

Customer Name	MS.NITHYAKALA NIRMALKUMAR	Customer ID	GGL4710
Age & Gender	50Y/FEMALE	Visit Date	10/02/2022
Ref Doctor	MediWheel		

Personal Health Report

General Examination:

Height : 156.6 cms	BP: 110/70 mmhg
Weight : 77.9 kg	Pulse: 78/min, regular
BMI : 32.0 kg/m ²	

Systemic Examination:

CVS : S1 S2 heard;
 RS : NVBS (+).
 Abd : Soft.
 CNS : NAD

Blood report:

Haemoglobin (Hb) – 10.9g/dL – Low level (anemia).
 Lipid profile : Total cholesterol – 229.8mg/dL – Elevated.
 All other blood parameters are well within normal limits. (Report enclosed).
 Urine analysis – Within normal limits.
 X-Ray Chest – Normal study.
 ECG – Normal ECG.
 ECHO (cardiography) – Normal study.
 USG Whole Abdomen – Bilateral renal concretions, Bulky uterus with multiple fibroids.
 Mammogram Both Breasts – Normal study.
 Eye Test – Normal study (with spectacles).

Vision	Right eye	Left eye
Distant Vision	6/6	6/6
Near Vision	N6	N6
Colour Vision	Normal	Normal



Customer Name	MS.NITHYAKALA NIRMALKUMAR	Customer ID	GGL4710
Age & Gender	50Y/FEMALE	Visit Date	10/02/2022
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Impression & Advice:

Haemoglobin (Hb) – 10.9g/dL – Low level (anemia) - Advised to have iron rich diet and iron supplement prescribed by the physician.

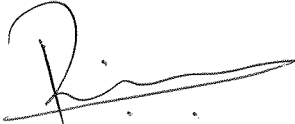
Lipid profile : Total cholesterol – 229.8mg/dL – Elevated - To be brought down to the desirable level of 200mg/dl by having low cholesterol, high fiber diet recommended by the dietician.

USG Whole Abdomen – Bilateral renal concretions - To consult an nephrologist.

USG Whole Abdomen – Bulky uterus with multiple fibroids - To consult a gynaecologist.

Grade II obesity – You are overweight by 24 kg to reduce gradually over a period of 6 to 7 months by having high fiber diet recommended by the dietician.

All other health parameters are well within normal limits.



DR. NOOR MOHAMMED RIZWAN A. M.B.B.S, FDM
MHC Physician Consultant

Dr. NOOR MOHAMMED RIZWAN A. M.B.B.S., FDM
Reg. No : 120325 Consultant Physician
A Medall Health Care and Diagnostics Pvt. Ltd.





MEDALL
PRECISION
DIAGNOSTICS

MEDICAL EXAMINATION FORM

NAME :	NITHYAKALA	HEIGHT:	
DATE OF BIRTH:	12.01.1972	WEIGHT:	
AGE:	50	PULSE:	78/min
CONTACT NUMBER:	9840774796	BP:	110/70
EMPLOYEE ID:		SIGNATURE:	NithyKala

TO BE FILLED BY THE CANDIDATES	No	Yes	If yes, details.....		
Are you taking any medicine?		✓	Thyroid		
Are you married?(in case of female)		✓	Having two Sons		
Recent complaints					
Past medical history	No	Yes	If yes, details.....		
Fits	-				
Jaundice	-				
Asthma	-				
Operation	-	✓	family planning		
Diabetes	-				
Tuberculosis	-				
Blood transfusion	-				
High BP	-				
Hospitalisation	-				
Others(please specify)	-				
Family medical history	No	Yes	If yes, details.....		
Diabetes					
Asthma					
High BP					
Cancer					
Miscellaneous					
Smoker			How many/day?	For how many years?	
Alcohol			How often?		
Vegetarian			Non-vegetarian	✓	
Allergy to drugs/food?			If yes, details...		
Any problem with vision?			If yes, details...		
Do you wear glasses or contact lenses?		✓	If yes, details...	Glasses	
Any problem with hearing?			If yes, when did you check your hearing last?		
Donated blood?			No means, reason..		
			If yes, how many times?		

Doctor's Observations:



medall
DIAGNOSTICS
experts who care

Customer Name	MS. NITHYAKALA	Customer ID	
Age & Gender	50 / female	Visit Date	10/02/2022

Eye Screening

With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	NG	NG
Distance Vision	6/6	6/6
Colour Vision	Normal	Normal

Observation / Comments:

Normal Eye Vision \bar{c} Spectacles

Dr. NOOR MOHAMMED RIZWAN. A. M.B.B.S., FDM,
Reg. No: 120325 Consultant Physician
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Ref. Dr : MediWheel

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Investigation

BLOOD GROUPING AND Rh
TYPING

(EDTA Blood/Agglutination)

**Observed
Value**

Unit

**Biological
Reference Interval**

'O' 'Positive'

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	10.9	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	32.8	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	3.65	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	89.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	29.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.2	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.1	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	42.7	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6550	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	54.9	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	38.9	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.9	%	01 - 06

DR. FAYIQAH MD(PATH)
CONSULTANT - PATHOLOGIST
REG NO: 116685

VERIFIED BY :

Dr. E. Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

APPROVED BY

The results pertain to sample tested.

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	3.9	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.4	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.60	10 ³ / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.55	10 ³ / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.12	10 ³ / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.25	10 ³ / μl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.03	10 ³ / μl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	395	10 ³ / μl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	10.4	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.409	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	14	mm/hr	< 20
BUN / Creatinine Ratio	10.1		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	85.6	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126


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Investigation

**Observed
Value**

Unit

**Biological
Reference Interval**

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine)
(Urine - F/GOD - POD)

Negative

Negative

Glucose Postprandial (PPBS)
(Plasma - PP/GOD-PAP)

98.7

mg/dL

70 - 140

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours)
(Urine - PP)

Negative

Negative

Blood Urea Nitrogen (BUN)
(Serum/Urease UV / derived)

6.8

mg/dL

7.0 - 21

Creatinine
(Serum/Modified Jaffe)

0.67

mg/dL

0.6 - 1.1

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid
(Serum/Enzymatic)

2.9

mg/dL

2.6 - 6.0

Liver Function Test

Bilirubin(Total)
(Serum/DCA with ATCS)

0.46

mg/dL

0.1 - 1.2

Bilirubin(Direct)
(Serum/Diazotized Sulfanilic Acid)

0.10

mg/dL

0.0 - 0.3

Bilirubin(Indirect)
(Serum/Derived)

0.36

mg/dL

0.1 - 1.0

SGOT/AST (Aspartate
Aminotransferase)
(Serum/Modified IFCC)

18.0

U/L

5 - 40

SGPT/ALT (Alanine Aminotransferase)
(Serum/Modified IFCC)

16.0

U/L

5 - 41

DR. FAYIQA M.D (PATH)
CONSULTANT - PATHOLOGIST
REG NO: 116685

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Reg No : 73347

APPROVED BY

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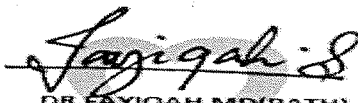
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	13.3	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	56.5	U/L	42 - 98
Total Protein (Serum/Biuret)	6.98	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.96	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.02	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.31		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	229.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	79.7	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immuno-inhibition)	55.8	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
----------------------------------------------	-------------	-------	--------------------------------------------------------------------------------


DR. FAYIQAH MD(PATH)
CONSULTANT - PATHOLOGIST
REG NO: 116585

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Dr. Esaravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

APPROVED BY

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL Cholesterol (Serum/Calculated)	158.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	15.9	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	174.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.1		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.8		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

DR. FAYIQAH MD(PATH)
CONSULTANT - PATHOLOGIST
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Estimated Average Glucose (Whole Blood)	108.28	mg/dL	

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemc control as compared to blood and urinary glucose determinations.
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.
Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.84	ng/ml	0.7 - 2.04
----------------------------------------------------------------------------------------	------	-------	------------

INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	6.57	µg/dl	4.2 - 12.0
--------------------------------------------------------------------------------	------	-------	------------

INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	2.44	µIU/mL	0.35 - 5.50
--------------------------------------------------------------------------------------------	------	--------	-------------

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment :

1. TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2. TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

3. Values ≤ 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

DR. FAYIQA H MD (PATH)
CONSULTANT - PATHOLOGIST
REG NO: 116585

VERIFIED BY

Dr. E. Saravanan M.D (Path)
Consultant Pathologist
Reg No : 73347

APPROVED BY

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Urine Analysis - Routine</u>			
COLOUR (Urine)	Pale yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated - Flow cytometry)	1 - 2	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry)	1 - 2	/hpf	NIL
RBCs (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

DR. FAYIQAH MD(PATH)
CONSULTANT - PATHOLOGIST
REG NO: 116685

VERIFIED BY

Dr. E. Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

APPROVED BY

-- End of Report --

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OP / IP : OP



Pap Smear

SPECIMEN NO : Cy 256/2022

MICROSCOPIC FINDINGS:

ADEQUACY : Satisfactory.

PREDOMINANT CELLS : Superficial and intermediate cells.

BACKGROUND : Clean.

ORGANISMS : No specific organisms.

IMPRESSION :

Negative for intraepithelial lesion/ malignancy.

R. Niranjani
DR. R. NIRANJANI, MD, Pathologist
Reg No : C00846

APPROVED BY

-- End of Report --

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SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows uniform echotexture with no focal abnormality.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and the IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 10.9 x 5.4 cm.

The left kidney measures 10.6 x 5.7 cm.

Few concretions of 2 – 3 mm are seen in the both kidneys.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.



Customer Name	MS.NITHYAKALA NIRMALKUMAR	Customer ID	GGL4710
Age & Gender	50Y/FEMALE	Visit Date	10/02/2022
Ref Doctor	MediWheel		

The uterus is anteverted, and measures 9.0 x 7.1 x 7.4 cm. It is bulky.

Multiple fibroids are seen, largest in the anterior wall measuring 4.2 x 3.9 cm and largest in the posterior wall measuring 2.6 x 3.0 cm.

The endometrium is normal.

The right ovary measures 3.6 x 2.4 cm.

The left ovary measures 2.8 x 2.8 cm.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

IMPRESSION:

- **Bilateral renal concretions.**
- **Bulky uterus with multiple fibroids.**



**DR. UMALAKSHMI
SONOLOGIST**



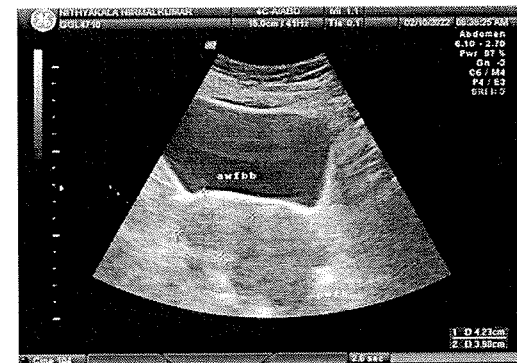
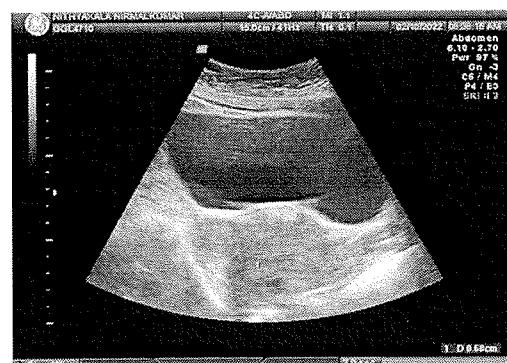
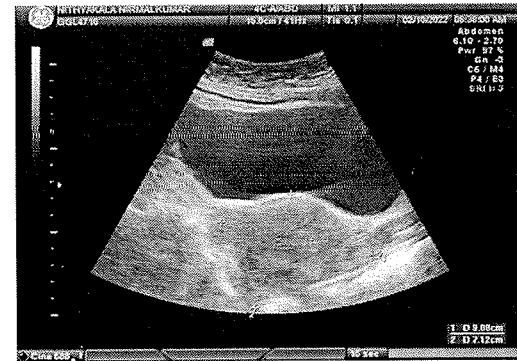
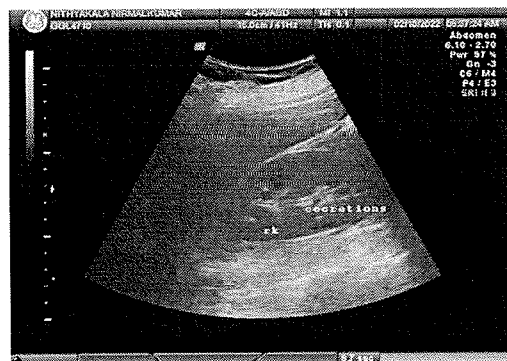
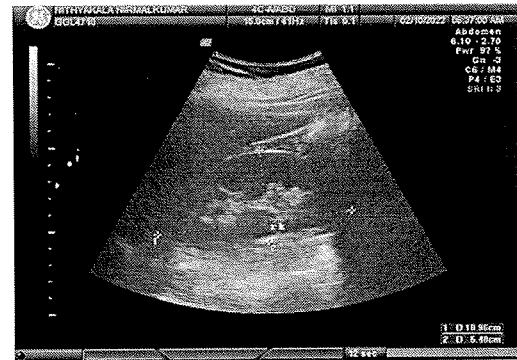
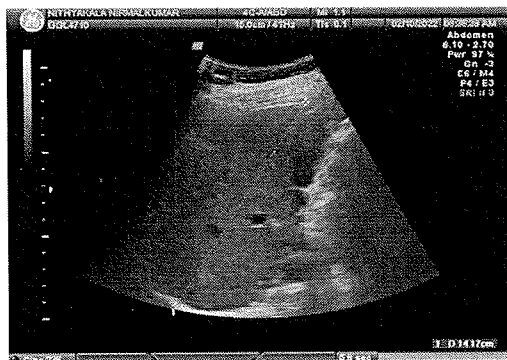
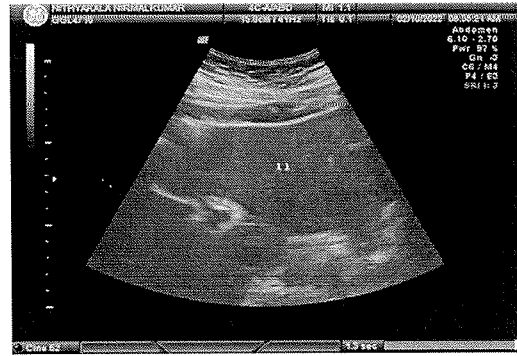
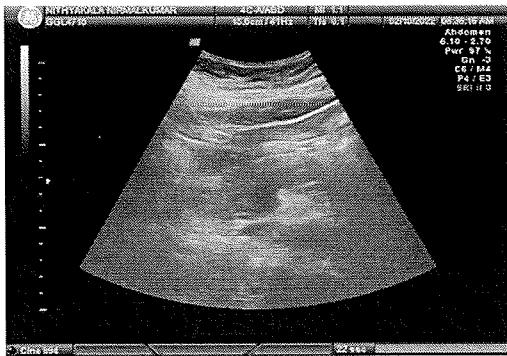


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Precision Diagnostics-vadapalani

58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission Office),

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Age & Gender	50Y/FEMALE	Visit Date	10/02/2022
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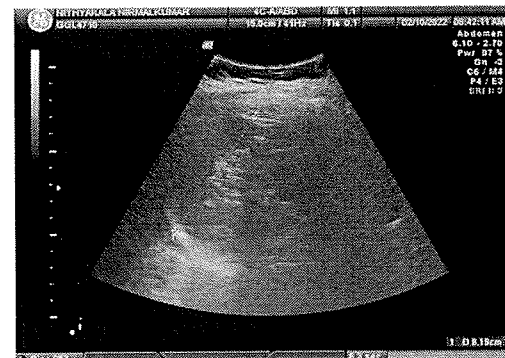
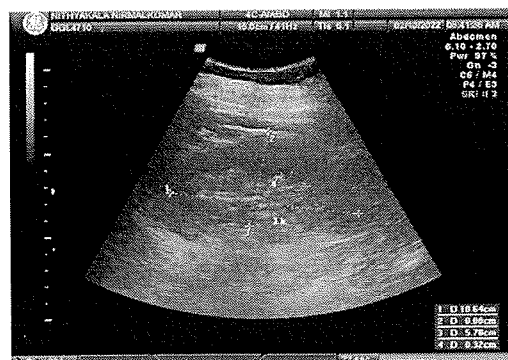
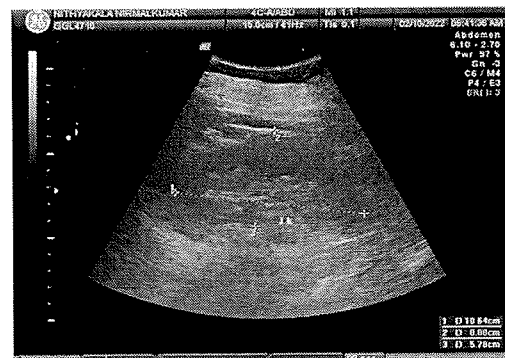
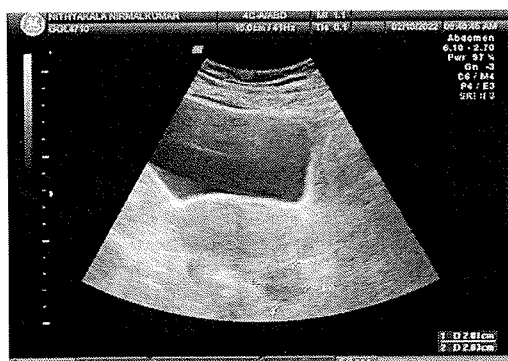
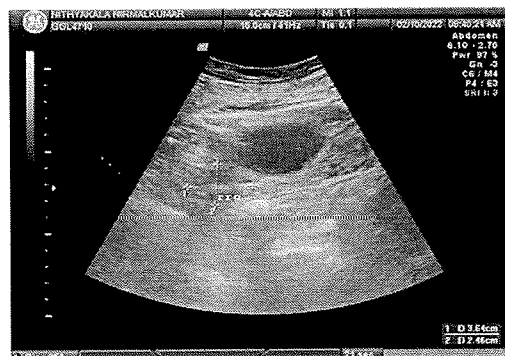
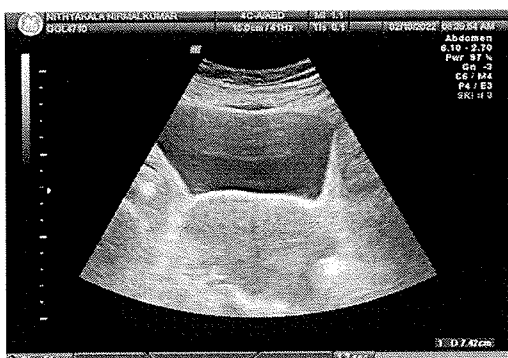


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DEPARTMENT OF CARDIOLOGY

TRANSTHORACIC RESTING ECHO CARDIOGRAPHY REPORT

**ECHO INDICATION: Assessment
M MODE & 2-D PARAMETERS:**

ACOUSTIC WINDOW : GOOD

LV STUDY

DOPPLER PARAMETERS

IVS(d) cm	1.1
IVS(s) cm	1.1
LPW(d) cm	1.0
LPW(s) cm	1.7
LVID(d) cm	4.3
LVID(s) cm	3.1
EDV ml	98
ESV ml	30
SV ml	67
EF %	68
FS %	32

Parameters	Patient Value
LA cm	3.8
AO cm	2.7

Valves	Velocity max(m/sec mm/Hg)
AV	1.4 m/s
PV	1.2 m/s
MV (E)	0.8 m/s
(A)	0.6 m/s

FINDINGS:

- ❖ Good left ventricle systolic function.
- ❖ No regional wall motion abnormality.
- ❖ No diastolic dysfunction.
- ❖ Normal chambers dimension.
- ❖ Normal valves.
- ❖ Trivial MR.
- ❖ Normal pericardium/Intact septum.
- ❖ No clot/aneurysm.

IMPRESSION:

- ✦ NO REGIONAL WALL MOTION ABNORMALITY.
- ✦ NORMAL LV SYSTOLIC FUNCTION.

B. SUDHA RANI (BSPA)

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CARDIOLOGY



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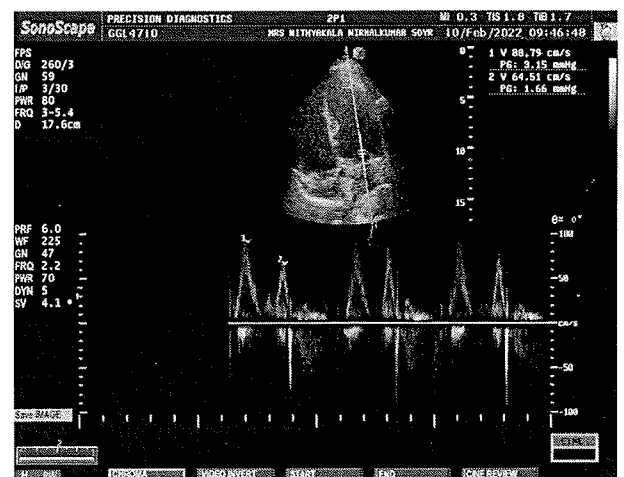
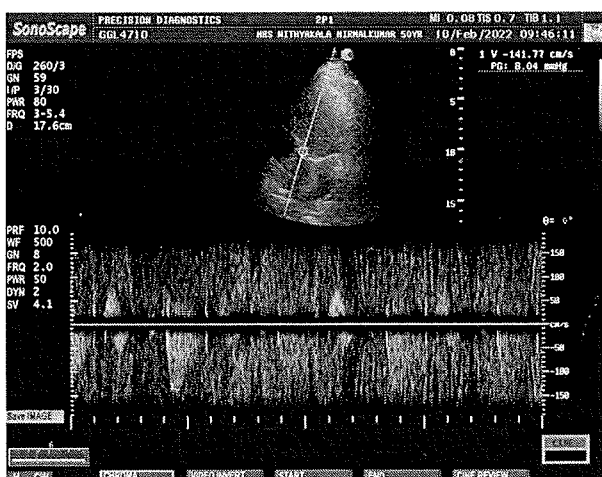
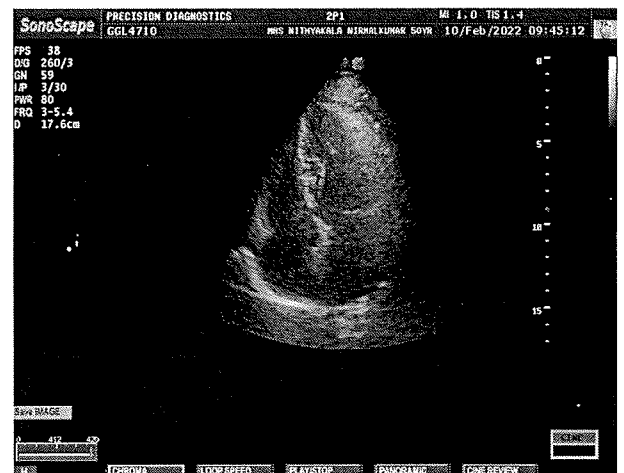
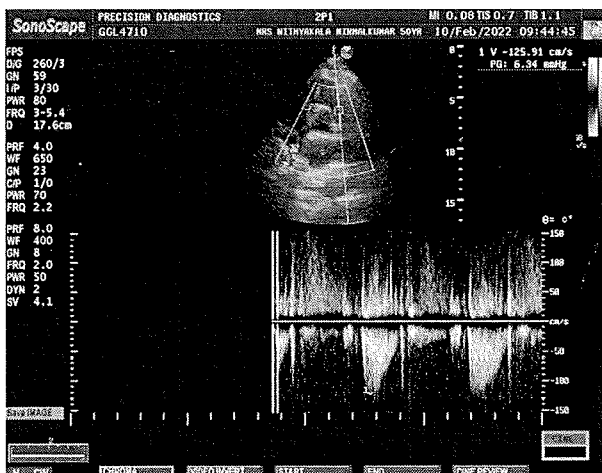
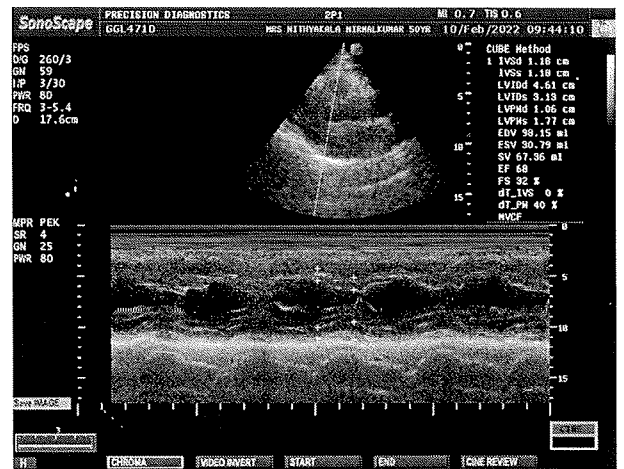
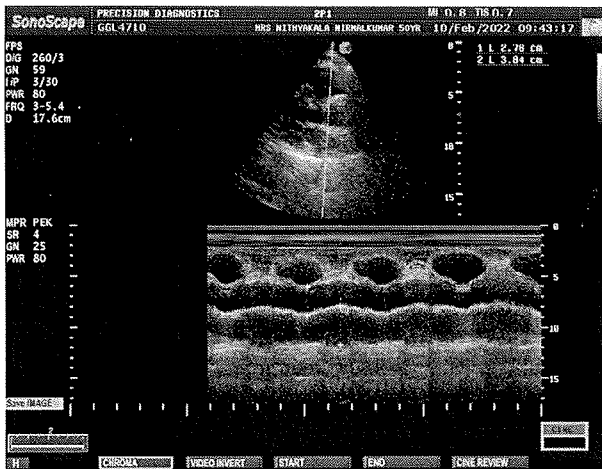


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MAMMOGRAPHY

REPORT

Cranio-caudal and Medio-lateral oblique views of both breasts were studied.

Both breasts show dense fibroglandular tissues (ACR Type "C" parenchyma)

There is no evidence of mass lesion or micro-calcification in both breasts.

Both nipples are not retracted.

There is no evidence of focal or diffuse thickening or skin or subcutaneous tissue of both breasts.

The retro-mammary spaces appear normal.

Bilateral axilla shows benign lymph nodes.

IMPRESSION :

- **ACR Type C parenchyma.**
- **No evidence of malignancy.**
- **BIRADS -0**
 - **Correlate with USG Mammogram.**
 - **To review study after 2-3 years- NICE guidelines.**



**DR. SHARANYA.S MD,DNB
RADIOLOGIST**



Customer Name	MS.NITHYAKALA NIRMALKUMAR	Customer ID	GGL4710
Age & Gender	50Y/FEMALE	Visit Date	10/02/2022
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Category – (BIRADS classification)

Category 0: Assessment incomplete. Category 1: Negative (normal).

Category 2: Benign. Category 3: Probably benign finding.

Category 4: Suspicious abnormality. Category 4a: Low suspicion 4b – Intermediate suspicion.

Category 4c: Moderate suspicion. Category 5: High suggestive of malignancy.

Category 6: Known biopsy proven malignancy.

NOTE: Please bring your old mammogram film for the next visit.



Name	NITHYAKALA NIRMALKUMAR	ID	GGL4710
Age & Gender	50Y/F	Visit Date	Feb 10 2022 8:21AM
Ref Doctor	MediWheel		

X- RAY CHEST PA VIEW

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

- *Chest x-ray shows no significant abnormality.*



**Dr. Rama Krishnan, MD, DNB,
Consultant Radiologist,
Medall Healthcare Pvt Ltd.**



AGE: 0
 Measurement Results:
 QRS : 92 ms
 QT/QTcB : 426 / 443 ms
 PR : 154 ms
 P : 112 ms
 RR/PP : 896 / 920 ms
 P/QRS/T : 25 / 24 / 40 degrees

Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Low voltage QRS
 Borderline ECG

< P
 < T
 < QRS
 -90
 aUR
 aUL
 0 I
 III +90
 aVF
 II

Unconfirmed report.

