

Patient Name : Ms.NIRMALA SINGH Visit No : CHA250043035
Age/Gender : 55 Y/F Registration ON : 10/Mar/2025 01:05PM
Lab No : 10140330 Sample Collected ON : 10/Mar/2025 01:05PM
Referred By : Dr.NIRUPAM PRAKASH Sample Received ON :
Refer Lab/Hosp : CGHS (DEBIT) Report Generated ON : 10/Mar/2025 04:25PM

ECG -REPORT

RATE : 93 bpm
* RHYTHM : Normal
* P wave : Normal
* PR interval : Normal
* QRS Axis : Normal
Duration : Normal
Configuration : Normal
* ST-T Changes : None
* QT interval :
* QTc interval : Sec.
* Other :

OPINION: ECG WITH IN NORMAL LIMITS
(FINDING TO BE CORRELATED CLINICALLY)

[DR. RAJIV RASTOGI, MD, DM]

CHARAK



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HIGH RESOLUTION ULTRASOUND STUDY OF BOTH BREASTS
Study performed with 10.0MHz high frequency linear probe.

- **Right breast** The breast architecture on right side shows homogeneous echotexture of parenchyma. Normal nipple areola complex is seen. No well formed space occupying lesion is seen.
- **Left breast** The breast architecture on left side shows homogeneous echotexture of parenchyma. Normal nipple areola complex is seen. No well formed space occupying lesion is seen.
- No abnormal calcification is identified in either breast.
- Subareolar region appears normal. No abnormal ductal dilatation is seen.
- Axillary tail is normal. No obvious axillary lymphadenopathy is seen.

IMPRESSION:

- **BOTH BREASTS – NORMAL (BIRADS – I CATEGORY).**

Clinical correlation is necessary.

DR. NISMA WAHEED
MD, RADIODIAGNOSIS

(Transcribed by Rachna)

CHARAK



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SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are normal.
- Cardiac shadow is at upper limits of normal.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

OPINION

- **NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.**

CHARAK

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed By: Priyanka

*** End Of Report ***

