



# **2 D ECHOCARDIOGRAPHIC STUDY**

# M mode measurement:

AORTA : 2.4cms

LEFT ATRIUM : 2.5cms

LEFT VENTRICLE (DIASTOLE) : 4.1cms

(SYSTOLE) : 2.3cms

VENTRICULAR SEPTUM (DIASTOLE) : 0.8cms

(SYSTOLE) : 1.1cms

POSTERIOR WALL (DIASTOLE) : 0.8cms

(SYSTOLE) : 1.1cms

EDV : 71ml

ESV : 28ml

FRACTIONAL SHORTENING : 35%

EJECTION FRACTION : 61%

RVID : 1.5cms

## **DOPPLER MEASUREMENTS:**

MITRAL VALVE : 'E' - 0.79m/s 'A' - 0.30m/s NO MR

AORTIC VALVE : 1.05m/s NO AR

TRICUSPID VALVE: 'E' - 0.75m/s 'A' - 0.30m/s NO TR

PULMONARY VALVE : 0.71m/s NO PR

# 1215, CH12 & 1215/A CH12A, Krishnamurthy Puram, New Kantharaj Urs Road, Mysore - 4
Phone: 0821-2332000, 4232111 Fmail Id: clumax mysore@medall.com in (W) www medall in

Customer Name	MRS.ARCHANA KUMARI	Customer ID	MED111034635
Age & Gender	26Y/FEMALE	Visit Date	26/03/2022
Ref Doctor	MediWheel	The second secon	



# **2D ECHOCARDIOGRAPHY FINDINGS:**

Left ventricle

: Normal size, Normal systolic function.

No regional wall motion abnormalities.

Left Atrium

: Normal.

Right Ventricle

: Normal.

Right Atrium

: Normal.

Mitral valve

: Normal, No mitral valve prolapsed.

Aortic valve

: Normal, Trileaflet.

Tricuspid valve

: Normal.

Pulmonary valve

: Normal.

IAS

: Intact.

**IVS** 

: Intact.

Pericardium

: No pericardial effusion.

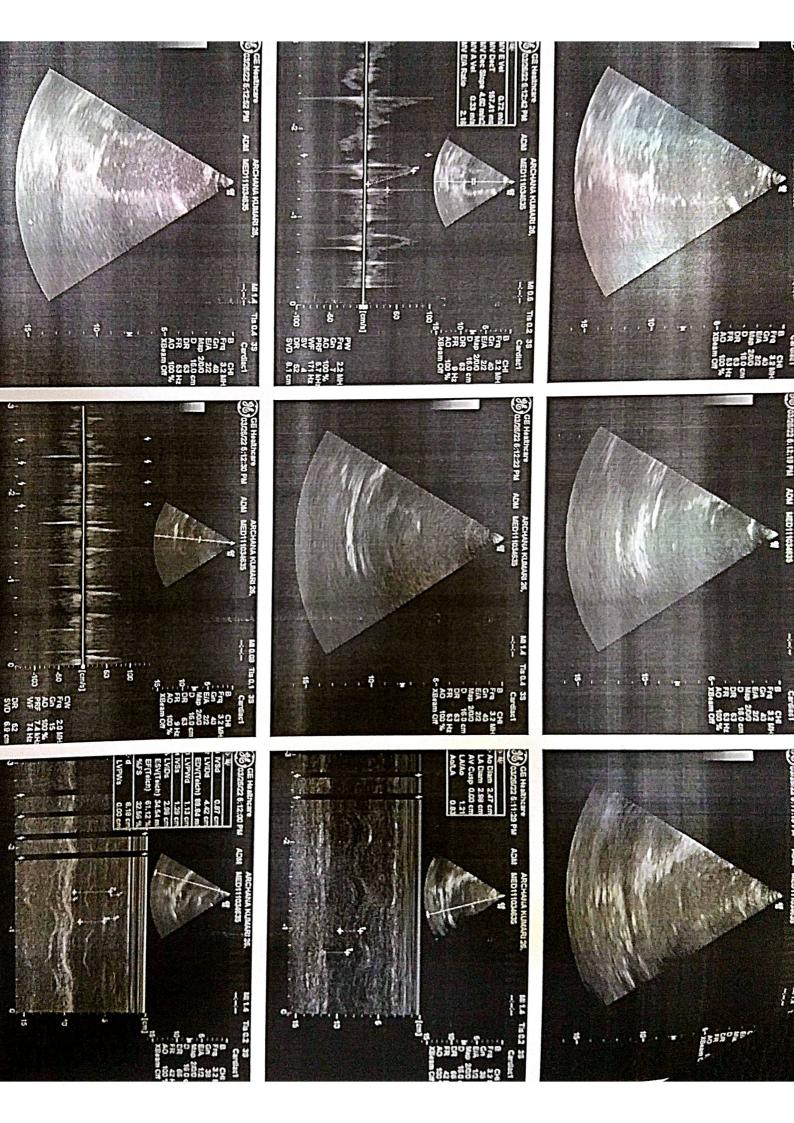
## **IMPRESSION:**

- > NORMAL SIZED CARDIAC CHAMBERS.
- > NORMAL LV SYSTOLIC FUNCTION. EF:61%.
- > NO REGIONAL WALL MOTION ABNORMALITIES.
- > NORMAL VALVES.
- > NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.

Vicent

DR. NIKHIL B INTERVENTIONAL CARDIOLOGIST NB/SA

# 1215, CH12 & 1215/A CH12A, Krishnamurthy Puram, New Kantharaj Urs Road, Mysore - 4
Phone: 0821-2332000, 4232111 Email Id: clumax.mysore@medallcorp.in (W) www.medall.in



2:20pm

MEDAL

# NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

**OPD SHEET** 

Patient's Name: Morx. Ascharakemali OP No. 1187738

1:49pm

Vn (16/6,N6

Routine

AMBBS, MS, FG

Consultant-Glaucoma & Cataraca

KMC No. 102734

N CTYIN

At : WHL(OU)

Colon Un ( 1 W NA

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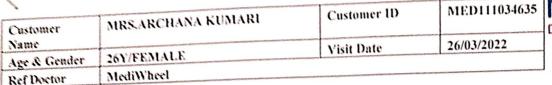
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layanagar Branch : 080-26088000 / 2663 3533 / 2663 3609 / 2245 Mobile : 94480 71816

Rajajinagar Branch : 080-4333 4111 / 2313 2777 / Mobile : 99728 53918

ndiranagar Branch : 080-4333 2555 Mobile : 81973 51609 Mysore Branch : 0821-4293000 Mobile : 94490 03771 Mangalore Lasik Centre : 0824-2213801 Mobile : 97410 26389 Davangere Lasik Centre : 08192-226607/08 Mobile : 94820 01795





# ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents.
Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

**SPLEEN** show normal shape, size and echopattern. No demonstrable Para-aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern.

Cortico- medullary differentiations are well madeout.

No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.0	1.3
Left Kidney	10.3	1.4

URINARY BLADDER show normal shape and wall thickness.

It has clear contents. No evidence of diverticula.

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern.

Endometrial echo is of normal thickness 9mms.

Uterus measures as follows: LS: 7.2cms

AP: 3.5cms

TS: 3.7cms.

OVARIES are normal size, shape and echotexture.

POD & adnexa are free.

No evidence of ascites.

## IMPRESSION:

> ESSENTIALLY NORMAL STUDY.

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH

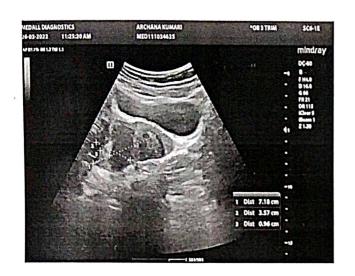
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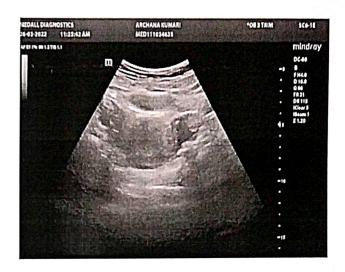
DR. MOHAN B

# Medall Diagnostics Ballal Circle(Ashoka circle) - Mysore



1					
-	Customer Name	MRS.ARCHANA	Customer ID	MEDITION AGNOSTICS	
		KUMARI		expens who care	
	Age & Gender	26Y/FEMALE	Visit Date	26/03/2022	
	Ref Doctor	MediWheel		The second secon	

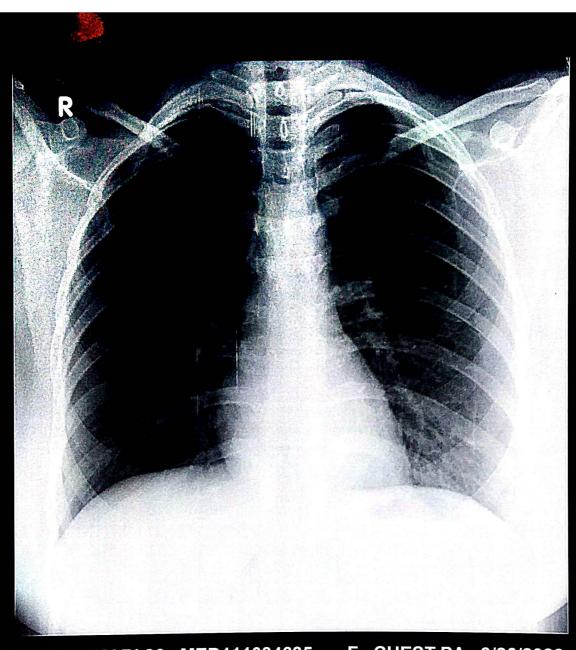












ARCHANA KUMARI 26 MED111034635 F CHEST PA 3/26/2022 01:27 PM MEDALL CLUMAX DIAGNOSTIC

 PID No.
 : MED111034635
 Register On : 26/03/2022 9:50 AM

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Ref. Dr : MediWheel

(Derived)

Neutrophils

Lymphocytes

Total WBC Count (TC)

 $({\rm EDTA~Blood} Derived~from~Impedance)$ 

(Blood/Impedance Variation & Flow Cytometry)

(Blood/Impedance Variation & Flow Cytometry)

Investigation  HAEMATOLOGY	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood'Spectrophotometry)	12.8	g/dL	12.5 - 16.0
INTERPRETATION: Haemoglobin values vary in Men blood loss, renal failure etc. Higher values are often due t			
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	39.0	%	37 - 47
RBC Count (EDTA Blood/Automated Blood cell Counter)	4.37	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	89.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	29.2	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	32.8	g/dL	32 - 36
RDW-CV (Derived)	14.4	%	11.5 - 16.0
RDW-SD	44.86	fL	39 - 46

8300

69

28



**APPROVED BY** 

cells/cu.mm

%

%

4000 - 11000

40 - 75

20 - 45

PID No. : MED111034635 **Register On** : 26/03/2022 9:50 AM : 712209539 **Collection On** : 26/03/2022 10:30 AM SID No. Age / Sex : 26 Year(s) / Female Report On : 27/03/2022 10:54 AM

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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	01	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	02	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.73	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.32	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.08	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.17	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10^3 / μl	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	241	10^3 / μl	150 - 450
MPV (Blood/ <i>Derived</i> )	8.5	fL	8.0 - 13.3
PCT	0.20	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/Automated ESR analyser)	60	mm/hr	< 20



Remark: kindly correlate clinically

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Investigation BIOCHEMISTRY	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Liver Function Test			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.4	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.30	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.8	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.5	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.30	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.36		1.1 - 2.2
INTERPRETATION: Remark : Electrophoresis is the pr	referred method		
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	38	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	51	U/L	5 - 41
Remark: kindly correlate clinically			
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	121	U/L	42 - 98
Remark: kindly correlate clinically			
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	48	U/L	< 38



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Investigation

<u>Observed</u> <u>Unit</u> **Biological Value** Reference Interval

Remark: kindly correlate clinically



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Ref. Dr : MediWheel

Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Lipid Profile			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	176	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	72	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 lusuall circulating level of triglycerides during most part of the day.

r			
HDL Cholesterol (Serum/Immunoinhibition)	38	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	123.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	14.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	138.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220







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<u>Investigation</u> <u>Observed</u> <u>Unit</u> <u>Biological</u> <u>Value</u> <u>Reference Interval</u>

**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)

4.6

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 1.9 Optimal: < 2.5 (TG/HDL) Mild to moderate risk: 2.5 - 5.0 (Serum/Calculated) High Risk: > 5.0

LDL/HDL Cholesterol Ratio 3.3 Optimal: 0.5 - 3.0 (Serum/Calculated) Borderline: 3.1 - 6.0 High Risk: > 6.0



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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/HPLC)	5.5	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4

INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

Estimated Average Glucose 111.15 mg/dL

(Whole Blood)

#### **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 glycemic 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.



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Diabetic: >= 6.5

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: OP

<u>Investigation</u> <u>Observed</u> <u>Unit</u> <u>Biological</u>
Value Reference Interval

## **IMMUNOASSAY**

## THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.06 ng/ml 0.7 - 2.04

(Serum/Chemiluminescent Immunometric Assay

(CLIA))

Type

#### 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 (Thyroxine) - Total 11.16 Microg/dl 4.2 - 12.0

 $(Serum/Chemiluminescent\ Immunometric\ Assay$ 

(CLIA))

#### 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) 2.554 µIU/mL 0.35 - 5.50

(Serum/Chemiluminescent Immunometric Assay

(CLIA))

#### 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&amplt,0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Dr Shouree K.R.
MBBS MD DNB
Consultant Pathologist
Reg No: KMC 103138

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<u>Investigation</u>	<u>Observed</u>	<u>Unit</u>	<u>Biological</u>
	Value		Reference Interval

## **CLINICAL PATHOLOGY**

## **PHYSICAL EXAMINATION**

Colour	Pale yellow	Yellow to Amber
(Urine/Physical examination)		
Volume	25	ml
(Urine/Physical examination)		

Clear Appearance

(Urine)

## **CHEMICAL EXAMINATION**

pH (Urine)	7.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick EReagent strip method)	1.010		1.002 - 1.035
Protein (Urine/Dip Stick EReagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick EReagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative

Nil Nil Nitrite

(Urine/Dip Stick EReagent strip method)

Negative Bilirubin Negative mg/dL

(Urine)



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Blood	Nil		Nil
(Urine)			
Urobilinogen	Normal		Within normal limits
(Urine/Dip Stick EReagent strip method)			
<u>Urine Microscopy Pictures</u>			
RBCs	Nil	/hpf	NIL
(Urine/Microscopy)			
Pus Cells	3-4	/hpf	< 5
(Urine/Microscopy)			
Epithelial Cells	1-2	/hpf	No ranges
(Urine/Microscopy)			
Others	Nil		Nil
(Urine)			



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MEDALL

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Stool Analysis - ROUTINE			
Colour (Stool)	Brownish		Brown
Blood (Stool)	Not present		Not present
Mucus (Stool)	Not present		Not present
Reaction (Stool)	Alkaline		Alkaline
Consistency (Stool)	Semi solid		Semi solid
Ova (Stool)	Nil		Nil
Others (Stool)	Nil		Nil
Cysts (Stool)	Nil		Nil
Trophozoites (Stool)	Nil		Nil
RBCs (Stool)	Nil	/hpf	Nil
Pus Cells (Stool)	1-2	/hpf	Nil
Macrophages (Stool)	Nil		Nil
Epithelial Cells (Stool)	Nil	/hpf	Nil



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MEDALL

<u>Investigation</u> <u>Observed</u> <u>Unit</u> <u>Biological</u> <u>Value</u> <u>Reference Interval</u>

## **IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING

 $({\rm EDTA~Blood}/Agglutination})$ 

Remark: Test to be confirmed by Gel method .

'B' 'Positive'

Dr Shouree K.R MBBS MD DNB Consultant Pathologist Reg No : KMC 103138

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Investigation BIOCHEMISTRY	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BUN / Creatinine Ratio	13		6-22
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	86	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

30/03/2022 7:34 AM

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

Urine sugar, Fasting (Urine - F)	Nil		Nil
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10	mg/dL	7.0 - 21
Creatinine	0.8	mg/dL	0.6 - 1.1

(Serum/Jaffe Kinetic)

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-acetylcyteine , chemotherapeutic agent such as flucytosine

2.6 - 6.0 Uric Acid 6.0 mg/dL

(Serum/Uricase/Peroxidase)



**VERIFIED BY** 



**APPROVED BY** 

-- End of Report --



Name	ARCHANA KUMARI	ID	MED111034635
Age & Gender	26Y/F	Visit Date	Mar 26 2022 9:50AM
Ref Doctor	MediWheel		

## X – RAY CHEST PA VIEW

## **LUNGS:**

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

## **CARDIA:**

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

# **IMPRESSION**:

• NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.

AA/SV

Dr. Anitha Adarsh Consultant Radiologist