PID No. : MED111708923 : 423041630 SID No.

Age / Sex : 37 Year(s) / Male

Type : OP

Ref. Dr

: MediWheel

Register On : 01/07/2023 9:16 AM

Collection On : 01/07/2023 11:02 AM

Report On Printed On

: 01/07/2023 6:06 PM : 10/10/2023 2:37 PM



Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood'Spectrophotometry)	15.8	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	45.4	%	42 - 52
RBC Count (EDTA Blood)	5.35	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	85.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	29.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.8	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.4	%	11.5 - 16.0
RDW-SD (EDTA Blood)	39.87	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	8000	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	48.3	%	40 - 75
Lymphocytes (EDTA Blood)	41.2	%	20 - 45
Eosinophils (EDTA Blood)	4.2	%	01 - 06
Monocytes	5.6	%	01 - 10





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(EDTA Blood)

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Basophils (Blood)	0.7	%	00 - 02
INTERPRETATION: Tests done on Automated Five Pa	art cell counter. All a	abnormal results are re	eviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	3.86	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	3.30	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.34	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.45	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood)	0.06	10^3 / μl	< 0.2
Platelet Count (EDTA Blood)	379	10^3 / μl	150 - 450
MPV (EDTA Blood)	7.9	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.30	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	7	mm/hr	< 15





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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.31	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.12	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.19	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	22.25	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	37.47	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	45.57	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	126.8	U/L	53 - 128
Total Protein (Serum/Biuret)	7.27	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.51	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.76	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	0.93		1.1 - 2.2





Age / Sex : 37 Year(s) / Male **Report On** : 01/07/2023 6:06 PM

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Investigation Observed Unit <u>Biological</u> Value Reference Interval Lipid Profile **Cholesterol Total** 139.74 mg/dL Optimal: < 200 (Serum/CHOD-PAP with ATCS) Borderline: 200 - 239 High Risk: >= 240Triglycerides Optimal: < 150 373.33 mg/dL Borderline: 150 - 199 (Serum/GPO-PAP with ATCS) High: 200 - 499

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 õusualö"circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	25.40	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	39.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	74.7	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	114.3	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.





Very High: >= 500

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.5		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)	14.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0





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PID No.

: 10/10/2023 2:37 PM **Printed On**



Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/ <i>HPLC</i>)	5.7	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

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

Estimated Average Glucose 116.89 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 HbAlC 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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<u>Investigation</u>	<u>Observed</u>	<u>Unit</u>	<u>Biological</u>
	Value		Reference Interval

: 10/10/2023 2:37 PM

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 2.02 ng/ml 0.7 - 2.04

(Serum/ECLIA)

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 13.45 $\mu g/dl$ 4.2 - 12.0

(Serum/ECLIA)

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) 1.81 µIU/mL 0.35 - 5.50

(Serum/ECLIA)

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





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

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour	Yellow	Yellow to Amber

(Urine)

Appearance Clear Clear

(Urine)

Volume(CLU) 25

(Urine)

CHEMICAL EXAMINATION (URINE

COMPLETE)

pH	5.0	4.5 - 8.0
----	-----	-----------

(Urine)

Specific Gravity 1.014 1.002 - 1.035

(Urine)

Negative Negative Ketone

(Urine)

Normal Normal Urobilinogen

(Urine)

Negative Negative Blood

(Urine)

Negative Negative **Nitrite**

(Urine)

Negative Bilirubin Negative

(Urine)

Protein Negative Negative

(Urine)

Negative Negative Glucose

(Urine/GOD - POD)





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<u>Investigation</u>	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Leukocytes(CP)	Negative		
(Urine) MICROSCOPIC EXAMINATION			
(URINE COMPLETE)			
Pus Cells	0-2	/hpf	NIL
(Urine)	0-2	/IIpi	NIL
Epithelial Cells	0-2	/hpf	NIL
(Urine)			
RBCs	NIL	/HPF	NIL
(Urine)			
Others	NIL		
(Urine)			
INTERPRETATION: Note: Done with Automated reviewed and confirmed microscopically.	Urine Analyser & Autor	mated urine sedime	entation analyser. All abnormal reports are
Casts	NIL	/hpf	NIL

(Urine) Crystals NIL /hpf (Urine)



Sr.Consultant Pathologist Reg No: 100674

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NIL

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InvestigationObservedUnitBiologicalValueReference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING

(EDTA Blood/Agglutination)

'O' 'Positive'





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
BUN / Creatinine Ratio	10.6		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	95.78	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

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) Negative Negative

(Urine - F/GOD - POD)

Glucose Postprandial (PPBS) 60.08 mg/dL 70 - 140

(Plasma - PP/GOD-PAP)

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)	8.1	mg/dL	7.0 - 21
Creatinine (Serum/ <i>Modified Jaffe</i>)	0.76	mg/dL	0.9 - 1.3

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

Uric Acid 6.68 mg/dL 3.5 - 7.2

(Serum/Enzymatic)





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-- End of Report --

Mahech Moh:8618385220



SRI PARVATHI OPTICS

Multi Branded Opticals Store

Computerized Eye Testing & Spectacles Clinic

333.8th Main 5th Cross Near Cambridge & Miranda School HAL 3rd Stage Behind Vishveshvariah Park New Thippasandra, Bangalore - 560075, Email: parvathiopticals@amail.com

SPECTACLE PRESCRIPTION

No 3133 Name: Nagarata

Date: 1/7/2003 Mobil No: Age / Gender Ref. No.

RIGHT EYE I FFT FVP

	SPII	CYL.	AXB	VISION	SPEE	CYL	AXIS	VISION
DISTANCE	flon	С		40	81	unco		A.
MA		1973	144.5		1			7000

Advice to use glasses for:

☐ DISTANCE ☐ FAR & NEAR ☐ READING ☐ COMPUTER PURFOSE

SRI PARVATHI OPTICS NEW THIPPASANDRA

We Care Your Eyes

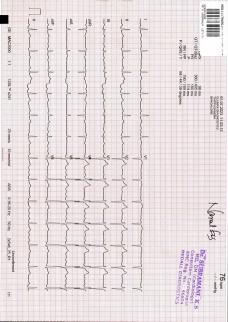


CLUMAX DIAGNOSTICS MEDALL HEALTHCARE PVT LTD CUSTOMER CHECKLIST



				MR.K NAGARAJA	Name	ustom
				: MediWheel	ime	ef Dr I
423041630	42304		Visit II	MED111708923	r Id	uston
9590423848	95904		Phone	37Y/MALE		
2220120012	,,,,,,,		PHONE	: 37Y/MALE		ige
01/07/2023	01/07	te :	Visit D	: 19 Mar 1986		ОВ
			1	: MediWheel		
		ale Below 40	Checkup N	lediwheel Full Body Health	Name : N	ackag
Time Signature	Time	AccessionNo			odality	S.No
			UN)	BLOOD UREA NITROGEN (BL	AB	1
			/	CREATININE	AB	2
				GLUCOSE - FASTING	AB	3
		4		GLUCOSE - POSTPRANDIAL	AB	4
			BIN	GLYCOSYLATED HAEMOGLO (HbA1c)	AB	5
				URIC ACID	AB	6
				LIPID PROFILE	AB	7
		en la		LIVER FUNCTION TEST (LFT	AB	8
			, T4, TSH)	THYROID PROFILE/ TFT(T3	AB	9
				URINE GLUCOSE - FASTING	AB	10
	-	-		URINE GLUCOSE - POSTPRA Hrs)	AB	11
			WITH ESR	COMPLETE BLOOD COUNT V	AB	12
urea	urea	Not lege	E	STOOL ANALYSIS - ROUTIN	AB	13
				URINE ROUTINE	AB	14
				BUN/CREATININE RATIO	AB	15
			(Forward	BLOOD GROUP & RH TYPE (Reverse)	AB	16
_	-	IND14016111138		ECG	CG	17
		IND140161114690		RoadesHt / 2D Echo	THERS	18
- dougl	-	IND140161115279		physical examination	THERS	19
-	-	IND140161115292		ULTRASOUND ABDOMEN	JS	20
- 0.0	-	IND140161117756	100	EYE CHECKUP	OTHERS	21
- ere		IND140161118659		X RAY CHEST	(-RAY	22
Registerd By		IND140161118736		Consultation Physician	OTHERS	23

Ht 166 101. 700 Bp. 149/ap palse. #2.



Name	K NAGARAJA	ID	MED111708923
Age & Gender	37-Male		7/2/2023 9:57:36 AM
Ref Doctor Name	MediWheel		



2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA : 3.2cms

LEFT ATRIUM : 3.3cms

AVS :----

LEFT VENTRICLE (DIASTOLE) : 4.3cms

(SYSTOLE) : 2.8cms

VENTRICULAR SEPTUM (DIASTOLE) : 0.9cms

(SYSTOLE) : 1.4cms

POSTERIOR WALL (DIASTOLE) : 0.7cms

(SYSTOLE) : 1.6cms

EDV : 84ml

ESV : 30ml

FRACTIONAL SHORTENING : 35%

EJECTION FRACTION : 65%

EPSS :---

RVID : 1.8cms

DOPPLER MEASUREMENTS:

MITRAL VALVE : E' 0.92 m/s A' 0.60 m/s NO MR

AORTIC VALVE : 1.04 m/s NO AR

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

PULMONARY VALVE : 0.96 m/s NO PR

^{1.} This is only a radiologincal imperssion. Like other investigations, radiological investication also have limitation. Therefore radiologincal reports should be interpreted in correlation with clinical and pathological findings.

^{2.} The results reported here in are subject to interpretation by qualified medical professionals only.

^{3.}Customer identities are accepted provided by the customer or their representative.

^{4.}information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.

^{5.}If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.

^{6.}Test results should be interpreted in context of clinical and other findings if any. In case of any clarification /doubt, the refrering doctor/patient can contact the respective section head of the laboratory.

^{7.}Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,

^{8.}If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.

^{9.}Liability is limited to the extend of amount billed.

^{10.}Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.

^{11.}Disputes, if any, with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	K NAGARAJA	ID	MED111708923
Age & Gender	37-Male	Visit Date	7/2/2023 9:57:36 AM
Ref Doctor Name	MediWheel		



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:65 %.
- > NO REGIONAL WALL MOTION ABNORMALITIES.
- > NORMAL VALVES.
- ➤ NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

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Name	K NAGARAJA	ID	MED111708923
Age & Gender	37-Male		7/2/2023 9:57:36 AM
Ref Doctor Name	MediWheel		



DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST SRI JAYADEVA INSTITUTE OF CARDIOLOGY, BANGALORE KSS/da

Note:

- * Report to be interpreted by qualified medical professional.
- * To be correlated with other clinical findings.
- * Parameters may be subjected to inter and intra observer variations.
- *Any discrepancy in reports due to typing errors should be corrected as soon as possible.

- 1.This is only a radiologincal imperssion.Like other investigations, radiological investication also have limitation. Therefore radiological reports should be interpreted in correlation with clinical and pathological findings.
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Name	K NAGARAJA	ID	MED111708923
Age & Gender	37-37-Male	Visit Date	7/2/2023 9:57:36 AM
Ref Doctor Name	MediWheel		



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 shows 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 shows 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.

A calculus measuring about 3mm in size is noted in the upper pole of the right kidney.

A calculus measuring about 4mm in size is noted in the mid pole of the left kidney.

No evidence of hydronephrosis on either side.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.6	1.2
Left Kidney	10.3	1.4

URINARY BLADDER shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape, size and echopattern. It measures 2.6 x 2.7 x 3.2cms (Vol:12cc).

No evidence of ascites / pleural effusion.

IMPRESSION:

- > BILATERAL RENAL NON-OBSTRUCTIVE CALCULI.
- NO OTHER SIGNIFICANT ABNORMALITY DETECTED.

- 1. This is only a radiologincal imperssion. Like other investigations, radiological investication also have limitation. Therefore radiologincal reports should be interpreted in correlation with clinical and pathological findings.
- 2. The results reported here in are subject to interpretation by qualified medical professionals only.
- 3.Customer identities are accepted provided by the customer or their representative.
- 4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.
- 5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.
- 6.Test results should be interpreted in context of clinical and other findings if any. In case of any clarification /doubt, the refrering doctor/patient can contact the respective section head of the laboratory.
- 7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,
- 8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
- 9.Liability is limited to the extend of amount billed.
- 10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.
- 11.Disputes, if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	K NAGARAJA	ID	MED111708923
Age & Gender	37-37-Male		7/2/2023 9:57:36 AM
Ref Doctor Name	MediWheel		



DR. APARNA CONSULTANT RADIOLOGIST A/ms

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Name	Mr. K NAGARAJA	ID	MED111708923
Age & Gender	37Y/M	Visit Date	Jul 1 2023 9:15AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: Essentially normal study.

DR. APARNA

CONSULTANT RADIOLOGIST