
44 Years Male

sim hospital
sector 63
Gautam Budhha Nagar, UP-201307

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS	82 ms	Normal sinus rhythm
QT / QTcBaz	356 / 376 ms	Normal ECG
PR	164 ms	
P	108 ms	
RR / PP	894 / 895 ms	
P / QRS / T	52 / 37 / 9 degrees	



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3 25 R1 Unconfirmed 1/1



SJM SUPER SPECIALITY HOSPITAL

100 Bedded Super Speciality Hospital

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Ph.: 0120-6530900 / 10, Mob.: +91 9599259072

E-mail: sjmhospital@yahoo.com / Website: sjmhospital.com

(24 Hours Emergency, NICU/ICU, Pharmacy & Ambulance Available)



25/05/24

(IVF SPECIALIST)

Dr. Pushpa Kaul (IVF)

M.B.B.S, MD(Obst. & Gynae)

Dr. Neha Zutshi (Embryologist)

OTHER SPECIALIST

Dr. Pushpa Kaul (IVF)

M.B.B.S, MD(Obst. & Gynae)

Dr. Smritee Virmani (Endoscopy)

MBBS, DGO, DNB, ICOG (Obst. & Gynae)

Dr. Vinod Bhat

M.B.B.S, MD (General Medicine)

Dr. Vineet Gupta, MS (ENT)

Dr. Naveen Gupta, MS (EYE)

Dr. Ashutosh Singh, MS (Urology)

Dr. Rahul Kaul (Spine Surgeon)

MBBS, MS, (Orthopaedic)

Dr. Jaideep Gambhir, M.D(Psychiatrist)

Consultant Psychiatry, Mob.: 8006888664

Dr. Monica Gambhir, MBBS

Family Therapist & Relationship Counsellor

Mob.: 8006888663

Dr. B.P. Gupta, MS (Surgeon)

Dr. Deepa Maheshwari

M.B.B.S., MD, FRM, (IVF Specialist)

Dr. Vivek Kumar Gupta

MBBS, MS (General Surgeon)

M.Ch. (Plastic Surgery)

Dr. Anand Kumar

MBBS, MD (Paediatrics)

Dr. Amit kumar Kothari

MBBS, MD (Medicine)

Dr. Amit Aggarwal

M.B.B.S., M.S. Ortho.

Facilities:

100 Beds. Private & Public wards

Inpatient & Outpatient - (OPD)Facilities

24-Hour ambulance and emergency

3 Operation theatres

Laposcopic & Conventional Surgery

In vitro fertilization centre (IVF)

Intensive Care Unit. (ICU)

Neonatal ICUs (NICU)

Dental Clinic

Computerized pathology lab

Digital X-ray and ultrasound

Physiotherapy facilities

24-Hour Pharmacy

Cafeteria & Kitchen

Mr - Pradeep kumar Age 44/male

Mr. Pradeep kumar Age 44/male
No active complaint
+ Physically & Mentally
Fit.

25/05/2024.



CGHS & AYUSHMAN BHARAT

+ Not for medico legal purpose + No substitution of drugs allowed

Panels: Raksha TPA Pvt Ltd., Vipul Med Corp TPA Pvt Ltd., E-Meditek (TPA) Services Ltd., Medi-Assit India TPA Pvt Ltd., Park Mediclaim, Genins India TPA Pvt Ltd., Family Healthcare TPA Pvt Ltd., Medsave Healthcare TPA Pvt Ltd., Vidal Health Care TPA Pvt Ltd., MD India Healthcare, DHS TPA (India) Private Ltd., Medicate TPA Service (I) Pvt. Ltd., East West Assist TPA Pvt Ltd., United Healthcare Parekh TPA Pvt Ltd., Good Health TPA Services Ltd., Bajaj Allianz General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., TATAAIG General Insurance Co. Ltd., Cholamandalam General Insurance Co. Ltd., Liberty Videocon General Insurance Ltd., SBI General Insurance Co. Ltd., Kotak Mahindra General Insurance Co. Ltd., HDFC Standard Life Insurance Co. Ltd., The Oriental Insurance Co. Ltd.(Corporate), National Insurance Co. Ltd.(Corporate), The New India Insurance Co. Ltd. (Corporate), United India Insurance Co Ltd. (Corporate)



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- MBBS, MS, (Orthopaedic)
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- Physiotherapy facilities
- 24-Hour Pharmacy
- Cafeteria & Kitchen

Mr Pradeep Kumar (44y/m) 25/5/21

ARX - 1.00 DC X 50

- 1.00 DC X - 4.50 DC X 80

Wn 6/12p

↓ 6/160 CPNI

Leutine eye drops

Acc < - 0.75 DC X 50 - 6/6


———— Plano ———— ↓ 6/160

Add: +1.50 DS N6 (BE)

Progressive (BE)

Hyalocyt eye drops - 3 TID x 6 months

Lubox-D



CGHS & AYUSHMAN BHARAT

+ Not for medico legal purpose + No substitution of drugs allowed

Panel: Raksha TPA Pvt Ltd., Vipul Med Corp TPA Pvt Ltd., E-Meditek (TPA) Services Ltd., Medi-Assit India TPA Pvt Ltd., Park Mediclaim, Genus India TPA Pvt Ltd., Family Healthcare TPA Pvt Ltd., Medsave Healthcare TPA Pvt Ltd., Vidal Health Care TPA Pvt Ltd., MD India Healthcare, DHS TPA (India) Private Ltd., Mediate TPA Service (I) Pvt Ltd., East West Assist TPA Pvt Ltd., United Healthcare Parekh TPA Pvt Ltd., Good Health TPA Services Ltd., Bajaj Allianz General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., TATA AIG General Insurance Co. Ltd., Cholamandalam General Insurance Co. Ltd., Liberty Videcon General Insurance Ltd., SBI General Insurance Co. Ltd., Kotak Mahindra General Insurance Co. Ltd., HDFC Standard Life Insurance Co. Ltd., The Oriental Insurance Co. Ltd.(Corporate), National Insurance Co. Ltd.(Corporate), The New India Insurance Co. Ltd. (Corporate), United India Insurance Co Ltd. (Corporate)

Laboratory Report

Lab Serial no. : LSHHI286016	Mr. No : 115862
Patient Name : Mr. PRADEEP KUMAR	Reg. Date & Time : 25-May-2024 08:46 AM
Age / Sex : 44 Yrs / M	Sample Receive Date : 25-May-2024 09:07 AM
Referred by : Dr. SELF	Result Entry Date : 25-May-2024 01:23 PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 25-May-2024 01:23 PM
OPD : OPD	

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	14.7	gm/dL	12.0 - 17.0
TLC	5.9	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	60	%	40 - 70
Lymphocyte	34	%	20 - 40
Eosinophil	04	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	5.17	Thousand / UI	3.8 - 5.10
P.C.V	46.9	million/UI	00 - 40
M.C.V.	90.7	fL	78 - 100
M.C.H.	28.4	pg	27 - 31
M.C.H.C.	31.3	g/dl	32 - 36
Platelet Count	0.88	Lacs/cumm	1.5 - 4.5

INTERPRETATION:

To determine your general health status; to screen for, diagnose, or monitor any one of a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer



technician :

Typed By : Mr. BIRJESH


Dr. Rajeev Goel
M.D. (Pathologist)
36548 (MCI)

Dr. Bupinder Zutshi
(M.B.B.S., MD)
Pathologist & Microbiologist

Laboratory Report

Lab Serial no.	: LSHHI286016	Mr. No	: 115862
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HAEMATOLOGY

results unit reference

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate) 16 mm/1hr 00 - 22

Comments

The ESR is a simple non-specific screening test that indirectly measures the presence of inflammation in the body. It reflects the tendency of red blood cells to settle more rapidly in the face of some disease states, usually because of increases in plasma fibrinogen, immunoglobulins, and other acute-phase reaction proteins. Changes in red cell shape or numbers may also affect the ESR.

BIOCHEMISTRY

results unit reference

GGT / GAMMA GT

GAMMA G.G.T.P 28.2 U/l < - 55

Comment:-

Gamma-glutamyl Transpeptidase (GGTP) is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.



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Page 1

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Pathologist & Microbiologist

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OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
HbA1C / GLYCATED HEMOGLOBIN / GHb			
Hb A1C	4.8	%	4.0 - 5.6
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	91.06	mg/dl	

INTERPRETATION-

HBA1C	
NON DIABETIC	4-6 %
GOOD DIABETIC CINTROL	6-8 %
FAIR CONTROL	8-10 %
POOR CONTROL	>-10 %

The Glycosylated haemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a 3 months period. AMERICAN DIABETES ASSOCIATION recommends the testing twice an year in patients with stable blood glucose ,and quarterly if treatment changes or blood glucose is abnormal

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Page 1

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Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 25-May-2024 01:23 PM
OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	19.8	mg/dL	18 - 55
Serum Creatinine	0.79	mg/dl	0.7 - 1.3
Uric Acid	8.5	mg/dl	3.5 - 7.2
Calcium	9.3	mg/dL	8.8 - 10.2
Sodium (Na+)	136.2	mEq/L	135 - 150
Potassium (K+)	4.54	mEq/L	3.5 - 5.0
Chloride (Cl)	110.7	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	9.25	mg/dL	7 - 18
PHOSPHORUS-Serum	2.80	mg/dl	2.5 - 4.5

Comment:-

Kidneys play an important role in the removal of waste products and maintenance of water and electrolyte balance in the body.
Kidney Function Test (KFT) includes a group of blood tests to determine how well the kidneys are working.

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Page 1

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(M.B.B.S., MD)
Pathologist & Microbiologist

Laboratory Report

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Doctor Name : Dr. Vinod Bhat	Reporting Time : 25-May-2024 01:23 PM
OPD : OPD	

BIOCHEMISTRY

	results	unit	reference
LIVER FUNCTION TEST, Serum			
Bilirubin- Total	1.20	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.49	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.71	mg/dL	0.2 - 1.2
SGOT/AST	54.6	IU/L	00 - 35
SGPT/ALT	92.5	IU/L	00 - 45
Alkaline Phosphate	130.0	U/L	53 - 128
Total Protein	6.99	g/dL	6.4 - 8.3
Serum Albumin	4.44	gm%	3.50 - 5.20
Globulin	2.55	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.74	%	

INTERPRETATION

A Liver Function test or one or more of its component tests may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments.



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Page 1


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Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 25-May-2024 01:23 PM
OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	129.0	mg/dl	< - 200
HDL Cholesterol	28.2	mg/dl	35.3 - 79.5
LDL Cholesterol	85.6	mg/dl	50 - 150
VLDL Cholesterol	25.2	mg/dl	00 - 40
Triglyceride	125.9	mg/dl	00 - 170
Chloestrol/HDL RATIO	4.57	%	3.30 - 4.40

INTERPRETATION:

Lipid profile OR lipid panel IS a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

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OPD	: OPD		

BIOCHEMISTRY

results unit reference

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F) 95.3 mg/dl 70 - 110

Comments:

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions.

High levels of serum glucose may be seen in case of Diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents.

Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

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Page 1

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Pathologist & Microbiologist

Laboratory Report

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Referred By : SELF Sample Receiving Date : 25-May-2024 09:07 AM
Doctor Name : Dr. Vinod Bhat ReportingTime : 25-May-2024 01:23 PM
OPD/IPD : OPD

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml
Color: Straw
Transparency: clear

CHEMICAL EXAMINATION

Albumin: nil
Glucose: nil
PH: Acidic

MICROSCOPIC EXAMINATION

Pus cells: 1-2 /HPF
RBC's: nil
Crystals: nil
Epithelial cells: 0-1 /HPF
Others: nil

Note:-

A urinalysis is a test of your urine. It's used to detect and manage a wide range of disorders, such as urinary tract infections, kidney disease and diabetes. A urinalysis involves checking the appearance, concentration and content of urine.



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OPD/IPD : OPD :

TEST NAME

VALUE

ABO

"B"

Rh

POSITIVE

Comments:

Human red blood cell antigens can be divided into four groups A, B, AB AND O depending on the presence or absence of the corresponding antigens on the red blood cells. There are two glycoprotein A and B on the cell s surface that are responsible for the ABO types. Blood group is further classified as RH positive an RH negative.

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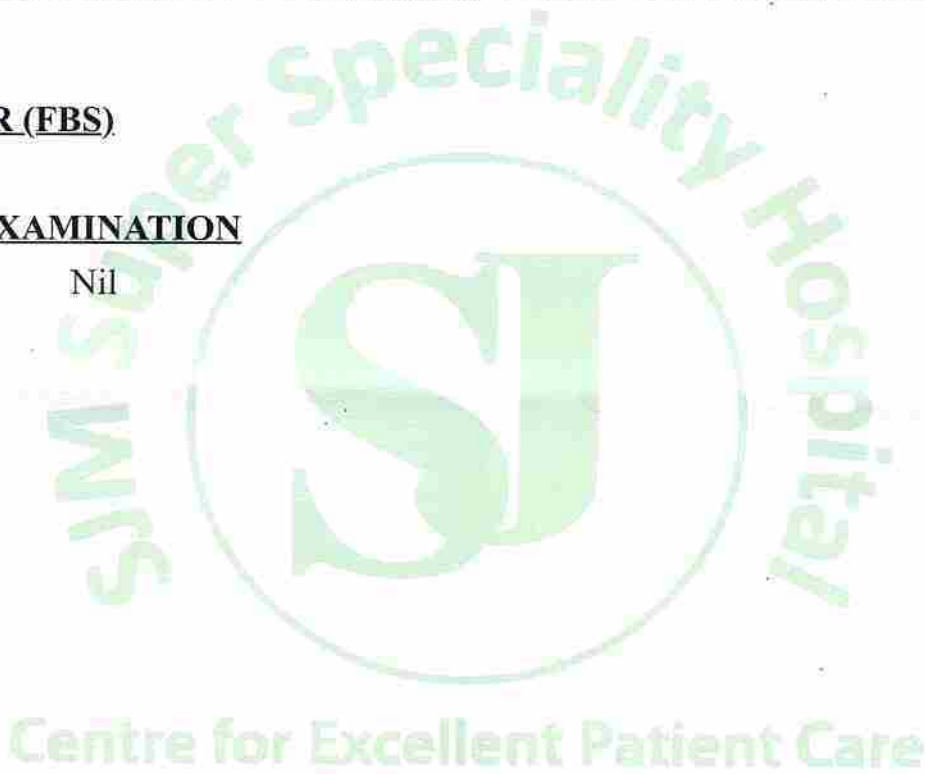
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OPD/IPD : OPD

URINE SUGAR (FBS)

CHEMICAL EXAMINATION

Glucose : Nil



R. Goel

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Pathologist & Microbiologist

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OPD/IPD : OPD :

URINE SUGAR (PPBS)

CHEMICAL EXAMINATION

Glucose : Nil



RSJ

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Mr. BIRJESH

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Referred by	: Dr. SELF	Result Entry Date	: 26-May-2024 01:22PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 25-May-2024 01:23 PM
OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
BLOOD SUGAR (PP), Serum			
SUGAR PP	107.6	mg/dl	80 - 140

Comments:

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions. High levels of serum glucose may be seen in case of diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents. Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

METHOD:- GOD-POD METHOD, END POINT


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Visit ID	: IQD109453	Registration	: 25/May/2024 11:46AM
UHID/MR No	: IQD.0000107233	Collected	: 25/May/2024 01:07PM
Patient Name	: Mr.PRADEEP KUMAR	Received	: 25/May/2024 01:39PM
Age/Gender	: 44 Y 0 M 0 D /M	Reported	: 25/May/2024 02:12PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240508147



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	1.02	ng/ml	0.61-1.81	CLIA
T4	10.23	ug/dl	5.01-12.45	CLIA
TSH	4.66	uIU/mL	0.35-5.50	CLIA

REFERENCE RANGE :

Age	TSH in uIU/mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs	0.70 - 6.40
>55 Yrs	0.50 - 8.90

Interpretation:

Triiodothyronine T3, Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1) Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and



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Visit ID	: IQD109453	Registration	: 25/May/2024 11:46AM
UHID/MR No	: IQD.0000107233	Collected	: 25/May/2024 01:07PM
Patient Name	: Mr.PRADEEP KUMAR	Received	: 25/May/2024 01:39PM
Age/Gender	: 44 Y 0 M 0 D /M	Reported	: 25/May/2024 02:12PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: lqd2151
Employee Code	:	Barcode No	: 240508147



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method	
				other physiological reasons.	
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3) Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of clinical chemistry 2. Guid lines of the American Thyroid association during pregnancy and Postpartum, 2011

NOTE: It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4. TSH is not affected by variation in thyroid-binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. and troughs at 5:00 - 6:00 p.m. With ultradian variations.

PSA / PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

Sample Type : SERUM

PROSTATE SPECIFIC ANTIGEN

0.6

ng/mL

0-4

CLIA

INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertrophy (BPH), or inflammation of the prostate. Prostate manipulation by biopsy or rigorous physical activity may temporarily elevate PSA levels. The blood test should be done before surgery or six weeks after manipulation. The total PSA may be ordered at regular intervals during treatment of men who have been diagnosed with prostate cancer and in prostatic cancer cases under observation.



*** End Of Report ***




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DEPARTMENT OF HORMONE ASSAYS

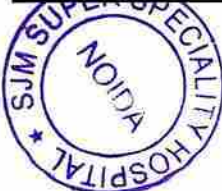
Test Name	Result	Unit	Bio. Ref. Range	Method
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Centre for Excellent Patient Care

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Ultrasound Report

TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: Mr. Pradeep kumar

Age /sex: 44Yrs/M

Date:25/05/2024

ECHO WINDOW: FAIR WINDOW

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.5		22-36
Aortic valve Opening			15 -26
Left Atrium size	3.0		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.2	2.6	(ED =39 -58)
Interventricular Septum	0.8		(ED = 6 --11)
Posterior Wall thickened	0.8		(ED = 6- 10)
LV Ejection Fraction (%)	60		55% -65 %

Doppler Velocities (cm / sec)

Pulmonary valve = Normal		Aortic valve = Normal	
Max velocity		Max velocity	
Mean PG		Max PG	
Pressure ½ time		Mean velocity	
Acceleration Time		Mean PG	
RVET		LVET	
Mitral valve =Normal		Tricuspid valve = Normal	
E	E>A	Max Velocity	
A		Mean Velocity	
DT		Mean PG	
E/E		TAPSE	



Ultrasound Report

Regurgitation: -

MR =NIL		TR = NIL	
Severity		Severity	
Max Velocity		RVSP	
AR		PR	
Severity	NIL	Severity	NIL
Jet width /LVOT ratio		Mean PAP	

Final Interpretation: -

- 1.) NO LV HYPOKINASIA GLOBAL LVEF 60%
- 2.) No MR/ MS NO AS/AR, NO TR
- 3.) No Intra cardiac clot, vegetation, pericardial effusion




DR. AMIT KOTHARI

Non-Interventional Cardiologist.



X-Ray Report

PATIENT ID	: 27944 OPD	PATIENT NAME	: MR. PRADEEP KUMAR
AGE	: 044Y	SEX	: Male
REF. PHY.	:	STUDY DATE	: 25-May-2024

RADIOLOGY REPORT EXAM: X RAY CHEST

CLINICAL HISTORY:

COMPARISON:

None.

TECHNIQUE:

Frontal projections of the chest were obtained.

FINDINGS:

Both lung fields are clear.

Both costophrenic angles appear normal.

The tracheal lucency is centrally placed.

The mediastinal and diaphragmatic outlines appear normal.

The heart shadow is normal.

The bony thoracic cage and soft tissues are normal.

IMPRESSION:

1. The study is within normal limits.

Anil Rathva

Dr Anil Rathva
Consultant Radiologist
MBBS, MD
Regn No: 19920

Dr Anil Rathva
25th May 2024



R
PA

