Health Check up Booking Confirmed Request(bobS3720),Package Code-PKG10000474, Beneficiary Code-303512

Mediwheel <wellness@mediwheel.in>

Thu 12/28/2023 1:16 PM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>Cc:customercare@mediwheel.in <customercare@mediwheel.in>



011-41195959

Hi Manipal Hospital;

We have received the confirmation for the following booking.

Hospital

Package Name

: Mediwheel Full Body Health Checkup Male Below 40

Patient Package

Name

: Mediwheel Full Body Health Checkup Male Below 40

Package Code : F

: PKG10000474

Contact Details

: 9667824889

Email

: verma.shikha41@yahoo.com

Booking Date

: 28-12-2023

Appointment

Date

: 30-12-2023

Confirmation

Status

: Booking Confirmed

Preferred Time

: 8:00am-9:00am

Me	mber Information	
Booked Member Name Vivek singh	Age	Gender
TATALON SHIGH	31 year	Male

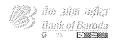
We request you to facilitate the employee on priority.

Thanks, Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.

Please visit to our Terms & Conditions for more information. This email is recieved because you are register with us Click here to unsubscribe.

@ 2023 - 24, Arcofemi Healthcare Pvt Limited (Mediwheel)



To,

The Coordinator, Mediwheel (Arcofemi Healthcare Limited) Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY				
NAME	VIVEK SINGH			
DATE OF BIRTH	07-02-1992			
PROPOSED DATE OF HEALTH	30-12-2023			
CHECKUP FOR EMPLOYEE SPOUSE				
BOOKING REFERENCE NO.	23D181648100081190S			
	SPOUSE DETAILS			
EMPLOYEE NAME	MS. VERMA SHIKHA			
EMPLOYEE EC NO.	181648			
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A			
EMPLOYEE PLACE OF WORK	DELHI,VISHWASH NAGAR			
EMPLOYEE BIRTHDATE	03-01-1994			

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from 28-12-2023 till 31-03-2024. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a cashless facility as per our tie up arrangement. We request you to atlend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))





भारत सरकार



विवेक सिंह Vivek Singh जन्म तिथि / DOB : 07/02/1992 पुरुष / MALE



2106 3102 1928

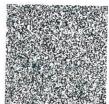
मेरा आधार, मेरी पहचान

Jivok SI



भारतीय विशिष्ट पहचान प्राधिकरण

पताः C/O राम शंकर, 779 , टवर - 19, रिवर हाइट्स, राज नगर विस्तार, गाजियाबाद, उत्तर प्रदेश, 201017 Address: C/O Ram Shankar, 779 , Tower - 19, River Heights, Raj Nagar Extension, Ghaziabad, Uttar Pradesh, 201017



2106 3102 1928







7	aVF	aVI	aVR	Test ind:	Vent. rate PR interval QRS duration QT/QTc 356/ P-R-T axes 54
	V3 V3			Referred by:	ID: 011593731 30-Dec-2023 79 bpm Normal sinus rhythm 160 ms Normal ECG 78 ms 408 ms 12 11
	V ₆ V ₁	\$5 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		Unconfirmed	11:12:19 Manipal Hospitals, Ghaziabad







TMT INVESTIGATION REPORT

Patient Name Vivek SINGH

Location

: Ghaziabad

Age/Sex

: 31Year(s)/male

Visit No

: V000000001-GHZB

MRN No

MH011593731

Order Date

: 30/12/2023

Ref. Doctor : HCP

Report Date

: 30/12/2023

Protocol

: Bruce

MPHR

: 189BPM

Duration of exercise

: 6min 04sec : THR achieved 85% of MPHR

: 160BPM Peak HR Achieved : 182BPM

Reason for termination

% Target HR

: 96%

Blood Pressure (mmHg) : Baseline BP : 140/80mmHg

Peak BP

: 154/80mmHg

METS : 7.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	103	140/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	140	148/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	180	154/80	Nil	No ST changes seen	Nil
STAGE 3	0:04	179	154/80	Nil	No ST changes seen	Nil
RECOVERY	3:14	120	144/80	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh

Dr. Abhishek Singh

Dr. Sudhanshu Mishra

MD, DM (CARDIOLOGY), FACC Sr. Consultant Cardiology

MD, DNB (CARDIOLOGY), MNAMS MD

Sr.Consultant Cardiology Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P: 0120-3535353

Page 1 of 2

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com





Name

MR VIVEK SINGH

Age

31 Yr(s) Sex: Male

Registration No

MH011593731

Lab No

202312004289

Patient Episode

H18000001619

Collection Date:

30 Dec 2023 08:55

Referred By

HEALTH CHECK MGD

Receiving Date

: 30 Dec 2023 08:55

Reporting Date:

30 Dec 2023 13:26

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA) 0.980 ng/ml [0.610 - 1.630]T4 - Thyroxine (ECLIA) 6.980 'ug/ dl [4.680-9.360] Thyroid Stimulating Hormone 2.840 µIU/mL [0.250-5.000]

NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect.

In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.

The TSH assay aids in diagnosing thyroid or hypophysial disorders.

The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.

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Name

MR VIVEK SINGH

Age

31 Yr(s) Sex: Male

Registration No

MH011593731

Lab No

202312004289

Patient Episode

: H18000001619

Collection Date:

30 Dec 2023 08:55

Referred By

: HEALTH CHECK MGD

Reporting Date:

30 Dec 2023 13:31

Receiving Date

: 30 Dec 2023 08:55

BLOOD BANK

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing

A Rh(D) Positive

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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NOTE:

- Abnormal Values

-----END OF REPORT---





Name

: MR VIVEK SINGH

Age

31 Yr(s) Sex :Male

Registration No

: MH011593731

Lab No

202312004289

Patient Episode

: H18000001619

Collection Date:

30 Dec 2023 08:55

Referred By

: HEALTH CHECK MGD

Reporting Date:

30 Dec 2023 11:39

Receiving Date

: 30 Dec 2023 08:55

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL

COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood			
RBC COUNT (IMPEDENCE)	5.24	millions/cumm	[4.50-5.50]		
HEMOGLOBIN	16.1	g/dl	[13.0-17.0]		
Method:cyanide free SLS-colorime	try				
HEMATOCRIT (CALCULATED)	48.0	%	[40.0-50.0]		
MCV (DERIVED)	91.6	fL	[83.0-101.0]		
MCH (CALCULATED)	30.7	pg	[25.0-32.0]		
MCHC (CALCULATED)	33.5	g/dl	[31.5-34.5]		
RDW CV% (DERIVED)	12.9	%	[11.6-14.0]		
Platelet count	173	x 103 cells/cumm	[150-410]		
Method: Electrical Impedance					
MPV (DERIVED)	11.8				
	,				
WBC COUNT (TC) (IMPEDENCE)	5.89	x 103 cells/cumm	[4.00-10.00]		
DIFFERENTIAL COUNT					
(VCS TECHNOLOGY/MICROSCOPY)					
Neutrophils	48.0	ર્જ	[40.0-80.0]		
Lymphocytes	43.0 #	%	[20.0-40.0]		
Monocytes	6.0	96	[2.0-10.0]		
Eosinophils	3.0	%	[1.0-6.0]		
Basophils	0.0	%	[0.0-2.0]		
			infrared-based value of the second se		
ESR	6.0	mm/1sthour	[0.0-		

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LABORATORY REPORT

Name

: MR VIVEK SINGH

Age

31 Yr(s) Sex: Male

Registration No

: MH011593731

Lab No

202312004289

Patient Episode

: H18000001619

Collection Date:

30 Dec 2023 08:55

Referred By

: HEALTH CHECK MGD

Reporting Date:

30 Dec 2023 13:20

Receiving Date

: 30 Dec 2023 08:55

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin)

5.4

[0.0-5.6]

Method: HPLC

As per American Diabetes Association (ADA

HbA1c in %

Non diabetic adults >= 18 years <5.7

Prediabetes (At Risk) 5.7-6.4 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG)

108

mg/dl

Comments: HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour

Light-Yellow

(Pale Yellow - Yellow)

Appearance

Reaction[pH]

CLEAR

5.0

(4.6-8.0)

Specific Gravity

1.005

(1.003 - 1.035)

CHEMICAL EXAMINATION

Protein/Albumin

Negative

(NEGATIVE)

Glucose

NIL

(NIL)

Ketone Bodies

Negative

(NEGATIVE)

Urobilinogen

NORMAL

(NORMAL)

Page 2 of 9





Name

: MR VIVEK SINGH

Age

31 Yr(s) Sex: Male

Registration No

: MH011593731

Lab No

(0-5/hpf)(0-2/hpf) 202312004289

Patient Episode

: H18000001619

Collection Date:

30 Dec 2023 09:31

Referred By

: HEALTH CHECK MGD

Reporting Date:

30 Dec 2023 14:04

Receiving Date

: 30 Dec 2023 09:31

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf
RBC	NIL
Epithelial Cells	1-2
CASTS	NIL
Crystals	NIL
Bacteria	NIL
OTHERS	NIL

STOOL COMPLETE ANALYSIS

Specimen-Stool

Macroscopic Description

Colour Consistency

Blood

Mucus Occult Blood BROWN

/hpf

Semi Solid Absent

Absent NEGATIVE

Microscopic Description

Ova Cyst Fat Globules Pus Cells RBC

Others

Absent Absent

Absent 0-1 /hpf NIL

NIL

Page 3 of 9





Name

: MR VIVEK SINGH

Age

31 Yr(s) Sex: Male

Registration No

: MH011593731

Lab No

202312004289

Patient Episode

: H18000001619

Collection Date:

30 Dec 2023 08:55

Referred By

: HEALTH CHECK MGD

Reporting Date:

30 Dec 2023 11:58

Receiving Date

: 30 Dec 2023 08:55

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Serum LIPID PROFILE

	Serum TOTAL CHOLESTEROL	194	mg/dl	[<200]
	Method:Oxidase,esterase, peroxide			Moderate risk:200-239 High risk:>240
	TRIGLYCERIDES (GPO/POD)	172 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499
	HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	44.0	mg/dl	Very high:>500 [35.0-65.0]
	VLDL- CHOLESTEROL (Calculated) CHOLESTEROL, LDL, CALCULATED	34 116.0	mg/dl mg/dl	[0-35] [<120.0]
Abo	ove optimal-100-129			Near/
	T.Chol/HDL.Chol ratio(Calculated)	4.4		Borderline High:130-159 High Risk:160-189 <4.0 Optimal 4.0-5.0 Borderline >6 High Risk
I	LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.6		<pre><3 Optimal 3-4 Borderline >6 High Risk</pre>

Note:

Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

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Name

: MR VIVEK SINGH

· MIIO11

: MH011593731

Registration No Patient Episode

: H18000001619

Referred By

: HEALTH CHECK MGD

Receiving Date

: 30 Dec 2023 08:55

Age

31 Yr(s) Sex: Male

Lab No

202312004289

Collection Date:

30 Dec 2023 08:55

Reporting Date:

30 Dec 2023 11:58

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

KIDNEY PROFILE

Specimen: Serum			
	William No. 1991	province of	
UREA	14.4 #	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	6.7 #	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.87	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization		3,	[0.70 1.20]
URIC ACID	5.2	mg/dl	[4.0-8.5]
Method:uricase PAP	5.2	mg/ di	[4.0-8.5]
SODIUM, SERUM	135.10 #		
	135.10 #	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4 25	7 /-	Two courses we write
SERUM CHLORIDE	4.35	mmol/L	[3.60-5.10]
STATE OF THE STATE	101.9	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	115.0	ml/min/1.73sq.m	[>60.0]
Technical Note			

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.

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Name

: MR VIVEK SINGH

: MH011593731

Registration No Patient Episode

: H18000001619

Referred By

: HEALTH CHECK MGD

Receiving Date

: 30 Dec 2023 08:55

Age

: 31 Yr(s) Sex :Male

Lab No

202312004289

Collection Date:

30 Dec 2023 08:55

Reporting Date:

30 Dec 2023 11:58

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGIC	CAL REFERENCE INTERV	AL
LIVER FUNCTION TEST					
BILIRUBIN - TOTAL	0.72	mg	/dl	[0.30-1.20]	
Method: D P D					
BILIRUBIN - DIRECT Method: DPD	0.14	m	g/dl	[0.00-0.30]	
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.58	m	g/dl	[0.10-0.90]	
TOTAL PROTEINS (SERUM) Method: BIURET	7.30	g	m/dl	[6.60-8.70]	
ALBUMIN (SERUM) Method: BCG	4.21	g	/dl	[3.50-5.20]	
GLOBULINS (SERUM) Method: Calculation	3.10	g	m/dl	[1.80-3.40]	
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.36			[1.00-2.50]	
AST(SGOT) (SERUM) Method: IFCC W/O P5P	40.00	ŭ	/L	[0.00-40.00]	
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	76.50 #	ט	/L	[17.00-63.00]	
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	68.0	I	U/L	[32.0-91.0]	
GGT	27.0		U/L	[7.0-50.0]	

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LABORATORY REPORT

Name

: MR VIVEK SINGH

Age

31 Yr(s) Sex: Male

Registration No

: MH011593731

Lab No

202312004289

Patient Episode

: H18000001619

Collection Date:

30 Dec 2023 08:55

Referred By

: HEALTH CHECK MGD

Reporting Date:

30 Dec 2023 11:58

Receiving Date

: 30 Dec 2023 08:55

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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-----END OF REPORT-----

Allo





Name

: MR VIVEK SINGH

: MH011593731

Registration No Patient Episode

: H18000001619

Referred By

: HEALTH CHECK MGD

Receiving Date

: 30 Dec 2023 08:55

Age

31 Yr(s) Sex: Male

Lab No

202312004290

Collection Date:

30 Dec 2023 08:55

Reporting Date:

30 Dec 2023 11:58

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F)
Method: Hexokinase

108.0

mg/dl

[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%). Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortica insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia), Drugs-

insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

Page 8 of 9

-----END OF REPORT-





Name

: MR VIVEK SINGH

Registration No

: MH011593731

Patient Episode

: H18000001619

Referred By

: HEALTH CHECK MGD

Receiving Date

: 30 Dec 2023 12:02

Age

: 31 Yr(s) Sex :Male

Lab No

202312004291

Collection Date:

30 Dec 2023 12:02

Reporting Date:

30 Dec 2023 13:10

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

118.0

mg/dl

[80.0-140.0]

Method: Hexokinase

Note:

Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Page 9 of 9

-----END OF REPORT--



RADIOLOGY REPORT

NAME	MR Vivek SINGH	STUDY DATE	30/12/2023 9:18AM
AGE / SEX	31 y / M	HOSPITAL NO.	MH011593731
ACCESSION NO.	R6640402	MODALITY	US
REPORTED ON	30/12/2023 10:18AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

LIVER: appears normal in size (measures 140 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 75 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 8.8 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.2 mm.

IVC, HEPATIC VEINS: Normal. BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is

maintained. Rest normal.

Right Kidney: measures 100 x 45 mm. Left Kidney: measures 102 x 49 mm. PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged. FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest

normal.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 36 x 31 x 28 mm with volume 17 cc.

Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

www.manipalhospitals.com



RADIOLOGY REPORT

NAME	MR Vivek SINGH	STUDY DATE	30/12/2023 9:09AM
AGE / SEX	31 y / M	HOSPITAL NO.	MH011593731
ACCESSION NO.	R6640401	MODALITY	CR
REPORTED ON	30/12/2023 9:15AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Normal. TRACHEA: Normal. CARINA: Normal.

RIGHT AND LEFT MAIN BRONCHI: Normal.

PLEURA: Normal. HEART: Normal.

RIGHT HEART BORDER: Normal. LEFT HEART BORDER: Normal. PULMONARY BAY: Normal. PULMONARY HILA: Normal.

AORTA: Normal.

THORACIC SPINE: Normal.

OTHER VISUALIZED BONES: Normal. VISUALIZED SOFT TISSUES: Normal.

DIAPHRAGM: Normal.

VISUALIZED ABDOMEN: Normal. VISUALIZED NECK: Normal.

IMPRESSION:

-No significant abnormality seen.

Please correlate clinically

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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