Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroleum Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	Jugraj Singh
Forenames	
Address	
Home telephone number	

Place of examination	Date 26/11/23		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 11/5/88	Nationality: INDIAN	Country of birth:	Religion:
☑ Male ☐ Female	☐ Married ☐ Single ☐ Separated /Divorced	Relationship to employee ☐ Wife ☐ Son ☐ Daughter	Number of children:
Reason for examination	Pre-Employment ☐ Job:		
	Pre-Overseas ☐ Area:		
Name and address of family doctor		List your last 3 jobs	
		(1)	
		(2)	
Are you a Registered Disabled Person? (UK only) ☐		Do you belong to any Medical Insurance Scheme? ☐	

DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)

	Y	N		Y	N		Y	N
1. Sinus trouble		✓	21. Cancer		✓	HAVE YOU EVER BEEN:-		
2. Neck swelling/glands		✓	22. Heart Disease		✓	40. Rejected for employment or insurance for medical reasons		✓
3. Difficulty in vision		✓	23. Rheumatic fever		✓			
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	41. Awarded benefits for industrial injury/illness		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓			
6. Hayfever /other significant allergy		✓	26. Stroke		✓	42. Treated for a mental condition, e.g. depression		✓
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓	43. Treated for problem drinking or drug abuse		✓
9. Shortness of breath		✓	29. Kidney disease		✓			
10. Coughed/vomited blood		✓	30. Blood in urine		✓	44. Exposed to toxic substance or noise		✓
11. Severe abdominal pain		✓	31. Diabetes		✓			
12. Stomach ulcer		✓	32. Headaches/migraine		✓	FOR WOMEN ONLY		
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓	Have you ever had:-		
14. Jaundice or hepatitis		✓	34. Epilepsy		✓	45. An abnormal smear		
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓	46. Any gynaecological treatment		
16. Marked change in bowel habits		✓	36. Surgical operation		✓			
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓	47. Are you pregnant?		
18. Marked change in weight		✓	38. Tropical disease		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
19. Varicose veins		✓	39. Fear of heights		✓			
20. Lump in breast/armpit		✓						

How much tobacco each day?	Average daily alcohol consumption

Have you ever taken elicited drugs? ( ) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes (✓) Tuberculosis (✓) Epilepsy (✓) Asthma (✓) Eczema (✓)
Heart disease (✓) High blood pressure (✓) Stroke (✓) Blood Disease (✓) Cancer (✓)

PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-

I declared these statements to be true to the best of my knowledge and belief and I agree that the result of this medical examination in general terms may be revealed to the Company if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer. **I am also aware that PDO reserve the right to dismiss me if it was found that I have purposely withheld important medical information.**

Date: 26/11/23 **Signature of Applicant:**

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N = Normal	A = Abnormal (please describe)	**PHYSICAL EXAMINATION**
N	A	
✓		1. Eyes & Pupils
✓		2. E.N.T.
✓		3. Teeth & Mouth
✓		4. Lungs & Chest
✓		5. Cardiovascular System
✓		6. Abdo. Viscera
✓		7. Hernial Orifices
✓		8. Anus & Rectum
✓		9. Genito-urinary
✓		10. Extremities
✓		11. Musculo-skeletal
✓		12. Skin & Varicose Vns.
✓		13. C.N.S.

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION				Colour Vision	Blood Group
							DISTANT		NEAR		
					L		R	L	R	L	
182	86	26.0	130/80	88 /mins.	R	Uncorrected	6/6	6/6	N/6	N/6	N
						Corrected					

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
		1. Urinalysis				7. Audiogram
		2. Hb, Bloodcount, ESR				8. Lung Function
		3. LFT, RFT, RBS				9. Chest X-Ray
		4. Drug Screen				10. ECG
		5. Lipids (40 years +)				11. CVS risk for 40 yrs. & above
		6. Sickle Cell test				12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

ASSESSMENT:

☑ **FIT ALL AREAS** ☐ **FIT WITH RESTRICTION** ☐ **TEMPORARY UNFIT** ☐ **UNFIT**

Dr. T.M. SATISH BABU
MBBS, MD (Internal Medicine)
SPECIALIST - INTERNAL MEDICINE
MOH Licence No. [illegible]
Apollo Hospital Muscat

Date: Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr. / Nurse Signature:

APOLLO HOSPITAL MUSCAT

DEPARTMENT OF LABORATORY SERVICES

File No:	0349697	**Report No:**	0583808
Name:	JUGRAJ SINGH	**Sample Date:**	26/11/2023 **Time:** 11:31
		Received Date:	26/11/2023 **Time:** 11:31
Address:		**Report Date:**	26/11/2023 **Time:** 13:06
Gender:	M **Age:** 35 Y **Nationality:** INDIAN	**Bill No:**	1193669 **Bill Date:** 26/11/2023
GSM No.:	95568246 **ID Card No.:** 101028546	**Company:**	TRUCK OMAN LLC
Doctor:	DR. LABEEB K ABDU		

INVESTIGATION	RESULT	REFERENCE RANGE
TRUCK OMAN PRE-EMPLOYMENT CHECK UP		
Fasting Blood Glucose	89.90 mg/dL	Normal: <100 mg/dl Prediabetes: 100-125 mg/dl Diabetes: 126 mg/dl or higher
ESR	04 mm/hr	Male : 0-10 mm/hour Female: 0-20 mm/hour
S.Creatinine	0.73 mg/dL	Male : 0.7 - 1.2 mg/dl Female : 0.5 - 0.9 mg/dl
Sickle cell Screen test	Negative	
CBC		
WBC COUNT	7.17 10^3uL	4.0-11.0x10^3/mm^3
RBC	6.16 10^6/uL	4.20 - 6.30 10^6/uL
HGB	17.50 g/dl	male 13.5 -18.0 g/dl female 11.5 -16.0 g/dl
HCT	**53.00 %**	37.0 - 51.0 %
MCV	86.00 fL	80.0 - 97.0 fL
MCH	28.40 pg	26.0 - 32.0 pg
MCHC	33.00 g/dL	31.0 - 36.0 g/dL
RDW	12.30 %	11.0 - 14.5 %
NEUT#	3.88 10^3/uL	1.50 - 7.00 10^3/uL
LYMPH#	2.41 10^3/uL	0.60 - 4.10 10^3/uL
MONO#	0.58 10^3/uL	0.00 - 0.70 10^3/uL
EOS#	0.26 10^3/uL	0.00 - 0.40 10^3/uL
BASO#	0.04 10^3/uL	0.00 - 0.10 10^3/uL
NEUT%	54.10 %	37.0 - 72.0 %

Reported By:

M RASHID PERVEZ
Lab Technologist
MOH License No: 5986
Printed at: 26/11/2023 5:16:25 PM

Verified By:

Dr. Mohammed Atif Syed
Specialist Pathologist
MOH License No: 20491

سي ار ٥٤٧٩٢، ص.ب ١٣١، الحمرية، مسقط، سلطنة عمان. هاتف: ٢٤٧٨٧٧٦٦ +٩٦٨، فاكس: ٢٤٧٠٠٠٩٣ +٩٦٨، البريد الإلكتروني: info@apollomuscat.com
CR 1792547, PO Box: 1097, PC 131, Al Hamriya, Sultanate of Oman. Tel: +968 24787766 (5 Lines), Fax: +968 24700093 E-mail: info@apollomuscat.com
Tax Card No: 8251325 I VATIN: OM1200160355
ضريبة القيمة المضافة : OM١٢٠٠١١٠٣٥٥ | رقم بطاقة ضريبية : ٨٢٥١٣٢٥

DEPARTMENT OF LABORATORY SERVICES

File No: 0349697
Name: JUGRAJ SINGH
Address:
Gender: M **Age:** 35 Y **Nationality:** INDIAN
GSM No.: 95568246 **ID Card No.:** 101026546
Doctor: DR. LABEEB K ABDU

Report No: 0583808
Sample Date: 26/11/2023 **Time:** 11:31
Received Date: 26/11/2023 **Time:** 11:31
Report Date: 26/11/2023 **Time:** 13:06
Bill No: 1193669 **Bill Date:** 26/11/2023
Company: TRUCK OMAN LLC

INVESTIGATION	RESULT	REFERENCE RANGE
LYMPH%	33.60 %	10.0 - 58.5 %
MONO%	8.10 %	0.0 - 14.0 %
EOS%	3.60 %	0.0 - 6.0 %
BASO%	0.60 %	0.0 - 1.0 %
PLATELET	227.00 10^3/uL	140 - 440 10^3/uL
LFT		
Total Bilirubin	0.82 mg/dL	Up to 1.1 mg/dL
Direct Bilirubin	0.13 mg/dL	Up to 0.3 mg/dL
Indirect Bilirubin	0.69 mg/dL	0.2 - 0.8 mg/dL
AST (SGOT)	21.10 U/L	Men : 10 - 50 U/L Female : 10 - 35 U/L
ALT (SGPT)	17.40 U/L	Men : Up to 41 U/L Female : 10 - 35 U/L
ALP	68.80 U/L	Men : 40 - 129 U/L Female : 35 - 104 U/L
Total Protein	7.20 g/dL	6.6 - 8.7 g/dlL
Albumin	4.70 g/dL	3.4 - 4.8 g/dL
Globulin	2.5 g/dL	1.8 - 3.6 g/dL
GGT	41.00 U/L	0 - 50 U/L
A:G Ratio	1.88	1.1-1.8
LIPID PROFILE		
Total Cholesterol	191.10 mg/dL	< 200 mg/dL
Triglyceride	276.80 mg/dL	<150 mg/dl
HDL Cholesterol	39.30 mg/dl	>45 mg/dl

Reported By:

M RASHID PERVEZ
Lab Technologist
MOH License No: 5966
Printed at: 26/11/2023 5:16:25 PM

Verified By:

Dr. Mohammed Atif Syed
Specialist Pathologist
MOH License No: 20491

info@apollomuscat.com ,البريد الإلكتروني ,+٩٦٨ ٢٤٧٨٧٧٦٦ ,هاتف: سلطنة عمان, مسقط, الحمرية, ص.ب ١٠٩٧, ر.ب ١٣١ ,سجل ٧٩٢٥٤٧
CR 1792547, PO Box: 1097, PC 131, Al Hamriya, Sultanate of Oman. Tel: +968 24787766 (5 Lines). Fax: +968 24700093 E-mail: info@apollomuscat.com
Tax Card No: 8251325 I VATIN: OM1200160355 ضريبة القيمة المضافة : OM١٢٠٠١٦٠٣٥٥ | رقم بطاقة ضريبية : ٨٢٥١٣٢٥

DEPARTMENT OF LABORATORY SERVICES

File No: 0349697
Name: JUGRAJ SINGH
Address:
Gender: M **Age:** 35 Y **Nationality:** INDIAN
GSM No.: 95568246 **ID Card No.:** 101028546
Doctor: DR. LABEEB K ABDU

Report No: 0583808
Sample Date: 26/11/2023 **Time:** 11:31
Received Date: 26/11/2023 **Time:** 11:31
Report Date: 26/11/2023 **Time:** 13:06
Bill No: 1193669 **Bill Date:** 26/11/2023
Company: TRUCK OMAN LLC

INVESTIGATION	RESULT	REFERENCE RANGE
LDL Cholesterol	96.44 mg/dl	<100 mg/dl
Total Chol/HDL Chol ratio	4.86	Desirable < 4
URINE DRUG SCREEN		
Amphetamine (AMP)	Negative	Negative
Barbiturates (BAR)	Negative	Negative
Cocaine (COC)	Negative	Negative
Morphine (MOR)	Negative	Negative
Marijuana (THC)	Negative	Negative
URINE ROUTINE ANALYSIS		
Physical		
Quantity	40 ml	
Colour	Pale Yellow	Pale yellow
Sp. Gravity	1.020	1.003-1.035
pH	5	5-9
Appearance	Clear	Clear
Chemical		
Glucose	Negative	Negative
Protein	Negative	Negative
Ketones	Negative	Negative
Blood / haemoglobin	Negative	Negative
Bilirubin	Negative	Negative
Urobilinogen	Normal	Normal
Nitrite	Negative	Negative
Leucocytes	Negative	Negative

Reported By:

M RASHID PERVEZ
Lab Technologist
MOH License No: 5966
Printed at: 26/11/2023 5:16:25 PM

Verified By:

Dr. Mohammed Atif Syed
Specialist Pathologist
MOH License No: 20491

سرت ٤٧٩٢٥٤٧، ص.ب ١٣١، الحمرية، مسقط، سلطنة عمان، هاتف: ٢٤٧٨٧٧٦٦+٩٦٨، فاكس: ٢٤٧٠٠٠٩٣+٩٦٨، البريد الإلكتروني: info@apollomuscat.com
CR 1792547, PO Box: 1097, PC 131, Al Hamriya, Sultanate of Oman. Tel: +968 24787766 (5 Lines), Fax: +968 24700093 E-mail: info@apollomuscat.com
Tax Card No: 8251325 I VATIN: OM1200160355
ضريبة القيمة المضافة : OM١٢٠٠١٦٠٣٥٥ | رقم بطاقة ضريبية : ٨٢٥١٣٢٥

DEPARTMENT OF LABORATORY SERVICES

File No:	0349697	**Report No:**	0583808
Name:	JUGRAJ SINGH	**Sample Date:**	26/11/2023 **Time:** 11:31
Address:		**Received Date:**	26/11/2023 **Time:** 11:31
Gender:	M **Age:** 35 Y **Nationality:** INDIAN	**Report Date:**	26/11/2023 **Time:** 13:06
GSM No.:	95568246 **ID Card No.:** 101028546	**Bill No:**	1193669 **Bill Date:** 26/11/2023
Doctor:	DR. LABEEB K ABDU	**Company:**	TRUCK OMAN LLC

INVESTIGATION	RESULT	REFERENCE RANGE
Microscopic Examination		
Pus Cells	2 - 3 Cells/hpf	0-5 cells/hpf
RBC	0-1 cells/hpf	0-2 cells/hpf
Epithelial Cells	0 - 1 Cells/hpf	0-8 cells/hpf
Casts	Absent	Absent
Crystals	Absent	Absent
Others	Absent	Absent
STOOL ROUTINE ANALYSIS		
PHYSICAL		
Colour	Brownish	Yellowish Brown
Consistency	Semi solid	Well Formed
Reaction	Alkaline	Acidic
Adult Worms	Absent	Absent
MICROSCOPIC		
Ova:	Absent	Absent
Cyst:	Absent	Absent
Pus Cells:	1-3 Cells/hpf	Few
RBCs	Absent Cells/hpf	Absent
Epithelial cells	Few Cells/hpf	Few
Trophozoites	Absent	Absent
Larvae	Absent	Absent
Eggs	Absent	Absent
Worms	Absent	Absent
Fat globules	Absent	Absent

Reported By:

M RASHID PERVEZ
Lab Technologist
MOH License No: 5966
Printed at: 26/11/2023 5:16:25 PM

Verified By:

Dr. Mohammed Atif Syed
Specialist Pathologist
MOH License No: 20491

سلطنة عمان، هاتف ٢٤٧٨٧٧٦٦ +٩٦٨، فاكس ٢٤٧٠٠٠٩٣ +٩٦٨، البريد الإلكتروني info@apollomuscat.com
CR 1792547, PO Box: 1097, PC 131, Al Hamriya, Sultanate of Oman. Tel: +968 24787766 (5 Lines), Fax: +968 24700093 E-mail: info@apollomuscat.com
Tax Card No: 8251325 I VATIN: OM1200160355
ضريبة القيمة المضافة : OM١٢٠٠١١٠٣٤٥ | رقم بطاقة ضريبية : ٨٢٥١٣٢٥

DEPARTMENT OF LABORATORY SERVICES

File No:	0349697	**Report No:**	0583808
Name:	JUGRAJ SINGH	**Sample Date:**	26/11/2023 **Time:** 11:31
Address:		**Received Date:**	26/11/2023 **Time:** 11:31
Gender:	M **Age:** 35 Y **Nationality:** INDIAN	**Report Date:**	26/11/2023 **Time:** 13:06
GSM No.:	95568246 **ID Card No.:** 101028546	**Bill No:**	1193669 **Bill Date:** 26/11/2023
Doctor:	DR. LABEEB K ABDU	**Company:**	TRUCK OMAN LLC

INVESTIGATION	RESULT	REFERENCE RANGE
Vegetable cells	Present	Present

Remarks and comments - Sickle cell screen test:

1. A False negative solubility test result may occur with blood taken from severe anemic patients or if the proportion of Hb-S is less than 20 % or following blood transfusion.
2. A False positive result may be caused by the presence of abnormal plasma proteins or when patient is receiving parenteral nutrition.
3. This test provides only a preliminary screening result, Hb HPLC must be used to obtain a confirmed results.
4. There is a possibility that an interfering substance in the specimen may cause erroneous results.

Urine drug screen

Method:

Rapid Chromatographic Immunoassay

Interpretation:

Negative: The drug concentration is below the designated cut off levels for the particular drug tested.

Positive: The drug concentration is greater the designated cut off levels for the particular drug tested

Remarks and comments - Urine drug screen

1. Multi-Drug Rapid Test Panel (Urine) provides only qualitative, preliminary analytical results.
2. A secondary analytical method must be used to obtain a confirmed result.
3. Gas chromatography/mass spectrometry (GC/MS) is the preferred confirmatory method.
4. This test does not distinguish between drug abuse and certain medications
5. A positive result may be obtained from certain foods or food supplements.

Reported By:

M RASHID PERVEZ
Lab Technologist
MOH License No: 5966
Printed at: 26/11/2023 5:16:25 PM

Verified By:

Dr. Mohammed Atif Syed
Specialist Pathologist
MOH License No: 20491

info@apollomuscat.com البريد الإلكتروني، +٩٦٨ ٢٤٧٨٧٧٦٦، فاكس: ٠٩٣ ٢٤٧٠، ص.ب ١٧٩٢ ر.ب ١٣١ الحمرية، مسقط، سلطنة عمان، هاتف
CR 1792547, PO Box: 1097, PC 131, Al Hamriya, Sultanate of Oman. Tel: +968 24787766 (5 Lines), Fax: +968 24700093 E-mail: info@apollomuscat.com
Tax Card No: 8251325 I VATIN: OM1200160355 ضريبة القيمة المضافة : OM١٢٠٠١٦٠٣٥٥ | رقم بطاقة ضريبية : ٨٢٥١٣٢٥

Appendix 20: (Form SQ5): Epworth Screening Quest. For Sleep Apnoea

Employee Data		Date: 26/11/23
Name: Jugraj Singh		Department/Company:
I. D No.	Tel #	Occupation :

This questionnaire will help identify if you have any health condition which may need a more detailed medical assessment as part of your fitness to work determination. If you have any queries please contact your local Health Services staff. All information provided on this form and during consultations remains strictly confidential. When further clinical evaluation is required following completion of a screening questionnaire, the details should be recorded on Q1 and E1 forms.

How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown below)

0 Would never doze

1 Slight chance of dozing

2 Moderate chance of dozing

3 High chance of dozing

1	sitting and reading
1	watching TV
1	sitting inactive in a public place (e.g. theatre or meeting)
2	as a passenger in the car for an hour without a break
2	Lying down to rest in the afternoon when circumstances permit
1	Sitting a talking with someone
0	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total 8	

If you score a total of 15 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

Declaration: I, Jugraj Singh *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and **correct.**

Signature: _____ **Date:** 26/11/23

Fitness to Work Certificate for drivers

Employee Data		Date 26/11/23
Name JUNAID - SINGH		Department/Company
I.D No.	Age 35	Occupation

Type of Medical Evaluation		Mark those applying √	
A5- HVD- Crane or forklift driving & all heavy vehicles		A7- Professional driving-light vehicles	

Health Advisor Statement: The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status for the above tasks is as follows.

Fit with no restrictions			✓
Fit with following restriction(s)			
The employee is fit for above work but should avoid the following task(s)	*Temporary restriction*	*Permanent restriction*	
Work near moving machinery or sharp edges			
Operate Heavy motor vehicles, forklifts or heavy machinery			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			
Dr. Labab Name of health advisor Signature Date 26/11/23			

Apollo HOSPITALS
WHERE HEALING BEGINS

P.O. Box : 1897, Al-Hamriya, Postal Code : 131
Muscat, Sultanate of Oman
Tel.: 2478 7766, Fax : 2470 0093

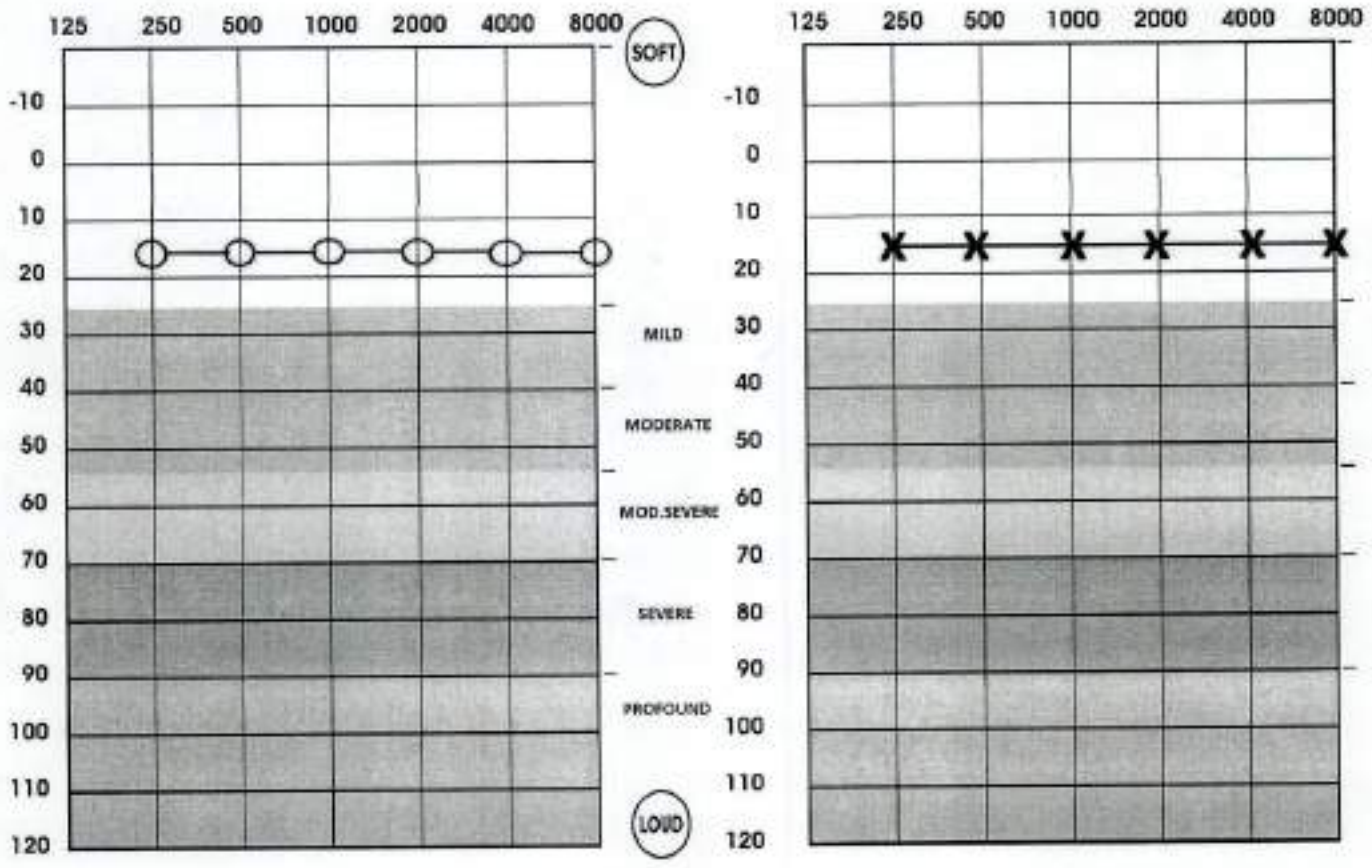
AUDIOGRAM
EXAMINATION SHEET

FILE NO : 319697 BILL NO : ..... DATE : 26/11/2023

NAME : JUGRAJ SINGH AGE / SEX : 35/M

COMPANY : TRUCK OMAN DOB : .....

CONSULTANT (REF) : .....



WEBER					

						SPECIAL TESTS			
dBhL	PTA	SRT	SIS(%)	MCL	UCL	SISI	TDT	MLB/BLB	OAE
RIGHT	15								
LEFT	15								

INTERPRETATION :

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

RECOMMENDATION :

SIKKU SOMAN
AUDIOLOGIST
Membership No. 16998
Apollo Hospital Muscat

AUDIOLOGIST

[redacted]

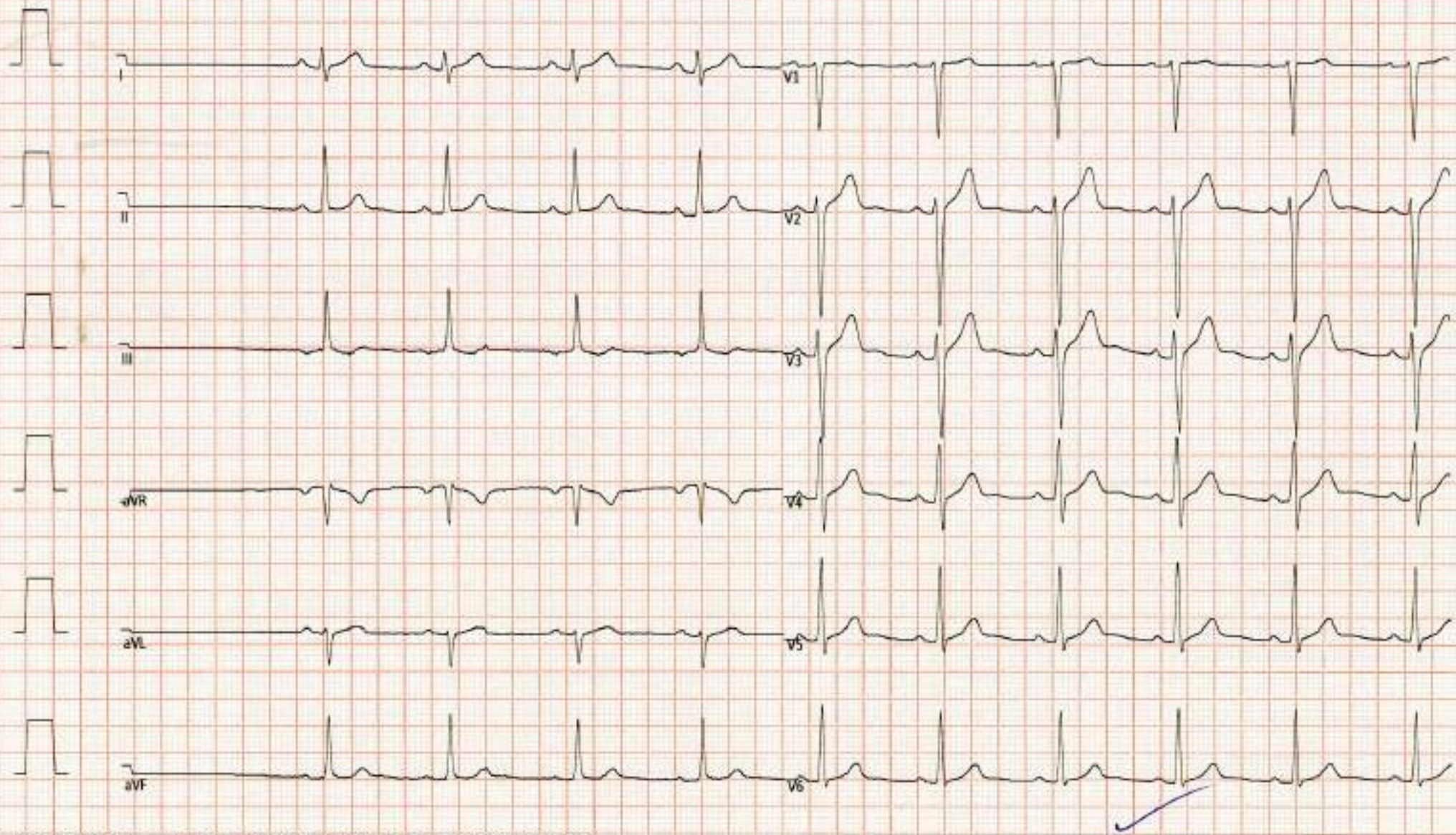
Id: 349697
Sigh, Jugraj
Male --- (---) Unknown
Height: 0 cm Weight: 0 kg BP: 0/0 mmHg

Mod.:
Tech:
Note:

26/11/2023 13:23:57

HR:	66 bpm
PR:	172 ms
QRS:	98 ms
QT/QTcH:	388/399 ms
QTcB:	407 ms
QTcF:	401 ms

R_{V5}/S_{V1}:	1.58/1.38 mV
Sok-Lyon:	2.95 mV
Axis:	10/83/30 °



Dep:APOLLO HOSPITAL 25mm/s 10mm/mV LP:40Hz AC:50Hz Cardioline ECG2005 v. 2.11.7693

CARDIOLINE

71.288

RADIOLOGY

Sl No: 22081			**Date:** 26/11/2023
Patient Name: JUGRAJ SINGH		**Reg No:** 349697	**Bill No:**
Age: 35 Y	**Gender:** Male	**Nationality:** INDIAN	**Phone:**
Address: 6999			
Company: TRUCK OMAN LLC		**Policy No:**	
Certificate No:		**Consultant Name:** DR. LABEEB K ABDU	
Region: CHEST PA			

RADIOGRAPH CHEST PA VIEW

OBSERVATION : Allowing for the rotation and mid inspiratory film
Trachea appears to be in mid line.

Bilateral lung fields appear clear. No mass lesion or opacification.

Bilateral costophrenic and cardiophrenic angles appear normal.

Bilateral hilum appears symmetrical and normal in size.

Cardiac silhouette appears within normal limits.

Bony thoracic appears normal.

No Soft tissue mass or calcification can be seen

IMPRESSION:

Unremarkable chest radiograph

Please correlate clinically & other investigation.

Please note: This is a imaging study and has its own limitations. This is a opinion based on image interpretation and it is not a diagnose on itself .Impression should be considered as professional opinion & correlated with clinical evidence ,reconfirmed by further investigations and relevant data as indicated .If possible the findings should be reconfirmed on higher resolution imaging, special sections and sequences and with other modalities.

DR. REKHA

RADIOLOGIST