

Patient Name : Mr.DHEERAJ YADAV	Collected : 16/Mar/2024 09:14AM
Age/Gender : 39 Y 1 M 25 D/M	Received : 16/Mar/2024 10:19AM
UHID/MR No : CMYS.0000060075	Reported : 16/Mar/2024 12:58PM
Visit ID : CMYSOPV123500	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 881648931111	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA


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M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:BED240070540



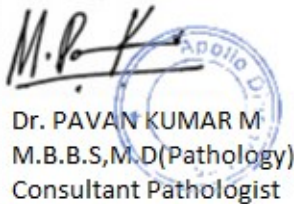
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.2	g/dL	13-17	Spectrophotometer
PCV	46.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.96	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	95	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	47.1	%	40-80	Electrical Impedance
LYMPHOCYTES	43.6	%	20-40	Electrical Impedance
EOSINOPHILS	2.9	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2731.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2528.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	168.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	348	Cells/cu.mm	200-1000	Calculated
BASOPHILS	23.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.08		0.78- 3.53	Calculated
PLATELET COUNT	169000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

R.B.C: Majority are normocytic normochromic.



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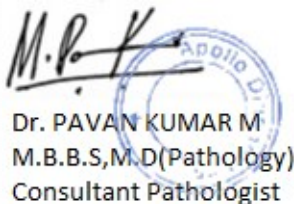
ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

W.B.C: Are normal in number,morphology and distribution.

Platelets: Adequate and are seen in singles and clumps.

Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	95	mg/dl	74-106	GOD, POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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Patient Name : Mr.DHEERAJ YADAV	Collected : 16/Mar/2024 09:14AM
Age/Gender : 39 Y 1 M 25 D/M	Received : 16/Mar/2024 12:50PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	129	mg/dl	70-140	GOD, POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.



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ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	198	mg/dl	0-200	CHOD
TRIGLYCERIDES	137	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	37	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	161	mg/dL	<130	Calculated
LDL CHOLESTEROL	133.76	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.47	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.38		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.21		<0.11	Calculated

Comment:

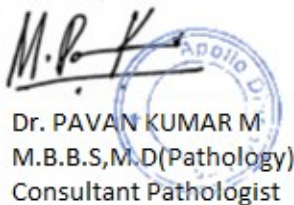
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

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ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.80	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	46	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34.0	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	73.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	7.30	g/dl	6.4-8.3	Biuret
ALBUMIN	4.48	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.82	g/dL	2.0-3.5	Calculated
A/G RATIO	1.59		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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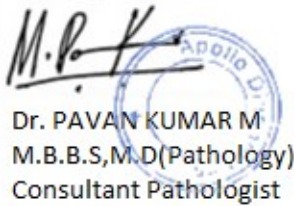


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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.89	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	22.95	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	10.7	mg/dl	6-20	Urease, UV
URIC ACID	6.00	mg/dL	3.5-7.2	Uricase
CALCIUM	10.15	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	2.87	mg/dl	2.7-4.5	Molybdate
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.30	g/dl	6.4-8.3	Biuret
ALBUMIN	4.48	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.82	g/dL	2.0-3.5	Calculated
A/G RATIO	1.59		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	27.00	U/l	0-55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

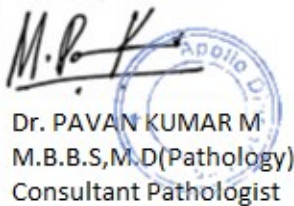
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.21	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.6	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.900	µIU/mL	0.35-4.94	CMIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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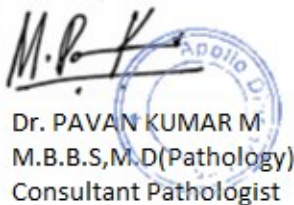
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***


Page 15 of 15



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UR2306737



Name : Mr. DHEERAJ YADAV Address : MYSORE Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 39 Y Sex : M	UHID :CMYS.000060075  OP Number :CMYSOPV123500 Bill No :CMYS-OCR-22685 Date : 16.03.2024 09:01
---	---	--

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	LIVER FUNCTION TEST (LFT)	
3	GLUCOSE, FASTING	
4	HEMOGRAM - PERIPHERAL SMEAR	
5	COMPLETE URINE EXAMINATION	
6	PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	EKG	
8	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Wt - 79.9
9	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
10	HbA1c, GLYCATED HEMOGLOBIN	111 - 166
11	X-RAY CHEST PA	
12	FITNESS BY GENERAL PHYSICIAN → P.	16/80
<input checked="" type="checkbox"/>	BLOOD GROUP ABO AND RH FACTOR	
14	LIPID PROFILE	
15	BODY MASS INDEX (BMI)	
16	OPHTHAL BY GENERAL PHYSICIAN	
17	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr Dheeraj Yadav on 16/03/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> Medically Fit 	✓
<ul style="list-style-type: none"> Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> Unfit 	

Dr. *[Signature]*
Medical Officer
The Apollo Clinic, Mysore.

Apollo Health and Lifestyle Limited

UIN: UB0110T02000910315819
Regd. Office: T. D. NO. 62, Ashoka Rajgopathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
Ph. No. (040) 4904 7777 Fax No. 4904 7744 | Email: enquiry@apollohli.com | www.apollohli.com

APOLLO CLINICS NETWORK KARNATAKA
Bangalore: Sasvaranajudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |
Koramangala | Lalbagh Road | Mysore: (VV Mahallal)

Online appointments: www.apollohli.com

This certificate is not meant for medico-legal purposes

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph **1860 500 7788**

Date : 16-03-2024
MR NO : CMYS.0000060075

Department : GENERAL
Doctor : Dr Umesh H02

Name : Mr. DHEERAJ YADAV

Registration No : 67084

Age/ Gender : 39 Y / Male

Qualification : MBBS MV

Consultation Timing: 09:01

Height : 166	Weight : 79.9	BMI :	Waist Circum :
Temp :	Pulse : 74	Resp : 20	B.P : 110/80 mmHg

General Examination /
Allergies History

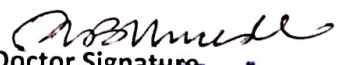
WS
AS
PA/WB

USG of abdomen

Clinical Diagnosis & Management Plan

Ad
Regular Exercise / Dieting

Follow up date :


Doctor Signature
Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 16-03-2024
MR NO : CMYS.0000060075

Department : GENERAL [Ophthal]
Doctor :

Name : Mr. DHEERAJ YADAV

Registration No :

Age/ Gender : 39 Y / Male

Qualification :

Consultation Timing: 09:01

Height : 166 cm	Weight : 79.9	BMI :	Waist Circum :
Temp : 99	Pulse : 90	Resp : 20	B.P : 110/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

16/4/24

Ophthalmic Examination

Wearing ~~single~~ Spectacle.

for short sightedness since 4-5yr

No fresh complaints.

vision (R) (L)

Far 6/6 6/6

Near

Wear short sighted lens

colour (N) (N)

Follow up date :

Doctor Signature



Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 57
Ph : 0821-4006040/41

Lazar surgical correction

ID: 60075

MR DHEERAJ YADAV

Male 39Years

166cm 79kg 110/80 mmHg

16-03-2024 09:45:30 AM

Diagnosis Information:

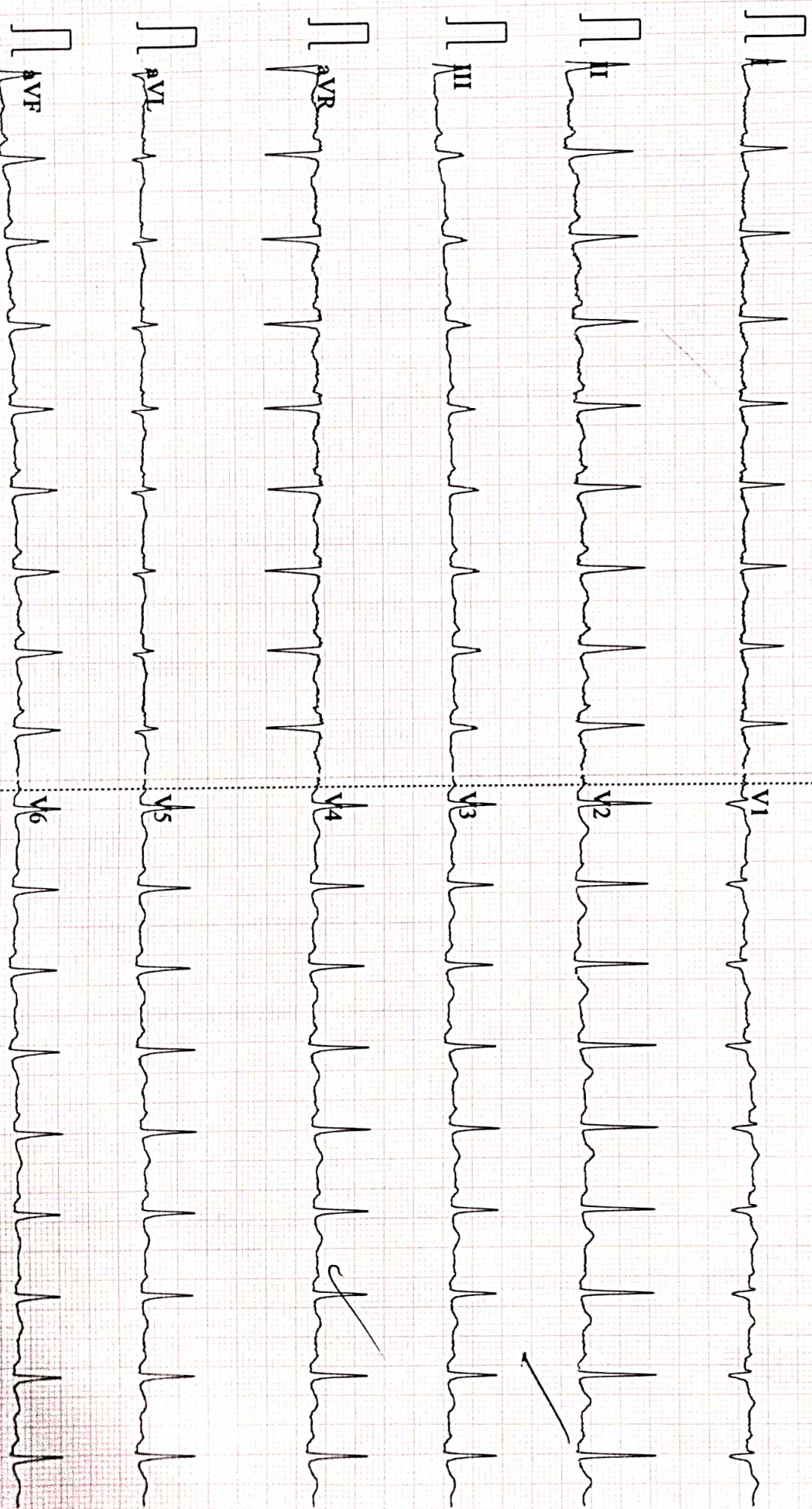
Unconfirmed Report.

Apollo Clinic

23, 1st Floor,

Kalidasa Road, Mysore - 0.

Ph : 0821-4006040/41



Patient Name : Mr. DHEERAJ YADAV
UHID : CMYS.0000060075
Reported on : 16-03-2024 16:36
Adm/Consult Doctor :

Age : 39 Y M
OP Visit No : CMYSOPV123500
Printed on : 16-03-2024 18:40
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Elevated left hemidiaphragm.

Thoracic wall and soft tissues appear normal.

IMPRESSION :

- **Elevated left hemidiaphragm -?cause.**

Suggested CT thorax for further evaluation

Printed on:16-03-2024 16:36

---End of the Report---

Apollo Health and Lifestyle Limited

ICMR UR5110TG2000PLC1158194

Regd. Office: 110-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

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Koramangala | Sarjapur Road | Mysore: VV Mohalla

Online appointments: www.apolloclinic.com



Dr. CHETAN HOLEPPAGOL
MBBS, DNB(RADIO DIAGNOSIS)

Radiology

TO BOOK AN APPOINTMENT

1860 500 7788