



CID : 2134540042  
Name : MR.PARIMAL GHOSH  
Age / Gender : 46 Years / Male  
Consulting Dr. : -  
Reg. Location : Vasai (Main Centre)

Collected : 11-Dec-2021 / 10:13  
Reported : 11-Dec-2021 / 15:50

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**

**CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	15.8	13.0-17.0 g/dL	Spectrophotometric
RBC	4.99	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.6	40-50 %	Measured
MCV	94	80-100 fl	Calculated
MCH	31.7	27-32 pg	Calculated
MCHC	33.9	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7270	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	32.6	20-40 %	
Absolute Lymphocytes	2370.0	1000-3000 /cmm	Calculated
Monocytes	8.9	2-10 %	
Absolute Monocytes	647.0	200-1000 /cmm	Calculated
Neutrophils	47.1	40-80 %	
Absolute Neutrophils	3424.2	2000-7000 /cmm	Calculated
Eosinophils	10.5	1-6 %	
Absolute Eosinophils	763.4	20-500 /cmm	Calculated
Basophils	0.9	0.1-2 %	
Absolute Basophils	65.4	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	245000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Calculated
PDW	14.8	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-



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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      5                                      2-15 mm at 1 hr.                                      Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
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MC-2111



*Rashmi Monteiro*  
**Dr.RASHMI MONTEIRO**  
**M.D. (PATH)**  
**Pathologist**



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	94.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	116.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO  
PROSTATE SPECIFIC ANTIGEN (PSA)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	1.61	0.03-2.5 ng/ml	ECLIA

1. PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.
2. The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer.
3. Calculation of the ratio of Free to Total PSA (ie. FPSA/TPSA), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**EXAMINATION OF FAECES**

**PARAMETER**                      **RESULTS**                      **BIOLOGICAL REF RANGE**

**PHYSICAL EXAMINATION**

Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent

**CHEMICAL EXAMINATION**

Reaction (pH)	Acidic (5.0)	-
Occult Blood	Trace	Absent

**MICROSCOPIC EXAMINATION**

Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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



MC-2111



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**Pathologist**



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO  
URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

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



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**

ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**Refernces:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	209.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	120.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	41.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	168.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	145.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	23.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.5	0-3.5 Ratio	Calculated

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO  
KIDNEY FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	24.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.92	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	94	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	5.6	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.5	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.2	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	4.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	105	98-107 mmol/l	ISE

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.2	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.53	0.35-5.5 microIU/ml	ECLIA

**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

**Reference:**

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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**LIVER FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.44	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.28	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	21.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	30.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	28.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	95.7	40-130 U/L	Colorimetric

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CID : 2134540042 SID : 177804538998  
 Name : MR.PARIMAL GHOSH Registered : 11-Dec-2021 / 09:26  
 Age / Gender : 46 Years/Male Collected : 11-Dec-2021 / 09:26

**PHYSICAL EXAMINATION REPORT**

**History and Complaints:**

Asymptomatic

**EXAMINATION FINDINGS:**

<b>Height (cms):</b>	162 cms	<b>Weight (kg):</b>	72 kgs
<b>Temp (0c):</b>	Aferile	<b>Skin:</b>	Normal
<b>Blood Pressure (mm/hg):</b>	130/90 mm of hg	<b>Nails:</b>	Normal
<b>Pulse:</b>	80/min	<b>Lymph Node:</b>	Not palpable

**Systems**

**Cardiovascular:** S1S2 audible  
**Respiratory:** AEBE  
**Genitourinary:** NAD  
**GI System:** Liver & Spleen not palpable  
**CNS:** NAD

**IMPRESSION:**

**ADVICE:**

**CHIEF COMPLAINTS:**

- |  |    |
|--|----|
| 1) Hypertension:                         | No |
| 2) IHD                                   | No |
| 3) Arrhythmia                            | No |
| 4) Diabetes Mellitus                     | No |
| 5) Tuberculosis                          | No |
| 6) Asthama                               | No |
| 7) Pulmonary Disease                     | No |
| 8) Thyroid/ Endocrine disorders          | No |
| 9) Nervous disorders                     | No |
| 10) GI system                            | No |
| 11) Genital urinary disorder             | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder            | No |
| 14) Cancer/lump growth/cyst              | No |

CID : 2134540042

SID : 177804538998

Name : MR.PARIMAL GHOSH

Registered : 11-Dec-2021 / 09:26

Age / Gender : 46 Years/Male

Collected : 11-Dec-2021 / 09:26

- 15) **Congenital disease** No  
16) **Surgeries** No  
17) **Musculoskeletal System** No

**PERSONAL HISTORY:**

- 1) **Alcohol** 3 peg /week since 15 yeras  
2) **Smoking** 3-4 cigg/day since 15-20 yeras  
3) **Diet** Mixed  
4) **Medication** No

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



**Dr.SHISHIR SHETTY**  
**MBBS,D-CARD**  
**CARDIOLOGIST**

Age **46** **5** **21**  
years months days

Gender **Male**

Heart Rate **60 bpm**

**Patient Vitals**

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: \_\_\_\_\_

\_\_\_\_\_

**Measurements**

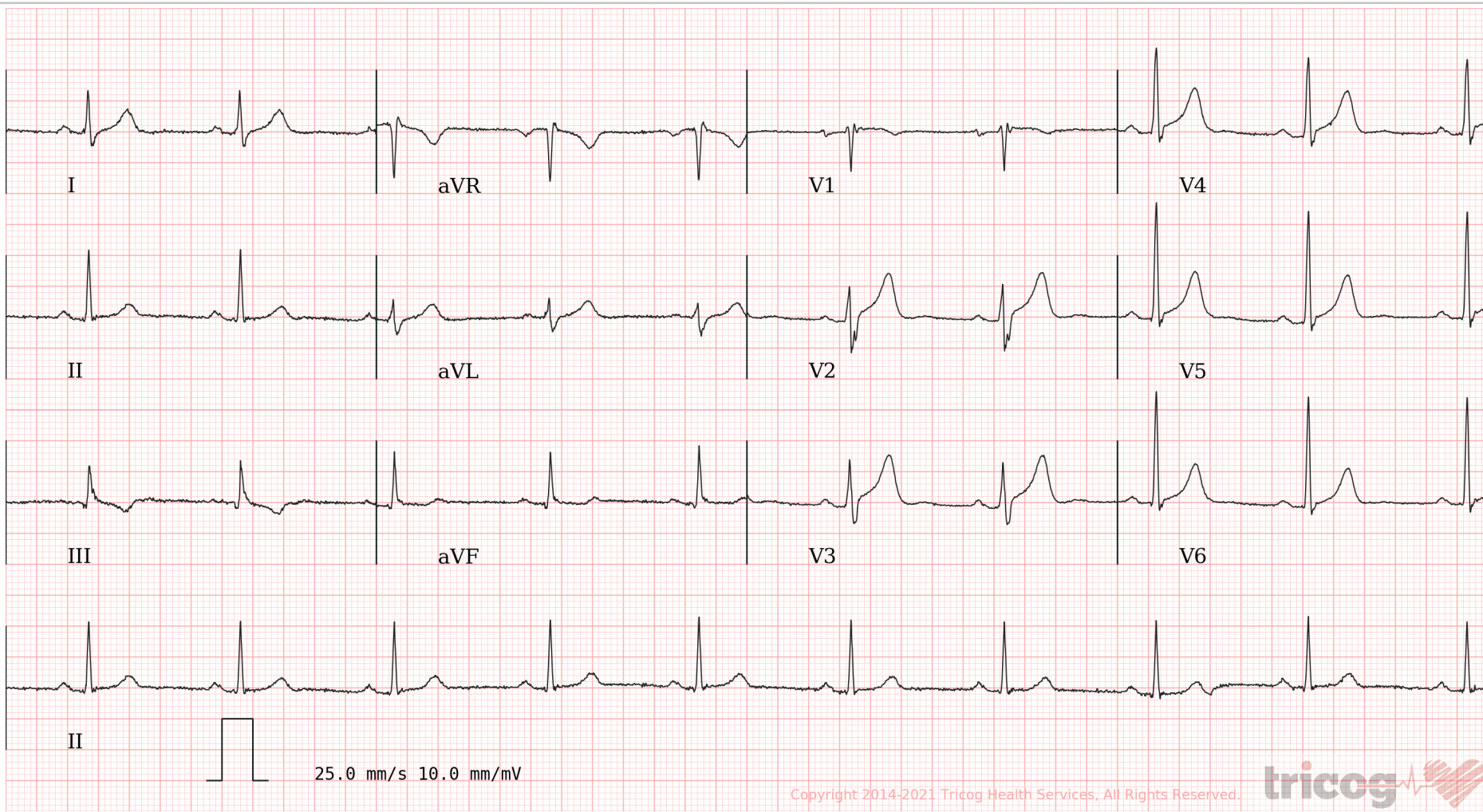
QSRD: 94 ms

QT: 398 ms

QTc: 398 ms

PR: 158 ms

P-R-T: 35° 60° 5°



ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

REPORTED BY

*Shishir*

Dr. SHISHIR SHETTY  
MBBS.D-CARD  
2006/01/0250



CID : 2134540042  
Name : Mr PARIMAL GHOSH  
Age / Sex : 46 Years/Male  
Ref. Dr :  
Reg. Location : Vasai Main Centre  
Reg. Date : 11-Dec-2021 / 10:14  
Report Date : 11-Dec-2021 / 10:23  
Printed : 11-Dec-2021 / 10:23

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (14.7 cms), shape and smooth margins. **It shows altered parenchymal echo pattern.** The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

### GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

### PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 10.5 x 4.8 cm. Left kidney measures 11.0 x 5.0 cm.

### SPLEEN:

The spleen is normal in size (11 cms) and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

### URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

### PROSTATE:

The prostate is normal in size and it measures 4.1 x 3.7 x 2.6 cms volume is 22 cc.

### IMPRESSION:

**Early signs of fatty liver.**

**NOTE:** USG FINDINGS ARE TO BE CORELATED WITH CLINICAL, LABORATORY AND OTHER INVESTIGATION FINDINGS FOR FINAL DIAGNOSIS AND FOR THEIR MANAGEMENT.

-----End of Report-----

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ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - [customerservice@suburbandiagnosics.com](mailto:customerservice@suburbandiagnosics.com) | [www.suburbandiagnosics.com](http://www.suburbandiagnosics.com)





**CID** : 2134540042  
**Name** : Mr PARIMAL GHOSH  
**Age / Sex** : 46 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Vasai Main Centre

**Reg. Date** : 11-Dec-2021 / 10:14  
**Report Date** : 11-Dec-2021 / 10:23  
**Printed** : 11-Dec-2021 / 10:23

*Khilji Faizur*

**Dr.FAIZUR KHILJI**  
**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**

**Click here to view images** <http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2021121109271547> Page 2 to 2

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CID : 2134540042  
Name : Mr PARIMAL GHOSH  
Age / Sex : 46 Years/Male  
Ref. Dr :  
Reg. Location : Vasai Main Centre

Reg. Date : 11-Dec-2021 / 09:44  
Report Date : 11-Dec-2021 / 10:02  
Printed : 11-Dec-2021 / 10:02

### X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

### IMPRESSION:

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

-----End of Report-----

*Khilji FA*

**Dr.FAIZUR KHILJI**  
**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**