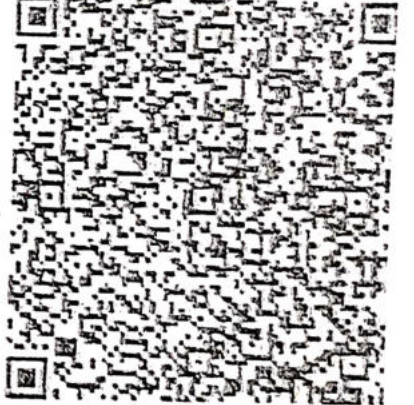




भारत सरकार  
GOVERNMENT OF INDIA



हितेश कुर्दिया  
Hitesh Kurdia  
जन्म तिथि/DOB:01-02-1988  
पुरुष/MALE



6936 4585 3412

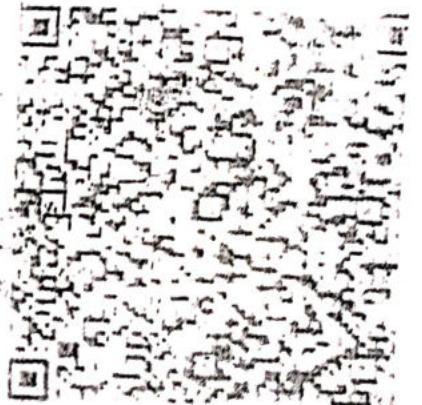
मेरा आधार, मेरी पहचान

डॉ. पंकज जैन  
पैथोलॉजिस्ट  
B.M.C. No. 13012



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

S O राजेश कुमार कुडिया, 64, गणेश, विहार,  
गोल्डन गैलनी गणेशपुरा, बीड़, अजमेर, राजस्थान-  
305901



Address  
S O Rajesh Kumar Kurdia, 64, GANESH  
VIHAR GOLDENY GANESH PURA,  
ROAD Beawar Ajmer Rajasthan-305901

6936 4585 3412



1947  
1800 300 1947



help@uidal.gov.in



www.uidal.gov.in

P.O. Box No. 1947,  
Bengaluru-560 001

डॉ. पंकज जैन  
फैथोलॉजिस्ट  
R.M.C No. 13012



## TEST REPORT

26/09/22 4:26:02F

Name : Mr. Kurdia Hitesh

Reg No. : 22099000104

Age & Sex : 33 Years / Male

Reg. Date : 26/09/2022 12:34PM

Referred By : **MEDIWHEEL**

Collected on : 26/09/2022 12:39PM

Client : ARIHANT DIAGNOSTIC

Reported on : 26/09/2022 04:25PM

### BLOOD GROUP

Parameter	Result	Bio. Ref. Interval	Units	Method
Blood Group	: AB - POSITIVE			Test



Prepared By:

Approved By:

DR PANKAJ KUMAR JAIN

डॉ पंकज  
पैथोलोजिस्ट  
R.M.C No. 13012

Page 1 of

Ph.: 0145-2600011, M.: 8112287996, 6377655417  
Address : S.D.M. Tower, Near Mamta Sweets, B.K. Kaul Nagar, Ajmer

Email : arihantdiagnosticsajmer@gmail.com



## TEST REPORT

Name : Mr ~~XXXX~~ Kurdia Hitesh  
 Age & Sex : 33 Years / Male  
 Referred By : ~~MEDIWHEEL~~  
 Client : ARIHANT DIAGNOSTIC

26/09/22 4:26:02F

Reg No. : 22099000104  
 Reg. Date : 26/09/2022 12:34PM  
 Collected on : 26/09/2022 12:39PM  
 Reported on : 26/09/2022 04:25PM

### COMPLETE BLOOD COUNT

Parameter	Result	Bio. Ref. Interval	Units
Haemoglobin	: 15.0	12-18	gm/dl
R.B.C.Count	: 5.24	4.5-6.5	mil/cmm
Total WBC Count	: 6000	4000-11000	/cmm
<b>RED CELLS ABSOLUTE VALUES</b>			
Packed Cell Volume (PCV)	: 45.6	40-54	%
Mean Corpuscular Values (MCV)	: 87.02	76-96	femtolitres
Mean Corpuscular Hemoglobin (MCH)	: 28.63	27-32	picograms
Mean Corpuscular Hb.Con. (MCHC)	: 32.89	32-36	g/dl
RDW-CV	: 12.7	11-16	%
RDW-SD	: 43.3	35-56	fL
<b>DIFFERENTIAL COUNT</b>			
Neutrophils	: 51.0	40-75	%
Lymphocytes	: 38.5	20-45	%
Eosinophil	: 5.5	0-6	%
Monocytes	: 5	0-8	%
Basophils	: 0	0-1	%
<b>PLATELET COUNT</b>			
MPV	: 248000	150000-450000	/cumm
PDW	: 10.4	6.8-12.0	fl
PCT	: 13.5	8.3-18.0	fl
PCT	: 0.26	0.1-0.4	%
<b>PERIPHERAL SMEAR EXAMINATION</b>			
Platelet Morphology	: Adequate		
Instrument	: Fully Automated Hematology Analyzer		



Approved By: DR PANKAJ KUMAR JAIN

Prepared By:

डॉ पंकज जैन  
 पैथोलोजिस्ट  
 M.C No. 1313

Ph.: 0145-2600011, M.: 8112287996, 6377655417  
 Address : S.D.M. Tower, Near Mamta Sweets, B.K. Kaul Nagar, Ajmer

Email : arihantdiagnosticsajmer@gmail.com



## TEST REPORT

26/09/22 3:01:00F

Name : Mr Kurdia Hitesh  
 Age & Sex : 33 Years / Male  
 Referred By : Mediwheel  
 Client : ARIHANT DIAGNOSTIC

Reg No. : 22099000108  
 Reg. Date : 26/09/2022 2:00PM  
 Collected on : 26/09/2022 2:05PM  
 Reported on : 26/09/2022 02:18PM

### ERYTHROCYTE SEDIMENTATION RATE(ESR)

Parameter	Result	Bio. Ref. Interval	Units
RESULT	: 12	1 to 13 -Male 1 to 20- Female mm/hrs	Mm/Hrs

METHOD : Wintrobe's

Westergren ESR, is the rate at which red blood cells sediment in a period of one hour. It is a common hematology test, and is a non-specific measure of inflammation.  
 The ESR is increased in inflammation, pregnancy, anemia, autoimmune disorders (such as rheumatoid arthritis and lupus), chronic infection, some kidney diseases and some cancers (such as lymphoma and multiple myeloma).  
 The ESR is decreased in polycythemia, hyperviscosity, sickle cell anemia, leukemia, low plasma protein (due to liver or kidney disease) and congestive heart failure. The basal ESR is slightly higher in females

**\*\*End of Report\*\***



Prepared By:

Approved By: DR PANKAJ KUMAR JAIN

Ph.: 0145-2600011, M.: 8112287996, 6377655417  
 Address : S.D.M. Tower, Near Mamta Sweets, B.K. Kaul Nagar, Ajmer

Email : arihantdiagnosticsajmer@gmail.com

डॉ पंकज जैन  
 पैथोलोजिस्ट  
 No. 1301 Page 1 of



## TEST REPORT

26/09/22 4:28:02P

Name : Mr. Kurila Hitesh  
 Age & Sex : 33 Years / Male  
 Referred By : **MEDIWHEEL**  
 Client : ARIHANT DIAGNOSTIC

Reg No. : 220990001004  
 Reg. Date : 26/09/2022 12:34PM  
 Collected on : 26/09/2022 12:39PM  
 Reported on : 26/09/2022 04:25PM

### BIOCHEMISTRY

Parameter	Result	Bas. Ref. Interval	Units	Method
<b>BLOOD SUGAR - FASTING</b>				
Blood Sugar ( F )	: 94.63	70-110	mg/dl	God Pod
Urine Sugar	: NIL			God Pod
<b>GGT REPORT</b>				
Sr GGT	: 43.5	5-61	IU/L	



Prepared By:

Approved By:

DR PANKAJ KUMAR JAIN

डॉ पंकज जैन

पथोलोजिस्ट

R.M.C No. 13012

Page 3 of

Ph.: 0145-2600011, M.: 8112287996, 6377655417

Address : S.D.M. Tower, Near Mamta Sweets, B.K. Kaul Nagar, Ajmer

Email : arihantdiagnosticsajmer@gmail.com



## TEST REPORT

26/09/22 4:25:56

Name : Mr **Kurdia Hitesh**  
 Age & Sex : 33 Years / Male  
 Referred By : **MEDIWHEEL**  
 Client : ARIHANT DIAGNOSTIC

Reg No. : 22099000104  
 Reg. Date : 26/09/2022 12:34PM  
 Collected on : 26/09/2022 12:39PM  
 Reported on : 26/09/2022 04:25PM

### LIVER FUNCTION TEST

Parameter	Result	Bio. Ref. Interval	Units
Bilirubin- Total	: 0.37	0.1-1.2	mg/dl
Bilirubin- Direct	: 0.2	0-0.4	mg/dl
Bilirubin- Indirect	: 0.17	0.1-0.8	mg/dl
SGOT/AST	: 22.16	05-55	IU/L
SGPT/ALT	: 23.8	05-65	IU/L
Alkaline Phosphatase	: 56.39	53-119	U/L
Total Protein	: 7.1	6.0-8.0	mg/dl
Albumin	: 3.9	3.5-5.4	mg/dl
Globulin	: 3.2	2.3-3.5	mg/dl
Alb/GLB ratio	: 1.22	1.50-2.50	

**Note**

- 1) LFT: Liver Function tests are a measurement of blood components that provide a lead to the existence, the extent and the type of liver damage.
- 2) BILIRUBIN: Bilirubin levels may rise due to hemolysis, failure of conjugating mechanism in the liver, obstruction in the biliary system.
- 3) ALKALINE PHOSPHATASE: \*Increase in ALP activity is an index of cholestasis, a blockage of bile flow. \*Increase may also occur in infiltrative diseases of the liver and cirrhosis.
- 4) TRANSAMINASES (AST & ALT): \*The serum transaminases activities are a measure of the integrity of liver cells. \*They are elevated in acute damage to hepatocytes irrespective of etiology. \*The causes include - hepatitis, toxic injury, drug overdose, shock, severe hypoxia.
- 5) SERUM TOTAL PROTEINS: A decrease in serum total proteins indicates a decrease in the liver's synthetic capacity and thus indicates the severity of the liver disease.



Prepared By:

Approved By: DR PANKAJ KUMAR JAIN

डॉ. पंकज जैन  
 पैथोलॉजिस्ट  
 R-M.C No. 130 Page 4 of

Ph.: 0145-2600011, M.: 8112287996, 6377655417  
 Address : S.D.M. Tower, Near Mamta Sweets, B.K. Kaul Nagar, Ajmer

Email : arihantdiagnosticsajmer@gmail.com



## TEST REPORT

28/09/22 4:26:02F

Name : Mr. Kurdia Hitesh

Age & Sex : 33 Years / Male

Referred By : MEDIWHEEL

Client : ARIHANT DIAGNOSTIC

Reg No. : 22099000104

Reg. Date : 26/09/2022 12:34PM

Collected on : 26/09/2022 12:39PM

Reported on : 26/09/2022 04:25PM

### LIPID PROFILE

Parameter	Result	Bio. Ref. Interval	Units
S. Cholesterol	: 180.6	Desirable Value <200 mg/dl	
S. Triglycerides	: 52.8	10-190	mg/dl
HDL Cholesterol	: 42.16	32-60	mg/dl
VLDL Cholesterol	: 10.56	Less than 30 mg/dl	
LDL Cholesterol	: 127.88	Less than 130 mg/dl	
S.Cholesterol/HDL Ratio	: 4.28	Less than 4.5	

NOTE : Lipid Profile RANGES AS PER NCEP guide line are: Serum cholesterol (Total) :

Desirable : < 200 mg/dl, Borderline : 200 - 239 mg/dl, Elevated :  $\geq$  240 mg/dl

Serum high density lipoprotein cholesterol(HDL) : Desirable : > 60 mg/dl, Borderline : 40- 60 mg/dl, Reduced : 40 mg/dl

Total cholesterol : HDL cholesterol ratio : Low risk : 3.3-4.4, Average risk : 4.4-7.1, Moderate risk : 7.1-11.0, High risk : >11.0

Serum low density lipoprotein (LDL) cholesterol : Desirable : 100 mg/dl, Borderline : 100- 159 mg/dl, Elevated :  $\geq$  160 mg/dl

Triglycerides : Desirable : 150 mg/dl, Borderline : 150- 199 mg/dl, High : 200 - 499 mg/dl, Very High :  $\geq$  500 mg/dl .HDL measurement done by Direct HDL clearance method. As per the Friedwald Equation, VLDL & LDL values are not applicable for triglyceride values above 400 mg/dl.



Prepared By:

Approved By:

DR PANKAJ KUMAR JAIN

डॉ पंकज जैन  
पैथोलॉजिस्ट  
R.M.C No. 13012

Page 5 of





## TEST REPORT

26/09/22 4:26:02F

Name : Mr. Kurdia Hitesh  
Age & Sex : 33 Years / Male  
Referred By : **MEDIWHEEL**  
Client : ARIHANT DIAGNOSTIC

Reg No. : 22099000104  
Reg. Date : 26/09/2022 12:34PM  
Collected on : 26/09/2022 12:39PM  
Reported on : 26/09/2022 04:25PM

### RENAL FUNCTION TEST

Parameter	Result	Bio. Ref. Interval	Units
BLOOD UREA LEVEL	: 19.12	18-45	MG/DL
Blood Urea Nitrogen.	: 8.93		
SERUM CREATININE	: 0.80	0.6-1.4	mg/dl
URIC ACID	: 2.16	2.5-7.2	mg/dl
SERUM ELECTROLYTES			



Prepared By:

Approved By:

DR PANKAJ KUMAR JAIN

डॉ. पंकज जैन  
पैथोलोजिस्ट  
R.M.C No. 13012

Page 6 of

Ph.: 0145-2600011, M.: 8112287996, 6377655417

Address : S.D.M. Tower, Near Mamta Sweets, B.K. Kaul Nagar, Ajmer

Email : arihantdiagnosticsajmer@gmail.com

Name : Mr. Kurdia Hitesh  
 Age & Sex : 33 Years / Male  
 Referred By : METIWHEEL  
 Client : ARIHANT DIAGNOSTIC

Reg No. : 22099000104  
 Reg. Date : 26/09/2022 12:34PM  
 Collected on : 26/09/2022 12:39PM  
 Reported on : 26/09/2022 04:25PM

### CLINICAL PATHOLOGY

Parameter	Result	Bio. Ref. Interval	Units
<b>URINE EXAMINATION</b>			
<b>Physical Examination</b>			
Quantity in ML	: 10		
Colour	: Pale Yellow		
<b>Chemical Examination</b>			
Appearance	: Clear		
Reaction	: Acidic		
Albumin	: NIL		
<b>Microscopic Examination</b>			
Sugar	: NIL		
Bile salts	: NIL		
Bile Pigments	: NIL		
Red Blood Cells	: Nil		
Pus cells	: NIL		
Epithelial cells	: NIL		
Casts	: Nil		
Crystals	: Nil		
Others	: Nil		

**\*\*End of Report\*\***



Prepared By:

Approved By:

DR PANKAJ KUMAR JAIN

डॉ पंकज जैन  
 पैथोलोजिस्ट  
 M.C No. 13 Page 2 of

Ph.: 0145-2600011, M.: 8112287996, 6377655417

Address : S.D.M. Tower, Near Mamta Sweets, B.K. Kaul Nagar, Ajmer

Email : arihantdiagnosticsajmer@gmail.com



Name Mr. KURDIA HITESH Age 33 Yrs Sex Male	Visit Date & Time 26/09/2022 15:53:41	PATIENT ID 132215796
	Sample Accepted at : 26/09/2022 15:58:25	Ref. Lab . Arihant diag centre
	Test Authenticated at : 26/09/2022 17:01:43	Ref. By



**BIOCHEMISTRY**

Test Name	Value	Status	Unit	Biological Ref Interval
<b>HBA1C</b> <b>HAEMOGLOBIN GLYCOSYLATED BLOOD</b> Method : Nephelometry Methodology	5.50		%	SEE BELOW

**HBA1c (%) Interpretation**

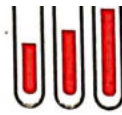
- Below 6.0% - Normal Value
- 6.0% - 7.0% - Good Control
- 7.0% - 8.0% - Fair Control
- 8.0% - 10% - Unsatisfactory Control
- above 10% - Poor Control

**Clinical Information:**

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

<b>AVERAGE BLOOD GLUCOSE</b>	119	90 - 120 Very Good Control
		121 - 150 Adequate Control
		151 - 180 Sub-optimal Control
		181 - 210 Poor Control
		> 211 Very Poor Control

*A. Agarwal*



Name **Mr. KURDIA HITESH**  
Age **33 Yrs**  
Sex **Male**

Visit Date & Time **26/09/2022 15:53:41**  
Sample Accepted at : **26/09/2022 15:58:25**  
Test Authenticated at : **26/09/2022 17:01:43**

PATIENT ID **132215796**  
Ref. Lab **. Arihant diag centre**  
Ref. By



**HORMONES & MARKERS**

Test Name	Value	Status	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>				
<b>THYROID-TRIIODOTHYRONINE (T3)</b> Method : Chemiluminescence	1.34		ng/ml	0.6 - 1.81
<b>THYROID - THYROXINE (T4)</b> Method : Chemiluminescence	6.70		ug/dl	4.6 - 12.23
<b>THYROID STIMULATING HORMONE (TSH)</b> Method : Chemiluminescence with serum	1.14		uIU/ml	0.35 - 5.5

*NOTE: In pregnancy total T3,T4 increase to 1.5 times the normal range.*

**Reference Range (T3)**

Premature Infants 26-30 Weeks ,3-4 days	0.24 - 1.32 ng/ml
Full-Term Infants 1-3 days	0.89 - 4.05 ng/ml
1 Week	0.91 - 3.00 ng/ml
1- 11 Months	0.85 - 2.50 ng/ml
Prepubertal Children	1.19 - 2.18 ng/ml

**Reference Ranges ( T4 ) :**

Premature Infants 26-30 weeks ,3-4 days	2.60 - 14.0 ug/dl
Full -Term Infants 1-3 days	8.20 - 19.9 ug/dl
1 weeks	6.0 - 15.9 ug/dl
1-11 Months	6.1 - 14.9 ug/dl
Prepubertal children 12 months-2yrs	6.8 - 13.5 ug/dl
prepubertal children 3-9 yrs	5.5 - 12.8 ug/dl

**Reference Ranges (TSH)**

Premature Infants 26-32 weeks ,3-4 Days	0.8 - 6.9 uIU/ml
Full Term Infants 4 Days	1.36 - 16 uIU/ml

Newborns : TSH surges within the first 15-60 Minutes of life reaching peak levels between 25- 60 uIU/ml at about 30 minutes. Values then deline repidly and after one week are within the adult normal range.

1 - 11 Months	0.90 - 7.70 uIU/ml
Prepubertal children	0.60 - 5.50 uIU/ml

Primary malfunction of the thyroid gland may result in excessive(hyper) or low(hypo) release of T3 or T4. In additional, as TSH directly affect thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood, in Primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. IN addition, In Euthyroid sick Syndrom, multiple alterations in serum thyroid function test findings have been recoqnized.

Dr.G.N Gupta

*A. Agarwal*  
Dr. Alka Agarwal

Technologist



Name <b>Mr. KURDIA HITESH</b> Age 33 Yrs Sex Male	Visit Date & Time .26/09/2022 15:53:41	PATIENT ID 132215796
	Sample Accepted at : 26/09/2022 15:58:25	Ref. Lab .Arihant diag centre
	Test Authenticated at : 26/09/2022 17:01:43	Ref. By



**CANCER MARKER**

Test Name	Value	Status	Unit	Biological Ref Interval
<b>PROSTATE SPECIFIC ANTIGEN (PSA) TOTAL</b> Method : Tech.: ECLIA/Cobas e411	0.32		ng/ml	0 - 4

Distribution of PSA assay Values:

1. Non-Malignant Conditions which can give values higher than 4 ng/ml. BPH, Prostatitis, Genitourinary diseases, Renal disease & Cirrhosis.
2. Malignant Disease of Prostate Cancer can also give PSA values less than 4.0 ng/ml Stage A & Stage B cancer, Few case of even Stage C & D.

COMMENTS:

Total PSA immunoassay, a quantitative in vitro diagnostic test for total (free + complexed) prostate-specific antigen (tPSA) in human serum and plasma, is indicated for the measurement of total PSA in conjunction with digital rectal examination (DRE) as an aid in the detection of prostate cancer in men aged 50 years or older. Prostate biopsy is required for diagnosis of prostate cancer.

SUMMARY AND EXPLANATION

Elevated concentrations of PSA in serum are generally indicative of a pathologic condition of the prostate (prostatitis, benign hyperplasia or carcinoma). As PSA is also present in para-urethral and anal glands, as well as in breast tissue or with breast cancer, low levels of PSA can also be detected in sera from women. The main areas in which PSA determinations are employed are the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy. The steepness of the rate of fall in PSA down to no-longer detectable levels following radiotherapy, hormonal therapy or radical surgical removal of the prostate provides information on the success of therapy. An inflammation or trauma of the prostate (e.g. in cases of urinary retention or following rectal examination, cystoscopy, coloscopy, transurethral biopsy, laser treatment or ergometry) can lead to PSA elevations of varying duration and magnitude.

\*\*\* End of Report \*\*\*

*A. Agarwal*

**Dr.G.N Gupta**  
M.D Pathology  
(Chief Pathologist)

**Dr. Alka Agarwal**  
M.D. (Pathology)

**Technologist**



# JAI DIAGNOSTIC CENTRE

Plot No.3, Chhawani Road, Behind Jai Clinic, Beawar-305 901, Distt. -Ajmer (Raj.)  
(P) 01462-250104, 251104 • (E) jaidiagnosticcentre@gmail.com

Name :HITESH  
Refer By :Dr. SELF  
Reg. No. :MR/22/086331

Age/Gender :34 YRS/Male  
Reported On :26-09-2022 03:24 PM  
Reg. Date :26-09-2022 01:41 PM

## ULTRASOUND EXAMINATION OF ABDOMEN & PELVIS

- The Liver is enlarged in size and shows a increased parenchymal reflectivity. No focal lesion is seen. The Hepatic veins appear normal. There is no evidence of any dilated intra or extra hepatic biliary radicles. The portal vein appears normal.
- The gall bladder is physiologically distended with normal wall thickness. There is no evidence of gallstones. C.B.D. is of normal
- The Pancreas is normal in size and shows homogenous reflectivity. There is no evidence of any calcification or ductal dilatation.
- The spleen is normal size and shows a homogenous echotexture. It measures 9.2 cm. In long axis. There is no evidence of any focal lesion.  
The Right Kidney measures 10.4 x 4.8 cm.  
The Left Kidney measures 11.4 x 5.3 cm.  
Both kidneys are normal in position and size. They show normal cortical Reflectivity and cortico-medullary distinction.  
There is no evidence of renal calculi, hydronephrosis, or mass noted.
- The Urinary bladder is partially distended and shows normal wall thickness. No evidence of any intraluminal mass or calculi.  
The Prostate gland is normal in size.  
It has smooth outlines and normal reflectivity.  
The seminal vesicles appear normal in size and reflectivity.
- There is no evidence of ascites or para aortic lymphadenopathy.

### IMPRESSION:

- Mild fatty liver

Dr. JALASH SINGHAL  
(M.D. RADIODIAGNOSIS)

Note: 1. This is a Professional opinion only and not the final Diagnosis. 2. No Ultrasonography, CT, ECG, Xray, Lab findings, CBC Report are  
stipulated upon the final Diagnosis and proceedings for Management (Medical or Surgical) 3. Not all gross congenital anomalies of fetus are apparent,  
during scanning due to difficult & variable position attained by the fetus. Hence this report does not exclude all gross congenital fetal anomalies. Fetal  
ribcage anomalies are not included, ask for fetal echocardiography whenever suspicion is there 4. Whenever suspect congenital anomalies, ask for  
targeted scan 5. In case of Disparity between clinical & ultrasound findings, please send  
patient again for review free of cost 6. This report is not valid for medico legal purpose 7. Subject to hospital jurisdiction.  
Generated on: 26-09-2022 03:24 PM Created By: Miss. JYOTI KUMAWAT

Free Home  
Sample  
Collection  
Toll Free No.  
80032 900  
24 Hours Lab o

congenital an...  
de all gross congenital anoma...  
never suspect congenital anomalies...  
ographic/X-Ray/CT/lab findings, please send  
RMS: JYOTI KUMAWAT



# JAI DIAGNOSTIC CENTRE

Plot No.3, Chhawani Road, Behind Jai Clinic, Beawar-305 901, Distt. -Ajmer (Raj.)  
(P) 01462-250104, 251104 · (E) jaidiagnosticcentre@gmail.com

Name	:HITESH	Age/Gender	:34 YRS/Male
Refer By	:Dr. SELF	Reported On	:26-09-2022 03:25 PM
Reg. No.	:MR/22/086331	Reg. Date	:26-09-2022 01:38 PM

## Chest X-Ray (PA view)

There is no evidence of any infiltration or pleural effusion seen on either side of the chest  
The cardiac shadow is normal.  
The aorta shows normal radiological features.  
The domes of the diaphragm are normal in shape & outlines.  
Bones of the thorax are normal  
Soft tissues are normal. No calcifications are seen

### IMPRESSION:-

➤ No active lung parenchymal lesion is seen

Dr. JALASH SINGHAL  
M.D. RADIODIAGNOSIS

Note : This is a Professional opinion only and not the final Diagnosis. No Ultrasonography, CT, ECG, Xray, Lab findings, CBC Report are Pathognomonic, all findings are only suggestive, hence they should be reviewed with the relevant clinic history & relevant investigations before embarking upon the final Diagnosis and proceedings for Management (Medical or Surgical). Not all gross congenital anomalies of fetus are apparent during scanning due to difficult & variable position attained by the fetus. Hence this report does not exclude all gross congenital fetal anomalies. Fetal cardiac anomalies are not included, ask for fetal echocardiography whenever suspicion is there. Whenever suspect congenital anomalies, ask for targeted scan along with serum biochemistry markers. In case of Disparity between clinical and Sonographic/X-Ray/CT/lab findings, please send patient again for review free of cost. This report is not valid for medico legal purpose. Subject to terms & conditions.

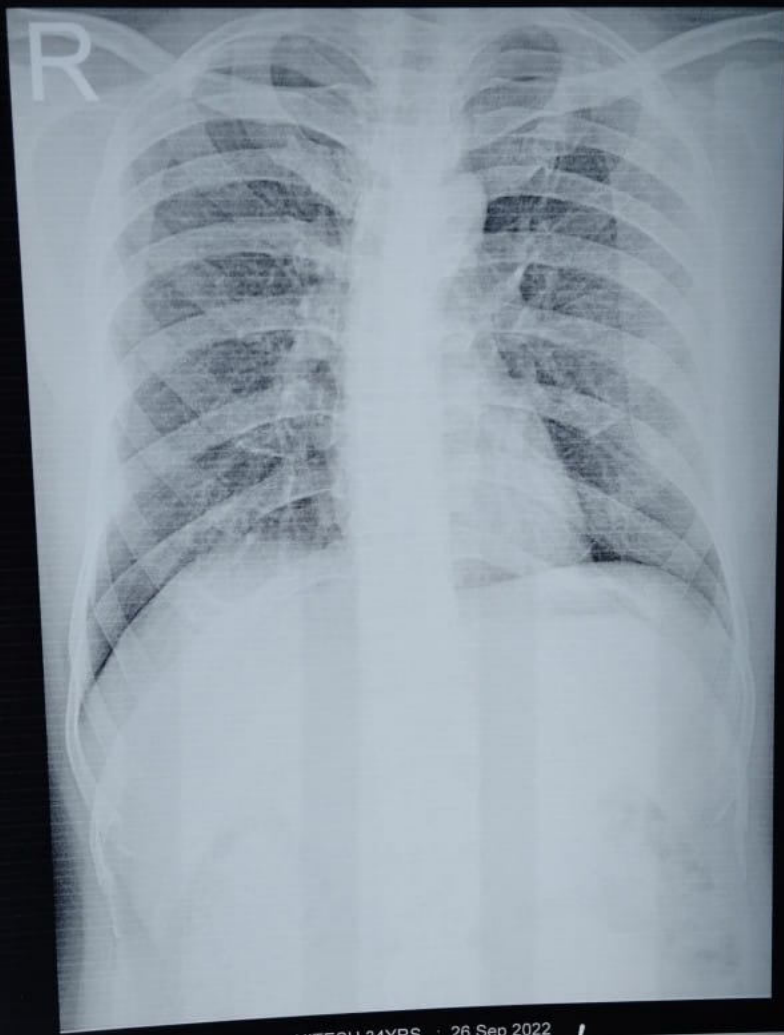
Free Home Collection  
Toll Free No. 80032 9003

Generated on : 26-09-2022 03:25 PM

Created By : Miss. JYOTI KUMAWAT

Advice/Comments:

R



HITESH 34YRS : 26 Sep 2022 /