



CID : 2431420276
Name : MR.AMIT PRATAP KUJUR
Age / Gender : 40 Years / Male
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 09-Nov-2024 / 08:58
Reported : 09-Nov-2024 / 12:27

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	15.4	13.0-17.0 g/dL	Spectrophotometric
RBC	6.85	4.5-5.5 mil/cmm	Elect. Impedance
PCV	49.9	40-50 %	Calculated
MCV	72.8	81-101 fl	Measured
MCH	22.5	27-32 pg	Calculated
MCHC	30.9	31.5-34.5 g/dL	Calculated
RDW	15.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6780	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	25.2	20-40 %	
Absolute Lymphocytes	1708.6	1000-3000 /cmm	Calculated
Monocytes	8.9	2-10 %	
Absolute Monocytes	603.4	200-1000 /cmm	Calculated
Neutrophils	63.9	40-80 %	
Absolute Neutrophils	4332.4	2000-7000 /cmm	Calculated
Eosinophils	1.3	1-6 %	
Absolute Eosinophils	88.1	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	47.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	192000	150000-410000 /cmm	Elect. Impedance
MPV	10.2	6-11 fl	Measured
PDW	23.6	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	Mild		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 3 2-15 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 SDRL, Vidyavihar Lab

*** End Of Report ***



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist



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<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	92.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	84.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.69	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.47	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.7	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	32.0	<34 U/L	Modified IFCC
SGPT (ALT), Serum	47.9	10-49 U/L	Modified IFCC
GAMMA GT, Serum	111.2	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	98.5	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	20.9	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.8	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.96	0.73-1.18 mg/dl	Enzymatic



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eGFR, Serum	102	(ml/min/1.73sqm)	Calculated
		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	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

URIC ACID, Serum	8.6	3.7-9.2 mg/dl	Uricase/ Peroxidase
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*** End Of Report ***



Dr. ANUPA DIXIT
M.D.(PATH)
Consultant - Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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.

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*** End Of Report ***



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Brown	Brown	-
Form and Consistency	Semi solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Acidic (6.5)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<u>MICROSCOPIC EXAMINATION</u>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present ++	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.010	1.002-1.035	Refractive index
Reaction (pH)	5.5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	0.8	0-5/hpf	
Red Blood Cells / hpf	0.2	0-2 /hpf	
Epithelial Cells / hpf	0.0	0-5/hpf	
Hyaline Casts	0.0	0-1/hpf	
Pathological cast	0.7	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.1	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	30.9	0-29.5/hpf	
Yeast	Absent	Absent	



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Note: Microscopic examination performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.

Others -

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	172.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	225	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	46.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	125.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	95	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
Note: LDL test is performed by direct measurement			
VLDL CHOLESTEROL, Serum	30.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.7	3.5-6.5 pmol/L	CLIA
Free T4, Serum	19.6	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.204	0.55-4.78 microU/ml	CLIA



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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 upto15 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 trasiently altered becuae 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 atleast 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)

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FUS and KETONES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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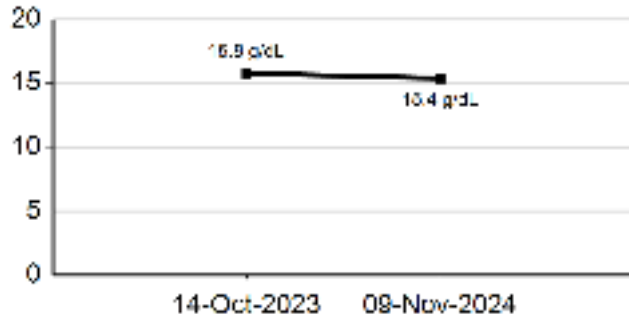
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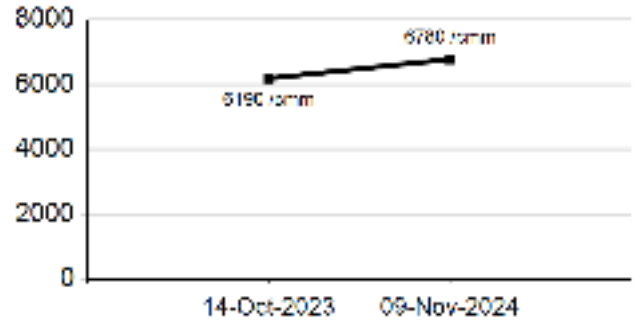
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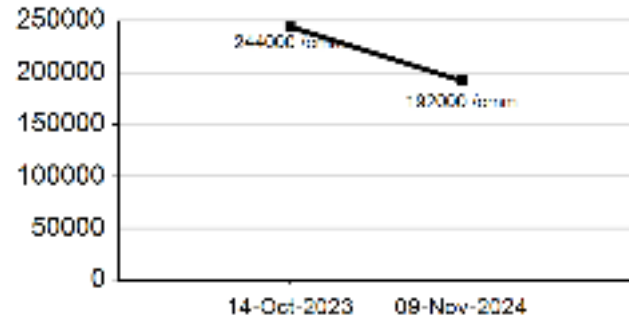
Haemoglobin



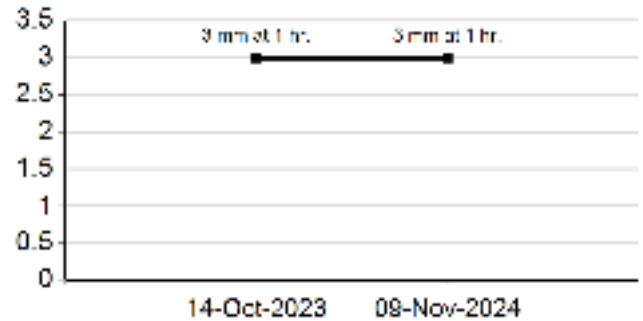
WBC Total Count



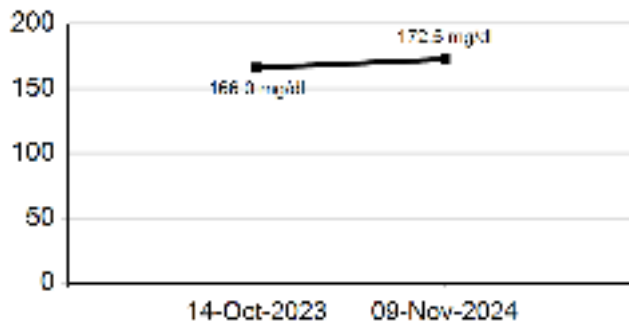
Platelet Count



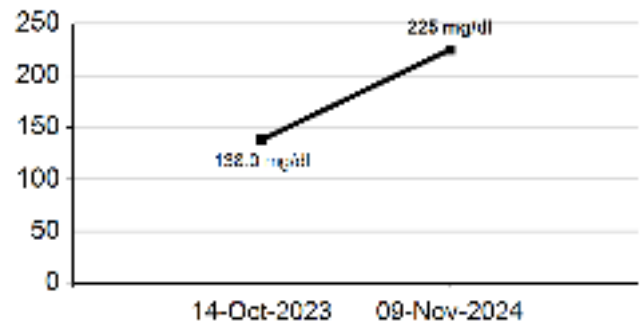
ESR



CHOLESTEROL



TRIGLYCERIDES

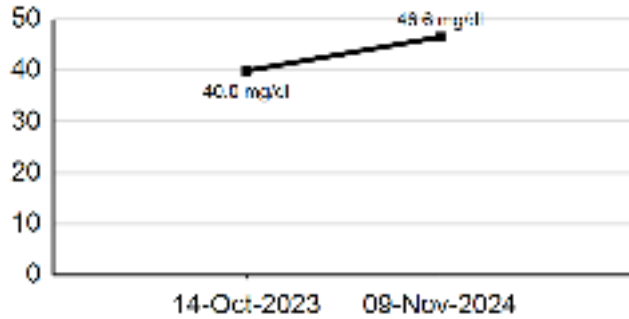




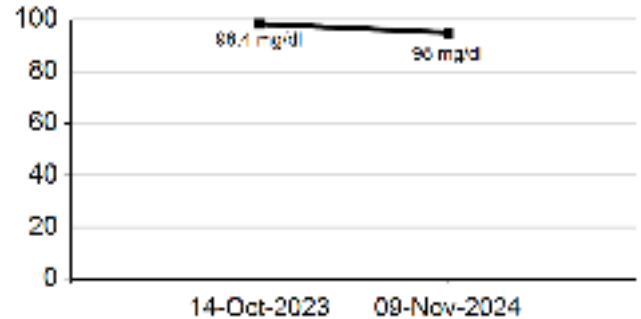
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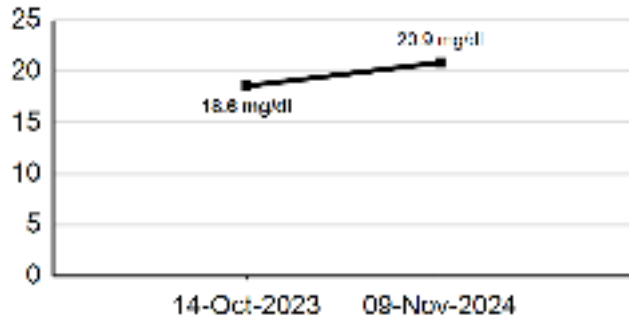
HDL CHOLESTEROL



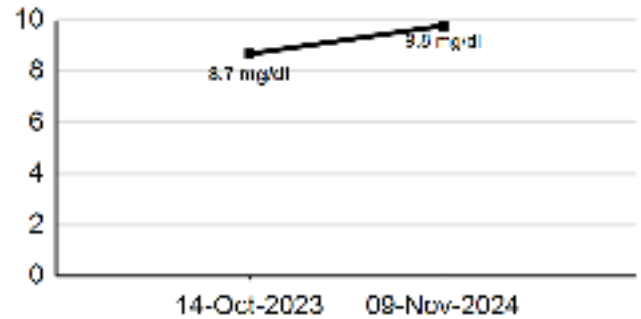
LDL CHOLESTEROL



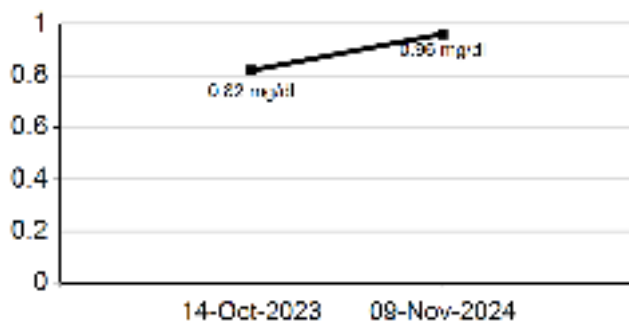
BLOOD UREA



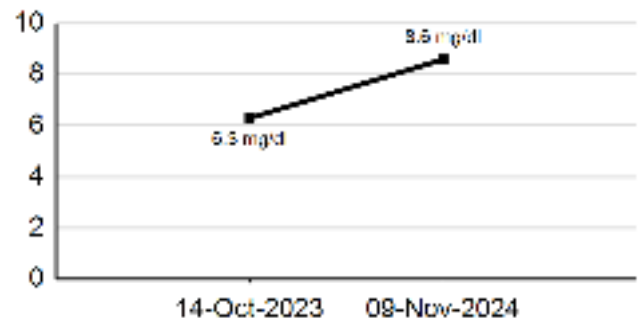
BUN



CREATININE



URIC ACID

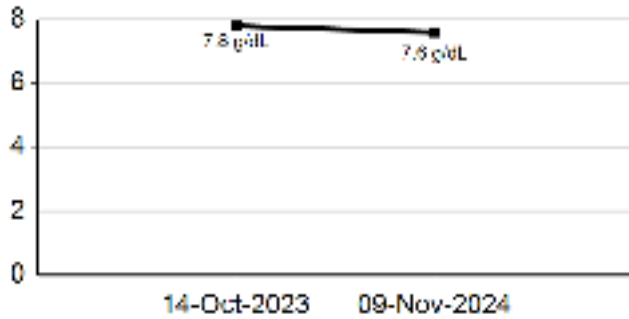




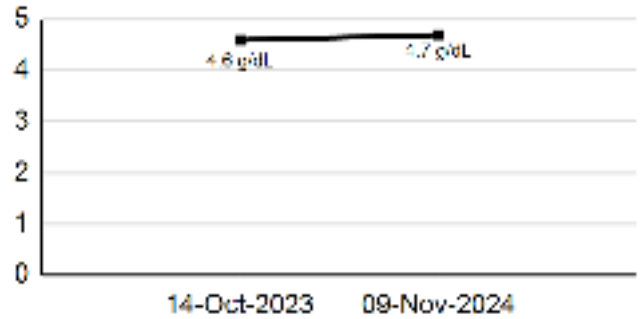
Use a QR Code Scanner Application To Scan the Code

CID : 2431420276
 Name : MR.AMIT PRATAP KUJUR
 Age / Gender : 40 Years / Male
 Consulting Dr. : -
 Reg. Location : Kalina, Santacruz East (Main Centre)

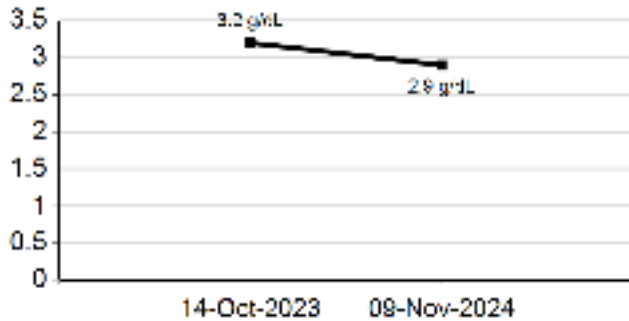
TOTAL PROTEINS



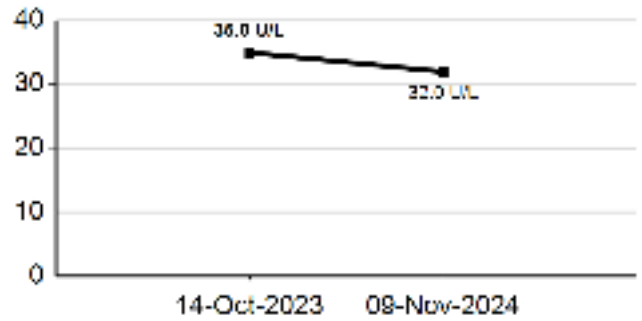
ALBUMIN



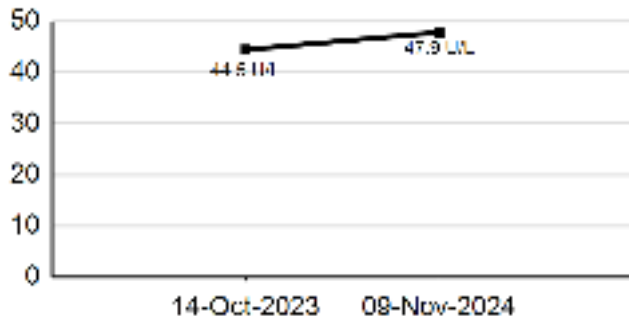
GLOBULIN



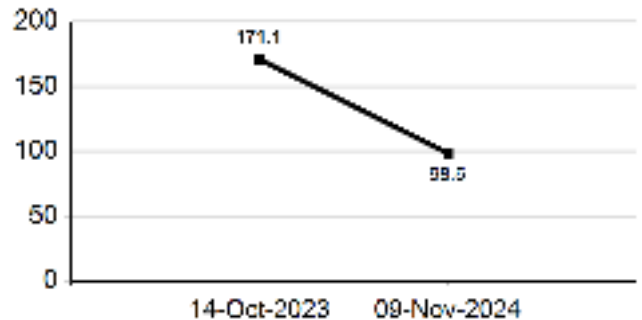
SGOT (AST)



SGPT (ALT)



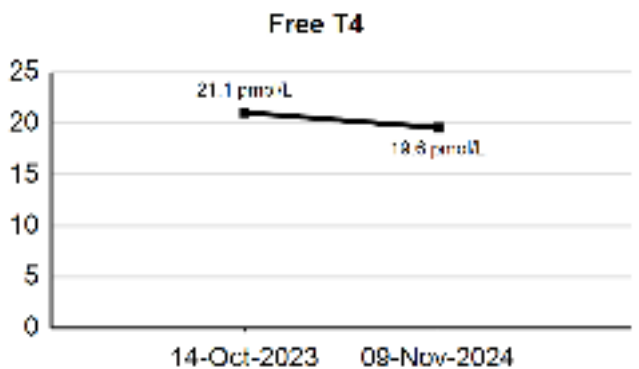
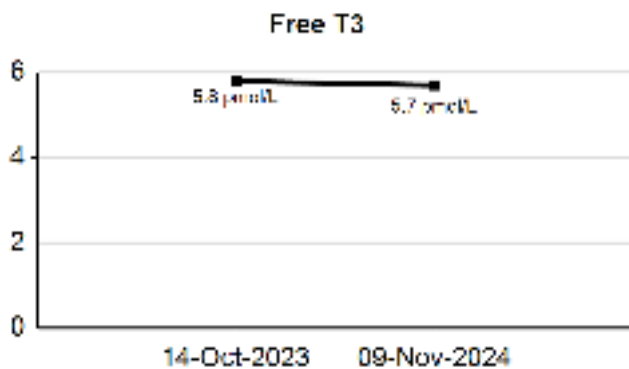
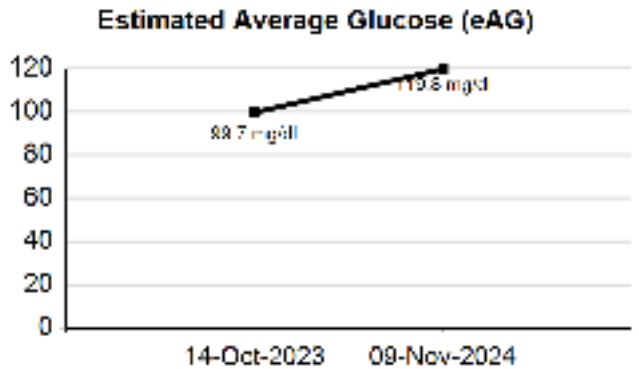
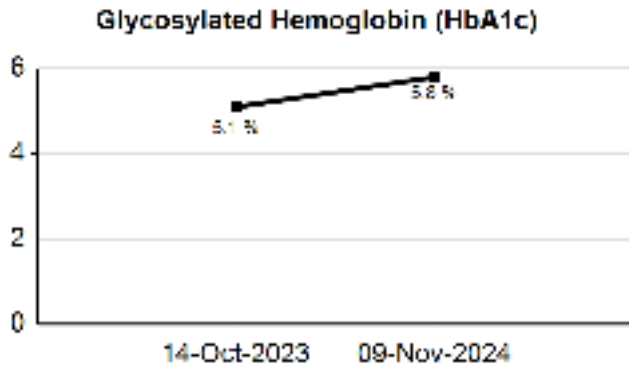
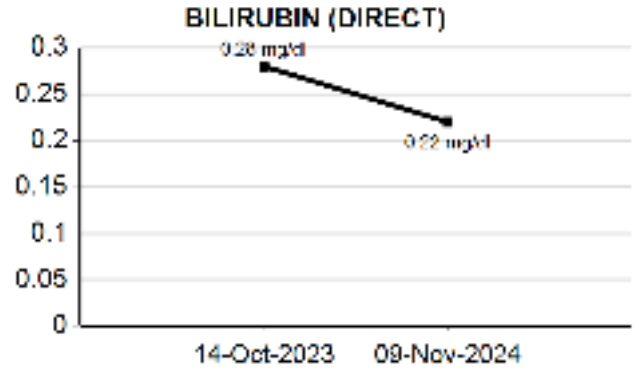
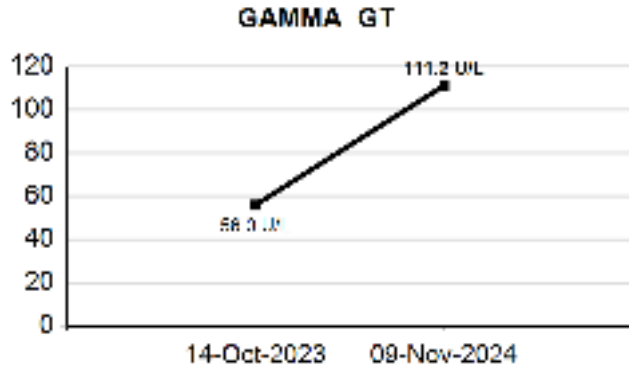
ALKALINE PHOSPHATASE





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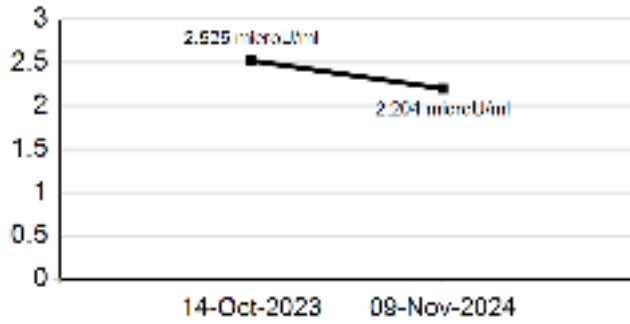




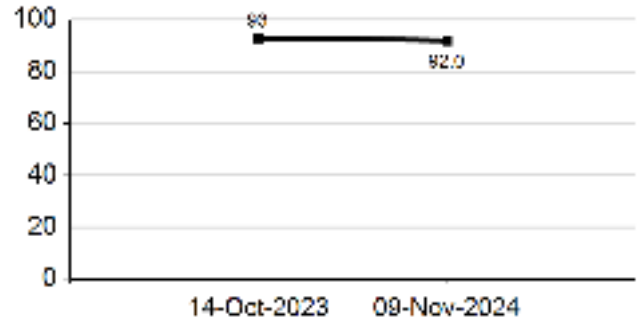
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sensitiveTSH



GLUCOSE (SUGAR) FASTING

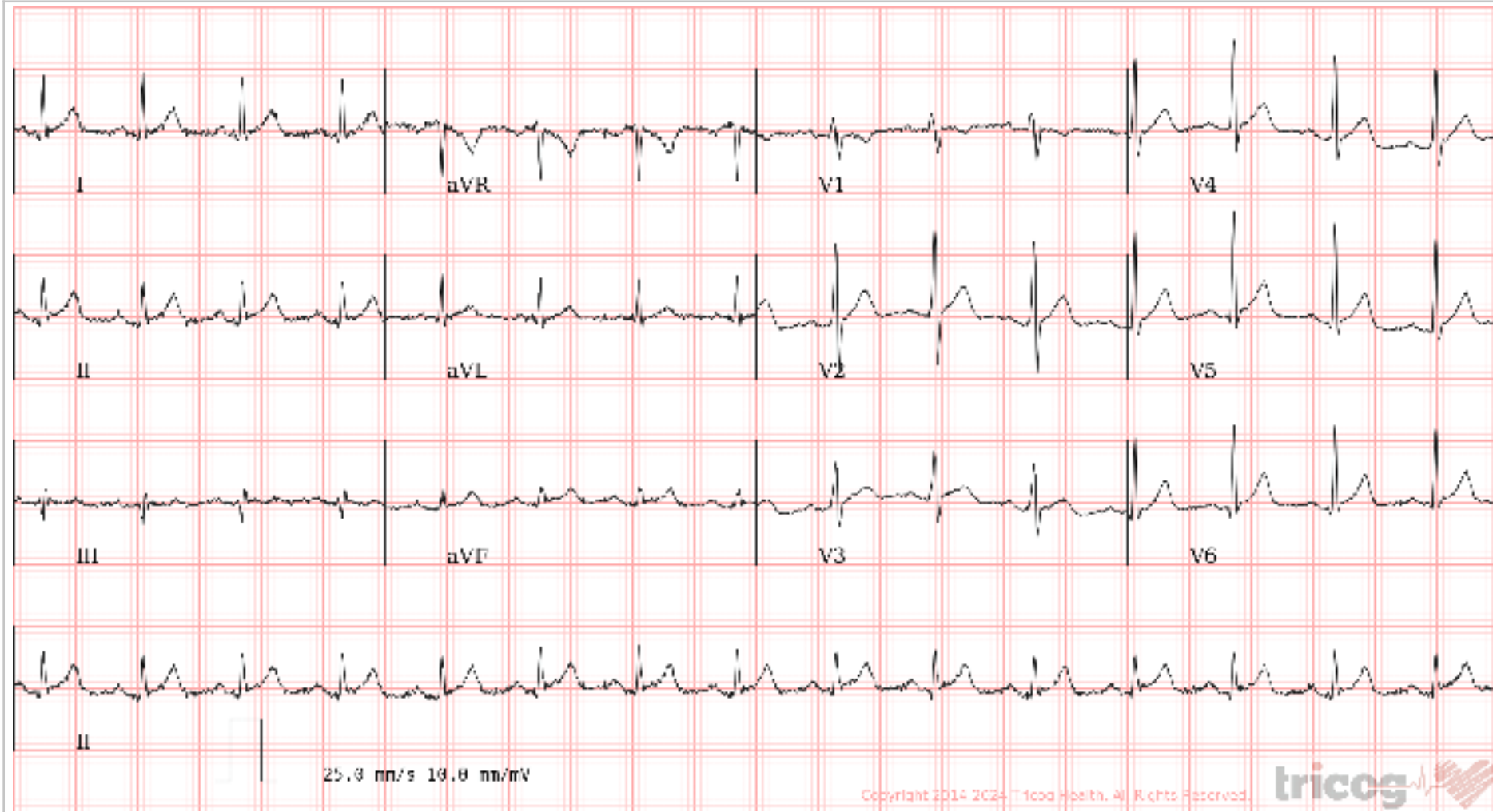


SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: AMIT PRATAP KUJUR
Patient ID: 2431420276

Date and Time: 9th Nov 24 10:04 AM



Age **40** NA NA
years months days

Gender **Male**

Heart Rate **93bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 96ms
QT: 344ms
QTcB: 427ms
PR: 156ms
P-R-T: 49° 22° 38°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

Dr Naveed Sheikh
PGDCC
2016/11/4694



[Handwritten signature]
[Handwritten signature]
9512744608

Suburban Diagnostics Pvt. Ltd.
1st Floor, Santalim, L.D. Bank,
Opp. Santalim, CST Road,
Tel. No. 022-61700000

PHYSICAL EXAMINATION FORM

Patient Name: Mr. Amit Kujur CID: 2431420276 Sex/Age: M/40

Date: 09/11/24

History and Complaints:

- Htn: 2yrs on Rx: 4yr

EXAMINATION FINDINGS:

Height: 174.4

Temp:

Weight: 78

Skint:

Blood Pressure: 150/100

Nails:

Pulse:

Lymph Node:

Systems

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

NAD

IMPRESSION:

Comp 4+ III. HbA1c 5.8
Urine @ trace of blood
TB 225 NAD 126, WBC 31
USG grade I fatty liver

ADVICE:

Refer to physician.

CHIEF COMPLAINTS:

- 1) Hypertension:
- 2) IHD
- 3) Arrhythmia
- 4) Diabetes Mellitus
- 5) Tuberculosis
- 6) Asthma
- 7) Pulmonary Disease
- 8) Thyroid/ Endocrine disorders
- 9) Nervous disorders
- 10) GI system
- 11) Genital urinary disorder
- 12) Rheumatic joint diseases or symptoms
- 13) Blood disease or disorder
- 14) Cancer/lump growth/cyst *NO*
- 15) Congenital disease
- 16) Surgeries

PERSONAL HISTORY:

- 1) Alcohol *180ml twice a wk °° 7 yrs*
- 2) Smoking *1-2/day °° 2 yrs*
- 3) Diet *Mixed.*
- 4) Medication *Telma AM 40*

D. G. Katarikar

Dr. D.G. KATARIKAR
R.No. 61867 M.D.(OB.GY)

Date:- 09/11/24

CID: 243142027-6

Name:- Mr Amit Kujur

Sex / Age: M / 40

EYE CHECK UP

Chief complaints:

g NIT

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

g N-5

Refraction:

(Right Eye)

(Left Eye)

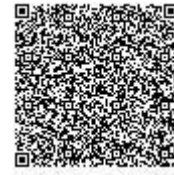
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				<i>6/6</i>				<i>6/6</i>
Near				<i>N-5</i>				<i>N-5</i>

Colour Vision: Normal / Abnormal

Remark: *Normal Study*

D.G.

Dr. D.G. HATAALKAR
R.No. 51067 M.D. (Ob.Gy)



Use a QR Code Scanner
Application To Scan the Code

CID : 2431420276
Name : Mr Amit Pratap kujar
Age / Sex : 40 Years/Male
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre
Reg. Date : 09-Nov-2024
Reported : 09-Nov-2024/12:47

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.3 cm), shape and smooth margins. It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 10.0 x 4.8 cm. Left kidney measures 10.5 x 5.6 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

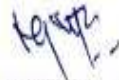
PROSTATE:

The prostate is normal in size 3.2 x 2.3 x 3.0 and volume is 11.6 cc.

IMPRESSION:

- Grade-I fatty liver.
- No other significant abnormality is seen.

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

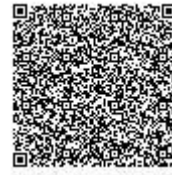

DR MAHIMA SETHI
(MBBS, MD RADIOLOGY)
REG NO . 2018/12/6157



Use a QR Code Scanner
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Name : Mr Amit Pratap kujur
Age / Sex : 40 Years/Male
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre

Reg. Date : 09-Nov-2024
Reported : 09-Nov-2024/12:47



CID : 2431420276
Name : Mr Amit Pratap kujur
Age / Sex : 40 Years/Male
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre

Reg. Date : 09-Nov-2024
Reported : 11-Nov-2024/08:06

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size is within normal limits.

The domes of diaphragm are normal in position and outlines.

The visualized bony thorax appears normal.

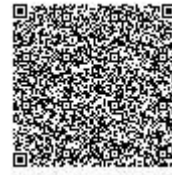
IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

SUGGEST CLINICAL CORRELATION.

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

Dr. Vishal Kumar Mulchandani
MD DMRE
REG No : 2006/03/1660
Consultant Radiologist



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Application To Scan the Code

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