

Girraj, Singh
ID: 000

Visit: 000

58 Years

Male

17.02.2024 9:40:42 AM
sim hospital
sector 63
Gautam Budhha Nagar, UP-201307

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

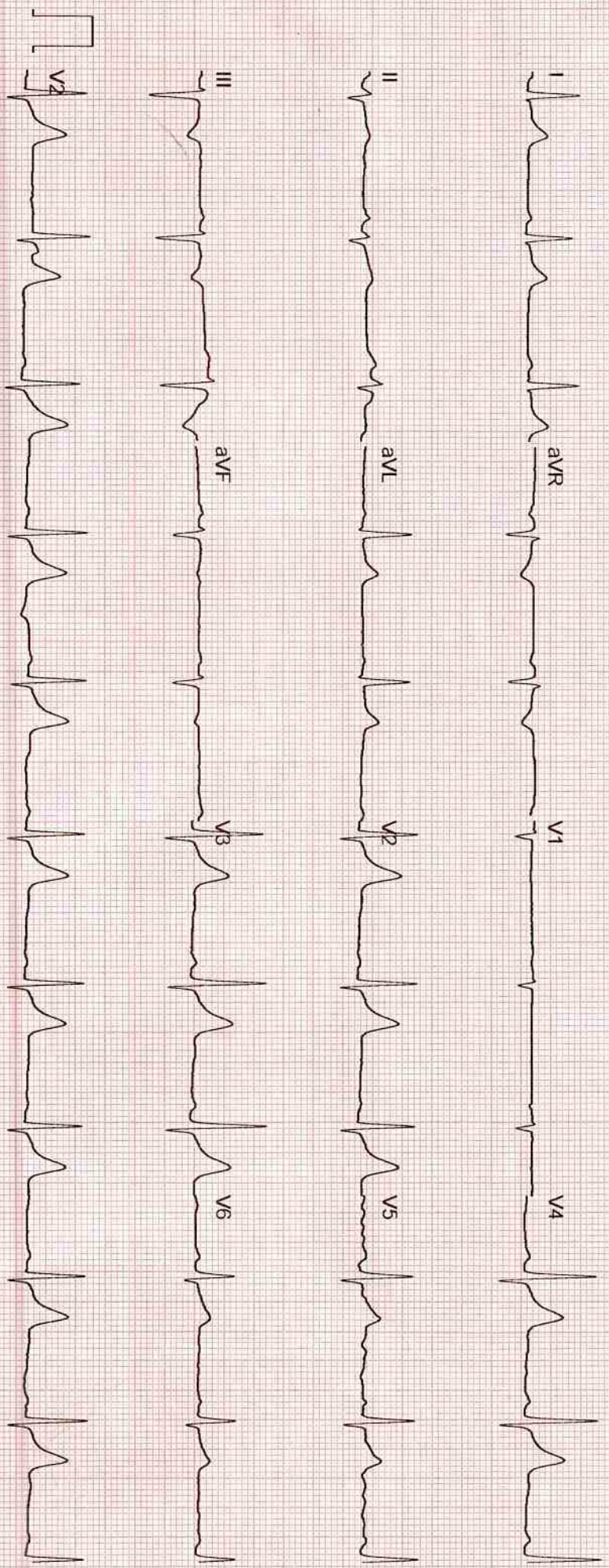
Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS	82 ms
QT / QTcBaz	404 / 406 ms
PR	160 ms
P	100 ms
RR / PP	986 / 983 ms
P / QRS / T	42 / 29 / -5 degrees

Normal sinus rhythm
Normal ECG



61 bpm
-- / -- mmHg



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2 5x3 25_R1 1/1

Unconfirmed



SJM SUPER SPECIALITY HOSPITAL

100 Bedded Super Speciality Hospital

Sector-63, Noida, NH-9, Near Hindon Bridge

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

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

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



17/2/24

Mr. Ginkaj Singh (58y/M)

(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. Raj Ganjoo MD (Psychiatric)
- Dr. Akash Mishra (Neuro Surgeon)
- Dr. Sanjay Sharma (Cardiologist)
- Dr. S.K. Pandita, MS (Surgeon)
- Dr. B.P. Gupta, MS (Surgeon)
- Dr. Jaisika Rajpal
- (MDS), (Periodontist & Implantologist)
- Dr. Akash Arora
- (MDS), Maxillofacial 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.

Vm 6/6
 eg 6/6, N6
 egl

CSG

L

L

(BE)

Hylasegt
 Refresh Tear

Eye Drops - 3 TID
 X 2 months

X 2 months



L

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, Genius 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., TATA AIG 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)

- 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



Reg. No.
 Date
 Name *Mrs. Mrs. Gurney Singh*
 Age / Sex *1702-24*
 Panel Name / Cash *CO BOB.*

UHID No. :
 Doctor Name : Dr. Vinod Bhat
 MBBS, MD
 Regn. No.: 30989 (DMC)
 Department of Medicine

Chief Complaint & Present Illness

*Physically
 and Mentally bed*

Past History

Provisional Diagnosis

*↓
 DM*

Treatment Advised

Allergies

General Examination

Temp

Pulse

B.P.

R.R.

SPO2



Investigation

Nutritional Screening

Follow up

Signature of Doctor
 SJM/SSH/MED/OPD/07

Laboratory Report

Lab Serial no. : LSHHI277852	Mr. No : 112992
Patient Name : Mr. GIRI RAJ SINGH	Reg. Date & Time : 15-Mar-2024 10:50 AM
Age / Sex : 58 Yrs / M	Sample Receive Date : 15-Mar-2024 12:55 PM
Referred by : Dr. SELF	Result Entry Date : 15-Mar-2024 02:27PM
Doctor Name : Dr. RMO	Reporting Time : 15-Mar-2024 02:27 PM
OPD : OPD	

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	12.3	gm/dL	12.0 - 17.0
TLC	6.8	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	65	%	40 - 70
Lymphocyte	26	%	20 - 40
Eosinophil	07	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	5.12	Thousand / UI	3.8 - 5.10
P.C.V	39.9	million/UI	00 - 40
M.C.V.	77.9	fL	78 - 100
M.C.H.	24.0	pg	27 - 31
M.C.H.C.	30.8	g/dl	32 - 36
Platelet Count	2.55	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

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BIOCHEMISTRY

	results	unit	reference
KFT, Serum			
Blood Urea	32.6	mg/dL	18 - 55
Serum Creatinine	1.28	mg/dl	0.7 - 1.3
Uric Acid	3.0	mg/dl	3.5 - 7.2
BUN/ Blood Urea Nitrogen	15.23	mg/dL	7 - 18

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.

LIPID PROFILE, Serum

S. Cholesterol	147.0	mg/dl	< - 200
HDL Cholesterol	31.8	mg/dl	35.3 - 79.5
LDL Cholesterol	90.3	mg/dl	50 - 150
VLDL Cholesterol	24.9	mg/dl	00 - 40
Triglyceride	124.7	mg/dl	00 - 170
Cholestrol/HDL RATIO	4.6	%	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.

technician :

Typed By : Mr. BIRJESH



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HAEMATOTOLOGY

results	unit	reference
---------	------	-----------

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	17	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
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HbA1C / GLYCATED HEMOGLOBIN / GHB

Hb A1C	6.5	%	4.0 - 5.6
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	139.85	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

technician :

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Laboratory Report

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OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
BLOOD SUGAR (PP), Serum			
SUGAR PP	160.7	mg/dl	80 - 140

Comments:

Accurate measurement if 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

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	121.3	mg/dl	70 - 110
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Comments:

Accurate measurement if 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.



technician :

Typed By : Mr. BIRJESH

Laboratory Report

Lab Serial no. : LSHHI277852	Mr. No : 112992
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BIOCHEMISTRY

LIVER FUNCTION TEST, Serum

	results	unit	reference
Bilirubin- Total	0.78	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.41	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.37	mg/dL	0.2 - 1.2
SGOT/AST	15.4	IU/L	00 - 35
SGPT/ALT	19.8	IU/L	00 - 45
Alkaline Phosphate	108.0	U/L	53 - 128
Total Protein	7.29	g/dL	6.4 - 8.3
Serum Albumin	4.57	gm%	3.50 - 5.20
Globulin	2.72	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.68	%	

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.

technician :

Typed By : Mr. BIRJESH



**Laboratory Report**

Lab Serial No. : LSHHI277852	Reg. No. : 112992
Patient Name : MR. GIRI RAJ SINGH	Reg. Date & Time : 15-Mar-2024 10:50 AM
Age/Sex : 58 Yrs /M	Sample Collection Date : 15-Mar-2024 12:55 PM
Referred By : SELF	Sample Receiving Date : 15-Mar-2024 12:55 PM
Doctor Name : Dr. RMO	ReportingTime : 15-Mar-2024 02:27 PM
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.

URINE SUGAR (FBS)**CHEMICAL EXAMINATION**

Glucose : Nil

URINE SUGAR (PPBS)**CHEMICAL EXAMINATION**

Glucose : Nil



Mr. BIRJESH


<http://rgcipac3/SJM/Design/Finanace/LabTextReport.aspx>

3/15/2024

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

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

Visit ID : IQD81640	Registration	: 17/Feb/2024 02:18PM
UHID/MR No : IQD.0000079585	Collected	: 17/Feb/2024 03:13PM
Patient Name : Mr.GIRIRAJ SINGH	Received	: 17/Feb/2024 03:39PM
Age/Gender : 58 Y O M O D / M	Reported	: 17/Feb/2024 04:53PM
Ref Doctor : Dr.SELF	Status	: Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code :	Barcode No	: 240203594



Test Name

DEPARTMENT OF HORMONE ASSAYS

Result Unit Bio. Ref. Range Method

THYROID PROFILE (T3,T4,TSH)

Sample Type : SERUM

T3	1.25	ng/ml	0.61-1.81	CLIA
T4	8.8	ug/dl	5.01-12.45	CLIA
TSH	5.06	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



Dr. Ankita Singh
MBBS, MD (Microbiology)




Dr. Anil Rathore
MBBS, MD (Pathology)

Dr. Prashant Singh
MBBS, MD (Pathology)

Authenticity of report can be checked by Scanning QR Code
Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301

Visit ID : IQD81648	Registration : 17/Feb/2024 02:18PM
UHID/MR No : IQD.0000079585	Collected : 17/Feb/2024 03:13PM
Patient Name : Mr.GIRIRAJ SINGH	Received : 17/Feb/2024 03:39PM
Age/Gender : 58 Y 0 M 0 D /M	Reported : 17/Feb/2024 04:53PM
Ref Doctor : Dr.SELF	Status : Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code : iqd2151
Employee Code :	Barcode No : 240203594



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method	
3	Normal/Low	Low	Low	Low	other physiological reasons.
4	Low	High	High	High	(1) Secondary and Tertiary Hypothyroidism (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

0.51 ng/mL 0-4 CLIA

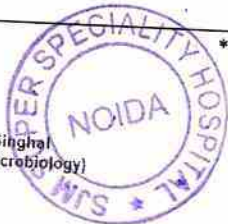
INTERPRETATION:

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 ***



Dr. Ankita Singhal
MBBS, MD (Microbiology)




Dr. Anil Rathore
MBBS, MD (Pathology)

Dr. Prashant Singh
MBBS, MD (Pathology)

Page 2 of 3

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Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301

Visit ID	: IQD81640	Registration	: 17/Feb/2024 02:18PM
UHID/MR No	: IQD.0000079585	Collected	: 17/Feb/2024 03:13PM
Patient Name	: Mr.GIRIRAJ SINGH	Received	: 17/Feb/2024 03:39PM
Age/Gender	: 58 Y O M O D / M	Reported	: 17/Feb/2024 04:53PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240203594



DEPARTMENT OF HORMONE ASSAYS

Test Name

Result

Unit

Bio. Ref. Range

Method



Dr.Ankita Singhal
MBBS, MD(Microbiology)

Dr. Anil Rathore
MBBS, MD(Pathology)

Dr. Prashant Singh
MBBS, MD (Pathology)

Page 3 of 3



Authenticity of report can be checked by Scanning QR Code
Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301

Ultrasound Report

Name: Mr. Giriraj singh

Age: 58/M

Date: 17/02/2024

Ultrasound - Male Abdomen

Liver: Liver appears fatty infiltration of grade 2. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicles appear normal. Portal vein and common bile duct are normal.

GALL BLADDER: Gall bladder is physiologically distended. The wall thickness is normal. There is no Evidence of any intraluminal mass lesion or calculi seen.

PANCREAS: Pancreas is normal in size, shape and echo pattern. No focal mass lesion seen. Pancreatic duct is not dilated.

SPLEEN: Spleen is normal in size. No focal mass lesion is seen in parenchyma.

KIDNEYS: Both the kidneys size, shape, position and axis. Parenchymal echopattern is normal bilaterally. No focal solid or cystic lesion is seen. There is no evidence of renal calculi on right side. **Left kidney shows renal concretions with small cyst.**

PARAAORTIC REGIONS: Any mass/ lymph nodes: -- no mass or lymph nodes seen.

URINARY BLADDER: Adequately distended. Wall were regular and thin. Contents are Normal. No stone formation seen.

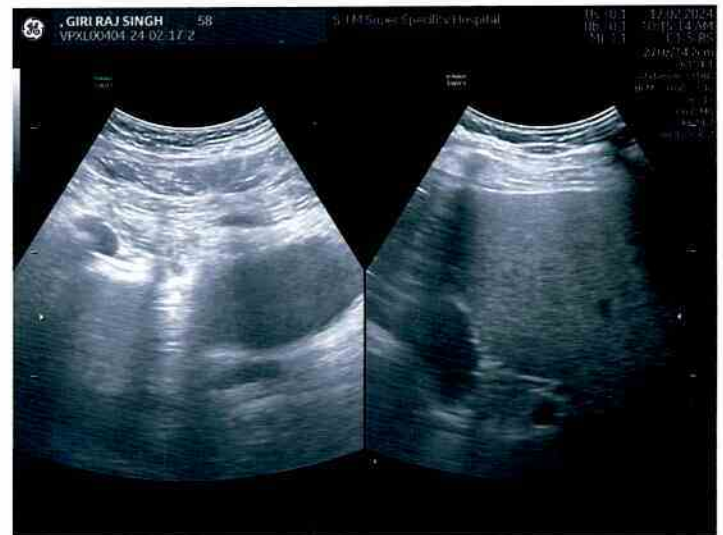
PROSTATE: Normal in shape and position. Parenchymal echotexture is normal.

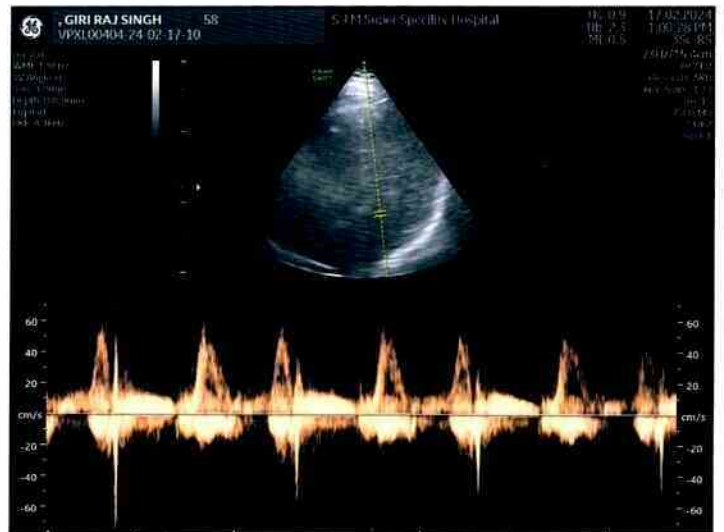
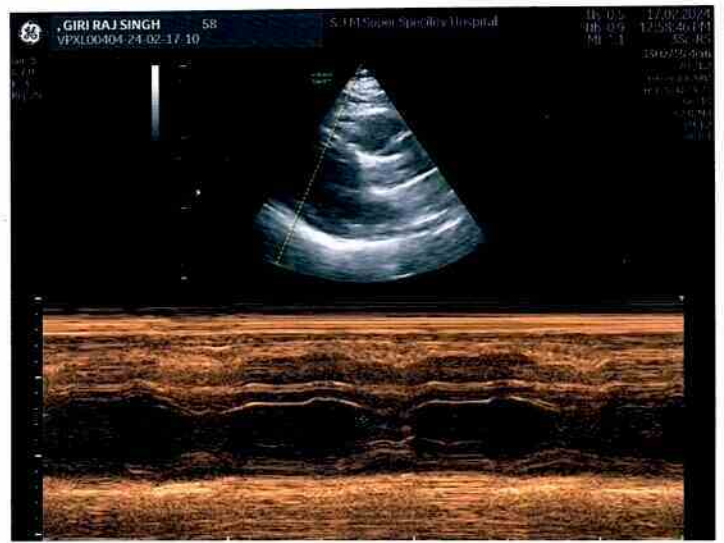
IMPRESSION: - Fatty liver grade 2.
Left renal concretions.

DR. RAKESH

For SJM Super Specialty Hospital







Ultrasound Report

TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: Mr.Giriraj singh	Age /sex:58Yrs/F	Date- 17/02/2024
ECHO WINDOW: FAIR WINDOW		

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.6		22-36
Aortic valve Opening			15 -26
Left Atrium size	3.2		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.1	2.6	(ED =39 -58)
Interventricular Septum	1.0		(ED = 6 -11)
Posterior Wall thickened	1.0		(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 MS\NOMR NO AS/AR, No TR
- 3.) No Intra cardiac clot, vegetation, pericardial effusion




DR. AMIT KOTHARI

Non-Interventional Cardiologist.

R
PA



X-Ray Report

PATIENT ID	: 26287 OPD	PATIENT NAME	: MR. GIRIRAJ
AGE	: 058Y	SEX	: Male
REF. PHY.	:	STUDY DATE	: 17-Feb-2024

RADIOLOGY REPORT EXAM: X RAY CHEST

CLINICAL HISTORY: NA

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.



Dr Sonam Kagde
Consultant Radiologist
MBBS, DMRE
Regn No: 2017/09/4619

Dr Sonam Kagde
17th Feb 2024

