

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003 Phone: 0522-4062223, 9305548277, 8400888844

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CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Mr.ASIF Visit No : CHA250041181

 Age/Gender
 : 30 Y/M
 Registration ON
 : 07/Mar/2025 12:45PM

 Lab No
 : 10138476
 Sample Collected ON
 : 07/Mar/2025 12:45PM

Referred By : Dr.AZHAR HUSSAIN Sample Received ON

Refer Lab/Hosp : CHARAK NA Report Generated ON : 07/Mar/2025 05:52PM

SKIAGRAM CHEST PA VIEW

• Both lung fields are clear.

• Bilateral hilar shadows are normal.

- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and body cage are seen normally.
- Both domes of diaphragm are sharply defined.

OPINION

• NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Rachna







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NCCT STUDY OF HEAD

Infratentorial

- Cerebellopontine angle and prepontine cisterns are seen normally.
- Fourth ventricle is normal in size and midline in location.
- Cerebellar parenchyma and brain stem appears to be normal.

<u>Supratentorial</u>

- Bilateral cerebral parenchyma shows normal gray and white matter differentiation.
- No subdural or extradural collection is seen.
- Third and both lateral ventricles are normal in size.
- Basal cisterns are clear.
- No midline shift is seen.

Bony architecture

- No obvious fracture is seen.
- Soft tissue scalp swelling is seen in right posterior parietal region.

IMPRESSION:

- NO POST TRAUMATIC INTRACRANIAL PATHOLOGY IS SEEN.
- SOFT TISSUE SCALP SWELLING IN RIGHT POSTERIOR PARIETAL REGION.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by R R...



*** End Of Report ***