

W - 81 kg
H - 175 cm
B.P - 130/80
P - 74/min
SpO2 - 96%

8588894509

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: मुकेश शर्मा, फ्लैट न 707, वीएसएनएल
अपार्टमेंट्स, सी 58/17, सेक्टर-62, नॉएडा, नॉएडा
सेक्टर 62, गौतम बुद्ध नगर, उत्तर प्रदेश,
201309
Address: Mukesh Sharma, Flat no 707 V S
N L Apartments, C-58/17, Sector-62, Noida,
Noida Sector 62, Gautam Buddha Nagar,
Uttar Pradesh, 201309

1947 help@uidai.gov.in www.uidai.gov.in



Mw
23/03/2024
SJM Hospital

भारत सरकार
Government of India

मुकेश शर्मा
Mukesh Sharma
जन्म तिथि / DOB : 14/08/1978
पुरुष / Male

7517 9223 0683

मेरा आधार, मेरी पहचान

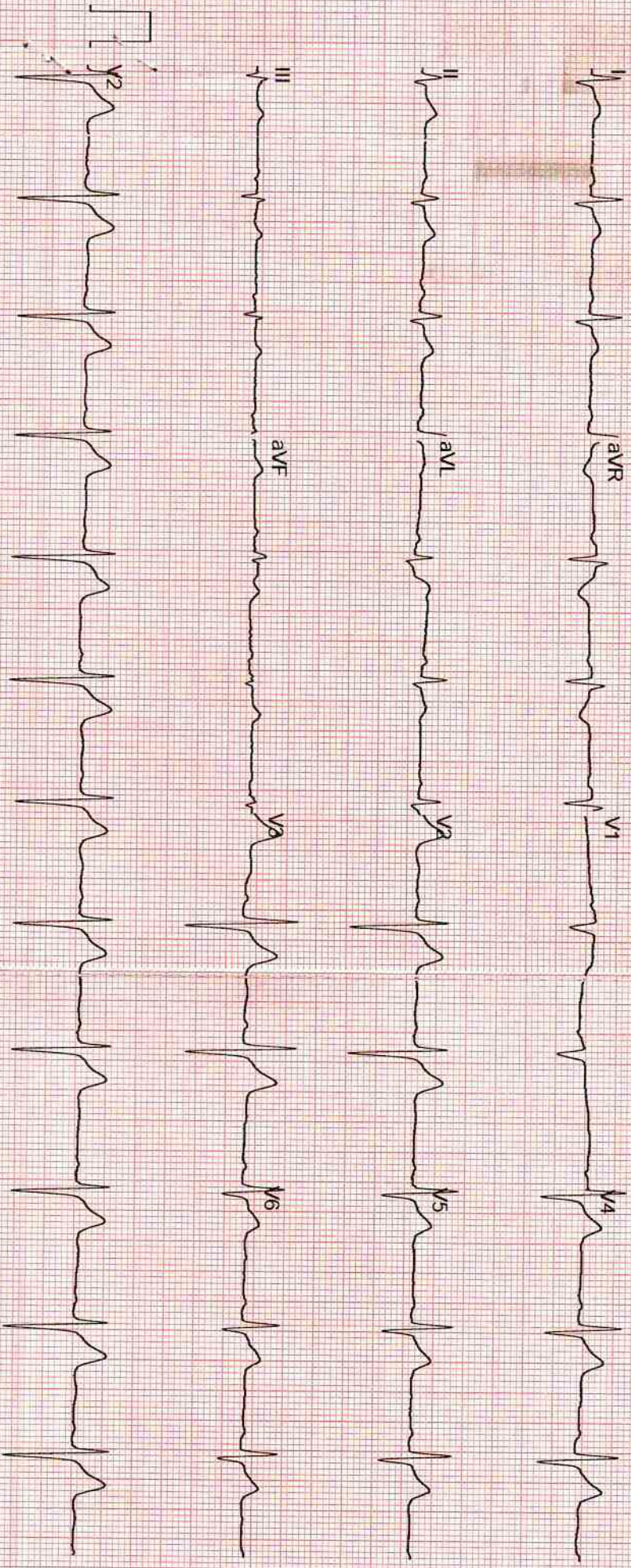
Male

Normal sinus rhythm
Normal ECG

QRS	98 ms
QT / QTcBaz	364 / 395 ms
PR	152 ms
P	98 ms
RR / pp	838 / 845 ms
P / QRS / T	23 / 9 / 49 degrees



Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

IDS 0.56-20 Hz 50 Hz

4x2.5x3_25_R1

Unconfirmed

Laboratory Report

Lab Serial no. : LSHHI278620	Mr. No : 113311
Patient Name : Mr. MUKESH SHARMA	Reg. Date & Time : 23-Mar-2024 09:13 AM
Age / Sex : 46 Yrs / M	Sample Receive Date : 23-Mar-2024 09:16 AM
Referred by : Dr. SELF	Result Entry Date : 23-Mar-2024 12:31PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 23-Mar-2024 12:31 PM
OPD : OPD	

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	12.3	gm/dL	12.0 - 17.0
TLC	6.7	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	58	%	40 - 70
Lymphocyte	33	%	20 - 40
Eosinophil	07	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	6.21	Thousand / UI	3.8 - 5.10
P.C.V	43.1	million/UI	00 - 40
M.C.V.	69.4	fL	78 - 100
M.C.H.	19.8	pg	27 - 31
M.C.H.C.	28.5	g/dl	32 - 36
Platelet Count	1.77	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

Laboratory Report

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HAEMATOTOLOGY

	results	unit	reference
ESR / ERYTHROCYTE SEDIMENTATION RATE			
ESR (Erythrocyte Sedimentation Rate)	14	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
HbA1C / GLYCATED HEMOGLOBIN / GHB			
Hb A1C	5.2	%	4.0 - 5.6
ESTIMATED AVERAGE GLUCOSE	102.54	mg/dl	
eAG[Calculated]			

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 :

Typed By : Mr. BIRJESH



Laboratory Report

Lab Serial no.	: LSHHI278620	Mr. No	: 113311
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Referred by	: Dr. SELF	Result Entry Date	: 23-Mar-2024 01:54PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 23-Mar-2024 12:31 PM
OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
<u>BLOOD SUGAR (PP), Serum</u>			
SUGAR PP	105.4	mg/dl	80 - 140

Comments:

Accurate measurement of 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)	99.8	mg/dl	70 - 110
-----------------	------	-------	----------

Comments:

Accurate measurement of 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 :

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BIOCHEMISTRY

	results	unit	reference
<u>KFT,Serum</u>			
Blood Urea	13.4	mg/dL	18 - 55
Serum Creatinine	0.93	mg/dl	0.7 - 1.3
Uric Acid	5.0	mg/dl	3.5 - 7.2
Calcium	9.0	mg/dL	8.8 - 10.2
Sodium (Na+)	136.9	mEq/L	135 - 150
Potassium (K+)	4.33	mEq/L	3.5 - 5.0
Chloride (Cl)	106.8	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	6.26	mg/dL	7 - 18
PHOSPHORUS-Serum	3.63	mg/dl	2.5 - 4.5

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.

Centre for Excellent Patient Care



technician :

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Laboratory Report

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BIOCHEMISTRY

	results	unit	reference
LIVER FUNCTION TEST, Serum			
Bilirubin- Total	0.61	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.25	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.36	mg/dL	0.2 - 1.2
SGOT/AST	25.5	IU/L	00 - 35
SGPT/ALT	28.4	IU/L	00 - 45
Alkaline Phosphate	75.0	U/L	53 - 128
Total Protein	7.46	g/dL	6.4 - 8.3
Serum Albumin	4.67	gm%	3.50 - 5.20
Globulin	2.79	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.67	%	

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 :

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Laboratory Report

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OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	141.0	mg/dl	< - 200
HDL Cholesterol	28.8	mg/dl	35.3 - 79.5
LDL Cholesterol	90.7	mg/dl	50 - 150
VLDL Cholesterol	21.5	mg/dl	00 - 40
Triglyceride	107.7	mg/dl	00 - 170
Chloestrol/HDL RATIO	4.89	%	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





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

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E-mail.: email@sjmhospital.com

Web.: www.sjmhospital.com

**Laboratory Report**

Lab Serial No. : LSHHI278620	Reg. No. : 113311
Patient Name : MR. MUKESH SHARMA	Reg. Date & Time : 23-Mar-2024 09:13 AM
Age/Sex : 46 Yrs /M	Sample Collection Date : 23-Mar-2024 09:16 AM
Referred By : SELF	Sample Receiving Date : 23-Mar-2024 09:16 AM
Doctor Name : Dr. Vinod Bhat	ReportingTime : 23-Mar-2024 12:31 PM
OPD/IPD : OPD	

TEST NAME**VALUE**

ABO

"A"

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>

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

3/23/2024

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



Visit ID : IQD91154	Registration : 23/Mar/2024 01:44PM
UHID/MR No : IQD.0000089075	Collected : 23/Mar/2024 01:48PM
Patient Name : Mr.MUKESH SHARMA	Received : 23/Mar/2024 02:07PM
Age/Gender : 46 Y 0 M 0 D /M	Reported : 23/Mar/2024 06:22PM
Ref Doctor : Dr.SELF	Status : Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code : iqd2151
Employee Code :	Barcode No : 240305987



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

PSA / PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

Sample Type : SERUM

PROSTATE SPECIFIC ANTIGEN	0.29	ng/mL	0-4	CLIA
---------------------------	------	-------	-----	------

INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertatation (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 ***

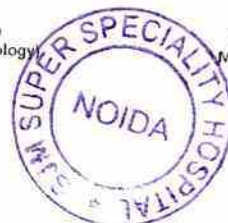


Dr. Ankita Singhal
MBBS, MD(Microbiology)

Dr. Anil Rathore
MBBS, MD(Pathology)

Dr. Prashant Singh
MBBS, MD (Pathology)

Page 1 of 1



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



Visit ID : IQD91154	Registration : 23/Mar/2024 01:44PM
UHID/MR No : IQD.0000089075	Collected : 23/Mar/2024 01:48PM
Patient Name : Mr.MUKESH SHARMA	Received : 23/Mar/2024 02:07PM
Age/Gender : 46 Y 0 M 0 D /M	Reported : 23/Mar/2024 03:17PM
Ref Doctor : Dr.SELF	Status : Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code : iqd2151
Employee Code :	Barcode No : 240305987



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	1.23	ng/ml	0.61-1.81	CLIA
T4	10.23	ug/dl	5.01-12.45	CLIA
TSH	0.76	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



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Employee Code :	Barcode No : 240305987



DEPARTMENT OF HORMONE ASSAYS

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

*** End Of Report ***

Dr. Ankita Singhal
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Page 2 of 2



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Ultrasound Report

TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: **Mr.Mukesh sharma** Age /sex: **45Yrs/M** Date:**23.03.2024**

ECHO WINDOW: FAIR WINDOW

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.8		22-36
Aortic valve Opening			15 -26
Left Atrium size	3.1		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.0	2.8	(ED =39 -58)
Interventricular Septum	1.0		(ED = 6 -11)
Posterior Wall thickened	1.0		(ED = 6- 10)
LV Ejection Fraction (%)	55%		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 = Trace		TR = NIL	
Severity		Severity	
Max Velocity		RVSP	
AR		PR	
Severity	NIL	Severity	NIL
Jet width /LVOT ratio		Mean PAP	

Final Interpretation: -

- 1.) NO RWMA LVEF= 55%.
- 2.) Normal all cardiac chambers dimensions.
- 3.) Normal RV systolic function.
- 4.) Normal mitral inflow pattern.
- 5.) Trace Mitral regurgitation.
- 6.) Trace Tricuspid regurgitation (PASP = 18 mmHg).
- 7.) No MS NO AS/AR, NO TS
- 8.) No Intra cardiac clot, vegetation, pericardial effusion

DR. BHUPENDER BHATI

Non-Interventional Cardiologist.



Ultrasound Report

Name: Mr. Mukesh Sharma

Age: 45y/M

Date: 23/03/2024

Ultrasound - Male Abdomen

Liver: Liver appears fatty with grade 1. 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 not seen (surgically removed).

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

SPLEEN: -Spleen show normal in size, shape and homogeneous echo pattern. No focal mass lesion is seen in parenchyma.

KIDNEYS:-Both the kidneys are normal in 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 either side

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. No free ascetic fluid or pleural effusion seen.

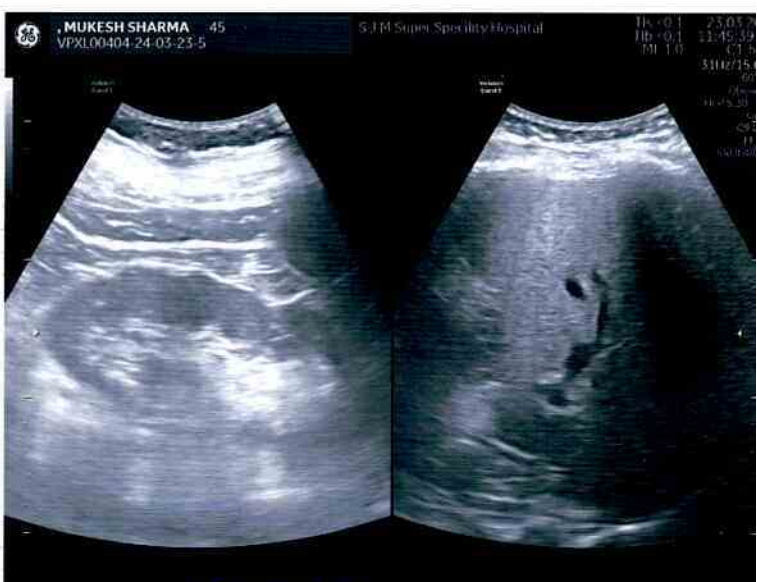
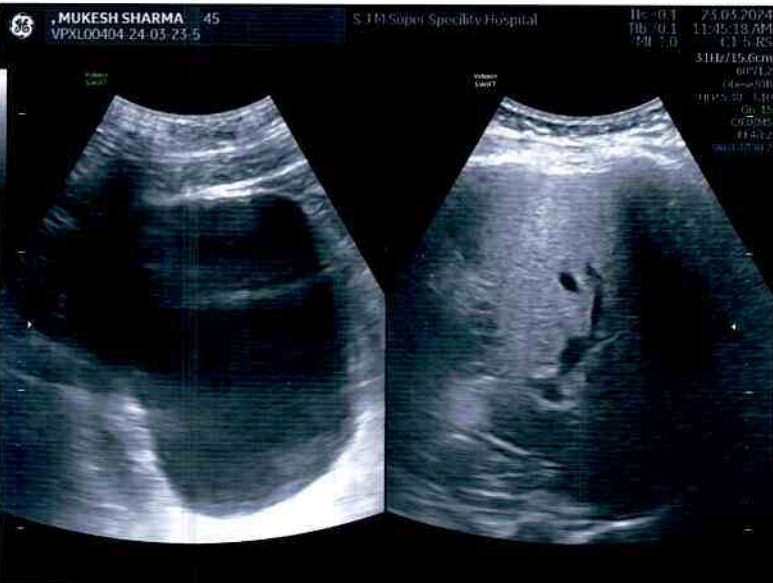
IMPRESSION: - Fatty liver grade 1

DR. PUSHPA KAUL



For SJM Super Speciality Hospital

DR. RAKESH GUJJAR





SJM SUPER SPECIALITY HOSPITAL

(125 Bedded Fully Equipped with Modern Facilities)

Sector-63, Noida, NH-09, Near Hindon Bridge
Tel.: 0120-6530900 / 10 Mob.: +91 9599259072



Centre for Excellent Patient Care

PATIENT ID	: 26828 OPD	X-Ray Report	PATIENT NAME	: MR MUKESH SHARMA
AGE	: 045Y		SEX	: Male
REF. PHY.	:		STUDY DATE	: 23-Mar-2024

RADIOLOGY REPORT EXAM: X RAY CHEST

CLINICAL HISTORY: NA

COMPARISON:

None.

TECHNIQUE:

Frontal projections of the chest were obtained.

FINDINGS:

Prominent bronchovascular markings seen in both lung fields.

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:

Prominent bronchovascular markings seen in both lung fields.

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

Dr Sonam Kagde
23rd Mar 2024



R
PA

