

MER- MEDICAL EXAMINATION REPORT

Date of Examination	30/12/23		
NAME	SOMANSHU CHATURVEDI		
AGE	32	Gender	m
HEIGHT(cm)	168	WEIGHT (kg)	73
R.P.	110/70		
ECG	norm		
X Ray	norm		
Vision Checkup	-		
Present Ailments	None		
Details of Past ailments (If Any)	No		
Comments / Advice : She /He is Physically Fit	Medicines Rx		



Dr. ~~SHRUTI KUMAR~~
MBBS, DCP
S. K. Sharma

Signature with Stamp of Medical Examiner




डॉ. सोमंशु चतुर्वेदी
 Somanshu Chaturvedi
 डॉ. आईडीएन: 25002/1991
 एमडी एमएल



2736 1265 3244
 VO: 8184 7131 3866 8941

मेरी आवाज़, मेरी पहचान

Somanshu Chaturvedi




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डॉ. सोमंशु चतुर्वेदी, 11 समर गार्डन, लखनऊ,
 उत्तर प्रदेश - 226028

Address:
 Dr. Somanshu Chaturvedi, 11 Samar
 Garden, Ismailganj, Lucknow, Lucknow,
 Uttar Pradesh - 226028



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 VO: 8184 7131 3866 8941

You have been informed that ent dental othal diet,gynec
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.

Somanth Chaturvedi





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

Date	: 30-Dec-2023		
Name	: Mr. SOMANSHU CHATURVEDI	Age	: 32 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male
Haemoglobin	16.7	gm%	14 - 17
Total Leucocyte Count	6200	Cells/cumm.	4000-11000
Differential Leucocyte Count			
Polymorphs	65	%	45 - 70
Lymphocytes	27	%	20 - 45
Eosinophils	03	%	0 - 6
Monocytes	05	%	0 - 8
Basophils	00	%	0 - 1
Erythrocyte Sedimentation Rate (Wintrobe)			
ESR	06	mm in 1st Hr.	0 - 9
PCV	49.8	cc%	40 - 52
Corrected ESR	02	mm in 1st Hr.	0 - 9
Platelet Count	2.36	lakh/cumm.	1.5 - 4.0
Red Cells Count	4.70	million/cmm	3.90 to 5.80
Absolute values			
MCV	105.9	fL	77 - 97
MCH	35.6	pg	27 - 31
MCHC	33.4	gm /dl	31 - 34

Dr. Sanjay Bastogi
Page 1 of 1 End Of Report
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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Date	: 30-Dec-2023	Age	: 32 Yrs.
Name	: Mr. SOMANSHU CHATURVEDI	Sex	: Male
Ref.By	: APOLLO HEALTH		

Blood Group & Rh	"B" Positive		
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Urine Sugar (Fasting)	NIL		
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Urine Sugar (PP)	NIL		
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Serum Gamma G.T.	38	IU/L	11 - 50
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Plasma Glucose - F GOD-POD Method	118	mg/dl	70 - 110
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Plasma Glucose - PP GOD POD Method	128	mg/dl	110 - 170
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LFT T&D			
Total Bilirubin	0.73	mg%	0.2 - 1.0
Direct Bilirubin	0.38	mg%	0.0 to 0.40
Indirect Bilirubin	0.35	mg%	0.10 to 0.90
S.G.P.T	44	IU/L	5 - 40
S.G.O.T	39	IU/L	5 - 50
ALP	98	IU/L	40 to 129

KFT			
UREA	24.1	mg %	15 - 50
CREATININE	1.08	mg %	0.5 - 1.5
URIC ACID	5.5	mg %	2 - 7
CALCIUM	9.8	mg %	8.8 - 10.0



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



Date	: 30-Dec-2023	Age	: 32 Yrs.
Name	: Mr. SOMANSHU CHATURVEDI	Sex	: Male
Ref.By	: APOLLO HEALTH		

LIPID PROFILE

Triglycerids	182	mg%	70 - 190
S. Cholestrol S.	208	mg%	130 - 230
S. HDL Cholestrol	48.1	mg%	35 - 75
S. LDL Cholestrol	123.5	mg%	75 - 150
VLDL	36.4	mg%	0 - 34
Chol / HDL factor	4.32		
LDL / HDL Factor	2.57		

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 TG greatly raised	TYPE 3: Cholesterol increased TG increased
TYPE 2a: Cholesterol increased LDL increased TG normal	TYPE 4: Cholesterol normal /increased VLDL increased TG increased
TYPE 2b Chol. increased VLDL raised TG increased LDL increased	TYPE 5: Cholesterol increased LDL reduced VLDL increased TG greatly increased

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

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

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Date	: 30-Dec-2023		
Name	: Mr. SOMANSHU CHATURVEDI	Age	: 32 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

Urine Examination

PHYSICAL		
Colour	Straw	
Turbidity	Nil	
Deposit	Nil	
Reaction	Acidic	
*Specific Gravity	1.015	
CHEMICAL		
Protein	Nil	
Sugar	Nil	
*Bile Salts	Nil	
*Bile Pigments	Nil	
Phosphate	Nil	
MICROSCOPIC		
Pus Cells	Nil	/hpf
Epithelial Cells	0-1	/hpf
Red Blood Cells	Nil	/hpf
Casts	Nil	
Crystals	Nil	
Others	Nil	

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Date	: 30-Dec-2023		
Name	: Mr. SOMANSHU CHATURVEDI	Age	: 32 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Male

THYROID TEST

Tri-iodothyronine (T3)	1.40	nmol/L	0.50 to 2.50
Thyroxine (T4)	6.60	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	3.65	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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Date	: 30-Dec-2023	Age	: 32 Yrs.
Name	: Mr. SOMANSHU CHATURVEDI	Sex	: Male
Ref.By	: APOLLO HEALTH		

Glycosylated Haemoglobin

Glycosylated Haemoglobin	5.7	%	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.

MODERN PATHOLOGY AND DIAGNOSTIC CENTER

Gomti Nagar Lucknow

Report



SOMANSHU CHATURVEDI / 32 Yrs / M / 168 Cms / 73 Kg

Date: 30 - 12 - 2023 Refd By : APOLLO HEALTH Examined By:

Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	070	37 %	110/70	077	00	
Standing	00:07	0:04	00.0	00.0	01.0	070	37 %	110/70	077	00	
HV	00:10	0:03	00.0	00.0	01.0	074	39 %	110/70	081	00	
ExStart	00:36	0:26	00.0	00.0	01.0	090	48 %	110/70	099	00	
BRUCE Stage 1	03:36	3:00	02.7	10.0	04.7	112	60 %	124/80	138	00	
BRUCE Stage 2	06:36	3:00	04.0	12.0	07.1	131	70 %	130/84	170	00	
BRUCE Stage 3	09:36	3:00	05.5	14.0	10.2	171	91 %	136/90	232	00	
PeakEx	09:40	0:04	00.0	00.0	10.3	171	91 %	136/90	232	00	
Recovery	10:40	1:00	00.0	00.0	04.3	130	69 %	132/86	171	00	
Recovery	11:40	2:00	00.0	00.0	01.0	094	50 %	128/82	120	00	
Recovery	12:40	3:00	00.0	00.0	01.0	102	54 %	124/80	126	00	
Recovery	12:48	3:08	00.0	00.0	01.0	102	54 %	124/80	126	00	

FINDINGS :

Exercise Time : 09:04
 Max HR Attained : 171 bpm 91% of Target 188
 Max BP Attained : 136/90 (mm/Hg)
 Max WorkLoad Attained : 10.3 Good response to induced stress
 Test End Reasons : Test Complete

REPORT :

CONCLUSIONS:

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


 Dr. ANIL KUMAR SINGH, MD
 Reg. No. 44559

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SOMANSHU CHATURVEDI / 32 Yrs / M / 168 Cms / 73 Kg / HR : 70

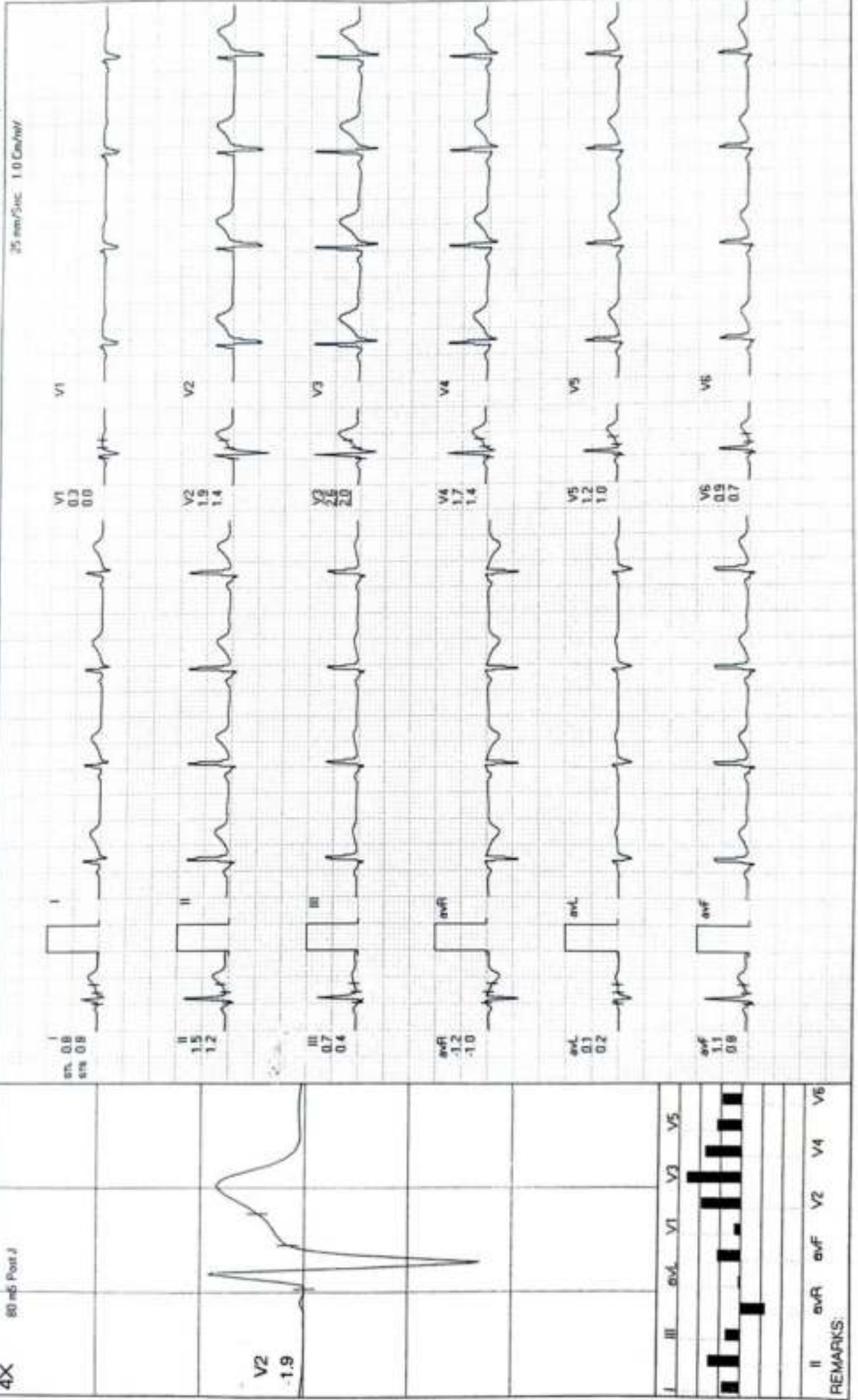
BRUCE:Supine(0:05)



Date: 30-12-2023

METS: 1.0/70 bpm 37% of THR BP: 110/70 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/RF 35 Hz

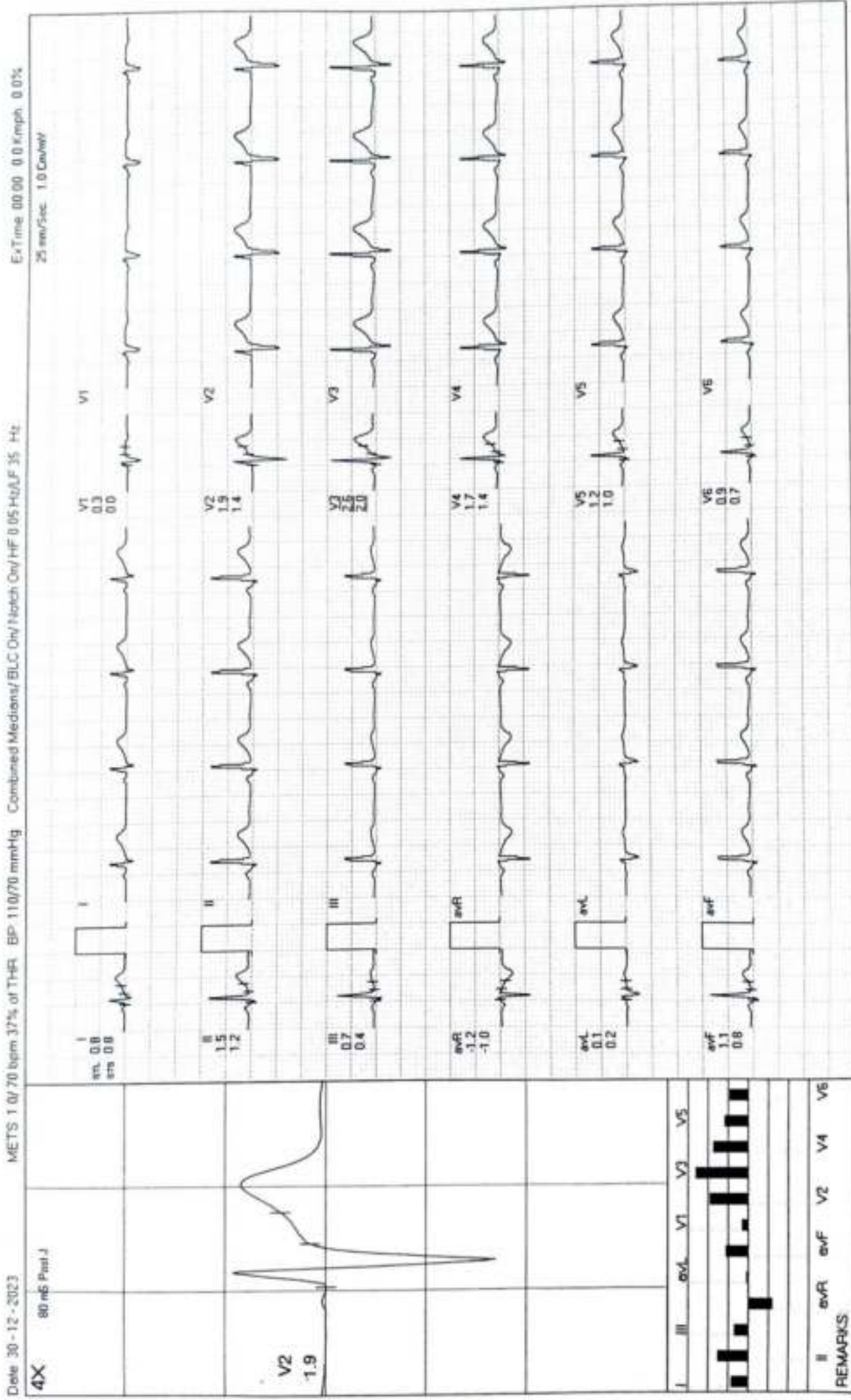
ExTime 00:00 0.0 Km/ph 0.0%



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SOMANSHU CHATURVEDI / 32 Yrs / M / 168 Cms / 73 Kg / HR : 70

BRUCE: Standing(0:04)



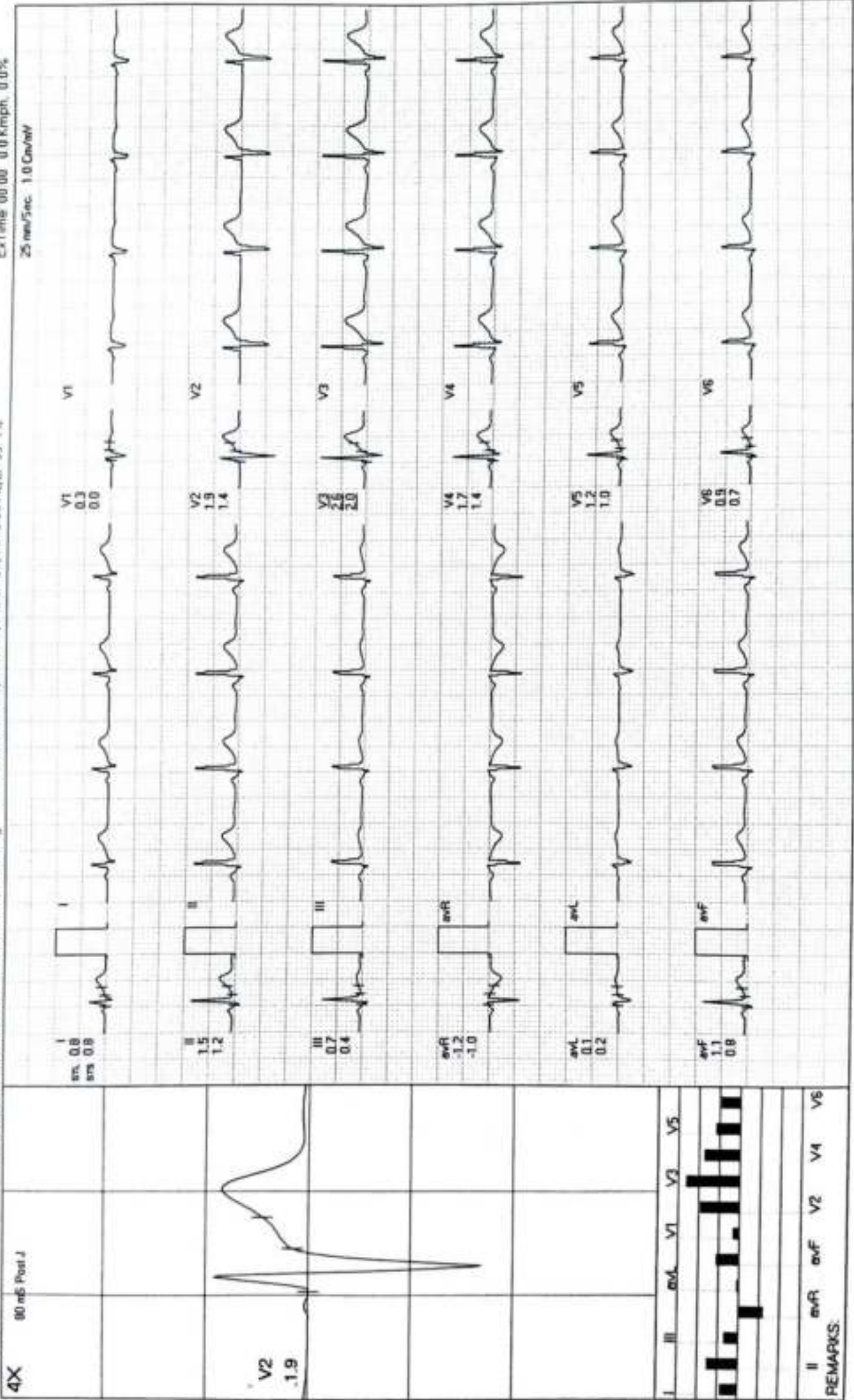
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SOMANSHU CHATURVEDI / 32 Yrs / M / 168 Cms / 73 Kg / HR : 74

BRUCE:HV(0:06)



Date: 30-12-2023
 METS: 1.0/74 bpm 39% of THR BP: 110/70 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz
 Ex Time: 00:00 0.0 Kmph 0.0%
 25 mm/Sec 1.0 Cm/mV



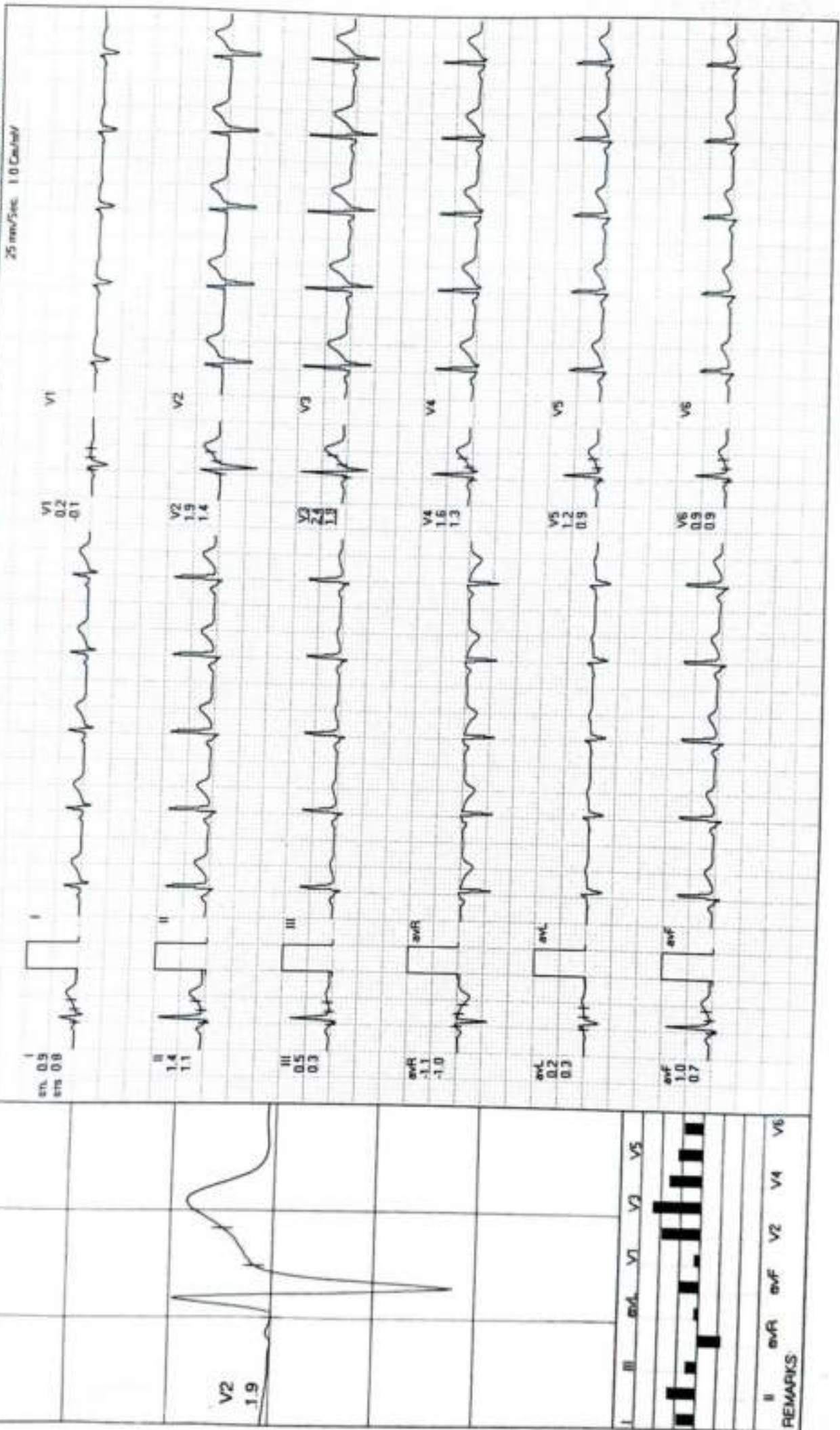
REMARKS: II aVR aVF V2 V4 V6

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SOMANSHU CHATURVEDI / 32 Yrs / M / 168 Cms / 73 Kg / HR : 90

ExStart 

Date 30-12-2023 METS 1.0/ 90 bpm 48% of THR BP 110/70 mmHg Combined Medians/ BLC Oxy/ Notch Oxy/ HF 0.05 Hz/ LF 35 Hz
 4X 60 mS Post J



REMARKS: I aVR aVF V2 V4 V6

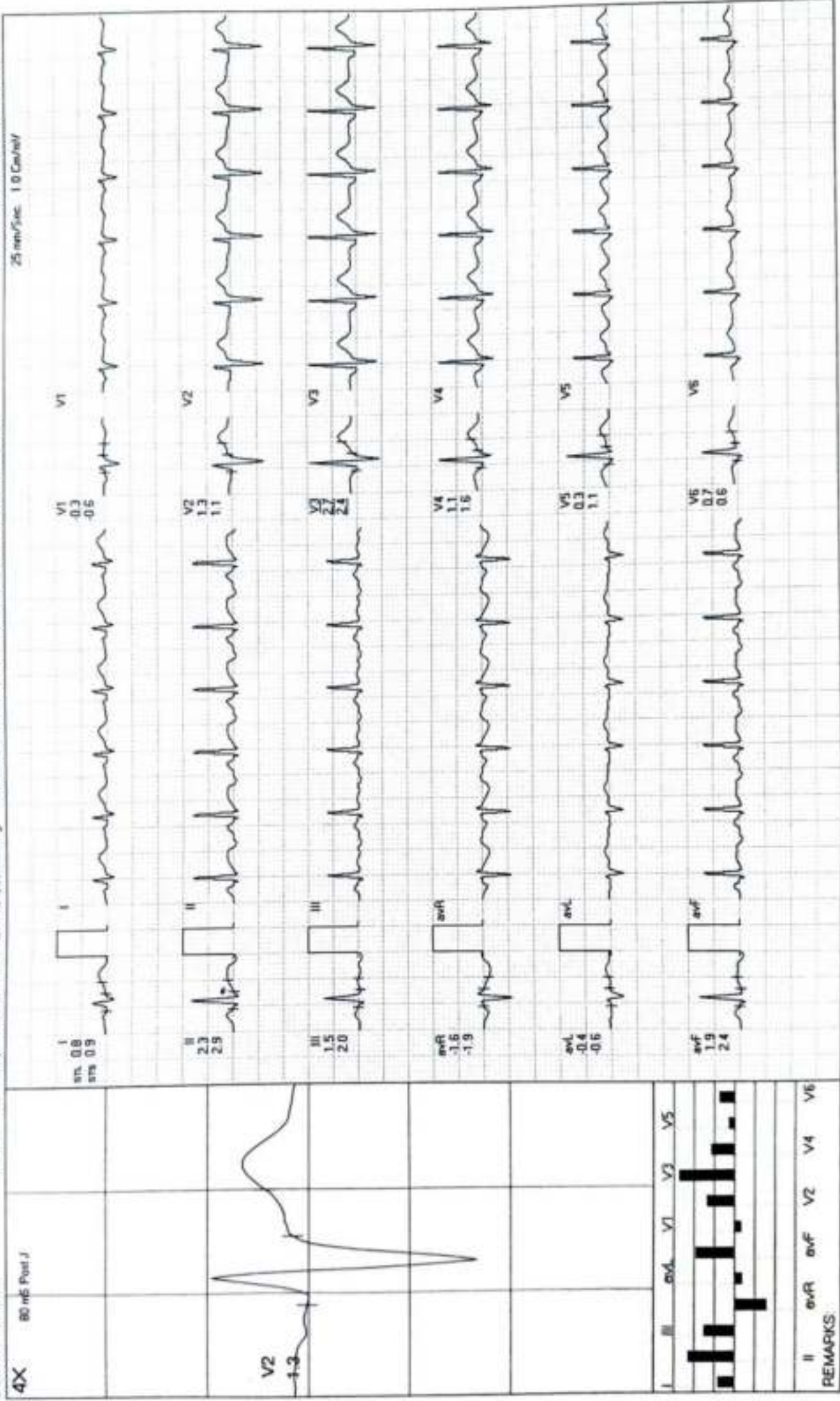
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BRUCE: Stage 1(3:00)



SOMANSHU CHATURVEDI / 32 Yrs / M / 168 Cms / 73 Kg / HR : 112

Date: 30-12-2023 METS: 4.7/112 bpm 60% of THR BP: 124/80 mmHg Combined Medians/BLC Ov/Notch Ov/HF 0.05 Hz/LF 35 Hz ExTime: 03:00 2.7 Km/Ph. 10.0% 25 mm/Sec. 1.0 Cm/Div



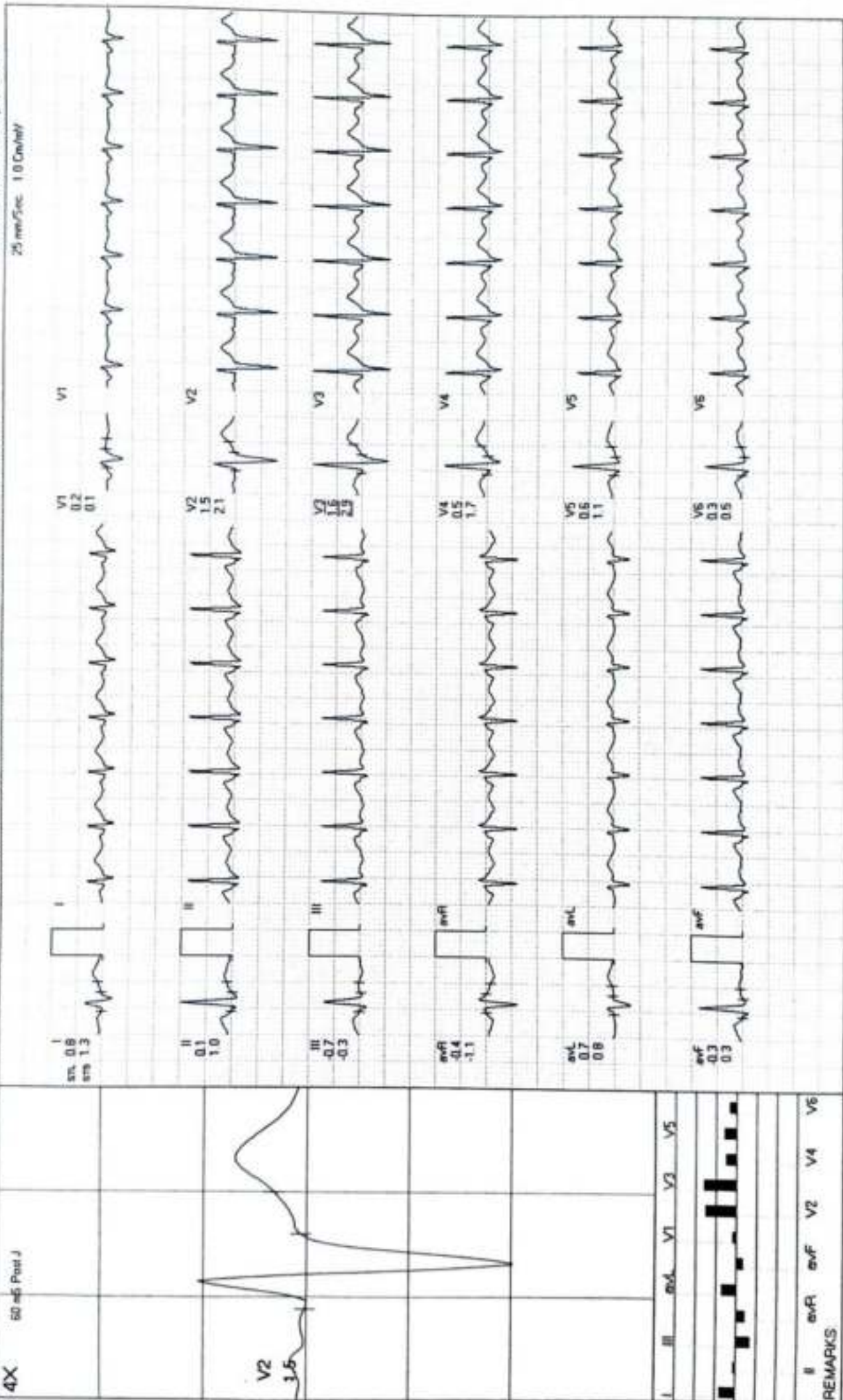
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SOMANSHU CHATURVEDI / 32 Yrs / M / 168 Cms / 73 Kg / HR : 131

BRUCE: Stage 2(3:00)



Date: 30-12-2023 METS 7.1/131 bpm 20% of THR BP 130/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz Ex Time 06:00 4.0 Kmph 12.0%



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BRUCE: Stage 3(3:00)

SOMANSHU CHATURVEDI / 32 Yrs / M / 168 Cms / 73 Kg / HR : 171

Date: 30-12-2023

METS: 10.2 / 171 bpm 91% of THR. BP: 136/90 mmHg. Combined Medians/ BLC On/ Notch On/ MF 0.05 Hz/ LF 35 Hz

ExTime: 09:00 5.5 Km/pt. 14.0%

4X 60 mS Paper

25 mm/sec. 1.0 Cm/mV

I
am: 0.9
avs: 1.5

V1
0.2
1.6



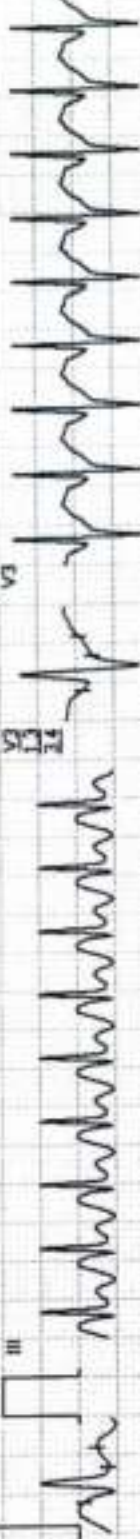
II
0.5
3.3

V2
0.6
1.1



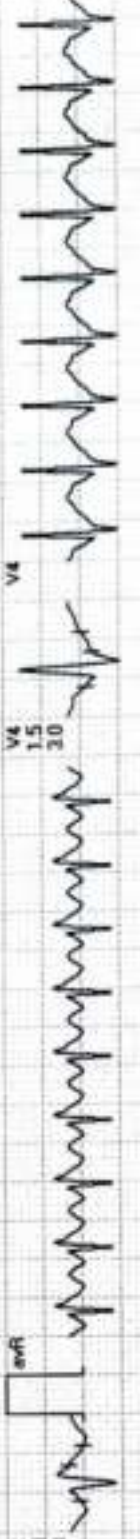
III
-1.1
3.3

V3
1.3
2.5



aVR
-0.3
-1.3

V4
1.5
3.0



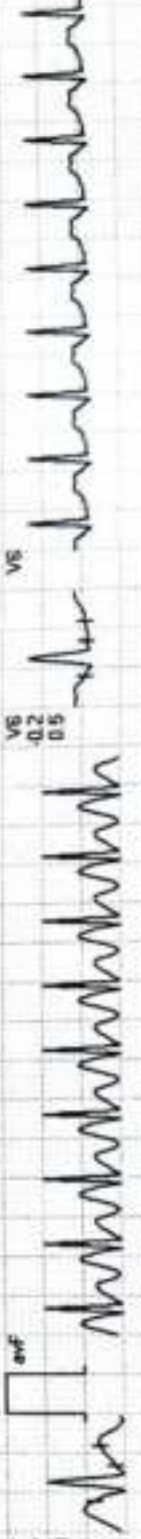
aVL
0.9
-1.1

V5
1.0
1.9

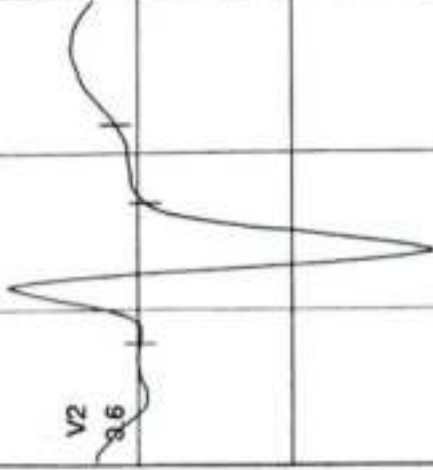


aVF
-0.7
3.9

V6
0.2
0.5



V2
3.6



I II III aVR aVL V1 V2 V3 V4 V5 V6



REMARKS: I II III aVR aVL V2 V4 V6

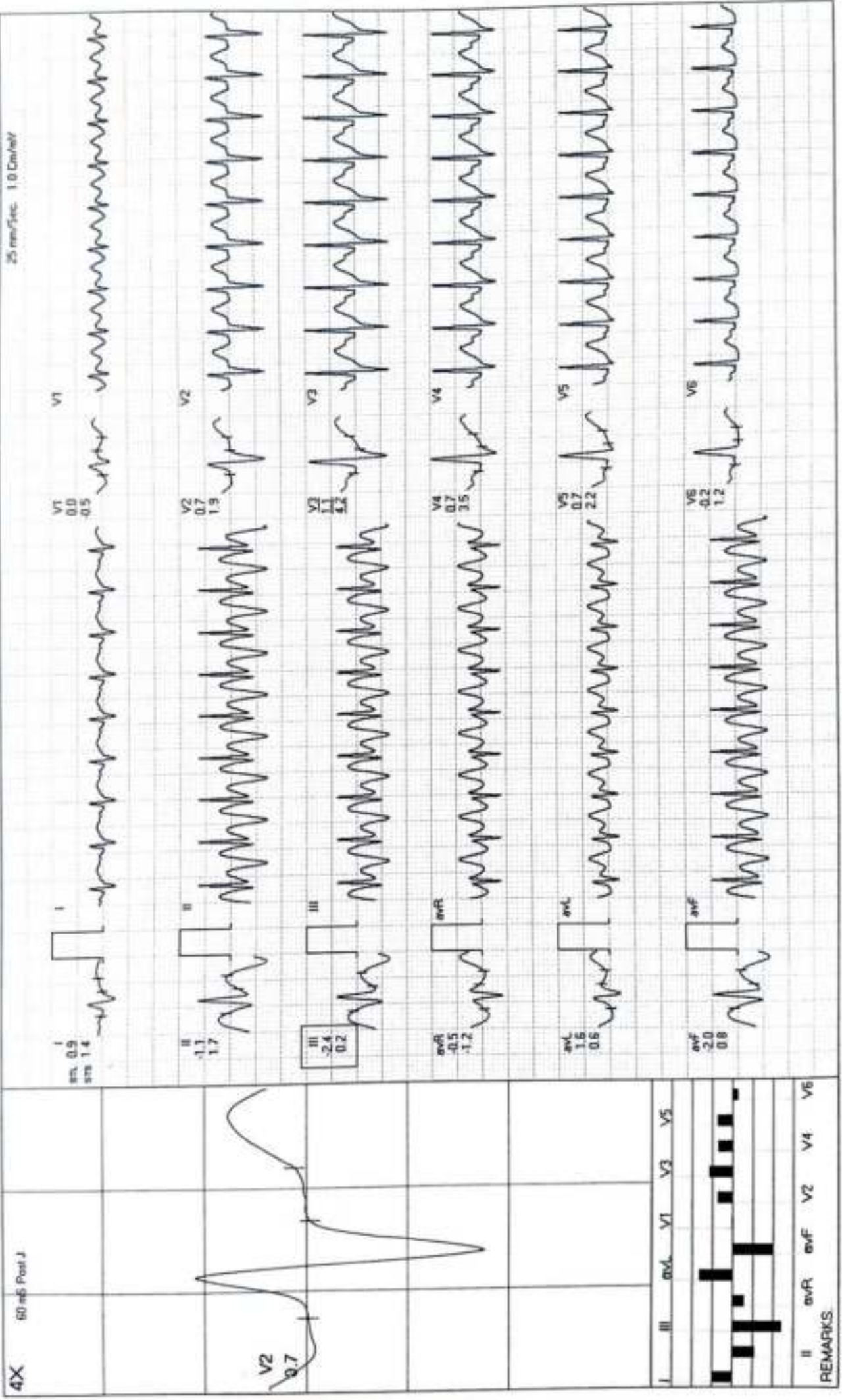
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SOMANSHU CHATURVEDI / 32 Yrs / M / 168 Cms / 73 Kg / HR : 171

PeakEx



Date 30-12-2023 METS 10.3/171 bpm 91% at Th4R BP: 136/90 mmHg Combined Mediana/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz



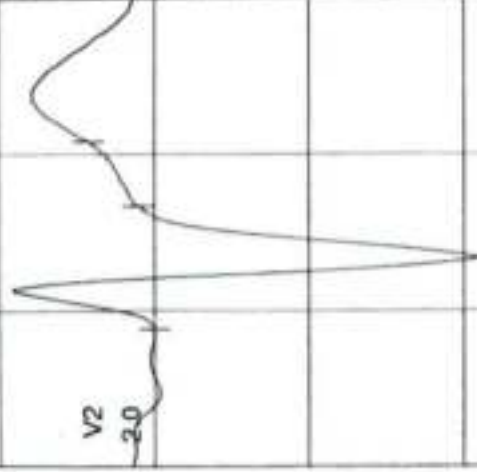
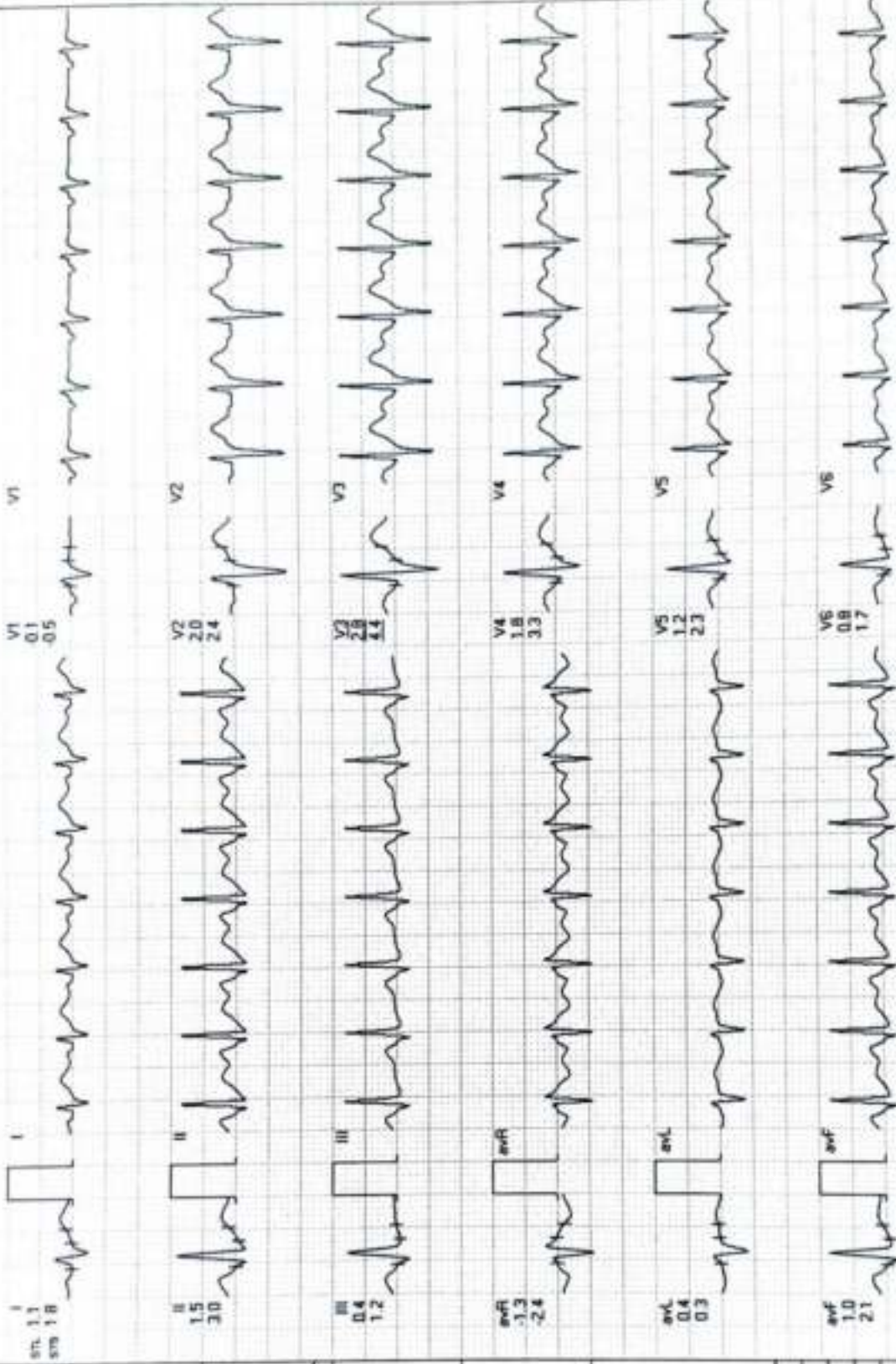
REMARKS

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SOMANSHU CHATURVEDI / 32 Yrs / M / 168 Cms / 73 Kg / HR : 130

Recovery(1:00)

Date: 30-12-2023 METS: 4.3/130 bpm 69% of THR BP: 132/86 mmHg Combined Medians/BLC On/ HF 0.05 Hz/L.F. 35 Hz E-Time: 09:04 0.0 Kmph 0.0%
 4X 60 mS Post J 25 mm/Sec. 1.0 Cm/mV



Lead	ST Segment (mV)
I	1.1
II	1.5
III	0.4
aVR	-1.3
aVL	0.4
aVF	1.0
V1	0.1
V2	2.0
V3	2.8
V4	1.8
V5	1.2
V6	0.8

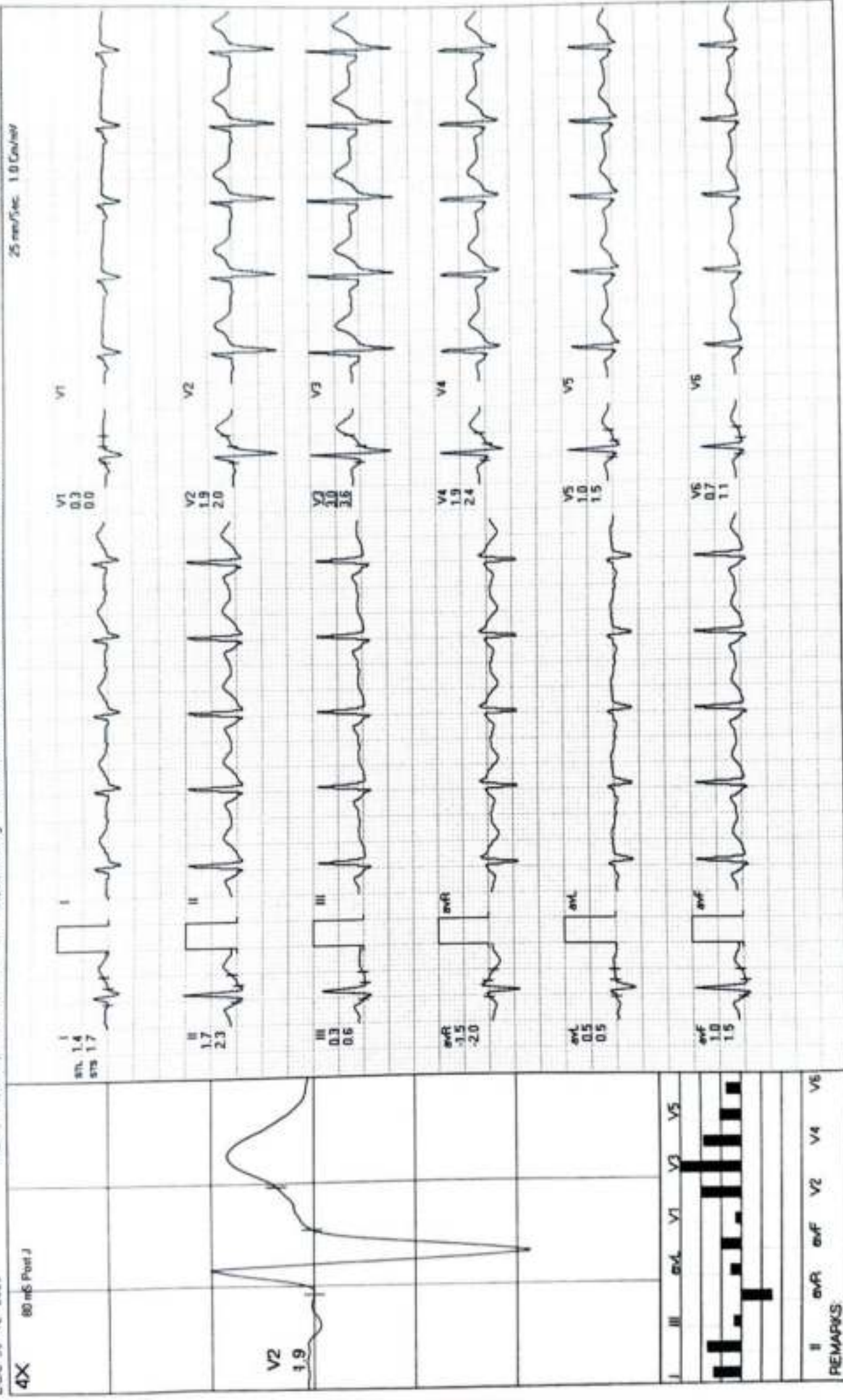
REMARKS: II aVR aVF V2 V4 V6

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SOMANSHU CHATURVEDI / 32 Yrs / M / 168 Cms / 73 Kg / HR . 94

Recovery(2:00)

Date 30-12-2023 METS 1.0/94 bpm 50% of THR BP 128/82 mmHg Combined Medians/BLC On/Notch On/±F 0.05 Hz/AF 35 Hz ErTeme 0904 0.0 rmp/ 0.0%



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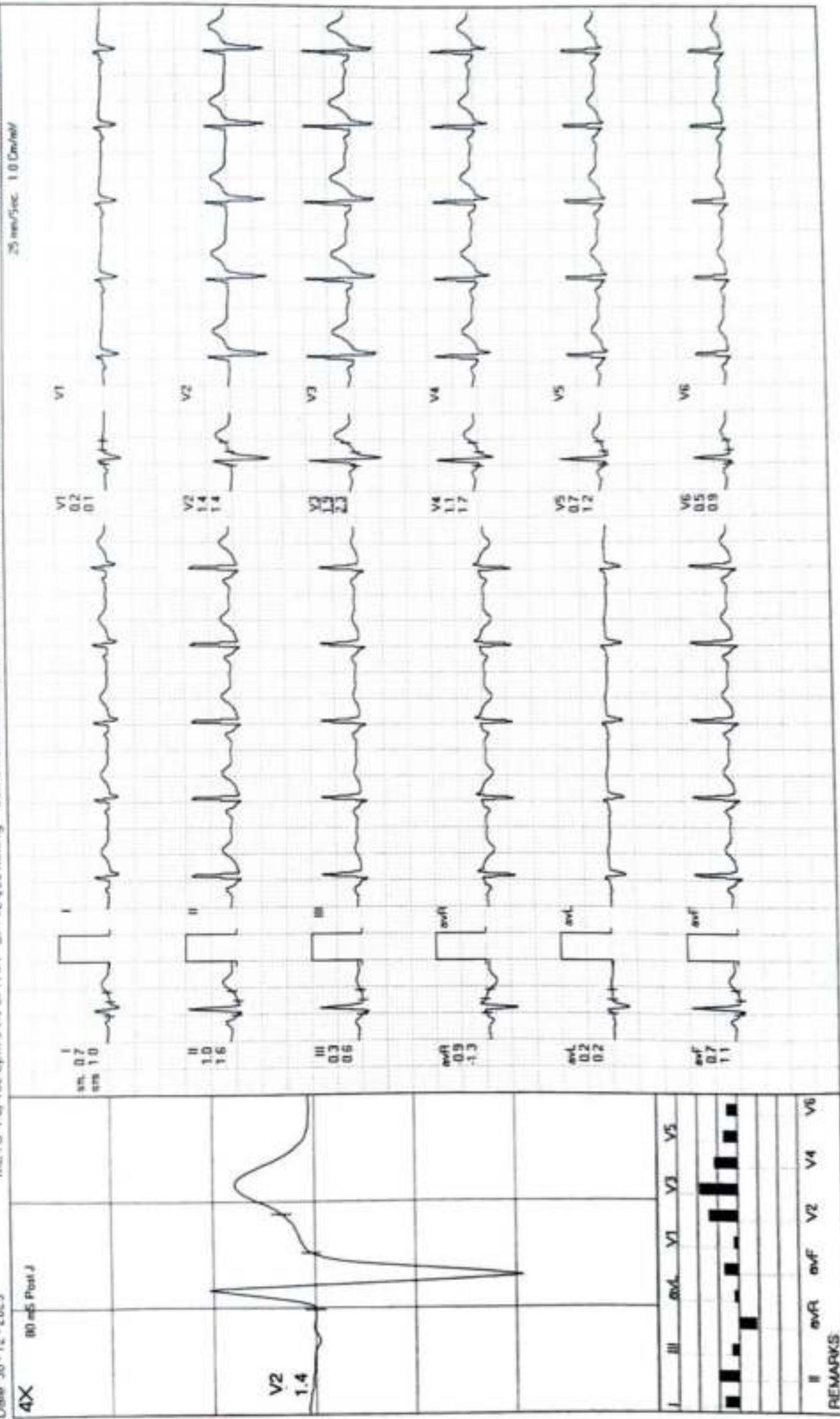
SOMANSHU CHATURVEDI / 32 Yrs / M / 168 Cms / 73 Kg / HR : 102

Recovery(3:00)

ExTime 09:04 0.0 Km/hp 0.0%

METS 1.0 / 102 bpm 54% of THR BP 124/80 mmHg Combined Medians/BLC On/ HF 0.05 HzSLF 35 Hz

Date 30-12-2023



REMARKS

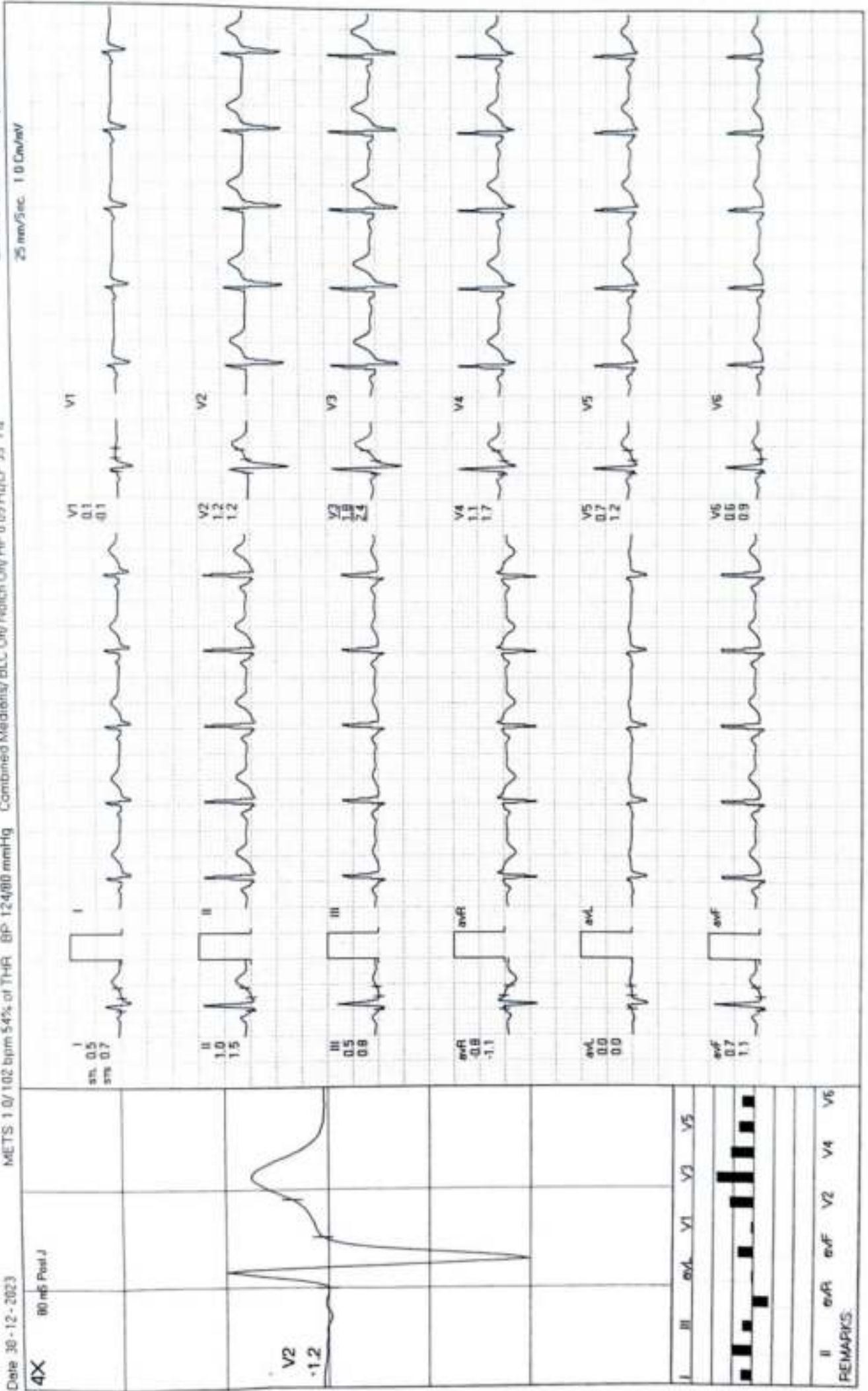
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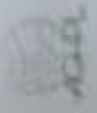
SOMANSHU CHATURVEDI / 32 Yrs / M / 168 Cms / 73 Kg / HR : 102

Recovery(3:08)

ExTime 09:04 0.0 Kmph, 0.0%

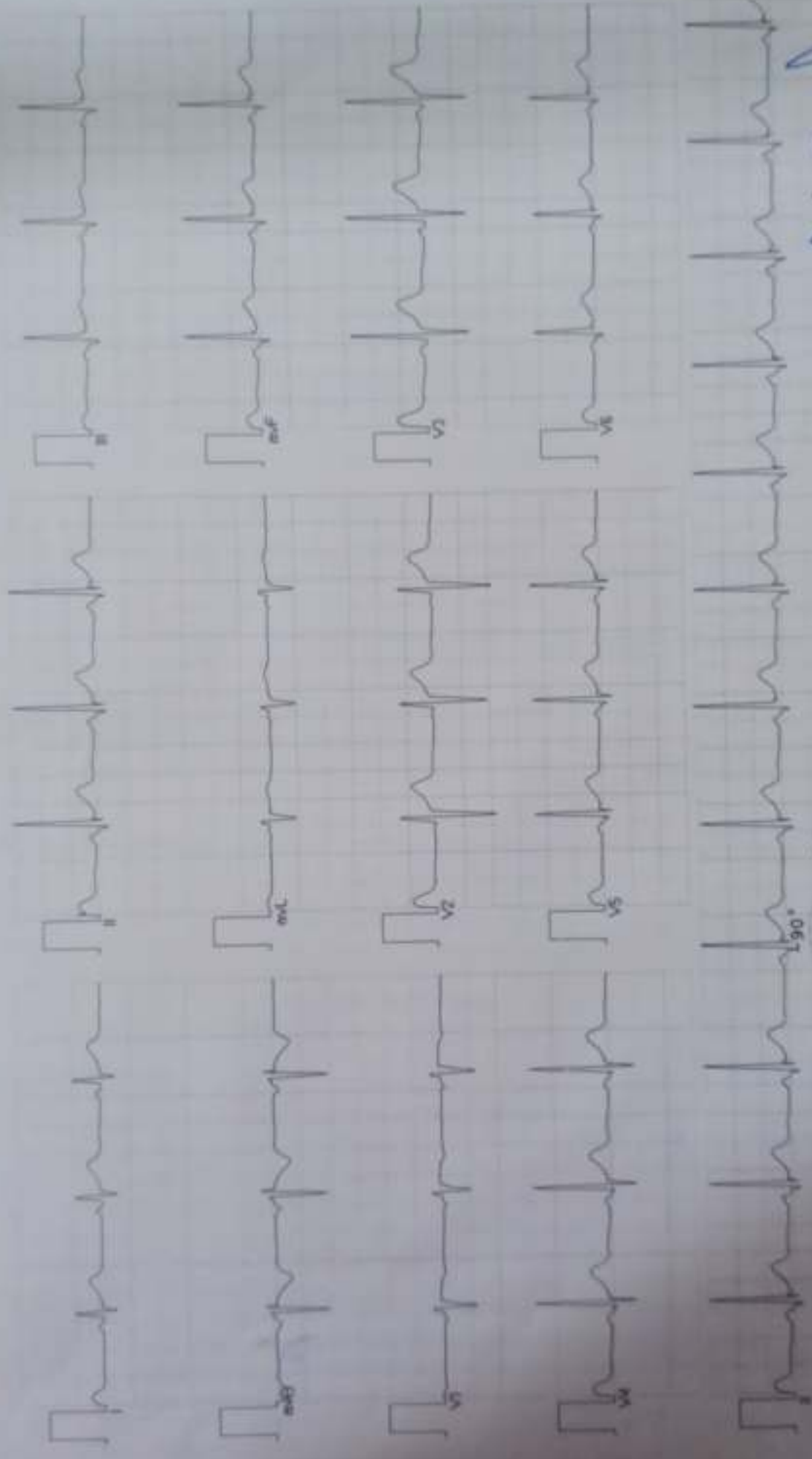
METS 1.0 / 102 bpm 54% of THR BP 124/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz





Modern Pathology And Diagnostic Centre

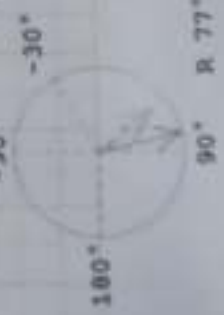
90 / SOMANSHU CHATURVEDI / 32 Yrs / M / 168Cms / 73Kgs / Non Smoker
Heart Rate : 72 bpm / Tested On : 30-Dec-23 11:06:11 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By : APOLLO HEALTH



Heart Rate : 72 bpm
PR Interval : 116 ms
QRS Duration : 90 ms
QT/QTc Int : 362/363 ms
P-QRS-T axis: 61.00° 77.00° 51.00°
Adaptors ECG (Pace) (P#5215191030)

Normal ECG
Somnath Chaturvedi

Dr. Anand
MB
Reg. No. 44533





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TEST REQUEST ID	:012312300027	SAMPLE DATE	:30/Dec/2023 10:49AM
NAME	:Mr. SOMANSHU CHATURVEDI	SAMPLE REC. DATE	:30/Dec/2023 10:49AM
AGE/SEX	:32 YRS/MALE	REPORTED DATE	:02/Jan/2024 12:29PM
REFERRED BY	: Apollo Health and Lifestyle Limited,	BARCODE NO	:01300027

USG WHOLE ABDOMEN-MALE

Liver: is normal in size (144 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 (115 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

Both Kidneys: are normal in size (RK- 1025 x 38 mm & LK -106 x 35 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.

Prostate: is normal in size (30 x 28 x 27 mms, wt = 12.9 gms), shape and echotexture. No focal echovariant lesion is seen. Prostatic capsule appears to be intact. Median lobe is not projecting in UB lumen. Both seminal vesicles appear normal.

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

OPINION: NORMAL STUDY.

DR. PANKAJ UPADHYAYA
Consultant Radiologist

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

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

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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

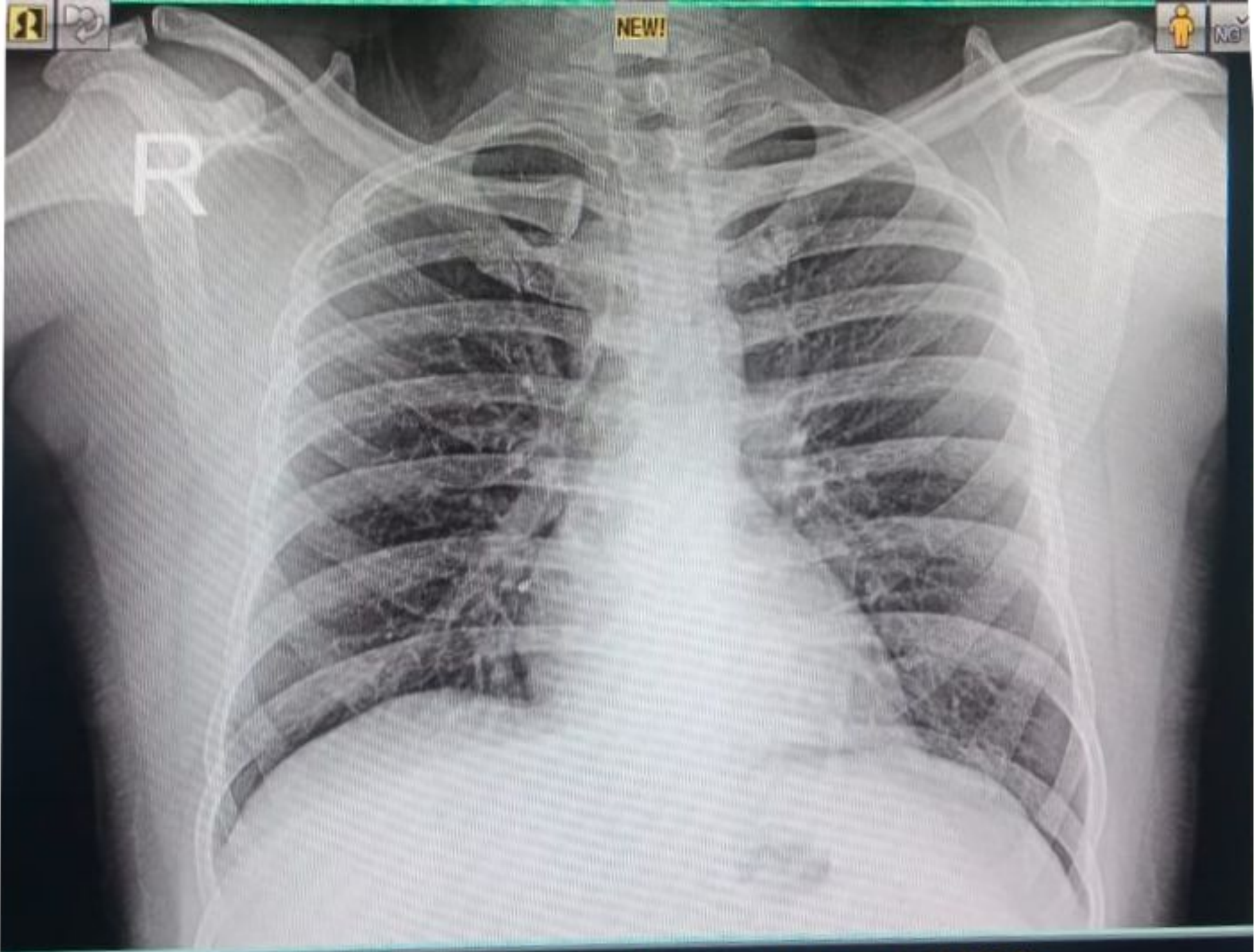
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