

W - 64  
 H - 165cm  
 B.P 120/80

लिंग / Sex: महिला / Female  
 डेट ऑफ बर्थ / Date of Birth: 07/03/1987  
 उम्र / Age: 27 वर्ष 120. रजम विडर सी. 12 एम एम  
 शरीर निर्माण, रजम विडर सी. 12 एम एम  
 ड्रिग ऑरिजनल, रजम विडर सी. 12 एम एम  
 Address: H, N 120 PRATAP NAGAR  
 Station, Vijay Nagar, Tahsil-Ghazabad, District-Ghazabad, Pin Code-201009

दिनांक / Date: 04/04/2014  
 स्कैनड सिग्नेचर / Scanned Signature of  
 ऑरिजनल रजम विडर सी. 12 एम एम  
 Electoral Registration Officer  
 Assembly Constituency No. & Name  
 56 Ghazabad  
 भाग नंबर और नाम / Part No and Name  
 74 गोलदान प्राइमरी स्कूल विहार  
 स्कूल प्रताप विहार  
 74 GOLDAN PRIMARY SCHOOL HAIGH  
 SO SCHOOL PRATAP VIHAR

नोट / Note:  
 1. इस कार्ड को वापस करने का ले कर कोई गारंटी नहीं है कि आप वास्तव में मतदाता हैं।  
 2. इस कार्ड में उल्लिखित तथ्यों को सिद्ध करने के लिए आपको अपने पास कोई भी प्रमाण प्रस्तुत करना होगा।  
 3. इस कार्ड को वापस करने का ले कर कोई गारंटी नहीं है कि आप वास्तव में मतदाता हैं।  
 4. इस कार्ड में उल्लिखित तथ्यों को सिद्ध करने के लिए आपको अपने पास कोई भी प्रमाण प्रस्तुत करना होगा।  
 5. Date of Birth mentioned in this card shall not be treated as a proof of age / D.O.B. for any purpose other than registration in electoral roll.



93545847  
 17.3.2022

*Signature*

भारत निर्वाचन आयोग  
 ELECTION COMMISSION OF INDIA  
 भारतीय निर्वाचन आयोग - ELECTION PHOTO IDENTITY CARD  
 NDN2881852

नाम: नेहा गोयल  
 Name: NEHA GOYAL  
 पति का नाम: राहुल गोयल  
 Husband Name: RAHUL GOYAL



Mrs. Neha goyal  
ID: 000

Visit: opd  
36 Years

Female

17.03.2024 9:10:02 AM  
sjm hospital  
sector 63  
Gautam Budhha Nagar, UP-201307

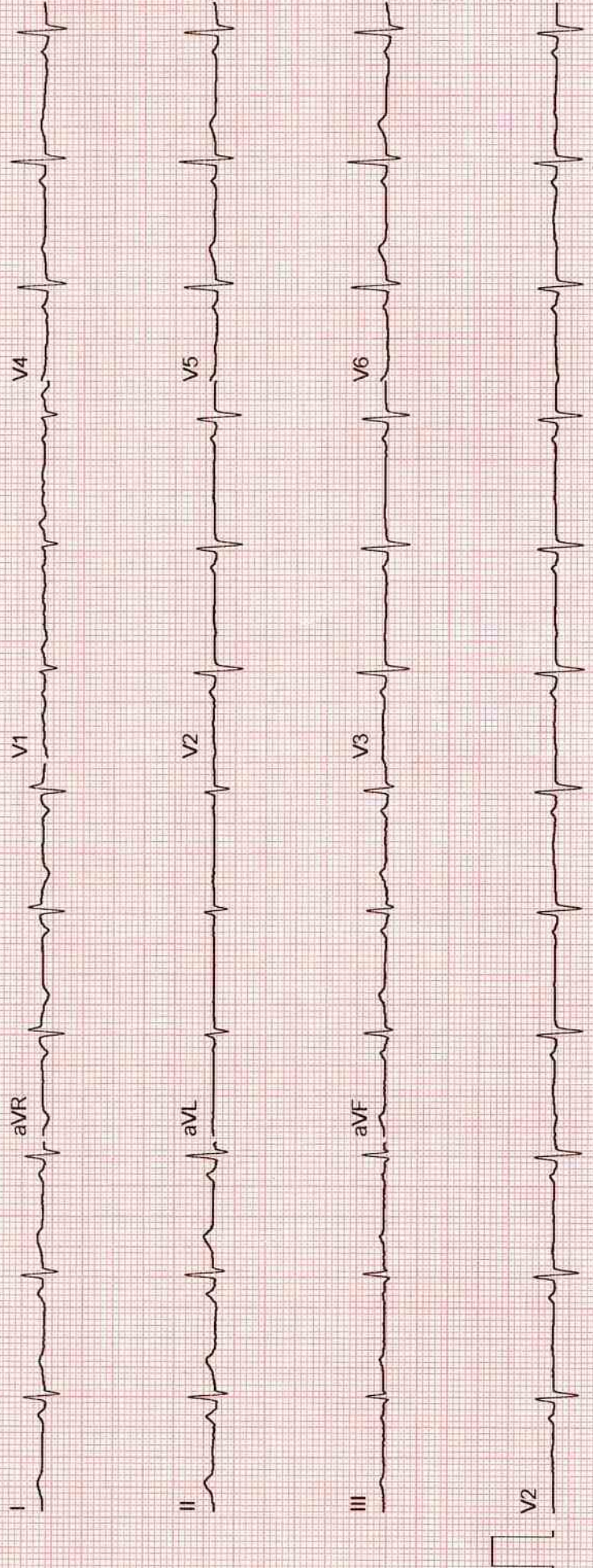
QRS : 78 ms  
QT/QTcBaz : 356 / 392 ms  
PR : 144 ms  
P : 104 ms  
RR/PP : 822 / 821 ms  
P/QRS/T : 49 / 80 / 54 degrees

Normal sinus rhythm  
Normal ECG

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

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

73 bpm  
- / - mmHg







# 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)



MU NEHA  
374

**(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. Jaideep Gambhir, M.D(Psychiatrist)  
Consultant Psychiatry, Mob.: 8006888664  
Dr. Monica Gambhir, MBBS

Family Therapist & Relationship Counsellor  
Mob.: 8006888663

Dr. B.P. Gupta, MS (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.

1713/24

LMP 11/3/24

LMC  
KFT

> 7 AM  
> 7 AM

2 EN PLOY

ADD  
200 mg  
1 mg 4 5d

> SUP

VINILIZER

1/2

2 TSP IN  
CRASH WATER  
mg 4 10d



P LENTY

AMU

E

reprints

OF

ORAL

FLUIDS

## 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 Medicofarm, Genins 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

## Laboratory Report

Lab Serial no. : LSHHI278135	Mr. No : 113130
Patient Name : Mrs. NEHA GOYAL	Reg. Date & Time : 17-Mar-2024 03:25 AM
Age / Sex : 36 Yrs / F	Sample Receive Date : 17-Mar-2024 05:20 PM
Referred by : Dr. MAROOF ALI ( 9210229424)	Result Entry Date : 18-Mar-2024 08:57AM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 18-Mar-2024 08:57 AM
OPD : OPD	

### HAEMATOLOGY

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

#### CBC / COMPLETE BLOOD COUNT

HB (Haemoglobin)	<b>10.6</b>	gm/dL	12.0 - 16.0
TLC	5.6	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	68	%	40 - 70
Lymphocyte	25	%	20 - 40
Eosinophil	05	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.20	Thousand / UI	3.8 - 5.10
P.C.V	36.0	million/UI	0 - 40
M.C.V.	85.7	fL	78 - 100
M.C.H.	<b>25.2</b>	pg	27 - 32
M.C.H.C.	<b>29.4</b>	g/dl	32 - 36
Platelet Count	2.10	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

*R. Goel*



## Laboratory Report

Lab Serial no. : LSHHI278135	Mr. No : 113130
Patient Name : Mrs. NEHA GOYAL	Reg. Date & Time : 17-Mar-2024 03:25 AM
Age / Sex : 36 Yrs / F	Sample Receive Date : 17-Mar-2024 05:20 PM
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### HAEMATOTOLOGY

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

#### ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	20	mm/1hr	00 - 20
--------------------------------------	----	--------	---------

#### 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	6.0	%	4.0 - 6.0
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	115.4	mg/dl	

#### INTERPRETATION-

NON DIABETIC	HbA1C	4-6 %
GOOD DIABETIC CONTROL		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

Lab Serial no.	: LSHHI278135	Mr. No	: 113130
Patient Name	: Mrs. NEHA GOYAL	Reg. Date & Time	: 17-Mar-2024 03:25 AM
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Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 18-Mar-2024 08:57 AM
OPD	: OPD		

### BIOCHEMISTRY

results unit reference

#### BLOOD SUGAR (PP), Serum

SUGAR PP 134.5 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) 101.8 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 :

Typed By : Mr. BIRJESH





## Laboratory Report

Lab Serial no. : LSHHI278135	Mr. No : 113130
Patient Name : Mrs. NEHA GOYAL	Reg. Date & Time : 17-Mar-2024 03:25 AM
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### BIOCHEMISTRY

	results	unit	reference
<b>LIPID PROFILE, Serum</b>			
S. Cholesterol	130.0	mg/dl	< - 200
HDL Cholesterol	<b>37.7</b>	mg/dl	42.0 - 88.0
LDL Cholesterol	68.9	mg/dl	50 - 150
VLDL Cholesterol	23.4	mg/dl	00 - 40
Triglyceride	117.1	mg/dl	00 - 170
Chloestrol/HDL RATIO	3.4	%	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



Page 1

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

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

## Laboratory Report

Lab Serial no. : LSHHI278135	Mr. No : 113130
Patient Name : Mrs. NEHA GOYAL	Reg. Date & Time : 17-Mar-2024 03:25 AM
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### BIOCHEMISTRY

	results	unit	reference
<b>KFT,Serum</b>			
Blood Urea	33.6	mg/dL	13 - 40
Serum Creatinine	0.70	mg/dl	0.6 - 1.1
Uric Acid	5.7	mg/dl	2.6 - 6.0
Calcium	9.6	mg/dL	8.8 - 10.2
Sodium (Na+)	137.0	mEq/L	135 - 150
Potassium (K+)	3.94	mEq/L	3.5 - 5.0
Chloride (Cl)	106.3	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	15.70	mg/dL	7 - 18
PHOSPHORUS-Serum	3.29	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.

technician :

Typed By : Mr. BIRJESH





## Laboratory Report

Lab Serial no. : LSHHI278135	Mr. No : 113130
Patient Name : Mrs. NEHA GOYAL	Reg. Date & Time : 17-Mar-2024 03:25 AM
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Doctor Name : Dr. Vinod Bhat	Reporting Time : 18-Mar-2024 08:57 AM
OPD : OPD	

### BIOCHEMISTRY

	results	unit	reference
<b>LIVER FUNCTION TEST, Serum</b>			
Bilirubin- Total	0.66	mg/dL	0.1 - 2.0
Bilirubin- Direct	<b>0.21</b>	mg/dL	0.00 - 0.20
Bilirubin- Indirect	0.45	mg/dL	0.2 - 1.2
SGOT/AST	<b>31.9</b>	IU/L	00 - 31
SGPT/ALT	<b>34.1</b>	IU/L	00 - 34
Alkaline Phosphate	<b>107.0</b>	U/L	42.0 - 98.0
Total Protein	7.37	g/dL	6.4 - 8.3
Serum Albumin	4.10	gm%	3.50 - 5.20
Globulin	3.27	gm/dl	2.0 - 4.0
Albumin/Globulin Ratio	1.25	%	

#### 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



Page 1

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

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





MRS. NEHA GOYAL

# SJM SUPER SPECIALITY HOSPITAL

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

Tel.: 0120-6530900 / 10 Mob.: +91 9599259072

E-mail.: email@sjmhospital.com

Web.: www.sjmhospital.com



Centre for Excellent Patient Care

## Laboratory Report

Lab Serial No.	: LSHHI278135	Reg. No.	: 113130
Patient Name	: MRS. NEHA GOYAL	Reg. Date & Time	: 17-Mar-2024 03:25 AM
Age/Sex	: 36 Yrs /F	Sample Collection Date	: 17-Mar-2024 05:20 PM
Referred By	: Dr. MAROOF ALI ( 9210229424)	Sample Receiving Date	: 17-Mar-2024 05:20 PM
Doctor Name	: Dr. Vinod Bhat	ReportingTime	: 18-Mar-2024 08:57 AM
OPD/IPD	: OPD		

### URINE EXAMINATION TEST

#### PHYSICAL EXAMINATION

Quantity: 20 ml

Color: Straw

Transparency: clear

#### CHEMICAL EXAMINATION

Albumin: nil

Glucose: nil

PH: Acidic

#### MICROSCOPIC EXAMINATION

Pus cells: 1-2 /HPF

RBC's: nil

Crystals: nil

Epithelial cells: 0-1 /HPF

Others: nil

#### Note:-

A urinalysis is a test of your urine. It's used to detect and manage a wide range of disorders, such as urinary tract infections, kidney disease and diabetes. A urinalysis involves checking the appearance, concentration and content of urine.

Mr. BIRJESH


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


3/18/2024

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

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



<b>Visit ID</b> : IQD89570	Registration	: 18/Mar/2024 10:15AM
UHID/MR No : IQD.0000087493	Collected	: 18/Mar/2024 10:15AM
<b>Patient Name</b> : Mrs.NEHA GOYAL	Received	: 18/Mar/2024 10:25AM
Age/Gender : 37 Y 0 M 0 D /F	Reported	: 18/Mar/2024 01:39PM
Ref Doctor : Dr.SELF	Status	: Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code :	Barcode No	: 240304411



**DEPARTMENT OF HORMONE ASSAYS**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE (FT3,FT4,TSH)</b>				
<b>Sample Type : SERUM</b>				
FT3	2.54	pg/ml	2.30-4.20	CLIA
FT4	16.343	pmol/L	10.0-22.0	CLIA
TSH	<b>11.97</b>	uIU/mL	0.35-5.50	CLIA

**INTERPRETATION:**

-Measurement of Free T3 is often employed to help confirm a diagnosis of hypothyroidism where an elevated free or total T4 has been encountered.  
 -Free thyroxine (FT4) is a better indicator of thyroid hormone action as it is not affected by changes in thyroxine binding globulin. In mild to moderate systemic illness, FT4 is generally normal or slightly raised and TSH is normal in patients without thyroid disease.  
 -Low levels of thyroid hormones (FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in nonthyroidal illness also.  
 -Increased levels are found in Graves's disease, hyperthyroidism and thyroid hormone resistance.  
 -TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

**In Pregnancy, reference range for FT3 in pg/mL:**  
 First trimester- 2.11-3.83  
 Second and Third trimester- 1.96-3.38

**In Pregnancy, reference range for FT4 in ng/dL:**  
 First trimester- 0.7-2.0  
 Second and Third trimester- 0.5-1.6  
**(Pregnancy reference values as per American Thyroid Association)**

**NOTE:**  
 -TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and is at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

**Note**  
**Ultra-TSH-Reference range is 0.550 to 4.780 uIU/ml**  
**TSH (total) - Reference range is 0.35 to 5.50 uIU/ml**  
**These values may be compared accordingly**

\*\*\* End Of Report \*\*\*



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



## Ultrasound Report

NAME: Mrs. Neha goyal

AGE: 37yrs/f

DATE: 17/03/2024

### Real time USG of abdomen and pelvis reveals –

**LIVER** --Liver appears normal in size and shape, contour and echo pattern. 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 show normal size, shape and homogeneous echo pattern. No focal mass lesion is seen in parenchyma.

**KIDNEY** -Both the kidneys are normal in size, shape, position and axis. Parenchymal echo pattern 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 calculus 3.8 mm.**

**RETROPERITONIUM**- -There is no evidence of ascites or Para – aortic adenopathy seen. Retroperitoneal structures appear normal.

**URINARY BLADDER**- Adequately distended. Walls were regular and thin. Contents are Normal. No stone formation seen.

**UTERUS**-Uterus is normal and both ovaries are normal in size, shape and echo pattern. No focal lesion is seen. Endometrial is normal. There is no evidence of free fluid seen in the pelvis. There is no evidence of adnexal mass is seen.

**IMPRESSION: Left renal concretions with calculus.**

For SJM Super Specialty Hospital

DR. PUSHPA KAUL



DR. RAKESH GUJJAR





SJM SUPER SPECIALITY HOSPITAL  
NOIDA



## Ultrasound Report

### TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: Mrs. Neha goyal

Age /sex:37Yrs/F

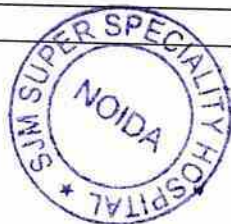
Date:17.03.2024

**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	2.9		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.0	2.2	(ED =39 -58)
Interventricular Septum	0.8		(ED = 6 -11)
Posterior Wall thickened	0.9		(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 RWMA LVEF= 60%.
- 2.) Normal CCD.
- 3.) Normal RV systolic function.
- 4.) Normal Mitral inflow pattern.
- 5.) NO MR NO MS NO AS/AR, NO TR.
- 6.) No Intra cardiac clot, vegetation, pericardial effusion.

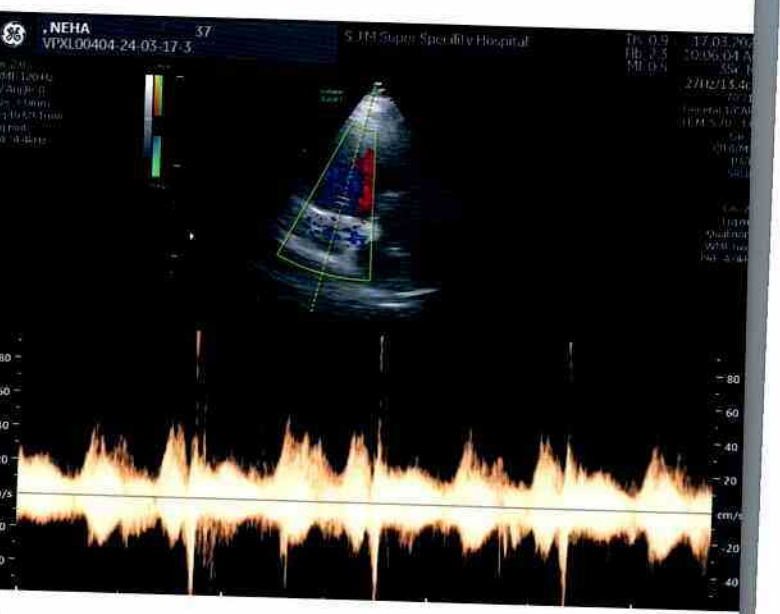
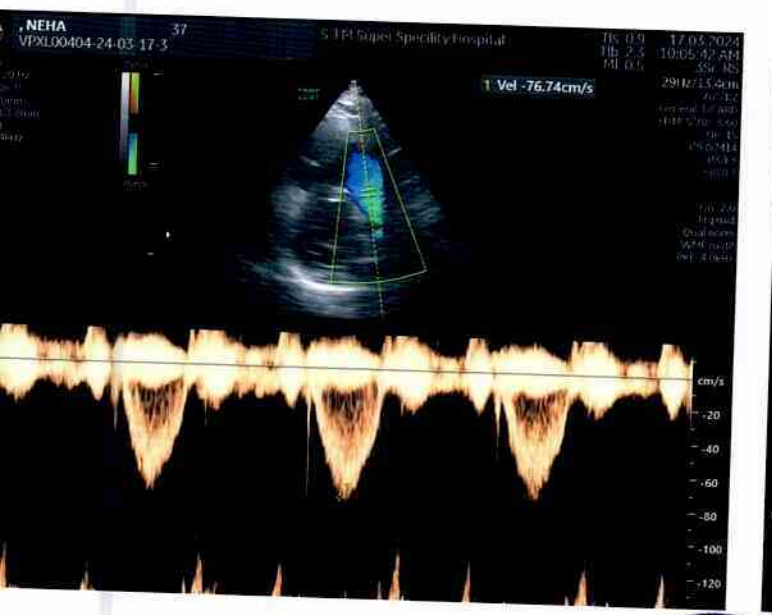
**DR. BHUPENDER BHATI**

Non-Interventional Cardiologist.

Centre for Excellent Patient Care







## X-Ray Report

PATIENT ID	: 26740 OPD	PATIENT NAME	: MRS NEHA GOYAL
AGE	: 037Y	SEX	: Female
REF. PHY.	:	STUDY DATE	: 17-Mar-2024

### RADIOLOGY REPORT EXAM: X RAY CHEST

#### CLINICAL HISTORY:

#### COMPARISON:

None

#### TECHNIQUE:

Frontal projections of the chest were obtained

#### FINDINGS:

Prominent bronchovascular markings are noted in both lung fields, this is indicative of bronchitis.

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) Prominent bronchovascular markings are noted in both lung fields, this is indicative of bronchitis.

*Namrata*

Dr Namrata Maske  
Consultant Radiologist  
MBBS, DMRE  
Regn No: 2018/06/2919

Dr Namrata Maske  
17th Mar 2024





PA

