

W - 61.1 kg
H - 156 cm
BP - 105/70
P - 73/min
SpO2 - 99%



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता
आत्मजा दीपेन्द्र प्रसाद नाटियाल,
16/1, तेग बहादुर रोड, तेग बहादुर
रोड, देहरादून, देहरादून जी.पी.,
उत्तराखण्ड, 248001

Address
D/O. Deependra Prasad Nautiyal,
16/1, Teg Bahadur Road, Teg
Bahadur Road, Dehradun,
Dehradun G.p, Uttarakhand,
248001

6476 5517 8321



Handwritten:
24/03/2024
7906908361



भारत सरकार

Government of India



अराधना नाटियाल
Aradhana Nautiyal
जन्म तिथि / DOB : 27/05/1992
महिला / Female



6476 5517 8321

आधार - आम आदमी का अधिकार

Female

24.03.2024 10:35:17 AM
sim hospital
sector 63
Gautam Budha Nagar, UP-201307

Location:

Room:

Order Number:

Indication:

Medication 1:

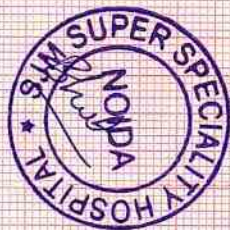
Medication 2:

Medication 3:

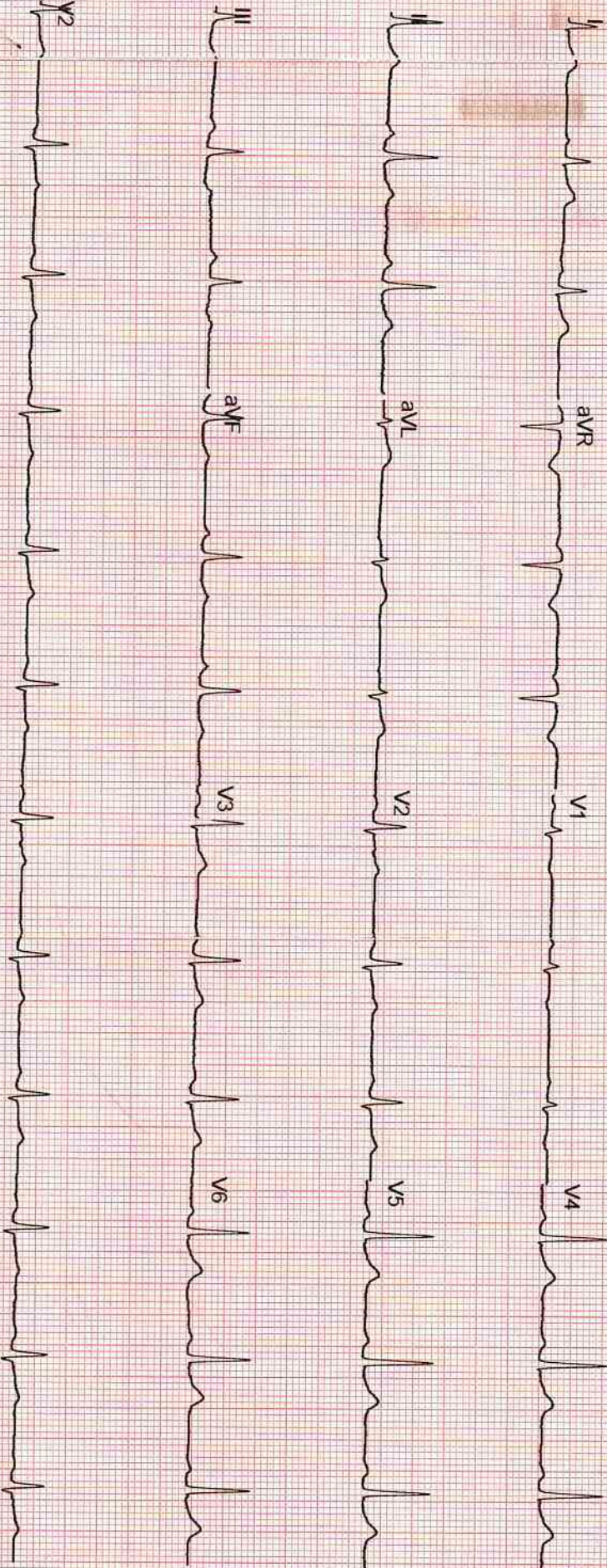
70 bpm
-- / -- mmHg

QRS :	62 ms
QT / QTcBaz :	378 / 408 ms
PR :	130 ms
P :	58 ms
RR / PP :	860 / 857 ms
P / QRS / T :	71 / 70 / 35 degrees

Normal sinus rhythm
Normal ECG



Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



MAC2000 1 1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 Unconfirmed 1/1

Laboratory Report

Lab Serial no. : LSHHI278696	Mr. No : 113350
Patient Name : Mrs. ARADHANA NAUTIYAL	Reg. Date & Time : 24-Mar-2024 10:29 AM
Age / Sex : 32 Yrs / F	Sample Receive Date : 24-Mar-2024 11:18 AM
Referred by : Dr. SELF	Result Entry Date : 24-Mar-2024 04:49PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 24-Mar-2024 04:53 PM
OPD : OPD	

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	10.9	gm/dL	12.0 - 16.0
TLC	5.2	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	56	%	40 - 70
Lymphocyte	38	%	20 - 40
Eosinophil	04	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.17	Thousand / UI	3.8 - 5.10
P.C.V	36.4	million/UI	0 - 40
M.C.V.	87.3	fL	78 - 100
M.C.H.	26.1	pg	27 - 32
M.C.H.C.	29.9	g/dl	32 - 36
Platelet Count	1.38	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

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HAEMATOLOGY

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

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	20	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	4.77	%	4.0 - 6.0
ESTIMATED AVERAGE GLUCOSE	106.2	mg/dl	

eAG[Calculated]

INTERPRETATION-

	HBA1C
NON DIABETIC	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 :

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Laboratory Report

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BIOCHEMISTRY

	results	unit	reference
<u>BLOOD SUGAR (PP), Serum</u>			
SUGAR PP	102.7	mg/dl	80 - 140

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.

METHOD:- GOD-POD METHOD, END POINT

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	87.1	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 :

Typed By : Mr. BIRJESH



Laboratory Report

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BIOCHEMISTRY

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

GGT / GAMMA GT

GAMMA G.G.T.P	15.4	U/l	< - 38
---------------	------	-----	--------

Comment:-

Gamma-glutamyl Transpeptidase (GGTP) is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.

LIPID PROFILE, Serum

S. Cholesterol	163.0	mg/dl	< - 200
HDL Cholesterol	36.7	mg/dl	42.0 - 88.0
LDL Cholesterol	111.9	mg/dl	50 - 150
VLDL Cholesterol	14.4	mg/dl	00 - 40
Triglyceride	72.2	mg/dl	00 - 170
Chloestrol/HDL RATIO	4.4	%	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.

technician :

Typed By : Mr. BIRJESH



Laboratory Report

Lab Serial no. : LSHHI278696	Mr. No : 113350
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BIOCHEMISTRY

	results	unit	reference
KFT, Serum			
Blood Urea	36.1	mg/dL	13 - 40
Serum Creatinine	0.83	mg/dl	0.6 - 1.1
Uric Acid	3.4	mg/dl	2.6 - 6.0
Calcium	8.7	mg/dL	8.8 - 10.2
Sodium (Na+)	137.7	mEq/L	135 - 150
Potassium (K+)	3.95	mEq/L	3.5 - 5.0
Chloride (Cl)	108.1	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	16.87	mg/dL	7 - 18
PHOSPHORUS-Serum	3.03	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.

technician :

Typed By : Mr. BIRJESH



Page 1

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

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

Laboratory Report

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BIOCHEMISTRY

	results	unit	reference
<u>LIVER FUNCTION TEST,Serum</u>			
Bilirubin- Total	0.78	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.32	mg/dL	0.00 - 0.20
Bilirubin- Indirect	0.46	mg/dL	0.2 - 1.2
SGOT/AST	10.9	IU/L	00 - 31
SGPT/ALT	11.8	IU/L	00 - 34
Alkaline Phosphate	55.0	U/L	42.0 - 98.0
Total Protein	7.24	g/dL	6.4 - 8.3
Serum Albumin	4.19	gm%	3.50 - 5.20
Globulin	3.05	gm/dl	2.0 - 4.0
Albumin/Globulin Ratio	1.37	%	

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



Page 1


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

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

Laboratory Report

Lab Serial No. : LSHHI278696	Reg. No. : 113350
Patient Name : MRS. ARADHANA NAUTIYAL	Reg. Date & Time : 24-Mar-2024 10:29 AM
Age/Sex : 32 Yrs / F	Sample Collection Date : 24-Mar-2024 11:18 AM
Referred By : SELF	Sample Receiving Date : 24-Mar-2024 11:18 AM
Doctor Name : Dr. Vinod Bhat	ReportingTime : 24-Mar-2024 04:53 PM
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 and RH negative.

URINE SUGAR (FBS)

CHEMICAL EXAMINATION

Glucose : Nil

URINE SUGAR (PPBS)

CHEMICAL EXAMINATION

Glucose : Nil



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

3/24/2024

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

Dr. Bupinder Zutshi
(M.B.B.S., MD)
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E-mail.: email@sjmhospital.com
Web.: www.sjmhospital.com



Laboratory Report

Lab Serial No. : LSHHI278696	Reg. No. : 113350
Patient Name : MRS. ARADHANA NAUTIYAL	Reg. Date & Time : 24-Mar-2024 10:29 AM
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Doctor Name : Dr. Vinod Bhat	ReportingTime : 24-Mar-2024 04:53 PM
OPD/IPD : OPD	:

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml
Color: Straw
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.



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

3/24/2024

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

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

Visit ID	: IQD91365	Registration	: 24/Mar/2024 01:18PM
UHID/MR No	: IQD.0000089286	Collected	: 24/Mar/2024 01:19PM
Patient Name	: Mrs. ARADHNA	Received	: 24/Mar/2024 01:30PM
Age/Gender	: 30 Y 0 M 0 D /F	Reported	: 24/Mar/2024 02:33PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240306197



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	1.23	ng/ml	0.61-1.81	CLIA
T4	9.84	ug/dl	5.01-12.45	CLIA
TSH	2.27	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 T ₄	FT ₄	Total T ₃	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 antagonist e.g. domperidone and



Dr. Ankita Singhal
MBBS, MD (Microbiology)




Dr. Anil Rathore
MBBS, MD (Pathology)

Dr. Prashant Singh
MBBS, MD (Pathology)

Page 1 of 2

Authenticity of report can be checked by Scanning QR Code
Test Performed at IQ Diagnostics BLK-003/004, Sector 122, NOIDA - 201301

Visit ID : IQD91365	Registration : 24/Mar/2024 01:18PM
UHID/MR No : IQD.0000089286	Collected : 24/Mar/2024 01:19PM
Patient Name : Mrs. ARADHNA	Received : 24/Mar/2024 01:30PM
Age/Gender : 30 Y O M O D /F	Reported : 24/Mar/2024 02:33PM
Ref Doctor : Dr.SELF	Status : Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code : iqd2151
Employee Code :	Barcode No : 240306197



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
				other physiological reasons.
3 Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4 Low	High	High	High	(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 2. Guid lines of the American Thyroid association during pregnancy and Postpartu m, 2011

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 Singh
 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

Case ID 11024000724
Patient Name ARADHANA NAUTIYAL
Age/Sex 32 Year /Female
Hospital Location Noida, Uttar Pradesh, India
Hospital Name SJM Hospital and IVF Centre
Physician Name Dr DR PUSHPA KAUL
Date & Time of Accessioning 26/03/2024 12:16 Hrs
Date & Time of Reporting 27/03/2024 13:26 Hrs



TEST NAME

Pap Smear-LBC

SPECIMEN INFORMATION

LBC. Lab No C/1610/24 Collected on 26/03/2024 at 00:00 Hrs

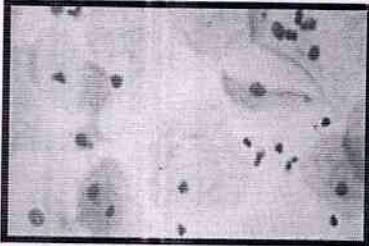
CLINICAL HISTORY

NA

METHODOLOGY

Cytology

CYTOLOGY REPORT



Satisfactory for Evaluation

Transformation zone: Present

Squamous cellularity: Adequate

Inflammatory change: Mild

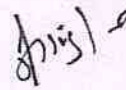
Negative for intraepithelial lesion or malignancy (NILM)

COMMENT

1. The reporting was done as per Bethesda System of Reporting of Cervical Cytology, 2014.

Disclaimer:-PAP test is a screening test for cervical cancer with inherent false negative results.




Dr. Alpana Srivastava, MD
DMC 31253



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Question?

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Toll Free Helpline +91 8882899999

CONDITIONS OF REPORTING

1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient named or identified in the bill/test request form.
2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory.
3. The reported results are for information and are subject to confirmation and interpretation by the referring doctor.
4. Some tests are referred to other laboratories to provide a wider test menu to the customer.
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Patrapada, Bhubaneswar-751019

CORE Diagnostics Satellite Lab (110)

New Delhi 67, Hargobind Enclave, New Delhi - 110092

CORE Diagnostics and Realab Diagnostics (111)

New Delhi H64, Block H, Bali Nagar, New Delhi, Delhi 110015

CORE Diagnostics Satellite Lab

Guwahati Ground Floor, Honuram Boro Path, Shubham Velocity, GS Road, Dispur, Kamrup Metropolitan
Guwahati, Assam - 781005

The test was processed in Lab



Ultrasound Report

TRANS THORASCIC ECHO - DOPPLER REPORT

Name: **Mrs. Aradhna Notiyal** Age /sex: **30Yrs/Female** Date: **-24/03/2024**

ECHO WINDOW: FAIR WINDOW

	Observed values (mm)		Normal values (mm)
Aortic root diameter	2.8		22-36
Aortic valve Opening			15 -26
Left Atrium size	3.0		19 - 40
	End Diastole (mm)	End Systole (mm)	Normal Values (mm)
Left Ventricle size	4.1	2.8	(ED =39 -58)
Interventricular Septum	0.9		(ED = 6 -11)
Posterior Wall thickened	0.9		(ED = 6- 10)
LV Ejection Fraction (%)	60 %		55% -65 %

Doppler Velocities (cm / sec)

Pulmonary valve = Normal		Aortic valve = Normal		
Max velocity	87	Max velocity	124	
Mean PG		Max PG		
Pressure ½ time		Mean velocity		
Acceleration Time		Mean PG		
RVET		LVET		
Mitral valve = Normal		Tricuspid valve = Normal		
E	A>E	78	Max Velocity	62
A		56	Mean Velocity	
DT			Mean PG	
E/E			TAPSE	





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Regurgitation: -

Ultrasound Report

MR = Trace		TR = Mild	
Severity		Severity	
Max Velocity		RVSP	
AR		PR	
Severity	NIL	Severity	NIL
Jet width /LVOT ratio		Mean PAP	

Final Interpretation: -

- 1.) No RWMA, LVEF = 60%
- 2.) Normal all cardiac chambers dimensions.
- 3.) Normal mitral inflow pattern.
- 4.) Normal RV systolic function
- 5.) Trace MR
- 6.) Mild TR with (PASP =22 mmHg).
- 7.) No AR/PR.
- 8.) IVC is normal in size / diameter.
- 9.) No Intracardiac clot, vegetation, pericardial effusion

DR. BHUPENDER BHATI

MBBS, MD, PGDCC

Non-Interventional Cardiologist.





Ultrasound Report

NAME: Mrs. Aradhana Nautiyal

AGE: 30yrs/f

DATE: 24/03/2024

Real time USG of abdomen and pelvis reveals –

LIVER --Liver appears normal in size and shape, contour and echo pattern. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicles appear normal. Portal vein 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 calculi on right side. **Left kidney shows renal calculus measuring 3.6 mm.**

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

IMPRESSION: Left renal calculus.

For SJM Super Specialty Hospital

DR. PUSHPA KAUL



DR. RAKESH GUJJAR





SJM SUPER SPECIALITY HOSPITAL

(125 Bedded Fully Equipped with Modern Facilities)

Sector-63, Noida, NH-09, Near Hindon Bridge
Tel.: 0120-6530900 / 10 Mob.: +91 9599259072



Centre for Excellent Patient Care

PATIENT ID	: 26844 OPD	X-Ray Report	PATIENT NAME	: MRS ARADHANA
AGE	: 030Y		SEX	: Female
REF. PHY.	:		STUDY DATE	: 24-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
24th Mar 2024

Centre for Excellent Patient Care



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PA

