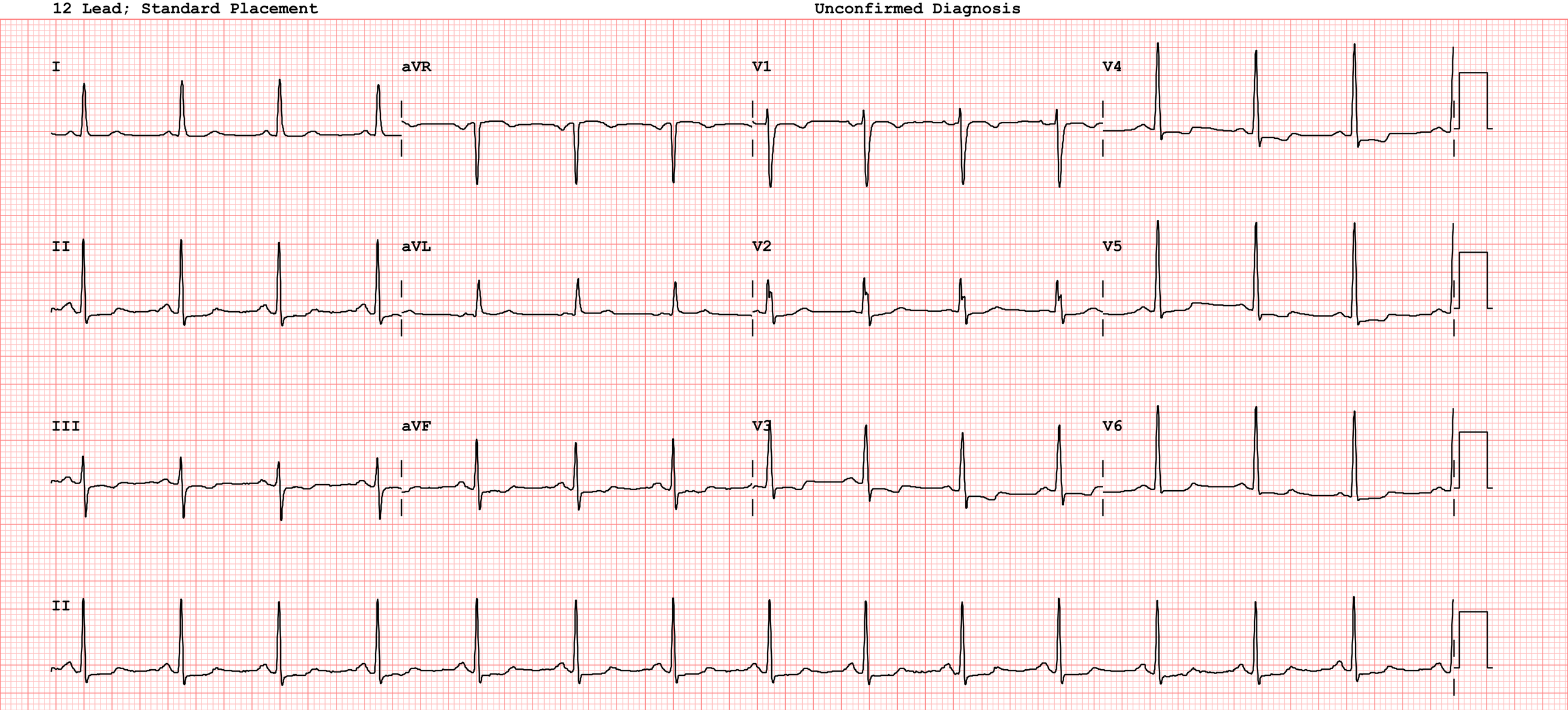
10882467 sammita sachdev 2/20/2024 9:51:05 AM

60 Years Female

Rate	86	. Sinus rhythm	normal P axis, V-rate 50- 99
		. Abnormal R-wave progression, early transition	QRS area>0 in V2
PR	140	. Borderline repolarization abnormality	ST dep & abnormal T
QRSD	75		
QT	323		
QTc	387		
--AXIS--			
P	62		
QRS	26		
T	9		

- BORDERLINE ECG -

12 Lead; Standard Placement Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 60~ 0.15-100 Hz 100B CL P?

NAME	**MRS Sammita SACHDEV**	**STUDY DATE**	**20/02/2024 10:29AM**
AGE / SEX	**60 y / F**	**HOSPITAL NO.**	**MH010882467**
ACCESSION NO.	**NM12338236**	**MODALITY**	**US**
REPORTED ON	**20/02/2024 11:53AM**	**REFERRED BY**	**Health Check MHD**

2D ECHOCARDIOGRAPHY REPORT

Findings:

	End diastole	End systole
IVS thickness (cm)	**0.8**	**1.0**
Left Ventricular Dimension (cm)	**3.9**	**2.7**
Left Ventricular Posterior Wall thickness (cm)	**0.8**	**1.0**

Aortic Root Diameter (cm)	**2.9**
Left Atrial Dimension (cm)	**2.6**
Left Ventricular Ejection Fraction (%)	**55%**

LEFT VENTRICLE	:	Normal in size. No RWMA. LVEF= 55%
RIGHT VENTRICLE	:	Normal in size. Normal RV function.
LEFT ATRIUM	:	Normal in size
RIGHT ATRIUM	:	Normal in size
MITRAL VALVE	:	Trace MR.
AORTIC VALVE	:	Normal
TRICUSPID VALVE	:	Trace TR (PASP ~ 24 mmHg)
PULMONARY VALVE	:	Normal
MAIN PULMONARY ARTERY & ITS BRANCHES	:	Appears normal.
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= 48 A=77	-	-	Trace	Nil
AORTIC	110	-	-	Nil	Nil
TRICUSPID	-	N	N	Trace	Nil
PULMONARY	78	N	N	Nil	Nil

SUMMARY & INTERPRETATION:

- No LV regional wall motion abnormality with LVEF = 55%

NAME	MRS Sammita SACHDEV	STUDY DATE	20/02/2024 10:29AM
AGE / SEX	60 y / F	HOSPITAL NO.	MH010882467
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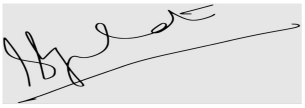
REPORTED ON	20/02/2024 11:53AM	REFERRED BY	Health Check MHD

- Normal sized RA/RV/LV/LA with no chamber hypertrophy. Normal RV function.
- Trace MR.
- Trace TR (PASP ~ 24 mmHg)
- Grade I diastolic dysfunction.
- IVC normal in size, >50% collapse with inspiration, suggestive of normal RA pressure.
- No clot/ no vegetation/ no pericardial effusion.

Please correlate clinically.



Dr. Sarita Gulati MD, DM DMC No.22600

Senior Interventional Cardiologist

********End Of Report********

Name	:	MRS SAMMITA SACHDEV	**Age**	:	60 Yr(s) Sex :Female
Registration No	:	MH010882467	**Lab No**	:	31240200975
Patient Episode	:	H03000060016	**Collection Date :**		20 Feb 2024 09:57
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		20 Feb 2024 12:51
Receiving Date	:	20 Feb 2024 11:08			

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)	
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 SAMMITA SACHDEV	**Age**	:	60 Yr(s) Sex :Female
Registration No	:	MH010882467	**Lab No**	:	32240210923
Patient Episode	:	H03000060016	**Collection Date :**		20 Feb 2024 09:58
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		20 Feb 2024 12:34
Receiving Date	:	20 Feb 2024 10:47			

BIOCHEMISTRY

Specimen: EDTA Whole blood

			As per American Diabetes Association(ADA) 2010
HbA1c (Glycosylated Hemoglobin)	5.9	%	[4.0-6.5] HbA1c in % Non diabetic adults : < 5.7 % Prediabetes (At Risk) : 5.7 % - 6.4 % Diabetic Range : > 6.5 %
Methodology	High-Performance Liquid Chromatography(HPLC)		
Estimated Average Glucose (eAG)	123	mg/dl	

Use :

1.Monitoring compliance and long-term blood glucose level control in patients with diabetes.
2.Index of diabetic control (direct relationship between poor control and development of complications).
3. Predicting development and progression of diabetic microvascular complications.

Limitations :

1. A1C values may be falsely elevated or decreased in those with chronic kidney disease.
2.False elevations may be due in part to analytical interference from carbamylated hemoglobin formed in the presence of elevated concentrations of urea, with some assays.
3. False decreases in measured A1C may occur with hemodialysis and altered red cell turnover, especially in the setting of erythropoietin treatment

References : Rao.L.V.,Michael snyder.L.(2021).Wallach's Interpretation of Diagnostic Tests. 11th Edition. Wolterkluwer. NaderRifai,Andrea Rita Horvath,Carl T.wittwer. (2018)Teitz Text book of Clinical Chemistry and Molecular Diagnostics.First edition,Elsevier,South Asia.

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Name	:	MRS SAMMITA SACHDEV	**Age**	:	60 Yr(s) Sex :Female
Registration No	:	MH010882467	**Lab No**	:	32240210923
Patient Episode	:	H03000060016	**Collection Date :**		20 Feb 2024 09:58
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		20 Feb 2024 11:29
Receiving Date	:	20 Feb 2024 10:31			

BIOCHEMISTRY

Lipid Profile (Serum)

TOTAL CHOLESTEROL (CHOD/POD)	142	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	**170 #**	**mg/dl**	**[<150]** Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	48	mg/dl	[30-60]
Methodology: Homogenous Enzymatic			
VLDL - Cholesterol (Calculated)	34	mg/dl	[10-40]
(CALCULATED)LDL- CHOLESTEROL	60	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	3.0		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	1.3		<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.

Technical Notes:
Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of these tests can identify certain genetic

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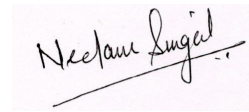
Name	:	MRS SAMMITA SACHDEV	**Age**	:	60 Yr(s) Sex :Female
Registration No	:	MH010882467	**Lab No**	:	32240210923
Patient Episode	:	H03000060016	**Collection Date :**		20 Feb 2024 09:58
Referred By	:	HEALTH CHECK MHD	**Reporting Date :**		20 Feb 2024 11:29
Receiving Date	:	20 Feb 2024 10:31			

BIOCHEMISTRY

diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases.

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



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

Department Of Laboratory Medicine

Name	: MRS SAMMITA SACHDEV	**Age**	: 60 Yr(s) Sex :Female
Registration No	: MH010882467	**Lab No**	: 32240210923
Patient Episode	: H03000060016	**Collection Date :**	20 Feb 2024 09:58
Referred By	: HEALTH CHECK MHD	**Reporting Date :**	20 Feb 2024 11:29
Receiving Date	: 20 Feb 2024 10:31		

BIOCHEMISTRY

THYROID PROFILE, Serum **Specimen Type : Serum**

T3 - Triiodothyronine (ECLIA)	1.340	ng/ml	[0.400-1.810]
T4 - Thyroxine (ECLIA)	8.820	µg/dl	[5.000-10.700]
Thyroid Stimulating Hormone (ECLIA)	3.410	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 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

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Department Of Laboratory Medicine

Name	: MRS SAMMITA SACHDEV	**Age**	: 60 Yr(s) Sex :Female
Registration No	: MH010882467	**Lab No**	: 32240210923
Patient Episode	: H03000060016	**Collection Date :**	20 Feb 2024 09:58
Referred By	: HEALTH CHECK MHD	**Reporting Date :**	20 Feb 2024 11:29
Receiving Date	: 20 Feb 2024 10:31		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (Diazonium Ion)	0.29	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (Diazotization)	0.16	mg/dl	[0.00-0.30]
BILIRUBIN - INDIRECT (Calculated)	**0.13 #**	**mg/dl**	**[0.20-1.00]**
SGOT/ AST (UV without P5P)	14.0	U/L	[10.0-35.0]
SGPT/ ALT (UV without P5P)	13.0	U/L	[0.0-33.0]
ALP (p-NPP,kinetic)*	105	U/L	[46-118]
TOTAL PROTEIN (Biuret)	8.1	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.5	g/dl	[3.5-5.2]
SERUM GLOBULIN (Calculated)	**3.6 #**	**g/dl**	**[1.8-3.4]**
ALB/GLOB (A/G) Ratio(Calculated)	1.25		[1.10-1.80]

Technical Notes:
Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

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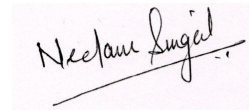
Name	: MRS SAMMITA SACHDEV	**Age**	: 60 Yr(s) Sex :Female
Registration No	: MH010882467	**Lab No**	: 32240210923
Patient Episode	: H03000060016	**Collection Date :**	20 Feb 2024 09:58
Referred By	: HEALTH CHECK MHD	**Reporting Date :**	20 Feb 2024 11:28
Receiving Date	: 20 Feb 2024 10:31		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	10.00	mg/dl	[6.00-20.00]
SERUM CREATININE (Jaffe's method)	0.81	mg/dl	[0.60-1.40]
SERUM URIC ACID (Uricase)	3.8	mg/dl	[2.6-6.0]
SERUM CALCIUM (NM-BAPTA)	9.80	mg/dl	[8.00-10.50]
SERUM PHOSPHORUS (Molybdate, UV)	3.8	mg/dl	[2.5-4.5]
SERUM SODIUM (ISE)	139.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.80	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE Indirect)	102.3	mmol/L	[95.0-105.0]
eGFR	79.2	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 SAMMITA SACHDEV	**Age**	: 60 Yr(s) Sex :Female
Registration No	: MH010882467	**Lab No**	: 32240210924
Patient Episode	: H03000060016	**Collection Date :**	20 Feb 2024 13:38
Referred By	: HEALTH CHECK MHD	**Reporting Date :**	20 Feb 2024 15:20
Receiving Date	: 20 Feb 2024 14:15		

BIOCHEMISTRY

Specimen Type : Plasma

PLASMA GLUCOSE – PP

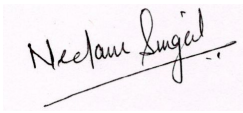
Plasma GLUCOSE – PP (Hexokinase)	**168 #**	**mg/dl**	**[70–140]**

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)	98	mg/dl	[82-115]

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



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

Name	: MRS SAMMITA SACHDEV	**Age**	: 60 Yr(s) Sex :Female
Registration No	: MH010882467	**Lab No**	: 33240206737
Patient Episode	: H03000060016	**Collection Date :**	20 Feb 2024 09:57
Referred By	: HEALTH CHECK MHD	**Reporting Date :**	20 Feb 2024 13:27
Receiving Date	: 20 Feb 2024 10:46		

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR **61.0 #** **mm/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)	9720	/cu.mm	[4000-10000]
RBC Count (Impedence)	4.62	million/cu.mm	[3.80-4.80]
Haemoglobin (SLS Method)	12.5	g/dL	[12.0-15.0]
Haematocrit (PCV)	39.9	%	[36.0-46.0]
(RBC Pulse Height Detector Method)			
MCV (Calculated)	86.4	fL	[83.0-101.0]
MCH (Calculated)	27.1	pg	[25.0-32.0]
MCHC (Calculated)	**31.3 #**	**g/dL**	**[31.5-34.5]**
Platelet Count (Impedence)	280000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	13.5	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	68.8	%	[40.0-80.0]
Lymphocytes (Flowcytometry)	22.5	%	[20.0-40.0]

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Name	: MRS SAMMITA SACHDEV	**Age** :	60 Yr(s) Sex :Female
Registration No	: MH010882467	**Lab No** :	33240206737
Patient Episode	: H03000060016	**Collection Date :**	20 Feb 2024 09:57
Referred By	: HEALTH CHECK MHD	**Reporting Date :**	20 Feb 2024 12:00
Receiving Date	: 20 Feb 2024 10:46		

HAEMATOLOGY

Monocytes (Flowcytometry)	6.6	%	[2.0-10.0]
Eosinophils (Flowcytometry)	1.7	%	[1.0-6.0]
Basophils (Flowcytometry)	**0.4 #**	**%**	**[1.0-2.0]**
IG	0.20	%	
Neutrophil Absolute(Flouroscence flow cytometry)	6.7	/cu mm	[2.0-7.0]x10³
Lymphocyte Absolute(Flouroscence flow cytometry)	2.2	/cu mm	[1.0-3.0]x10³
Monocyte Absolute(Flouroscence flow cytometry)	0.6	/cu mm	[0.2-1.2]x10³
Eosinophil Absolute(Flouroscence flow cytometry)	0.2	/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----------

Lakshita Singh

Dr.Lakshita singh

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Name	: MRS SAMMITA SACHDEV	**Age**	: 60 Yr(s) Sex :Female
Registration No	: MH010882467	**Lab No**	: 38240202408
Patient Episode	: H03000060016	**Collection Date :**	20 Feb 2024 09:56
Referred By	: HEALTH CHECK MHD	**Reporting Date :**	20 Feb 2024 15:57
Receiving Date	: 20 Feb 2024 13:23		

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	**TURBID**	
CHEMICAL EXAMINATION		
Reaction[pH] (Reflectancephotometry(Indicator Method))	6.5	(5.0-9.0)
Specific Gravity (Reflectancephotometry(Indicator Method))	1.010	(1.003-1.035)
Bilirubin	Negative	NEGATIVE
Protein/Albumin (Reflectance photometry(Indicator Method)/Manual SSA)	**PRESENT 1+**	**(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	**+++**	**NEGATIVE**
BLOOD (Reflectance photometry(peroxidase))	**POSITIVE+++**	**NEGATIVE**
MICROSCOPIC EXAMINATION (Manual)	**Method: Light microscopy on centrifuged urine**	
WBC/Pus Cells	**NUMEROUS /hpf**	**(4-6)**
Red Blood Cells	**NUMEROUS /hpf**	**(1-2)**
Epithelial Cells	2-4 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

Interpretation:

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Name	: MRS SAMMITA SACHDEV	**Age**	: 60 Yr(s) Sex :Female
Registration No	: MH010882467	**Lab No**	: 38240202408
Patient Episode	: H03000060016	**Collection Date :**	20 Feb 2024 09:56
Referred By	: HEALTH CHECK MHD	**Reporting Date :**	20 Feb 2024 15:57
Receiving Date	: 20 Feb 2024 13:23		

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----------

Dr. Priyanka Bhatia
CONSULTANT PATHOLOGY

NAME	**MRS Sammita SACHDEV**	**STUDY DATE**	**20/02/2024 11:29AM**
AGE / SEX	**60 y / F**	**HOSPITAL NO.**	**MH010882467**
ACCESSION NO.	**R6913159**	**MODALITY**	**US**
REPORTED ON	**20/02/2024 2:12PM**	**REFERRED BY**	**Health Check MHD**

USG WHOLE ABDOMEN

Results:

Liver is normal in size (~15.4 cm) and echopattern. 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 (RK ~ 8.9 x 3.9 cm and LK ~10.6 x 3.6 cm) 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 anteverted, retroflexed. It is normal in size. Myometrial echogenicity appears uniform. Endometrium is central, 3.0 mm. **Fundus could not be evaluated marked by gases.**

Both ovaries could not be evaluated due to bowel gases.

No significant free fluid is detected.

IMPRESSION:

- **No significant abnormality is detected.**

TVS is suggested for pelvic organs.

Kindly correlate clinically

NAME	**MRS Sammita SACHDEV**	**STUDY DATE**	**20/02/2024 11:29AM**
AGE / SEX	**60 y / F**	**HOSPITAL NO.**	**MH010882467**
ACCESSION NO.	**R6913159**	**MODALITY**	**US**
REPORTED ON	**20/02/2024 2:12PM**	**REFERRED BY**	**Health Check MHD**

Dr. Roly Srivastava MBBS, DNB DMC No.45626
CONSULTANT RADIOLOGIST

********End Of Report********

NAME	**MRS Sammita SACHDEV**	**STUDY DATE**	**20/02/2024 10:19AM**
AGE / SEX	**60 y / F**	**HOSPITAL NO.**	**MH010882467**
ACCESSION NO.	**R6913160**	**MODALITY**	**CR**
REPORTED ON	**20/02/2024 11:33AM**	**REFERRED BY**	**Health Check MHD**

X-RAY CHEST – PA VIEW

FINDINGS:

Few linear fibrotic bands are seen in bilateral upper zone.
Left apical pleural thickening is seen.
Rest of the lung fields appear normal on both sides.
Cardia appears normal.
Both costophrenic angles appear normal.
Both domes of the diaphragm appear normal.
Bony cage appear normal.

Needs correlation with clinical findings and other investigations.

Dr. Nipun Gumber MBBS, MD DMC No.90272
ASSOCIATE CONSULTANT

********End Of Report********