

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Ms Renu Singh MRN : 17510001168859 Gender/Age : FEMALE , 53y (10/02/1970)

Collected On : 11/03/2023 10:56 AM Received On : 11/03/2023 11:44 AM Reported On : 11/03/2023 12:58 PM

Barcode : 802303110494 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9082560901

**CLINICAL CHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>HbA1C</b>			
HbA1c (HPLC)	<b>6.6 H</b>	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)

HPLC pattern shows variant window, which may interfere with HbA1C value. In such cases, HbA1C is not a good indicator of diabetic control. Alternative method of testing is suggested. Hb HPLC is advised for characterization of the variants.

Estimated Average Glucose	-	-	-
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**Interpretation:**

- HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- Any sample with >15% should be suspected of having a haemoglobin variant.

**--End of Report--**

Dr. Sujata Ghosh  
PhD, Biochemistry  
Biochemist M.Sc , Ph. D

Patient Name : Ms Renu Singh MRN : 17510001168859 Gender/Age : FEMALE , 53y (10/02/1970)

**Note**

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



MC - 2803



## DEPARTMENT OF LABORATORY MEDICINE

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Collected On : 11/03/2023 10:56 AM Received On : 11/03/2023 11:44 AM Reported On : 11/03/2023 12:07 PM

Barcode : 812303110321 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9082560901

## HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
<strong>COMPLETE BLOOD COUNT (CBC)</strong>			
Haemoglobin (Hb%) (Photometric Measurement)	<b>11.2 L</b>	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	3.95	millions/ $\mu$ L	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	<b>33.8 L</b>	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	85.7	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	28.3	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.0	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	<b>15.9 H</b>	%	11.6-14.0
Platelet Count (Electrical Impedance)	163	$10^3/\mu$ L	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	11.5	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	8.3	$10^3/\mu$ L	4.0-10.0
<strong>DIFFERENTIAL COUNT (DC)</strong>			
Neutrophils (VCSn Technology)	67.3	%	40.0-75.0
Lymphocytes (VCSn Technology)	23.0	%	20.0-40.0
Monocytes (VCSn Technology)	5.5	%	2.0-10.0
Eosinophils (VCSn Technology)	3.9	%	1.0-6.0

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Basophils (VCSn Technology)	0.3	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	5.59	$10^3/\mu\text{L}$	1.8-7.8
Absolute Lymphocyte Count (Calculated)	1.91	$10^3/\mu\text{L}$	1.0-4.8
Absolute Monocyte Count (Calculated)	0.46	$10^3/\mu\text{L}$	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.33	$10^3/\mu\text{L}$	0.0-0.45
Absolute Basophil Count (Calculated)	0.03	$10^3/\mu\text{L}$	0.0-0.2

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

--End of Report--



Dr. Sanjib Kumar Pattari  
MD, Pathology  
Consultant Pathology MBBS, MD

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- Kindly correlate clinically.



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Renu Singh MRN : 17510001168859 Gender/Age : FEMALE , 53y (10/02/1970)

Collected On : 11/03/2023 10:56 AM Received On : 11/03/2023 11:48 AM Reported On : 11/03/2023 01:42 PM

Barcode : 802303110492 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9082560901

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	<b>0.50 L</b>	mg/dL	0.52-1.04
eGFR	129.1	mL/min/1.73m <sup>2</sup>	-
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	158	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric )	<b>211 H</b>	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	<b>32 L</b>	mg/dL	40.0-60.0
Non-HDL Cholesterol	126	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	69.35	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	<b>42.2 H</b>	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	4.9	-	-
<b>LIVER FUNCTION TEST(LFT)</b>			
Bilirubin Total (Colorimetric -Diazo Method)	0.44	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.19	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.25	-	-

Patient Name : Ms Renu Singh MRN : 17510001168859 Gender/Age : FEMALE , 53y (10/02/1970)

Total Protein (Biuret Method)	8.90 H	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.80	gm/dL	3.5-5.0
Serum Globulin (Calculated)	4.2 H	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.15	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	27	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	24	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	117	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	22	U/L	12.0-43.0



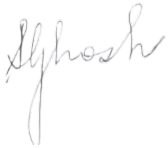
Dr. Debasree Biswas  
MD, Biochemistry  
Clinical Biochemist MBBS, MD

#### CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric - Urease)	7.99	-	7.0-17.0
<b>Serum Sodium</b> (Direct ISE - Potentiometric)	141	mmol/L	137.0-145.0
<b>Serum Potassium</b> (Direct ISE - Potentiometric)	4.3	mmol/L	3.5-5.1

--End of Report--

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Dr. Sujata Ghosh  
PhD, Biochemistry  
Biochemist M.Sc , Ph. D



Dr. Debasree Biswas  
MD, Biochemistry  
Clinical Biochemist MBBS, MD

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- Kindly correlate clinically.  
(Blood Urea Nitrogen (Bun), -> Auto Authorized)  
(Serum Sodium, -> Auto Authorized)  
(Serum Potassium -> Auto Authorized)



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Barcode : 802303110492 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9082560901

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>THYROID PROFILE (T3, T4, TSH)</b>			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.12	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	6.76	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	<b>4.156 H</b>	uIU/ml	Non Pregnant: 0.4001-4.049 1st Trimester: 0.1298-3.10 2nd Trimester: 0.2749-2.652 3rd Trimester: 0.3127-2.947

--End of Report--

Dr. Debasree Biswas  
MD, Biochemistry  
Clinical Biochemist MBBS, MD

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Final Report

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Collected On : 11/03/2023 10:56 AM Received On : 11/03/2023 11:48 AM Reported On : 11/03/2023 02:20 PM

Barcode : 822303110044 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9082560901

**CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
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**URINE ROUTINE & MICROSCOPY**

**PHYSICAL EXAMINATION**

Volume	40	ml	-
Colour	Yellow	-	-
Appearance	Cloudy	-	-

**CHEMICAL EXAMINATION**

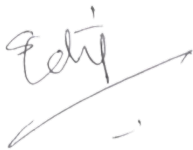
pH(Reaction) (Mixed PH Indicator)	6.0	-	4.8-7.5
Sp. Gravity (Dual Wavelength Reflectance )	1.013	-	1.002-1.030
Protein (Protein Error Of PH Indicator)	<b>Present ++</b>	-	Nil
Urine Glucose (Glucose Oxidase, Peroxidase)	Negative	-	Negative
Ketone Bodies (Legal's Method)	Negative	-	Negative
Bile Salts (Dual Wavelength Reflectance/Manual)	Negative	-	Negative
Bile Pigment (Bilirubin) (Coupling Of Bilirubin With Diazonium Salt)	Negative	-	Negative
Urobilinogen (Coupling Reaction Of Urobilinogen With A Stable Diazonium Salt In Buffer)	Normal	-	Normal
Urine Leucocyte Esterase (Enzymatic, Indoxyl Ester And Diazonium Salt)	Trace	-	-
Blood Urine (Pseudo - Enzymatic Test, Organic Peroxidase And Chromogen)	Trace	-	-
Nitrite (Modified Griess Reaction)	Negative	-	Negative

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### MICROSCOPIC EXAMINATION

Pus Cells	5-10	/hpf	1-2
RBC	0-2	/hpf	0 - 3
Epithelial Cells	15-20	/hpf	2-3
Crystals	NIL	-	-
Casts	Granular Cast	-	-

--End of Report--



Dr. Shanaz Latif

MD, Pathology

Consultant Pathology MBBS, DTM&H, DCP, MD .Reg No 41555 : WBMC

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DEPARTMENT OF LABORATORY MEDICINE

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Patient Name : Ms Renu Singh MRN : 17510001168859 Gender/Age : FEMALE , 53y (10/02/1970)

Collected On : 11/03/2023 04:21 PM Received On : 11/03/2023 05:15 PM Reported On : 11/03/2023 06:09 PM

Barcode : 802303110844 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9082560901

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Peroxidase)	166 H	mg/dL	Normal: 70-139 Pre-diabetes: 140-199 Diabetes: => 200 ADA standards 2019

Interpretations:

(ADA Standards Jan 2017)

FBS can be less than PPBS in certain conditions like post prandial reactive hypoglycaemia, exaggerated response to insulin, subclinical hypothyroidism, very lean/anxious individuals. In non-diabetic individuals, such patients can be followed up with GTT.

--End of Report--

Dr. Sujata Ghosh  
PhD, Biochemistry  
Biochemist M.Sc , Ph. D

Dr. Debasree Biswas  
MD, Biochemistry  
Clinical Biochemist MBBS, MD

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(Post Prandial Blood Sugar (PPBS) -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

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Patient Name : Ms Renu Singh MRN : 17510001168859 Gender/Age : FEMALE , 53y (10/02/1970)

Collected On : 11/03/2023 10:56 AM Received On : 11/03/2023 11:52 AM Reported On : 11/03/2023 12:43 PM

Barcode : BR2303110047 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9082560901

IMMUNOHAEMATOLOGY

Test	Result	Unit
<b>BLOOD GROUP &amp; RH TYPING</b>		
Blood Group (Column Agglutination Technology)	A	-
RH Typing (Column Agglutination Technology)	Positive	-

--End of Report--

Dr. Amal Kumar Saha  
MBBS, D.PED, ECFMG  
Blood Bank Officer

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DEPARTMENT OF LABORATORY MEDICINE

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Patient Name : Ms Renu Singh MRN : 17510001168859 Gender/Age : FEMALE , 53y (10/02/1970)

Collected On : 11/03/2023 10:56 AM Received On : 11/03/2023 11:45 AM Reported On : 11/03/2023 01:47 PM

Barcode : 802303110493 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9082560901

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Glucose Oxidase, Peroxidase)	<b>130 H</b>	mg/dL	Normal: 70-99 Pre-diabetes: 100-125 Diabetes: => 126 ADA standards 2019

--End of Report--

Dr. Sujata Ghosh  
PhD, Biochemistry  
Biochemist M.Sc , Ph. D

Dr. Debasree Biswas  
MD, Biochemistry  
Clinical Biochemist MBBS, MD

Note

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(Fasting Blood Sugar (FBS) -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

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Patient Name : Ms Renu Singh MRN : 17510001168859 Gender/Age : FEMALE , 53y (10/02/1970)

Collected On : 11/03/2023 10:56 AM Received On : 11/03/2023 11:45 AM Reported On : 11/03/2023 01:20 PM

Barcode : 812303110320 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9082560901

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Modified Westergren Method)	<b>35 H</b>	mm/1hr	0.0-12.0

--End of Report--

Dr. Shanaz Latif  
MD, Pathology  
Consultant Pathology MBBS, DTM&H, DCP, MD .Reg No 41555 : WBMC

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**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Ms Renu Singh MRN : 17510001168859 Gender/Age : FEMALE , 53y (10/02/1970)

Collected On : 11/03/2023 10:56 AM Received On : 17/03/2023 12:25 PM Reported On : 17/03/2023 01:47 PM

Barcode : 822303110043 Specimen : Stool Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9082560901

**CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
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**STOOL ROUTINE EXAMINATION****PHYSICAL EXAMINATION**

Colour	Brownish	-	-
Consistency	Semi Solid	-	-
Mucus	Present	-	-
Blood	Absent	-	-

**CHEMICAL EXAMINATION**

Stool For Occult Blood	Negative	-	-
Reaction	Alkaline	-	-

**MICROSCOPE EXAMINATION**

Ova	Not Seen	-	-
Cyst Of Protozoa	Not Seen	-	-
Trophozoite	Not Seen	-	-
Red Blood Cells (Stool)	Not Seen	-	-
Pus Cells	Occasional	/hpf	1 - 2
Starch	Present	-	-
Veg Cells	Present	-	-
Fat	Not Seen	-	-

Patient Name : Ms Renu Singh MRN : 17510001168859 Gender/Age : FEMALE , 53y (10/02/1970)

Larvae	Not Seen	-	-
Bacteria	Not Seen	-	-

--End of Report--



Dr. Sanjib Kumar Pattari  
MD, Pathology  
Consultant Pathology MBBS, MD. Reg No : 53635 (WBMC)

**Note**

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## ADULT TRANS-THORACIC ECHO REPORT

**PATIENT NAME** : Ms Renu Singh  
**GENDER/AGE** : Female, 53 Years  
**LOCATION** : -

**PATIENT MRN** : 17510001168859  
**PROCEDURE DATE** : 11/03/2023 03:13 PM  
**REQUESTED BY** : EXTERNAL



### IMPRESSION

- MILD CONCENTRIC LV HYPERTROPHY.
- GOOD LV SYSTOLIC FUNCTION WITH GRADE I DIASTOLIC DYSFUNCTION.

### FINDINGS

#### CHAMBERS

LEFT ATRIUM : NORMAL SIZED  
RIGHT ATRIUM : NORMAL SIZED  
LEFT VENTRICLE : MILD CONCENTRIC LV HYPERTROPHY. NO REGIONAL WALL MOTION ABNORMALITY.  
GOOD SYSTOLIC FUNCTION WITH EJECTION FRACTION: 64%. GRADE I DIASTOLIC DYSFUNCTION.  
RIGHT VENTRICLE : NORMAL.

#### VALVES

MITRAL : NORMAL.  
AORTIC : NORMAL.  
TRICUSPID : NORMAL.  
PULMONARY : NORMAL.

#### SEPTAE

IAS : INTACT  
IVS : INTACT

#### ARTERIES AND VEINS

AORTA : NORMAL, LEFT AORTIC ARCH  
PA : NORMAL SIZE  
IVC : NORMAL SIZE & COLLAPSIBILITY  
SVC & CS : NORMAL  
PULMONARY VEINS : NORMAL

**PERICARDIUM** : NORMAL PERICARDIAL THICKNESS. NO EFFUSION

**INTRACARDIAC MASS** : NO TUMOUR, THROMBUS OR VEGETATION SEEN

**OTHERS** : NIL.

MS RENU SINGH (17510001168859)

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*Arnab Paul*

DR. ARNAB PAUL  
ASSOCIATE CONSULTANT ECHOCARDIOGRAPHY MBBS,PGDCC

SANTASHI GHOSH  
SENIOR TECHNICIAN

11/03/2023 03:13 PM

<b>PREPARED BY</b>	: SHAWLI MITRA(307739)	<b>PREPARED ON</b>	: 11/03/2023 04:51 PM
<b>GENERATED BY</b>	: MADHUPARNA DASGUPTA(333433)	<b>GENERATED ON</b>	: 21/03/2023 01:32 PM

<b>Patient Name</b>	Renu Singh	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17510001168859	<b>Procedure DateTime</b>	2023-03-11 13:37:46
<b>Age/Sex</b>	53Y 1M/Female	<b>Hospital</b>	NH-RTIICS

### **USG OF WHOLE ABDOMEN (SCREENING)**

#### **LIVER:**

Enlarged in size and moderately increase in echogenicity with posterior attenuation of echoes causing impaired visualisation of Intrahepatic biliary radicles.

#### **PORTAL VEIN:**

Portal vein is normal in calibre at porta. There is no intraluminal thrombus.

#### **GALL BLADDER:**

Optimally distended. No calculus or sludge is seen within it. Wall is not thickened.

#### **CBD:**

Common duct is not dilated at porta. No intraluminal calculus is seen.

#### **SPLEEN:**

Upper normal in size measuring 11.8 cm and normal in echogenicity. No focal SOL is seen.

#### **PANCREAS:**

Normal in size and echogenicity. Duct is not dilated. No calcification or focal SOL is seen.

#### **KIDNEYS:**

Both kidneys are normal in size, position and echogenicity. Corticomedullary differentiation is maintained. No hydronephrosis, calculus or mass is seen.

Right kidney and left kidney measures 10.5 cm and 11.7 cm respectively.

#### **URINARY BLADDER:**

Normal in capacity. Wall is not thickened. No intraluminal calculus or mass is seen.

Post void residual urine is insignificant.

#### **UTERUS:**

Elongated, measuring 10.2 x 2.4 x 4.6 cm with normal echopattern. No focal SOL is seen. Endometrial echoline is central in position, not thickened. Cervix appears normal.

Mild fluid collection seen in uterine cavity.

#### **OVARIES:**

Both ovaries are normal in size, shape and echotexture.

Right and left ovaries measures 2.3 x 1.6 cm and 2.0 x 1.5 cm respectively.

#### **POD:**

No free fluid seen in POD.

#### **ADNEXAE:**

Both adnexae clear.

#### **IMPRESSION:**

- Fatty liver (grade II) and Hepatomegaly .

This is only a Radiological Impression and not Diagnosis. Like all diagnostic modalities, USG also has its limitations. Therefore USG report should be interpreted in correlation with clinical and pathological findings.

All typing and topographical error is regretted and if detected at any time is correctable. Please inform us immediately.

Assist By: Sraboni

A handwritten signature in black ink, consisting of stylized initials 'S' and 'B' followed by a horizontal line and three dots.

Dr. Suranjana Bhattacharjee

Consultant Sonologist

<b>Patient Name</b>	Renu Singh	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17510001168859	<b>Procedure DateTime</b>	2023-03-11 13:37:44
<b>Age/Sex</b>	53Y 1M/Female	<b>Hospital</b>	NH-RTIICS

**ULTRASONOGRAPHY OF BOTH BREASTS (SCREENING)**

All four quadrants of each breast were scanned, followed by evaluation of the subareolar region and axillary tails.

Both breasts parenchyma display a uniform echogenicity and echotexture of the fibrofatty and glandular components, which are in normal proportion for this age and parity.

**Small well circumscribed echogenic SOL ( 0.5 x 0.3 cm) with peripheral hypoechoic rim noted in right breast, outer mid quadrant. ---BIRADS 0**

Subcutaneous, subareolar and retro mammary soft tissue planes are normal.

Both axillary tails are also normal.

There is no evidence of axillary or supraclavicular lymphadenopathy.

**IMPRESSION:**

- Descriptive..

**NB** : Negative sonomammogram does not exclude breast cancer. All imaging results must be considered in the context of the clinical findings. In bulky breasts, an underlying lesion may be obscured.

**NOT FOR MEDICO LEGAL PURPOSES**

This is only a Radiological Impression and not Diagnosis. Like all diagnostic modalities, USG also has its limitations. Therefore USG report should be interpreted in correlation with clinical and pathological findings.

All typing and topographical error is regretted and if detected at any time is correctable. Please inform us immediately.

A handwritten signature in black ink, appearing to be 'SB', with a horizontal line underneath and three dots to the right.

Dr. Suranjana Bhattacharjee

Consultant Sonologist

\* ***This is a digitally signed valid document.*** Reported Date/Time: 2023-03-11 15:09:34

<b>Patient Name</b>	Renu Singh	<b>Requested By</b>	
<b>MRN</b>	17510001168859	<b>Procedure DateTime</b>	2023-03-11 12:36:23
<b>Age/Sex</b>	53Y 1M/Female	<b>Hospital</b>	NH-RTIICS

### **CHEST RADIOGRAPH (PA VIEW)**

#### **FINDINGS:**

- Cardio thoracic ratio is mildly increased.
- Trachea is normal and is central.
- Mediastinum and great vessels are within normal limits.
- The hilar shadows are within normal limits.
- The costo-phrenic angles are clear.
- The visualized bones and soft tissue structures appear normal.
- Both the diaphragmatic domes appear normal.

REPORTED BY DR. DIPTI D VAGHELA

#### **NOT FOR MEDICO LEGAL PURPOSES**

This is only a Radiological Impression and not Diagnosis. Like all diagnostic modalities, X-RAY also has its limitations. Therefore X-RAY report should be interpreted in correlation with clinical and pathological findings.

All typing and topographical error is regretted and if detected at any time is correctable. Please inform us immediately.



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\* ***This is a digitally signed valid document.*** Reported Date/Time: 2023-03-11 16:00:20