भारत सरकार
Government of India

Issue Date: 31/10/2012

राहुल सुधाकर म्हसदे
Rahul Sudhakar Mhasde
जन्म तिथि / DOB: 08/06/1985
पुरुष / Male

9498 1546 7317

मेरा आधार, मेरी पहचान

Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

PHYSICAL EXAMINATION REPORT

Patient Name	Rahul Nhasde	Sex/Age	M/37
Date	2/2/23	Location	Thane.

History and Complaints

C/o - HTN

EXAMINATION FINDINGS:

Height (cms):	163	Temp (0c):	N
Weight (kg):	86.6	Skin:	NAD
Blood Pressure	140/100	Nails:	
Pulse	76/min	Lymph Node:	

Systems :

Cardiovascular:	NAD
Respiratory:	
Genitourinary:	Rt-Breast - size bigger than Lt, Lump fat accumulation (?)
GI System:	NAD
CNS:	

Impression:

BSL(f) PP Impaired ↑ Non HDL

ECG - Short PR interval, ↑ Uric Acid
Chest Xray - Opacity in Lt. upper zone
2D ECHO - Mild LVH.
USG - Fatty liver, Mild splenomegaly.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Advice:
- Low Fat, low sugar Diet
- Wt. Reduction.
- Chest Physician's Consultation for opacity in Lung.

1)	Hypertension:	Yes since 1yr.
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	Nil
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	NAD
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	Nil
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	- Rt. Breast ? Lump / Fat Accumulation
15)	Congenital disease	NAD.
16)	Surgeries	
17)	Musculoskeletal System	

PERSONAL HISTORY:

1)	Alcohol	Occ.
2)	Smoking	Occ.
3)	Diet	- Mixed
4)	Medication	- Tab. Cortel-A.

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Date:- 21/2/23 CID:

Name:- Rahul Mhaske Sex / Age: M/37

EYE CHECK UP

Chief complaints: nil

Systemic Diseases: nil

Past history: nil

Unaided Vision: RE 6/12 LE 6/9 with N 6

Aided Vision: BE 6/6 with N 6

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / ~~Abnormal~~

Remark: USC and specs

MR. PRAKASH KUDVA
SR. OPTOMETRIST

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PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

REPORT

CID	: 2305205770		
Name	: MR.RAHUL SUDHAKAR MHASDE		
Age / Gender	: 37 Years / Male	Collected	: 21-Feb-2023 / 10:20
Consulting Dr.	: -	Reported	: 21-Feb-2023 / 13:16
Reg. Location	: G B Road, Thane West (Main Centre)		

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	15.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.61	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.3	40-50 %	Measured
MCV	82.6	80-100 fl	Calculated
MCH	27.4	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	8350	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	29.5	20-40 %	
Absolute Lymphocytes	2463.3	1000-3000 /cmm	Calculated
Monocytes	6.5	2-10 %	
Absolute Monocytes	542.8	200-1000 /cmm	Calculated
Neutrophils	59.4	40-80 %	
Absolute Neutrophils	4959.9	2000-7000 /cmm	Calculated
Eosinophils	4.6	1-6 %	
Absolute Eosinophils	384.1	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	322000	150000-400000 /cmm	Elect. Impedance
MPV	9.2	6-11 fl	Calculated
PDW	12.1	11-18 %	Calculated

RBC MORPHOLOGY

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Consulting Dr.	: -	Reported	: 21-Feb-2023 / 13:06
Reg. Location	: G B Road, Thane West (Main Centre)		

Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		
Anisocytosis	-		
Poikilocytosis	-		
Polychromasia	-		
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others	Normocytic,Normochromic		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	-		
COMMENT	-		

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR	4	2-15 mm at 1 hr.	Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

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MC-5314

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M.D (Path)
Pathologist

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Consulting Dr.	: -	Reported	: 21-Feb-2023 / 14:59
Reg. Location	: G B Road, Thane West (Main Centre)		

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	107.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	153.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.61	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.37	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	12.1	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	12.1	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	18.5	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	99.0	40-130 U/L	PNPP
BLOOD UREA, Serum	12.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	5.8	6-20 mg/dl	Calculated

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Age / Gender	: 37 Years / Male	Collected	: 21-Feb-2023 / 12:46
Consulting Dr.	: -	Reported	: 21-Feb-2023 / 15:50
Reg. Location	: G B Road, Thane West (Main Centre)		

CREATININE, Serum	1.02	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	87	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.6	3.5-7.2 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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Age / Gender	: 37 Years / Male	Collected	: 21-Feb-2023 / 10:20
Consulting Dr.	: -	Reported	: 21-Feb-2023 / 12:55
Reg. Location	: G B Road, Thane West (Main Centre)		

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	mg/dl	Calculated

Note : Variant window detected (36.1%)
Advice : Fructosamine and Hb electrophoresis for confirmation of Hemoglobin pattern.

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:
Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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Reg. Location	: G B Road, Thane West (Main Centre)		

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
- Glucose:(1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl,4+ -1000 mg/dl)
- Ketone:(1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

Reference: Pack insert

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	179.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	96.1	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	45.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	**134.5**	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	**116.0**	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	18.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.2	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.73	0.35-5.5 microIU/ml	ECLIA

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Interpretation:
A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:
1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors
can give falsely high TSH.
2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests: Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:
1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

ilac-MRA

MC-5314

Dr.AMIT TAORI
M.D (Path)
Pathologist

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

REPORT

CID	: 2305205770		
Name	: Mr Rahul sudhakar mhasde		
Age / Sex	: 37 Years/Male	Reg. Date	: 21-Feb-2023
Ref. Dr	:	Reported	: 21-Feb-2023 / 12:47
Reg. Location	: G B Road, Thane West Main Centre		

USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and ***shows increased echoreflectivity.*** There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 9.6 x 4.0 cm. Left kidney measures 9.4 x 4.8 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: ***Spleen is enlarged in size (12.2 cm) and normal echotexture.*** No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture . No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

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Reg. Location	: G B Road, Thane West Main Centre	Reported	: 21-Feb-2023 / 12:47

IMPRESSION:

- **GRADE I FATTY INFILTRATION OF LIVER.**
- **MILD SPLENOMEGALY.**

Advice:Clinical co-relation,further evaluation and follow up.

Note:Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

----------End of Report----------

This report is prepared and physically checked by DR GAURI VARMA before dispatch.

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

NO. : 2305205770	SEX : MALE
NAME : MR.RAHUL MHASDE	AGE : 37 YRS
REF BY : ----------	DATE: 21.02.2023

2D ECHOCARDIOGRAPHY

M – MODE FINDINGS :

LVIDD	40	mm
LVIDS	27	mm
LVEF	60	%
IVS	11	mm
PW	7	mm
AO	16	mm
LA	38	mm

2D ECHO:

- All cardiac chambers are normal in size
- Left ventricular contractility : Normal
- Regional wall motion abnormality : Absent.
- Systolic thickening : Normal. LVEF = 60%
- Mitral, tricuspid , aortic , pulmonary valves are : Normal.
- Great arteries : Aorta and pulmonary artery are : Normal .
- Inter – artrial and inter – ventricular septum are intact .
- Pulmonary veins , IVC , hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

PATIENT NAME : MR.RAHUL MHASDE

COLOR DOPPLER:

- Mitral valve doppler – E- 1.0 m/s, A- 0.5 m/s.
- Mild TR.
- No aortic / mitral regurgition. Aortic velocity 1.4 m/s, PG 7.7 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

IMPRESSION :

- **MILD CONCENTRIC HYPERTROPHY OF LV**
- **NO REGIONAL WALL MOTION ABNORMALITY AT REST.**
- **NORMAL LV SYSTOLIC FUNCTION.**

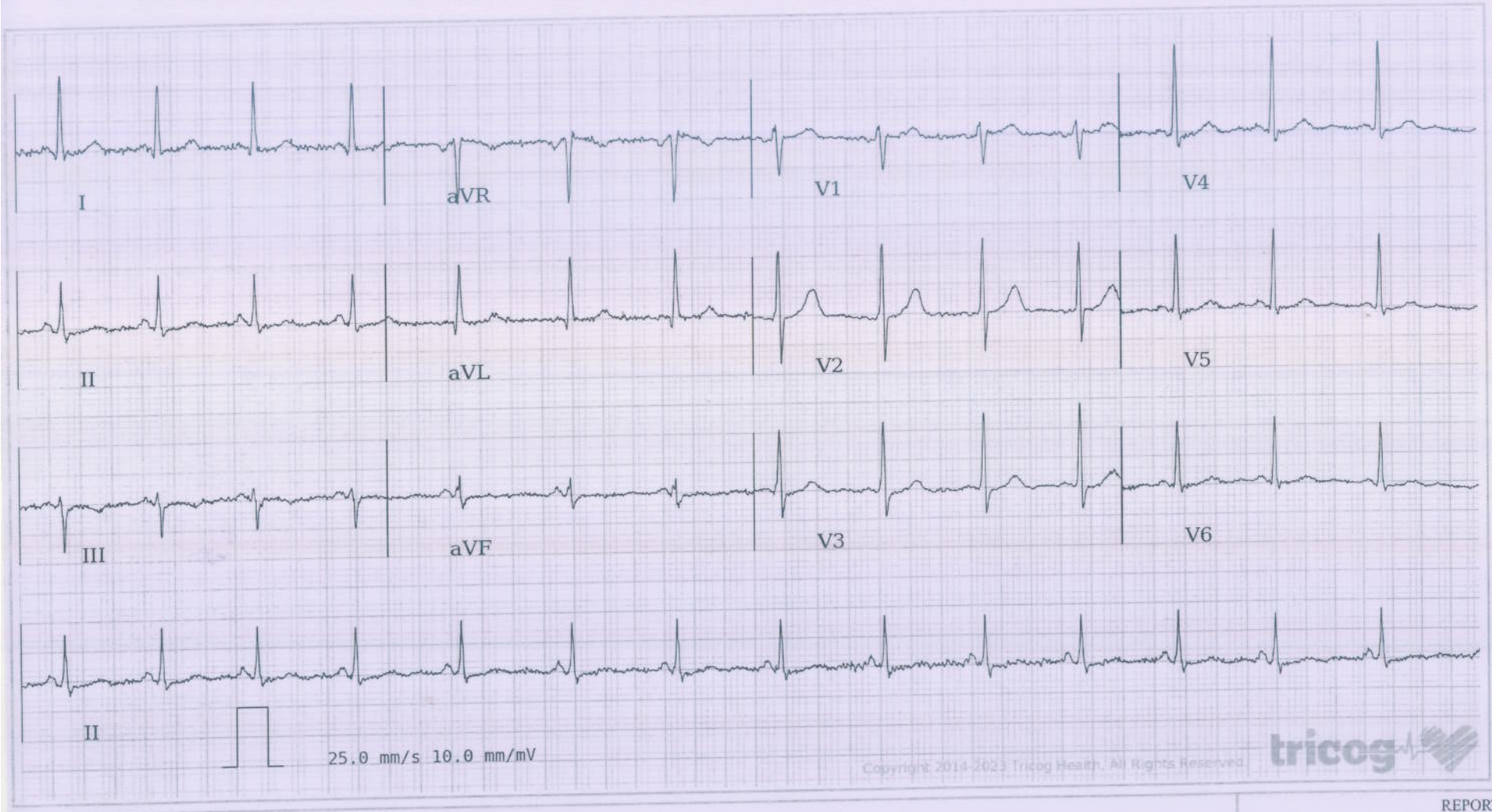
----------End of the Report----------

DR.YOGESH KHARCHE
DNB(MEDICINE) DNB (CARDIOLOGY)
CONSULTANAT INTERVENTIONAL CARDIOLOGIST.

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Patient Name: RAHUL SUDHAKAR MHASDE Date and Time: 21st Feb 23 11:09 AM
Patient ID: 2305205770



Age 37 years 8 months 13 days

Gender **Male**

Heart Rate **89bpm**

Patient Vitals

BP:	140/100 mmHg
Weight:	86 kg
Height:	163 cm
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	72ms
QT:	334ms
QTc:	406ms
PR:	106ms
P-R-T:	62° 6° -11°

Sinus Rhythm, Short PR Interval. Please correlate clinically.

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physican
MD Physican
49972

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PRECISE TESTING · HEALTHIER LIVING

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Ref. Dr	:	Reg. Date	: 21-Feb-2023
Reg. Location	: G B Road, Thane West Main Centre	Reported	: 21-Feb-2023 / 12:24

X-RAY CHEST PA VIEW

Suspicious opacity noted in left upper zone.

There is evidence of mildly increased bilateral bronchovascular prominence.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

Suggest clinico pathological co-relation and further evaluation.

----------End of Report----------

This report is prepared and physically checked by DR GAURI VARMA before dispatch.

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

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