

# DIUYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mr. ANIL KUMAR CHAUDHARY	SAMPLE COLLECTED ON	16-09-2024
AGE / SEX	40 Y / Male	REPORT RELEASED ON	16/09/2024
COLLECTED AT	Inside	REPORTING TIME	11:28:39AM
RECEIPT No.	22,942	PATIENT ID	22975
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, Lipid Profile, LIVER FUNCTION TEST, KIDNEY FUNCTION TEST, Urine Examination Report, Blood Group (ABO), Blood Sugar Fasting & PP, Glycosylated Haemoglobin, T3 Triiodo Thyroid, T4 Thyroxine, TSH, ESR Wintrobe, PSA Total,.

Tests	Results	Biological Reference Range	Unit
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## HAEMATOLOGY

### COMPLETE BLOOD COUNT

Haemoglobin	12.1	Low (Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%)	G%
Total Leukocyte Count (TLC)	8200	(4000-11000 /cumm)	/cumm
Differential Leukocyte Count (DLC)			
Polymorph	70	(40-80) %	%
Lymphocyte	27	(20-40) %	%
Eosinophil	03	(01-6) %	%
Monocyte	00	Low (02-08) %	%
Basophil	00	(<1 %)	%
R. B. C.	3.90	Low (4.2 - 5.5) million/cmm	million/ /Litre
P. C. V. (hemotocrite)	34.1	Low (36-50) Litre/Litre	/Litre
M. C. V.	87.3	(82-98) fl	fl
M. C. H.	31.1	(27Pg - 32Pg)	Pg
M. C. H. C.	35.5	(21g/dl - 36g/dl)	g/dl
Platelete Count	2.22	(1.5-4.0 lacs/cumm)	/cumm
<b>ESR Wintrobe</b>			
Observed	20	20mm fall at the end of first hr.	mm

\*esr Is A Non Specific Phenomenon, Clinically Useful In Disorders Associated With An Increased Production Of Acute Phase Proteins.

\*elevated In Acute And Chronic Infections And Malignancies.

\*extremely High Esr Values Are Seen In Multiple Myeloma, Leukemia, Lymphoma, Breast And Lung Carcinomas, Rheumatoid Arthritis, Sle, Pulmonary Infarction.

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For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची वरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 फो. : 8173006932

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### CANCER MARKER

PSA Total	0.27	(0.0-4.0)ng/ml	ng/ml
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EXPECTED VALUES :

99% OF HEALTHY MALES	0.0 - 4.0 ng / ml
80% OF BENIGN PROSTATIC HYPERTROPHY	4.0 - 10.0 ng / ml
81% OF PROSTITIC CARCINOMAS	10 - 20.0 ng / ml
PROSTATIC METASTASIS	Above 20.0 ng / ml

INTERPRETATION:- PSA is reliable tumor marker for already diagnosed prostatic carcinomas . It is uniquely associated only with prostatic tissue and therefore , is specific for it. Baseline levels measured prior to therapeutic intervention , and follows later by serial , periodical measurements will predict the outcome of the therapy . It also helps in early discovery of recurrences , relapses and metastases.

RECOMMENDED TESTING INTERVALS:-

First Datermination	:	Preoperatively ( Baseline )
Second determination	:	2-4 Days postoperatively
Third determination	:	Before discharge from hospital

FOLLOW - UP DATERMINATION :-

F Levels are high / show rising trend	:	Monthly
F Levels are normal	:	Every 3 monthly initially , later annually.

\* In general tumor marker levels are directly related to the tumor mass and the stage of the cancer . However , if is the rate of change in the tumor marker level , which is more important , rather than its absolute value . A 50% change may be considered clinically significant.

\* It must empha sized that PSA may be also elevated in benign prostatic hypertrophy and inflammatory condition of sure surroundings genitor-urinary tract . Therefore , this parameter should never be used as a screening test for diagnosing prostatic carcinomas , but only as aid in follow up studies.

# AMAN HOSPITAL Pvt. Ltd.

ology Division



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## BIOCHEMISTRY

### Blood Sugar Fasting & PP

Blood Sugar Fasting 71.9 (60 -110)mg/dl mg/dl

Reference Value :

Fasting ( Diabetes 110.0 Mg% Or More ) ( Impaired Glucose Tolerance 110-126 Mg% )

After 2hrs. Of 75 Gm Glucose (oral) ( 70-140 Mg% ) ( Impaired Glucose Tolerance 140-200 Mg% )

Random/casual (diabetes 200 Mg% Or More, With Presenting Symptoms.)

### Lipid Profile.

Total Cholestrol	164.3	125-200mg/dl Normal Value	mg/dL
H D L Cholestrol	41.1	(30-70 mg%)	mg%
Triglyceride	159.7	(60-165mg/dL)	mg/dL
V L D L	31.94	(5-40mg%)	mg%
L D L Cholestrol	91.26		mg/dl

50 Optimal

50-100 Near/Above Optimal

TC/HDL 4.0 (3.0-5.0)

LDL/HDL 2.2 (1.5-3.5)

Comment/interpretation

Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipids, The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

Note::

1. Measurement In The Same Patient Can Show Physiological & Analytical Variations. Three Serial Samples 1 Week Apart Are Recommended For Total Cholestral ,triglycerides,hdl& Ldl Cholestrol.

2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initjal Test For Evaluating Cholestrol.

3. Friedewald Equation To Calculate Ldl Cholesterol Is Most Accurate When Triglyceride Level Is <400 Mg/dl.

Measurement Of Direct Ldl Cholesterol Is Recommended When Triglyceride Level Is >400 Mg/dl.

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<b>LIVER FUNCTION TEST</b>			
Bilirubin (Total)	0.8	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct )	0.3	(0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.5	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	30.9	0-40	IU/L
SGPT (ALT)	41.6	0.0-42.0	IU/L
Serum Alkaline Phosphatase	115.3	80.0-290.0	U/L
Serum Total Protein	6.7	6.0-7.8	gm/dl
Serum Albumin	3.9	3.5-5.0	gm/dl
Serum Globulin	2.8	2.3-3.5	gm/dl
A/G Ratio	<b>1.39</b>	High	

#### Comments/interpretation:

-liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes.

-the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage.

-It Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

#### KIDNEY FUNCTION TEST

Blood Urea	33.5	15.0-45.0	mg/dl
Blood Urea Nitrogen (BUN)	15.4	06-21	mg%
Serum Creatinine	0.8	0.7-1.4	mg/dl
Serum Uric Acid	6.2	Male-3.5-7.2 Female-2.5-6.0	mg/dl

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Tests	Results	Biological Reference Range	Unit
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## Glycosylated Haemoglobin

HbA1c	5.3	(4.3-6.4)	%
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Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

### Comments/interpretations:

Glycosylated Haemoglobin Is Proportional To Mean Plasma Glucose Level During Previous 6-12 Weeks. For People Without Diabetes, The Normal Range For The Hemoglobin A1c Level Is Between 4% And 5.6%. Hemoglobin A1c Levels Between 5.7% And 6.4% Mean You Have A Higher Chance Of Getting Diabetes. Levels Of 6.5% Or Higher Mean You Have Diabetes. recommended Goal Of Hba1c Is <7%. The Higher The Hemoglobin A1c, The Higher Your Risk Of Having Complications Related To Diabetes. A Combination Of Diet, Exercise, And Medication Can Bring Levels Down. People With Diabetes Should Have An A1c Test Every 3 Months To Make Sure Their Blood Sugar Is In Their Target Range. If Your Diabetes Is Under Good Control, You May Be Able To Wait Longer Between The Blood Tests. But Experts Recommend Checking At Least Two Times A Year. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test.

## SEROLOGY

### Blood Group (ABO)

A.B.O.	"A"
Rh(D)	POSITIVE

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### IMMUNOLOGY

T3 Triiodo Thyroid	1.16	(0.69 - 2.15)	ng/ml
T4 Thyroxine	79.2	(52 - 127) ng/ml	ng/ml
TSH	2.31	(0.3-4.5) uIU/ml	uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.

- Remarks:
- Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
  - A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
  - Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
  - A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
  - Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
  - Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
  - A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
  - Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Sampes Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.

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Tests	Results	Biological Reference Range	Unit
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## CLINICAL PATHOLOGY

### Urine Examination Report

#### PHYSICAL

Volume	25	-	ml
Colour	LIGHT YELLOW	-	-
Appearance	CLEAR	-	-

#### CHEMICAL

Reaction PH	6.0	(4.5-8.0)	-
Specific Gravity	1.015	(1.01-1.025)	-
Proteins	NIL	NIL	-
Sugar	NIL	NIL	-
Blood	NIL	NIL	-
Phosphates/urates	NIL	NIL	-
Ketone Bodies	NIL	NIL	-
Chyle	NIL	-	-
Bile Pigment (Bilirubin)	NIL	NIL	-
Bile Salt	NIL	-	-
Irobilinogen	Normal	-	-

#### MICROSCOPICAL

RBC	Absent	0-2 /hpf	/hpf
pus Cells	1-2	0-5 /hpf	/hpf
epithelial Cells	1-2	-	-
crystals	Nil	-	-
yeast Cells	Absent	-	-
casts	Absent	-	-
ACTERIA	Absent	-	-

\*\*\* End of Report \*\*\*

THANKS FOR REFERENCE

Consultant Pathologist  
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN  
22975

Consultant Pathologist  
DR.VASUNDHARA SINGH M.D (PATH)

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# दिव्यमान हॉस्पिटल

## प्राइवेट लिमिटेड



ईमेल : dmhgkp@gmail.com • फोन नं० : 0551-2506300 • मो० : 7525969999, 8173006932

BP-130/70mmHg

Mr. Anil Kumar Chaudhary

16/9/24

wt 87kg

Age- 40YIM

OSI

Hb - 12.1  
 RBC - 8200  
 PCV - 2.22  
 ESR - 20  
 PSA - 0.22

RBS - 31.9mg/dl

LFT

S.GOT - 0.10  
 S.GPT 30.9  
 S.GGT 11.6  
 ALP Phosphatase - 115.3

ILFT

B.M.L. - 0.8  
 B.Wt - 33.5  
 S. Uric acid - 6.2  
 HbA1c - 5.3  
 B. Group - A Positive

X-ray chest (N)

ECG (N)  
USG

Hepatomegaly 11cm  
 Fat + y gallbl

T<sub>3</sub> thyroid 1.16  
 T<sub>4</sub> TH roan 79.2  
 TSH - 2.31  
Ultr R/L  
 RGS - Absent  
 Pus cul. 1.2  
 Ethytraculr 1.2

2DE/4c  
 ↓ Normal w function  
 LVEF 69% 2D  
 mild AR / Trace TR  
 Normal size Cardiac chamber

I. Certify that I have carefully examined  
 Anil Kumar Chaudhary, s/o. Hemant Chaudhary,  
 with medical history of coronary artery disease  
 No any complaints all vital signs  
 that physically fit?

ADD

By Dr. Anil Kumar Chaudhary 17/09/24  
 For Dr. Anil Kumar Chaudhary 17/09/24

12/09/24

**-: अन्य विभाग :-**

- प्रसूति एवं स्त्री रोग
- शिशु, बाल रोग एवं एन.आई.सी.यू.
- डायलिसिस
- फिजियोथैरेपी एवं रिहैबिलिटेशन
- मेडिसिन एवं आई.सी.यू.
- आर्थोपेडिक सर्जरी
- कार्डियोलॉजी
- प्राकृतिक उपचार
- न्यूरोलॉजी
- यूरोलॉजी
- नाक, कान, गला रोग
- रेडियोलॉजी एवं पैथोजॉजी
- जनरल व लैप्रोस्कोपिक सर्जरी
- न्यूरोसर्जरी
- छाती रोग
- माइयूलर ओ.टी., सी.आर्म

इमरजेन्सी 24 घण्टे

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, अजांची बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003  
 रजि. आफिस : 731-एच, शारदा शिवालय, आनन्द बिहार कॉलोनी, राप्ती नगर फेज-1, पोस्ट आफिस-आरोग्य मन्दिर, गोरखपुर-273003



**REPORT**

I.D. NO 11 : U/16-09-28  
Patient's Name: : MR. ANIL KR. CHAUDHARY  
Ref by Dr. : DIVYAMAN HOSPITAL  
September 16, 2024  
AGE/SEX :40 YRS / M

**2D- ECHO**

**MITRAL VALVE**

Morphology AML- Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/Sam/Doming.  
PML- Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.  
Subvalvular deformity Present/Absent Score :  
Doppler Normal/Abnormal E>A A>E  
Mitral Stenosis Present/Absent RR Interval\_ msec  
EDG\_ mmHg MDG\_ mmHg MVA\_ cm2  
Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe.

**TRICUSPID VALVE**

Morphology Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.  
Doppler Normal/Abnormal.  
Tricuspid stenosis Present/Absent RR Interval\_ msec.  
EDG\_ mmHg MDG\_ mmHg  
Tricuspid regurgitation/Absent/Trivial/Mild/Moderate/Severe Frangmmed signals.  
Velocity\_ msec. Pred. RVSP=RAP+\_ mmHg

**PULMONARY VALVE**

Morphology Normal/Atresis/Thickening/Doming/Vegetation.  
Doppler Normal/Abnormal  
Pulmonary stenosis Present/Absent Level  
PSG\_ mmHg Pulmonary annulus\_ mm  
Pulmonary regurgitation Present/Absent  
Early diastolic gradient\_ mmHg. End diastolic gradient\_ mmHg

**उपलब्ध सुविधाएं**



Siemens C.T. Scan

- CT Scan मस्तिष्क, पैर, सीना आदि
- CT Angiography
- Digital X-ray



Philips 1.5 T MRI

- MRI Scan
- 4D Colour Dopler
- CT/USG Guided Biopsy/FNAC



Siemens Accuson S 52000

- ECG, ECO Cardiography
- Dr. Lal Path Lab
- 24 H Ambulance



Siemens I Roy

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE

**REPORT**

**AORTIC VALVE**

Morphology Normal/Thickening/Calcification/Restricted opening/ Flutter/Vegetation  
 No of cusps 1/2/3/4

Doppler Normal/Abnormal  
 Aortic stenosis Present/Absent Level  
 PSG\_ mmHg Aortic annulus\_ mm  
 Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe.

Measurements	Values (Cm)	Measurements	Values (Cm)
Aorta :	3.56	LAc :	3.46
Lves :		LVed :	5.01
IVSed :	1.05	PW (LV):	
RVed :		RV Anterior wall	
EF :	69%	IVC	

IVSmotion Normal/Flat/Paradoxical/Other

**CHAMBERS**

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy/RWMA  
 LA Normal/Enlarged/Clear/Thrombus  
 RA Normal/Enlarged/Clear/Thrombus  
 RV Normal/Enlarged/Clear/Thrombus  
 Pericardium Normal/Thickening/Calcification/Effusion

**IMPRESSION**

- NO RWMA AT REST
- NORMAL LV FUNCTION
- LVEF 69% 2D,
- MILD AR/ TRACE TR
- NORMAL SIZE CARDIAC CHAMBER
- NO I/C CLOT/VEG
- NO PERICARDIAL EFFUSION.

*Cardiologist.*

**उपलब्ध सुविधाएं**

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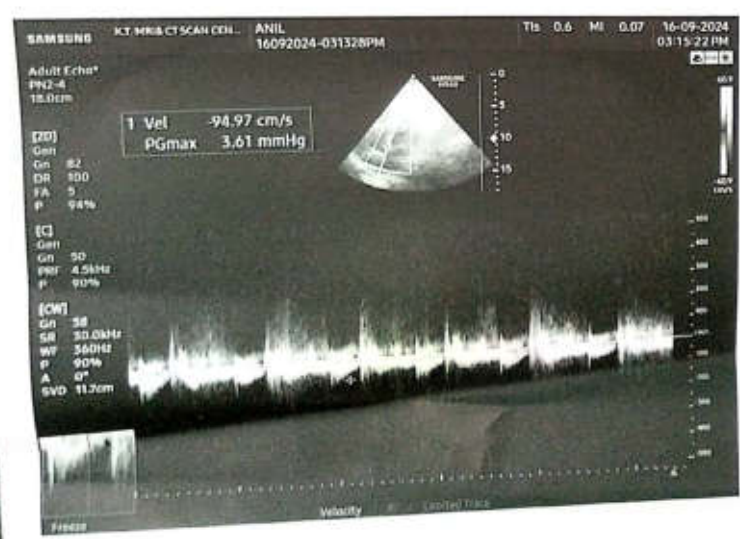
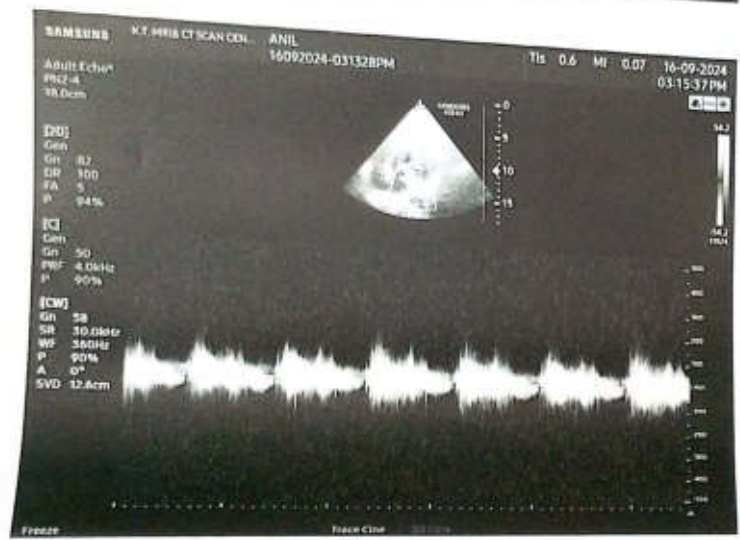
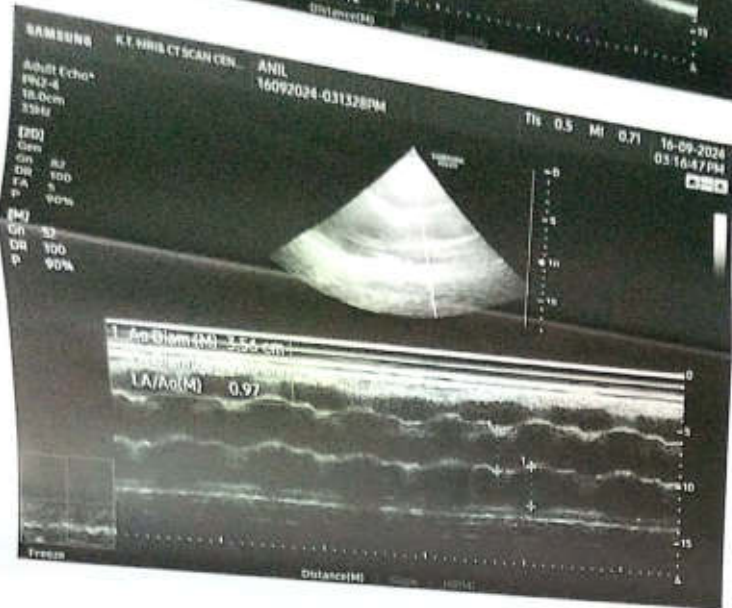


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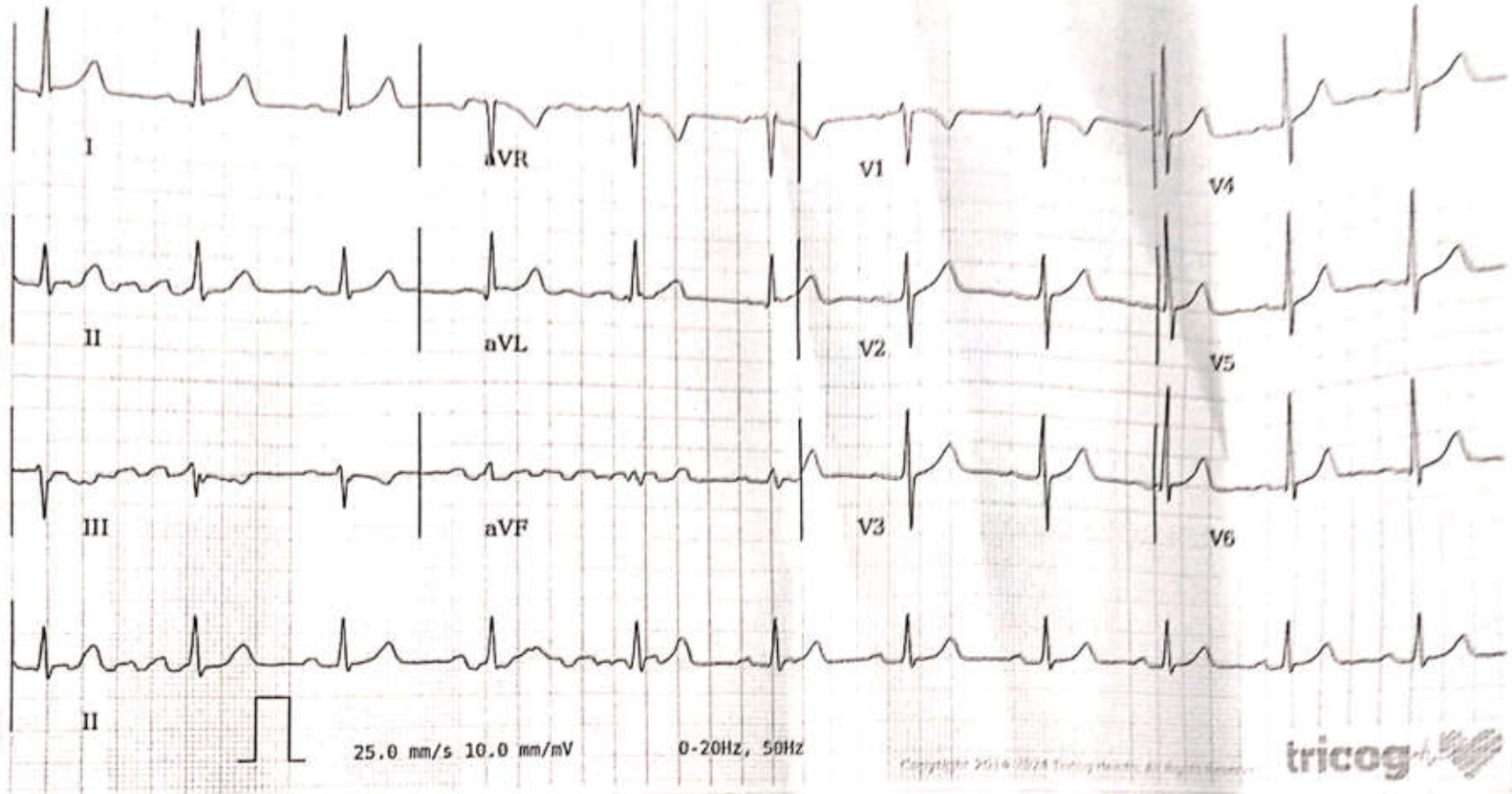


Siemens X-Ray



Age / Gender: 40/Male  
Patient ID: 0000000012  
Patient Name: ANIL KUMAR CHUDHARY

Date and Time: 16th Sep 24 9:12 AM



AR: 68bpm

VR: 68bpm

QRSD: 96ms

QT: 416ms

QTcB: 442ms

PRI: 198ms

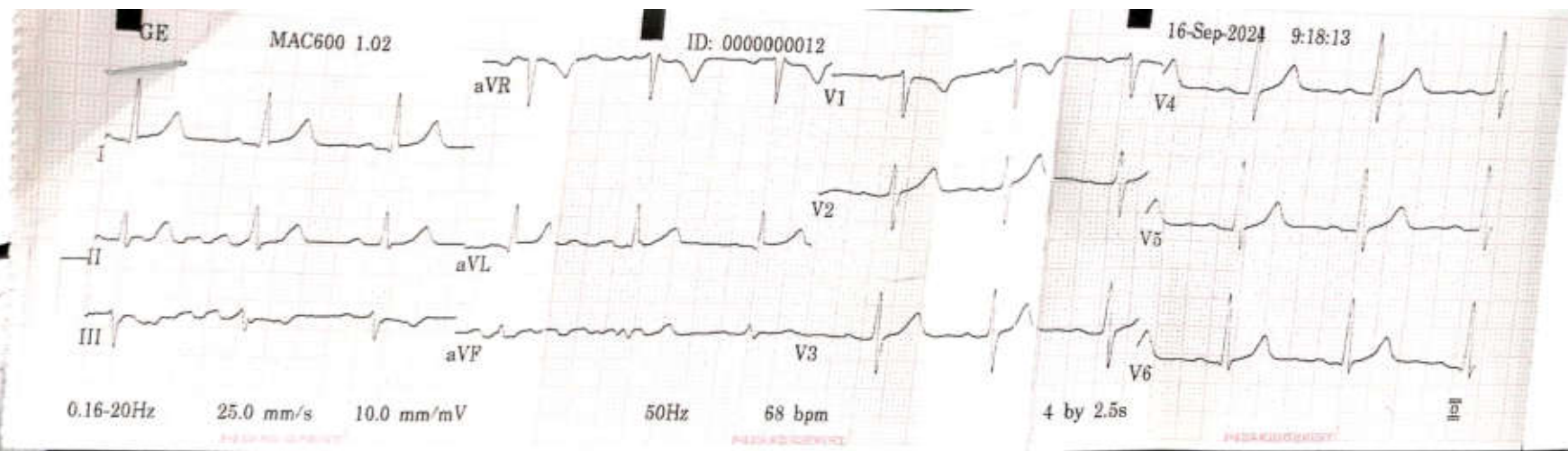
P-R-T: 44° 5° 9°

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

REPORTED BY

*[Signature]*  
Dr. Devendra Mahabharat Chaudhary

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



ID: 0000000012  
 40years Male

Vent. rate	68 bpm
QRS duration	96 ms
QT/QTc	416/442 ms
PR interval	198 ms
P duration	108 ms
RR interval	882 ms
P-R-T axes	44 5 9

MAC600 1.02 12SL™ v239

**REPORT**

I.D. NO	U/16-09-15	September 16, 2024
PATIENT NAME	MR. ANIL KR. CHAUDHARY	AGE/SEX 40 Y/M
REF. BY	DIVYAMAN HOSPITAL	

**USG: WHOLE ABDOMEN (Male)**

Liver – Enlarged in size (166.7mm) with grade-II fatty echotexture. No IHBR dilatation / focal SOL are seen.

Gall bladder – is distended. No calculus in lumen. Wall thickness is normal.  
 CBD – normal. PV - normal. porta – normal

Pancreas is normal in thickness. Clearly defined margins are seen. Pancreatic duct is not dilated.

Spleen is normal in size (110.5mm) and echotexture. No focal lesion is seen. Diaphragmatic movements are within normal limits on both sides.

Right kidney - normal in size (116.9x49mm), outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

Left kidney - normal in size (120.0x42.3mm), outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder is fully distended. Wall is smooth and regular. Lumen is echofree.

Prostate: is normal in size 35.9x29.6x26.1 mm, volume 14.5cc. Margins are well-defined. Capsule is normal.

No evidence of Ascites / Retroperitoneal Lymphadenopathy.

**IMPRESSION**

- **HEPATOMEGALY WITH FATTY LIVER GRADE-II.**

ADV – CLINICAL CORRELATION. *E LFT*

Note : All USG finding are dynamic in nature and are subjected to change with course of disease and time, prescribing clinician are advised to correlate USG finding with clinical findings.

*[Signature]*  
**Dr. C.B. Singh**  
 D.M.R.D. (Radiodiagnosis)

**उपलब्ध सुविधाएं**



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Siemens X Ray

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# दिव्यमान हॉस्पिटल

## प्राइवेट लिमिटेड



• ईमेल : dmhgkp@gmail.com • फ़ोन नं० : 0551-2506300 • मो० : 7525969999, 8173006932

I.D. NO	X/16/09/	September 16, 2024
PATIENT NAME	MR. ANIL K. CHAUDHARY	AGE/SEX 40 Y/M
REF. BY	DIVYAMAN HOSPITAL	

### X-RAY CHEST (PA VIEW)

No active pulmonary parenchymal lesion is seen.

B/L c/p angle is clear.

Hilar shadows are normal.

Cardiac shadow is normal.

Trachea and mediastinum are normal in position.

Bones and soft tissues are normal

### IMPRESSION:

➤ **NORMAL SCAN.**

ADV - CLINICAL CORRELATION.

DR. RAHUL NAYAK  
MBBS(MD), MD(Dr. RMLIMS)  
RADIOLOGIST

#### -: अन्य विभाग :-

- प्रसूति एवं स्त्री रोग
- मेडिसिन एवं आई.सी.यू.
- न्यूरोलॉजी
- जनरल व लैप्रोस्कोपिक सर्जरी
- शिशु, बाल रोग एवं एन.आई.सी.यू.
- ऑर्थोपेडिक सर्जरी
- यूरोलॉजी
- न्यूरोसर्जरी
- डायलिसिस
- कार्डियोलॉजी
- नाक, कान, गला रोग
- छाती रोग
- फिजियोथेरेपी एवं रिहैबिलिटेशन
- प्राकृतिक उपचार
- रेडियोलॉजी एवं पैथोजॉजी
- माइग्रेन ओ.टी., सी.आर्म

#### इमरजेन्सी 24 घण्टे

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003  
रजि. आफिस : 731-एच, शारदा शिवालय, आनन्द बिहार कॉलोनी, राप्ती नगर फेज-1, पोस्ट आफिस-आरोग्य मन्दिर, गोरखपुर-273003





R

CHEST-PA

