



भारत सरकार

Government of India



श्याम सुंदर
Shyam Sunder

जन्म तिथि / DOB: 30/06/1989

पुरुष / Male

8817 5521 9838



आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: आत्मज: हाकम राम, ३ एलजीडब्लू
लॉगवाला, हनुमानगढ़, राजस्थान, 335803

Address: S/O: Hakam Ram,
3 LGW, Hanumangarh,
Longwala, Rajasthan,
335803

8817 5521 9838



1947
1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in



 GPS Map Camera



Bhuj, Gujarat, India
1041, Jadavji Nagar, Bhuj, Gujarat 370020, India
Lat 23.234934°
Long 69.650382°
08/07/23 09:54 AM GMT +05:30

Patient Name : MR. SUNDAR SHYAM

Age / Gender : 34 years / Male

Patient ID :102494

Source : Roha Healthcare

Referral : SELF

LAB DIVISION



Collection Time : Jul 08, 2023, 11:09 a.m.

Receiving Time : Jul 08, 2023, 11:09 a.m.

Reporting Time : Jul 08, 2023, 03:05 p.m.

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
CBC + ESR			
Hemoglobin (Hb)*	15.0	13.5 - 18.0	gm/dL
Method : Cynmeth Photometric Measurement			
Total Leucocytes (WBC) Count*	7.52	4.0 - 11.0	10 ³ uL
Method : Electrical Impedence			
Erythrocyte (RBC) Count*	4.97	4.7 - 6.0	10 ⁶ uL
Method : Electrical Impedence			
Packed Cell Volume (PCV)*	45.1	42 - 52	%
Method : Electrical Impedence			
Mean Cell Volume (MCV)*	90.9	78 - 100	fL
Method : Calculated			
Mean Cell Haemoglobin (MCH)*	30.3	27 - 31	pg
Method : Calculated			
Mean Corpuscular Hb Conc. (MCHC)*	33.3	32 - 36	gm/dL
Method : Calculated			
Red Cell Distribution Width (RDW)*	13.7	11.5 - 14.0	%
Method : Electrical Impedence			
Platelet Count*	147	150 - 450	10 ³ /ul
Method : Electrical Impedence			
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils*	50	40 - 80	%
Method : VCSn Technology			
Lymphocytes*	40	20 - 40	%
Method : VCSn Technology			
Monocytes*	06	2 - 10	%
Method : VCSn Technology			
Eosinophils*	04	1 - 6	%
Method : VCSn Technology			
Basophils*	00	1-2	%
Method : VCSn Technology			
ESR - Erythrocyte Sedimentation Rate	14	10	mm/hr
Method : Westergren			

Comments:

END OF REPORT



Dr. Jaydip Gorani
MBBS, MD (Pathology)
Consultant Pathologist

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Receiving Time : Jul 08, 2023, 11:09 a.m.

Reporting Time : Jul 08, 2023, 05:45 p.m.

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
<u>PERIPHERAL BLOOD SMEAR (PBS)</u>			
RBC Morphology	Normocytic Normochromic		
WBC Morphology	Within Normal Limits		
Platelet	Reduced on smear.		
Haemoparasites	Not-Detected		
Impression	Mild Thrombocytopenia.		
Advise	Kindly correlate clinically		

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Diagnostic Center Address : 1st Floor, Plot No. 04/11/111, Near US Pizza, College Road, V R Nagar, Bhuj, District Kutch - 370001, Gujarat.

+91 - 9310 9595 81 02832 - 230235 info@rohahealthcare.com www.rohahealthcare.com

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Patient ID : 102494
Source : Roha Healthcare
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Receiving Time : Jul 08, 2023, 11:09 a.m.
Reporting Time : Jul 08, 2023, 03:00 p.m.
Sample ID :  RH06294

Test Description	Value(s)	Reference Range	Unit(s)
<u>Kidney Function Test + Electrolytes</u>			
Urea * Method : GLDH	18.6	17- 43	mg/dL
Creatinine* Method : Jaffe's	1.09	0.67 - 1.17	mg/dL
Uric Acid* Method : Uricase-Peroxidase	7.2	3.6 - 8.2	mg/dL
Blood Urea Nitrogen-BUN* Method : Calculated	8.69	7 - 18	mg/dL
Urea /Creatinine Ratio Method : Calculated	17.06	-	mg/dL
BUN /Creatinine Ratio Method : Calculated	-	-	mg/dL
Calcium* Method : Arsenazo III	9.2	8.8 - 10.6	mg/dL
Phosphorus Method : phosphomolybdate	3.5	Adult -2.5 - 4.5 Children - 4.0 - 7.0	mg/dL
Sodium* Method : Indirect ISE	143	136 - 146	mmol/L
Potassium* Method : Indirect ISE	4.21	3.5 - 5.1	mmol/L
Chloride* Method : Indirect ISE	102	101 - 109	mmol/L

Interpretation

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is a waste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. In blood, it is a marker of GFR. In urine, it can remove the need for 24-hour collections for many analytes or be used as a quality assurance tool to assess the accuracy of a 24-hour collection. Higher levels may be a sign that the kidneys are not working properly. As kidney disease progresses, the level of creatinine and urea in the blood increases. Certain drugs are nephrotoxic. KFT is done before and after initiation of treatment with these drugs. Low serum creatinine values are rare; they almost always reflect low muscle mass. Apart from renal failure, Blood Urea can increase in dehydration and GI bleed. Reference ranges vary between laboratories. Note : The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.

****END OF REPORT****



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Receiving Time : Jul 08, 2023, 11:09 a.m.

Reporting Time : Jul 08, 2023, 05:52 p.m.

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
Lipid Profile			
Total Cholesterol Method : CHOD-POD	242	Desirable: <= 200 Borderline High: 200-239 High: > 240 Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.	mg/dL
Triglycerides Method : GPO-POD Method	807	40 - 140	mg/dL
HDL-Cholesterol Method : Direct Method	42.9	36 - 65	mg/dL
Non - HDL Cholesterol Method : calculated	199.10	< 130	mg/dL
LDL Cholesterol Method : Calculated	37.70	60 - 129	mg/dL
VLDL Method : Calculated	161.40	5 - 40	mg/dL
CHOL/HDL RATIO Method : Calculated	5.64	0 - 4.5	ratio
LDL/HDL RATIO Method : Calculated	0.88	0 - 3	ratio
HDL/LDL RATIO Method : Calculated	1.14	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio

Comment-

Result rechecked with given sample please correalte clinically.

Note: 8-10 hours fasting sample is required.

Interpretation :

Lipid profile 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. Hypertriglyceridemia is indicative of insulin resistance when present with low high-density lipoprotein (HDL) and elevated low-density lipoprotein (LDL), while elevated triglyceride is a clinical risk factor for coronary artery disease (CAD), especially when low HDL is present. Very high levels of triglycerides are defined by serum levels of 500mg/dL or greater and can be concerning for development of pancreatitis. Reference ranges vary between laboratories.

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Reporting Time : Jul 08, 2023, 03:02 p.m.

Sample ID :



RH06294

Test Description	Value(s)	Reference Range	Unit(s)
Thyroid Profile-I			
T3-Total	0.98	0.58 - 1.62	ng/dL
T4-Total	10.2	5.0 - 14.5	ug/dL
TSH-Ultrasensitive	1.65	0.34 - 5.6	uIU/mL
Method : CLIA			

Interpretation

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism. Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy, Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermittent 14 therapy or T4 overdose •Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion'
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease). Multinodular goitre, Toxic nodule •Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in T3 level can be upto 25%.

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Reporting Time : Jul 08, 2023, 03:04 p.m.

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
<u>Glycosylated Hb</u>			
Glyco Hb (HbA1C)	8.2	4.2 - 6.0	%
Method : EDTA Whole blood,HPLC			
Estimated Average Glucose :	188.64		mg/dL

Interpretations

The following HbA1c ranges recommended by the American Diabetes Association(ADA) may be used as an aid in the diagnosis of diabetes mellitus.

HbA1C(NGSP %)	Suggested Diagnosis
> 6.5	Diabetic
5.7 - 6.4	Pre- Diabetic
< 5.7	Non - Diabetic

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Reporting Time : Jul 08, 2023, 03:05 p.m.

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
Blood group			
Blood Group	"B"		
Method : Forward and Reverse By Tube Method			
RH Factor	Negative		

Methodology

This is done by forward and reverse grouping by tube Agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2–4 years).

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Reporting Time : Jul 08, 2023, 03:03 p.m.

Sample ID :



RH06294

Test Description	Value(s)	Reference Range	Unit(s)
<u>URINE ROUTINE</u>			
Volume*	30	-	ml
Colour*	Pale Yellow	Pale Yellow	
Transparency (Appearance)*	Clear	Clear	
Deposit*	Absent	Absent	
Reaction (pH)*	6.0	4.5 - 8	
Specific Gravity*	1.015	1.010 - 1.030	
<u>Chemical Examination (Automated Dipstick Method) Urine</u>			
Urine Glucose *	Present (+++)	Absent	
Urine Protein	Present(Trace)	Absent	
Urine Ketones*	Absent	Absent	
Blood*	Absent	Absent	
Bile pigments*	Absent	Absent	
Nitrite*	Absent	Absent	
Urobilinogen*	Normal	Normal	
<u>Microscopic Examination Urine</u>			
Pus Cells (WBCs)*	1-2	0 - 5	/hpf
Epithelial Cells*	0-1	0 - 4	/hpf
Red blood Cells*	Absent	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Amorphous deposits*	Absent	Absent	
Bacteria*	Absent	Absent	

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Age / Gender : 34 years / Male
Patient ID : 102494
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Referral : SELF

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Collection Time : Jul 08, 2023, 11:09 a.m.
Receiving Time : Jul 08, 2023, 11:09 a.m.
Reporting Time : Jul 08, 2023, 02:58 p.m.
Sample ID : 
 RH06294

Test Description	Value(s)	Reference Range	Unit(s)
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Blood Sugar Fasting

Glucose fasting Method : GOD-POD	224	60 - 110	mg/dL
-------------------------------------	------------	----------	-------

Interpretation:

Elevated glucose levels (hyperglycemia) are most often encountered clinically in the setting of diabetes mellitus, but they may also occur with pancreatic neoplasms, hyperthyroidism, and adrenocortical dysfunction. Decreased glucose levels (hypoglycemia) may result from endogenous or exogenous insulin excess, prolonged starvation, or liver disease.

Fasting Glucose	2 HOURS PP Glucose	Diagnosis
100 to 125	140 to 199	Pre Diabetes
>126	>200	Diabetes

Impaired glucose tolerance (IGT) fasting, means a person has an increased risk of developing type 2 diabetes but does not have it yet. A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes. IGT (2 hrs Post meal), means a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes

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Collection Time : Jul 08, 2023, 11:09 a.m.
Receiving Time : Jul 08, 2023, 11:09 a.m.
Reporting Time : Jul 08, 2023, 02:59 p.m.
Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
Blood Sugar PP			
Blood Glucose-Post Prandial Method : GOD-POD	347	70 - 140	mg/dL

Interpretation:

Fasting Glucose Plasma	02 hr Plasma Glucose	Diagnosis
100 to 125	140 to 199	Pre Diabetes
>126	>200	Diabetes

*** Confirm by repeating the test on a different day**

Impaired glucose tolerance (IGT) fasting, means a person has an increased risk of developing type 2 diabetes but does not have it yet. A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes. IGT (2 hrs Post meal), means a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes

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Receiving Time : Jul 08, 2023, 11:09 a.m.

Reporting Time : Jul 08, 2023, 05:50 p.m.

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
<u>Liver Function Test + GGT</u>			
Bilirubin - Total Method : Diazotized Sulfanilic Acid (DSA) Method	0.82	0.3 - 1.2	mg/dL
Bilirubin - Direct Method : Diazotization	0.29	Adults and Children: < 0.30	mg/dL
Bilirubin - Indirect Method : Calculated	0.53	0.1 - 1.0	mg/dL
SGOT (AST) Method : UV-assay IFCC	96	< 35	U/L
SGPT (ALT) Method : UV-assay IFCC	148	< 45	U/L
GGT-Gamma Glutamyl Transpeptidase Method : G-glutamyl-carboxy-nitroanilide	166	11 - 61	U/L
Alkaline Phosphatase-ALPI Method : IFCC Method	71	30-120	U/L
Total Protein Method : Biuret Method	7.19	6.6 - 8.3	g/dL
Albumin Method : Bromocresol Green (BCG) Method	4.30	Adults: 3.5 - 5.2	g/dL
Globulin Method : Calculated	2.89	1.8 - 3.6	g/dL
A/G Ratio Method : Calculated	1.49	1.2 - 2.2	ratio

Interpretation.

These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Some tests are associated with functionality (e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract (gamma-glutamyl transferase and alkaline phosphatase).

Conditions with elevated levels of ALT and AST include hepatitis A, B, C, paracetamol toxicity etc. Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are also carried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medications are not adversely impacting the person's liver. Reference ranges vary between laboratories.

Note : The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation

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SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

MER- MEDICAL EXAMINATION REPORT

Date of Examination	8/7/2023		
NAME	Shyam Sunder		
AGE		Gender	M
HEIGHT(cm)	170	WEIGHT (kg)	64.14
B.P.	112/82 ~		
ECG	N/R		
X Ray			
Vision Checkup	Color Vision:		
	Far Vision Ratio : 6/6 with eyes		
	Near Vision Ratio : N/G with G		
Present Ailments	Nil		
Details of Past ailments (If Any)	N.T		
Comments / Advice : She /He is Physically Fit	Fit		
EM(?) @ omg			

Signature with Stamp of Medical Examiner

Dr. Ninad J. Gor
M.B.B.S.
Reg. No. : G-64033



SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Shyam Sunder on 8/7/2023

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none">• Medically Fit	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none">• Currently Unfit. <p>Review after _____ recommended</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Unfit	

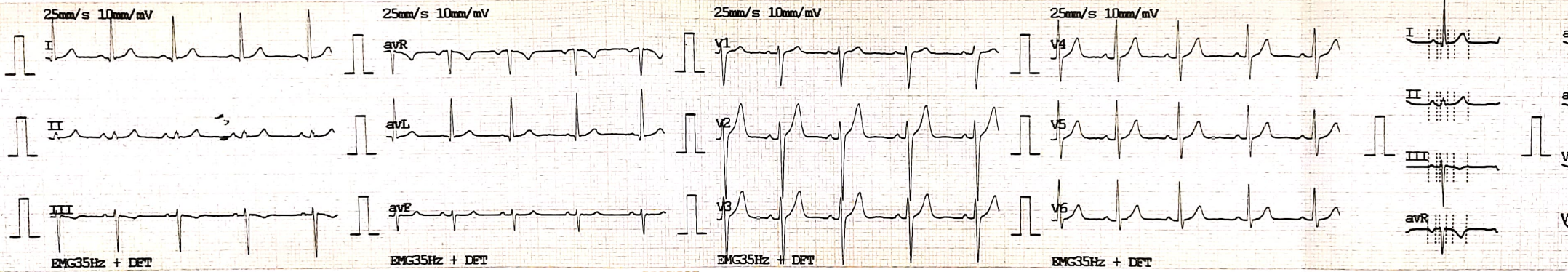
Dr. Ninad J. Gor
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

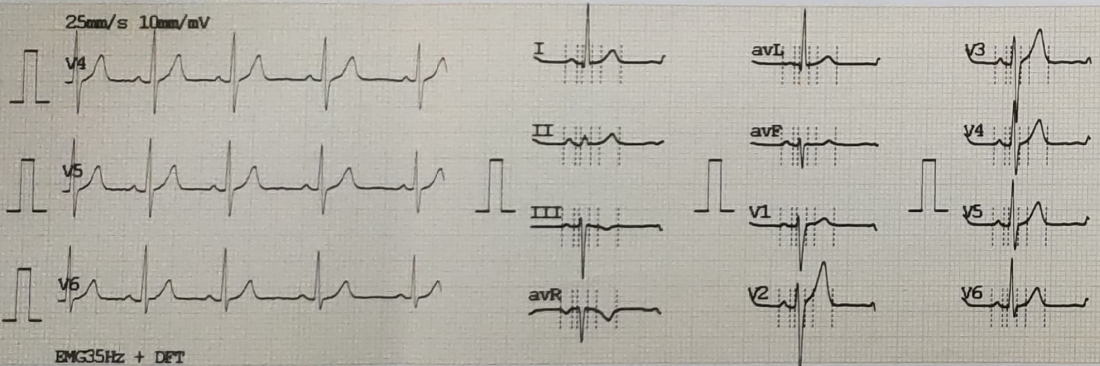
Dr. Ninad J. Gor
M.B.B.S.

Reg. No. : G-64033

BPL



25mm/s 10mm/mV



Date : 2000-01-01 00:10:22
 ID : 0000007
 Name : SUN DAR SHYAM
 Sex :
 Age : 34
 Weight : 69.7
 Height : 170

HR (bpm) : 94
 PR (ms) : 126
 P (ms) : 90
 QRS (ms) : 78
 T (ms) : 152
 QT/QTc (ms) : 298/374
 P/QRS/T : 44.7/57.5/39.3
 R (V5) / S (V1) (mV) : 0.905/0.892
 R (V5) + S (V1) (mV) : 1.797

<<Conclusion>>
 Normal Sinus Rhythm
 Cardiac electric axis normal

Handwritten signature

<<Report need physician confirm>>



EMG35Hz + DFT

CARDIART



SHRADDHA
HOSPITAL

Compassion & Healthcare

Dr. Vinit A. Thacker
M.D. (Medicine)
Consultant Physician

2D ECHOCARDIOGRAPHY WITH COLOUR DOPPLER REPORT

Patient Name: Shyam Sundar

Age/ Sex: 34/M

Referred by: Roha Healthcare

Date: 08/07/2023

MITRAL VALVE: Normal

AORTIC VALVE: Normal

TRICUSPID VALVE: Normal

PULMONARY VALVE: Normal

PVP: 83 cm/s

AORTA : Normal Aod 30 mm

LEFT ATRIUM: Normal LADs 31 mm

LEFT VENTRICLE: Normal LVIDd/LVIDs 43/31 mm

EF: 55%

RIGHT ATRIUM: Normal

RIGHT VENTRICLE: Normal

AVP: 124 cm/s

PULMONARY ARTERY: Normal

IVS: Intact

IAS: Intact

PERICARDIUM: Normal

COLOUR DOPPLER: N.P.

DOPPLER FINDINGS: MV PFVe 85 cm/s, PFVa 104 cm/s, DecT 102 msec

OTHER FINDINGS: IVC is normal & reactive. No thrombus or vegetation seen.

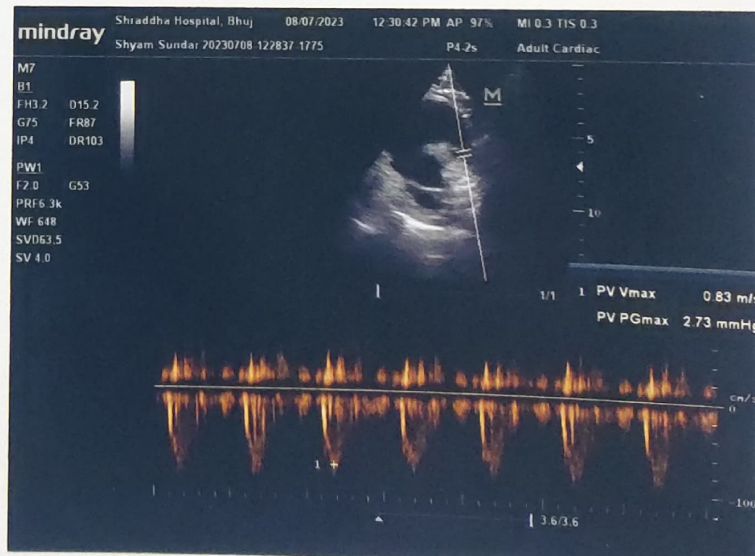
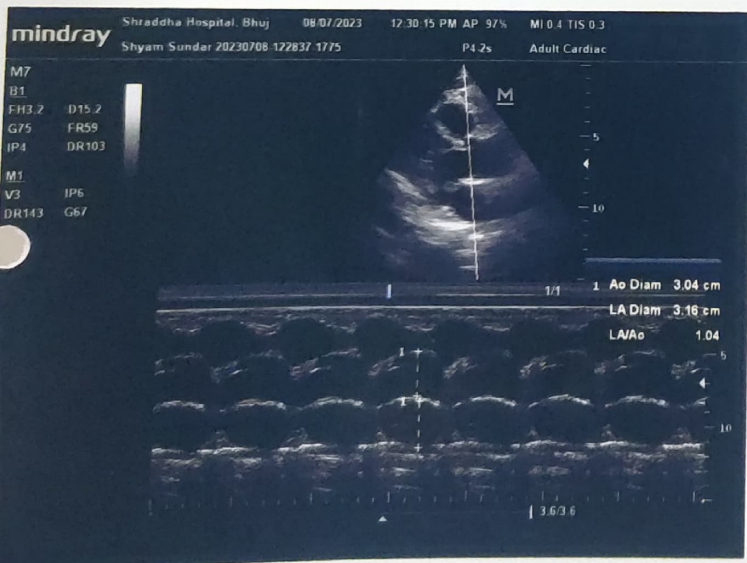
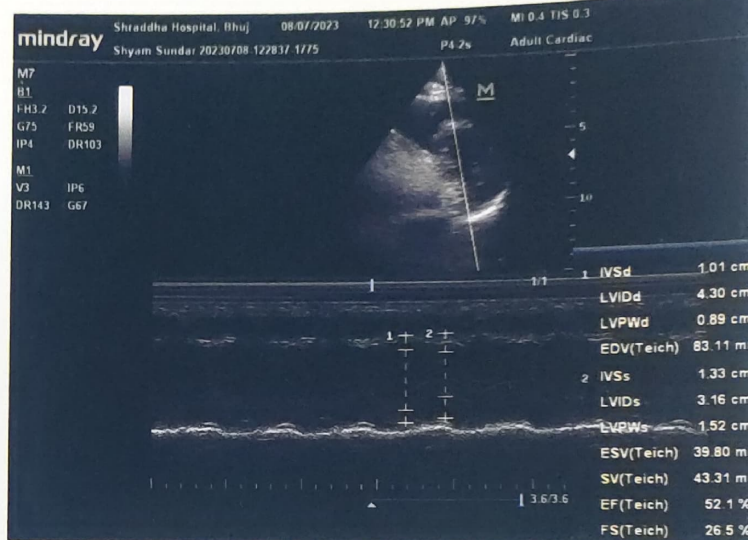
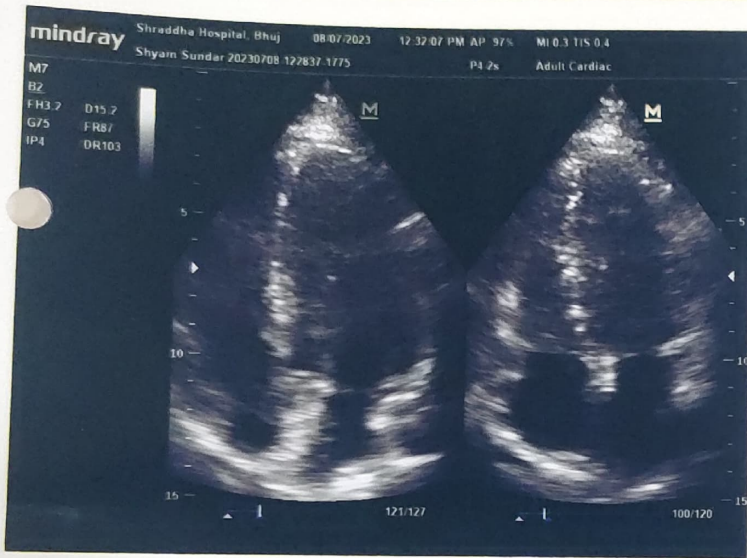
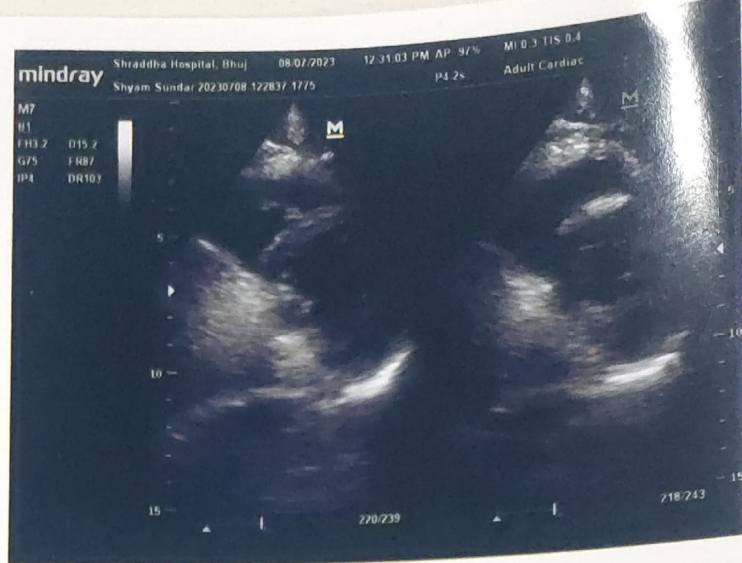
CONCLUSIONS: Normal size LV with normal systolic function. EF: 55%
Grade I diastolic dysfunction
No AR, MR or TR are noted
All valves are structurally normal
No PAH
No RWMA seen at rest

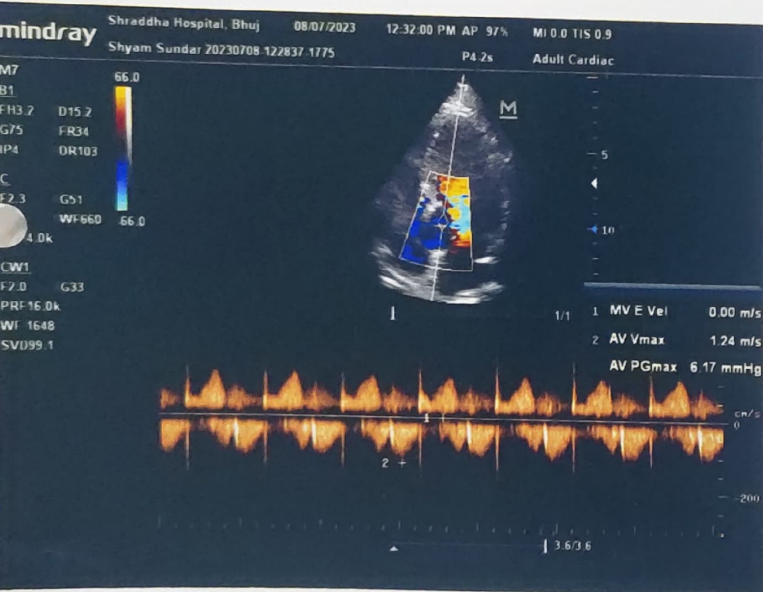
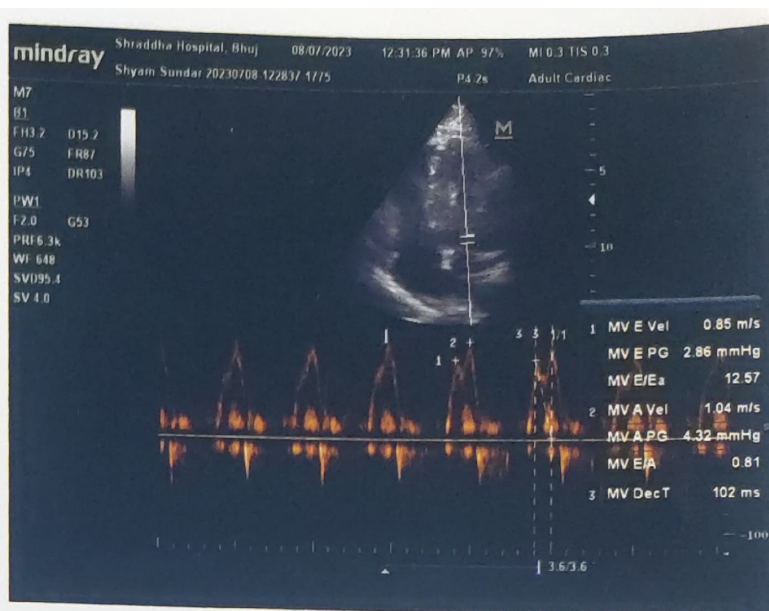
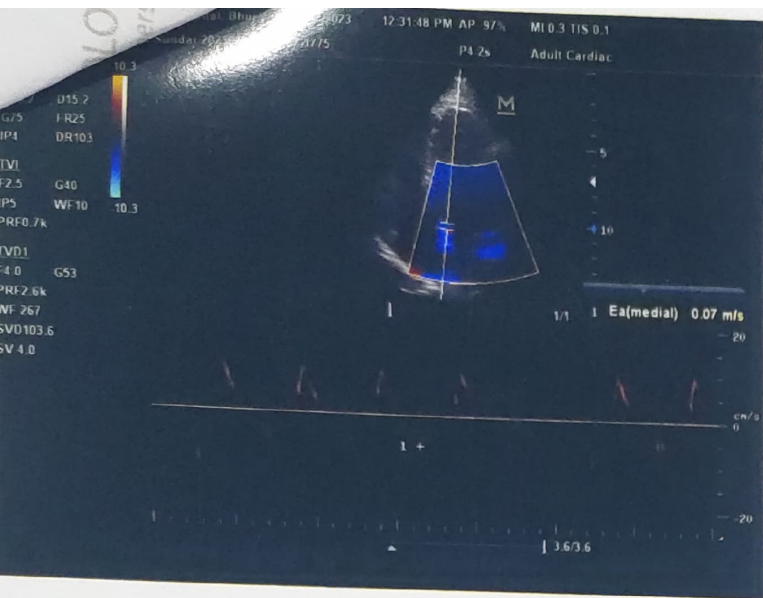
*These are findings on the day of the study and not diagnosis. Clinical correlation is recommended.
Thanks for reference.*

DR VINIT A THACKER

MD (Medicine), Consulting Physician
Reg. No. G-52253

SHRADDHA HOSPITAL
Opp. Ambaji Temple, Hospital Road, Bhuj-Kutch







KUTCH

RADIOLOGY & IMAGING CENTRE

(A Division of KRIC Radio Diagnostic Pvt. Ltd.)

• Email : kric2008@gmail.com • Website : www.kric.in

Dr. Kripalsinh Jadeja

M.B., D.M.R.E.

Consultant Radiologist

Dr. Bhaven Shah

M.D.

Consultant Radiologist

Patient Name : SHYAMSUNDAR

MR No : D90233

Modality : US

Gender : M

Age: 34YY

Date : 08/07/2023

Referred By : ROHA HEALTH CARE

USG : ABDOMEN & PELVIS

LIVER : appears normal in size and show raised parenchymal echotexture. No evidence of focal or diffuse lesion. No evidence of dilated IHBR. PV and CBD appear normal in calibre.

GALL BLADDER : appears normal. No intrinsic lesion seen.

PANCREAS : appears normal in size and echotexture. No focal mass lesion or changes of pancreatitis seen.

SPLEEN : appears normal in size and echotexture. No evidence of focal or diffuse lesion.

BOTH KIDNEYS : appear normal in size and echotexture with preservation of corticomedullary differentiation. No evidence of calculus, hydronephrosis or mass lesion involving either kidney.

RK: 11.7 x 4.9 cm LK: 11.7 x 4.6 cm

URINARY BLADDER : appears normal. No intrinsic lesion seen.

PROSTATE: Appears normal in size and measures: 3.3 x 3.1 x 2.8 cm , Weight: 16 gm.

No e/o Ascites or paraaortic lymphadenopathy seen.

CONCLUSION:

* Fatty liver Grade I.

* **NORMAL SONOGRAPHY OF GB, SPLEEN, PANCREAS, BOTH KIDNEYS , U.BLADDER & PROSTATE.**

ADV: Clinical correlation and further investigation.Thanks for ref...

Dr.BHAVEN SHAH
M.D
RADIOLOGIST

KRICBHUJ

1.5 TESLA 196 CHANNEL MRI | 16 SLICE MDCT SCAN | 3D & 4D USG | COLOUR DOPPLER | DIGITAL X-RAY | MAMMOGRAPHY | CBCT | OPG

“KRIC”, PLOT NO. 76/B, BANKER'S COLONY, MUNDRA ROAD, OPP. JUBILEE GROUND, BHUJ - KUTCH. PINCODE - 370001.
PH. : 02832 - 222178, Mob. : 84870 22178, **AMBULANCE : 81281 99249.**

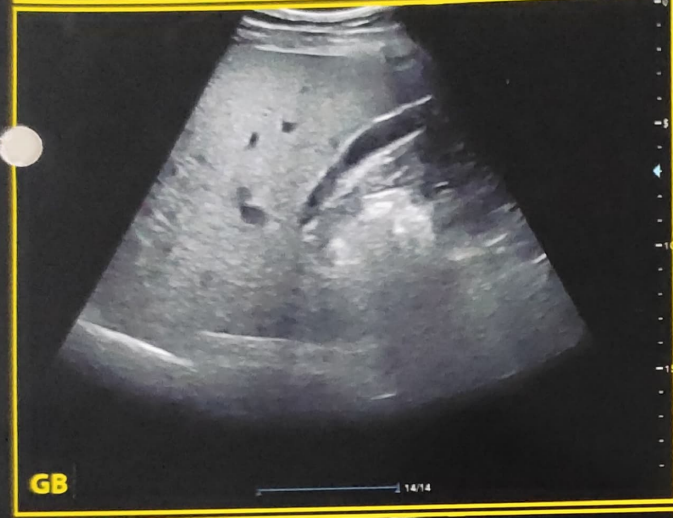
08 Jul 2023 Study : ABD
Name : SHYAMSUNNDAR M



LIVER



PANCREAS



GB



RT KIDNEY



SPLEEN



LT KIDNEY

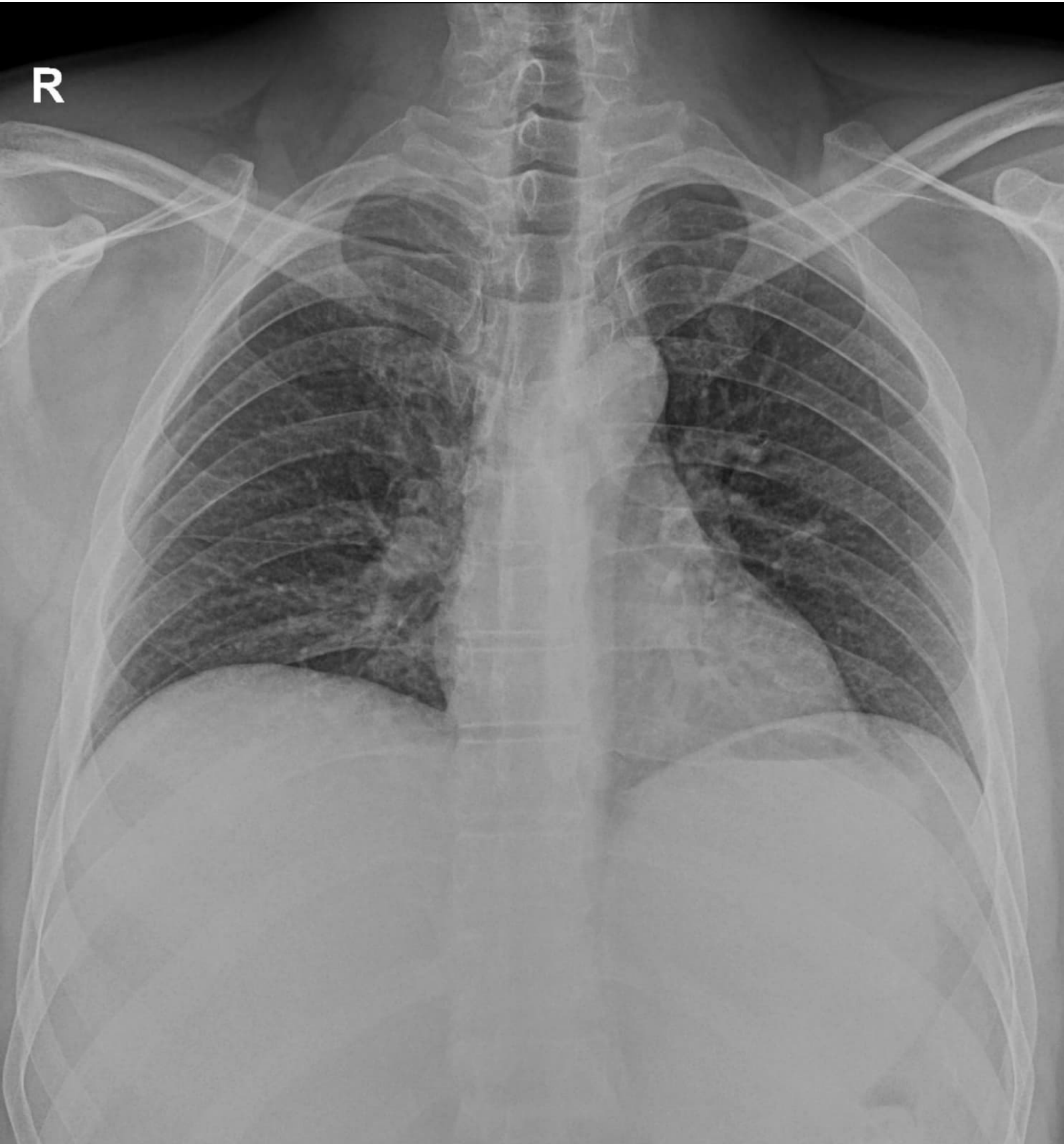


U. BLADDER



PROSTATE

R





SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

Patient Name : SHYAM SUNDER

MR No : 08072302

Modality : DX

Gender : M

Age: 34YY

Date :08/07/2023

Referred By : ROHA.HEALTH CARE

RAY CHEST (PA)

Both the lung fields do not reveal any parenchymal abnormality.

Both CP angles are clear.

Cardiac size is within normal limits.

Both domes of the diaphragm appear normal.

Bony thoracic cage appears normal.

CONCLUSION:

NO SIGNIFICANT ABNORMALITY DETECTED.

ADV: Clinical correlation and further investigation. Thanks for ref...

Dr. BHAVEN SHAH

M.D

RADIOLOGIST