

Patient Name : Mr.RAHUL GOYAL	Collected : 12/Jul/2024 11:35AM
Age/Gender : 41 Y 8 M 2 D/M	Received : 12/Jul/2024 12:47PM
UHID/MR No : RIND.0000015962	Reported : 12/Jul/2024 03:21PM
Visit ID : RINDOPV13822	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 9920144559	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



Dr.Kritika Jain
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240181813



This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.1	g/dL	13-17	Spectrophotometer
PCV	42.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.82	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88	fL	83-101	Calculated
MCH	29.3	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,300	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	47	%	40-80	Electrical Impedance
LYMPHOCYTES	46	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2491	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2438	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	106	Cells/cu.mm	20-500	Calculated
MONOCYTES	265	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.02		0.78- 3.53	Calculated
PLATELET COUNT	181000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	22	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBCs ARE NORMOCYTIC NORMOCHROMIC.				
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.				
PLATELETS ARE ADEQUATE.				
NO HEMOPARASITES SEEN				



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Consultant Pathologist



SIN No:BED240181813

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Patient Name : Mr.RAHUL GOYAL	Collected : 12/Jul/2024 02:49PM
Age/Gender : 41 Y 8 M 2 D/M	Received : 12/Jul/2024 04:24PM
UHID/MR No : RIND.0000015962	Reported : 12/Jul/2024 04:55PM
Visit ID : RINDOPV13822	Status : Final Report
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Emp/Auth/TPA ID : APT ID 9920144559	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination




Dr. Kritika Jain
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: BED240182063

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Patient Name : Mr.RAHUL GOYAL	Collected : 12/Jul/2024 03:15PM
Age/Gender : 41 Y 8 M 2 D/M	Received : 12/Jul/2024 04:29PM
UHID/MR No : RIND.0000015962	Reported : 12/Jul/2024 06:37PM
Visit ID : RINDOPV13822	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	198	mg/dL	70-100	GOD - POD

Kindly correlate clinically.

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:

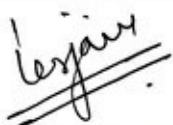
- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	323	mg/dl	70-140	GOD, POD

Kindly correlate clinically.

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.



Dr.Kritika Jain
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Patient Name : Mr.RAHUL GOYAL	Collected : 12/Jul/2024 11:35AM
Age/Gender : 41 Y 8 M 2 D/M	Received : 12/Jul/2024 03:07PM
UHID/MR No : RIND.0000015962	Reported : 12/Jul/2024 04:33PM
Visit ID : RINDOPV13822	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	9.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	235	mg/dL		Calculated

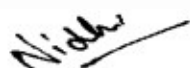
Comment:

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)



Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:EDT240075942



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Visit ID : RINDOPV13822	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	220	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	268	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	34	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	186	mg/dL	<130	Calculated
LDL CHOLESTEROL	132.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	53.62	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.54		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.54		<0.11	Calculated

Kindly correlate clinically.

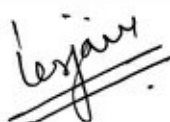
Comment:

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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	140.43	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	92.9	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	115.96	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.91	g/dL	6.3-8.2	Biuret
ALBUMIN	4.66	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.25	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		0.9-2.0	Calculated

Kindly correlate clinically.

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, Wilsons's diseases, Cirrhosis, but the increase is usually not >2

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y MALE - PAN INDIA - FY2324

- 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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SIN No: SE04778391

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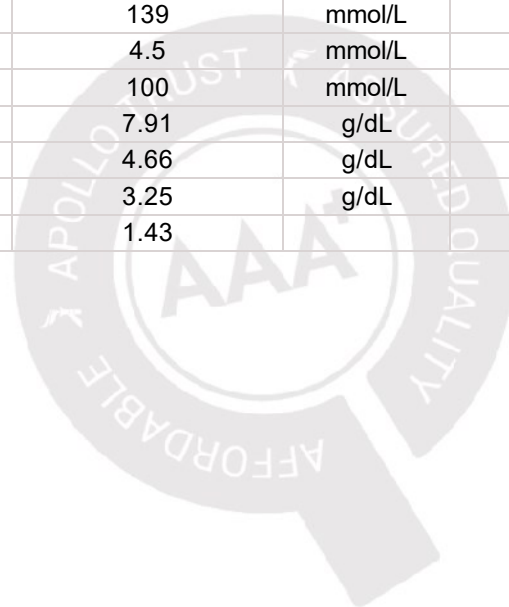


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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.84	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	17.53	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	8.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.19	mg/dL	3.5-7.2	Uricase
CALCIUM	10.00	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.91	g/dL	6.3-8.2	Biuret
ALBUMIN	4.66	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.25	g/dL	2.0-3.5	Calculated
A/G RATIO	1.43		0.9-2.0	Calculated




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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	47.66	U/L	15-73	Glycylglycine Nitoranalide




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MC- 6048

Patient Name : Mr.RAHUL GOYAL	Collected : 12/Jul/2024 11:35AM
Age/Gender : 41 Y 8 M 2 D/M	Received : 12/Jul/2024 03:12PM
UHID/MR No : RIND.0000015962	Reported : 12/Jul/2024 04:41PM
Visit ID : RINDOPV13822	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 9920144559	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	84.1	ng/dL	41-147	CLIA
THYROXINE (T4, TOTAL)	6.838	µg/dL	4.5-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.141	mIU/L	0.38-5.33	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

- 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.
- 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.
- 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.
- 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



Dr. Tanish Mandal
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SIN No: SPL24115871



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y MALE - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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SIN No: SPL24115871



Patient Name : Mr.RAHUL GOYAL	Collected : 12/Jul/2024 06:37PM
Age/Gender : 41 Y 8 M 2 D/M	Received : 12/Jul/2024 06:48PM
UHID/MR No : RIND.0000015962	Reported : 12/Jul/2024 08:10PM
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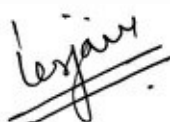
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Dipstick
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
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.



Dr. Kritika Jain
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Patient Name : Mr.RAHUL GOYAL	Collected : 12/Jul/2024 06:37PM
Age/Gender : 41 Y 8 M 2 D/M	Received : 12/Jul/2024 06:49PM
UHID/MR No : RIND.0000015962	Reported : 12/Jul/2024 08:10PM
Visit ID : RINDOPV13822	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : APT ID 9920144559	

DEPARTMENT OF CLINICAL PATHOLOGY

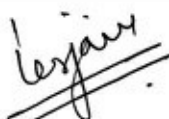
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH PLUS BELOW 40Y MALE - PAN INDIA - FY2324

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

*** End Of Report ***



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Dr. Kritika Jain
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: UF011891

This test has been performed at Apollo Health and Lifestyle Ltd/Lab

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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



Patient Name	: Mr. Rahul Goyal	Age/Gender	: 41 Y/M
UHID/MR No.	: RIND.0000015962	OP Visit No	: RINDOPV13822
Sample Collected on	:	Reported on	: 12-07-2024 14:20
LRN#	: RAD2376481	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: APT ID 9920144559		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Liver is enlarged in size (21.7cm) and the parenchymal echotexture shows grade-2 diffuse fatty infiltration. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in course and calibre.

GALL BLADDER : Gall bladder appears echo free with normal wall thickness. No pericholecystic fluid noted. Common duct is not dilated.

PANCREAS : Pancreas is normal in size and echopattern.

SPLEEN : Spleen is normal in size, shape and echopattern. No focal lesion seen. Hilum is normal.

KIDNEYS : Both the kidneys are normal in position, shape, size, outline and echotexture. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact.

Visualized parts of the retroperitoneum do not reveal any lymphadenopathy.

URINARY BLADDER : Urinary bladder is normal in wall thickness with clear contents. No obvious mass lesion seen.

PROSTATE : Prostate is normal in size and echo-pattern. Capsule is intact.

No free fluid is seen in the peritoneal cavity.

IMPRESSION: Hepatomegaly with grade 2 Fatty infiltration of the liver.

SUGGEST CLINICAL CORRELATION

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Patient Name : Mr. Rahul Goyal

Age/Gender

: 41 Y/M



Dr. SANGEETA AGGARWAL
MBBS, MD
Radiology

Patient Name	: Mr. Rahul Goyal	Age/Gender	: 41 Y/M
UHID/MR No.	: RIND.0000015962	OP Visit No	: RINDOPV13822
Sample Collected on	:	Reported on	: 12-07-2024 14:10
LRN#	: RAD2376481	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: APT ID 9920144559		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both the lung fields and hilar shadows appears normal.

There is no obvious active pleuro-parenchymal lesion seen.

Both the costophrenic and cardiophrenic angles are clear.

Cardiac size appears within normal limits.

Both dome of hemidiaphragms are normal in position and contour.

Thoracic wall and soft tissues under view appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. SANGEETA AGGARWAL
MBBS, MD
Radiology