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30/3/24

PHYSICIAN CONSULTATION

Mrs. Misha Sharma

Height - 157 cm

Age/sex - 36 yrs / F.

wt - 74.1 kg

PRESENT COMPLAINT:

10- wt gain 5kg : 5 months.  
- Gen. weakness  
- Constipation status : 10 yrs.

PAST MEDICAL / SURGICAL HISTORY:

- Kldo-cholesterole no regular Rx.  
- Hypothyroidism during pregnancy

GENERAL EXAMINATION:

PULSE - 80/min  
BP: - 110/70 mmHg  
BMI - 30.4 kg/m<sup>2</sup> Obese class ~~II~~ I  
APETITE: - Normal  
THIRST: - Normal  
STOOL: - Constipation : 10 days -  
URINE: - Normal  
SLEEP: - Disturbed  
SKIN: - Normal  
NAILS: - Normal  
HABITAT: - No.

SYSTEMIC EXAMINATION: -

RESPIRATORY EXAMINATION: - AEBE clear.

CARDIOVASCULAR EXAMINATION: - S1 S2+ / CNS - conscious & oriented.

ABDOMINAL EXAMINATION: - Soft

GYNACOLOGY / OBST HISTORY (FOR FEMALE): LMP - 8 / March / 2024

menses - Normal  
Flow - Normal  
painful abdomen during menses.

OBst history - Gravida 2 / 1 live at birth  
Parra -

**OPHTHAL EXAMINATION:**

FAR VISION: - Rt eyes far vision is blur  
NEAR VISION: - Lt eyes blur vision by birth.  
COLOUR VISION: -> Near vision blur of left eyes.  
- Normal .

**ENT EXAMINATION:**

EAR: MASTOID TUNNIG FORK TEST: - Normal / No wax .  
NOSE: EXT NOSE/ POST NASAL SPACE: - Normal .  
THROAT: TOUNGE/ PALATE/ TEETH: - Normal .  
NECK: NODES/ THYROID/TEETH: during pregnancy .

**DENTAL EXAMINATION:**

DECAY/ CARIES IF ANY: / Normal .  
PLAQUE IF ANY:  
GUMS: - pain .

Dr. Priyanka



PHYSICIAN NAME

PHYSICIAN SIGNATURE



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## DEPARTMENT OF LABORATORY SCIENCES

<b>Patient Name</b>	Mrs. MISHA SHARMA	<b>LabNo</b>	830	
<b>UHID/IP No</b>	140022648 / 373	<b>Sample Date</b>	30/03/2024 12:07PM	
<b>Age/Gender</b>	36 Yrs/Female	<b>Receiving Date</b>	30/03/2024 2:02PM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	30/03/2024 3:59PM	
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

## HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD</b>				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	<b>10.6 L</b>	gm/dl	12.5 - 16.0	SLS- Hb Method
RBC Count (Red Blood Cell)	4.61	10 <sup>6</sup> /uL	4.20 - 5.40	
PCV (Haematocrit)	<b>32.3 L</b>	%	36.0 - 46.0	
MCV	<b>70.07 L</b>	fl	78 - 100	Calculated
MCH	<b>22.99 L</b>	pg	26 - 34	Calculated
MCHC	32.82	gm/dl	30 - 36	Calculated
RDW	14.3	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	7400	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	55	%	40 - 80	
Lymphocyte %	40	%	20 - 40	
Eosinophil %	02	%	0 - 6	
Monocytes %	03	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	4070	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	2960	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	148	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	222	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Within normal limits.			
RBCs Morphology	Hypochromasia(+)Microcytosis(+)			
Platelet Count	291	10 <sup>3</sup> /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	9.6	fl	7 - 12	

--End Of Report--

**Dr. Neeraj Gujar**  
MD PATHOLOGY



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## IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>BLOOD GROUPING</b> Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"A" Rh Positive			SLIDE METHOD

--End Of Report--

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## HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	<b>25 H</b>	mm/hr	< 20	Westergren

--End Of Report--

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>BLOOD SUGAR F&amp;PP</b>				
Sample: Fl. Plasma				
Glucose (Fasting Blood Sugar / FBS)	76.03	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	
Blood Sugar(2 Hours PP)	93.41	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide
Urine PP Sugar	SNR			
Urine PP Ketone	SNR			

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :  
The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

--End Of Report--

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>BUN (BLOOD UREA NITROGEN)</b>				
BUN - Blood Urea Nitrogen (SINGLE)	12.52	mg/dl	7 - 20	
<b>SERUM CREATININE</b>				
Sample: Serum				
Creatinine	0.75	mg/dl	0.50 - 1.20	Jaffes
<b>URIC ACID (SERUM)</b>				
Sample: Serum				
Uric Acid	5.26	mm/hr	2.5 - 6.2	URICASE- PEROXIDASE

--End Of Report--

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>LIPID PROFILE SERUM</b>				
Sample: Serum				
Cholesterol-Total	167.7	mg/dl	< 200.00	Cholesterol Oxidase, Esterase, Peroxidase
Triglycerides	112.9	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	43.20	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	22.58	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	<b>101.92 H</b>	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	3.88		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	<b>2.36 L</b>		2.50 - 3.50	Calculated Value

--End Of Report--

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) SERUM</b>				
Sample: Serum				
Bilirubin Total (TBil)	0.89	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.38	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.51	mg/dl	1 - 1	
SGPT (ALT)	<b>50.61 H</b>	U/L	5 - 40	IFCC modified
SGOT (AST)	34.90	U/L	5 - 40	IFCC modified
Protein Total	7.31	gm/dl	6.00 - 8.00	Biuret
Albumin	4.38	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.93	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.49		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	49.87	IU/L	42 - 140	
GGTP (GAMMA GT)	40.99	IU/L	15.0 - 72.0	UV Kinetic IFCC

--End Of Report--

  
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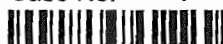
## CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>URINE ROUTINE</b>				
Sample: Urine				
<b>PHYSICAL EXAMINATION</b>				
Quantity	25	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			Clear
Specific Gravity	1.015		1.010 - 1.025	
<b>CHEMICAL EXAMINATION</b>				
pH	6.0		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	Absent			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
<b>MICROSCOPIC EXAMINATION</b>				
Pus Cells	4-6			
BCs	Absent			
Epithelial Cells	12-15			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	Absent			

--End Of Report--

**Dr. Neeraj Gujar**  
MD PATHOLOGY

Patient Id : <b>PVD04223-24/75747</b>	Sample ID : 24038346
Patient : MRS MISHA SHARMA	Reg. Date : 30/03/2024
Age/sex : 36 Yrs/ Female	Report Date : 30/03/2024
Center : APEX SUPERSPECIALITY HOSPITALS	Case No. :
Ref. By : Self	



### HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.3	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	105.41	mg/dL	
Method : HPLC-Biorad D10-USA			

#### INTERPRETATION

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 \times A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
  - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - C. Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
  - Excellent Control - 6 to 7 %,
  - Fair to Good Control - 7 to 8 %,
  - Unsatisfactory Control - 8 to 10 %
  - and Poor Control - More than 10 %.

**Note** : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

Patient Id : PVD04223-24/75747  
 Patient : MRS MISHA SHARMA  
 Age/sex : 36 Yrs/ Female  
 Center : APEX SUPERSPECIALITY HOSPITALS  
 Ref. By : Self

Sample ID : 24038346  
 Reg. Date : 30/03/2024  
 Report Date : 30/03/2024  
 Case No. :



**IMMUNOASSAY**

Test Description	Result	Unit	Biological Reference Range
<b>TOTAL T3 T4 TSH (TFT)</b>			
T3 (Triiodothyronine)	143.15	ng/dl	83-200  For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	8.95	ug/dL	5.13 - 14.10  For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	2.39	uIU/ml	0.27 - 4.20
Method : ECLIA			

**INTERPRETATION**

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

-----End Of Report-----

**Term & Conditions\*** Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.



**DR. SANDEEP B. PORWAL**  
MBBS MD (Path) Mumbai  
MMC Reg no 2001031640

Patient Id : **PVD04223-24/75747** Sample ID : 24038346  
Patient : MRS MISHA SHARMA Reg. Date : 30/03/2024  
Age/sex : 36 Yrs/ Female Report Date : 01/04/2024  
Center : APEX SUPERSPECIALITY HOSPITALS Case No. :  
Ref. By : Self



**CYTOLOGY REPORT - PAP SMEAR**

Specimen PAP Smear  
Microscopic Description Smears show superficial and intermediate cells. Background shows neutrophils. No evidence of dyskeratosis or malignancy

**Impression**

**Negative for Intraepithelial lesion or malignancy**

-----End Of Report-----

**Term & Conditions\* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68** Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.

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MMC Reg no 2001031640

ASH/QA/FORM/NUR/04/MAR22/V1

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CASHLESS FACILITY

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ई. सी. जी.

Name Misha Sharmal Date 30/3/24

Age 36 Gender: M  F  UHID NO \_\_\_\_\_ B.P \_\_\_\_\_

## ELECTROCARDIOGRAPHIC OBSERVATIONS

Rate \_\_\_\_\_ Axis \_\_\_\_\_ Q.R.S. Complex \_\_\_\_\_

Rhythm \_\_\_\_\_ P. Wave \_\_\_\_\_ S.T. Segment \_\_\_\_\_

Standardisation : \_\_\_\_\_ P.R. Interval \_\_\_\_\_ T. Wave \_\_\_\_\_

Voltage : \_\_\_\_\_ Q. Wave : \_\_\_\_\_ Q. T. Interval \_\_\_\_\_

Impression : \_\_\_\_\_

**Dr. CHIRAG V. SHAH**

D.N.B.(M.D.)

CONSULTING PHYSICIAN CARDIOLOGIST

Reg. No. 2003/04/1649

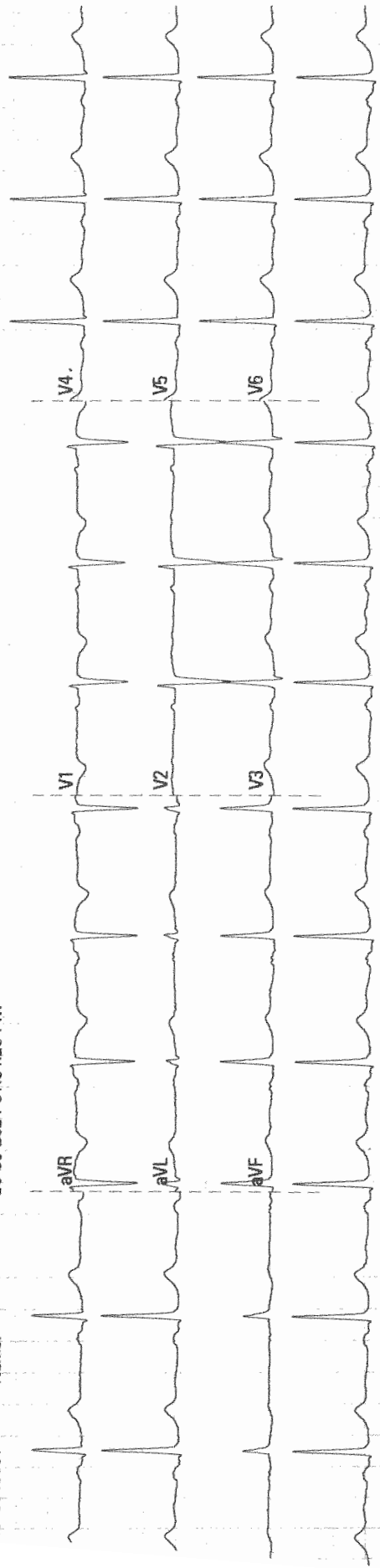
3013043861

Name:

30-03-2024 01:04:28 PM

Mishel Sharma

ID: 2024033013043861  
Name:  
30-03-2024 01:04:28 PM



Sinus Rhythm  
Unconfirmed Diagnosis.

10 mm/mV

50 Hz

BDR 35 Hz

QTC: Bazett

APEX SUPERSPECIALITY HOSPITAL

02.07.00.V04.00.00

SN:FK-93014036

s

**UNI-EM  
ELECTRONICS COMPLEX  
INDORE**

**TREADMILL TEST REPORT**

**misha sharma**  
 ID : 22372  
 DATE : 30/03/2024  
 AGE/SEX : 36 / F  
 HT/WT : 157 / 74  
 REF. BY :

PROTOCOL : Bruce  
 HISTORY :  
 INDICATION :  
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								II	V1	V5	
SUPINE					93	110 / 70	102	0.2	-0.1	0.1	
STANDING					93	110 / 70	102	0.1	-0.2	0.1	
HYPERVENT			0:4		89	110 / 70	97	0.1	-0.3	0	
VALSALVA					90	110 / 70	99	0.2	0	0.2	
Stage 1	2:55	2:55	2.7	10	117	110 / 70	128	-0.6	1	-0.2	4.67
Stage 2	5:55	2:55	4	12	135	110 / 70	148	-0.3	0.9	0.1	7.04
Stage 3	8:55	2:55	5.4	14	166	110 / 70	182	0.5	1.3	-0.2	9.92
PK-EXERCISE	9:21	0:21	6.7	16	165	120 / 80	198	1.1	0.7	0.1	10.47
RECOVERY	12:26	2:55			92	110 / 70	101	-0.4	0.6	-0.2	

**RESULTS**

EXERCISE DURATION : 9:21  
 MAX HEART RATE : 169 bpm  
 MAX BLOOD PRESSURE : 120 / 80 mm Hg  
 REASON OF TERMINATION : *Abnormal HR*  
 BP RESPONSE : *Normal*  
 ARRYTHMIA : *Normal*  
 H.R. RESPONSE : *Normal*  
 IMPRESSIONS : *Normal*

MAX WORK LOAD : 10.47 METS

*Sum 100 Negative for risk*

**DR. CHIRAG V. SHAH**  
 CONSULTING CARDIOLOGIST  
 Reg. No. 2003 / 04 / 1649

Technician :



misha sharma  
I.D. 22372  
Age 36/F  
Date 30/03/2024

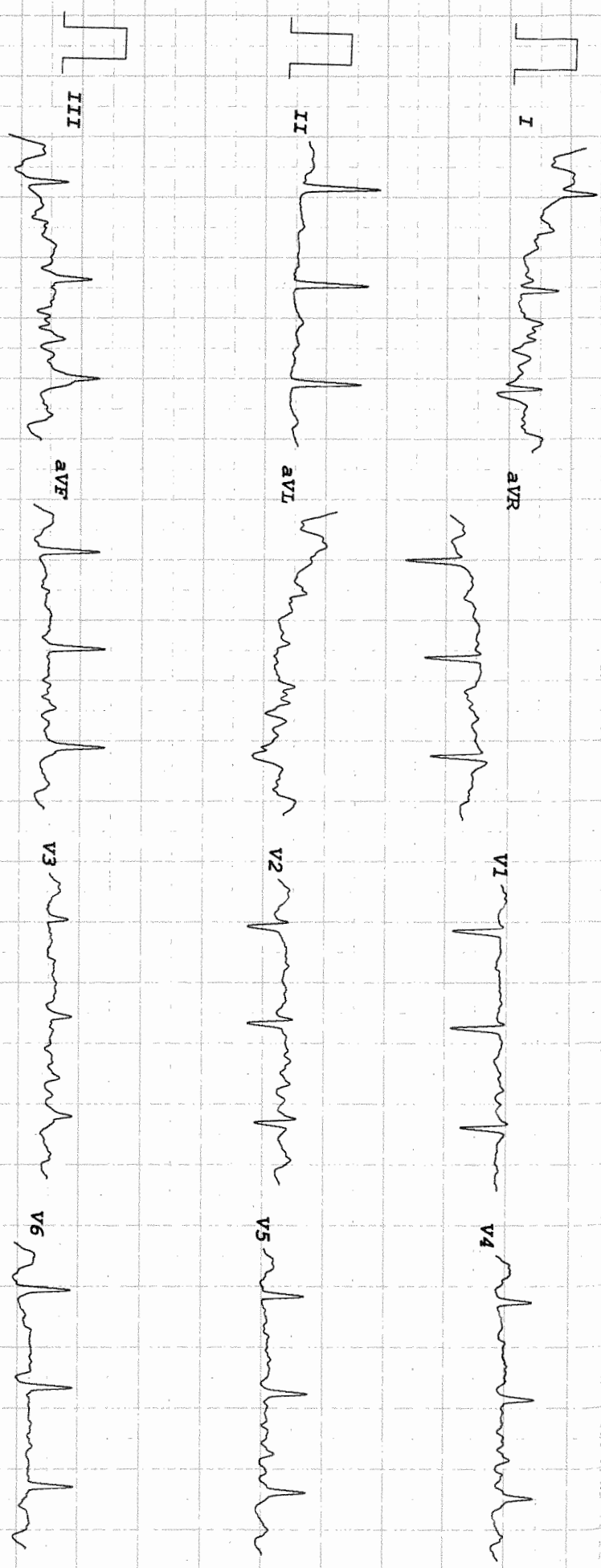
RATE 93bpm  
R.P. 110/70

PRETEST  
SUPINE

ST @ 10mm/mV  
80ms Post J

# UNI-EM

## RAW ECG



Rhythm: Filtered (35 Cycle)

misha sharma  
I.D. 22372  
Age 36/F  
Date 30/03/2024

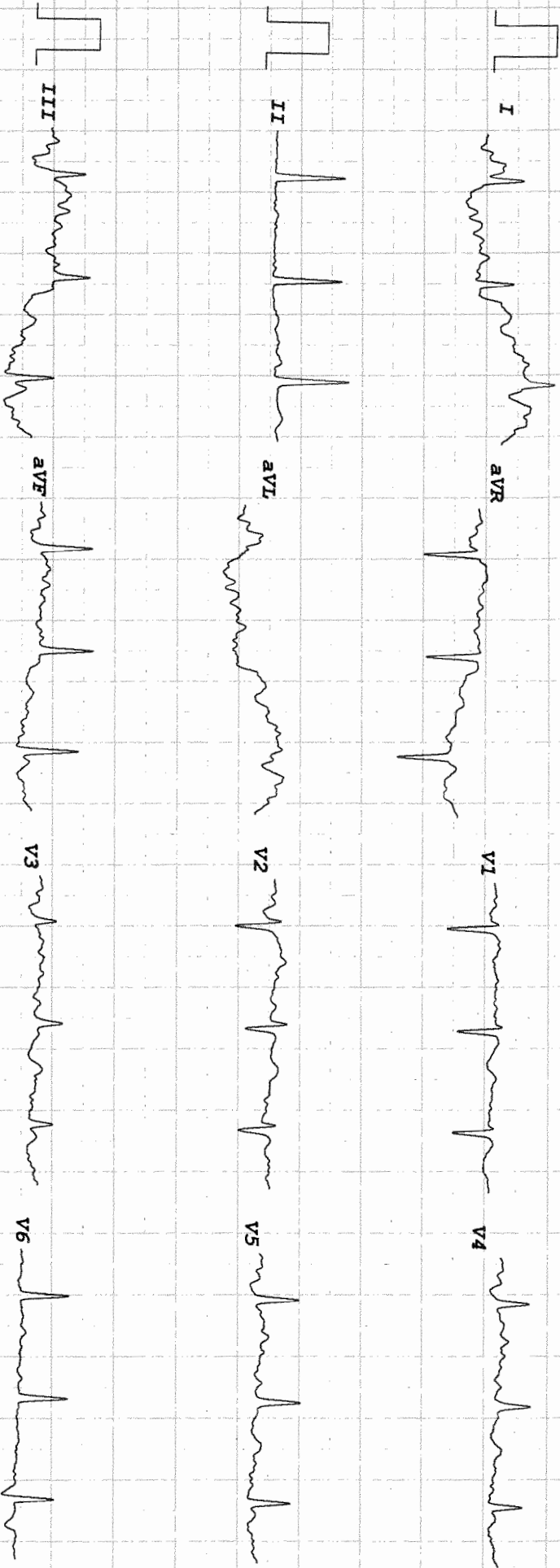
RATE 93bpm  
B.P. 110/70

PRETEST  
STANDING

UNI-EM

ST @ 10mm/mV  
80ms PostJ

RAW ECG



Rhythm: Filtered/35 Cycle/6Base Corrected

misha shazma  
I.D. 22372  
Age 36/F  
Date 30/03/2024

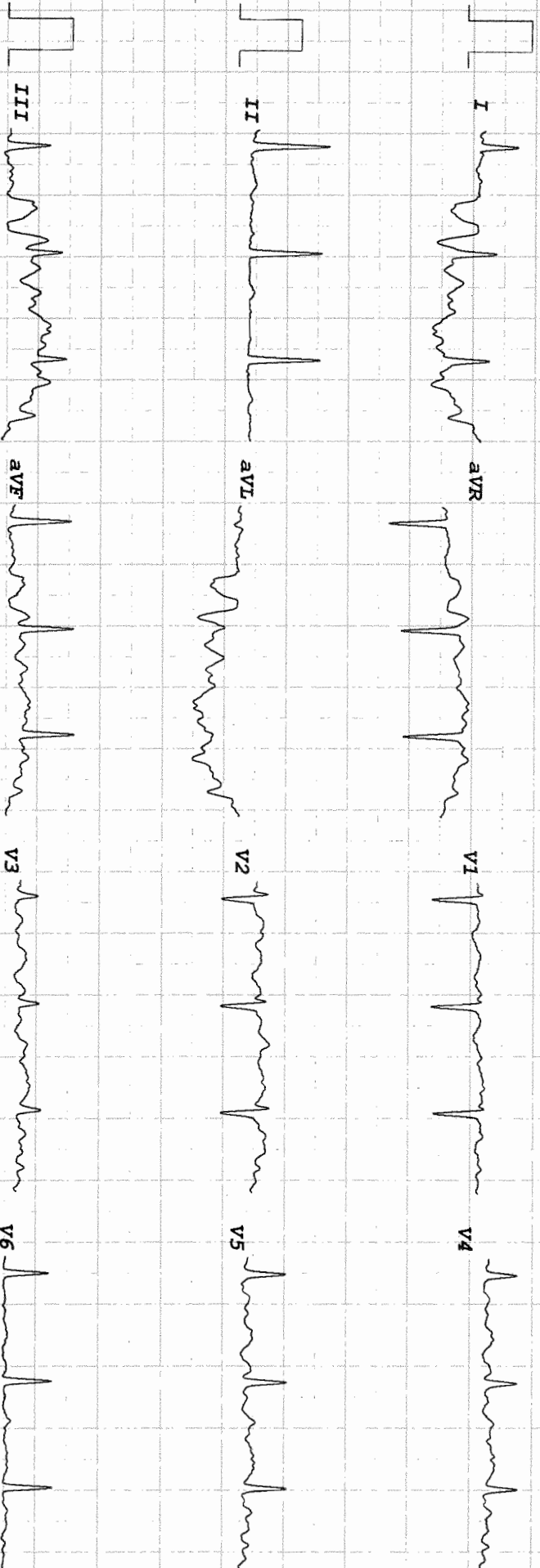
RATE 89bpm  
B.P. 110/70

# UNI-EM

PRETEST  
HYPERVENT  
PHASE TIME 0:04

ST @ 10mm/mV  
80ms PostJ

## RAW ECG



misha sharma  
I.D. 22372  
Age 36/F  
Date 30/03/2024

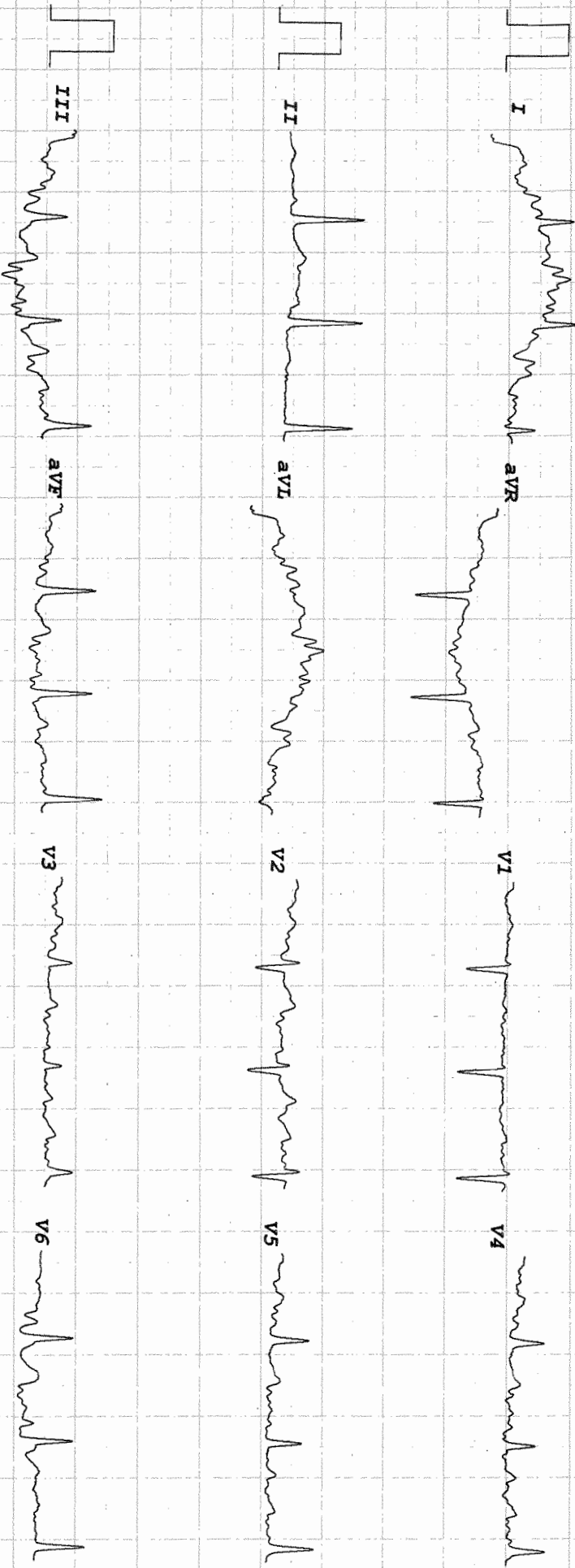
RATE 90bpm  
B.P. 110/70

PRETEST  
VALSALVA

UNI-EM

ST @ 10mm/mV  
80ms Post J

RAW ECG



Rhythm: Filtered (35 Cycle)

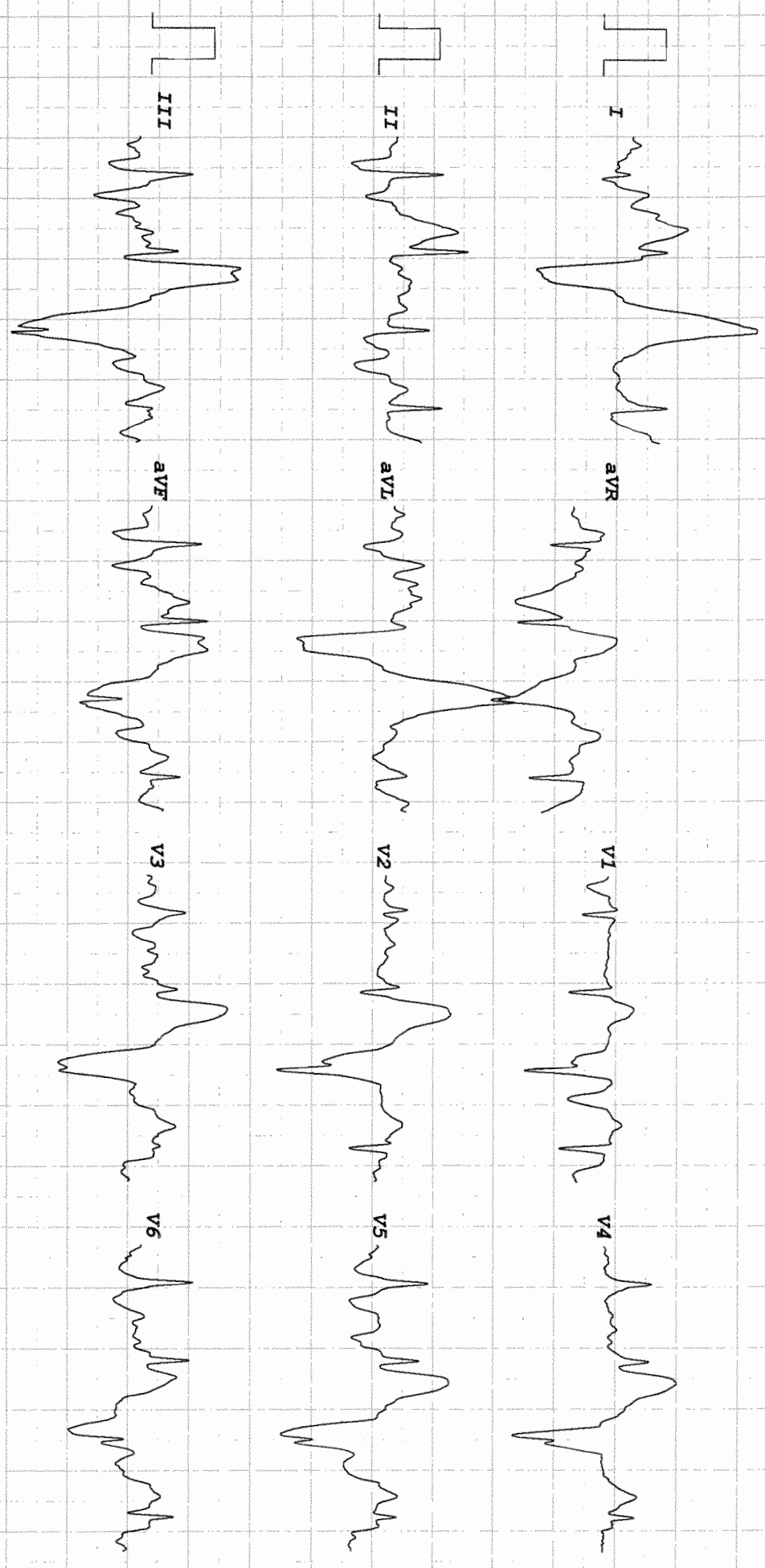
**nisha sharma**  
I.D. 22372  
Age 36/F  
Date 30/03/2024

RAVE 117bpm  
B.P. 110/70

**UNI-EM**  
Bruce  
Stage 1  
TOTAL TIME 2:55  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ  
Speed 2.7 km/hr  
SLOPE 10 %

**RAW ECG**



misha sharma  
I.D. 22372  
Age 36/F  
Date 30/03/2024

RATE 135bpm  
B.P. 110/70

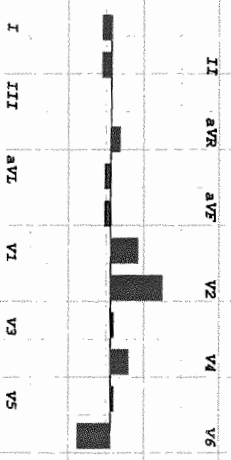
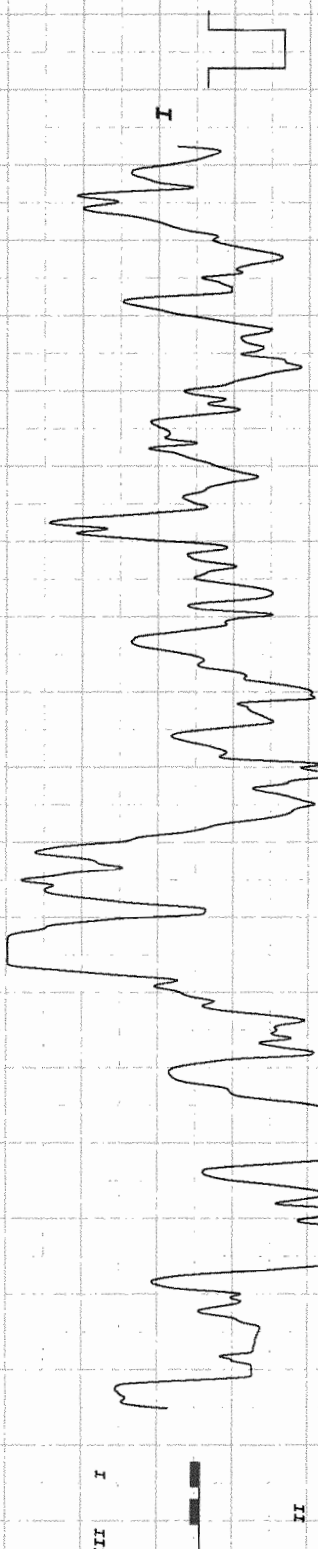
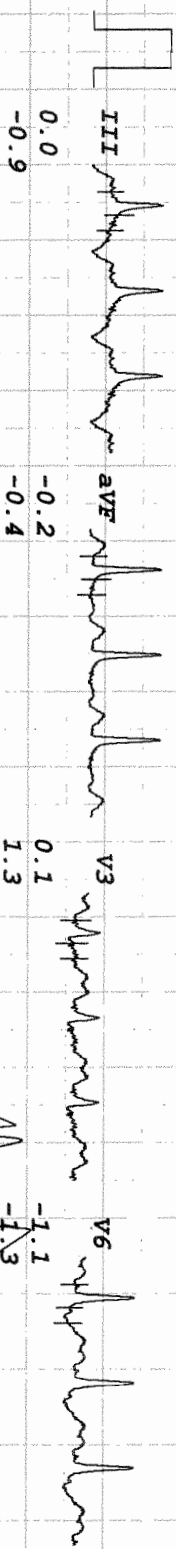
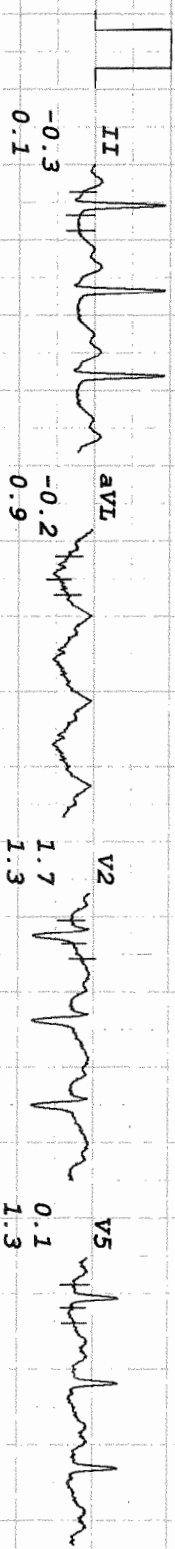
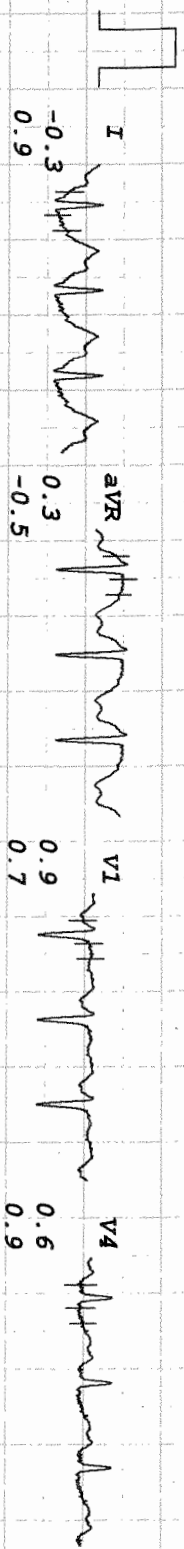
UNI-EM  
BTUCE Stage 2  
TOTAL TIME 5:55  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ  
Speed 4 km/hr  
SLOPE 12 %

LINKED MEDIAN

Mag. X 2

V1



misha sharma  
I.D. 22372  
Age 36/F  
Date 30/03/2024

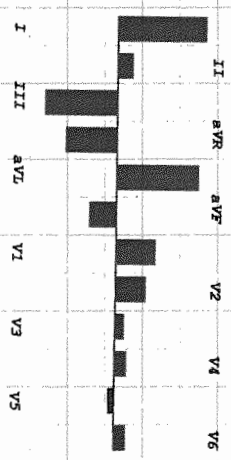
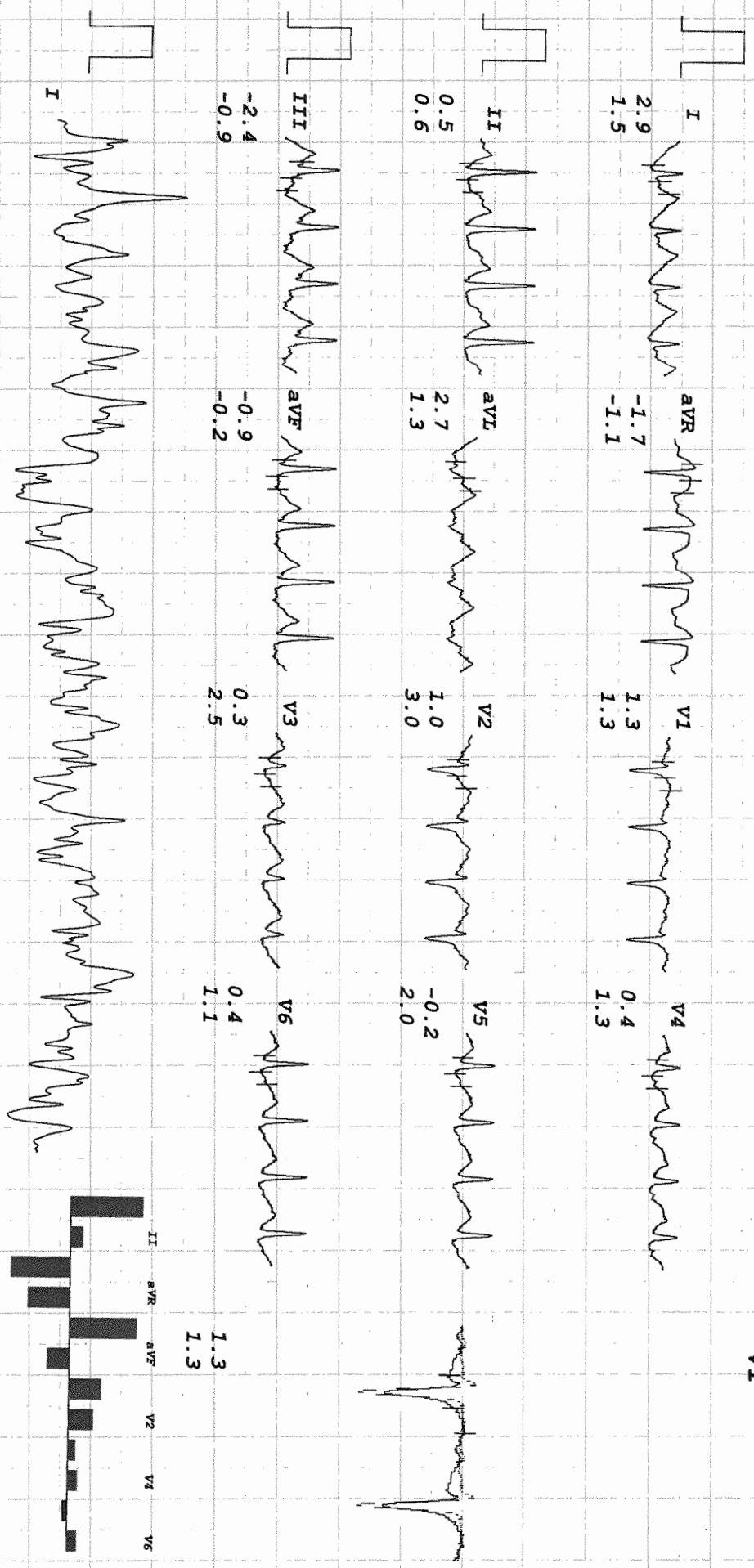
RATE 166bpm  
B.P. 110/70

UNI-EM  
Bruce  
Stage 3  
TOTAL TIME 8:55  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ  
Speed 5.4 km/hr  
SLOPE 14 %

LINKED MEDIAN

Mag. X 2



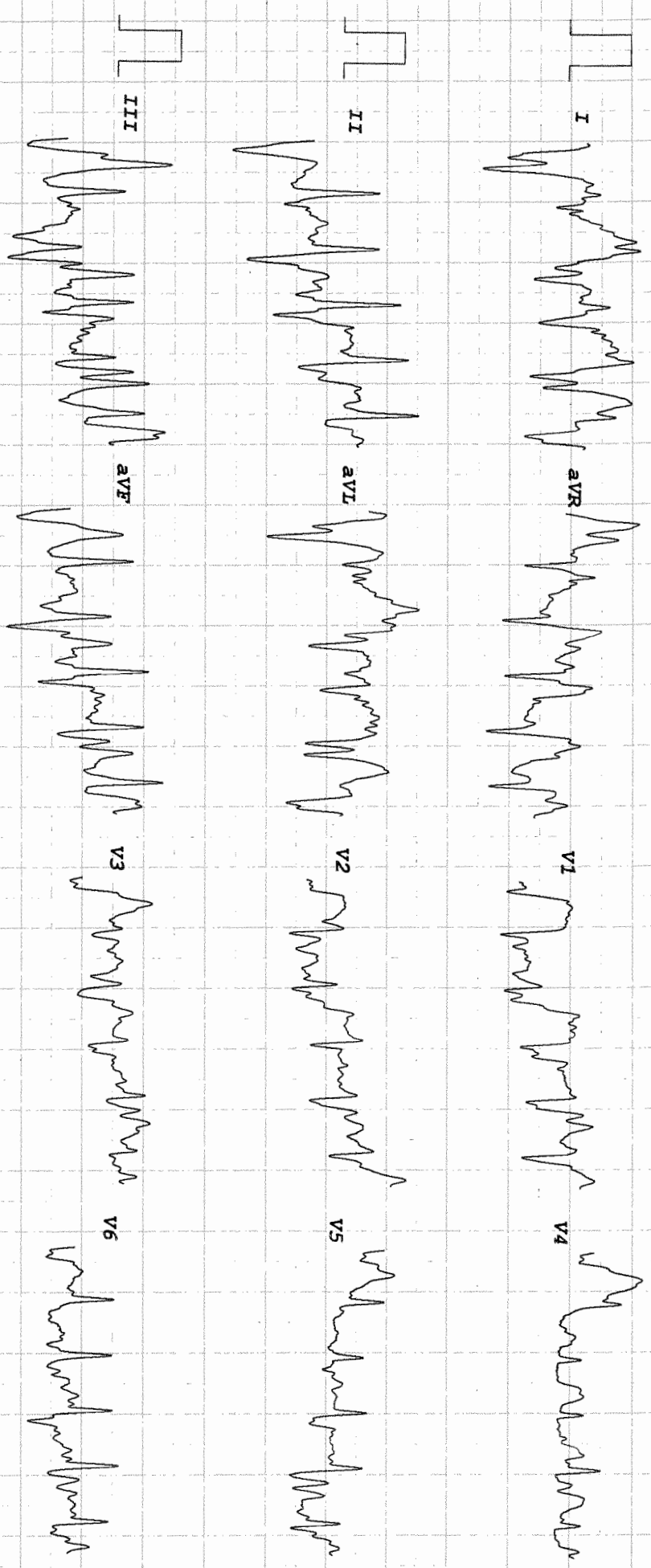
misha sharma  
I.D. 22372  
Age 36/F  
Date 30/03/2024

RATE 165bpm  
B.P. 120/80

UNI-EM  
Bruce  
PK-EXERCISE  
TOTAL TIME 9:21  
PHASE TIME 0:21

ST @ 10mm/mV  
80ms PostJ  
Speed 6.7 km/hr  
SLOPE 16 %

RAW ECG





misha sharma  
I.D. 22372  
Age 36/F  
Date 30/03/2024

RATE 92bpm  
B.P. 110/70

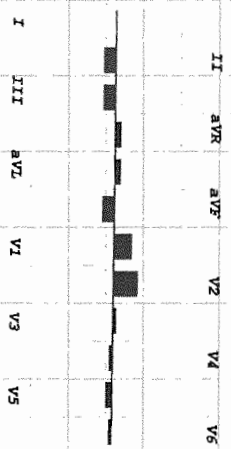
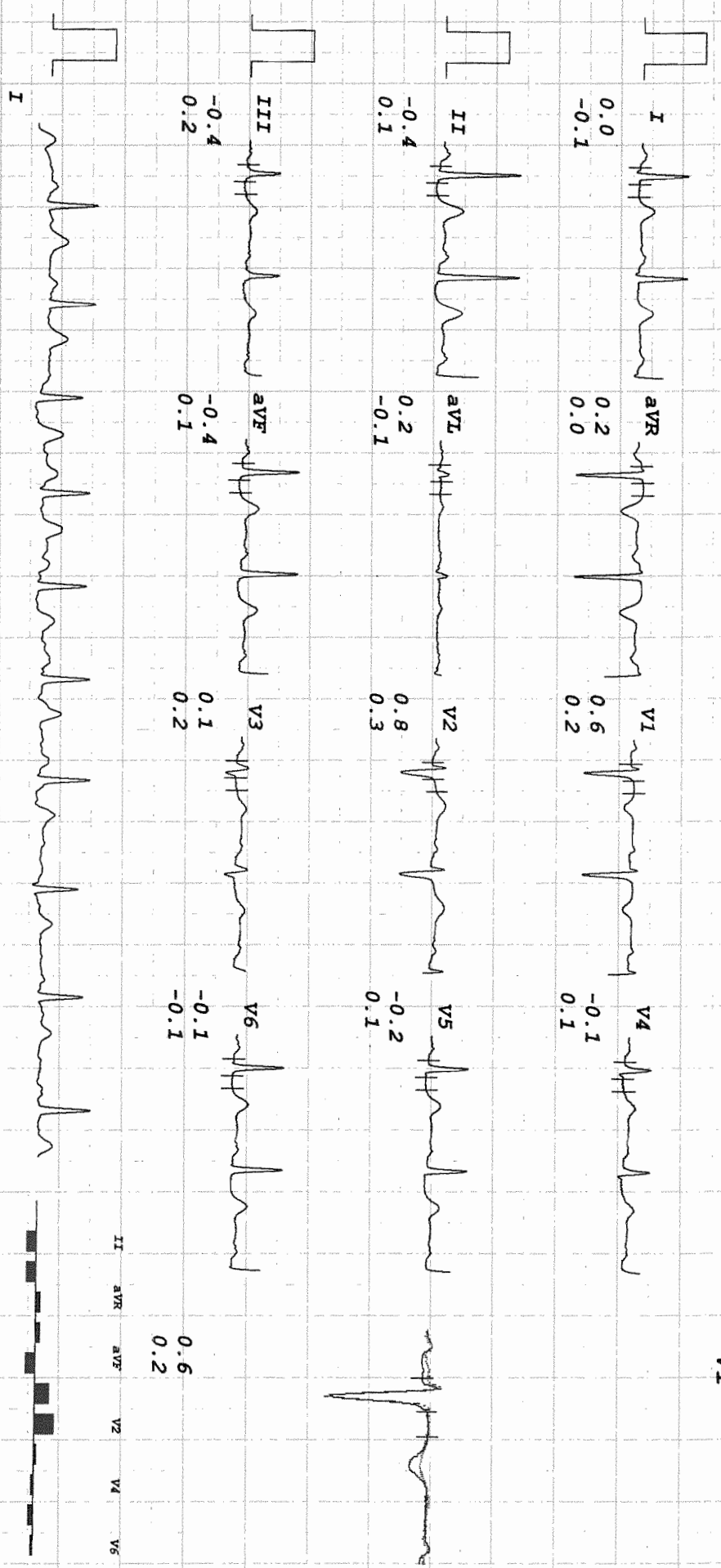
# UNI-EM

BRUCE  
RECOVERY  
TOTAL TIME 12:26  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ

# LINKED MEDIAN

Mag. X 2





Where Healing & Care Comes Naturally

# APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



CASHLESS  
FACILITY


L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,  
Borivali (W), Mumbai 400091.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com



visit website  
googlemap

**Tele.:**  
**022 - 2898 6677 / 46 / 47 / 48**

## DEPARTMENT OF RADIOLOGY

<b>Patient Name</b>	Mrs. MISHA SHARMA	<b>LabNo</b>	830	
<b>UHID/IP No</b>	140022648 / 373	<b>Order Date</b>	30/03/2024 12:07PM	
<b>Age/Gender</b>	36 Yrs/Female	<b>Receiving Date</b>	02/04/2024 2:07PM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	02/04/2024 2:16PM	
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

### DIGITAL X-RAY CHEST <PA> VIEW

The lung on either side shows equal translucency and exhibit normal vasculature

The pleural spaces are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The cardiac size is normal.

Trachea is central in position and no mediastinal abnormality is visible.

Bony thorax is normal.

--End Of Report--

**Dr. SAUMIL PANDYA**  
MD, D.N.B, RADIOLOGIST