



CID : 2405000908
Name : MRS.JAYASHREE NAIK
Age / Gender : 57 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 19-Feb-2024 / 09:44
Reported : 19-Feb-2024 / 11:51

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	13.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.56	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.7	36-46 %	Calculated
MCV	87	80-100 fl	Calculated
MCH	29.0	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	13.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8500	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	29.6	20-40 %	
Absolute Lymphocytes	2516.0	1000-3000 /cmm	Calculated
Monocytes	6.0	2-10 %	
Absolute Monocytes	510.0	200-1000 /cmm	Calculated
Neutrophils	59.1	40-80 %	
Absolute Neutrophils	5023.5	2000-7000 /cmm	Calculated
Eosinophils	4.9	1-6 %	
Absolute Eosinophils	416.5	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	34.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	394000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Calculated
PDW	14.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 28 2-30 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***




Dr.KARAN MAURYA
D.N.B (Path)
Pathologist



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Reported : 20-Feb-2024 / 10:11

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	104	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



Dr.CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist



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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	21.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.0	6-20 mg/dl	Calculated
CREATININE, Serum	1.19	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	53	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	5.3	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	4.6	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	10.3	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	142	135-148 mmol/l	ISE
POTASSIUM, Serum	5.2	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104.0	98-107 mmol/l	ISE

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
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D.N.B (Path)
Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***



MC-2463


Dr. KARAN MAURYA
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	+	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	18-20	0-5/hpf	
Red Blood Cells / hpf	1-2	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	

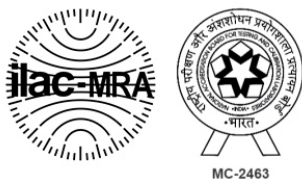
Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

This sample has been tested for bombay group/ bombay phenotype/ OH using anti H letin.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***




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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	177.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	97.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	43.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	133.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	114.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	19.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***




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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.5	3.10-6.80 pmol/L	ECLIA

Note: Kindly note change in reference range and method w.e.f 12-07-2023

Free T4, Serum	17.4	12-22 pmol/L Pregnant Women (pmol/L): First Trimester:12.1-19.6 Second Trimester:9.63-17.0 Third Trimester:8.39-15.6	ECLIA
----------------	------	--	-------

Note: Kindly note change in reference range and method w.e.f 12-07-2023

sensitiveTSH, Serum	4.22	0.270-4.20 mIU/ml Pregnant Women (microIU/ml): First Trimester:0.33-4.59 Second Trimester:0.35-4.10 Third Trimester:0.21-3.15	ECLIA
---------------------	------	---	-------

Note: Kindly note change in reference range and method w.e.f 12-07-2023 TSH values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH. 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1) TSH Values between high abnormal upto 15 microU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid, TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until at least 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1. O. Koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET. Vol 357
3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation: From principles to Practice - Callum G Fraser (AACC Press)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***




Dr. KARAN MAURYA
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Reported : 19-Feb-2024 / 11:56

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.44	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.20	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	24.8	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.6	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	17.2	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	56.4	35-105 U/L	Colorimetric

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*** End Of Report ***



Dr. Chandrakant Pawar

Dr.CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist

Mrs. Jayashree Naik

eGFR: 53

Urine R/m protein ⊕

pus cells: 18-20/hpf

TSH: 4.22

ECG: ST flattening in leads I, II, III, aVL, aVF & lateral leads.

Adv

Stress test

Ref to primary physician



Dr. MILIND SHINDE
MBBS, DNB Medicine
Reg. No. 2011/05/1544



Date:- 19/02/2024

CID: 2405000908

Name:- Mrs. Jayashree Naik

Sex/Age: F / 57 Years.

EYE CHECK UP

Chief complaints:

no from copy

Systemic Diseases:

HTH since 5-6 yrs

Past history:

} no -

Unaided Vision:

Aided Vision:

Refraction:

refraction error since 17 yrs.

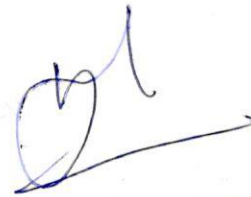
(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	N/G	—	—	—	N/G

Colour Vision: Normal / Abnormal

Remark:



Dr. MILIND SHINDE
MBBS, DNB Medicine
Reg. No. 2011/05/1544



NAME: MRS. Jayashree Naik.

AGE: 57 Y / F.

REGN DATE: 19/02/2024.

CID: 2405000908.

GYNAEC CHECK-UP

History

MH - Past Present *menopause — 10 years back*

Obs. History - *— 2 FTND LM-25*

Prev Illness - *H/O of hypertension on antihypertensives*

Prev Op - *— NO/H/O any surgeries*

Drugs - *— NO*

Breasts:

R - *(N)*

L - *(N)*

PA - *soft*

PS - *mid vaginitis*

PV - *— UTAVAT*

Impression - *bulky*

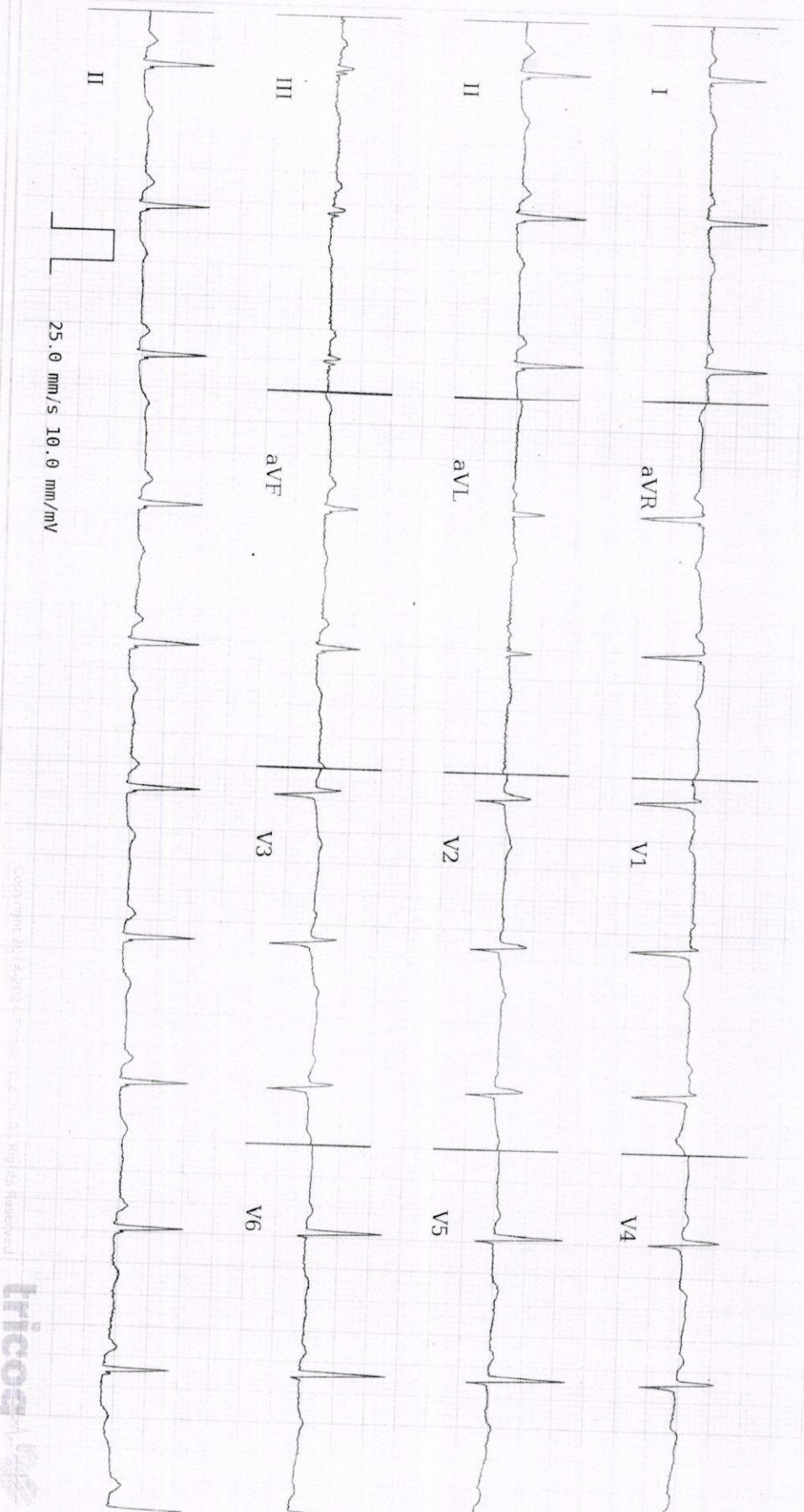
DR. (MRS) PRAYADA M. TELANG
Reg. No. 694191
DIPLOMA IN LABORATORY CLINIC, KONDHWA.
KONDHWA, PUNE-411 040.

Sm
19/2/2024

Patient Name: JAYASHREE NAIK
Patient ID: 2405000908

SUBURBAN DIAGNOSTICS - LULLANAGAR, PUNE

Date and Time: 19th Feb 24 9:42 AM



Age 57 NA NA
years months days

Gender **Female**

Heart Rate 65bpm

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 78ms
QT: 414ms
QTcB: 430ms
PR: 164ms
P-R-T: 62° 38° 9°

SINUS RHYTHM ST FLATTENING INFERIOR AND LATERAL LEADS ADV - STRESS TEST AND CLINICAL CORRELATION. Please correlate clinically.

REPORTED BY

[Signature]

Dr. Milind Shinde
MBBS, DNB Medicine
2011/05/1544



Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

PATIENT NAME: MRS. JAYASHREE NAIK.

AGE: 57/ YEARS/FEMALE .

DATE:19.02.2024.

CID NO:2405000908.

2D ECHOCARDIOGRAPH & COLOUR DOPPLER

M - Mode values

Doppler Values

AORTIC ROOT (mm)	30	PULMONARY VEL (m/sec)	0.9
LEFT ATRIUM (mm)	30	PG (mmHg)	3
RV (mm)	10	AORTIC VEL (m/sec)	1.2
IVS - D (mm)	11	PG (mmHg)	6
LVID - D (mm)	41	MITRAL E WAVE (m/sec)	1.1
LVID - S (mm)	24	A WAVE (m/sec)	0.6
LVPW - D (mm)	10	TRICUSPID VEL. (m/sec)	
EJECTION FRACTION (%)	60	PG (mmHg)	

REPORT:

Normal size LV.
Normal LV systolic function, LVEF 60 %
No regional wall motion abnormality.
Normal sized other cardiac chambers.

Mitral valve has normal leaflets with normal flow. No mitral regurgitation. Normal flow velocities noted across the valve.
Aortic valve has three thin leaflets with normal structure and function.No aortic regurgitation.
Normal Tricuspid & pulmonary valves.
No tricuspid regurgitation.
PA pressures Normal.

Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.

IMPRESSION :

NORMAL LV SIZE AND FUNCTION.
NORMAL VALVES.
NORMAL PA PRESSURE.

....End of Report....



Dr. Anuja Mulay, Cardiologist.
M. D., D.N.B Card.

Dr. ANUJA MULAY
M.B.B.S, MD, DNB (CARDIOLOGY)
Reg. No. 2003/03/1418

CID : 2405000908
Name : Mrs JAYASHREE NAIK
Age / Sex : 57 Years/Female
Ref. Dr :
Reg. Location : Lulla Nagar, Pune Main Centre

Use a QR Code Scanner
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Reg. Date : 19-Feb-2024
Reported : 19-Feb-2024 / 17:49

X-RAY CHEST PA VIEW

Mild Prominence of bronchovascular marking noted.
Bilateral lung fields appears clear.

No obvious consolidation/cavitation.
The cardiac shadows apperas normal.

The domes of the diaphragm are normal.
The cardio and costophrenic angles are clear.
Bony thorax is normal.

Advice - Clinical and lab correlation.

Please note:- Investigations have their limitations. Radiological / Pathological and other investigations never confirm the final Diagnosis. They help in Diagnosing the Disease in correlation to clinical symptom and other related test. Please interpret accordingly and suggest further investigations / Second opinion if clinically indicated. In case of any typing errors please send the report back for correction.

-----End of Report-----

Nshah
Dr. NAVED SHAH
RADIOLOGIST
MBBS DMRE
Reg.No 2009/06/2724

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