

# PANCHMUKHI HOSPITAL

Dr C P Dadhaniya  
Dr R C Dadhaniya  
MBBS, Dip.G.O, Diabetologist

150' RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT Mo.9925333639,8320711901

policy number :  
full name : Bhadratesha Dhruval  
identity proof : Driving licence  
identity proof no : GJ03/073952/06  
gender : male  
height : 165  
weight : 99.  
B P : 130/90  
pluse : 83/min Regular  
blood sample : YES  
fasting mode : YES  
non fasting mode : YES  
  
past history : NO  
  
Dental : Healthy  
  
~~Romberg Test~~ :  
  
Colour vision : Normal

X Bhadratesha Dhruval

**DR. C. P. DADHANIYA**

M.B. Diabetologist

Ind. Physician (CH)

Regd. No. G10002

Code No. 378043

Panchmukhi Hospital

Mavdi Chowki,

150 Ft. Ring Road, RAJKOT,



NAME: Bhydreshu Dheival      DIAG. DATE: 12-04-24  
 AGE/GENDER: male / 35

**PATIENT'S REFRACTION DETAILS**

		SPHE	CYL	AXIS	VN
R	D	M			6/9
	N	M	M	M	6/9
L	D	M			6/9
	N	M	M	M	6/9

REMARKS:

CHECKED BY: DP. C.P. Dadhaniya

*X Bhakti...*  
 12/4/2024

**DR. C. P. DADHANIYA**

M.B. Diabetologist  
 Ind. Physician (CIH)  
 Regd. No. G19798  
 Code No. 378943

Scanned with OKEN Scanner

Panchmukhi Hospital  
 Mavdi Chowki,  
 150 Ft. Ring Road, RAJKOT.

10mm/mV AUTO

10mm/mV

aVR

aVL

aVF

I

II

III

II 10mm/mV

25mm/s

AC:ON 0.05-35Hz

10

V1

V2

V3

V4

V5

V6



10mm/mV

V1

V2

V3

10mm/mV

V4

V5

V6

2024-4-12 9:19:53

ID:00003942

ID Card

Name:

Age:

Weight(Kg):

Gender:

Height(cm):

BP(mmHg): /

DR. C. P. DADHANIYA

HR.....

P-R.....

Q-R-S.....

QT/QTc.....

P/QRS/T AXES.....

RV5/SV1.....

RV5+SV1.....

bpm 83

ms 133

ms 96

ms 370/433

deg 55/25/46

mV 0.71/0.62

mV 1.33

M.S. Diabetologist  
Physician (CIH)

Regd. No: 619798

Code No: 378943

Panchmukhi Hospital

Mavdi Chowki,

150 Feet Ring Road, RAJKOT.

*Shubh...*

\*The result must be confirmed by doctor

Report Confirmed by:





बैंक ऑफ़ बड़ोदा  
Bank of Baroda

नाम

धवल एच भद्रेशा

Name

DHAVAL H BHADRESHHA

कर्मचारी कूट क्र.

E.C. No.

167315

जारीकर्ता प्राधिकारी

Issuing Authority



धारक के हस्ताक्षर

Signature of Holder

VALID THROUGHOUT INDIA



# GUJARAT STATE

## Driving Licence

Number

**G10307396206 12/10/2006**

Issued on

Name **BHADRESHHA DHAVAL**

**HARISHBHAI**

Address **CHANDANPARK-3**

**KIDVAI NAGAR**

**RAJKOT 360001**

DOB **03/06/1988**

Tel

**is licenced to drive MC EX50CC MI GR**

Valid for other than Transport Vehicles from **2/10/2006** to **31/07/2026**  
Valid for Transport Vehicles from **2/10/2006** to **31/07/2026**


*Bhadreshha Dhaaval*



Licence in

*RAJKOT*



 **GPS Map**  
**Camera Lite**

1, Rd Number 1, Labhdeep Society, Poonam Society, Om  
Nagar, Rajkot, Gujarat 360004, India

Latitude

22.2663778°

Longitude

70.7839359°

Local 09:38:58 AM

GMT 04:08:58 AM

Altitude 144 meters

Friday, 12.04.2024



Scanned with OKEN Scanner


**TEST REPORT**

<b>Name</b>	: Bhadresha Dhaval	<b>Reg. No</b>	: 404100603
<b>Age/Sex</b>	: 35 Years / Male	<b>Reg. Date</b>	: 12-Apr-2024 04:58 PM
<b>Ref. By</b>	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b>	: 12-Apr-2024 04:58 PM
<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 12-Apr-2024 06:03 PM

**COMPLETE BLOOD COUNT (CBC)**  
 Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval
<b>RBC Parameters</b>			
Hemoglobin (SLS method)	17.8	g/dL	13.0 - 18.0
Hematocrit (Electrical Impedance)	50.60	%	47 - 52
RBC Count (Electrical Impedance)	5.60	million/cmm	4.7 - 6.0
MCV (Calculated)	78.7	fL	78 - 110
MCH (Calculated)	28.5	Pg	27 - 31
MCHC (Calculated)	34.2	%	30 - 35
RDW (Calculated)	13.3	%	11.5 - 14.0
<b>WBC Parameters</b>			
WBC Count (Flowcytometry)	8560	/cmm	4000 - 10500
<b>DIFFERENTIAL WBC COUNT</b>			
Neutrophils (%)	54 %	% Range 42.0 - 75.2	Abs. Value 4622 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	38 %	20 - 45	3253 /cmm 1000 - 3900
Eosinophils (%)	02 %	1 - 4	171 /cmm 0 - 450
Monocytes (%)	06 %	2 - 8	514 /cmm 200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm 20 - 100
<b>Platelete Parameter</b>			
Platelet Count	264000	/cmm	150000 - 450000
MPV	9.5	fL	7.4 - 10.4
P-LCR	21.50	%	11.9 - 66.9
PDW	10.1	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.25	%	0.2 - 0.5

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**BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"B"		
Rh (D)	Positive		

The Blood Group is done from received sample. Kindly ask for Blood Group Card. In case of any query, please contact Laboratory.

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Mangla Road Branch: 3rd Floor, Smile Building, 5 Manhar Plot Corner, Mangla Main Road, Rajkot. Ph. 0281 - 247 33 77

Sadhu Vasvani Road Branch: Ground Floor, Office no. 3, Nakshtra-VIII, Nr. Sun City Apt., Sadhu Vasvani Road, Rajkot - 1

Helpline No. : 70965 77000  [www.neutropath.com](http://www.neutropath.com)  [neutropath@gmail.com](mailto:neutropath@gmail.com)

\*The test results are subject to variations due to technical situations. Hence co-relation with clinical findings and other investigations should be done.





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Test	Result	Unit	Biological Ref. Interval
<b>Erythrocyte sedimentation rate</b> Sample, EDTA whole blood			
ESR (After 1 hour)	07	mm/hr	1 - 7

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**FASTING PLASMA GLUCOSE**  
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <i>HEXOKINASE</i>	99.70	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) ≥126 :Diabetic
Urine Glucose -F <i>Glucose Oxidase-Peroxidase</i>	Nil		
Urine Acetone -F	Nil		

**Criteria for the diagnosis of diabetes :**

- HbA1c  $\geq$  6.5 %Or
- Fasting plasma glucose  $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose  $\geq$  200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq$  200 mg/dL.

\*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.  
 American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34; S11.

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**POST PRANDIAL PLASMA GLUCOSE**

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <i>HEXOKINASE</i>	136.20	mg/dL	70 - 140
Urine Glucose- PP <i>Glucose Oxidase-Peroxidase</i>	Nil		
Urine Acetone- PP	Nil		

**Criteria for the diagnosis of diabetes :**

- HbA1c  $\geq$  6.5 %Or
- Fasting plasma glucose  $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose  $\geq$  200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq$  200 mg/dL.

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**LIPID PROFILE**  
 Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	171.30	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	102.50	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	43.90	mg/dL	High Risk : < 40 Low Risk : $\geq$ 60
LDL Cholesterol <i>Siemens ALDL</i>	91.06	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : $\geq$ 190
VLDL Cholesterol <i>Calculated</i>	20.50	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	2.07		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	3.90		0 - 5.0

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**RENAL FUNCTION TEST**

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Creatinine</b> <i>ALKALINE PICRATE, COLORIMETRIC KINETIC</i>	0.79	mg/dL	0.7 - 1.3
<b>eGFR</b>	101.38	ml/min/1.73 sq m	Normal or High: $\geq 90$ Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: $< 15$
<b>Urea</b> <i>Calculated</i>	19.60	mg/dL	17 - 43
<b>Blood Urea Nitrogen (BUN)</b> <i>UREASE/GLDH</i>	9.15	mg/dL	7.0 - 18.0
<b>Uric Acid</b> <i>Uricase</i>	4.01	mg/dL	3.5 - 7.2
<b>Sodium</b> <i>Direct ion selective electrode</i>	139.60	mmol/L	137 - 145
<b>Potassium</b> <i>Direct ion selective electrode</i>	4.50	mmol/L	3.5 - 5.1
<b>Chloride</b> <i>Direct ion selective electrode</i>	101.30	mmol/L	98 - 107
<b>Calcium</b> <i>Cresolphthalein Complexone</i>	8.70	mg/dL	8.5 - 10.1

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HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	5.10	%	Non-Diabetic : Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : >6.4 %  Diabetic : Poor Control : > 7.0 % Good Control : 6.0 % - 7.0 %
Mean Blood Glucose <i>Calculated</i>	99.67	mg/dL	Please correlate with clinical condition 90-115: Normal 115-133: Pre-Diabetic 134-150: Good Control 151-180: Average Control 181-210: Action Suggested >211: Panic Value

**Explanation :** Total hemoglobin A1 c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters. The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels. The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half-life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months. It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures

**HbA1c assay Interferences :** Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

*DRJ*

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**THYROID FUNCTION TEST**

Parameter	Result	Unit	Biological Ref. Interval
<b>Thyroid Stimulating Hormone (TSH)</b> <small>CLIA</small>	1.920	µIU/ml	0.35 - 5.50

**Remarks:**

- Thyroid-stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulates the thyroid gland to synthesize and secrete T3 and T4.
- Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism.
- In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

**TSH levels During Pregnancy :**

- First Trimester :0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL
- Reference: Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

<b>Triiodothyronine (T3)</b> <small>CLIA</small>	1.52	ng/mL	0.6 - 1.81
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**Clinical Significance:**

- Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus.
- In the circulation, 99.7% of T3 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.
- In hypothyroidism and hyperthyroidism, FT3 levels parallel changes in total T3 levels. Measuring FT3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.


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**Thyroxine (T4)** 11.30 µg/dL 4.5 - 12.6  
CLIA

**Clinical Significance :**

- Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus. In the circulation, 99.95% of T4 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to T3.
- In hypothyroidism and hyperthyroidism, FT4 levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

**Limitations:**

- The anticonvulsant drug phenytoin may interfere with total and FT4 levels due to competition for TBG binding sites.
- FT4 values may be decreased in patients taking carbamazepine.
- Thyroid autoantibodies in human serum may interfere and cause falsely elevated FT4 results.

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**STOOL EXAMINATION**

Parameter	Result	Unit	Biological Ref. Interval
Colour	Brown		
Consistency	Semi Solid		
<b>CHEMICAL EXAMINATION</b>			
Occult Blood	Negative		
<i>Peroxidase Reaction with o-Dianisidine</i>			
Reaction	Alkaline		
<i>pH Strip Method</i>			
Reducing Substance	Absent		
<b>MICROSCOPIC EXAMINATION</b>			
Mucus	Absent		
Pus Cells	Absent		
Red Cells	Absent		
Epithelial Cells	Absent		
Vegetable Cells	Absent		
Trophozoites	Absent		
Cysts	Absent		
Ova	Absent		
Neutral Fat	Absent		
Monilia	Absent		
Bacteria	Absent		

**Note:** Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.

**False negative:** False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occassinal unruptured RBCs.

**False positive:** False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, brocoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.



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**URINE ROUTINE EXAMINATION**

Parameter	Result	Unit	Biological Ref. Interval
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**PHYSICAL EXAMINATION**

Quantity	10 cc
Colour	Yellow
Clarity	Clear

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

pH	5.5	4.6 - 8.0
Sp. Gravity	1.020	1.001 - 1.035
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urobilinogen	Normal Present	
Bile salts:	Absent	Absent
Bile Pigments:	Absent	Absent
Nitrite	Nil	

**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

Leucocytes (Pus Cells)	1 - 3/hpf
Erythrocytes (Red Cells)	Absent
Epithelial Cells	2 - 3/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

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**Dr. Viral R. Jethava**

M.D. (Path, PDCC)


**TEST REPORT**

<b>Name</b> : Bhadresha Dhaval	<b>Reg. No</b> : 404100603
<b>Age/Sex</b> : 35 Years / Male	<b>Reg. Date</b> : 12-Apr-2024 04:58 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 12-Apr-2024 04:58 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 12-Apr-2024 06:03 PM

**LIVER FUNCTION TEST**

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.00	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	3.99	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	3.01	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.33		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	30.10	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	49.01	U/L	16 - 63
Alakaline Phosphatase <i>Siemens/37C</i>	99.70	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.69	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.18	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/caif-benz</i>	0.51	mg/dL	0.0 - 1.1

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

*towards the healthiness...*

**Dr. Viral Jethava**

This is an Electronically Authenticated Report.

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**Dr. Viral R. Jethava**

M.D. (Path, PDCC)



BHADRESHA DHAVAL 35Y/M CHEST PA 12-Apr-24  
NEELKANTH DIAGNOSTICS

**ECHOCARDIOGRAPHY & COLOR DOPPLER**

Patient Name : Dhaval Bhadresha  
Ref.By : Dr Dadhaniya Sir

Age/Sex : 35/M  
Date : 12/4/24

**SUMMARY OF 2D ECHO**

LA, LV size Normal

**Concentric LVH (IVSd – 1.35cm, LVIDd-4.0cm, LVPWd-1.17cm, IVSs-1.26cm,  
LVIDs-2.91cm, LVPWs-1.6cm)**

No RWMA at rest

**Overall LVEF –60 %.**

RA , RV size and function Normal  
All valves appear Normal in structure

No E/O Vegetation / clot /Pericardial effusion

IAS / IVS intact

No shunt across great vessels

**IVC Size Normal 14 mm and collapsing > 50% on deep inspiration**

**Colour Doppler**

**Mitral Valve:** E/A ratio 0.7 , TDI s/o E\*<A\*

**Trivial MR**

**Tricuspid Valve:** Trivial TR CW TR jet 31 mmHg

**Estimated PASP 36 mm Hg**

**Aortic Valve:** No AR

No significant LVOT gradient - AV PG Max 10 mm Hg

**Pulmonary Valve :** No PR , PV Max PG 7 mm Hg

**FINAL IMPRESSION**

Good LV systolic function at rest

LV Diastolic Dysfunction

Concentric LVH

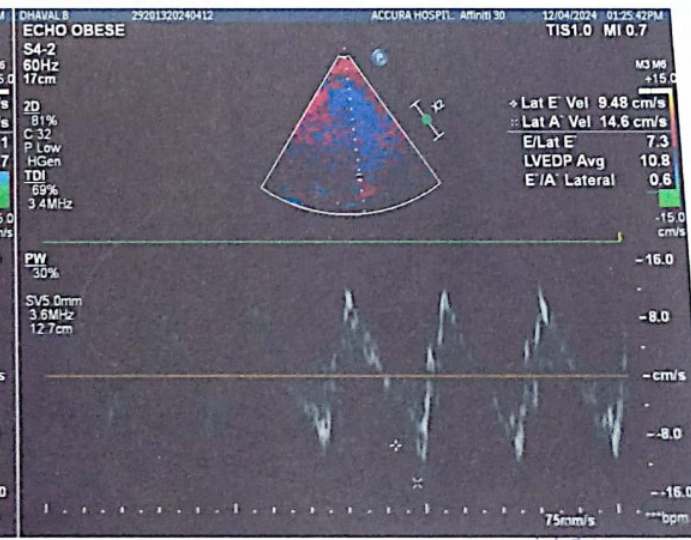
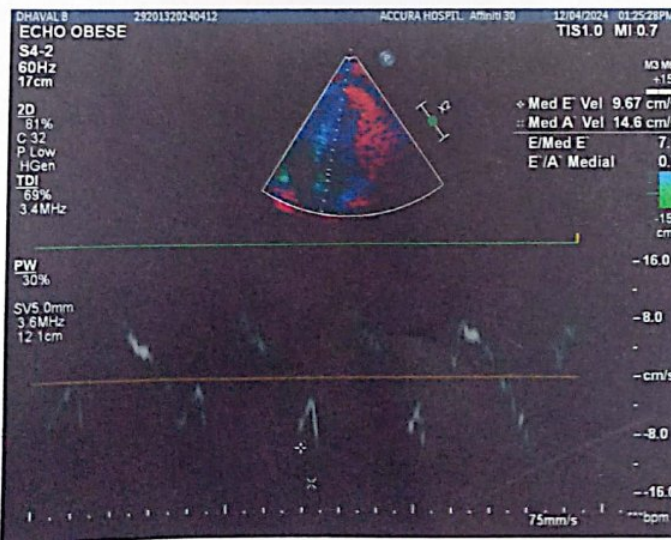
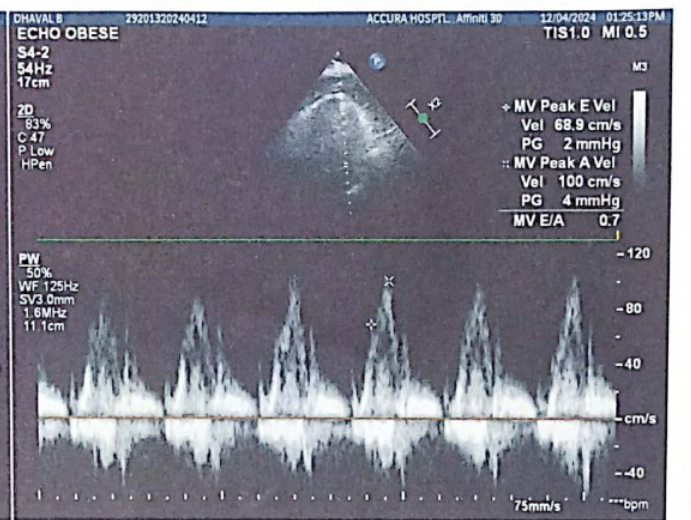
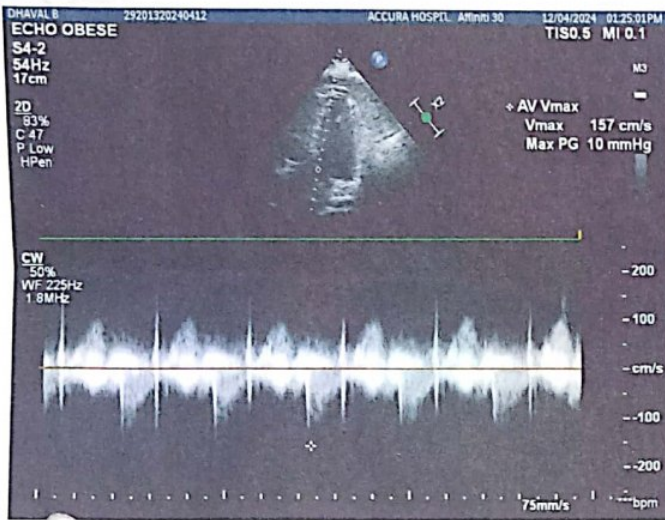
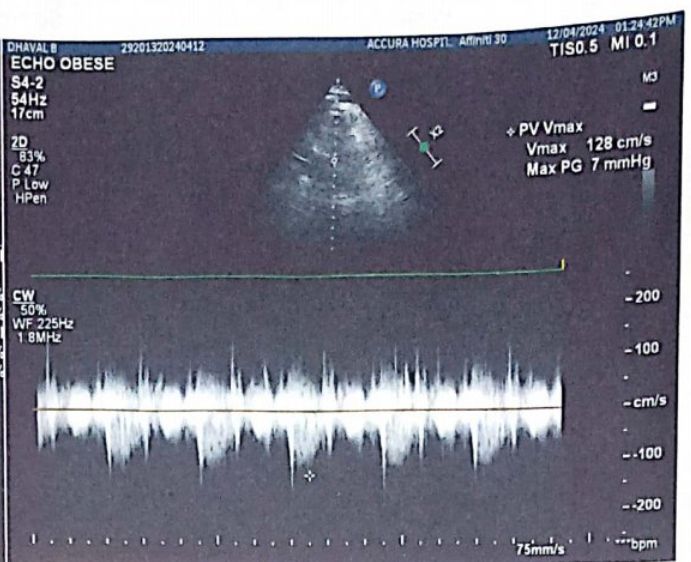
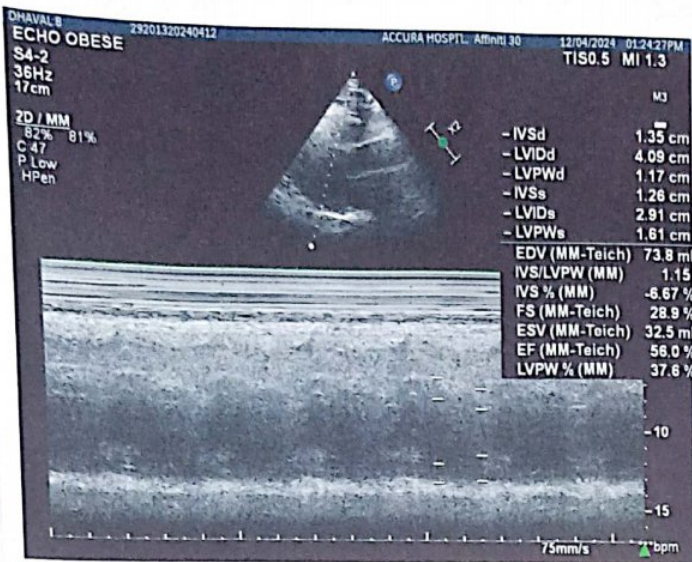
Dr V H Maniyar

For Appointment

M.D., FNIC (Lilavati Hospital , Mumbai)

**7 60 60 60 577**

First Floor, Nilkanth Plaza, J. K. Park, Bapa Sitaram Chowk, Mavdi Main Road, RAJKOT- 360004.



Pat.s' Name: BHADRESHA DHAVAL

DATE: 12 April 2024

### U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows bright parenchymal echotexture. No focal lesion noted. Intrahepatic billiary radicals appear normal. C.B.D and portal vein appears normal in calibre.
- **GALL BLADDER:** Well distended and appears normal. No evidence of gallstone or changes of cholecystitis.
- **PANCREAS:** appears normal in size, shape, echogenicity and echotexture. No focal lesion noted. No e/o peripancreatic fluid collection.
- **SPLEEN:** normal in size, shape, echogenicity and echotexture. No focal lesion noted.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No e/o calculi or hydronephrosis on either side.
- **URINARY BLADDER:** Well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **PROSTATE:** is normal in size, shape and echogenicity. No focal lesion.
- Visualised bowel loops show no evident abnormality. No e/o lymphadenopathy. RIF/ LIF CLEAR. Bilateral C-P angels clear.

### CONCLUSION:

- **Grade I fatty changes in liver.**

Thanks for reference.



DR PRATIK KAGATHARA  
MD

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020

32 SLICE CT SCAN | 3D-4D SONOGRAPHY | COLOUR DOPPLER | X-RAY & PROCEDURE INTERVENTIONS




Pt.'s Name: BHADRESHA DHAVAL

Date: 12 April, 2024

**Radiograph of chest (PA view)**

- *Both the lung fields are clear.*
- *No e/o consolidation, cavitations or collapse.*
- *Both the hila appears normal*
- *Both costophrenic angles appear clear.*
- *Both domes of diaphragm appear normal.*
- *Cardiac size is within normal limit.*
- *Bones underview reveals no evident abnormality.*

Thanks for reference.



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32 SLICE CT SCAN | 3D-4D SONOGRAPHY | COLOUR DOPPLER | X-RAY & PROCEDURE INTERVENTIONS