

Visit ID	: YOD824842	UHID/MR No	: YOD.0000794138
Patient Name	: Mrs. GERA SANDRA	Client Code	: YOD-DL-0021
Age/Gender	: 36 Y 0 M 0 D /F	Barcode No	: 11252583
DOB	:	Registration	: 21/Sep/2024 09:08AM
Ref Doctor	: SELF	Collected	: 21/Sep/2024 09:17AM
Client Name	: MEDI WHEELS	Received	: 21/Sep/2024 10:50AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 21/Sep/2024 11:32AM
Hospital Name	:		

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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ESR (ERYTHROCYTE SEDIMENTATION RATE)

Sample Type : WHOLE BLOOD EDTA

ERYTHROCYTE SEDIMENTATION RATE	88	mm/1st hr	0 - 15	Capillary Photometry
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COMMENTS:

ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency).

Falsely decreased levels may indicate: Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

Verified By :
MD MUJEEB



Approved By :

Dr. ROHIT KOTIPALLI
M.D Pathology
Consultant Pathologist.

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DEPARTMENT OF HAEMATOLOGY

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BLOOD GROUP ABO & RH Typing

Sample Type : WHOLE BLOOD EDTA

ABO	O			
Rh Typing	POSITIVE			

Method : Hemagglutination Tube method by forward and reverse grouping

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

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CBC(COMPLETE BLOOD COUNT)

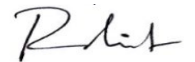
Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	9.9	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	3.65	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	30.7	%	36.0 - 46.0	RBC pulse height detection
MCV	84.1	fL	83 - 101	Automated/Calculated
MCH	27.2	pg	27 - 32	Automated/Calculated
MCHC	32.4	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	14.4	%	11.0-16.0	Automated Calculated
RDW - SD	43.6	fl	35.0-56.0	Calculated
MPV	7.9	fL	6.5 - 10.0	Calculated
PDW	15.7	fL	8.30-25.00	Calculated
PCT	0.307	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	9,730	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	66	%	40 - 80	Impedance
LYMPHOCYTE	27.9	%	20 - 40	Impedance
EOSINOPHIL	2.1	%	01 - 06	Impedance
MONOCYTE	3.7	%	02 - 10	Impedance
BASOPHIL	0.3	%	0 - 1	Impedance
PLATELET COUNT	3.86	Lakhs/cumm	1.50 - 4.50	Impedance

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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THYROID PROFILE (T3,T4,TSH)

Sample Type : SERUM

T3	0.75	ng/ml	0.60 - 1.78	CLIA
T4	15.00	ug/dl	4.82-15.65	CLIA
TSH	1.87	uIU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

9. REFERENCE RANGE :

PREGNANCY	TSH in uIU/mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

(References range recommended by the American Thyroid Association)

Comments:

1. During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

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AMBIGALLA SUNIL



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SURYADEEP PRATAP
Senior Biochemist

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM

TOTAL BILIRUBIN	0.42	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.08	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.34	mg/dl		Calculated
AST (S.G.O.T)	14	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	14	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	129	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.4	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	3.8	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.6	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.06			Calculated

Note

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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LIPID PROFILE

Sample Type : SERUM

TOTAL CHOLESTEROL	155	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	42	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	96	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	83	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	16.6	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	3.69		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	1.98	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	113	mg/dl	< 130	Calculated

Interpretation

NATIONAL CHOLESTEROL EDUCATION PROGRAMME (NCEP)	TOTAL CHOLESTEROL	TRIGLYCERIDE	LDL CHOLESTEROL	NON HDL CHOLESTEROL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

REMARKS	Cholesterol : HDL Ratio
Low risk	3.3-4.4
Average risk	4.5-7.1
Moderate risk	7.2-11.0
High risk	>11.0

- Note:**
- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol
 - NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
3. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved				
4. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement				

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c RESULT	6.2	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	131	mg/dl		

Note:
 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.
 HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control .

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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BLOOD UREA NITROGEN (BUN)

Sample Type : Serum

SERUM UREA	28	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	13.1	mg/dl	5 - 25	GLDH-UV

Increased In:

Impaired kidney function, Reduced renal blood flow {CHF, Salt and water depletion, (vomiting, diarrhea, diuresis, sweating), Shock}, Any obstruction of urinary tract, Increased protein catabolism, AMI, Stress

Decreased In:

Diuresis (e.g. with over hydration), Severe liver damage, Late pregnancy, Infancy, Malnutrition, Diet (e.g., low-protein and high-carbohydrate, IV feedings only), Inherited hyperammonemias (urea is virtually absent in blood)

Limitations:

Urea levels increase with age and protein content of the diet.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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FBS (GLUCOSE FASTING)

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	96	mg/dl	70 - 100	HEXOKINASE
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INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

Verified By :
J. Krishna Kishore



Approved By :

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Client Name	: MEDI WHEELS	Received	: 21/Sep/2024 01:48PM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 21/Sep/2024 02:38PM
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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PPBS (POST PRANDIAL GLUCOSE)

Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	109	mg/dl	<140	HEXOKINASE
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INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.71	mg/dl	0.60 - 1.10	KINETIC-JAFFE
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Increased In:

- Diet: ingestion of creatinine (roast meat), Muscle disease: gigantism, acromegaly,
- Impaired kidney function.

Decreased In:

- Pregnancy: Normal value is 0.4-0.6 mg/dL. A value >0.8 mg/dL is abnormal and should alert the clinician to further diagnostic evaluation.
- Creatinine secretion is inhibited by certain drugs (e.g., cimetidine, trimethoprim).

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URIC ACID -SERUM

Sample Type : SERUM

SERUM URIC ACID	7.8	mg/dl	2.6 - 6.0	URICASE - PAP
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Interpretation

Uric acid is the final product of purine metabolism in the human organism. Uric acid measurements are used in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and of patients receiving cytotoxic drugs.

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 21/Sep/2024 12:44PM
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	13.1	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.71	mg/dl	0.60 - 1.10	KINETIC-JAFFE
BUN/CREATININE RATIO	18.40	Ratio	6 - 25	Calculated

Verified By :
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DEPARTMENT OF RADIOLOGY

2D ECHO DOPPLER STUDY

MITRAL VALVE : Normal

AORTIC VALVE : Normal

TRICUSPID VALVE : Normal

PULMONARY VALVE : Normal

RIGHT ATRIUM : Normal

RIGHT VENTRICLE : Normal

LEFT ATRIUM : 3.1 cms

LEFT VENTRICLE :

EDD : 4.0 cm IVS(d) :1.0 cm LVEF :70 %
ESD : 2.3 cm PW (d) :1.0 cm FS :35 %
No RWMA

IAS : Intact

IVS : Intact

AORTA : 2.5cms

PULMONARY ARTERY : Normal

PERICARDIUM : Normal

IVS/ SVC/ CS : Normal

PULMONARY VEINS : Normal

INTRA CARDIAC MASSES : No

Verified By :
D.Madhav Kumar



Approved By :


Dr.D.Madhav Kumar
PGDDRM (U.K.)
MBBS, PGDCC (Dip. Cardiology)
Cardiologist

Visit ID	: YOD824842	UHID/MR No	: YOD.0000794138
Patient Name	: Mrs. GERA SANDRA	Client Code	: YOD-DL-0021
Age/Gender	: 36 Y 0 M 0 D /F	Barcode No	: 11252583
DOB	:	Registration	: 21/Sep/2024 09:08AM
Ref Doctor	: SELF	Collected	: 21/Sep/2024 09:08AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 21/Sep/2024 12:04PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY

DOPPLER STUDY :

MITRAL FLOW : E 0.9 m/sec, A 0.6 m/sec.

AORTIC FLOW : 1.0m/sec

PULMONARY FLOW : 0.7m/sec

TRICUSPID FLOW : NORMAL

COLOUR FLOW MAPPING: TRIVIAL TR


IMPRESSION :

- * NO RWMA OF LV
- * NORMAL LV SYSTOLIC FUNCTION
- * NORMAL LV FILLING PATTERN
- * TRIVIAL TR
- * NO PE / CLOT / PAH

Verified By :
D.Madhav Kumar



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Age/Gender : 36 Y 0 M 0 D /F	Barcode No : 11252583
DOB :	Registration : 21/Sep/2024 09:08AM
Ref Doctor : SELF	Collected : 21/Sep/2024 09:17AM
Client Name : MEDI WHEELS	Received : 21/Sep/2024 11:57AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 21/Sep/2024 12:27PM
Hospital Name :	

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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CUE (COMPLETE URINE EXAMINATION)

Sample Type : SPOT URINE

PHYSICAL EXAMINATION

TOTAL VOLUME	20	ml		
COLOUR	PALE YELLOW			
APPEARANCE	HAZY			
SPECIFIC GRAVITY	1.025		1.003 - 1.035	Bromothymol Blue

CHEMICAL EXAMINATION

pH	5.5		4.6 - 8.0	Double Indicator
PROTEIN	NEGATIVE		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	NEGATIVE		NEGATIVE	Glucose Oxidase
UROBILINOGEN	0.1	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	NEGATIVE		NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	NEGATIVE		Negative	Azocoupling Reaction
BLOOD	POSITIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction

MICROSCOPIC EXAMINATION

PUS CELLS	2-3	cells/HPF	0-5	
EPITHELIAL CELLS	1-2	/hpf	0 - 5	
RBCs	25-30	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	NIL		Nil	
OTHER	NIL			

*** End Of Report ***

Verified By :
Mamatha



Approved By :



Dr. ROHIT KOTIPALLI
M.D Pathology
Consultant Pathologist.

EYE GLASS PRESCRIPTION

Name : Mrs. Gera Sandra
 Age : 36 Employee ID: 824842
 Gender : F Date: 21/09/24

Vn
 (unaided)
 PGP

6/6	6/6
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Distance	SPH	CYL	AXIS	BCVA
OD		<u>PL</u>		6/6
OS		<u>P</u>		6/6

Add

<u>N</u>	<u>6</u>
----------	----------

@ 30cm

LENS TYPE

- Single Vision Distance
- Single Vision Near
- Bifocal
- Progressive
- UV-Coating

Remarks: CV - normal



21/09/24.

MRS. Gera Sandya

36/F

824842

Has come for general eye examination

No H/O DM and HTN

No H/O using glasses

Slit lamp examination

→ O/D WNL < Normal

→ O/S WNL < Normal

→ O/U CU < Normal (18/17)



824842
36 Years

MRS. GERA SANDRA
Female

21-Sep-24 9:51:33 AM
YODA LIFELINE DIAGNOSTICS

Rate 78 Sinus rhythm.....normal P axis, V-rate 50-99

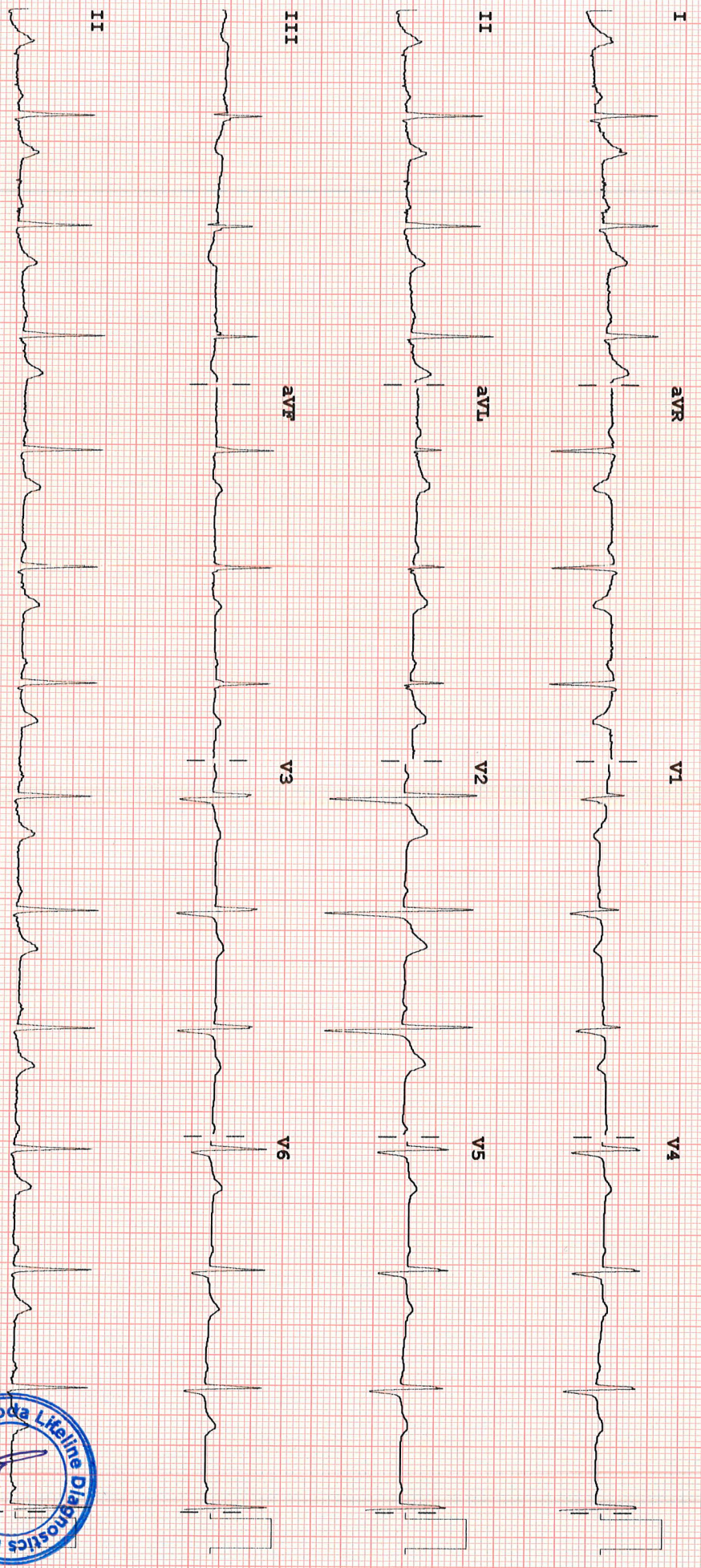
PR 157
QRSD 84
QT 351
QTc 400

--AXIS--
P 11
QRS 44
T 9

12 Lead; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

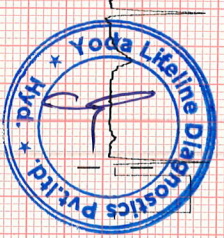
Limbs: 10 mm/mV

Chest: 10.0 mm/mV

F 50 ~ 0.15-100 Hz

100B CL

P?



DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. GERA SANDRA	Visit ID	YOD824842	Barcode	11252583
Age / Gender	36 Y / FEMALE	UHID	YOD.0000794138	Collection Date	21-09-2024 09:08 AM
Ref Doctor	Dr. SELF	Client Name	MEDI WHEELS	Registration Date	21-09-2024 09:08 AM
Hospital Name		Client Code	YOD-DL-0021	Received Date	
Sample Type		Client Add	F-701, Lado Sarai, Mehrauli, New Delhi	Reported Date	21-09-2024 11:22 AM

ULTRASOUND WHOLE ABDOMEN

LIVER: Normal in size (141mm) and echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualized common bile duct & portal vein appears normal.

GALL BLADDER : Well distended. No evidence of wall thickening / calculi.

PANCREAS : Head and body appears normal. Tail is obscured by bowel gas.

SPLEEN : Normal in size (92mm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 101x43mm. Normal in size and echotexture. Cortico-medullary differentiation is well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

LEFT KIDNEY : measures 111x42mm. Normal in size and echotexture. Cortico-medullary differentiation is well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

URINARY BLADDER : Well distended. No evidence of wall thickening / calculi.

UTERUS: Anteverted, measures 81x41x44mm, normal in size. Myometrium shows normal echo-texture. No focal lesion is seen. Endometrial thickness is normal (9.3mm).

OVARIES: Both ovaries are normal in size & echotexture. No adnexal lesion seen.

Right ovary measures 28x21mm and left ovary measures 21x17mm.

No enlarged nodes are visualized. No retro-peritoneal lesion is identified. Great vessels appear normal.

No free fluid is seen in peritoneal cavity.

IMPRESSION:

- **No obvious sonological abnormality detected.**

*** End Of Report ***

Suggested clinical correlation & follow up



Approved by

Dr. Rohit A.
DMRD (APMC/FMR/81349)
Consultant Radiologist



Yoda Diagnostics Pvt Ltd,

Door No: 6-3-862/A, Lal Bungalow add on, Ameerpet, Hyderabad - 500016 helpdesk@yodalifeline.in 040-35353535

DEPARTMENT OF RADIOLOGY

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Hospital Name		Client Code	YOD-DL-0021	Received Date	
Sample Type		Client Add	F-701, Lado Sarai, Mehrauli, New Delhi	Reported Date	21-09-2024 11:09 AM

X-RAY CHEST PA VIEW

FINDINGS:

Trachea is midline.
Mediastinal outline, and cardiac silhouette are normal.
Bilateral lung fields show normal vascular pattern with no focal lesion.
Bilateral hila are normal in density.
Bilateral costo-phrenic angles and domes of diaphragms are normal.
The rib cage and visualized bones appear normal.

IMPRESSION:

- **No significant abnormality detected.**

*** End Of Report ***

Suggested clinical correlation & follow up



Approved by

Dr. ANNAREDDY SIVAKALA
MBBS, DNB , CONSULTANT
RADIOLOGIST