

W - 56.4 kg  
H - 163 cm  
B.P - 102/68  
P - 75  
S - 49

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
डॉ. आशीष कुमार, 26, ईदगाह गेट, शांति नगर, एटा,  
उत्तर प्रदेश - 207001

Address:  
C/O: Ashish Kumar, 26, eidgah gate, shanti  
nagar, Etah,  
Uttar Pradesh - 207001



2209 9793 7670  
VID : 9146 7891 2875 3768

1947 | help@uidai.gov.in | www.uidai.gov.in

Kavita  
Mob No - 7905080502  
19/3/24



भारत सरकार  
Government of India

कविता दिवाकर  
Kavita Diwakar  
जन्म तिथि/DOB: 23/12/1987  
महिला FEMALE



Download Date: 11/09/2021

Issue Date: 09/09/2021

2209 9793 7670  
VID : 9146 7891 2875 3768

मेरा आधार, मेरी पहचान

cu

Visit: COORPORATE  
36 Years  
Female

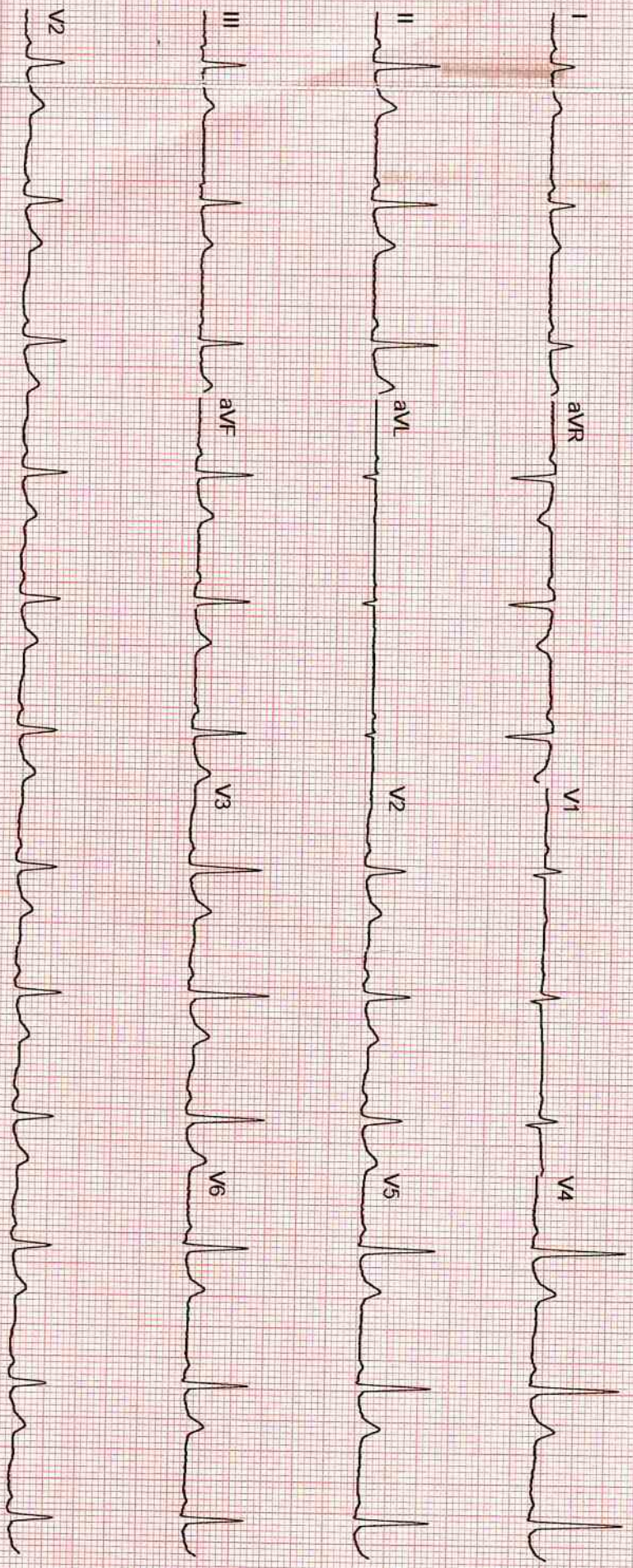
Location: sgm hospital  
sector 63  
Gautam Budhha Nagar, UP-201307

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

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS: 84 ms  
QT / QTcBaz: 394 / 425 ms  
PR: 138 ms  
P: 86 ms  
RR / PP: 856 / 857 ms  
P / QRS / T: 39 / 71 / 60 degrees

Normal sinus rhythm  
Normal ECG



MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

4x2 5x3\_25\_R1

Unconfirmed



# 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)



## (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)
- M.B.B.S, 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)
- M.B.B.S, MS, (Orthopaedic)
- Dr. Raj Ganjoo MD (Psychiatric)
- Dr. Akash Mishra (Neuro Surgeon)
- Dr. Sanjay Sharma (Cardiologist)
- Dr. S.K. Pandita, MS (Surgeon)
- Dr. B.P. Gupta, MS (Surgeon)
- Dr. Jaisika Rajpal
- Dr. (DS), (Periodontist & Implantologist)
- Dr. Akash Arora
- Dr. (DS), Maxillofacial Surgeon
- Dr. Deepa Maheshwari
- Dr. B.B.S., MD, FRM, (IVF Specialist)
- Dr. Vivek Kumar Gupta
- Dr. (BS, MS (General Surgeon)
- Dr. Ch. (Plastic Surgery)
- Dr. Anand Kumar
- Dr. (BS, MD (Paediatrics)
- Dr. Amit kumar Kothari
- Dr. (BS, MD (Medicine)
- Dr. Amit Aggarwal
- Dr. (B.S., M.S. Ortho.

## Facilities:

- 200 Beds. Private & Public wards
- Day Care & Outpatient - (OPD) Facilities
- 24 hour ambulance and emergency
- Operation theatres
- Laparoscopic & 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

19/3/24

Mrs. Kanika

(36y/f)

Vm < 6/6  
6/6  
Nt

— Routine checkup

(BE)

Lubrex-DS Eye Drops - 2 T/D

X 3 months



## CGHS & AYUSHMAN BHARAT

+ Not for medico legal purpose + No substitution of drugs allowed

**Panel:** Raksha TPA Pvt Ltd., Vipul Med Corp TPA Pvt Ltd., E-Meditek (TPA) Services Ltd., Medi-Assit India TPA Pvt Ltd., Park Mediclaim, 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 Co. 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)

## Laboratory Report

Lab Serial no. : LSHHI278376	Mr. No : 113220
Patient Name : Mrs. kavita diwakar	Reg. Date & Time : 19-Mar-2024 10:01 AM
Age / Sex : 36 Yrs / F	Sample Receive Date : 20-Mar-2024 08:23 AM
Referred by : Dr. SELF	Result Entry Date : 20-Mar-2024 09:02AM
Doctor Name : Dr. Vineet Gupta	Reporting Time : 20-Mar-2024 09:02 AM
OPD : OPD	

### HAEMATOLOGY

results unit reference

#### CBC / COMPLETE BLOOD COUNT

HB (Haemoglobin)	<b>11.4</b>	gm/dL	12.0 - 16.0
TLC	5.9	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	63	%	40 - 70
Lymphocyte	28	%	20 - 40
Eosinophil	<b>07</b>	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.10	Thousand / UI	3.8 - 5.10
P.C.V	37.0	million/UI	0 - 40
M.C.V.	90.2	fL	78 - 100
M.C.H.	27.8	pg	27 - 32
M.C.H.C.	<b>30.8</b>	g/dl	32 - 36
Platelet Count	2.34	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



## Laboratory Report

Lab Serial no.	: LSHHI278376	Mr. No	: 113220
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Age / Sex	: 36 Yrs / F	Sample Receive Date	: 20-Mar-2024 08:23 AM
Referred by	: Dr. SELF	Result Entry Date	: 20-Mar-2024 09:02AM
Doctor Name	: Dr. Vineet Gupta	Reporting Time	: 20-Mar-2024 09:02 AM
OPD	: OPD		

### BIOCHEMISTRY

	results	unit	reference
<b>KFT,Serum</b>			
Blood Urea	33.3	mg/dL	13 - 40
Serum Creatinine	0.82	mg/dl	0.6 - 1.1
Uric Acid	3.9	mg/dl	2.6 - 6.0
Calcium	9.5	mg/dL	8.8 - 10.2
Sodium (Na+)	135.7	mEq/L	135 - 150
Potassium (K+)	4.21	mEq/L	3.5 - 5.0
Chloride (Cl)	107.9	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	15.56	mg/dL	7 - 18
PHOSPHORUS-Serum	3.86	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.

Centre for Excellent Patient Care



technician :

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## Laboratory Report

Lab Serial no. : LSHHI278376	Mr. No : 113220
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### BIOCHEMISTRY

results unit reference

#### LIVER FUNCTION TEST, Serum

Bilirubin- Total	0.67	mg/dL	0.1 - 2.0
Bilirubin- Direct	<b>0.25</b>	mg/dL	0.00 - 0.20
Bilirubin- Indirect	0.42	mg/dL	0.2 - 1.2
SGOT/AST	21.9	IU/L	00 - 31
SGPT/ALT	17.7	IU/L	00 - 34
Alkaline Phosphate	80.0	U/L	42.0 - 98.0
Total Protein	7.20	g/dL	6.4 - 8.3
Serum Albumin	4.33	gm%	3.50 - 5.20
Globulin	2.87	gm/dl	2.0 - 4.0
Albumin/Globulin Ratio	1.51	%	

#### 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



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## Laboratory Report

Lab Serial no. : LSHHI278376	Mr. No : 113220
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### HAEMATOLOGY

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

#### ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	19	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
---------	------	-----------

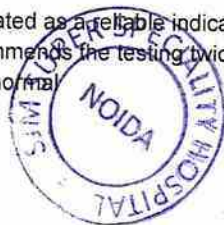
#### HbA1C / GLYCATED HEMOGLOBIN / GHb

Hb A1C	5.1	%	4.0 - 6.0
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	107.4	mg/dl	

#### INTERPRETATION-

NON DIABETIC	HBA1C	4-6 %
GOOD DIABETIC CINTROL		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 :

Typed By : Mr. BIRJESH

*R. J. Goel*

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

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

## Laboratory Report

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### BIOCHEMISTRY

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

#### LIPID PROFILE, Serum

S. Cholesterol	119.0	mg/dl	< - 200
HDL Cholesterol	<b>40.8</b>	mg/dl	42.0 - 88.0
LDL Cholesterol	61.6	mg/dl	50 - 150
VLDL Cholesterol	16.6	mg/dl	00 - 40
Triglyceride	83.1	mg/dl	00 - 170
Cholestrol/HDL RATIO	<b>2.9</b>	%	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.

#### BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	92.5	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 :

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**Laboratory Report**

Lab Serial No. : LSHHI278376	Reg. No. : 113220
Patient Name : MRS. KAVITA DIWAKAR	Reg. Date & Time : 19-Mar-2024 10:01 AM
Age/Sex : 36 Yrs /F	Sample Collection Date : 20-Mar-2024 08:23 AM
Referred By : SELF	Sample Receiving Date : 20-Mar-2024 08:23 AM
Doctor Name : Dr. Vineet Gupta	ReportingTime : 20-Mar-2024 09:02 AM
OPD/IPD : OPD	:

**TEST NAME****VALUE**

ABO

"A"

Rh

POSITIVE

**Comments:**

Human red blood cell antigens can be divided into four groups A, B, AB AND O depending on the presence or absence of the corresponding antigens on the red blood cells. There are two glycoprotein A and B on the cell s surface that are responsible for the ABO types. Blood group is further classified as RH positive an RH negative.



Mr. BIRJESH

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

3/20/2024

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

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

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**URINE SUGAR (FBS)****CHEMICAL EXAMINATION**

Glucose : Nil



Mr. BIRJESH

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

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## Laboratory Report

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Age/Sex : 36 Yrs /F	Sample Collection Date : 20-Mar-2024 08:23 AM
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Doctor Name : Dr. Vineet Gupta	Reporting Time : 20-Mar-2024 09:02 AM
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### URINE EXAMINATION TEST

#### PHYSICAL EXAMINATION

Quantity: 20 ml

Color: Yellow

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/Finanace/LabTextReport.aspx>

3/20/2024

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36548 (MCI)

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

Visit ID	IQD90566	Registration	: 19/Mar/2024 05:58PM
UHID/MR No	IQD.0000088229	Collected	: 19/Mar/2024 06:05PM
Patient Name	Mrs.KAVITA DIWAKAR	Received	: 19/Mar/2024 06:46PM
Age/Gender	: 36 Y 0 M 0 D /F	Reported	: 19/Mar/2024 07:21PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240305142



**DEPARTMENT OF HORMONE ASSAYS**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE (T3,T4,TSH)</b>				
Sample Type : SERUM				
T3	1.06	ng/ml	0.61-1.81	CLIA
T4	9.8	ug/dl	5.01-12.45	CLIA
TSH	4.57	uIU/mL	0.35-5.50	CLIA

**REFERENCE RANGE :**

Age	TSH in uIU/mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs	0.70 - 6.40
>55 Yrs	0.50 - 8.90

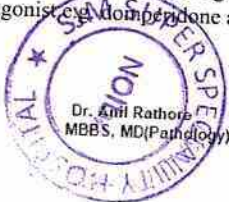
**Interpretation:**

Triiodothyronine T3, Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1) Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonists, and dopamine and



Dr. Ankita Singhal  
 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

<b>Visit ID</b> : IQD90306	<b>Registration</b> : 19/Mar/2024 05:58PM
<b>UHID/MR No</b> : IQD.0000088229	<b>Collected</b> : 19/Mar/2024 06:05PM
<b>Patient Name</b> : Mrs.KAVITA DIWAKAR	<b>Received</b> : 19/Mar/2024 06:46PM
<b>Age/Gender</b> : 36 Y O M O D /F	<b>Reported</b> : 19/Mar/2024 07:21PM
<b>Ref Doctor</b> : Dr.SELF	<b>Status</b> : Final Report
<b>Client Name</b> : SJM SUPER SPECIALIST HOSPITAL	<b>Client Code</b> : iqd2151
<b>Employee Code</b> :	<b>Barcode No</b> : 240305142



### DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method	
3	Normal/Low	Low	Low	Low	other physiological reasons.
4	Low	High	High	High	(1) Secondary and Tertiary Hypothyroidism (1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3) Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of clinical chemistry 2011  
2. Guid lines of the American Thyroid association during pregnancy and Postpartum.

**NOTE: It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4. TSH is not affected by variation in thyroid-binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. and troughs at 5:00 - 6:00 p.m. With ultradian variations.**

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



Dr. Ankita Singhal  
MBBS, MD (Microbiology)



Dr. Anil Rathore  
MBBS, MD (Pathology)

Dr. Prashant Singh  
MBBS, MD (Pathology)

Page 2 of 2

Authenticity of report can be checked by Scanning QR Code  
Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301

## Ultrasound Report

### TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: **Mrs. Kavita Diwakar**

Age /sex:**36Yrs/F**

Date:**19/03/2024**

**ECHO WINDOW: FAIR WINDOW**

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.1		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.3		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.0	2.4	(ED =39 -58)
Interventricular Septum	0.6		(ED = 6 -11)
Posterior Wall thickened	0.6		(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: -

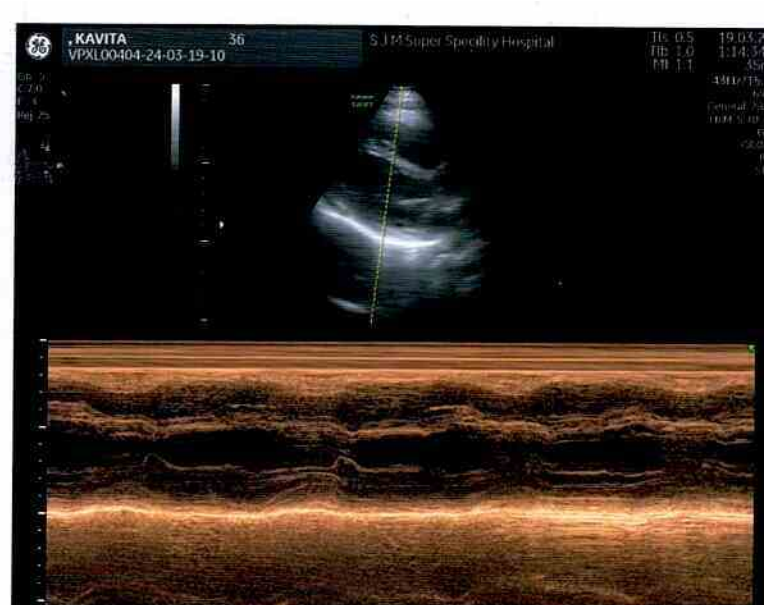
- 1.) NO LV HYPOKINASIA GLOBAL LVEF 60%
- 2.) NO MR NO MS NO AS/AR, NO TR
- 3.) No Intra cardiac clot, vegetation, pericardial effusion

**DR. AMIT KOTHARI**

Non-Interventional Cardiologist.

Centre for Excellent Patient Care







## Ultrasound Report

NAME: Mrs. Kavita diwakar

AGE/Sex:36yrs/F

DATE:19/03/2024

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

**LIVER-** Liver shows normal in size. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicles appear normal. Portal veine 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 concretion on both side.

**RETROPERITONIUM-** -There is non 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 and Both ovaries are normal in size, shape and echo pattern. No focal lesion is seen. Endometrium appears normal. There is no evidence of free fluid seen in the pelvis. There is no evidence of adnexal mass is seen.

**IMPRESSION: NORMAL SCAN.**

For SJM Super Speciality Hospital

DR. PUSHPA KAUL





PATIENT ID	: 26776 OPD	<b>X-Ray Report</b>	PATIENT NAME	: MRS KAVITA DIWAKAR
AGE	: 036Y		SEX	: Female
REF. PHY.	:		STUDY DATE	: 19-Mar-2024

## RADIOLOGY REPORT EXAM: X RAY CHEST

### TECHNIQUE:

Frontal projections of the chest were obtained.

### FINDINGS:

**Mildly prominent bronchovascular markings in both lung fields.**

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:

- Mildly prominent bronchovascular markings in both lung fields.

Suggested clinical correlation.

*V.S. Sai Naren*

Dr Sai Naren  
Consultant Radiologist  
MBBS, MD  
Regn No: 2017/08/3835

Dr Sai Naren  
19th Mar 2024



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PA

