Visit ID	**: YOD824841**	UHID/MR No	: YOD.0000794137
Patient Name	**: Mr. VIDYA SAGAR**	Client Code	: YOD-DL-0021
Age/Gender	: 37 Y 0 M 0 D /M	Barcode No	: 11252581
DOB	:	Registration	: 21/Sep/2024 09:19AM
Ref Doctor	: SELF	Collected	: 21/Sep/2024 09:27AM
Client Name	: MEDI WHEELS	Received	: 21/Sep/2024 11:57AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 21/Sep/2024 12:48PM
Hospital Name	:		

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
ESR (ERYTHROCYTE SEDIMENTATION RATE)				
Sample Type : WHOLE BLOOD EDTA				
ERYTHROCYTE SEDIMENTATION RATE	7	mm/1st hr	0 - 15	Capillary Photometry

COMMENTS:

ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.
Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency).

Falsely decreased levels may indicate: Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD GROUP ABO & RH Typing				
Sample Type : WHOLE BLOOD EDTA				
ABO	B			
Rh Typing	POSITIVE			

Method : Hemagglutination Tube method by forward and reverse grouping

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
CBC(COMPLETE BLOOD COUNT)				
Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	14.0	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	5.22	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	44.0	%	40.0 - 50.0	RBC pulse height detection
MCV	84.3	fL	83 - 101	Automated/Calculated
MCH	**26.9**	pg	27 - 32	Automated/Calculated
MCHC	31.9	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	13.7	%	11.0-16.0	Automated Calculated
RDW - SD	41.1	fl	35.0-56.0	Calculated
MPV	9.6	fL	6.5 - 10.0	Calculated
PDW	16.1	fL	8.30-25.00	Calculated
PCT	0.292	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	7,980	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	56	%	40 - 80	Impedance
LYMPHOCYTE	36.2	%	20 - 40	Impedance
EOSINOPHIL	3.5	%	01 - 06	Impedance
MONOCYTE	3.6	%	02 - 10	Impedance
BASOPHIL	0.7	%	0 - 1	Impedance
PLATELET COUNT	3.01	Lakhs/cumm	1.50 - 4.50	Impedance

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	1.11	ng/ml	0.60 - 1.78	CLIA
T4	10.71	ug/dl	4.82-15.65	CLIA
TSH	1.54	ulU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propanolol and propylthiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.
9. **REFERENCE RANGE :**

PREGNANCY	TSH in uIU/mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 – 4.04

(References range recommended by the American Thyroid Association)

Comments:

1. During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIVER FUNCTION TEST(LFT)				
Sample Type : SERUM				
TOTAL BILIRUBIN	0.77	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.13	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.64	mg/dl		Calculated
AST (S.G.O.T)	26	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	38	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	109	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.9	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.2	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.7	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.56			Calculated

Note

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIPID PROFILE				
Sample Type : SERUM				
TOTAL CHOLESTEROL	196	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	37	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	132	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	134	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	26.8	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	5.30		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	**3.62**	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	**159**	mg/dl	< 130	Calculated

Interpretation

NATIONAL CHOLESTEROL EDUCATION PROGRAMME (NCEP)	TOTAL CHOLESTEROL	TRIGLYCERIDE	LDL CHOLESTEROL	NON HDL CHOLESTEROL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

REMARKS	Cholesterol : HDL Ratio
Low risk	3.3-4.4
Average risk	4.5-7.1
Moderate risk	7.2-11.0
High risk	>11.0

Note:

1.Measurements in the same patient can show physiological& analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol

2. NLA-2014 identifies Non HDL Cholesterol(an indicator of all atherogenic lipoproteins such as LDL , VLDL, IDL, Lpa, Chylomicron remnants)along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL &Non HDL.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method

3.Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved

4. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
HBA1C				
Sample Type : WHOLE BLOOD EDTA				
HBA1c RESULT	6.0	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	126	mg/dl		

Note:
1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions,targeting a goal of < 7.0 % may not be appropriate.
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 .

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD UREA NITROGEN (BUN)				
Sample Type : Serum				
SERUM UREA	20	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	9.4	mg/dl	5 - 25	GLDH-UV

Increased In:
Impaired kidney function, Reduced renal blood flow {CHF, Salt and water depletion, (vomiting, diarrhea, diuresis, sweating), Shock}, Any obstruction of urinary tract, Increased protein catabolism, AMI, Stress

Decreased In:
Diuresis (e.g. with over hydration), Severe liver damage, Late pregnancy, Infancy, Malnutrition, Diet (e.g., low-protein and high-carbohydrate, IV feedings only), Inherited hyperammonemias (urea is virtually absent in blood)

Limitations:
Urea levels increase with age and protein content of the diet.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
FBS (GLUCOSE FASTING)				
Sample Type : FLOURIDE PLASMA				
FASTING PLASMA GLUCOSE	92	mg/dl	70 - 100	HEXOKINASE

INTERPRETATION:
Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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DOB	:	Registration	: 21/Sep/2024 09:26AM
Ref Doctor	: SELF	Collected	: 21/Sep/2024 12:47PM
Client Name	: MEDI WHEELS	Received	: 21/Sep/2024 01:48PM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 21/Sep/2024 02:41PM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

PPBS (POST PRANDIAL GLUCOSE)

Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	115	mg/dl	<140	HEXOKINASE

INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
SERUM CREATININE				
Sample Type : SERUM				
SERUM CREATININE	1.15	mg/dl	0.70 - 1.30	KINETIC-JAFFE

Increased In:

- Diet: ingestion of creatinine (roast meat), Muscle disease: gigantism, acromegaly,
- Impaired kidney function.

Decreased In:

- Pregnancy: Normal value is 0.4-0.6 mg/dL. A value >0.8 mg/dL is abnormal and should alert the clinician to further diagnostic evaluation.
- Creatinine secretion is inhibited by certain drugs (e.g., cimetidine, trimethoprim).

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)				
Sample Type : SERUM				
GGT	20	U/L	0 - 55.0	KINETIC-IFCC

INTERPRETATION:

GGT functions in the body as a transport molecule, helping to move other molecules around the body. It plays a significant role in helping the liver metabolize drugs and other toxins. Increased GGT include overuse of alcohol, chronic viral hepatitis, lack of blood flow to the liver, liver tumor, cirrhosis, or scarred liver, overuse of certain drugs or other toxins, heart failure, diabetes, pancreatitis, fatty liver disease.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
URIC ACID -SERUM				
Sample Type : SERUM				
SERUM URIC ACID	7.2	mg/dl	3.5 - 7.20	URICASE - PAP

Interpretation

Uric acid is the final product of purine metabolism in the human organism. Uric acid measurements are used in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and of patients receiving cytotoxic drugs.

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Client Name	: MEDI WHEELS	Received	: 21/Sep/2024 10:33AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 21/Sep/2024 12:40PM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BUN/CREATININE RATIO				
Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	9.4	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	1.15	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	8.13	Ratio	6 - 25	Calculated

Verified By :
J. Krishna Kishore

Approved By :

SURYADEEP PRATAP
Senior Biochemist

Visit ID	**: YOD824841**	UHID/MR No	: YOD.0000794137
Patient Name	**: Mr. VIDYA SAGAR**	Client Code	: YOD-DL-0021
Age/Gender	: 37 Y 0 M 0 D /M	Barcode No	: 11252581
DOB	:	Registration	: 21/Sep/2024 09:19AM
Ref Doctor	: SELF	Collected	: 21/Sep/2024 09:27AM
Client Name	: MEDI WHEELS	Received	: 21/Sep/2024 11:57AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 21/Sep/2024 12:22PM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
CUE (COMPLETE URINE EXAMINATION)				
Sample Type : SPOT URINE				
PHYSICAL EXAMINATION				
TOTAL VOLUME	20	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.025		1.003 - 1.035	Bromothymol Blue
CHEMICAL EXAMINATION				
pH	6.0		4.6 - 8.0	Double Indicator
PROTEIN	NEGATIVE		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	NEGATIVE		NEGATIVE	Glucose Oxidase
UROBILINOGEN	0.1	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	NEGATIVE		NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	NEGATIVE		Negative	Azocoupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction
MICROSCOPIC EXAMINATION				
PUS CELLS	2-3	cells/HPF	0-5	
EPITHELIAL CELLS	1-2	/hpf	0 - 5	
RBCs	NIL	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	NIL		Nil	
OTHER	NIL			

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

Verified By :
Mamatha

ilac-MRA

MC-6311

Approved By :

Dr. ROHIT KOTIPALLI
M.D Pathology
Consultant Pathologist.

yoda DIAGNOSTICS
Lal Bungalow add on, Ameerpet, Hyderabad - 500016
www.yodadiagnostics.com
info@yodalifeline.in
040 35353535

YODA DIAGNOSTICS

EYE GLASS PRESCRIPTION

Name : Mr. Vidya Sagar

Age : 37 Employee ID: 824841

Gender : M Date: 21/09/24

Vn (unaided) PGP		
	6/6	6/6

Distance

	SPH	CYL	AXIS	BCVA
OD	P			6/6
OS	P			6/6

Add N/6 @ 30cms

LENS TYPE

- ☐ Single Vision Distance
- ☐ Single Vision Near
- ☐ Bifocal
- ☐ Progressive
- ☐ UV-Coating

Remarks: CV - Normal

Lifeline Diagnostics Pvt. Ltd. Hyd

Signature

040-35353535 www.yodadiagnostics.com helpdesk@yodalifeline.in
Door No 6-3-862/A, Lal Bungalow add-on, Ameerpet, Hyderabad, 500 016.
Our Branches at: KPHB PHASE III I MADINAGUDA I VIZAG

21/09/24,

Mr. Vidya Sagar

37/M

824841

Has came for general eye examinde

No H/o DM and HTN

No H/o using glasses

SLit lamp examination

:- O/D Within Normal

:- O/S Within Normal

:- O/U CVn Normal (16/17)

Lifeline Diagnostics Pvt. Ltd. Hyd.

824841
37 Years

MR.VIDYA SAGAR
Male

21-Sep-24 9:57:39 AM
YODA LIFELINE DIAGNOSTICS

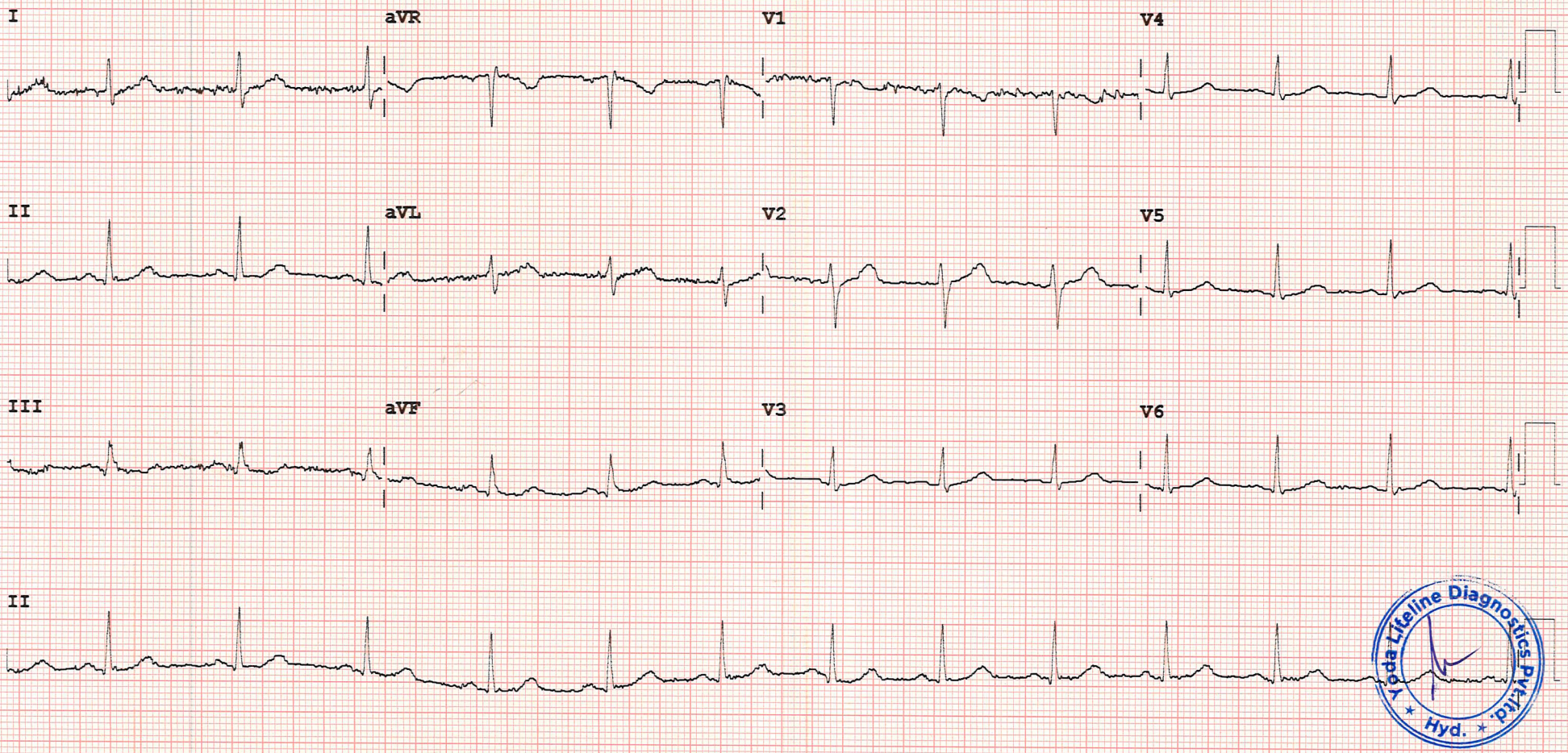
Rate 78 . Sinus rhythm.....normal P axis, V-rate 50- 99

PR 154
QRSD 96
QT 390
QTc 445

--AXIS--
P 66
QRS 68
T 22
12 Lead; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Yoda Lifeline Diagnostics Pvt. Ltd. Hyd.

Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.15-100 Hz 100B CL P?

yoda DIAGNOSTICS

DEPARTMENT OF RADIOLOGY

Patient Name	Mr. VIDYA SAGAR	Visit ID	YOD824841	Barcode	11252581
Age / Gender	37 Y / MALE	UHID	YOD.0000794137	Collection Date	21-09-2024 09:07 AM
Ref Doctor	Dr. SELF	Client Name	MEDI WHEELS	Registration Date	21-09-2024 09:07 AM
Hospital Name		Client Code	YOD-DL-0021	Received Date	
Sample Type		Client Add	F-701, Lado Sarai, Mehravli, New Delhi	Reported Date	21-09-2024 12:43 PM

ULTRASOUND WHOLE ABDOMEN

LIVER: Normal in size (164mm) with increased echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualized common bile duct & portal vein appears normal.
GALL BLADDER : Well distended. No evidence of wall thickening / calculi.
PANCREAS : Head and body appears normal. Tail is obscured by bowel gas.
SPLEEN : Normal in size (98mm) and echotexture. No focal lesion is seen.
RIGHT KIDNEY : measures 97x44mm. Normal in size and echotexture. Cortico-medullary differentiation is well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.
LEFT KIDNEY : measures 106x48mm. Normal in size and echotexture. Cortico-medullary differentiation is well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.
URINARY BLADDER : Well distended. No evidence of wall thickening / calculi.
PROSTATE : Normal in size (vol: 11.3cc) and echo-texture.
No enlarged nodes are visualized. No retro-peritoneal lesion is identified. Great vessels appear normal.
No free fluid is seen in peritoneal cavity.

IMPRESSION:

- **Grade - I/II fatty liver.**

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

Suggested clinical correlation & follow up

Approved by

Dr. Rohit A.
DMRD (APMC/FMR/81349)
Consultant Radiologist

yoda DIAGNOSTICS

DEPARTMENT OF RADIOLOGY

Patient Name	Mr. VIDYA SAGAR	Visit ID	YOD824841	Barcode	11252581
Age / Gender	37 Y / MALE	UHID	YOD.0000794137	Collection Date	21-09-2024 09:07 AM
Ref Doctor	Dr. SELF	Client Name	MEDI WHEELS	Registration Date	21-09-2024 09:07 AM
Hospital Name		Client Code	YOD-DL-0021	Received Date	
Sample Type		Client Add	F-701, Lado Sarai, Mehravli, New Delhi	Reported Date	21-09-2024 12:33 PM

X-RAY CHEST PA VIEW

FINDINGS:

Trachea is midline.
Mediastinal outline, and cardiac silhouette are normal.
Bilateral lung fields show normal vascular pattern with no focal lesion.
Bilateral hila are normal in density.
Bilateral costo-phrenic angles and domes of diaphragms are normal.
The rib cage and visualized bones appear normal.

IMPRESSION:

- **No significant abnormality detected.**

*** End Of Report ***

Suggested clinical correlation & follow up

Approved by

Dr. Rohit A.
DMRD (APMC/FMR/81349)
Consultant Radiologist