

Reg. Location	: Thane Kasarvadavali (Main Centre)
Consulting Dr.	: -
Age / Gender	: 40 Years / Female
Name	: MRS.AARTI MORE
CID	: 2228119698



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## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

	CBC (Complete Bloo	<u>d Count), Blood</u>	
PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
<b>RBC PARAMETERS</b>			
Haemoglobin	10.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.72	3.8-4.8 mil/cmm	Elect. Impedance
PCV	32.7	36-46 %	Measured
MCV	69	80-100 fl	Calculated
MCH	21.6	27-32 pg	Calculated
MCHC	31.2	31.5-34.5 g/dL	Calculated
RDW	18.2	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6200	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABS	OLUTE COUNTS		
Lymphocytes	29.1	20-40 %	
Absolute Lymphocytes	1804.2	1000-3000 /cmm	Calculated
Monocytes	4.9	2-10 %	
Absolute Monocytes	303.8	200-1000 /cmm	Calculated
Neutrophils	64.1	40-80 %	
Absolute Neutrophils	3974.2	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	117.8	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	393000	150000-400000 /cmm	Elect. Impedance
MPV	10.9	6-11 fl	Calculated
PDW	25.8	11-18 %	Calculated

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Name

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Consulting Dr.

Reg. Location

RBC MORPHOLOGY	
Hypochromia	+
Microcytosis	+
Macrocytosis	-
Anisocytosis	+
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Features suggest iron deficiency anemia

Advice : Iron studies, Serum ferritin & Reticulocyte count estimation recommended. Stool for occult blood.

Specimen: EDTA Whole Blood

ESR, EDTA WB 27 2-20 mm at 1 hr. Westergren \*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West \*\*\* End Of Report \*\*\*

MR/ 5314

Amit Jaon'

**Dr.AMIT TAORI** M.D (Path) Pathologist

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:08-Oct-2022 / 09:09 :08-Oct-2022 / 13:52

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE			
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	99.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	103.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.28	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.13	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	9.7	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	8.4	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	9.1	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	56.2	35-105 U/L	PNPP
BLOOD UREA, Serum	11.9	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	5.6	6-20 mg/dl	Calculated

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Urine Ketones (Fasting)

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Reg. Location	: Thane Kasary	vadavali (Main Centre)	Reported	:08-Oct-2022 / 18:10	т
CREATININE, S	Serum	0.61	0.51-0.95 mg/dl	Enzymatic	
eGFR, Serum		115	>60 ml/min/1.73sqm	Calculated	
eGFR, Serum URIC ACID, Se	rum	115 3.9	>60 ml/min/1.73sqm 2.4-5.7 mg/dl	Calculated Uricase	

Absent

Urine Sugar (PP) Absent Absent Urine Ketones (PP) Absent Absent

Absent

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



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**Dr.AMIT TAORI** M.D (Path) Pathologist

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**BIOLOGICAL REF RANGE** 

Non-Diabetic Level: < 5.7 %

Prediabetic Level: 5.7-6.4 %Diabetic Level: >/= 6.5 %

:08-Oct-2022 / 09:09 :08-Oct-2022 / 18:35

METHOD

Calculated

HPLC

## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)

mg/dl

## PARAMETER

Glycosylated Hemoglobin

(HbA1c), EDTA WB - CC

5.3

RESULTS

Estimated Average Glucose 105.4 (eAG), EDTA WB - CC

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.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab \*\*\* End Of Report \*\*\*

June Bung

Dr.VRUSHALI SHROFF M.D.(PATH) Pathologist

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### **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE** URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
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
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	

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





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### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD GROUPING & Rh TYPING

## PARAMETER

## <u>RESULTS</u>

ABO GROUP AB 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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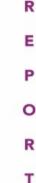
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#### **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE** LIPID PROFILE

PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
CHOLESTEROL, Serum	134.8 Desirable: <200 mg/dl CH Borderline High: 200-239mg/dl High: >/=240 mg/dl		CHOD-POD
TRIGLYCERIDES, Serum	94.9	Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	
HDL CHOLESTEROL, Serum	35.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	98.9 Desirable: <130 mg/dl Cal Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl		Calculated
LDL CHOLESTEROL, Serum			Calculated
VLDL CHOLESTEROL, Serum	18.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

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#### **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS BIOLOGICAL REF RANGE** RESULTS PARAMETER **METHOD** Free T3, Serum 4.3 3.5-6.5 pmol/L **ECLIA** Free T4, Serum 14.9 11.5-22.7 pmol/L **ECLIA** First Trimester:9.0-24.7 Second Trimester: 6.4-20.59 Third Trimester: 6.4-20.59 sensitiveTSH, Serum 1.87 0.35-5.5 microIU/ml **ECLIA** First Trimester:0.1-2.5 Second Trimester: 0.2-3.0 Third Trimester:0.3-3.0

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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)

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## भारत सरकार GOVERNMENT OF INDIA

आरती सुधिर मोरे Arti Sudhir More जन्म तिथि/ DOB: 13/02/1982 महिला / FEMALE



9397 6748 5917

आधार-आम आदमी का अधिकार

A.S. More





# PHYSICAL EXAMINATION REPORT

Patient Name	MRS.	AARTI MORE		Sex/Age	FEMALE/40 YRS
Date	08/10	/22		Location	KASARVADAVAL
History an	d Co	mplaints			
No complaints Family history – Past History – N					
EXAMINA	TION	FINDINGS:			
Height		160 cm	Temp (0c):	Afebrile	2
Weight		61 kg	Skin:	NAD	
Blood Pressu	ire	110/70 mm of Hg	Nails:	NAD	
Pulse		70/min	Lymph Node:	NAD	
Systems :					
Cardiovascu	lar:	S1S2 +, No m	urmur		
Respiratory:		NAD			
Genitourina	ry:	NAD			
GI System:		NAD			
CNS:		NAD			
Impression	:				
Low Hemo Raised ESR		I (Iron deficien	cy)		

## **ADVICE** :

Regular walking. Avoid fried, fatty food & Non-veg diet. Adv. Bizfer XT 1---0---0 for 3 months. Repeat CBC after 3 months.

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# **CHIEF COMPLAINTS:**

1)	Hypertension:	Nil
)	IHD	Nil
3)	Arrhythmia	Nil
4)	Diabetes Mellitus	Nil
5)	Tuberculosis	Nil
5)	Asthma	Nil
7)	Pulmonary Disease	Nil
8)	Thyroid/ Endocrine disorders	Nil
9)	Nervous disorders	Nil
10)	GI system	Nil
11)	Genital urinary disorder	Nil
12)	Rheumatic joint diseases or symptom	Nil
13)	Blood disease or disorder	Nil
14)	Cancer/lump growth/cyst	Nil
15)	Congenital disease	Nil
16)	Surgeries	Nil

## PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Mixed
4)	Medication	Nil

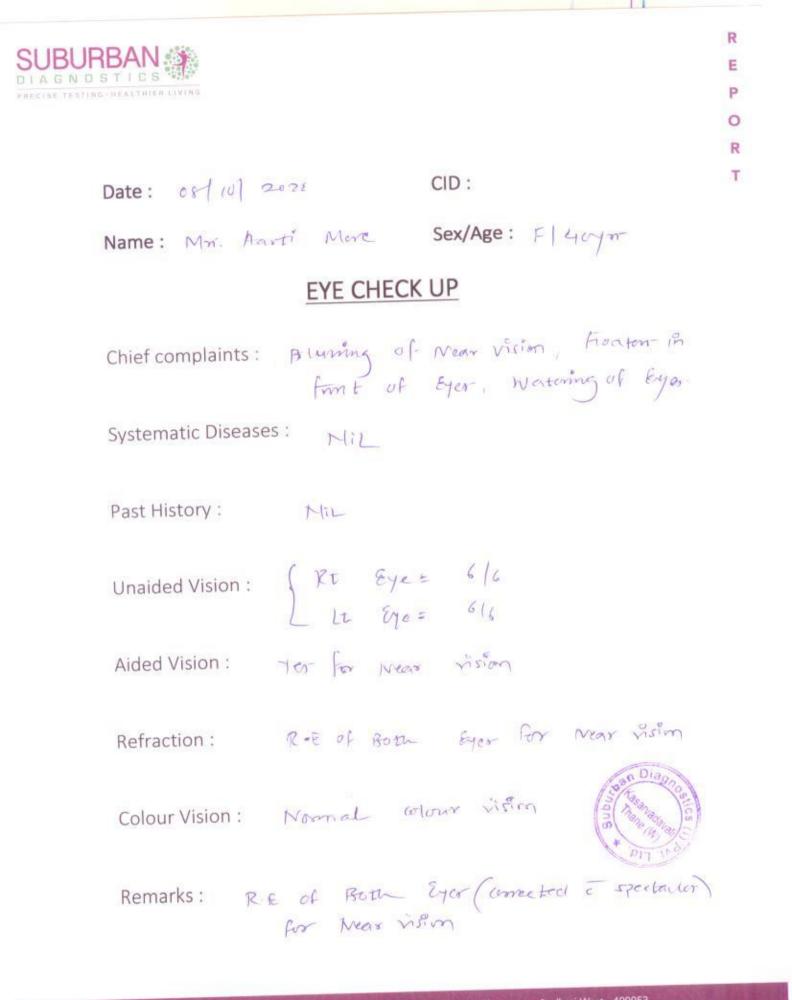


Dr. Kavin H. Shah M.B.B.S., D.CARD. MMC Regd. No.3488

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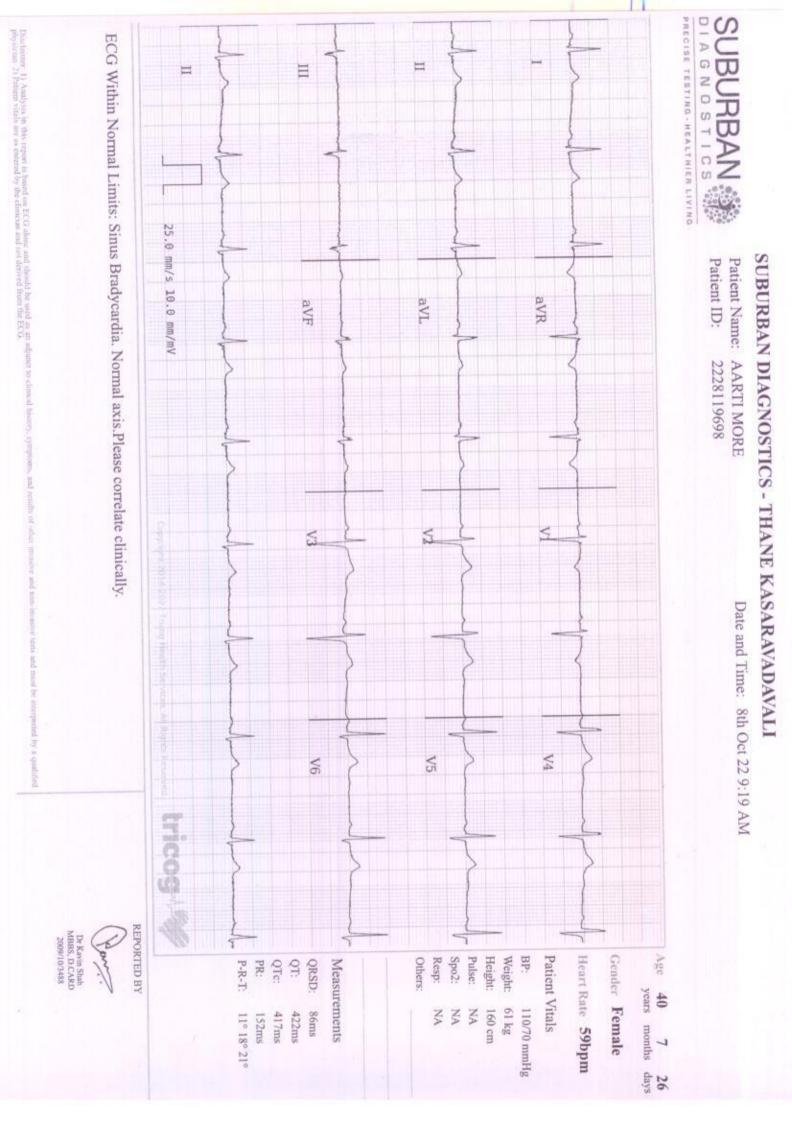
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tient Details	Date: 08-Oct-22	Time: 9:27:44 AM	
ame: MRS. AARTI MOR	RE ID: 2228119698		
je: 40 y	Sex: F	Height: 160 cms	Weight: 61 Kgs
inical History: NIL			

## **Test Details**

THR: 152 (85 % of Pr.MHR) bpm Pr.MHR: 180 bpm Protocol: Bruce 10.20 Max. HR: 158 (88% of Pr.MHR )bpm Max. Mets: Total Exec. Time: 7 m 40 s 4620 mmHa/min Max. BP x HR: 23700 mmHg/min Min, BP x HR: Max. BP: 150 / 70 mmHg Test Termination Criteria: THR achieved

## **Protocol Details**

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0:16	1.0	0	0	84	110/70	-0.42 aVR	0.711
Standing	0:10	1.0	0	0	71	110/70	-0.64 aVR	0.711
Hyperventilation	0 21	1.0	0	0	66	110/70	-0.64 aVR	0.71
1	3 0	4.6	1.7	10	103	120/70	-5.94 V6	5.31 1
2	3:0	7.0	2.5	12	127	130/70	-3.61 V2	-5.66
Peak Ex	1:40	10.2	3.4	14	158	150/70	-2.97 aVR	4.95 V2
Recovery(1)	1.0	1.8	1	0	127	150/70	-1.06 II	3.89 V4
Recovery(2)	1 0	1.0	0	0	79	130/70	-0.64 aVR	2.48 V4
Recovery(3)	0 55	1.0	0	0	81	110/70	-0.42 V6	1.06 II

### Interpretation

The patient exercised according to the Bruce protocol for 7 m 40 s achieving a work level of Max. METS: 10.20. Resting heart rate initially 84 bpm, rose to a max. heart rate of 158 ( 88% of Pr.MHR ) bpm. Resting blood Pressure 110 / 70 mmHg, rose to a maximum blood pressure of 150 / 70 mmHg.

No significant ST - T changes. No evidence of arrhythmias. Normal haemodynamic response. Good effort tolerance.

IMPRESSION: Stress test is negative for inducible ischemia at moderate workload. DISCLAIMER: Negative stress test does not rule out coronary artery disease and positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical co-relation is mandatory.

Ref. Doctor: CORPORATE

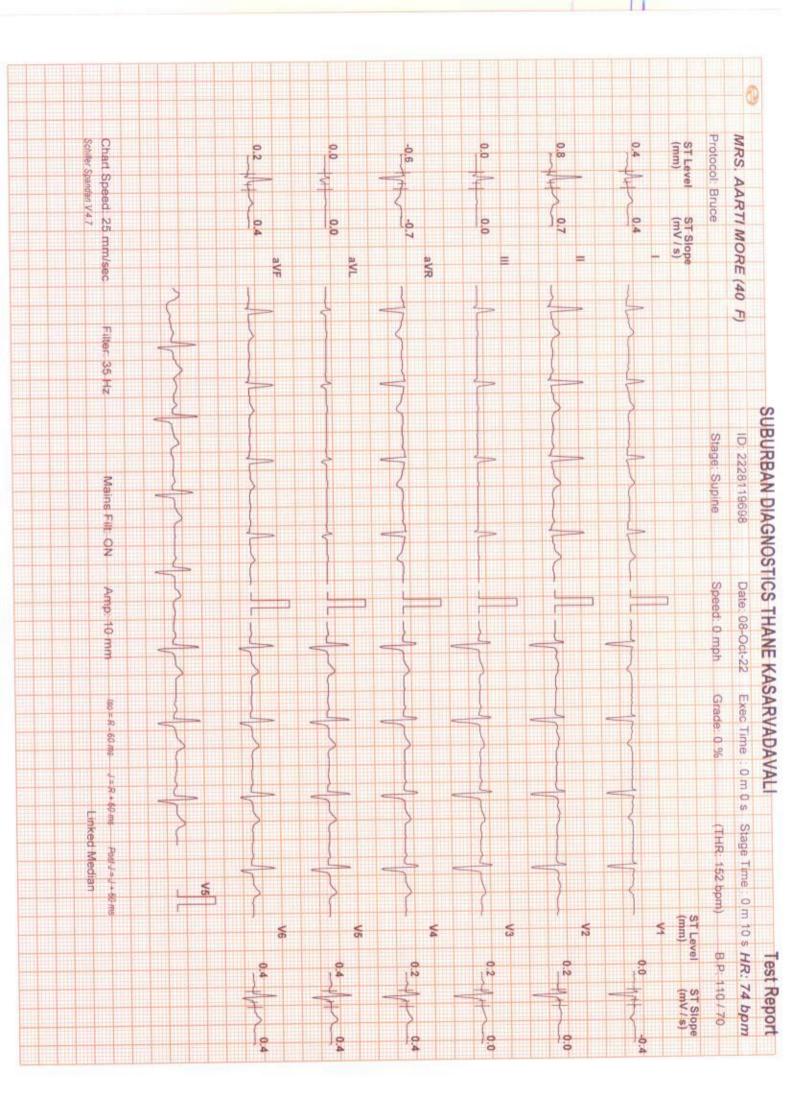
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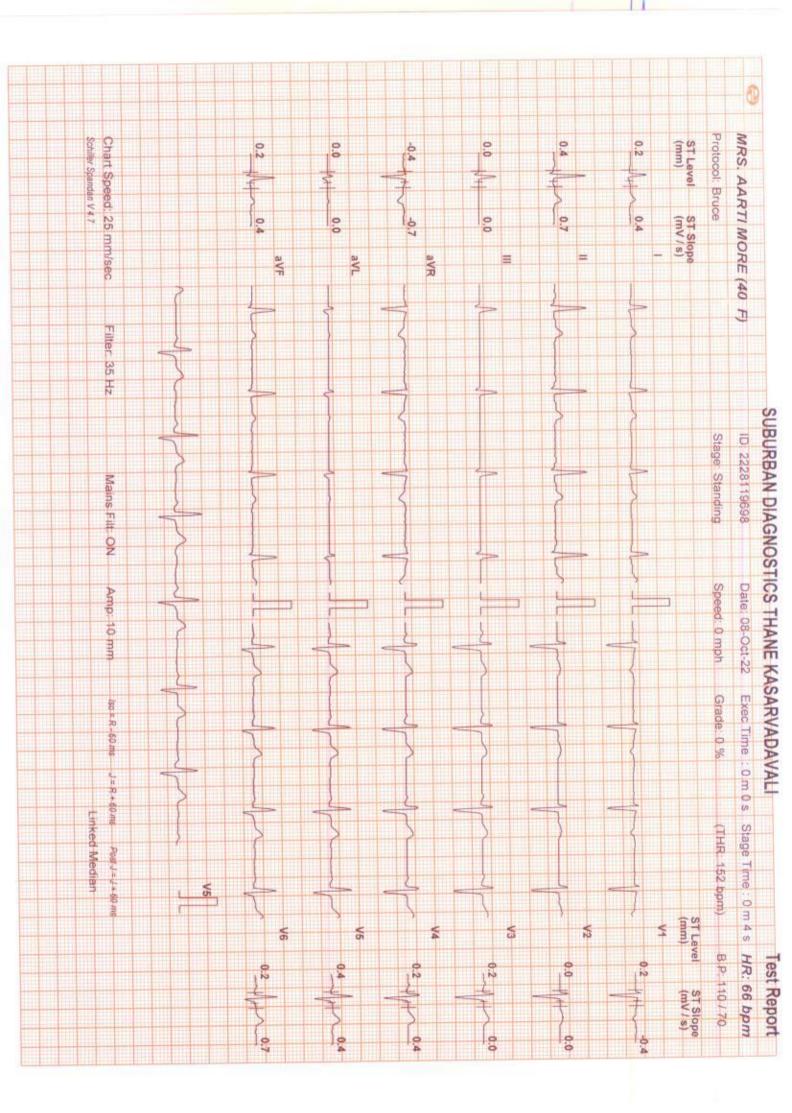


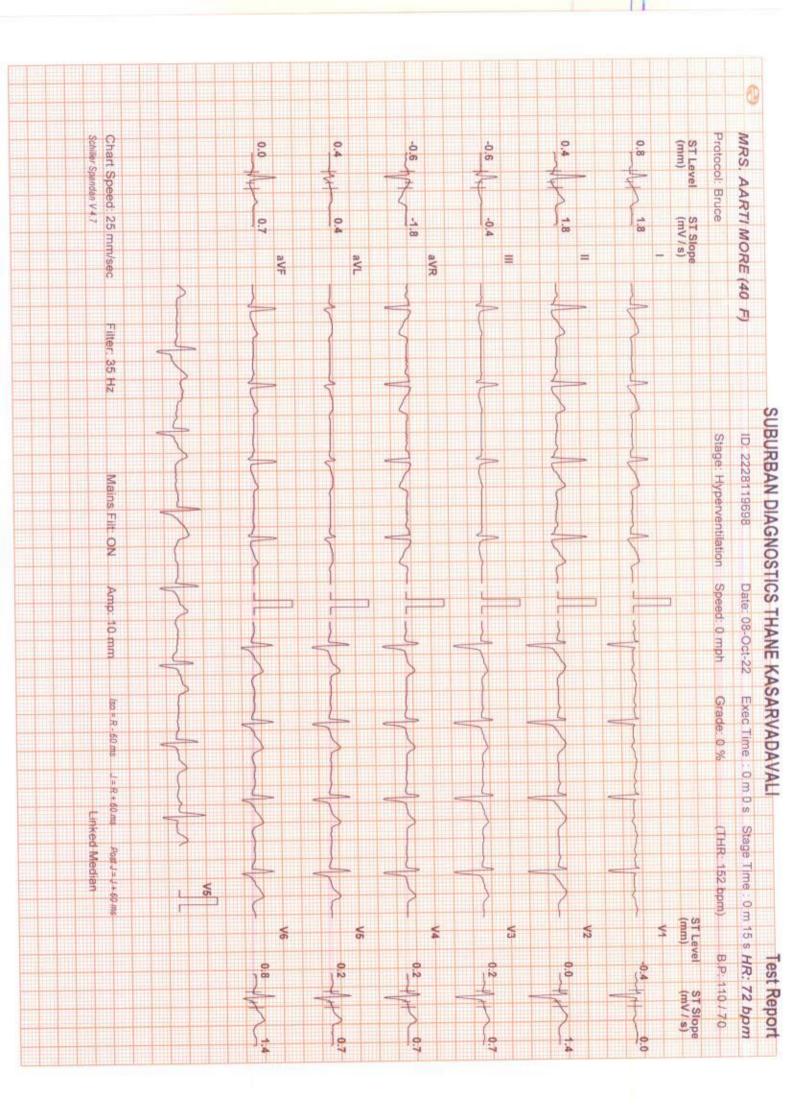
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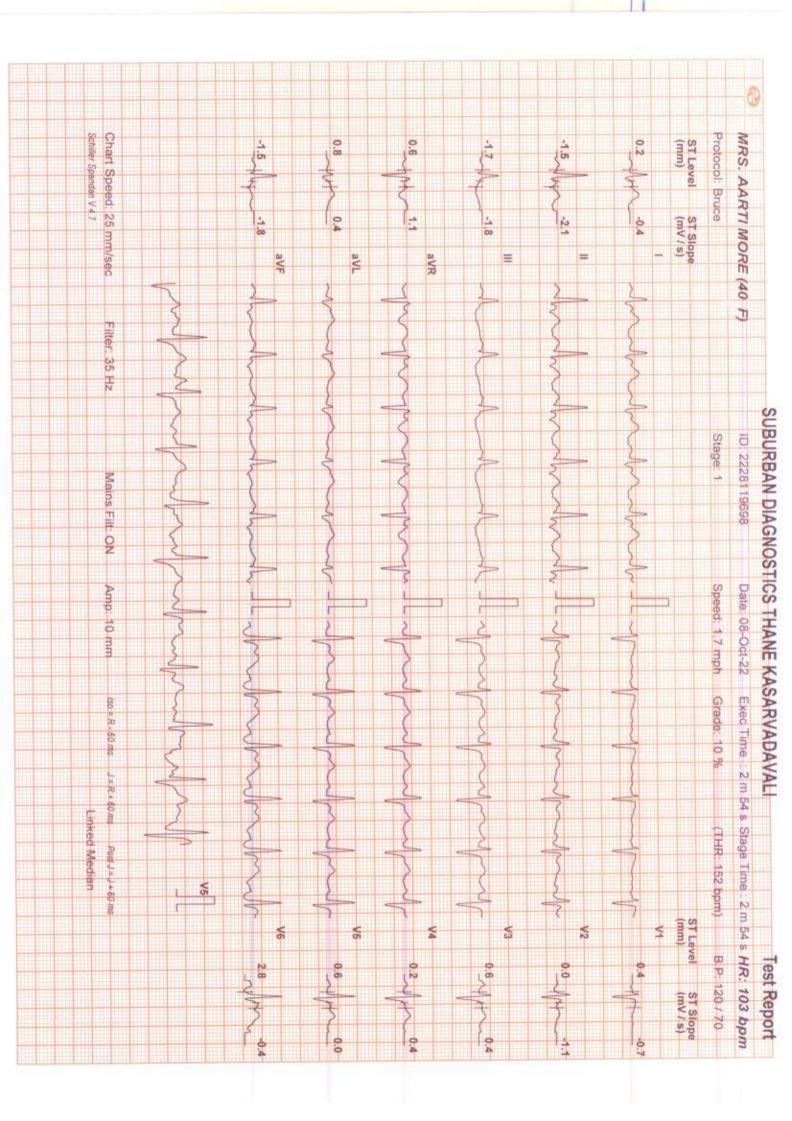
MMC Regd. No.3488

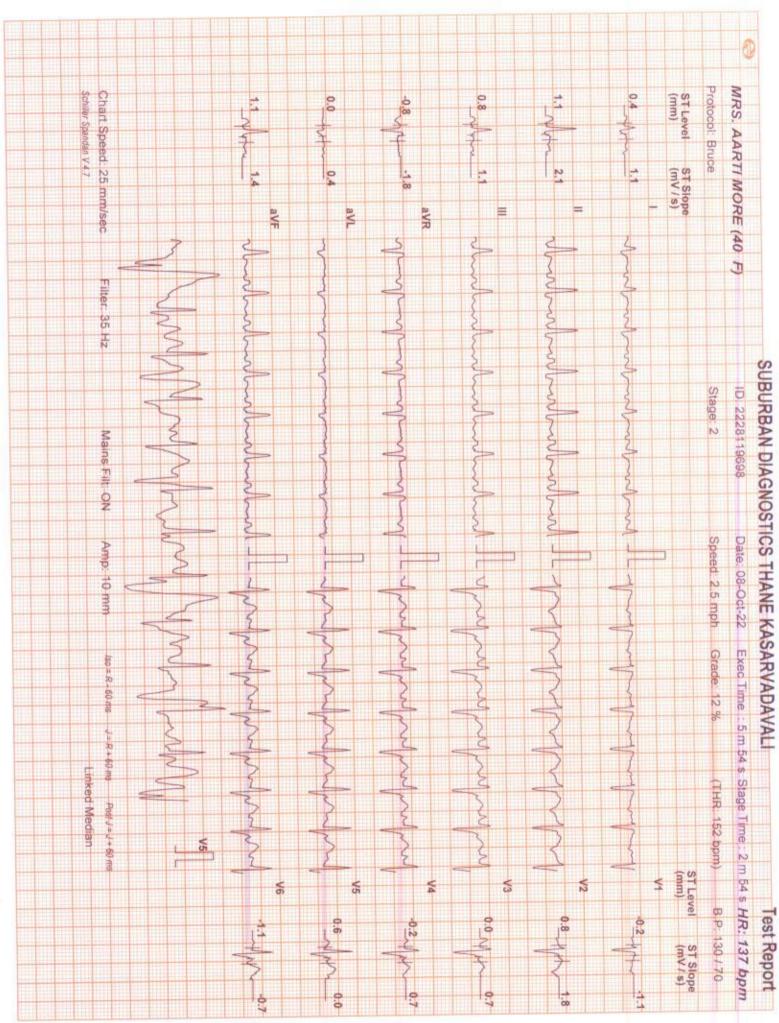
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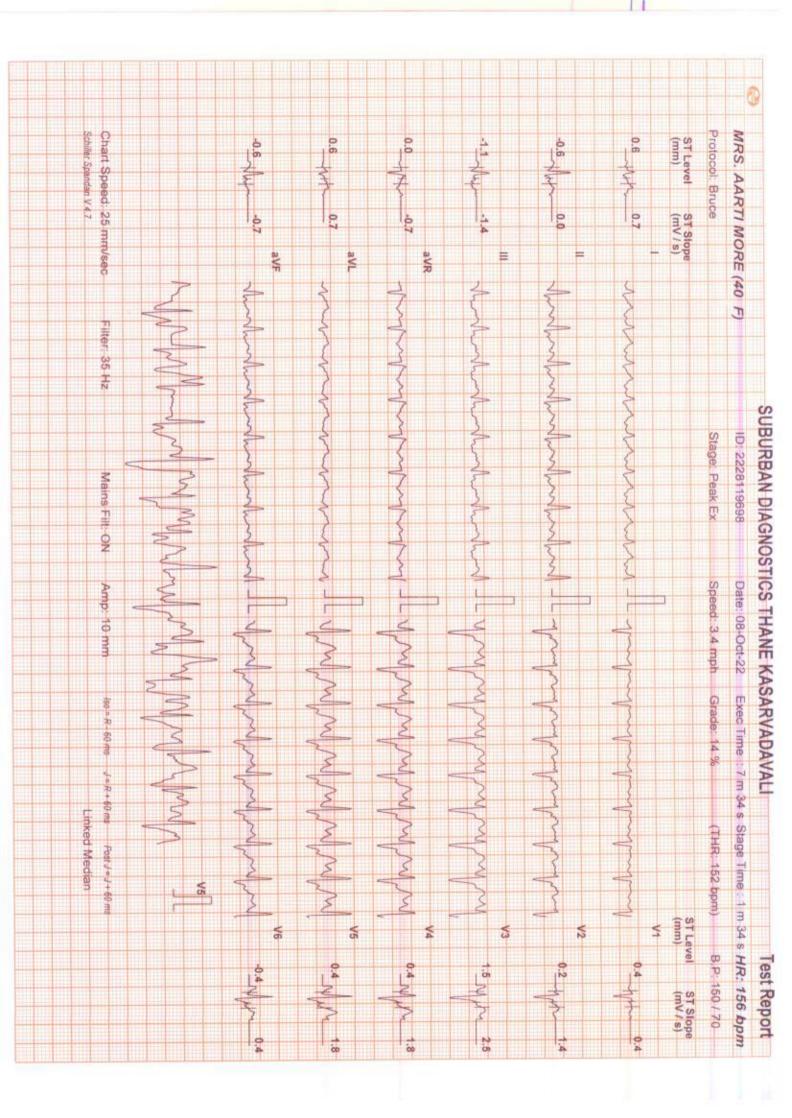


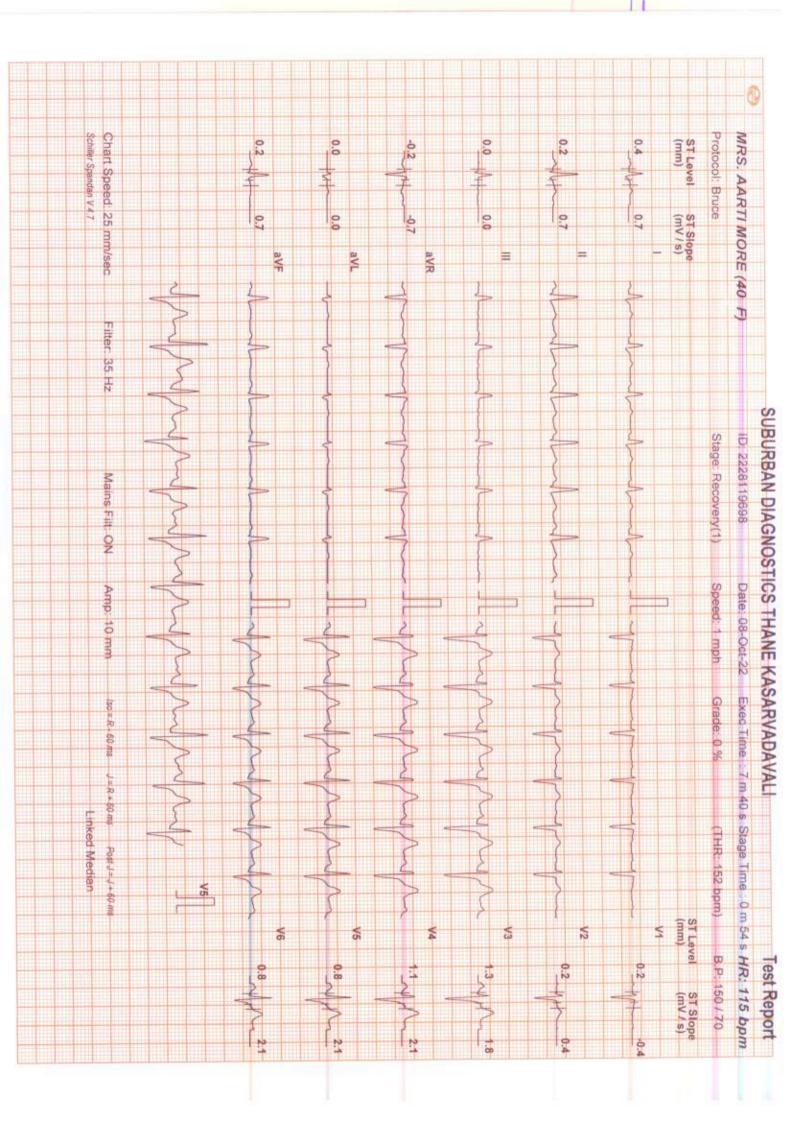


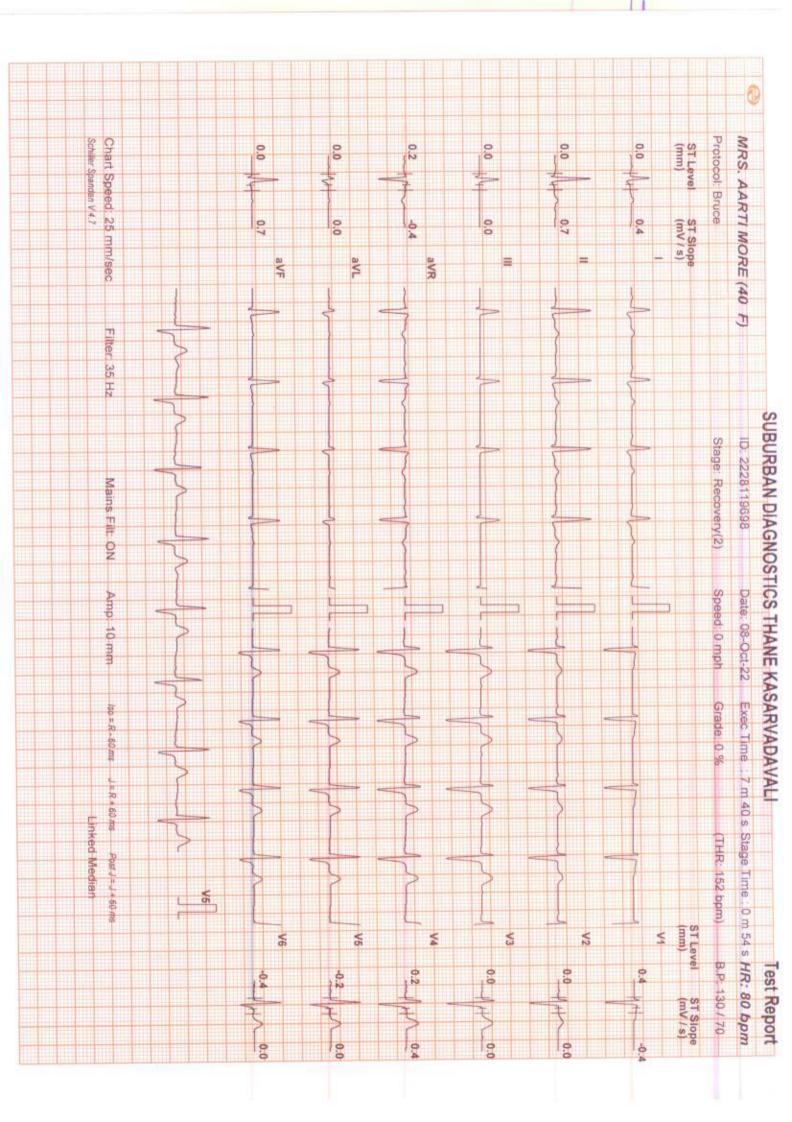


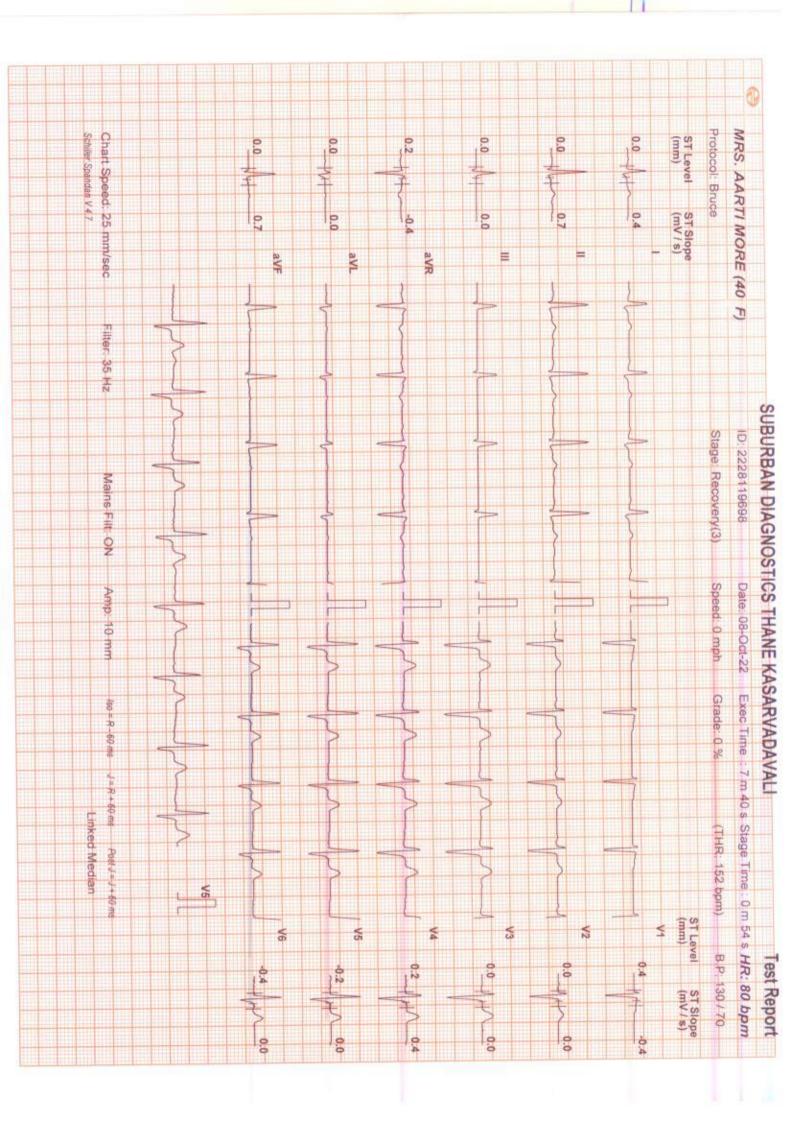












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PRECISE TESTING HEALTHIE	RLIVING			P
CID	: 2228119698		里能是英语运行组织	0
Name Age / Sex	: Mrs AARTI MORE : 40 Years/Female	Reg. Date	Use a QR Code Scanner Application To Scan the Cod <sup>C</sup> : 08-Oct-2022	R
Ref. Dr Reg. Location	: : Thane Kasarvadavali Main Centre	Reported	: 08-Oct-2022 / 11:29	Т
		DELVIC		

### USG ABDOMEN AND PELVIS

Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

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.

Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

Right kidney measures 9.6 x 3.6 cm. Left kidney measures 10.6 x 3.5cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

Spleen is normal in size, shape and echotexture. No focal lesion is seen.

## URINARY BLADDER:

Urinary bladder is distended and normal. Wall thickness is within normal limits.

Uterus is anteverted and measures 7.8 x 4.0 x 4.4 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 7.5 mm. Cervix appears normal.

#### **OVARIES:**

Both ovaries are normal.

No free fluid or significant lymphadenopathy is seen.

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Ref. Dr	:	Reg. Date	: 08-Oct-2022	-
Reg. Location	: Thane Kasarvadavali Main Centre	Reported	: 08-Oct-2022 / 11:29	т

#### IMPRESSION: NO SIGNIFICANT ABNORMALITY IS DETECTED.

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 GAURAV FARTADE before dispatch.

G. R. Forte

Dr.GAURAV FARTADE MBBS, DMRE Reg No -2014/04/1786 Consultant Radiologist

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CID	: 2228119698		言和自我的知道	0
Name	: Mrs AARTI MORE		Use a QR Code Scanner	0
Age / Sex	: 40 Years/Female		Application To Scan the Code	R
Ref. Dr	1	Reg. Date	: 08-Oct-2022	-
Reg. Location	: Thane Kasarvadavali Main Centre	Reported	: 08-Oct-2022 / 10:28	1

## X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

## IMPRESSION: NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

This report is prepared and physically checked by DR GAURAV FARTADE before dispatch.

G. R. Forth

Authenticity Check

国家部的通信和原则

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Dr.GAURAV FARTADE MBBS, DMRE Reg No -2014/04/1786 Consultant Radiologist

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