कुलविन्द्र सिंह
Kulvinder Singh
जन्म तिथि/ DOB: 21/09/1994
पुरुष / MALE

6708 1793 8981

आधार-आम आदमी का अधिकार

पता:

S/O गुरदित सिंह, ..., ३
टीकेडब्लू, हनुमानगढ़,
राजस्थानराजस्थान –
335802

Address:

S/O Gurdit Singh, ..., 3 TKW,
Hanumangarh,
Rajasthan – 335802

6708 1793 8981

Patient Name : MR. KULVINDER SINGH

Age / Gender : 28 years / Male

Patient ID : 102495

Source : Roha Healthcare

Referral : SELF

Collection Time : Jul 08, 2023, 11:10 a.m.

Receiving Time : Jul 08, 2023, 11:10 a.m.

Reporting Time : Jul 08, 2023, 03:08 p.m.

Sample ID :

RH06296

Test Description	Value(s)	Reference Range	Unit(s)
CBC + ESR			
Hemoglobin (Hb)*	**12.5**	13.5 - 18.0	gm/dL
Method : Cynmeth Photometric Measurement			
Total Leucocytes (WBC) Count*	5.65	4.0 - 11.0	10^3uL
Method : Electrical Impedence			
Erythrocyte (RBC) Count*	4.78	4.7 - 6.0	10^6uL
Method : Electrical Impedence			
Packed Cell Volume (PCV)*	**38.9**	42 - 52	%
Method : Electrical Impedence			
Mean Cell Volume (MCV)*	81.3	78 - 100	fL
Method : Calculated			
Mean Cell Haemoglobin (MCH)*	**26.1**	27 - 31	pg
Method : Calculated			
Mean Corpuscular Hb Concn. (MCHC)*	32.1	32 - 36	gm/dL
Method : Calculated			
Red Cell Distribution Width (RDW)*	**14.5**	11.5 - 14.0	%
Method : Electrical Impedence			
Platelet Count*	252	150 - 450	10^3/ul
Method : Electrical Impedence			
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils*	54	40 - 80	%
Method : VCSn Technology			
Lymphocytes*	36	20 - 40	%
Method : VCSn Technology			
Monocytes*	07	2 - 10	%
Method : VCSn Technology			
Eosinophils*	03	1 - 6	%
Method : VCSn Technology			
Basophils*	**00**	1-2	%
Method : VCSn Technology			
ESR - Erythrocyte Sedimentation Rate	**20**	10	mm/hr
Method : Westergren			

Comments:

END OF REPORT

Dr. Jaydip Gorani
MBBS, MD (Pathology)
Consultant Pathologist

Diagnostic Center Address : 1st Floor, Plot No. 04/11/111, Near US Pizza, College Road, V R Nagar, Bhuj, District Kutch - 370001, Gujarat.
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Referral : SELF

Collection Time : Jul 08, 2023, 11:10 a.m.

Receiving Time : Jul 08, 2023, 11:10 a.m.

Reporting Time : Jul 08, 2023, 04:30 p.m.

Sample ID :

RH06296

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

PERIPHERAL BLOOD SMEAR (PBS)

RBC Morphology	Normocytic Normochromic
WBC Morphology	Within Normal Limits
Platelet	Adequate on smear
Haemoparasites	Not-Detected
Impression	S/O Normal Peripheral Smear
Advise	Kindly correlate clinically

END OF REPORT

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LAB DIVISION

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Reporting Time : Jul 08, 2023, 03:11 p.m.

Sample ID :

RH06296

Test Description	Value(s)	Reference Range	Unit(s)
Lipid Profile			
Total Cholesterol Method : CHOD-POD	**204**	Desirable: <= 200 Borderline High: 200-239 High: > 240 Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.	mg/dL
Triglycerides Method : GPO-POD Method	121	40 - 140	mg/dL
HDL-Cholesterol Method : Direct Method	62.8	36 - 65	mg/dL
Non - HDL Cholesterol Method : calculated	141.20	< 130	mg/dL
LDL Cholesterol Method : Calculated	117.00	60 - 129	mg/dL
VLDL Method : Calculated	24.20	5 - 40	mg/dL
CHOL/HDL RATIO Method : Calculated	3.25	0 - 4.5	ratio
LDL/HDL RATIO Method : Calculated	1.86	0 - 3	ratio
HDL/LDL RATIO Method : Calculated	0.54	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio

Note: 8-10 hours fasting sample is required.

Interpretation :

Lipid profile 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. Hypertriglyceridemia is indicative of insulin resistance when present with low high-density lipoprotein (HDL) and elevated low-density lipoprotein (LDL), while elevated triglyceride is a clinical risk factor for coronary artery disease (CAD), especially when low HDL is present. Very high levels of triglycerides are defined by serum levels of 500mg/dL or greater and can be concerning for development of pancreatitis. Reference ranges vary between laboratories.

END OF REPORT

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Age / Gender : 28 years / Male

Patient ID :102495

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Referral : SELF

Collection Time : Jul 08, 2023, 11:10 a.m.

Receiving Time : Jul 08, 2023, 11:10 a.m.

Reporting Time : Jul 08, 2023, 03:32 p.m.

Sample ID :

RH06296

Test Description	Value(s)	Reference Range	Unit(s)
Kidney Function Test + Electrolytes			
Urea *	20.9	17- 43	mg/dL
Method : GLDH			
Creatinine*	1.00	0.67 - 1.17	mg/dL
Method : Jaffe's			
Uric Acid*	7.6	3.6 - 8.2	mg/dL
Method : Uricase-Peroxidase			
Blood Urea Nitrogen-BUN*	9.77	7 - 18	mg/dL
Method : Calculated			
Urea /Creatinine Ratio	20.90	-	mg/dL
Method : Calculated			
BUN /Creatinine Ratio	-	-	mg/dL
Method : Calculated			
Calcium*	9.5	8.8 - 10.6	mg/dL
Method : Arsenazo III			
Phosphorus	4.32	Adult -2.5 - 4.5	mg/dL
Method : phosphomolybdate		Children - 4.0 - 7.0	
Sodium*	144	136 - 146	mmol/L
Method : Indirect ISE			
Potassium*	4.05	3.5 - 5.1	mmol/L
Method : Indirect ISE			
Chloride*	105	101 - 109	mmol/L
Method : Indirect ISE			

Interpretation

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is awaste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. Inblood, it is a marker of GFR .in urine, it can remove the need for 24-hour collections for many analytes or be used as a qualityassurance tool to assess the accuracy of a 24-hour collection Higher levels may be a sign that the kidneys are not workingproperly. As kidney disease progresses, the level of creatinine and urea in the blood increases. Certain drugs are nephrotoxichence KFT is done before and after initiation of treatment with these drugs.Low serum creatinine values are rare; they almost always reflect low muscle mass.Apart from renal failure Blood Urea can increase in dehydration and GI bleed.Reference ranges vary between laboratories. Note : The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlatedwith clinical data for interpretation.

END OF REPORT

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LAB DIVISION

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Patient ID :102495

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Reporting Time : Jul 08, 2023, 03:11 p.m.

Sample ID :

RH06296

Test Description	Value(s)	Reference Range	Unit(s)
Thyroid Profile-I			
T3-Total	0.89	0.58 - 1.62	ng/dL
T4-Total	11.7	5.0 - 14.5	ug/dL
TSH-Ultrasensitive	2.41	0.34 - 5.6	uIU/mL
Method : CLIA			

Interpretation

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSHespecially in the range of 4.7 to 15 m1U/m1 is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism.Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy,Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies)Intermittent 14 therapy or T4 overdose •Drug interference-Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion'
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease).Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in 13 level can be upto 25%.

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LAB DIVISION

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Age / Gender : 28 years / Male

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Reporting Time : Jul 08, 2023, 03:08 p.m.

Sample ID :

RH06296

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

Glycosylated Hb

Glyco Hb (HbA1C)	5.3	4.2 - 6.0	%
Method : EDTA Whole blood,HPLC			
Estimated Average Glucose :	105.41		mg/dL

Interpretations

The following HbA1c ranges recommended by the American Diabetes Assocation(ADA) may be used as an aid in the diagnosis of diabetes mellitus.

HbA1C(NGSP %)	Suggested Diagnosis
> 6.5	Diabetic
5.7 - 6.4	Pre- Diabetic
< 5.7	Non - Diabetic

END OF REPORT

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Sample ID :

RH06296

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

Blood group

Blood Group
    Method : Forward and Reverse By Tube Method

"A"

RH Factor

Positive

Methodology

This is done by forward and reverse grouping by tube Agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required.Confirmation of the New-born's blood group is indicatedwhen the A and B antigen expression and the isoagglutinins are fully developed (2–4 years).

END OF REPORT

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LAB DIVISION

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Reporting Time : Jul 08, 2023, 03:06 p.m.

Sample ID :

RH06296

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

Blood Sugar Fasting

Glucose fasting	95.8	60 - 110	mg/dL

Method : GOD-POD

Interpretation:

Elevated glucose levels (hyperglycemia) are most often encountered clinically in the setting of diabetes mellitus, but they may also occur with pancreatic neoplasms, hyperthyroidism, and adrenocortical dysfunction. Decreased glucose levels (hypoglycemia) may result from endogenous or exogenous insulin excess, prolonged starvation, or liver disease.

Fasting Glucose	2 HOURS PP Glucose	Diagnosis
100 to 125	140 to 199	Pre Diabetes
>126	>200	Diabetes

Impaired glucose tolerance (IGT) fasting, means a person has an increased risk of developing type 2 diabetes but does not have it yet. A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes. IGT (2 hrs Post meal), means a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes

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Patient Name : MR. KULVINDER SINGH

Age / Gender : 28 years / Male

Patient ID :102495

Source : Roha Healthcare

Referral : SELF

Collection Time : Jul 08, 2023, 11:10 a.m.

Receiving Time : Jul 08, 2023, 11:10 a.m.

Reporting Time : Jul 08, 2023, 03:07 p.m.

Sample ID :

RH06296

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

Blood Sugar PP

Blood Glucose-Post Prandial   97.8   70 - 140   mg/dL

   Method : GOD-POD

Interpretation:

Fasting Glucose Plasma	02 hr Plasma Glucose	Diagnosis
100 to 125	140 to 199	Pre Diabetes
>126	>200	Diabetes

* Confirm by repeating the test on a different day

Impaired glucose tolerance (IGT) fasting, means a person has an increased risk of developing type 2 diabetes but does not have it yet. A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes. IGT (2 hrs Post meal), means a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes

END OF REPORT

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Receiving Time : Jul 08, 2023, 11:10 a.m.

Reporting Time : Jul 08, 2023, 03:06 p.m.

Sample ID :

RH06296

Test Description	Value(s)	Reference Range	Unit(s)
URINE ROUTINE			
Volume*	30	-	ml
Colour*	Pale Yellow	Pale Yellow	
Transparency (Appearance)*	Clear	Clear	
Deposit*	Absent	Absent	
Reaction (pH)*	6.0	4.5 - 8	
Specific Gravity*	1.015	1.010 - 1.030	
Chemical Examination (Automated Dipstick Method) Urine			
Urine Glucose *	Absent	Absent	
Urine Protein	Absent	Absent	
Urine Ketones*	Absent	Absent	
Blood*	Absent	Absent	
Bile pigments*	Absent	Absent	
Nitrite*	Absent	Absent	
Urobilinogen*	Normal	Normal	
Microscopic Examination Urine			
Pus Cells (WBCs)*	0-1	0 - 5	/hpf
Epithelial Cells*	0-1	0 - 4	/hpf
Red blood Cells*	Absent	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Amorphous deposits*	Absent	Absent	
Bacteria*	Absent	Absent	

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LAB DIVISION

Patient Name : MR. KULVINDER SINGH

Age / Gender : 28 years / Male

Patient ID :102495

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Collection Time : Jul 08, 2023, 11:10 a.m.

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Reporting Time : Jul 08, 2023, 03:09 p.m.

Sample ID :

RH06296

Test Description	Value(s)	Reference Range	Unit(s)
Liver Function Test + GGT			
Bilirubin - Total	0.85	0.3 - 1.2	mg/dL
Method : Diazotized Sulfanilic Acid (DSA) Method			
Bilirubin - Direct	0.23	Adults and Children: < 0.30	mg/dL
Method : Diazotization			
Bilirubin - Indirect	0.62	0.1 - 1.0	mg/dL
Method : Calculated			
SGOT (AST)	27.7	< 35	U/L
Method : UV-assay IFCC			
SGPT (ALT)	**47.1**	< 45	U/L
Method : UV-assay IFCC			
GGT-Gamma Glutamyl Transpeptidae	**63**	11 - 61	U/L
Method : G-glutamyl-carboxy-nitoanilide			
Alkaline Phosphatase-ALPI	49	30-120	U/L
Method : IFCC Method			
Total Protein	6.72	6.6 - 8.3	g/dL
Method : Biuret Method			
Albumin	4.06	Adults: 3.5 - 5.2	g/dL
Method : Bromcresol Green (BCG) Method			
Globulin	2.66	1.8 - 3.6	g/dL
Method : Calculated			
A/G Ratio	1.53	1.2 - 2.2	ratio
Method : Calculated			

Interpretation.

These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of knownliver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Sometests are associated with functionality (e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract(gamma-glutamyl transferase and alkaline phosphatase).

Conditions with elevated levels of ALT and AST include hepatitis A,B ,C ,paracetamol toxicityetc.Several biochemical tests are useful in the evaluationand management of patients with hepatic dysfunction. Some or all of these measurements are alsocarried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medicationsare not adversely impacting the person's liver. Reference ranges vary between laboratories.

Note : The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlatedwith clinical data for interpretation

END OF REPORT

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HEALTHCARE

SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

MER- MEDICAL EXAMINATION REPORT

Date of Examination		8/7/2023
NAME	28/m	Kulvinder Singh
AGE		28	Gender	M
HEIGHT(cm)		174	WEIGHT (kg)	79.7
B.P.		142 / 84 mm
ECG		NSR
X Ray		N
Vision Checkup		Color Vision: No colour..
		Far Vision Ratio : 6/6
		Near Vision Ratio : N18
Present Ailments		N.7
Details of Past ailments (If Any)		N.7
Comments / Advice : She /He is Physically Fit		Fit
No problems m ENT		

Signature with Stamp of Medical Examiner

Dr. Ninad J. Gor
M.B.B.S.
Reg. No. : G-64033

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of _Kulvinder Singh_ on _8/7/2023_

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
• Medically Fit	✓
• Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1.. 2.. 3.. However the employee should follow the advice/medication that has been communicated to him/her. Review after_____	
• Currently Unfit. Review after_____ _____recommended	FIT
• Unfit	

Dr._____ Dr. Ninad J. Gor
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

Dr. Ninad J. Gor
M.B.B.S.
Reg. No. : G-64033
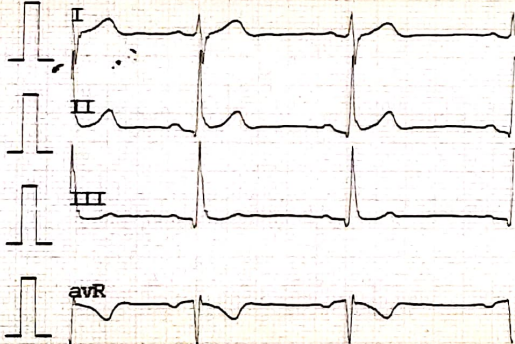
25mm/s 10mm/mV

I   II   III   avR   avL   avF   V1   V2   V3   V4   V5   V6

AC50Hz + DFT

25mm/s 10mm/mV

V3

V4

V5

V6

AC50Hz + DFT

I   avL   V3

II   avF   V4

III   V1   V5

avR   V2   V6
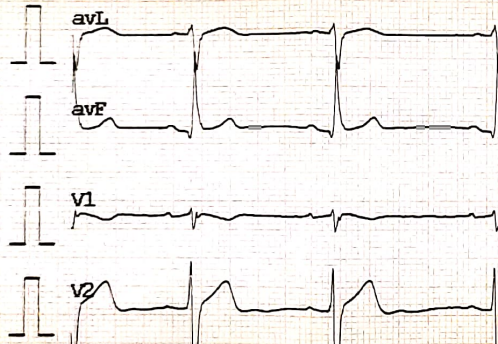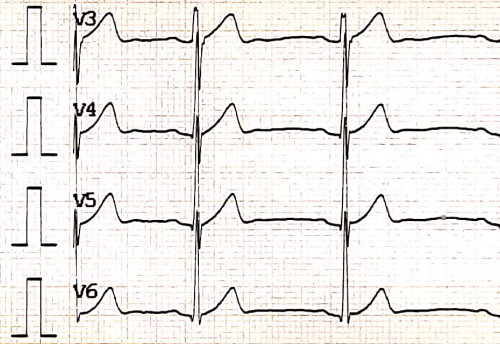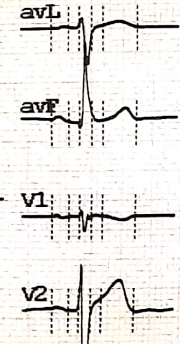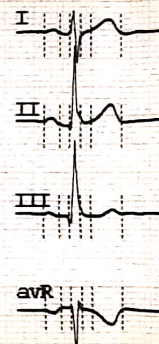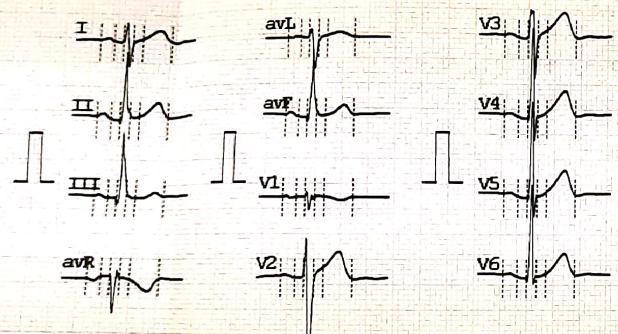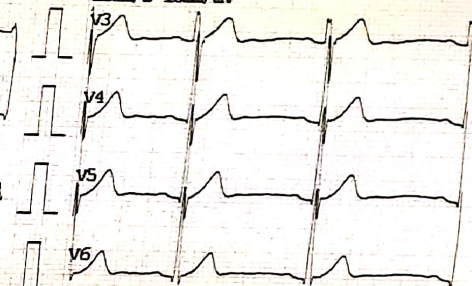
Date   : 2022-02-0700-0121
ID   : 0000007
Name   : KULVINDERSINGH
Sex   : M
Age   : 28
Weight   : 79.7
Height : 179

HR	(bpm):	61
PR	(ms):	178
P	(ms):	108
QRS	(ms):	74
T	(ms):	220
QT/QTc	(ms):	366/370
P/QRS/T	:	72.1/73.4/52.3
R(V5)/S(V1)	(mV):	1.918/0.267
R(V5)+S(V1)	(mV):	2.185

BPL

<<Conclusion>>
Cardiac electric axis normal
old high lateral MI- NSR

<<Report need physician confirm>>

SHRADDHA HOSPITAL
Compassion & Healthcare

Dr. Vinit A. Thacker
M.D. (Medicine)
Consultant Physician

2D ECHOCARDIOGRAPHY WITH COLOUR DOPPLER REPORT

Patient Name: Kulvinder Singh

Age/ Sex: 28/M

Referred by: Roha Healthcare

Date: 08/07/2023

MITRAL VALVE: Normal

AORTIC VALVE: Normal

TRICUSPID VALVE: Normal

PULMONARY VALVE: Normal   **PVP:** 64 cm/s

AORTA : Normal Aod 32 mm

LEFT ATRIUM: Normal LADs 31 mm

LEFT VENTRICLE: Normal LVIDd/LVIDs 47/33 mm   **EF: 55%**

RIGHT ATRIUM: Normal

RIGHT VENTRICLE: Normal   **AVP:** 122 cm/s

PULMONARY ARTERY: Normal

IVS: Intact

IAS: Intact

PERICARDIUM: Normal

COLOUR DOPPLER: N.P.

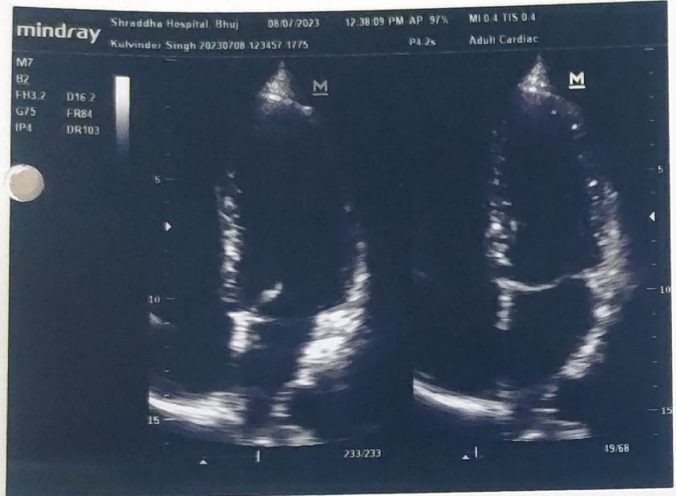**DOPPLER FINDINGS:** MV PFVe 94 cm/s, PFVa 51 cm/s, DecT 240 msec

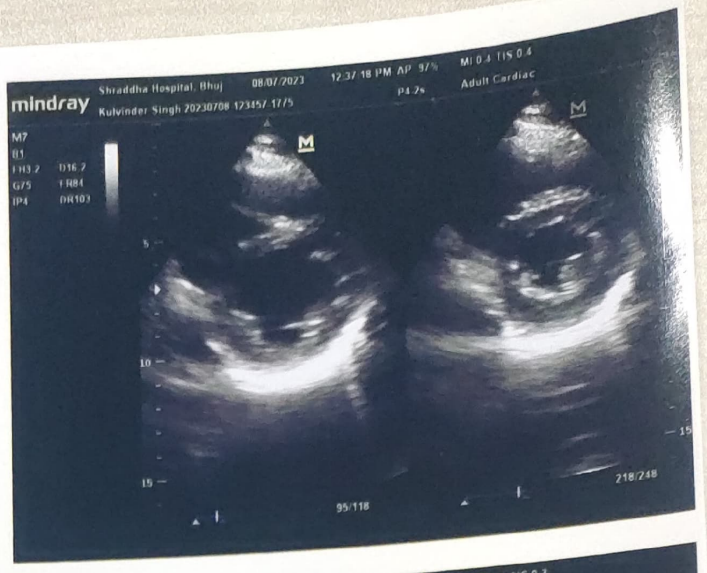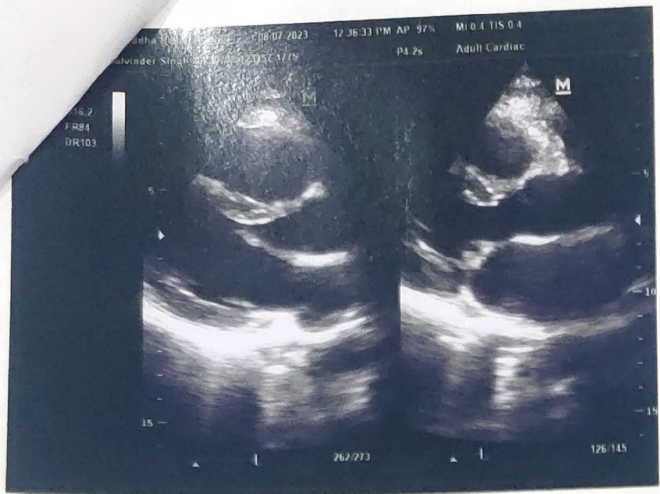**OTHER FINDINGS:** IVC is normal & reactive. No thrombus or vegetation seen.
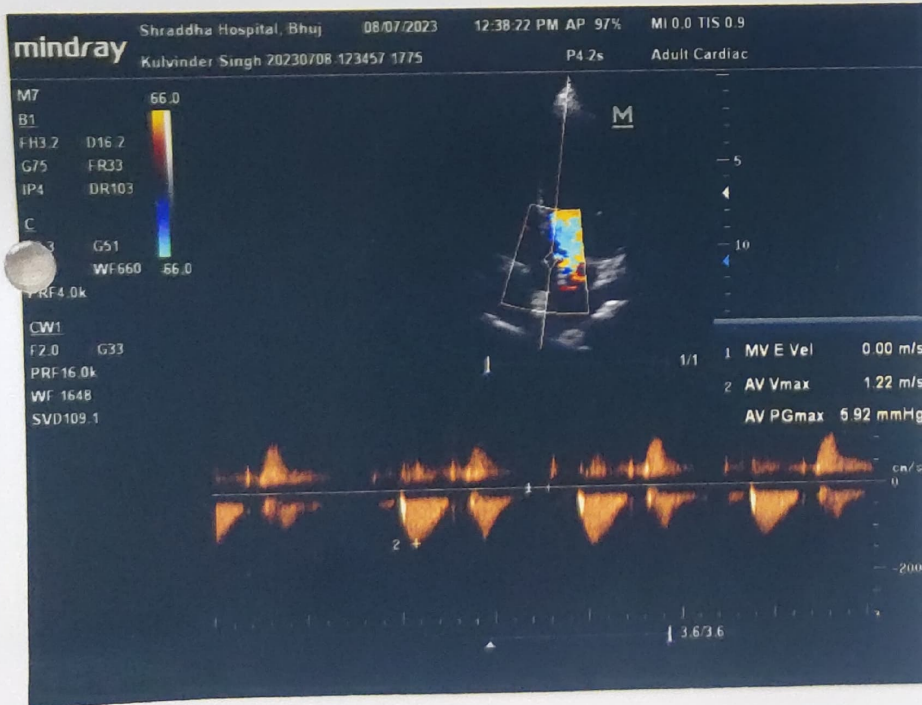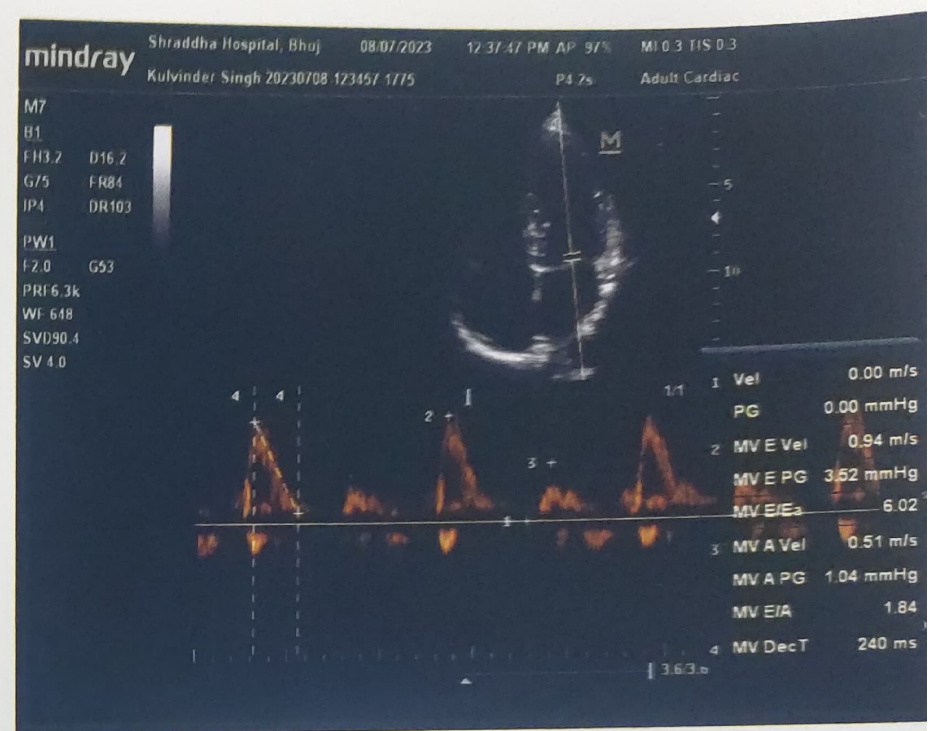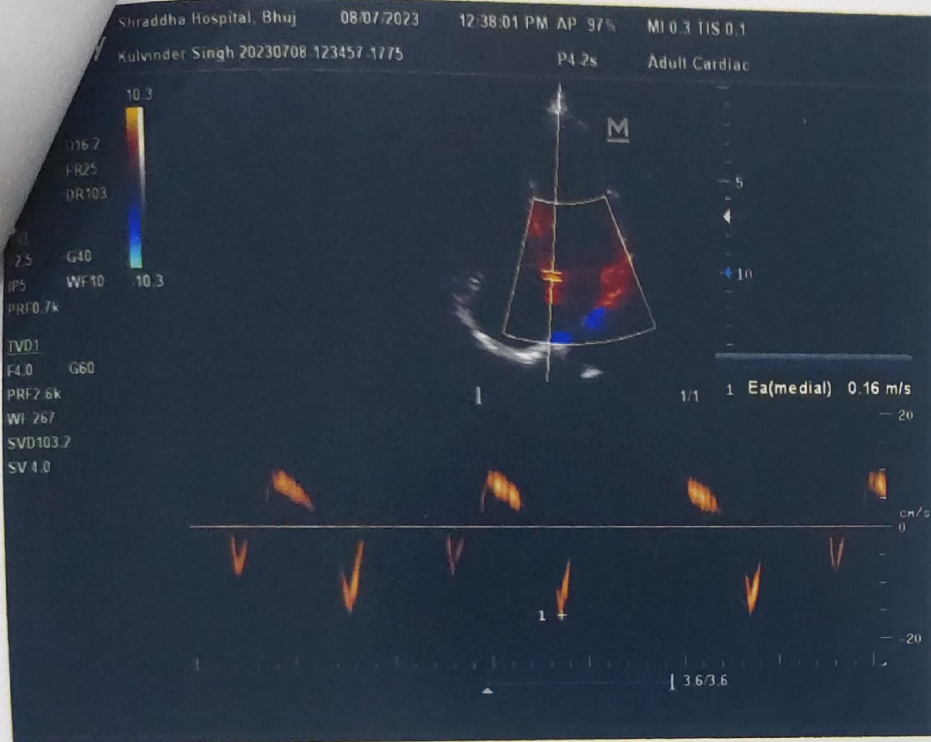
CONCLUSIONS:
     Normal size LV with normal systolic function. EF: 55%
     Normal LV relaxation
     No AR, MR or TR are noted
     All valves are structurally normal
     No PAH
     No RWMA seen at rest

These are findings on the day of the study and not diagnosis. Clinical correlation is recommended.
Thanks for reference.

DR VINIT A THACKER
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Reg. No. G-52253

SHRADDHA HOSPITAL
Opp. Ambaji Temple, Hospital Road, Bhuj-Kutch

Echocardiogram — Shraddha Hospital, Bhuj — Kulvinder Singh 20230708 123457 1775 — 08/07/2023 — Mindray P4-2s, Adult Cardiac

Measurements (M-mode, mid-right panel):

Parameter	Value
IVSd	1.08 cm
LVIDd	4.72 cm
LVPWd	1.01 cm
EDV(Teich)	103.52 ml
IVSs	1.21 cm
LVIDs	3.37 cm
LVPWs	1.21 cm
ESV(Teich)	46.54 ml
SV(Teich)	56.98 ml
EF(Teich)	55.0 %
FS(Teich)	28.6 %

Aortic/LA measurements (bottom-left panel):

Parameter	Value
Ao Diam	3.24 cm
LA Diam	3.31 cm
LA/Ao	1.02

Pulmonary valve Doppler (bottom-right panel):

Parameter	Value
PV Vmax	0.64 m/s
PV PGmax	1.65 mmHg

KUTCH
RADIOLOGY & IMAGING CENTRE
(A Division of KRIC Radio Diagnostic Pvt. Ltd.)

• Email : kric2008@gmail.com • Website : www.kric.in

Dr. Kripalsinh Jadeja
M.B., D.M.R.E.
Consultant Radiologist

Dr. Bhaven Shah
M.D.
Consultant Radiologist

Patient Name : KURVINDAR SINGH
MR No : D90232
Modality : US
Gender : M
Age: 28YY
Date :08/07/2023
Referred By :ROHA HEALTH CARE

USG : ABDOMEN & PELVIS

LIVER : appears normal in size and echotexture. No evidence of focal or diffuse lesion. No evidence of dilated IHBR. PV and CBD appear normal in calibre.

GALL BLADDER : appears normal. No intrinsic lesion seen.

PANCREAS : appears normal in size and echotexture. No focal mass lesion or changes of pancreatitis seen.

SPLEEN : appears normal in size and echotexture. No evidence of focal or diffuse lesion.

BOTH KIDNEYS : appear normal in size and echotexture with preservation of corticomedullary differentiation. No evidence of calculus, hydronephrosis or mass lesion involving either kidney.

RK: 10.7 x 4.8 cm LK: 10.5 x 4.9 cm

URINARY BLADDER : appears normal. No intrinsic lesion seen.

PROSTATE: Appears normal in size.

No e/o Ascites or paraaortic lymphadenopathy seen.

CONCLUSION:

* NORMAL SONOGRAPHY OF LIVER, GB, SPLEEN,PANCREAS, BOTH KIDNEYS , U.BLADDER & PROSTATE.

ADV: Clinical correlation and further investigation.Thanks for ref...
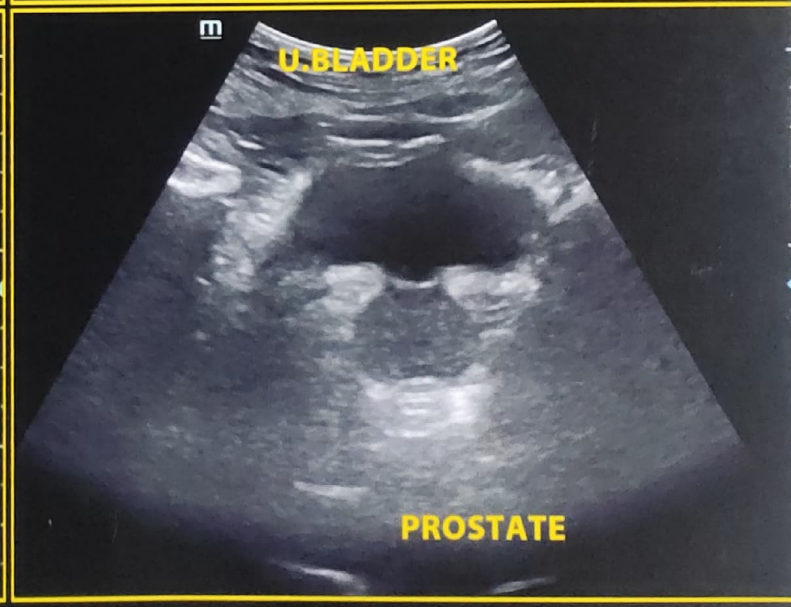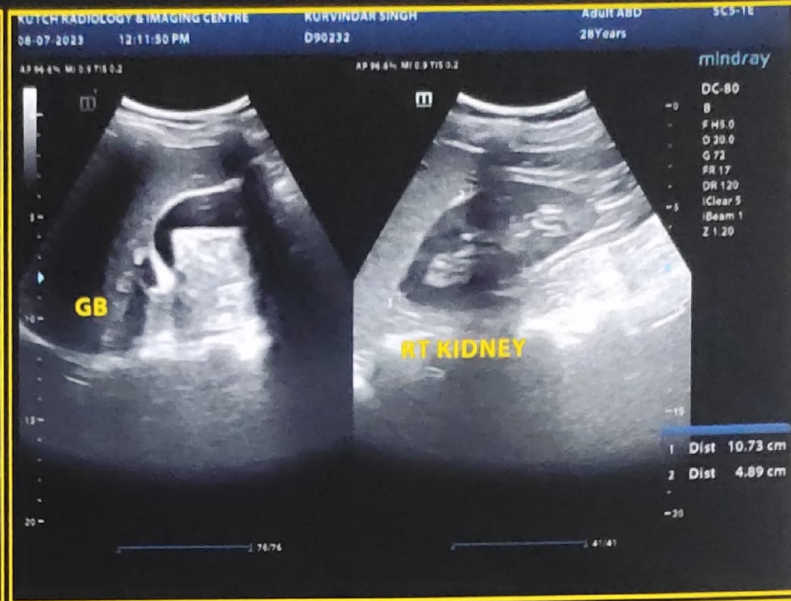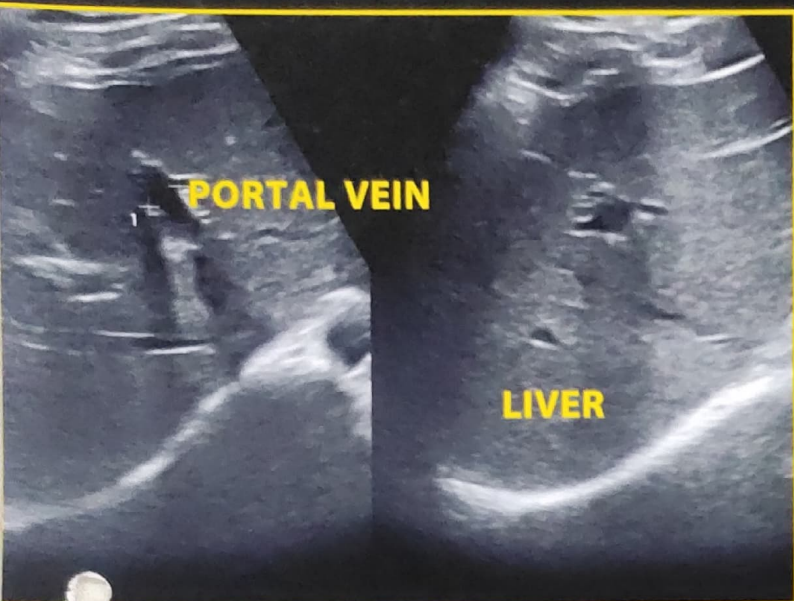
Dr.KRIPALSINH JADEJA
M.B,D.M.R.E
RADIOLOGIST

KRICBHUJ

1.5 TESLA 196 CHANNEL MRI | 16 SLICE MDCT SCAN | 3D & 4D USG | COLOUR DOPPLER | DIGITAL X-RAY | MAMMOGRAPHY | CBCT | OPG

"KRIC", PLOT NO. 76/B, BANKER'S COLONY, MUNDRA ROAD, OPP. JUBILEE GROUND, BHUJ - KUTCH. PINCODE - 370001.
PH. : 02832 - 222178, Mob. : 84870 22178, AMBULANCE : 81281 99249.

Patient Name : KULVINDER SINGH
MR No : 08072301
Modality : DX
Gender : M
Age: 28YY
Date :08/07/2023
Referred By : ROHA HEALTH CARE

RAY CHEST (PA)

Both the lung fields do not reveal any parenchymal abnormality.

Both CP angles are clear.

Cardiac size is within normal limits.

Both domes of the diaphragm appear normal.

Bony thoracic cage appears normal.

CONCLUSION:
NO SIGNIFICANT ABNORMALITY DETECTED.

ADV: Clinical correlation and further investigation. Thanks for ref...

Dr. BHAVEN SHAH
M.D
RADIOLOGIST