

MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 10-Sep-2022 8:29 AM

Customer Name : MR. B S CHANDRAKUMAR

Ref Dr Name : MediWheel

Customer Id : MED111292881

Email Id :

Corp Name : MediWheel

Address :

DOB : 10 Sep 1972

Age : 49Y/MALE

Visit ID : 712227704

Phone No : 9481385501

H-168

W-78

BP-120/80

Pulse-60

HR-38

Visit-UR

Package Name : Mediwheel Full Body Health Checkup Male Above 40

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)				
2	LAB	GLUCOSE - FASTING				
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS) - P				
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
5	LAB	LIPID PROFILE				
6	LAB	LIVER FUNCTION TEST (LFT)				
7	LAB	URIC ACID				
8	LAB	URINE GLUCOSE - FASTING				
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
10	LAB	COMPLETE BLOOD COUNT WITH ESR				
11	LAB	THYROID PROFILE/ TFT(T3, T4, TSH) - P				
12	LAB	TOTAL PROSTATE SPECIFIC ANTIGEN - PSA - P				
13	LAB	STOOL ANALYSIS - ROUTINE - P				
14	LAB	URINE ROUTINE				
15	LAB	CREATININE				

		BLOOD GROUP & RH TYPE (Forward Reverse)				
LAB	BUN/CREATININE RATIO					
18	OTHERS physical examination		MYS2722040102651			
19	US ULTRASOUND ABDOMEN		MYS2722040103462		Ground Floor	
20	OTHERS Treadmill 2D Echo		MYS2722040127528		4th floor	
21	OTHERS Dental Consultation		MYS2722040134969			
22	OTHERS EYE CHECKUP		MYS2722040135592			
23	X-RAY X RAY CHEST		MYS2722040145199			IP & Floor
24	OTHERS Consultation Physician		MYS2722040148004			
25	ECHO ELECTROCARDIOGRAM ECG		MYS2722040149333			

Registered By

(R.SUNILKUMAR)

FITNESS CERTIFICATE

NAME: <i>R.S. Chandre Kumar</i>	AGE: <i>49</i>	
Ht: <i>168</i> CMS	Wt: <i>78</i> KGS	SEX: <i>M</i>

PARAMETERS	MEASUREMENTS	
PULSE / BP (supine)	<i>120/80</i>	/mt / /mmHg
INSPIRATION		
EXPIRATION	<i>39</i>	
CHEST CIRCUMFERENCE	<i>40</i>	
PREVIOUS ILLNESS		
VISION	<i>⊙</i>	
FAMILY HISTORY	FATHER:	MOTHER: <i>Nil</i>

REPORTS: *Grade I Fatty changes*
BPH. Advised lifestyle changes

DATE: *10/09/2022*
 PLACE: *Mysuru*

Nikhil
 CONSULTANT PHYSICIAN

Dr. NIKHIL. B.
 M.D., D.M.(Cardiologist)
 Interventional Cardiologist
 KMC Reg. No.: 90111



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Age & Gender	49Y/MALE	Visit Date	10/09/2022
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2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.1cms
LEFT ATRIUM	:	3.3cms
LEFT VENTRICLE (DIASTOLE)	:	4.9cms
(SYSTOLE)	:	3.0cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.0cms
(SYSTOLE)	:	1.3cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.4cms
EDV	:	75ml
ESV	:	31ml
FRACTIONAL SHORTENING	:	37%
EJECTION FRACTION	:	59%
RVID	:	1.6cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.88m/s	'A' - 0.46m/s	NO MR
AORTIC VALVE	:	1.05m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.78m/s	'A' - 0.45m/s	NO TR
PULMONARY VALVE	:	0.77m/s		NO PR



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Age & Gender	49Y/MALE	Visit Date	10/09/2022
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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.

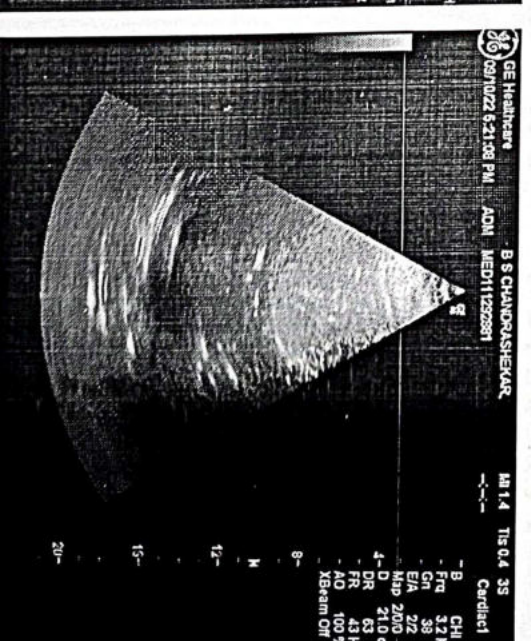
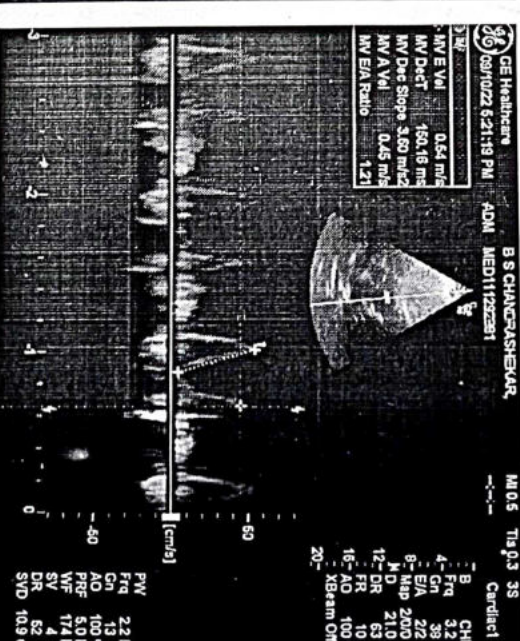
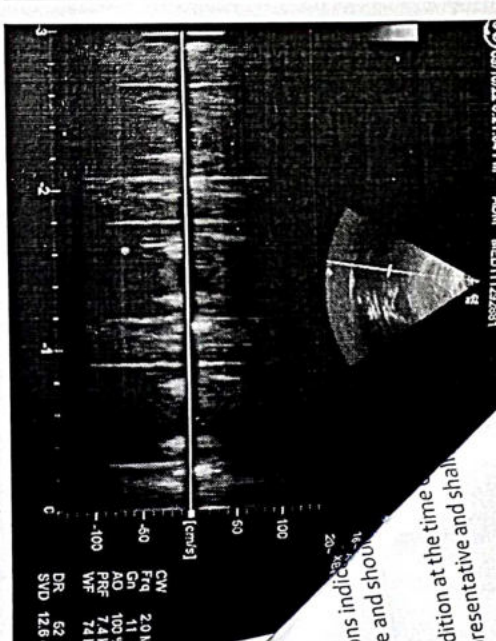
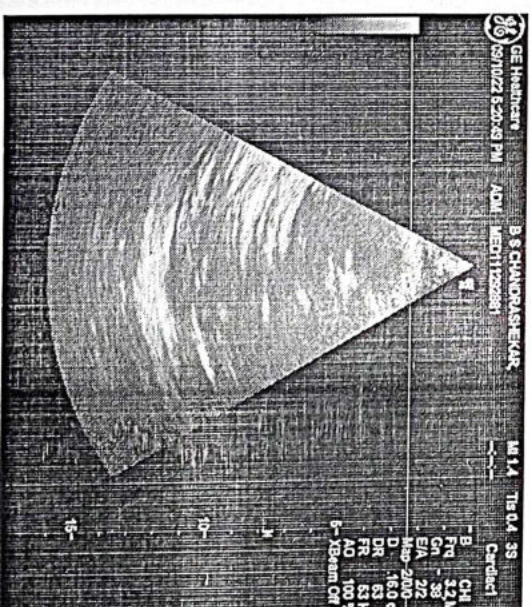
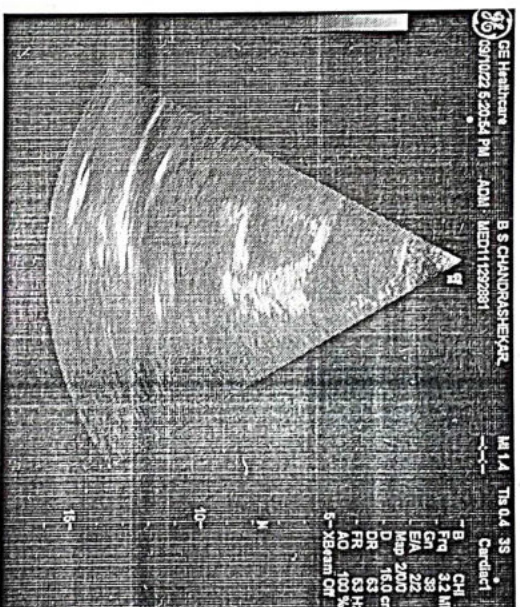
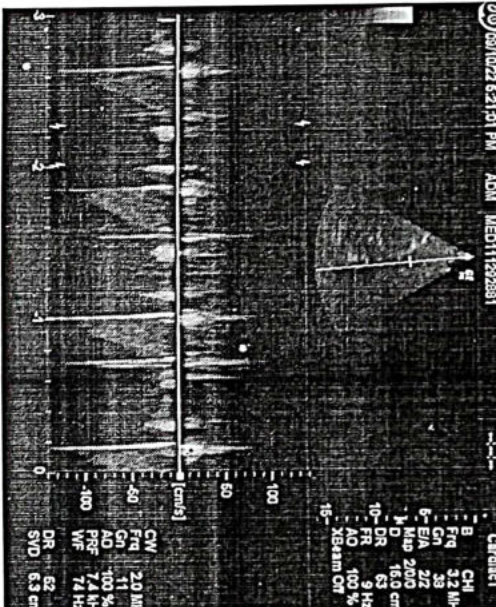
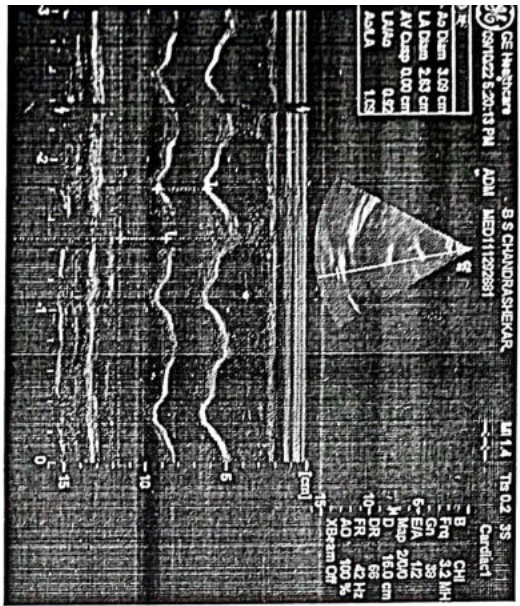
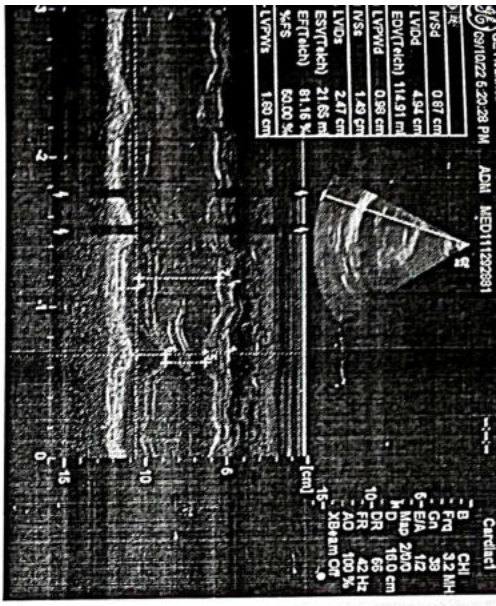
IMPRESSION:

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 59%.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.



DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/TG





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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows slightly increased echotexture.

No evidence of focal lesion or intrahepatic biliary ductal dilatation.

Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended.

PANCREAS has normal shape, size and uniform echopattern.

No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

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	10.1	1.6
Left Kidney	9.7	1.6

URINARY BLADDER show normal shape and wall thickness.

It has clear contents.

Prevoid volume: 358cc

Postvoid residual urine: nil

PROSTATE is enlarged in size. It measures 3.6 x 4.8 x 3.8cms and volume 35cc.

No evidence of ascites.

Impression:

- *Grade I Fatty Changes In Liver.*
- *Prostatomegaly*

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MB/MS


DR. MOHAN B

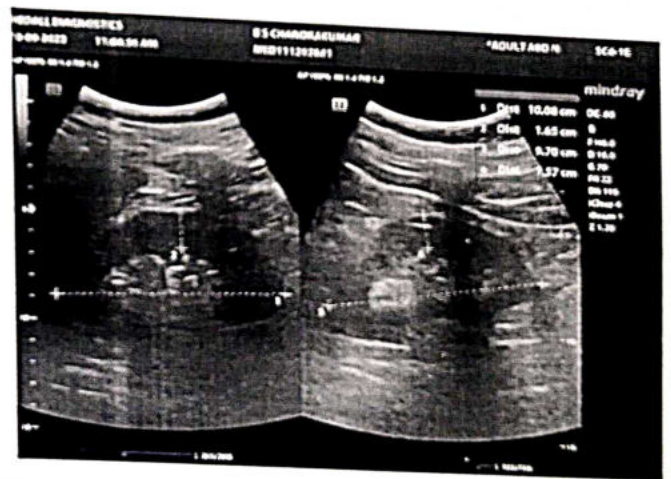
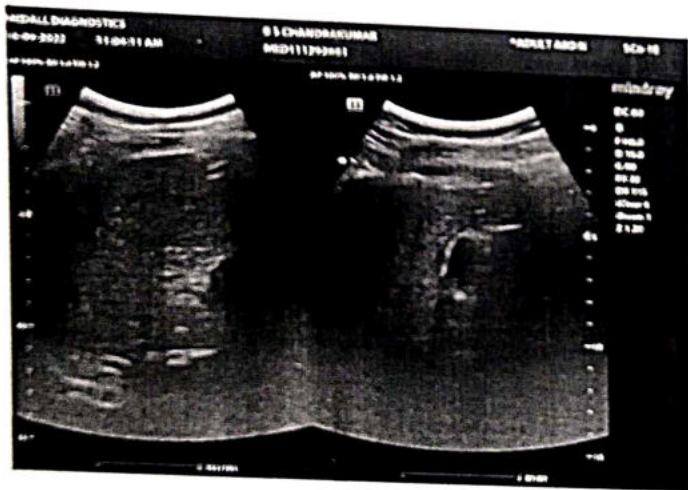
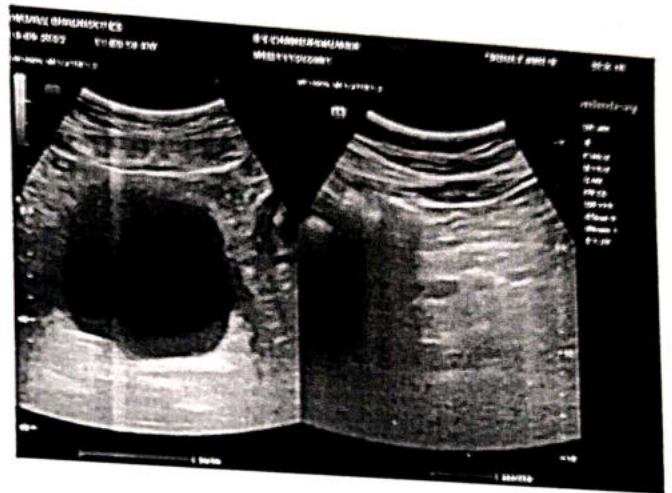
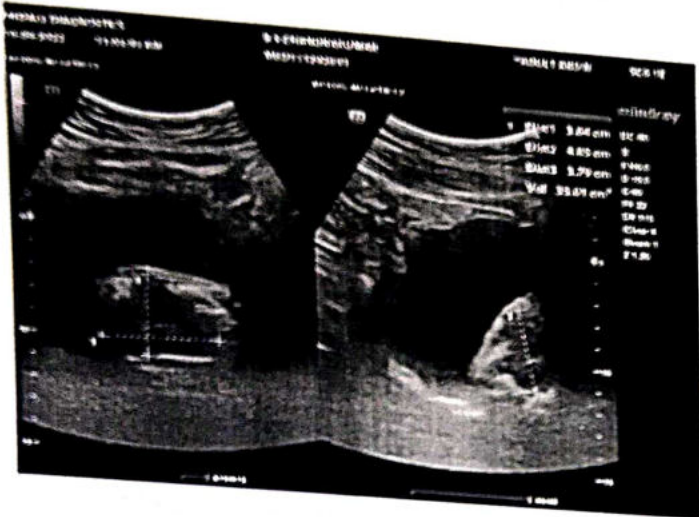


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and shall be

Medall Diagnostics
Ballal Circle(Ashoka circle) - Mysore



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Medall



NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

OPD SHEET

Date : 10/10/20

Patient's Name : Mr. B.S. Chandrakumar

OP No. : 1210078

50 / m

12:30 pm

Dr. Richa

MBBS, DOMS, DNB

Consultant-Vitreo Retina

KMC Reg. No. : 105719

NCA < 15
14

BCVA < 6/6, N6
6/6, N6

Colour vision - BE - 38 / 38 - Normal on Ishihara chart

ant seg BE - WNL

Fundus - PP - BE CD - 0.3, PR +

ade

Clear. fundus

R/A 1 yr / 50s

1
B

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

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

Indiranagar Branch : 080-4333 2555 Mobile : 81973 51609

Mysore Branch : 0821-4293000 Mobile : 94490 03771

Mangalore Lasik Centre : 0824-2213801 Mobile : 97410 26389

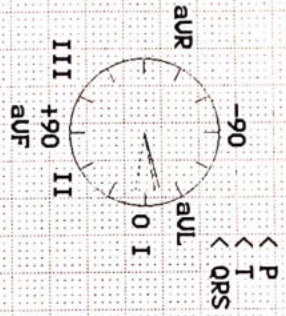
Davangere Lasik Centre : 08192-226607/08 Mobile : 94820 01795

R / FD / 07 / 13

AGE: 49

Measurement Results:

QRS : 96 ms
QT/QTcB : 404 / 405 ms
PR : 162 ms
P : 110 ms
RR/PP : 994 / 990 ms
P/QRS/T : 107 / -15 / -10 degrees
QTd/QTcBD : 26 / 26 ms
Sokolow : 1.2 mV
NK : 8

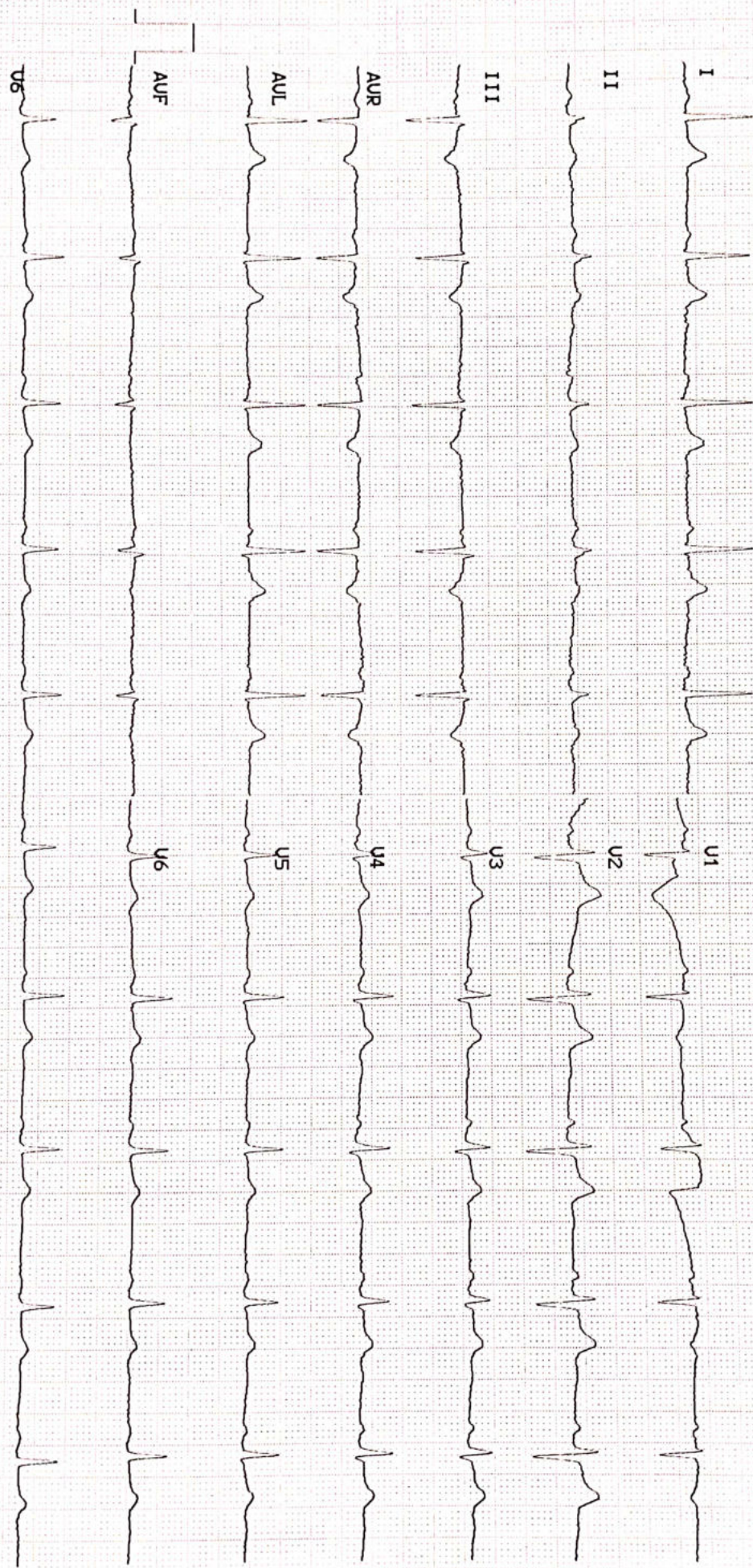


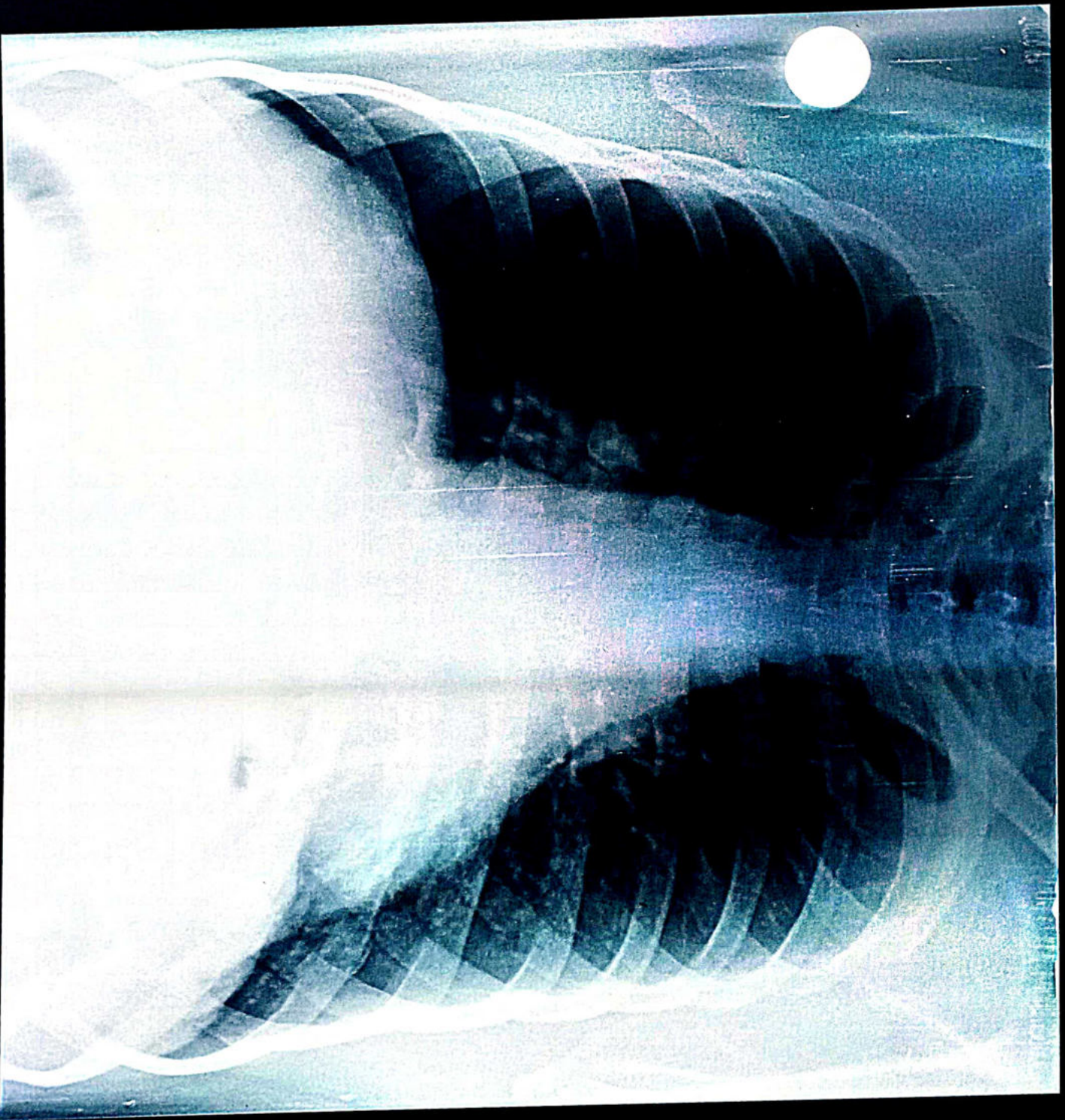
Interpretation:

minor left axis deviation
probably normal ECG
Normal sinus rhythm

[Signature]

Unconfirmed report.





B S CHANDRAKUMAR 49 MED111292881 M CHEST PA 9/10/2022 10:29 AM
MEDALL CLUMAX DIAGNOSTIC

Name : Mr. B S CHANDRAKUMAR
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Age / Sex : 49 Year(s) / Male
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Ref. Dr : MediWheel

Register On : 10/09/2022 8:29 AM
Collection On : 10/09/2022 9:21 AM
Report On : 10/09/2022 7:20 PM
Printed On : 11/09/2022 1:37 PM



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

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	16.2	g/dL	13.5 - 18.0
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INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	52.8	%	42 - 52
RBC Count (EDTA Blood/Automated Blood cell Counter)	5.76	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	91.6	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	28.1	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	30.7	g/dL	32 - 36
RDW-CV (Derived)	17.6	%	11.5 - 16.0
RDW-SD (Derived)	56.43	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	7520	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	51	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	36	%	20 - 45


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


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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	06	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	07	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.84	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.71	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.45	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.53	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)	212	10 ³ / µl	150 - 450
MPV (Blood/Derived)	14.3	fL	7.9 - 13.7
PCT	0.30	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	06	mm/hr	< 15


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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	1.0	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.3	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.70	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.7	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.7	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.00	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.57		1.1 - 2.2

INTERPRETATION: Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	30	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	36	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	72	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	35	U/L	< 55



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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	202	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	69	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/Immunoinhibition)	50	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	138.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	13.8	mg/dL	< 30

Mr. S. Mohan Kumar
Sr. Lab Technician

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Non HDL Cholesterol (Serum/Calculated)	152.0	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		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

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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	6.3	%	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 %

Remark: Kindly correlate clinically.

Estimated Average Glucose (Whole Blood)	134.11	mg/dL
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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.

Mr. S. Mohan Kumar
Sr. Lab Technician

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Dr. Shouree K.R.
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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.51	ng/ml	0.7 - 2.04
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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 (Serum/Chemiluminescent Immunometric Assay (CLIA))	10.74	Microg/dl	4.2 - 12.0
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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))	5.491	μIU/mL	0.35 - 5.50
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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.



Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771
VERIFIED BY



DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

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Age / Sex : 49 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 8:29 AM
Collection On : 10/09/2022 9:21 AM
Report On : 10/09/2022 7:20 PM
Printed On : 11/09/2022 1:37 PM



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

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Volume (Urine/Physical examination)	20		ml
Appearance (Urine)	Clear		

CHEMICAL EXAMINATION

pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.005		1.002 - 1.035
Protein (Urine/Dip Stick - Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative

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

Name : Mr. B S CHANDRAKUMAR

PID No. : MED111292881

Register On : 10/09/2022 8:29 AM

SID No. : 712227704

Collection On : 10/09/2022 9:21 AM

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Blood (Urine)	Nil		Nil
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	2-3	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil


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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'A' 'Positive'

Remark: Test to be confirmed by gel method.

A handwritten signature in blue ink over a circular logo with blue and pink segments.

Mr.S.Mohan Kumar
Sr.LabTechnician

VERIFIED BY

A handwritten signature in blue ink over a circular logo with blue and pink segments.

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BIOCHEMISTRY

BUN / Creatinine Ratio	7.1		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	99	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.

Urine sugar, Fasting (Urine - F)	Nil		Nil
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	88	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.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.1	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	1.0	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 etc.

Uric Acid (Serum/Uricase/Peroxidase)	7.0	mg/dL	3.5 - 7.2
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Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY

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

APPROVED BY

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<u>IMMUNOASSAY</u>			
Prostate specific antigen - Total(PSA) (Serum/ <i>Manometric method</i>)	0.927	ng/ml	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0

INTERPRETATION:REMARK : PSA alone should not be used as an absolute indicator of malignancy.



Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771

VERIFIED BY



DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

-- End of Report --

Name	B S CHANDRAKUMAR	ID	MED111292881
Age & Gender	49Y/M	Visit Date	Sep 10 2022 8:29AM
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.**



DR. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST