

Bobby Chauhan

9717303358

9/3/2024

W - 84 kg  
H - 176 cm  
B.P - 160/100  
P - 67  
S - 100%



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

आत्मज: हरी किशन, जे-  
169, सेक्टर - 22, नॉएडा,  
गौतमबुद्ध नगर,  
उत्तर प्रदेश - 201301

Address:

S/O: Hari Kishan, J-169, Sector -  
22, Noida, Gautam Buddha  
Nagar,  
Uttar Pradesh - 201301

7005 8332 2105

Aadhaar-Aam Admi ka Adhikar



भारत सरकार  
GOVERNMENT OF INDIA

बॉबी चौहान  
Bobby Chauhan  
जन्म तिथि/DOB: 21/06/1983  
पुरुष / MALE

7005 8332 2105  
आधार-आम आदमी का अधिकार



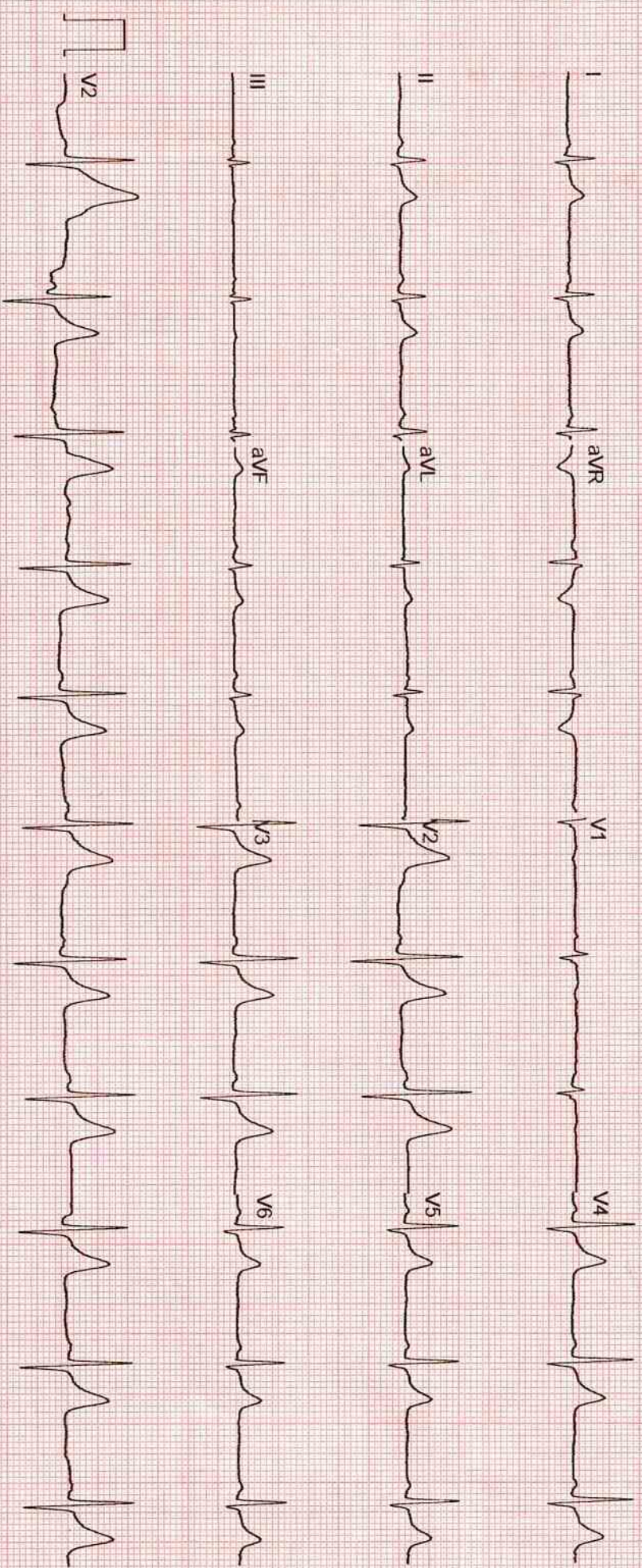
Visit: self  
40 Years

Male Unknown

Normal sinus rhythm  
Normal ECG

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 76 ms  
QT / QTcBaz : 364 / 384 ms  
PR : 116 ms  
P : 76 ms  
RR / PP : 898 / 895 ms  
P / QRS / T : 48 / 58 / 39 degrees



*BNM*

Unconfirmed

# SJM SUPER SPECIALITY HOSPITAL



100 Bedded Super Speciality Hospital

Sector-63, Noida, NH-9, Near Hindon Bridge

Ph.: 0120-6530900 / 10, Mob.: +91 9599259072

E-mail: sjmhospital@yahoo.com / Website: sjmhospital.com

(24 Hours Emergency, NICU/ICU, Pharmacy & Ambulance Available)

**IVF SPECIALIST**

- Pushpa Kaul (IVF)
- B.B.S, MD(Obst, & Gynae)
- Neha Zutshi (Embryologist)

**OTHER SPECIALIST**

- Pushpa Kaul (IVF)
- B.B.S, MD(Obst, & Gynae)
- Smritee Virmani (Endoscopy)
- S, DGO, DNB, ICOG (Obst. & Gynae)
- Anind Bhat
- B.S, MD (General Medicine)
- Anneet Gupta, MS (ENT)
- Ashveen Gupta, MS (EYE)
- Chhotosh Singh, MS (Urology)
- Anshul Kaul (Spine Surgeon)
- MS, (Orthopaedic)
- Ganjoor MD (Psychiatric)
- Ash Mishra (Neuro Surgeon)
- Ajay Sharma (Cardiologist)
- Pandita, MS (Surgeon)
- Gupta, MS (Surgeon)
- Akshay Rajpal
- Periodontist & Implantologist
- A Arora
- Maxillofacial Surgeon
- Maheshwari
- MD, FRM, (IVF Specialist)
- Kumar Gupta
- (General Surgeon)
- Plastic Surgery)
- Kumar
- (Paediatrics)
- Anar Kothari
- (Medicine)
- Arwal
- S. Ortho.

- Private & Public wards
- Outpatient - (OPD)Facilities
- Stabilisation and emergency
- Services
- Conventional Surgery
- Infusion centre (IVF)
- ICU Unit. (ICU)
- NICU)

- Pathology lab
- Ultrasound
- Facilities

Mr. Bobby Chauhan

9/3/24

(40y/m)

BP = 150/130 mmHg

AR < +0.00  
+0.00

Vn < 616  
616,  
N6

Ace < Plano — 616  
Plano — 616, N6

Blue cut lens

Refresh Tears (BE)

Eye Drops - 2 T/D

2-3 may



## CGHS & AYUSHMAN BHARAT

+ Not for medico legal purpose + No substitution of drugs allowed

**Panel:** Raksha TPA Pvt Ltd., Vipul Med Corp TPA Pvt Ltd., E-Meditek (TPA) Services Ltd., Medi-Assit India TPA Pvt Ltd., Park Mediclaim, Genins India TPA Pvt Ltd., Family Healthcare TPA Pvt Ltd., Medsave Healthcare TPA Pvt Ltd., Vidal Health Care TPA Pvt Ltd., MD India Healthcare, DHS TPA (India) Private Ltd., Medicate TPA Service (I) Pvt. Ltd., East West Assist TPA Pvt Ltd., United Healthcare Parekh TPA Pvt Ltd., Good Health TPA Services Ltd., Bajaj Allianz General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., Medicate TPA Service (I) Pvt. Ltd., Insurance Co. Ltd., Cholamandalam General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., SBI General Insurance Co. Ltd., Kotak Mahindra General Insurance Co. Ltd., Liberty Videocon General Insurance Co. Ltd., TATA AIG General Insurance Co. Ltd. (Corporate), National Insurance Co. Ltd., HDFC Standard Life Insurance Co. Ltd., The Oriental Insurance Co. Ltd. (Corporate), United India Insurance Co. Ltd. (Corporate), The New India Insurance Co. Ltd. (Corporate).



Reg. No.

Date

Name

Age / Sex

Panel Name / Cash

*Mr Bobby Chauhan*  
*90 U-31*  
*OPD 3-24*

UHID No. :

Doctor Name : Dr. Vinod Bhat

MBBS, MD

Regn. No.: 30989 (DMC)

Department of Medicine

**Chief Complaint & Present Illness**

*Physically and Mentally fit*

**Past History**

*↑*  
*1*  
*1/2017*

**Treatment Advised**

**Provisional Diagnosis**

**Allergies**

**General Examination**

Temp .....

Pulse .....

B.P. ....

R.R. ....

SPO2 .....



**Investigation**

**Nutritional Screening**

**Follow up**

**Signature of Doctor**  
 SJM/SSH/MED/OPD/07

## Laboratory Report

Lab Serial no. : LSHHI277007	Mr. No : 112722
Patient Name : Mr. BOBBY CHAUHAN	Reg. Date & Time : 09-Mar-2024 02:30 AM
Age / Sex : 41 Yrs / M	Sample Receive Date : 09-Mar-2024 02:38 PM
Referred by : Dr. SELF	Result Entry Date : 09-Mar-2024 06:22PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 09-Mar-2024 06:22 PM
OPD : OPD	

### HAEMATOLOGY

results unit reference

#### CBC / COMPLETE BLOOD COUNT

HB (Haemoglobin)	15.5	gm/dL	12.0 - 17.0
TLC	6.8	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	63	%	40 - 70
Lymphocyte	29	%	20 - 40
Eosinophil	06	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	<b>5.34</b>	Thousand / UI	3.8 - 5.10
P.C.V	<b>47.0</b>	million/UI	00 - 40
M.C.V.	88.0	fL	78 - 100
M.C.H.	29.0	pg	27 - 31
M.C.H.C.	33.0	g/dl	32 - 36
Platelet Count	2.18	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)      02                      mm/1hr                      00 - 22

**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

#### BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)                      101.6                      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 :

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### BIOCHEMISTRY

	results	unit	reference
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#### HbA1C / GLYCATED HEMOGLOBIN / GHb

Hb A1C	5.1	%	4.0 - 5.6
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	99.67	mg/dl	

#### 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

#### BLOOD SUGAR (PP), Serum

SUGAR PP	100.1	mg/dl	80 - 140
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#### Comments:

Accurate measurement if 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**



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### BIOCHEMISTRY

	results	unit	reference
<b>KFT,Serum</b>			
Blood Urea	23.6	mg/dL	18 - 55
Serum Creatinine	0.89	mg/dl	0.7 - 1.3
Uric Acid	<b>7.5</b>	mg/dl	3.5 - 7.2
Calcium	9.9	mg/dL	8.8 - 10.2
Sodium (Na+)	141.3	mEq/L	135 - 150
Potassium (K+)	4.21	mEq/L	3.5 - 5.0
Chloride (Cl)	102.1	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	11.03	mg/dL	7 - 18
PHOSPHORUS-Serum	3.37	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.

Centre for Excellent Patient Care



technician :

Typed By : Mr. BIRJESH



**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

#### LIVER FUNCTION TEST, Serum

Bilirubin- Total	0.62	mg/dL	0.1 - 2.0
Bilirubin- Direct	<b>0.22</b>	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.40	mg/dL	0.2 - 1.2
SGOT/AST	27.0	IU/L	00 - 35
SGPT/ALT	42.2	IU/L	00 - 45
Alkaline Phosphate	82.0	U/L	53 - 128
Total Protein	8.25	g/dL	6.4 - 8.3
Serum Albumin	4.81	gm%	3.50 - 5.20
Globulin	3.44	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.40	%	

#### 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



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

Page 1

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

## Laboratory Report

Lab Serial No. : LSHHI277007 Reg. No. : 112722  
Patient Name : MR. BOBBY CHAUHAN Reg. Date & Time : 09-Mar-2024 02:30 AM  
Age/Sex : 41 Yrs /M Sample Collection Date : 09-Mar-2024 02:38 PM  
Referred By : SELF Sample Receiving Date : 09-Mar-2024 02:38 PM  
Doctor Name : Dr. Vinod Bhat Reporting Time : 09-Mar-2024 06:22 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 an RH negative.

### URINE SUGAR (FBS)

#### CHEMICAL EXAMINATION

Glucose : Nil

### URINE SUGAR (PPBS)


#### CHEMICAL EXAMINATION

Glucose : Nil



Mr. BIRJESH

<b>Visit ID</b>	<b>IQD87418</b>	Registration	: 09/Mar/2024 07:39PM
UHID/MR No	: IQD.0000085352	Collected	: 09/Mar/2024 07:53PM
<b>Patient Name</b>	<b>Mr. BOBBY CHAUHAN</b>	Received	: 09/Mar/2024 08:16PM
Age/Gender	: 41 Y 0 M 0 D /M	Reported	: 09/Mar/2024 09:46PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240302272



### DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE (T3,T4,TSH)</b>				
<b>Sample Type : SERUM</b>				
T3	1.05	ng/ml	0.61-1.81	CLIA
T4	10.0	ug/dl	5.01-12.45	CLIA
TSH	2.49	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

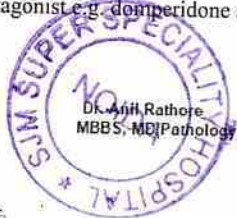
#### Interpretation:

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 T3 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 T4	FT4	Total T3	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. Ajit Rathore  
MBBS, MD (Pathology)

Dr. Prashant Singh  
MBBS, MD (Pathology)

Page 1 of 3

Authenticity of report can be checked by Scanning QR Code  
Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301

<b>Visit ID</b>	<b>IQD07418</b>	Registration	: 09/Mar/2024 07:39PM
UHID/MR No	: IQD.0000085352	Collected	: 09/Mar/2024 07:53PM
<b>Patient Name</b>	<b>Mr. BOBBY CHAUHAN</b>	Received	: 09/Mar/2024 08:16PM
Age/Gender	: 41 Y O M O D / M	Reported	: 09/Mar/2024 09:46PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPÉCIALIST HOSPITAL	Client Code	: IQD2151
Employee Code	:	Barcode No	: 240302272



**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 Postpartum, 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.

**PSA / PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL**

Sample Type : SERUM

PROSTATE SPECIFIC ANTIGEN	0.33	ng/mL	0-4	CLIA
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**INTERPRETATION:**

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertrophy (BPH), or inflammation of the prostate. Prostate manipulation by biopsy or rigorous physical activity may temporarily elevate PSA levels. The blood test should be done before surgery or six weeks after manipulation. The total PSA may be ordered at regular intervals during treatment of men who have been diagnosed with Prostate cancer and in prostatic cancer cases under observation.

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



Dr. Ankita Singhal  
 MBBS, MD (Microbiology)

Dr. Anil Rathore  
 MBBS, MD (Pathology)



Dr. Prashant Singh  
 MBBS, MD (Pathology)

Authenticity of report can be checked by Scanning QR Code  
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<b>Visit ID</b>	: IQD87418	Registration	: 09/Mar/2024 07:39PM
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### DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
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MBBS, MD(Microbiology)

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MBBS, MD(Pathology)

Dr. Prashant Singh  
MBBS, MD (Pathology)

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## Ultrasound Report

### TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: **Mr. Bobby chauhan**

Age /sex:**40Yrs/M**

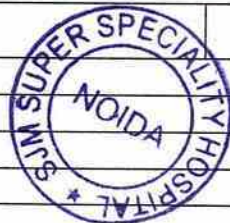
Date:**09/03/2024**

**ECHO WINDOW: FAIR WINDOW**

	Observed values (cm)		Normal values (mm)
Aortic root diameter	3.1		22-36
Aortic valve Opening			15 -26
Left Atrium size	3.0		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.5	2.7	(ED =39 -58)
Interventricular Septum	1.0		(ED = 6 -11)
Posterior Wall thickened	1.0		(ED = 6- 10)
LV Ejection Fraction (%)	60		55% -65 %

#### Doppler Velocities (cm / sec)

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



## Ultrasound Report

Regurgitation: -

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

Final Interpretation: -

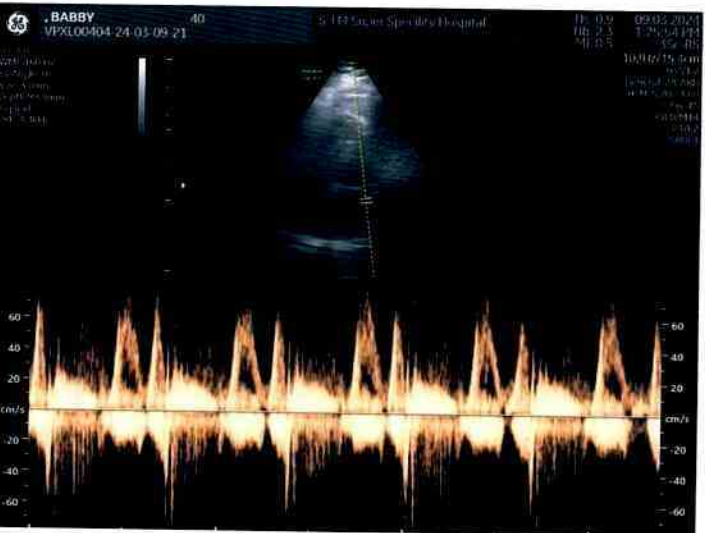
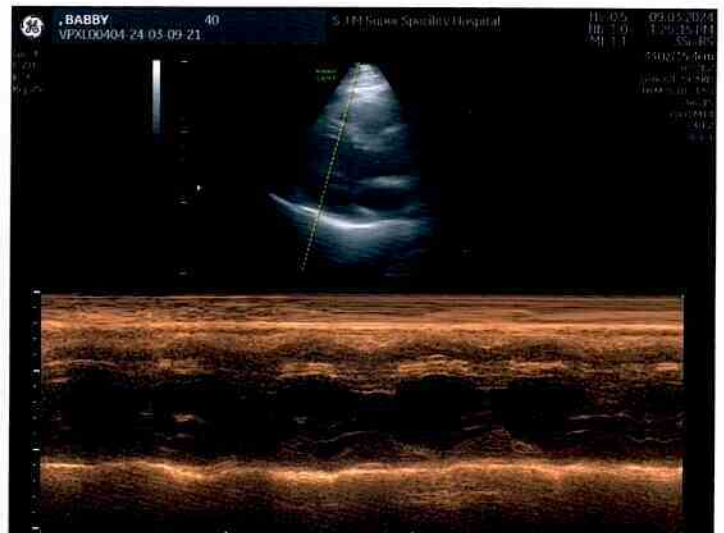
- 1.) NO LV HYPOKINASIA GLOBAL LVEF 60%
- 2.) NO MR NO MS NO AS/AR, NO TR
- 3.) No Intra cardiac clot, vegetation, pericardial effusion

**DR. AMIT KOTHARI**

Non-Interventional Cardiologist.

Centre for Excellent Patient Care







## Ultrasound Report

Name: Mr. Bobby chauhan

Age: 40y/M

Date: 09/03/2024

### Ultrasound - Male Abdomen

**Liver:** Liver appears normal in size. 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 normal thickness is normal. There is no Evidence of any intraluminal mass lesion seen .**There is evidence of multiple calculi seen in gall bladder. Sludge seen in gb lumen.**

**PANCREAS:** -Pancreas is normal in size, shape and echo pattern. No focal mass lesion seen. Pancreatic duct is not dilated.

**SPLEEN:** -Spleen show normal in size, shape and homogeneous echo pattern. No focal mass lesion is seen in parenchyma.

**KIDNEYS:-**Both the kidneys are normal in size, shape, position and axis. Parenchymal echopattern is normal bilaterally. No focal solid or cystic lesion is seen. There is no evidence of renal calculi on either side

**PARAAORTIC REGIONS:** Any mass/ lymph nodes: -- no mass or lymph nodes seen.

**URINARY BLADDER:-** Adequately distended . Wall were regular and thin. Contents are Normal. No stone formation seen.

**PROSTATE:** - Normal in shape and position. Parenchymal echotexture is normal. No free ascetic fluid or pleural effusion seen.

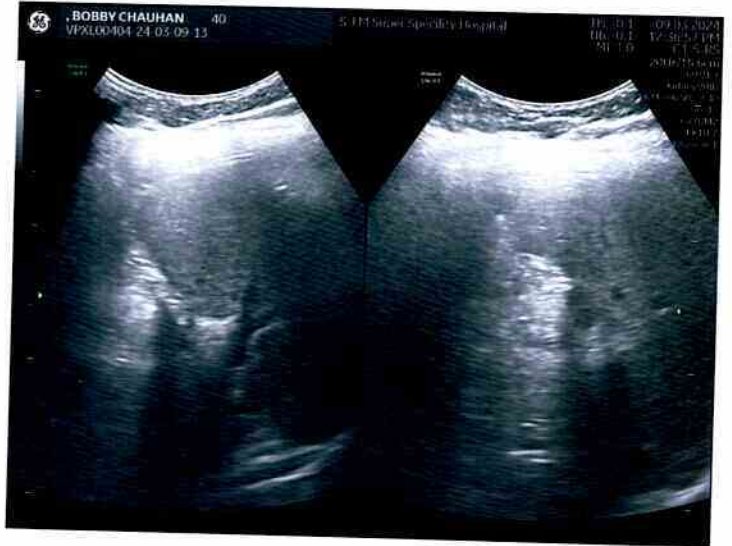
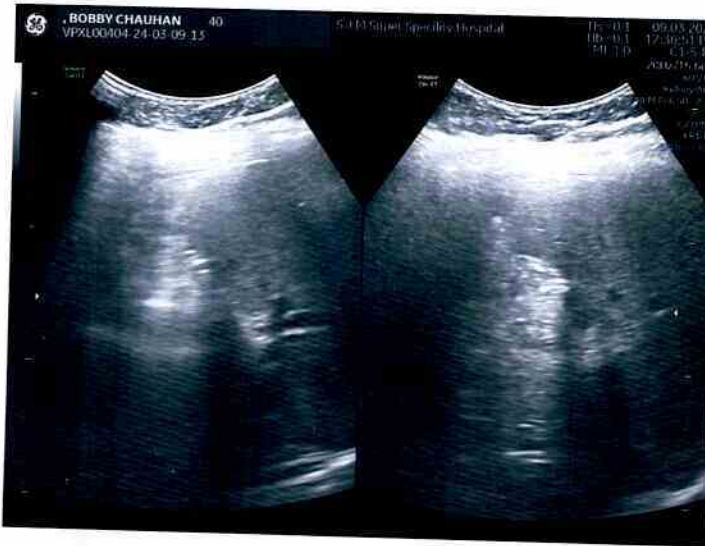
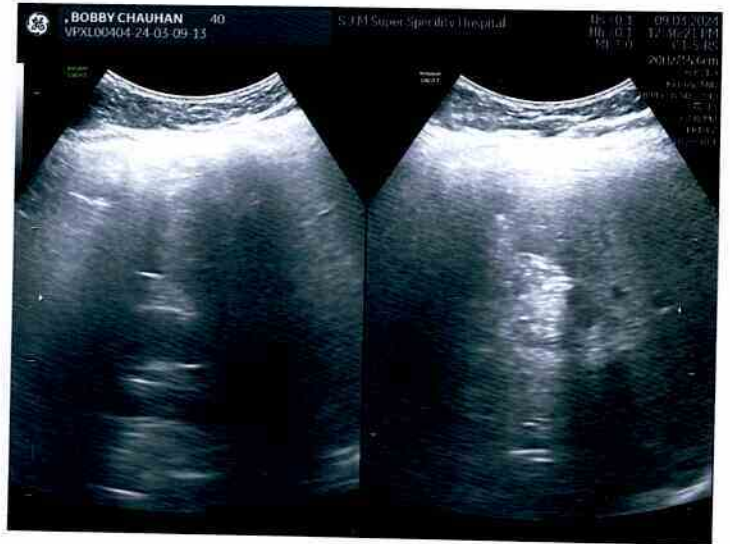
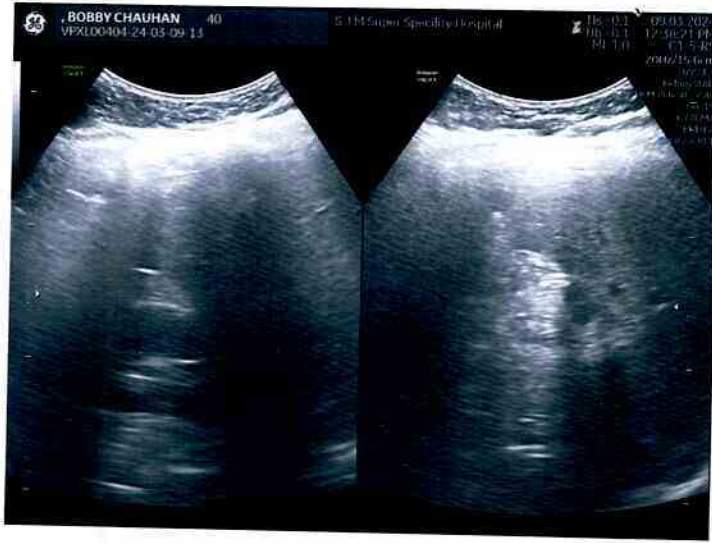
**IMPRESSION:** - Cholelithiasis with gb sludge.

DR. PUSHPA KAUL

For SJM Super Speciality Hospital

DR. RAKESH GUJJAR





## X-Ray Report

PATIENT ID	: 26586 OPD	PATIENT NAME	: MR. BOBBY CHAUHAN
AGE	: 040Y	SEX	: Male
REF. PHY.	:	STUDY DATE	: 09-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  
09th Mar 2024



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