


MER- MEDICAL EXAMINATION REPORT

Date of Examination	23/3/24		
NAME	NIDHI SRIVANAYA		
AGE	42	Gender	F.
HEIGHT(cm)	158	WEIGHT (kg)	68 Bmi - 27.2
B.P.	110/66		
ECG	normal		
X Ray	normal		
Vision Checkup	→		
Present Ailments	none		
Details of Past ailments (If Any)	no		
Comments / Advice : She /He is Physically Fit	medicines Rx		

  
 Signature with Stamp of Medical Examiner  
 Dr. Anil Pasogi  
 M.B.B.S., D.C.P.  
 Reg. No. 37370



Nidhi Arthava and Nidhi Srivastava are same person, as I have not changed my last name permanently because of working in govt organization.

Nidhi -



You have been informed that ent ,diet, opthal consultation facility is not available at our centre. If you are ready then your test can be start

2D echo test facility is not available at our center, instead we do TMT test.

*Nidhi*



**CLINIC :**  
1/4A, Vineet Khand, (Opp Jaipuria Management)  
Gomti Nagar, Lucknow - 226 010  
Ph.: 0522-4008184, 4308184 • 8112323230  
Mob.: 7618884441, 9450389932, 8177063877

Date	: 23-Mar-2024		
Name	: Mrs. NIDHI SRIVASTAVA	Age	: 42 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Female

Haemoglobin	11.6	gm%	11 - 14
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Total Leucocyte Count	5900	Cells/cumm.	4000-11000
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Differential Leucocyte Count			
Polymorphs	59	%	45 - 70
Lymphocytes	30	%	20 - 45
Eosinophils	05	%	0 - 6
Monocytes	06	%	0 - 8
Basophils	00	%	0 - 1

Erythrocyte Sedimentation Rate (Wintrobe)			
-ESR	14	mm in 1st Hr.	0 - 19
PCV	37.6	cc%	40 - 52
Corrected ESR	04	mm in 1st Hr.	0 - 19

Platelet Count	1.71	lakh/cumm.	1.5 - 4.0
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Red Cells Count	4.12	million/cmm	3.90 to 4.60
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Absolute values			
MCV	91.4	fL	77 - 97
MCH	28.2	pg	27 - 31
MCHC	31.8	gm /dl	31 - 34

Page 1 of 1 (End of Report)  
**Dr. Sanjay Rastogi**  
M.B.B.S., DCP, CRIAT (BARC)

  
**Dr. Smita Rastogi**  
M.B.B.S., DCP

Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.

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M.B.B.S., M.D. (Path & Bact)



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Date : 23-Mar-2024

Name : **Mrs. NIDHI SRIVASTAVA**

Ref.By : APOLLO HEALTH

Age : 42 Yrs.

Sex : Female

### General Blood Picture

**RBCs** RBCs are Normocytic & Normochromic.  
No Normoblasts are seen.

**WBCs** TLC is within normal range.  
DLC shows normal counts.  
No immature cells of WBC seen.

**PLATELETS** Platelets are adequate in number and morphology.

**OTHERS** No haemoparasites are seen.

**IMPRESSION** Normal GBP

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Date : 23-Mar-2024  
Name : **Mrs. NIDHI SRIVASTAVA**  
Ref.By : APOLLO HEALTH  
Age : 42 Yrs.  
Sex : Female

Urine Sugar (Fasting) NIL

Urine Sugar (PP) NIL

**KFT**

UREA	17.2	mg %	15 - 50
CREATININE	0.75	mg %	0.5 - 1.5
URIC ACID	5.5	mg %	2 - 6
CALCIUM	9.4	mg %	8.8 - 10.0

Plasma Glucose - F  
GOD-POD Method 122 mg/dl 70 - 110

Plasma Glucose - PP  
GOD POD Method 150 mg/dl 110 - 170

Blood Group & Rh "B" Positive

**LFT T&D**

Total Bilirubin	0.71	mg%	0.2 - 1.0
Direct Bilirubin	0.30	mg%	0.0 to 0.40
Indirect Bilirubin	0.41	mg%	0.10 to 0.90
S.G.P.T	17	IU/L	5 - 40
S.G.O.T	12	IU/L	5 - 50
ALP	95	IU/L	35 to 104

Serum Gamma G.T. 32 IU/L 11 - 50

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M.B.B.S., DCP, CRIAT (BARC)

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M.B.B.S., DCP

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Date	: 23-Mar-2024	Age	: 42 Yrs.
Name	: <b>Mrs. NIDHI SRIVASTAVA</b>	Sex	: Female
Ref.By	: APOLLO HEALTH		

### Glycosylated Haemoglobin

Glycosylated Haemoglobin	6.4	%	4.5 TO 6.0
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#### INTERPRETATION AND COMMENTS

- NON DIABETIC : 4.5 to 6.0 %
- GOOD CONTROL: 6.0 to 7.0
- FAIR CONTROLLED 7.0 AND 8.0
- UNCONTROLLED 8.0 AND ABOVE

Glycosylated haemoglobin is the adducted glucose in the haemoglobin of the red blood cells, this adduction is stable for the life time of the RBC (i.e 120 days). There fore the measure of glycosylated haemoglobin reflects the average blood glucose concentration over the preseding several weeks. The sudden change in blood glucose level would not effect the glycosylated haemoglobin level ,which serves as a better marker of long term metabolic control and the efficacy of therapy.

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M.B.B.S., DCP, CRIAT (BARC)

*Dr. Smita Rastogi*  
M.B.B.S., DCP  
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Date	: 23-Mar-2024	Age	: 42 Yrs.
Name	: <b>Mrs. NIDHI SRIVASTAVA</b>	Sex	: Female
Ref.By	: APOLLO HEALTH		

### Urine Examination

<b>PHYSICAL</b>			
Colour	Straw		
Turbidity	Nil		
Deposit	Nil		
Reaction	Acidic		
*Specific Gravity	1.020		
<b>CHEMICAL</b>			
Protein	Nil		
Sugar	Nil		
*Bile Salts	Nil		
*Bile Pigments	Nil		
*Phosphate	Nil		
<b>MICROSCOPIC</b>			
Pus Cells	Nil	/hpf	
Epithelial Cells	Occasional	/hpf	
Red Blood Cells	Nil	/hpf	
Cast	Nil		
Crystals	Nil		
Others	Nil		

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Date	: 23-Mar-2024	Age	: 42 Yrs.
Name	: Mrs. NIDHI SRIVASTAVA	Sex	: Female
Ref.By	: APOLLO HEALTH		

**LIPID PROFILE**

Triglycerids	182	mg%	70 - 190
S. Cholestrol S.	208	mg%	130 - 230
S. HDL Cholestrol	38.6	mg%	35 - 75
S. LDL Cholestrol	133	mg%	75 - 150
VLDL	36.4	mg%	0 - 34
Chol / HDL factor	5.39		
LDL / HDL Factor	3.45		

**COMMENTS**

- \* Triglycerides (TG) are the main dietary lipids. Cholesterol constitutes a small part of the dietary lipids, it is mostly synthesised in the liver. Both TG and Chol. are transported through the plasma by lipoproteins (Chylomicrons, VLDL, LDL, IDL, HDL).
- \* LDL is the major cholesterol particle in plasma and high levels are strongly implicated in the formation of atheroma. An increase in the LDL leads to hypercholesterolemia, and therefore a risk factor for IHD. LDL increases with age particularly in females. Oestrogen lower LDL and raise HDL. Raised chol. in females is mostly due to disturbed thyroid function.
- \* Increase in VLDL leads to hyperglyceridaemia. Raised TGs are associated with increased risk of CHD. Very high TGs increase the risk of Pancreatitis. Cholesterol is often raised due to Diabetes, Renal disease, Diuretic or Betablocker therapy.

**TYPES OF HYPERLIPOPROTEINEMIAS**

- |   |  |
|---|--|
| TYPE 1: Normal cholesterol<br>TG greatly raised                         | TYPE 3: Cholesterol increased<br>TG increased  |
| TYPE 2a: Cholesterol increased<br>LDL increased<br>TG normal            | TYPE 4: Cholesterol normal /increased<br>VLDL increased<br>TG increased                |
| TYPE 2b Chol. increased<br>VLDL raised<br>TG increased<br>LDL increased | TYPE 5: Cholesterol increased<br>LDL reduced<br>VLDL increased<br>TG greatly increased |

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M.B.B.S., DCP, CRIAT (BARC)

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M.B.B.S., DCP  
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Date	: 23-Mar-2024		
Name	: Mrs. NIDHI SRIVASTAVA	Age	: 42 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Female

### THYROID TEST

Tri-iodothyronine (T3)	1.42	nmol/L	0.50 to 2.50
Thyroxine (T4)	7.40	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	2.90	mIU/ ml	0.3 to 6.0

### COMMENTS

- 1) Primary hyperthyroidism is accompanied by elevated Serum T3 and T4 values along with depressed TSH levels.
- 2) Primary Hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 3) Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis.
- 4) Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- 5) Elevated TSH levels may also be indicative of TSH secreting Pituitary Tumour.

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M.B.B.S., M.D. (Path & Bact)



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Ph.: 0522-4008184, 4308184 • 81123232  
Mob.: 7618884441, 9450389932, 8177063877



TEST REQUEST ID :012403230042	SAMPLE DATE	:23/Mar/2024 09:51 AM
NAME :Mrs. NIDHI SRIVASTAVA	SAMPLE REC. DATE	:23/Mar/2024 09:51 AM
AGE/SEX :42 YRS/FEMALE	REPORTED DATE	:23/Mar/2024 12:37 PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01230042

## USG WHOLE ABDOMEN-FEMALE

**Liver:** is normal in size (143 mm). Parenchymal echogenicity is normal. No focal echovariant lesion is seen. Intrahepatic biliary radicles are not dilated.

**Gall Bladder:** is well distended. Lumen is anechoic. Wall is of normal thickness.

**CBD:** is normal in diameter. Portal vein is normal in diameter.

**Pancreas:** is normal in size, shape and echotexture. No focal echovariant lesion is seen. Pancreatic duct is not dilated.

**Spleen:** is normal in size (98 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

**Both Kidneys:** are normal in size (RK- 86 x 36 mm & LK -94 x 46 mm), shape, position and excursion. Parenchymal echogenicity and echotexture is normal with maintained corticomedullary differentiation. No mass, cyst or calculi is seen. Pelvicalyceal systems are not dilated. Ureters are not dilated.

**Urinary bladder:** is well distended. Lumen is anechoic. Wall is of normal thickness. No mass or calculus is seen.

**Uterus** is normal in size (83 x 65 x 33 mms), shape and echotexture. It is anteverted. Myometrium is homogenous. No focal mass is seen. Endometrial thickness is normal 7.8 mm. Cervix appears normal in size, shape and echotexture. No evidence of collection in cervical canal.

**Bilateral Ovaries and adnexae** Both ovaries are normal in size, shape and echotexture. No adnexal solid or cystic mass lesion is seen.

Both iliac fossae are clear. No obvious bowel pathology is noted.  
There is no free fluid in peritoneal cavity.

**OPINION: NORMAL STUDY.**

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

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Patient name: Mrs Nidhi Srivastava  
Ref By. Apollo Health

Age/Sex 42/F  
23/03/2024

## E.C.G. REPORT

1. Rhythm	:	Sinus, Regular
2. Atrial Rate	:	72/mt
3. Ventricular Rate	:	72/mt
4. P – Wave	:	Normal
5. P R Interval	:	Normal
6. Q R S	:	
Axis	:	Normal
R/S Ratio	:	Normal
Configuration	:	Normal
7. Q T c Interval	:	Normal
8. S-T Segment	:	Normal
9. T-Wave	:	Normal

## FINAL IMPRESSION

E.C.G. is within normal limits.

Signature of Doctor

Dr. Sanjay MOHAN MD  
Reg. No. 44559

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M.B.B.S., DCP

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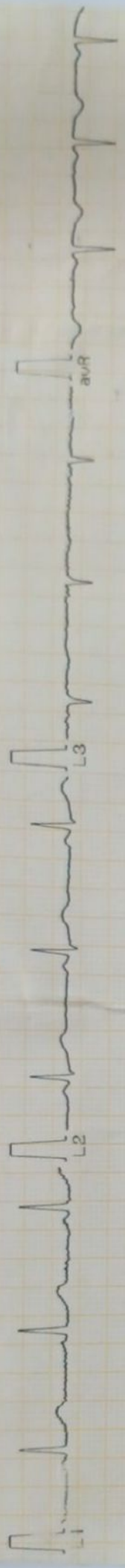
Name NIDHI ASTHANIA

Age \_\_\_ Yrs M/F

10mm/mV

25mm/s

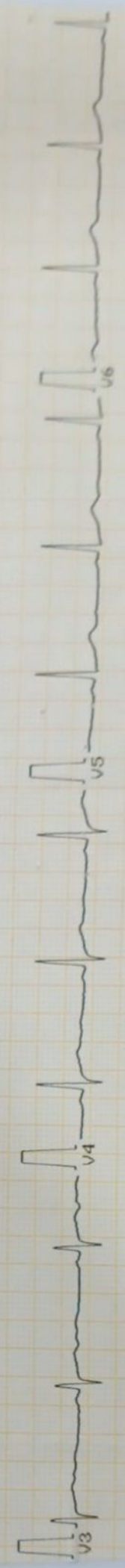
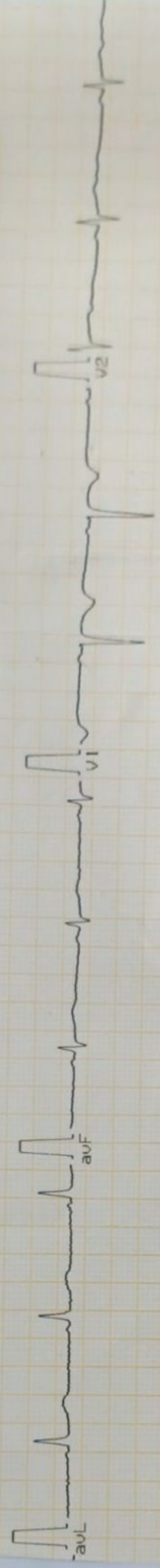
0-1-35 Hz BLC



*Nidhi*

SlarityMed ECG50-1CH

Dr.:



DR. AMIT MOHAN  
Reg. No. 10000000000000000000



MODERN PATHOLOGY AND DIAGNOSTIC CENTER

Gomti Nagar Lucknow

Report



**NIDHI SRIVASTAVA / 42 Yrs / F / 158 Cms / 68 Kg**  
**Date: 23 - 03 - 2024 Refd By : APOLLO HEALTH Examined By:**

Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	091	51 %	110/66	100	00	
Standing	00:07	0:03	00.0	00.0	01.0	089	50 %	110/66	097	00	
HV	00:12	0:05	00.0	00.0	01.0	089	50 %	110/66	097	00	
ExStart	00:25	0:13	00.0	00.0	01.0	082	46 %	110/66	090	00	
BRUCE Stage 1	03:25	3:00	02.7	10.0	04.7	132	74 %	110/66	145	00	
BRUCE Stage 2	06:25	3:00	04.0	12.0	07.1	151	85 %	122/80	184	00	
PeakEx	06:29	0:04	00.0	00.0	07.2	153	86 %	140/92	214	00	
Recovery	07:29	1:00	00.0	00.0	01.1	123	69 %	138/90	169	00	
Recovery	08:29	2:00	00.0	00.0	01.0	109	61 %	134/86	146	00	
Recovery	09:29	3:00	00.0	00.0	01.0	108	61 %	130/82	140	00	
Recovery	09:45	3:15	00.0	00.0	01.0	102	57 %	130/82	132	00	

**FINDINGS :**

**Exercise Time** : 06:04  
**Max HR Attained** : 153 bpm 86% of Target 178  
**Max BP Attained** : 140/92 (mm/Hg)  
**Max WorkLoad Attained** : 7.2 Fair response to induced stress  
**Test End Reasons** : Test Complete

**REPORT :**

**CONCLUSIONS:**

1. STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE.

*Dr. Anil Mohan*  
 Dr. ANIL MOHAN  
 REG. NO. 10000000000

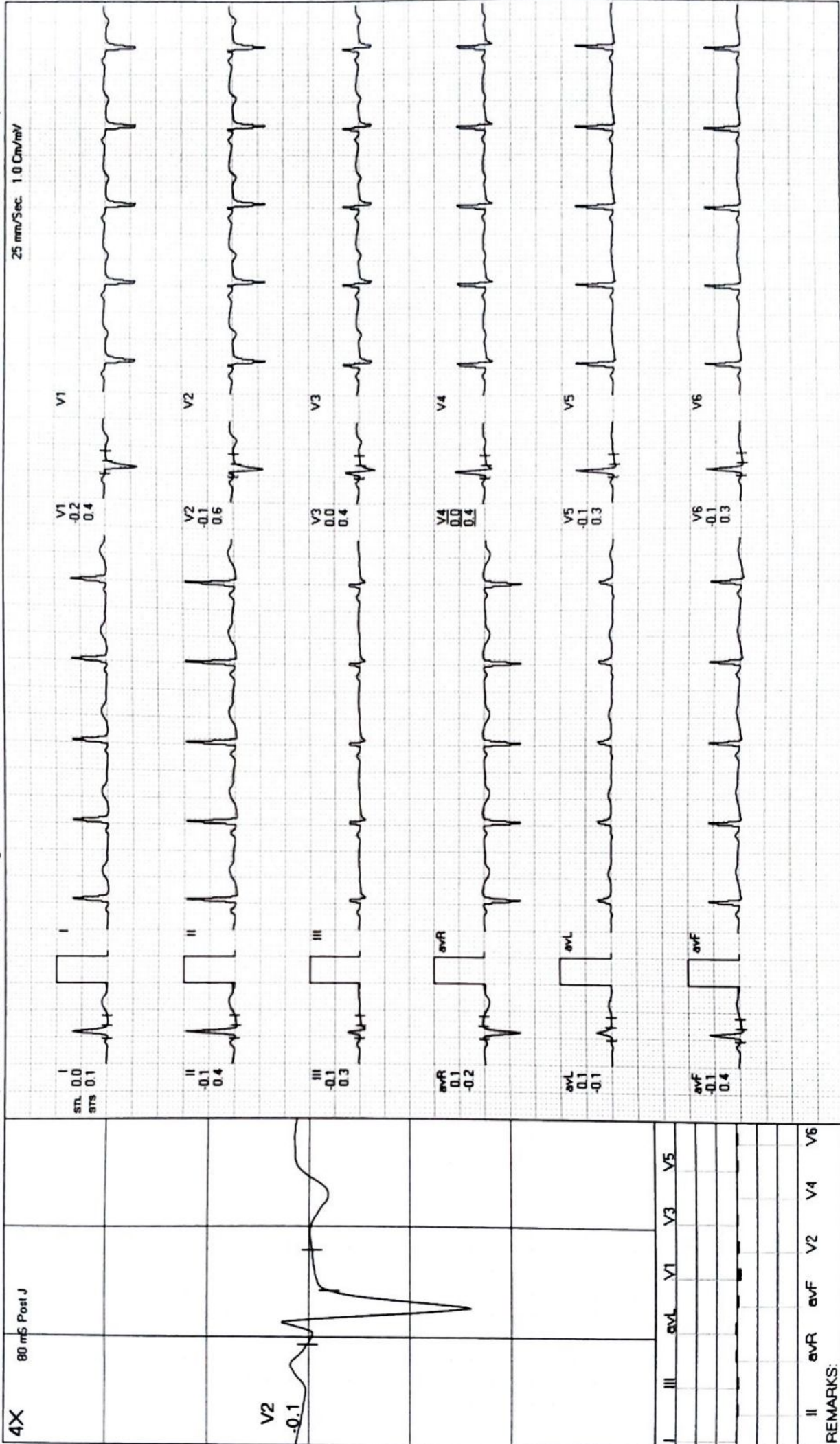
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*NIDHI SRAIVASTAVA / 42 Yrs / F / 158 Cms / 68 Kg / HR : 91*

**BRUCE:Supine(0:05)**



Date 23-03-2024 METS: 1.0/91 bpm 51% of THR BP 110/66 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz ExTime 00:00 0.0 Kmph. 0.0%



REMARKS:



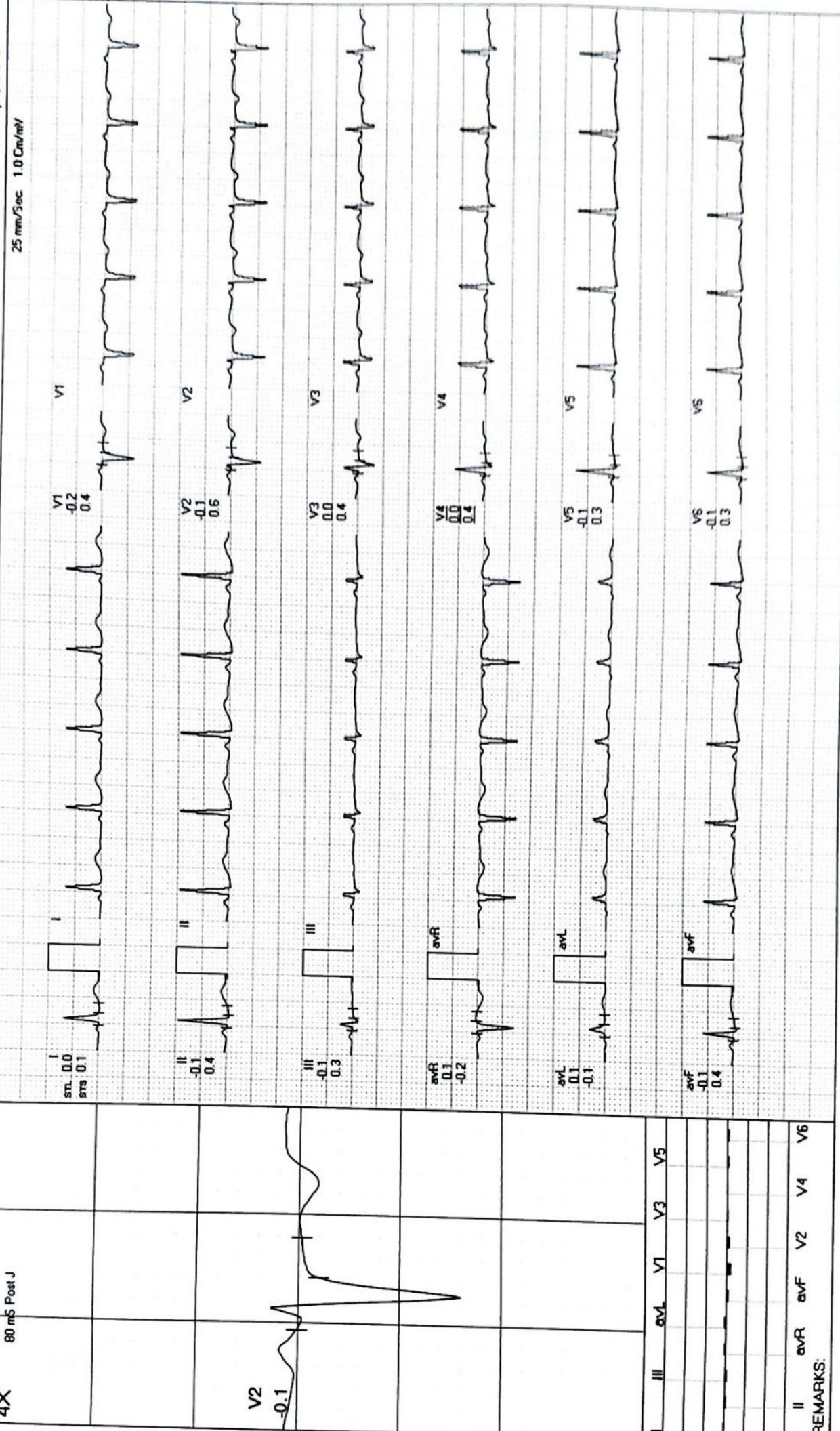
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*NIDHI SRIVASTAVA / 42 Yrs / F / 158 Cms / 68 Kg / HR : 89*

**BRUCE: Standing(0:06)**



Date: 23 - 03 - 2024  
 METS: 1.0/ 89 bpm 50% of THR BP: 110/66 mmHg Combined Medians/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz  
 ExTime 00:00 0.0 Kmph. 0.0%



REMARKS:  
 II aVR aVL V2 V4 V6



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**BRUCE:HV(0:07)**

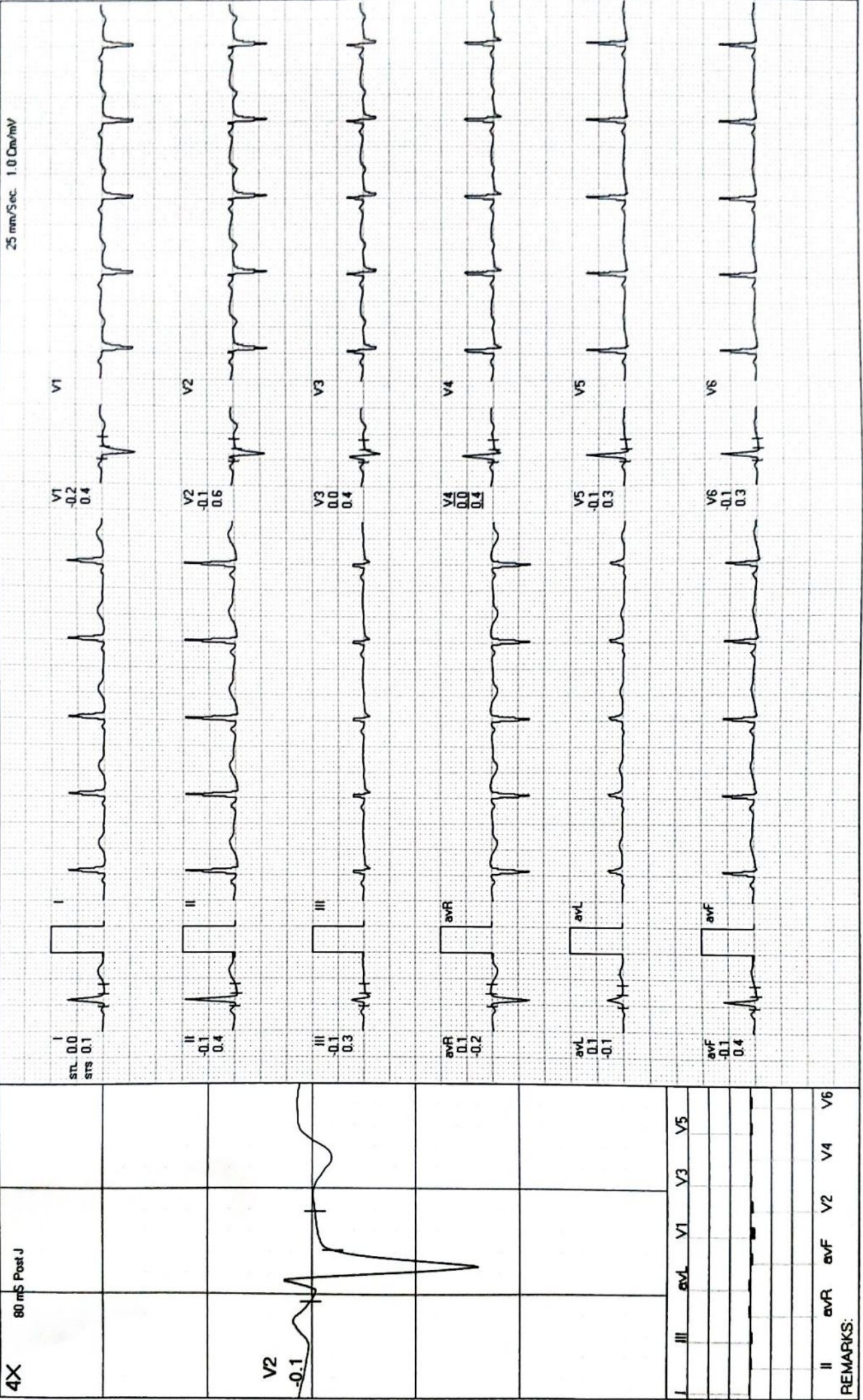


**NIDHI SRAIVASTAVA / 42 Yrs / F / 158 Cms / 68 Kg / HR : 89**

Date: 23 - 03 - 2024

METS: 1.0 / 89 bpm 50% of THR BP: 110/66 mmHg Combined Medians/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime 00:00 0.0 Kmph. 0.0%









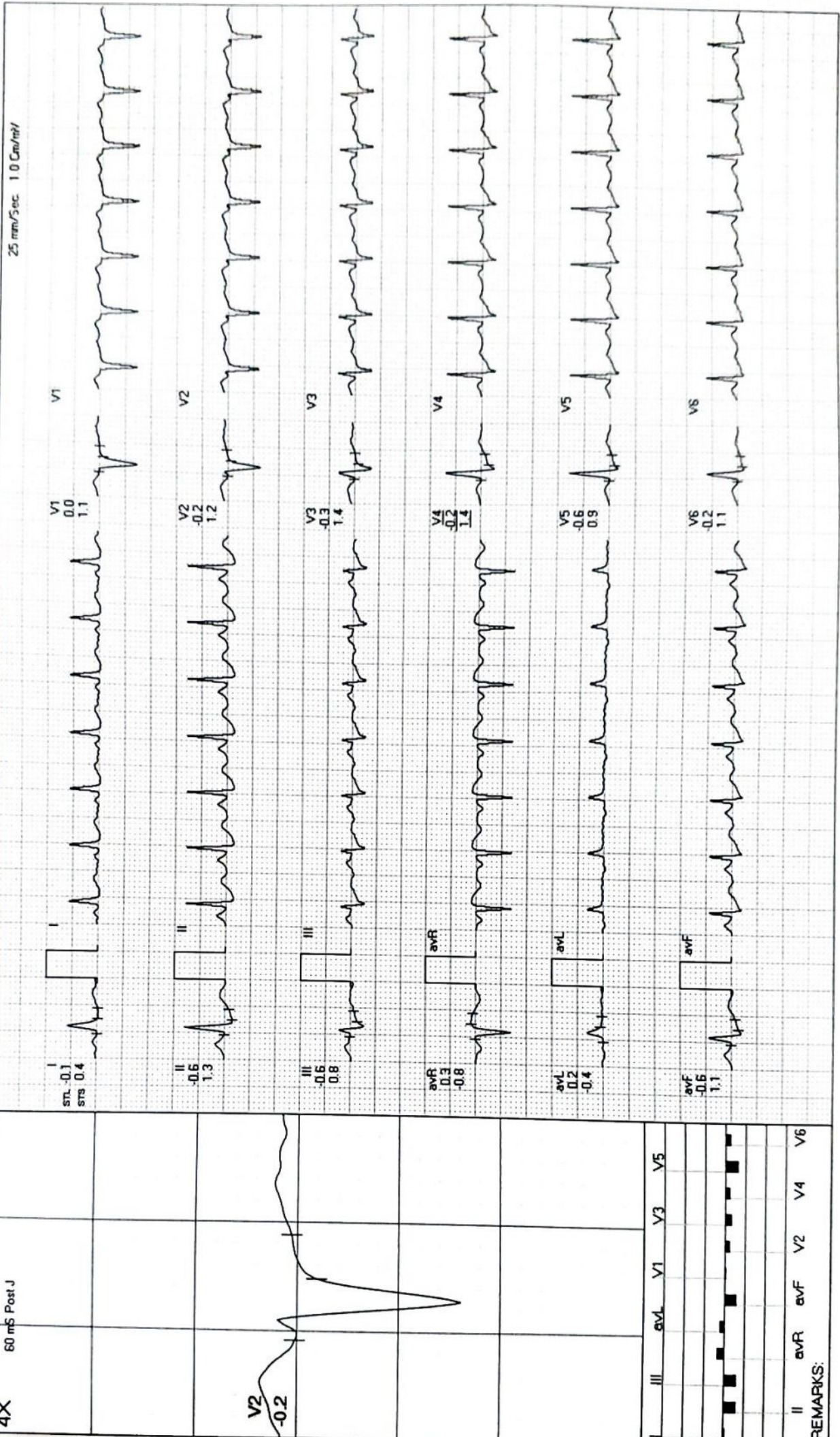
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*NIDHI SRAIVASTAVA / 42 Yrs / F / 158 Cms / 68 Kg / HR : 132*

**BRUCE: Stage 1(3:00)**



Date: 23-03-2024 METS: 4.7/132 bpm 74% of THR BP: 110/66 mmHg Combined Medions/BLC On/ HF 0.05 Hz/LF 35 Hz ExTime 03:00 2.7 Kmph. 10.0%



4X 60 mS Post J

REMARKS: II aVR aVF V2 V4 V6



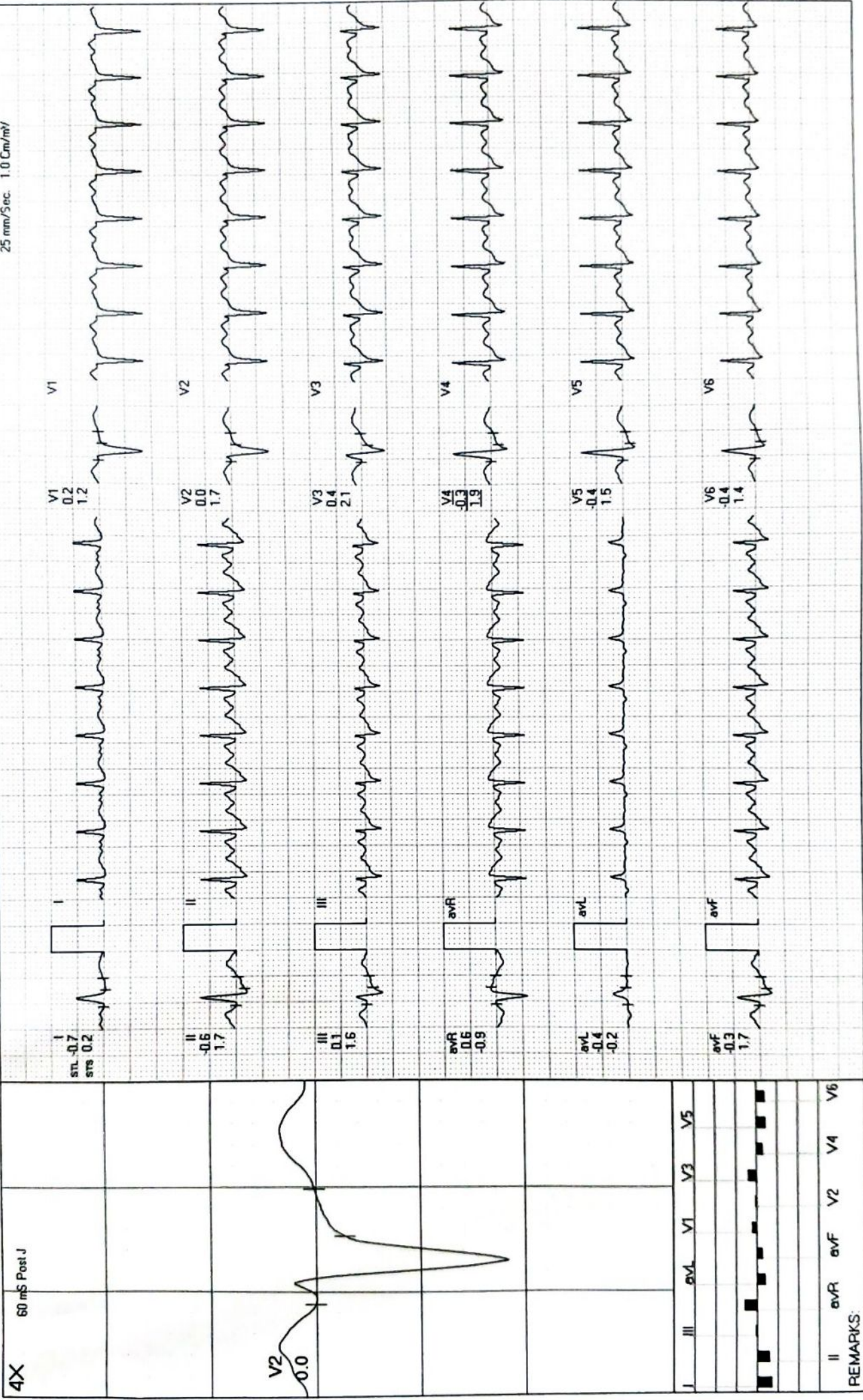
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**NIDHI SRIVASTAVA / 42 Yrs / F / 158 Cms / 68 Kg / HR : 151**

**BRUCE: Stage 2(3:00)**



Date: 23-03-2024 METS 7.1/151 bpm 85% of THR BP: 122/80 mmHg Combined Medians/BLC On/ Notch On/HF 0.05 Hz/LF 35 Hz ExTime 06:00 4.0 Kmph, 12.0%  
 25 mm/Sec. 1.0 Cm/mV



REMARKS:



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**NIDHI SRIVASTAVA / 42 Yrs / F / 158 Cms / 68 Kg / HR : 153**

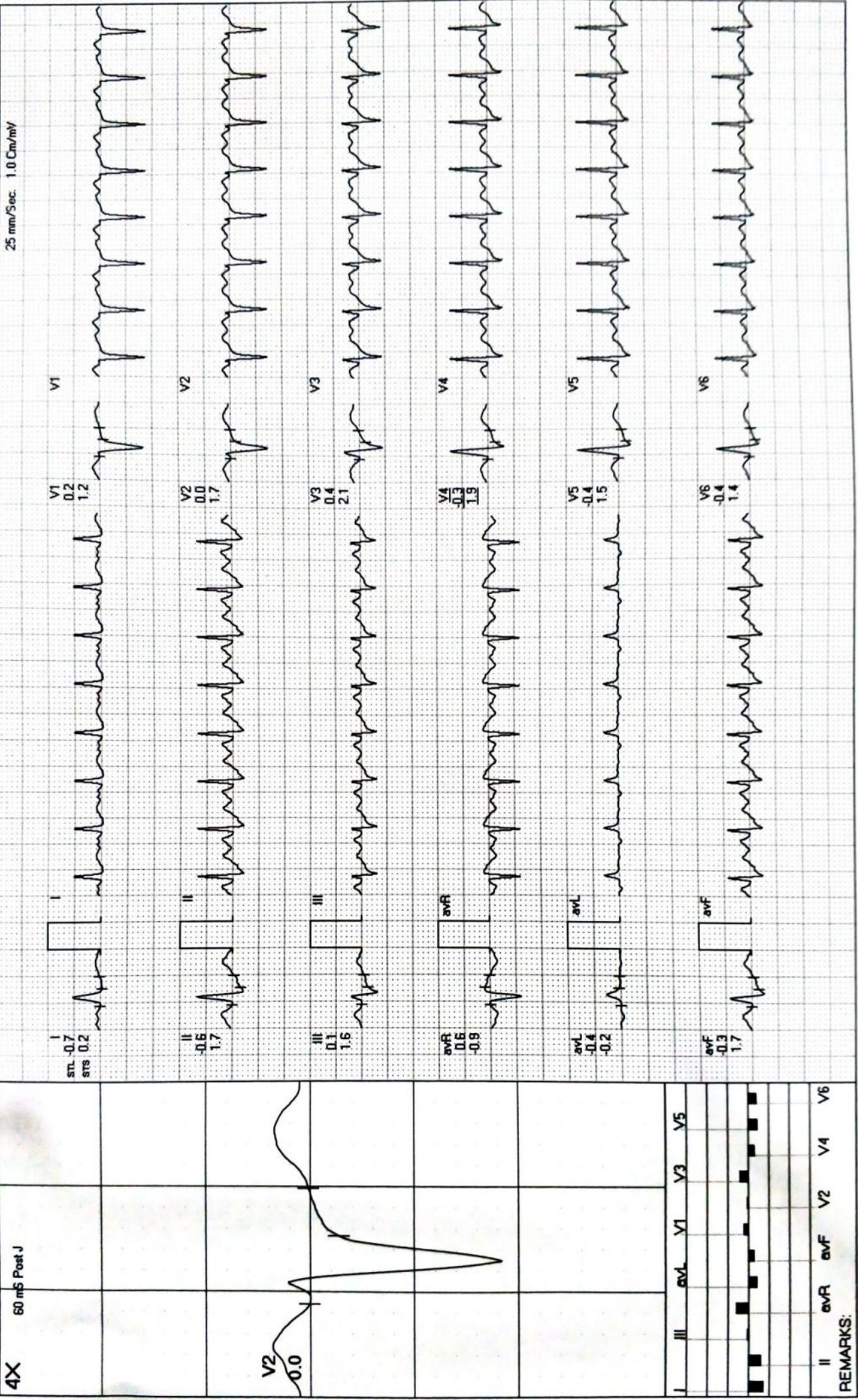
**PeakEx**



Date: 23 - 03 - 2024

METS: 7.2/ 153 bpm 86% of THR BP: 140/92 mmHg Combined Medians/ BLC Or/ Notch Or/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:05 0.0 Kmph. 0.0%





**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

*NIDHI SRINIVASTAVA / 42 Yrs / F / 158 Cms / 68 Kg / HR : 123*

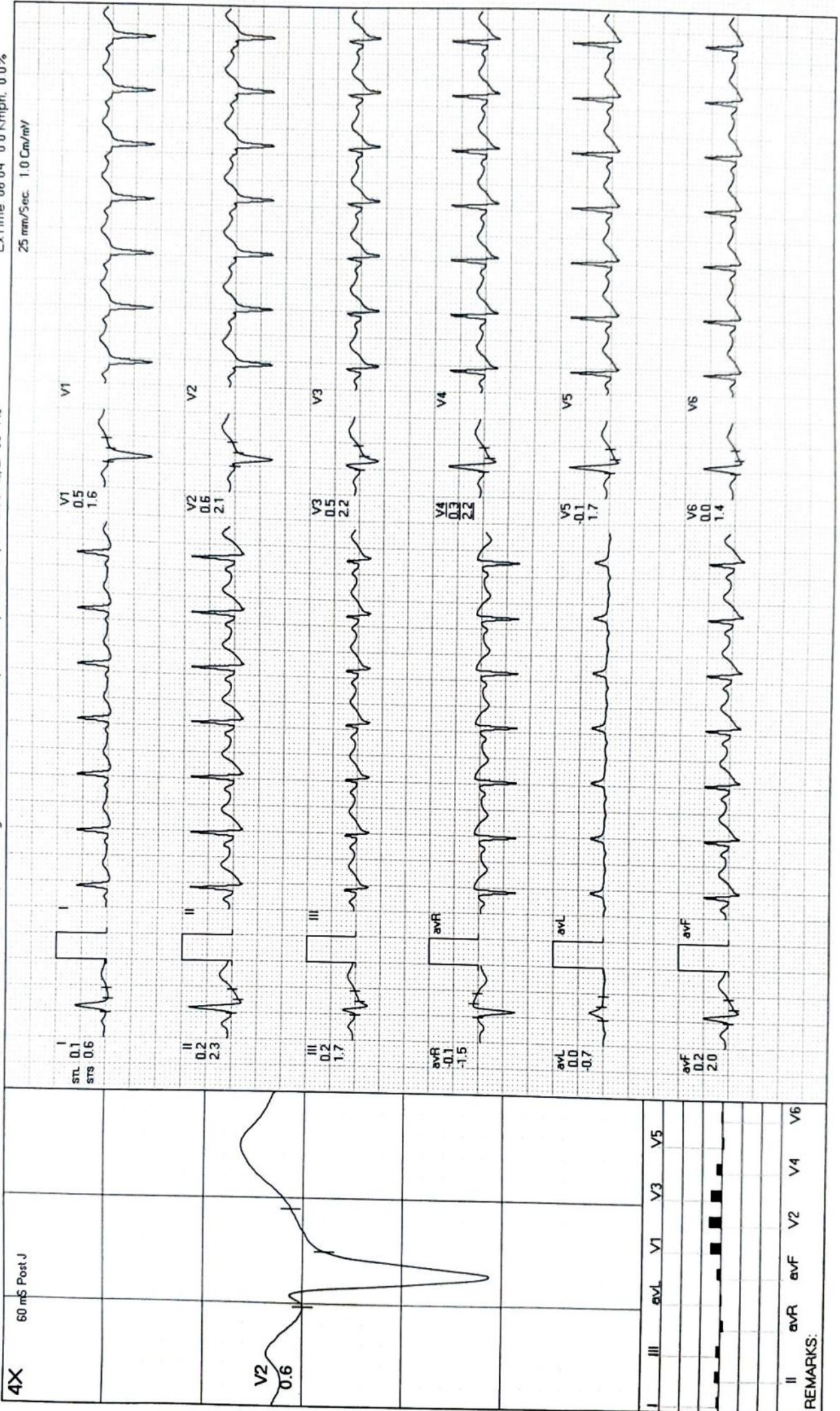
**Recovery(1:00)**



Date: 23-03-2024

METS: 1.1/123 bpm 69% of THR BP: 138/90 mmHg Combined Medians/BLC Or/ Notch Or/HF 0.05 Hz/LF 35 Hz

ExTime: 06:04 0.0 Kmph. 0.0%



REMARKS:  
 II avR avF V2 V4 V6



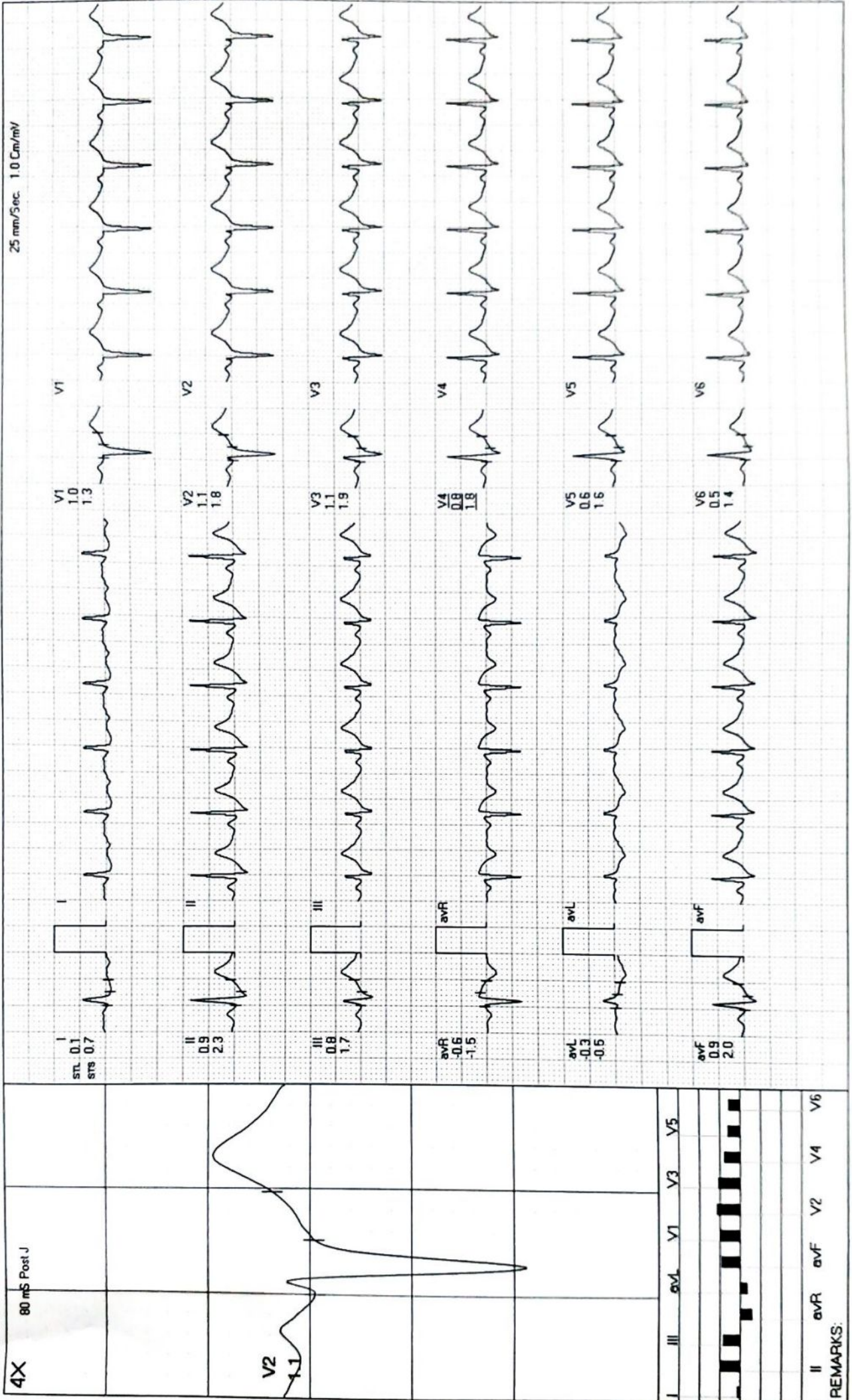
**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

*NIDHI SRIVASTAVA / 42 Yrs / F / 158 Cms / 68 Kg / HR : 109*

**Recovery(2:00)**



Date: 23-03-2024 METS: 1.0/109 bpm 61% of THR BP: 134/86 mmHg Combined Medians/BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz ExTime 06:04 0.0 Kmph. 0.0%





**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

*NIDHI SRIVASTAVA / 42 Yrs / F / 158 Cms / 68 Kg / HR : 108*

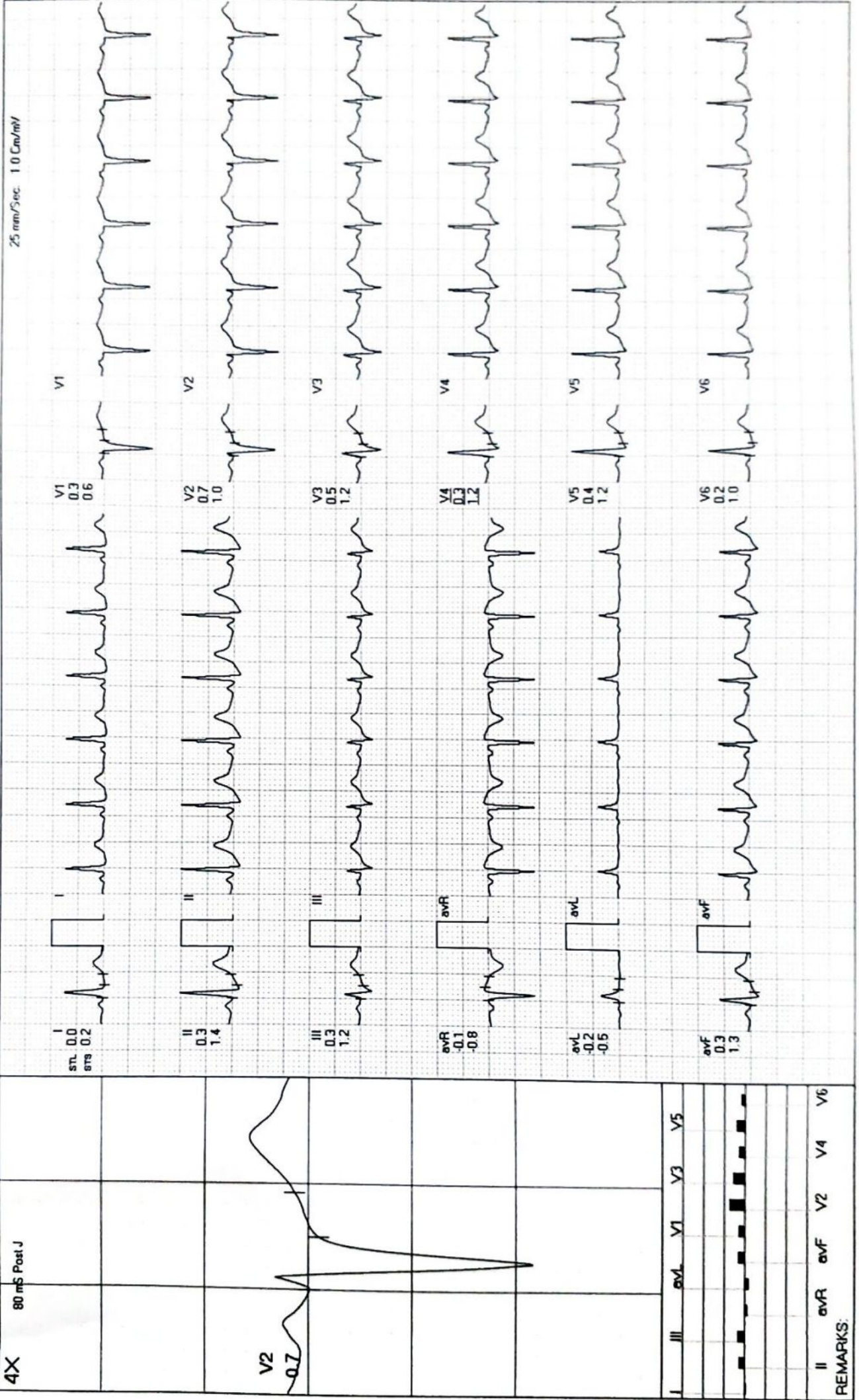
**Recovery(3:00)**



Date 23-03-2024

METS 1.0/108 bpm 61% of THR BP 130/82 mmHg Combined Medians/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime 06:04 0.0 Kmph, 0.0%







# MODERN PATHOLOGY & DIAGNOSTIC CENTRE

Dr. R. P. Rastogi  
M.B.B.S., M.D. (Path & Bact)



**CLINIC :**

1/4A, Vineet Khand, (Opp Jaipuria Management)  
Gomti Nagar, Lucknow - 226 010  
Ph.: 0522-4008184, 4308184 • 8112323230  
Mob: 7618884441, 9450389932, 8177063877

SAMPLE DATE : 23/03/2024  
NAME : Mrs Nidhi Srivastava  
AGE/SEX : 42/YRS/FEMALE  
REFERRED BY : Apollo Health

Test Name	Result	Bio. Ref. Range	Unit
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## CLINICAL PATHOLOGY TEST REPORT

PAP

**GROSS:**

Smears collected from the ecto and the endo cervix. Slides prepared and stained with PAP stain.

**MICROSCOPIC:**

Smears studied show adequate representing material, comprising mainly of squamous epithelial cells. These cells have abundant pale pink eosinophilic cytoplasm and normal appearing round to oval nuclei. Smears from the endocervix show fair number of "stripped nuclei" of the endometrial cells. Occasional small cluster of the endometrial cells are seen. These cells have indistinct cellular borders, scanty basophilic cytoplasm and oval nuclei with clumped chromatin. Smears from both the sites are mildly infiltrated with inflammatory cells, mostly polymorphs

**IMPRESSION:** SMEARS SUGGESTIVE OF NORMAL PAP SMEAR  
WITH MODERATE INFLAMMATION

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

**Dr. Sanjay Rastogi**  
M.B.B.S., DCP, CRIAT (BARC)

**Dr. Smita Rastogi**  
M.B.B.S., DCP

Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.

SAMPLE COLLECTION FACILITY AVAILABLE

Report needs clinicopathological correlation ♦ Not for Medico Legal Purpose

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Ph.: 0522-4008184, 4308184 • 8112323230  
Mob.: 7618884441, 9450389932, 8177063877



TEST REQUEST ID :012403230042	SAMPLE DATE	:23/Mar/2024 09:51AM
NAME :Mrs. NIDHI SRIVASTAVA	SAMPLE REC. DATE	:23/Mar/2024 09:51AM
AGE/SEX :42 YRS/FEMALE	REPORTED DATE	:23/Mar/2024 12:53PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01230042

## XRAY CHEST PA

- Trachea is central in position.
- Bilateral lung fields are normally aerated.
- Both hilar shadows are normal.
- Both C.P. angles are clear.
- Cardiac shadow is within normal limits.
- Bony cage appears normal.

## OPINION: NORMAL STUDY.

Please correlate clinically.

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

Dr. Sanjay Rastogi  
M.B.B.S., DCP, CRIAT (BARC)

DR. PANKAJ UPADHYAYA

Dr. Smita Rastogi  
M.B.B.S., DCP

Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.

DMRD  
Consultant Radiologist FACILITY AVAILABLE

Report needs clinicopathological correlation ♦ Not for Medico Legal Purpose

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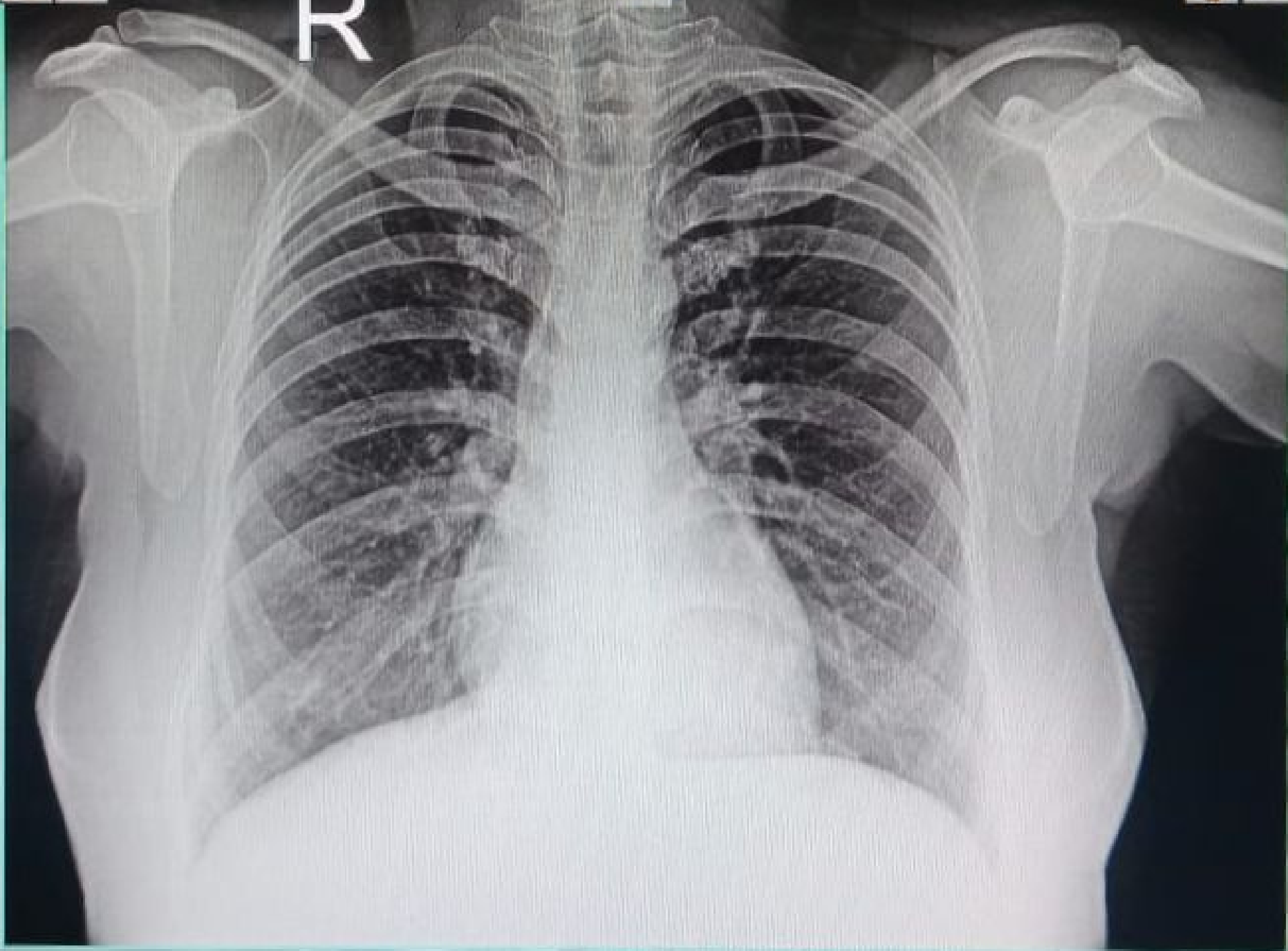
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NEW!



24032303919 MRS NIDHI ASTHANA 00 YRS F DR SELF CHEST PA  
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