

PHYSICIAN CONSULTATION

DATE :- 11-03-2023

NAME :- Solanki Rashminkumar

DOB :- 18-10-1982

AGE :- 40 yrs

SEX :- male

HEIGHT :- 181 cms

WEIGHT :- 86 kgs

BP READING :- 122/80 mm Hg

PULSE :- 76 /min

BMI :- 26.25

MEDICATION :- NO

N.R. Shan
DR. N. R. SHAN
G-4383 M.D.



4511

Patient Name : Solanki Rashmin
Sample No.. : 4511
Referred : Mediwheel

Age/Sex : 40 Years/Male
Registration On: 11/03/2023/08:52
Approved On : 11/03/2023 09:26

USG WHOLE ABDOMEN

Liver is normal in size, shows homogenous parenchymal echoes and normal intrahepatic radicles. No focal lesion is seen. Portal vein is normal in calibre and shows normal colour flow.

Gallbladder is physiologically distended. No calculus or wall thickening seen. CBD is normal in calibre.

Pancreas is normal in size and echo texture. No diffuse or focal lesion seen.

Spleen is normal in size and homogenous in echo texture.

Kidneys are normally placed, normal in size, show normal thickness cortical tissue and normal sinus echoes. Cortico-medullary differentiation is well seen.

There are 4-5 mm size two calculi noted at middle calyx of Rt kidney.

Few small renal concretions noted at both kidneys.

No evidence of hydronephrosis is seen on either side.

Rt. Kidney is 11.4 x 4.6 cm. Lt. Kidney is 10.8 x 5.1 cm.

Aorta is normal in calibre. No para-aortic or mesenteric lymph nodes seen.

Urinary bladder shows adequate distension. No evident calculus, wall thickening or mass seen.

Prostate is normal in size (~ Vol. Cc) and homogenous in echotexture.

Bowel loops are unremarkable.

No ascites is seen.

Impression:

4-5 mm size two calculi at Rt kidney
Few Small concretions at both kidneys

Dr. Parag Sheth. (M.D.)
Consultant Radiologist.



Eye Test Report

| | | | | | | | |
|--------------------|----|-----------------|-----|------|----|---------|----------|
| NAME | | Solanki Rashmin | | | | DATE | 11/03/23 |
| SR. | 03 | EMP.ID | | AGE | 40 | GENDE R | MALE |
| HISTOR Y | | | | | | | |
| VISION | | DIST. | | NEAR | | | |
| | | OD | OS | OD | OS | | |
| WITHOUT CORRECTION | | 6/6 | 6/6 | N6 | N6 | | |
| WITH CORRECTION | | - | - | - | - | | |
| COLOR VISION | | NORMAL | | | | | |

Rx DETAILS:

| DIST. | SPH | CYL | AXIS |
|----------|-----|-----|------|
| RIGHT | - | - | - |
| LEFT | - | - | - |
| COMMENTS | | | |

NEAR ADD : _____ - _____ N₆ @ 40CM

Dr. L. A. Shukla (M. S. Opthal)

Stamp and Sign

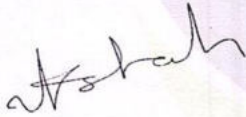
Name :- Solanki Rashmin
Age:- 40

Date:11/03/2023

X-RAY : CHEST PA

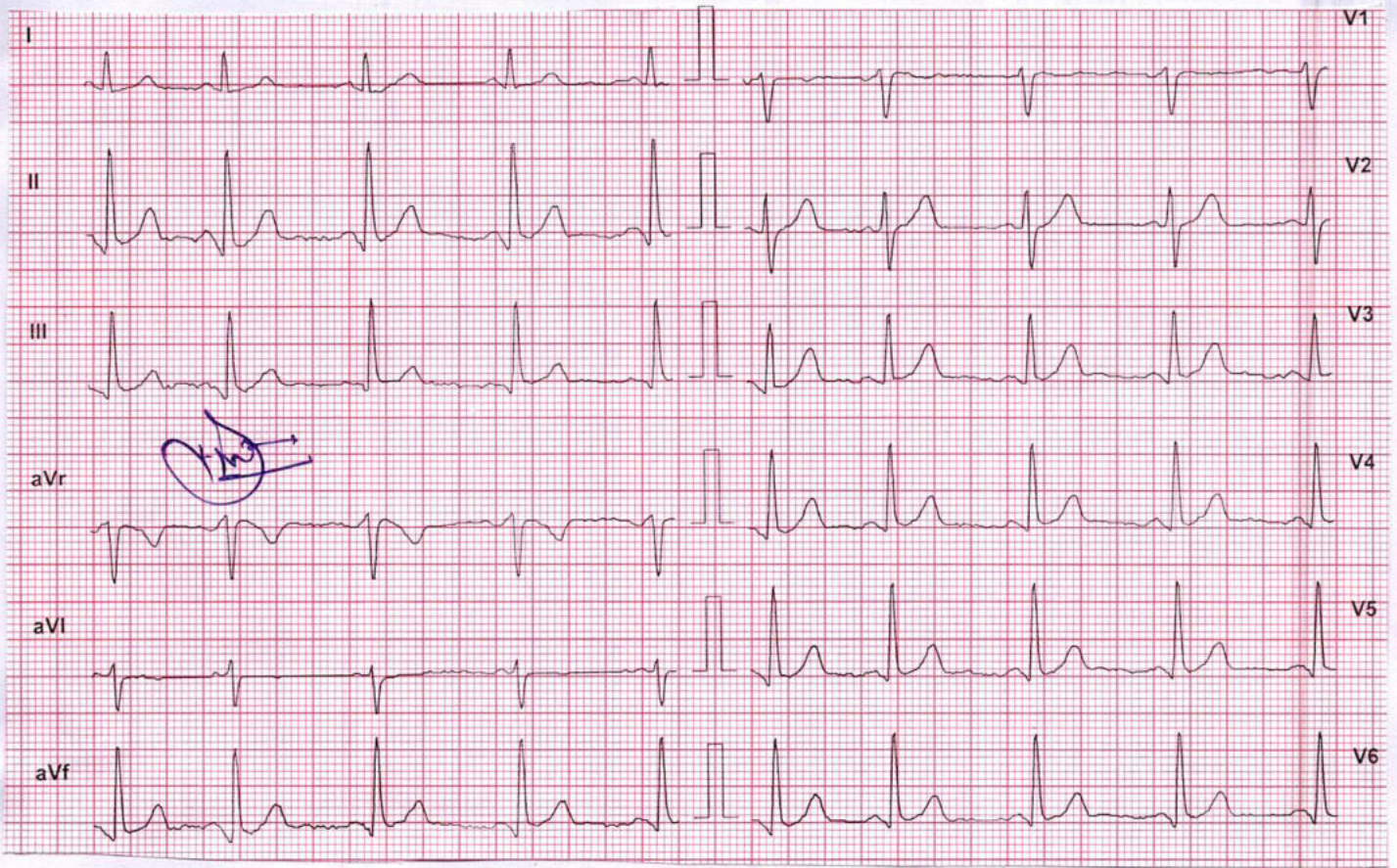
Both lung fields appears normal
There is no evidence of pulmonary tuberculosis
No evidence of pleural Effusion on either side.
Heart size appears normal.
Bony thorax and diaphragms appear normal.

Comment: Normal X-ray chest (PA) view



DR .VIKRAM SHAH.
M.D

Rashmi Kumar Solanki



R.K.
DR. N. R. SHAH
G-4383 M.D

Rate \rightarrow
P 76

Patient Details

Date: 3/11/2023

Time: 12:16:40 PM

Name: RASHMINKUMAR SOLANKI

Age: 40 y Sex: M

Height: 181 cms.

Weight: 86 Kg.

Clinical History: NONE

Medications: NONE

Test Details

Protocol: Bruce

Pr.MHR: 180 bpm

THR: 152 (85% of Pr.MHR) bpm

Total Exec. Time: 6 m 36 s

Max. HR: 176 (98% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 156 / 88 mmHg

Max. BP x HR: 27456 mmHg/min

Min. BP x HR: 7120 mmHg/min

End Point Criteria: Target Heart Rate Achieved

Protocol Details

| Stage Name | Stage Time (min : sec) | Mets | Speed (mph) | Grade (%) | Heart Rate (bpm) | Max. BP (mm/Hg) | Max. ST Level (mm) | Max. ST Slope (mm/s) |
|------------------|---------------------------|------|----------------|--------------|------------------------|--------------------|--------------------------|----------------------------|
| Supine | 0 : 12 | 1.0 | 0 | 0 | 89 | 122 / 80 | -0.85 aVr | 0.64 II |
| Standing | 0 : 12 | 1.0 | 0 | 0 | 91 | 122 / 80 | -0.85 aVr | 0.85 II |
| Hyperventilation | 0 : 24 | 1.0 | 0 | 0 | 95 | 122 / 80 | -1.06 aVr | 1.06 II |
| 1 | 3 : 0 | 4.6 | 1.7 | 10 | 131 | 130 / 82 | -1.49 III | 1.70 V2 |
| 2 | 3 : 0 | 7.0 | 2.5 | 12 | 157 | 144 / 84 | -1.70 III | 2.76 II |
| Peak Ex | 0 : 36 | 10.2 | 3.4 | 14 | 176 | 156 / 88 | -2.12 III | 2.76 II |
| Recovery(1) | 3 : 0 | 1.0 | 0 | 0 | 125 | 144 / 80 | -2.55 aVr | 3.61 V2 |
| Recovery(2) | 3 : 0 | 1.0 | 0 | 0 | 99 | 132 / 84 | -0.85 aVr | 1.27 II |
| Recovery(3) | 0 : 30 | 1.0 | 0 | 0 | 93 | 124 / 82 | -0.64 aVr | 1.06 II |

Interpretation

Normal Haemodynamic Response.

Normal Chronotropic Response.

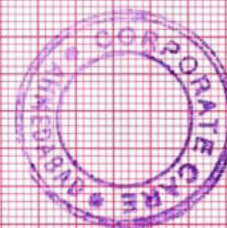
Good Exercise Tolerance.

Normal HR and BP Response.

No Angina. No Arrhythmias.

No ST-T changes present in exercise & Recovery

Test Negative For Exercise Inducible Ischemia



N.R. Shah
DR. N. R. SHAH
 G-4383 M.D

Ref. Doctor: BOB

(Summary Report edited by user)

.....
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RASHMINKUMAR SOLANKI (40 M)

ID: 4623

Date: 3/11/2023 Exec Time : 0 m 0 s Stage Time : 0 m 6 s

HR: 89 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph Grade: 0 % (THR: 152 bpm)

B.P: 122 / 80

ST Level (mm)

ST Slope (mm / s)

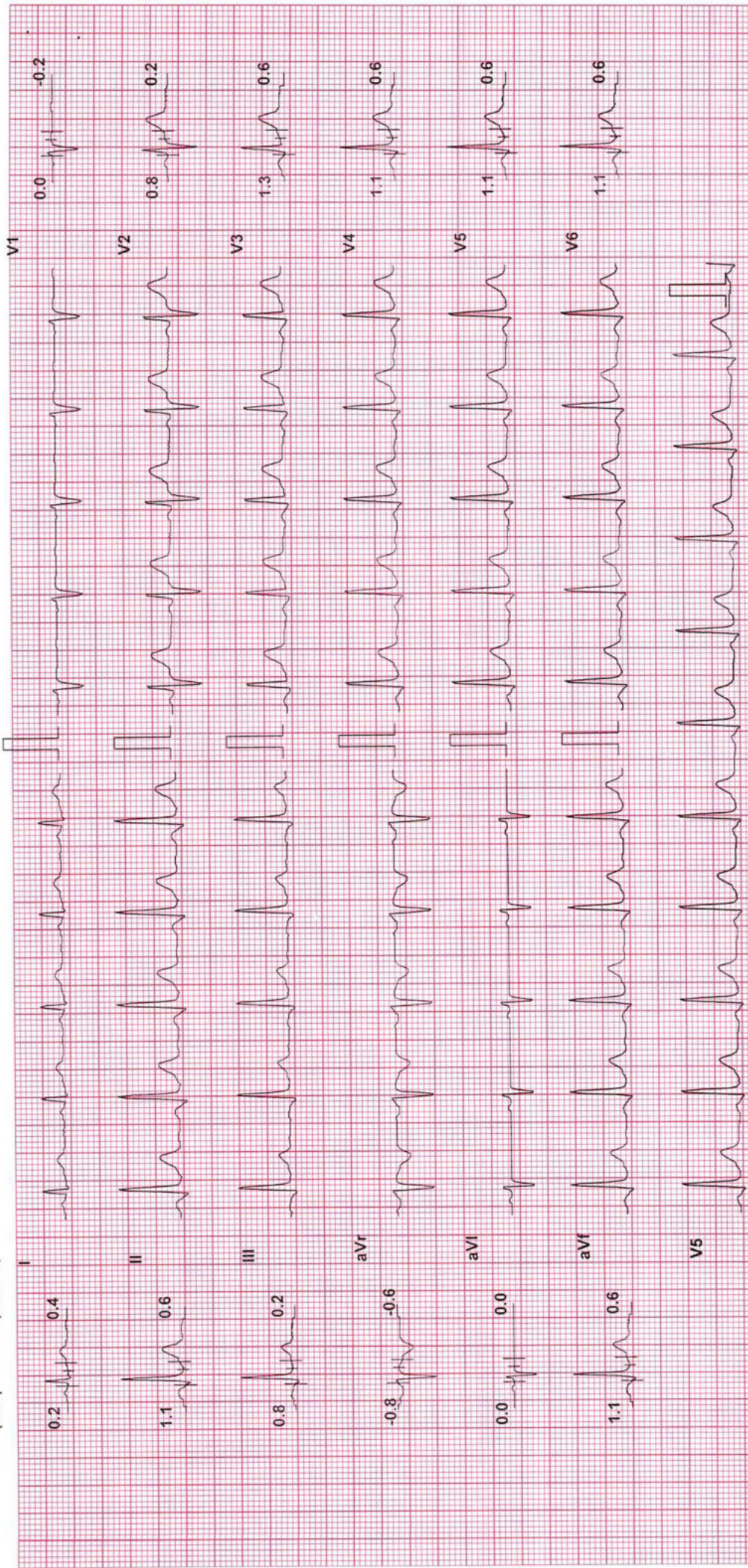


Chart Speed: 25 mm/sec
(c)Schiller Healthcare India Pvt. Ltd. V4.0

Filter: 35 Hz Mains Filtr: ON Amp: 10 mm ISO = R - 60 ms J = R + 60 ms Post-J = J + 60 ms

RASHMINKUMAR SOLANKI (40 M)

ID: 4623

Date: 3/11/2023

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 91 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 152 bpm)

B.P: 122 / 80

ST Level (mm) ST Slope (mm / s)

ST Level (mm) ST Slope (mm / s)

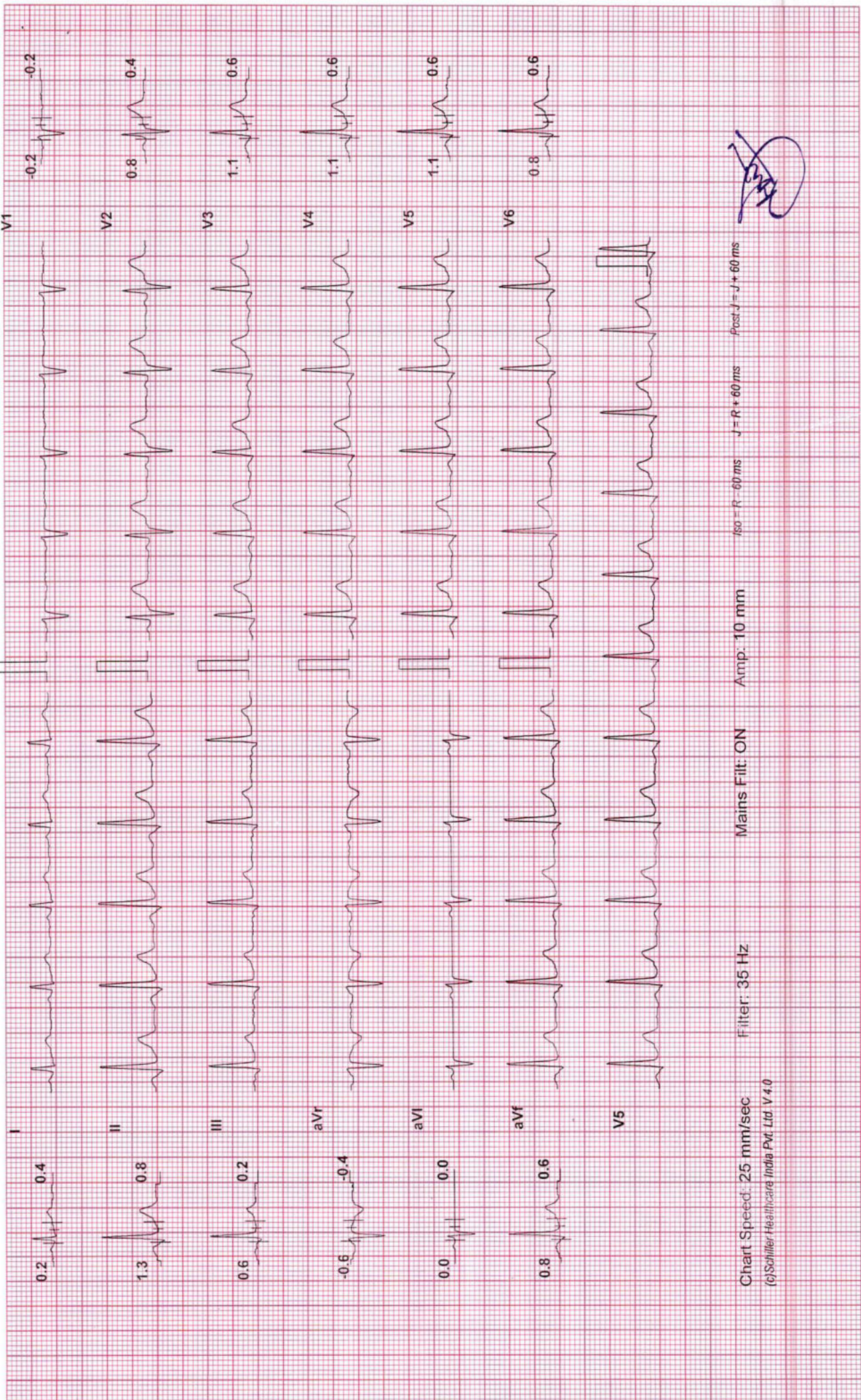


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Fil: ON Amp: 10 mm Iso - R - 60 ms J - R + 60 ms Post-J - J + 60 ms

(c)Schiller Healthcare India Pvt. Ltd. V 4.0

Test Report

RASHMINKUMAR SOLANKI (40 M)

ID: 4623

Date: 3/11/2023

Exec Time : 0 m 0 s

Stage Time : 0 m 18 s

HR: 95 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 152 bpm)

B.P: 122 / 80

ST Level (mm)

ST Slope (mm / s)

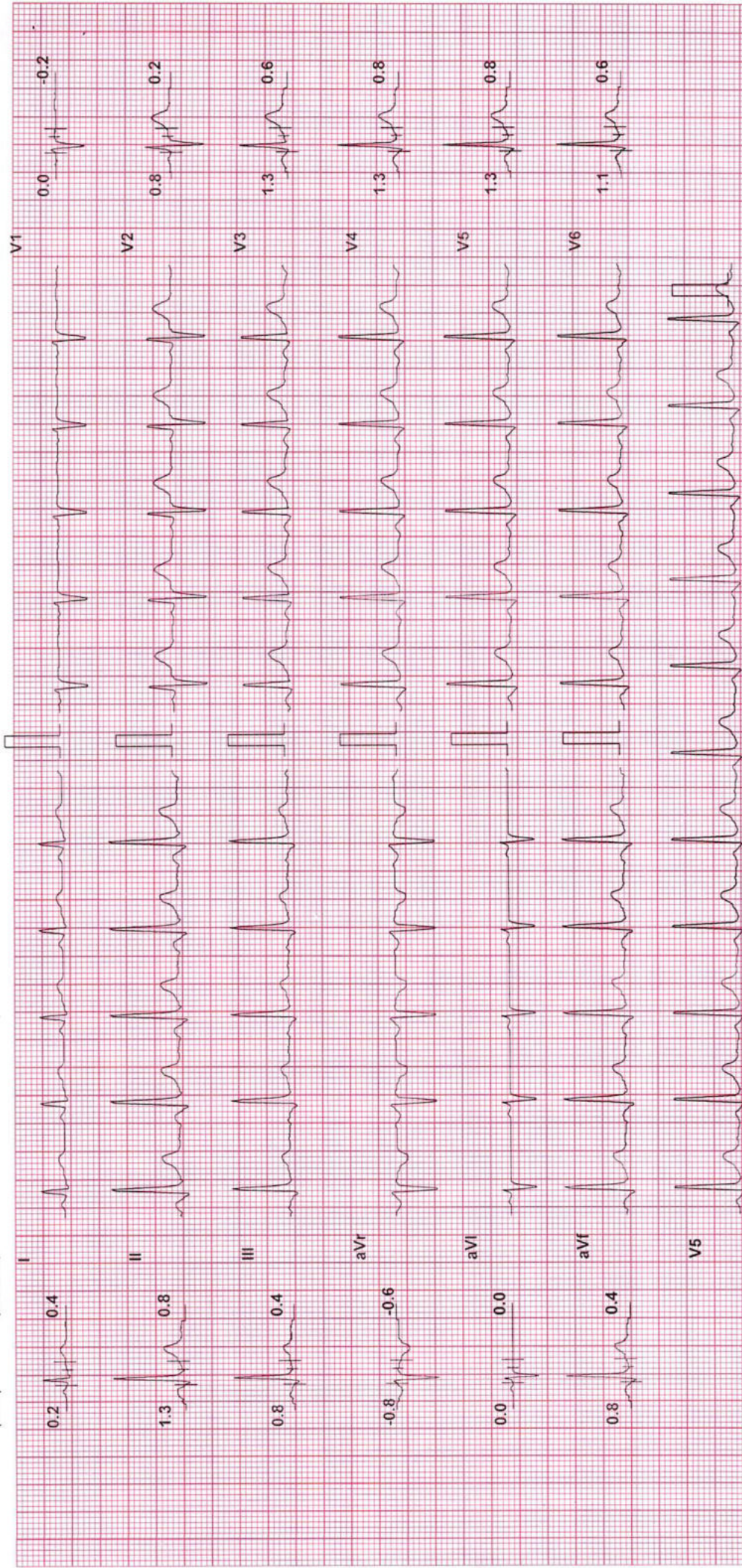


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO - R - 60 ms

J - R + 60 ms

Post J = J + 60 ms

Test Report

RASHMINKUMAR SOLANKI (40 M)

ID: 4623

Date: 3/11/2023

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 131 bpm

Protocol: Bruce

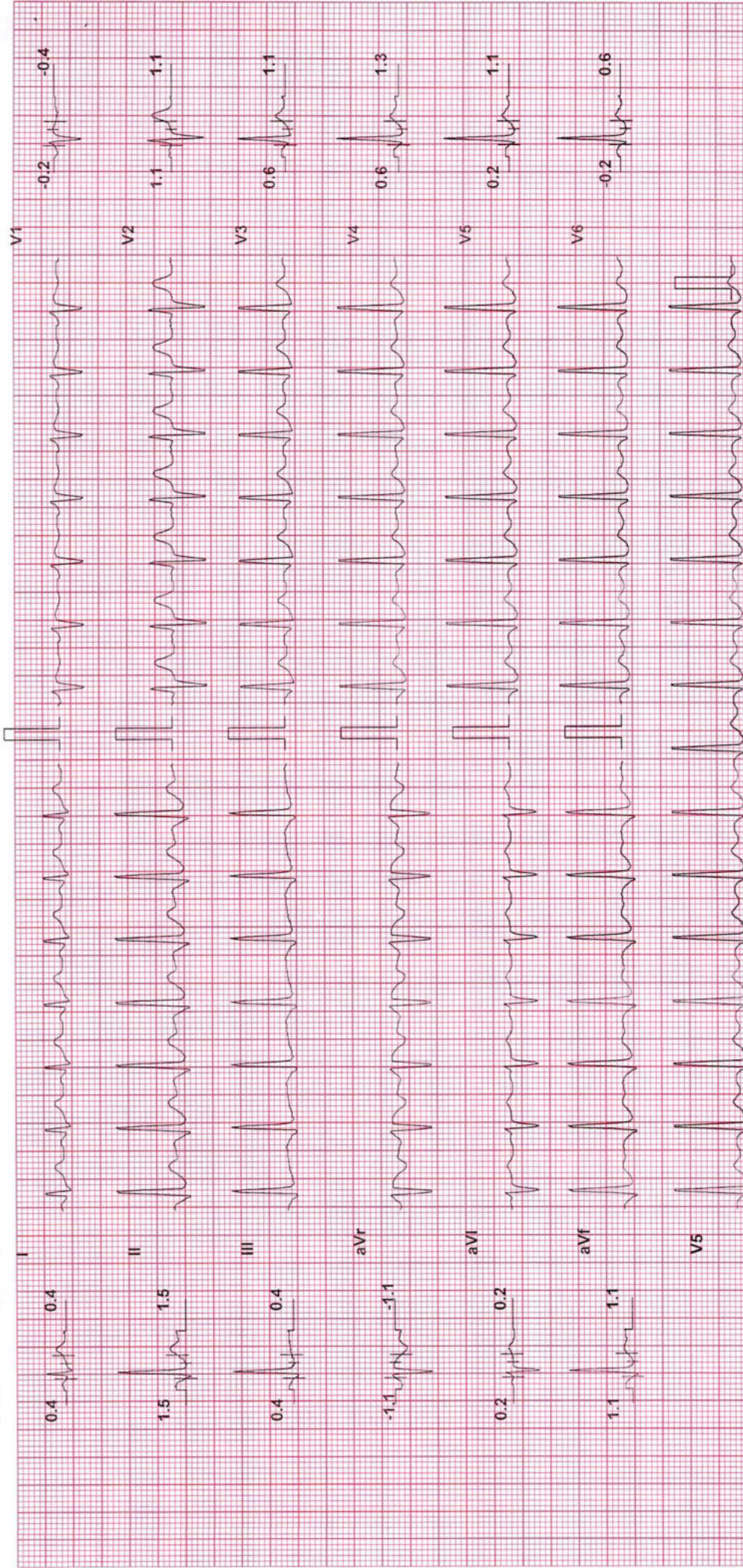
Stage: 1

Speed: 1.7 mph Grade: 10 %

(THR: 152 bpm) B.P.: 130 / 82

ST Level (mm) ST Slope (mm / s)

ST Level (mm) ST Slope (mm / s)



ISO = R - 60 ms J = R + 60 ms Post J - J + 60 ms

Mains Filt: ON Amp: 10 mm

Filter: 35 Hz

Chart Speed: 25 mm/sec

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Date: 3/11/2023 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 157 bpm

ID: 4623

RASHMINKUMAR SOLANKI (40 M)

B.P: 144 / 84

(THR: 152 bpm)

Speed: 2.5 mph Grade: 12 %

Stage: 2

Protocol: Bruce

ST Level (mm) ST Slope (mm / s)

ST Level (mm) ST Slope (mm / s)

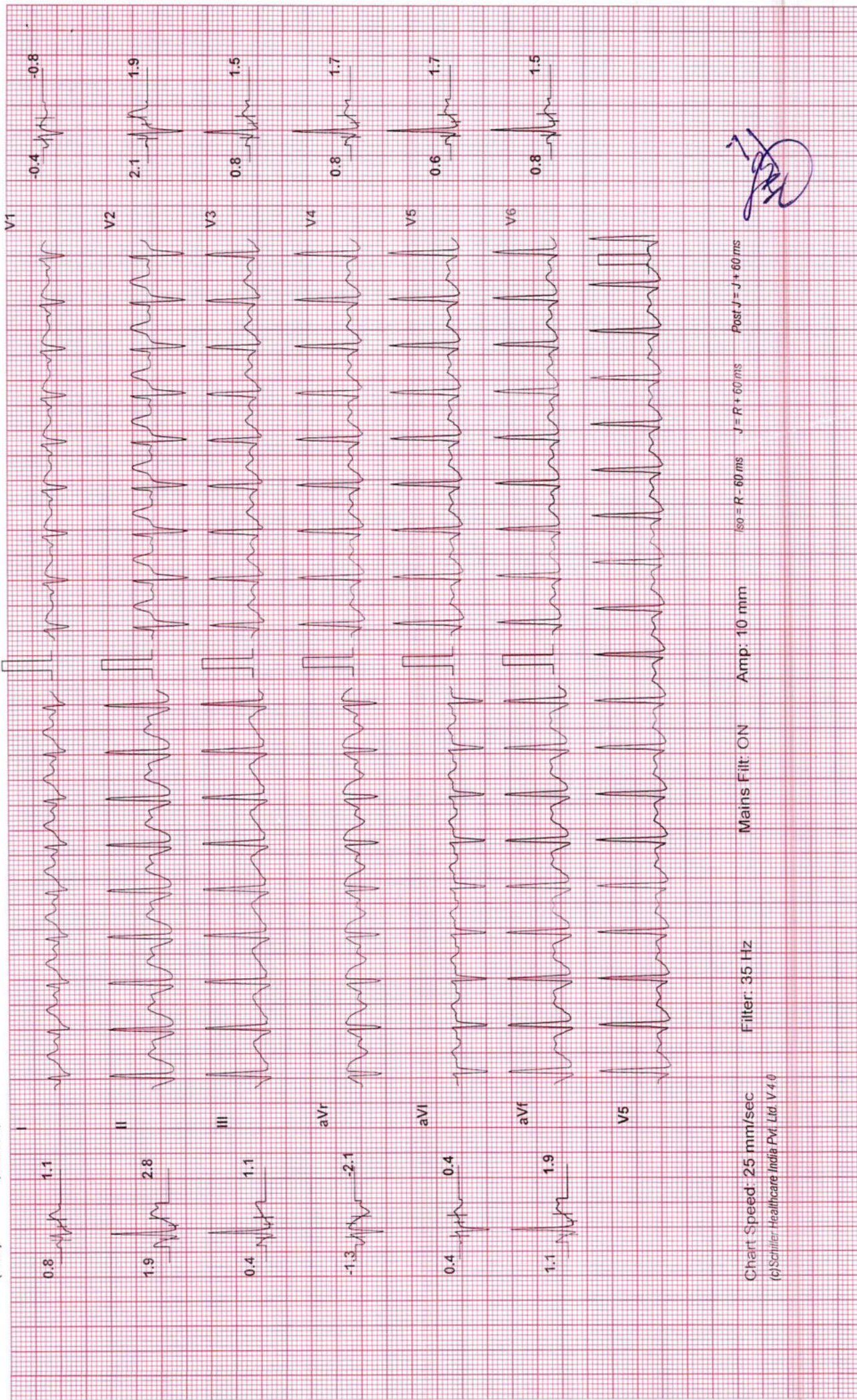


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm ISO = R - 60 ms J = R + 60 ms Post J = J + 60 ms

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Test Report

RASHMINKUMAR SOLANKI (40 M) ID: 4623 Date: 3/11/2023 Exec Time : 6 m 30 s Stage Time : 0 m 30 s HR: 176 bpm
Protocol: Bruce ST Level (mm) ST Slope (mm / s) ST Level (mm) ST Slope (mm / s)
Speed: 3.4 mph Grade: 14 % (THR: 152 bpm) B.P: 156 / 88

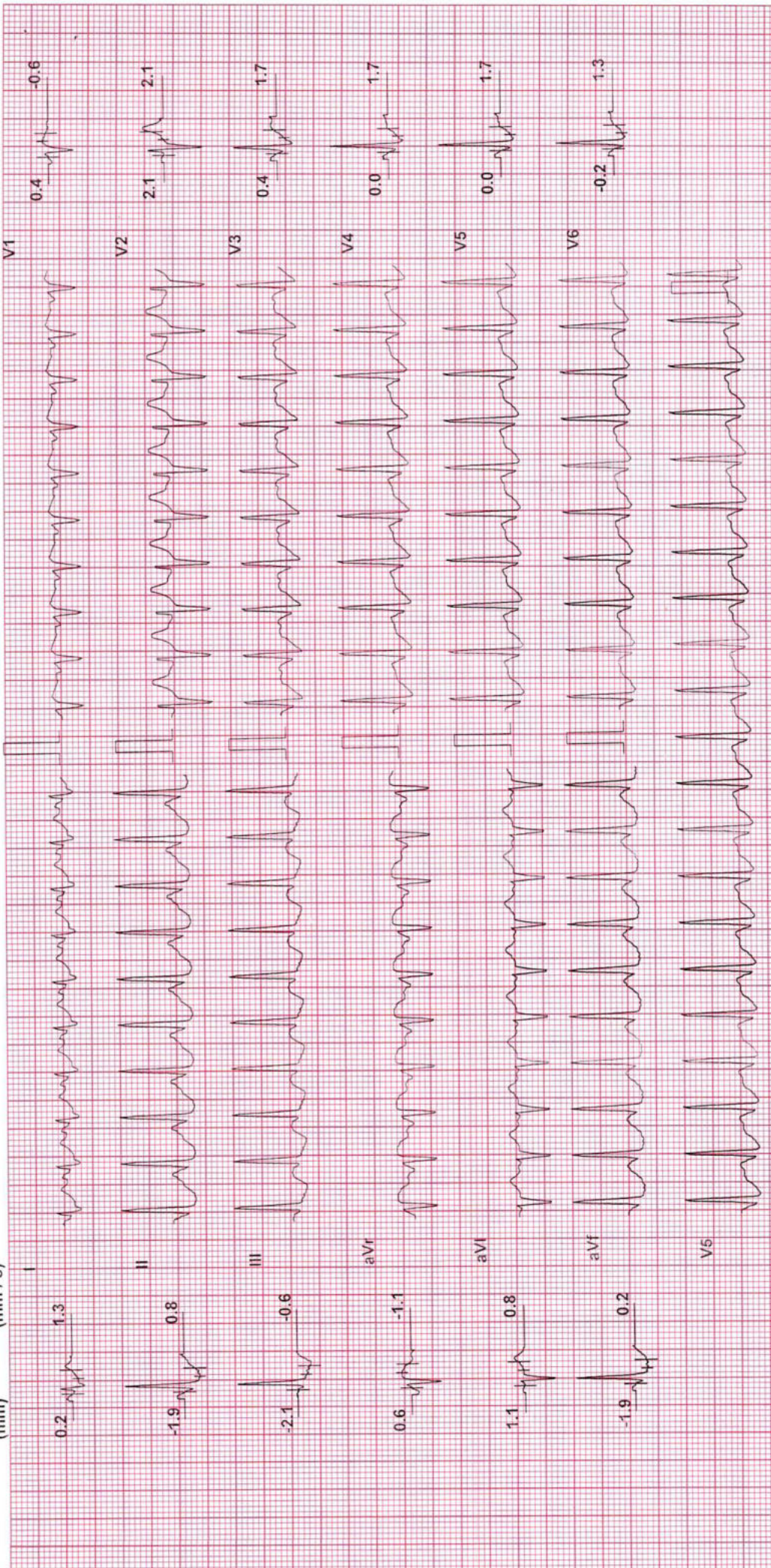


Chart Speed: 25 mm/sec Filter: 35 Hz
Mains Filt: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms
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RASHMINKUMAR SOLANKI (40 M)

ID: 4623

Date: 3/11/2023

Exec Time : 6 m 36 s

Stage Time : 2 m 54 s

HR: 125 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 152 bpm)

B.P: 144 / 86

ST Level (mm) ST Slope (mm / s)

ST Level (mm) ST Slope (mm / s)

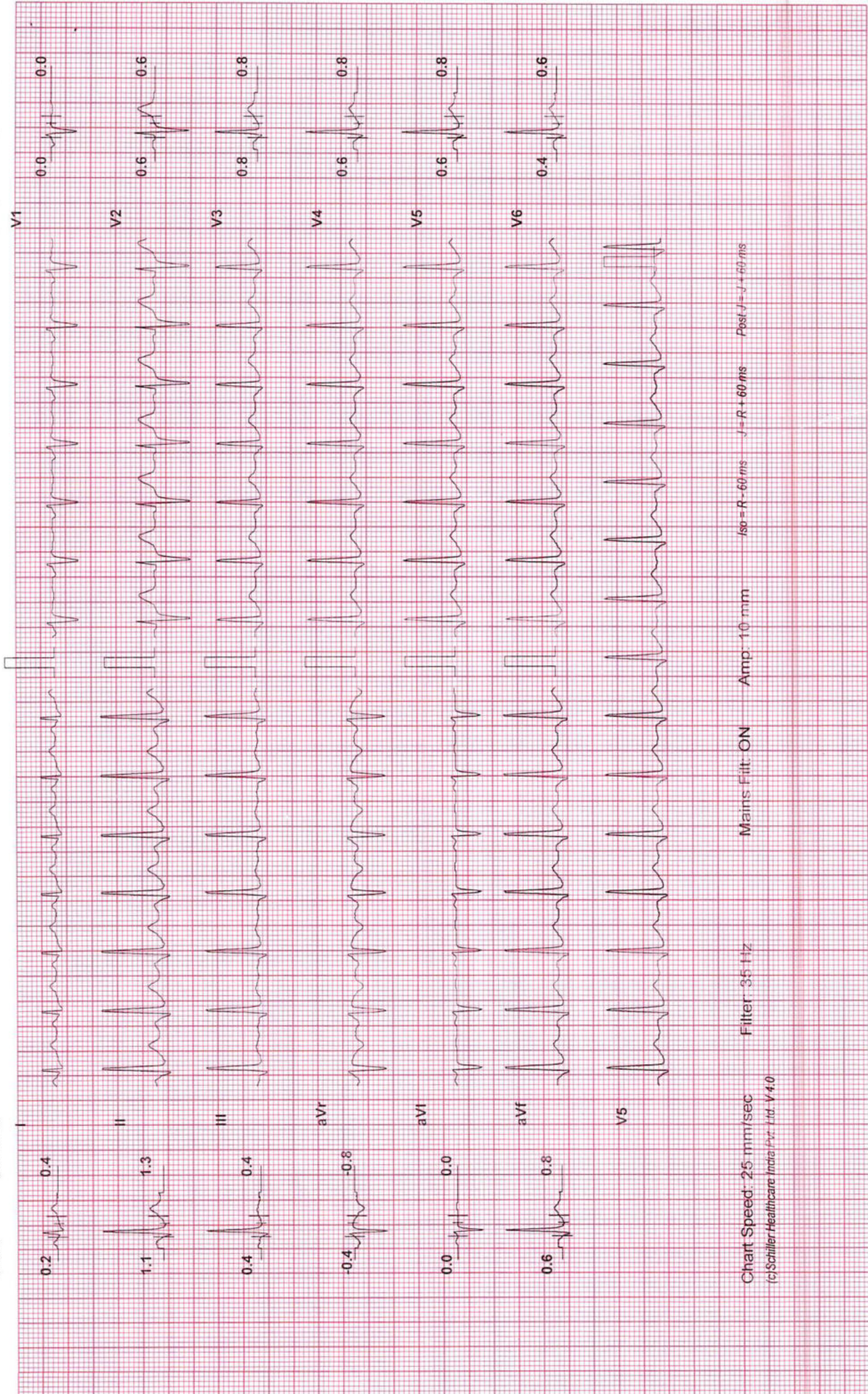


Chart Speed: 25 mm/sec
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Filter: 35 Hz
Mains Filt: ON
Amp: 10 mm
60 = R - 60 ms J - R - 60 ms Post J - J + 60 ms

RASHMINKUMAR SOLANKI (40 M) ID: 4623 Date: 3/11/2023 Exec Time : 6 m 36 s Stage Time : 2 m 54 s HR: 99 bpm

Protocol: Bruce Stage: Recovery(2) Speed: 0 mph Grade: 0 % (THR: 152 bpm) B.P: 132 / 84

ST Level (mm) ST Slope (mm / s) ST Level (mm) ST Slope (mm / s)

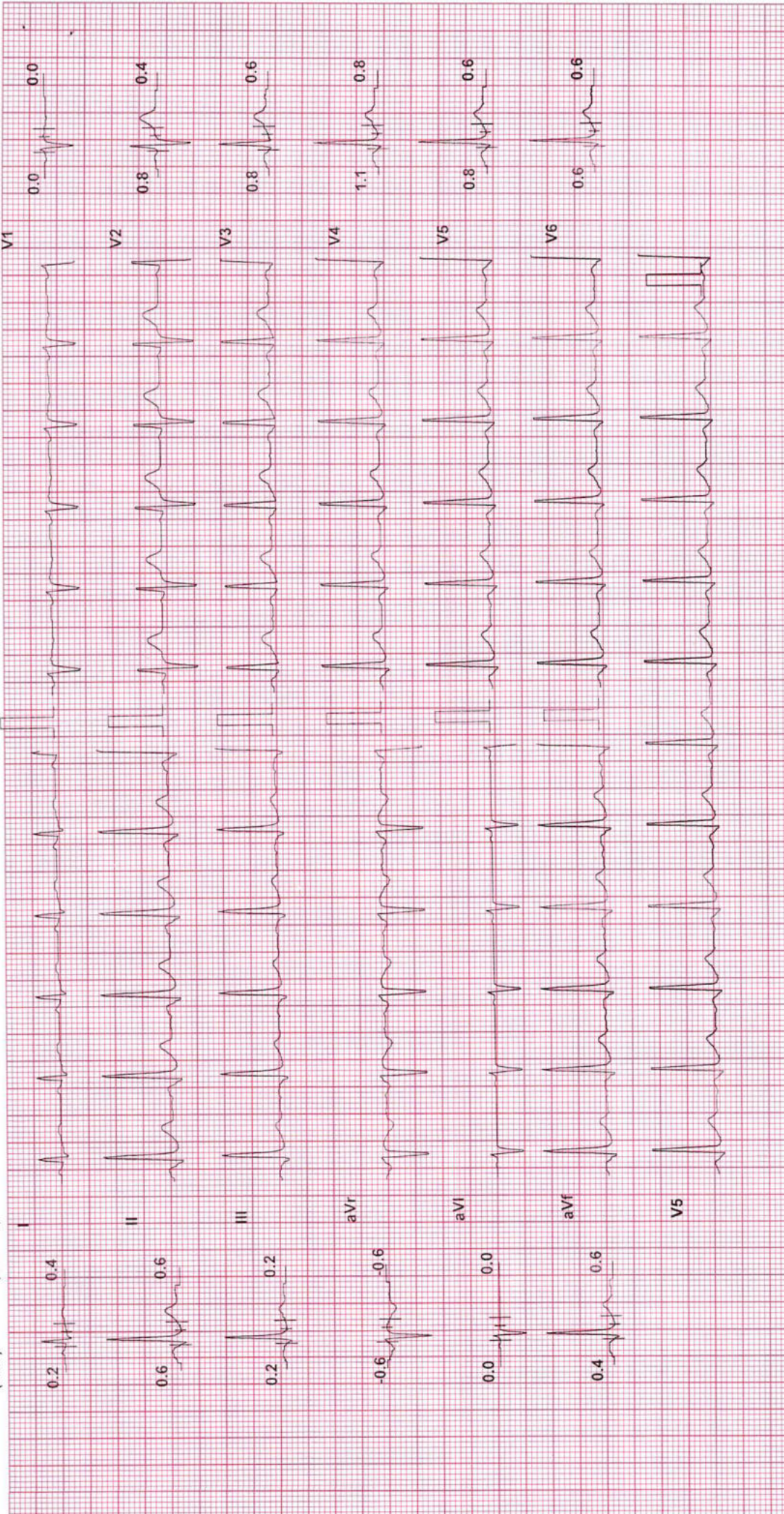


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filtr: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms FOSF J = J + 60 ms

Test Report

RASHMINKUMAR SOLANKI (40 M)

ID: 4623

Date: 3/11/2023

Exec Time : 6 m 36 s

Stage: Recovery(3)

HR: 93 bpm

Protocol: Bruce

Speed: 0 mph

Grade: 0 %

(THR: 152 bpm)

B.P: 124 / 82

ST Level (mm) ST Slope (mm / s)

ST Level (mm) ST Slope (mm / s)

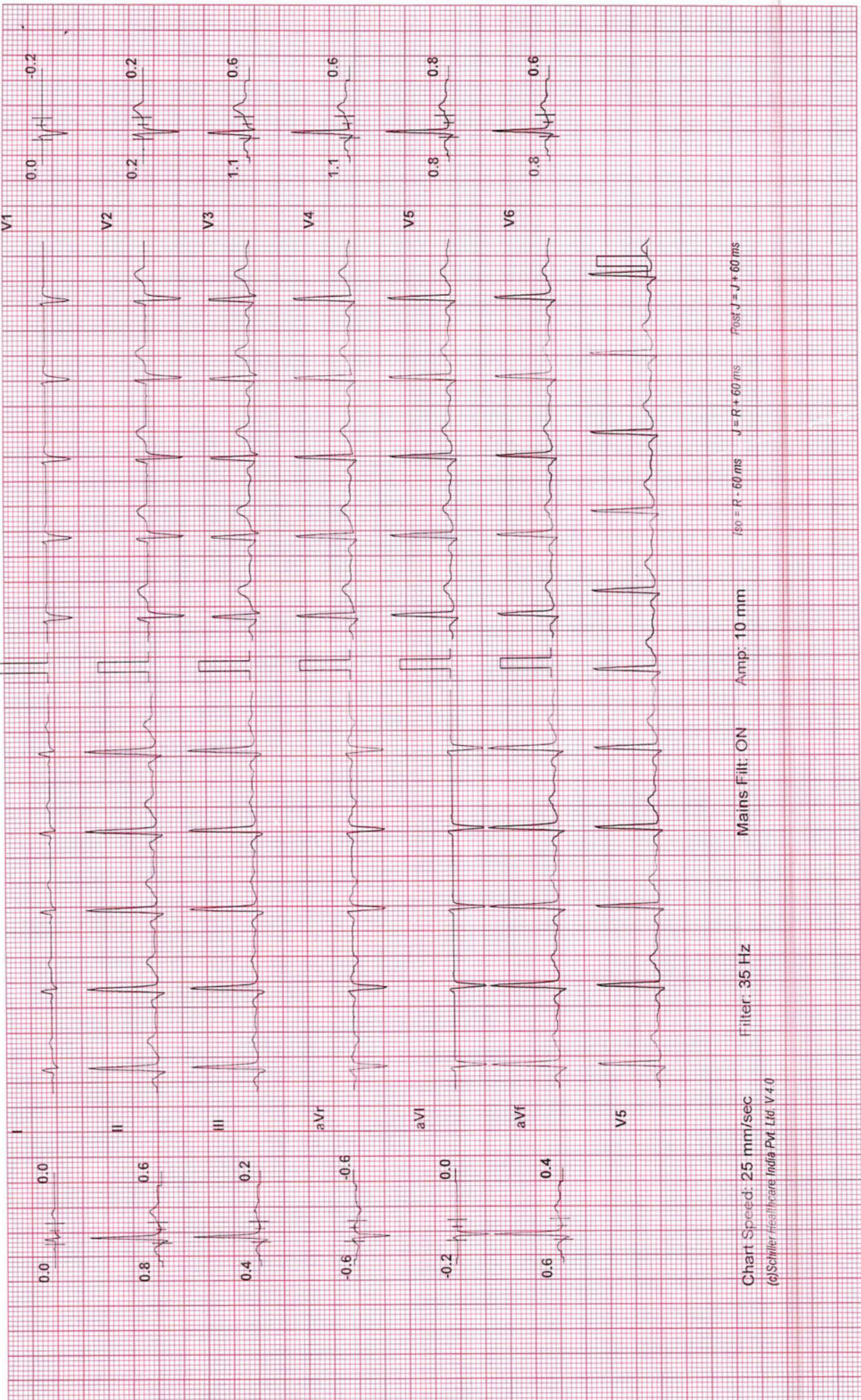

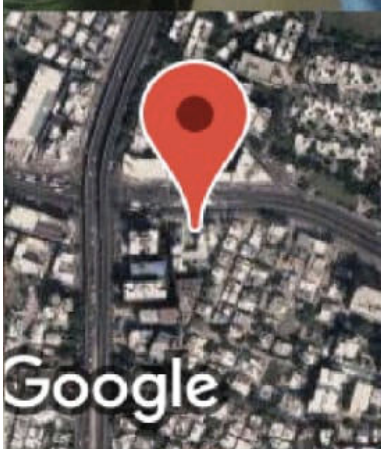


Chart Speed: 25 mm/sec
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Filter: 35 Hz Mains Filtr: ON Amp: 10 mm 50 = R - 60 ms J = R + 60 ms Post J = J + 60 ms



 GPS Map Camera



Ahmedabad, Gujarat, India

1, Surendra Mangaldas Rd, Shivranjani,
Bimanagar, Ambawadi, Ahmedabad, Gujarat
380015, India

Lat 23.023999°

Long 72.531259°

11/03/23 08:48 AM GMT +05:30



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Download Date: 03/02/2020

सरनाभुं :
के/203, देवनंदन समिट सर्गसन, गांधीनगर,
सर्गासरा, गांधीनगर,
गुजरात - 382421



Issue Date: 19/03/2018

Address :
C/O, K/203, Devnandan Summit Sargasan,
Gandhinagar, Sargasan, Gandhinagar,
Gujarat - 382421

4744 8245 2436
VID : 9117 8665 3455 9724



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Bengaluru-560 001



सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA



सोलंकी रश्मिणकुमार

Solanki Rashminkumar

जन्म तारीख/DOB: 18/10/1982

पुरुष/ MALE

4744 8245 2436

VID : 9117 8665 3455 9724



भारो आधार, भारी ओज्ज

Patient ID 20230311-091124-8390

Name rashmin, solanki

Exam History ABD 11/03/2023 09:11:42AM

Thumbnail Size Small Middle Full

Info

Report





* 4 5 1 1 *

Patient Name : Solanki Rashmin
Sample No.. : 4511
Referred : Mediwheel

Age/Sex : 40 Years/Male
Registration On:11/03/2023/08:52
Approved On : 11/03/2023 16:40

THYROID FUNCTIONS

| <u>TEST</u> | <u>RESULT</u> | <u>UNIT</u> | <u>NORMAL VALUE</u> |
|---------------|---------------|-------------|-----------------------|
| Serum T3 : | 1.18 | ng/dl | 0.6 - 1.80 ng/dl |
| Serum T4 : | 7.2 | microgm/dl | 4.5 - 10.9 microgm/dl |
| Serum T.S.H : | 2.210 | microU/ml | 0.35 - 5.55 microU/ml |

COMMENTS :

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids.

Low or undetectable TSH is suggestive of Grave~s disease


TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.

TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 ,FT4 is important.

FreeT3 is first hormone to increase in early Hyperthyroidism.

Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

During pregnancy clinically T3 T4 can be high and TSH can be slightly low



Pathologist

Dr.Pravin Shah

(M.D.Path) G-15478

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Patient Name : Solanki Rashmin
Sample No.. : 4511
Referred : Mediwheel

Age/Sex : 40 Years/Male
Registration On:11/03/2023/08:52
Approved On : 11/03/2023 19:19

COMPLETE BLOOD COUNT

| <u>Test</u> | | <u>Sample :</u> | <u>Result</u> | <u>Unit</u> | <u>Biological Ref. Interval</u> |
|----------------------------------|----------------------|-----------------|---------------|---------------------|---------------------------------|
| <u>BLOOD COUNT</u> | | | | | |
| Hemoglobin | colorimetric | | 14.00 | g/dL | 13.0 - 17.0 g/dL |
| R.B.C Count | Electrical impedance | | 5.55 | mill/cmm | 4.2 - 5.3 mill/cmm |
| W.B.C Count | Electrical impedance | | 8.84 | 10 ³ /uL | 4.0 - 10.0 10 ³ /uL |
| Platelet Count | Electrical impedance | | 289.2 | 10 ³ /uL | 150 - 450 10 ³ /uL |
| <u>DIFFERENTIAL COUNT</u> | | | | | |
| Polymorphs | Microscopic | | 60 | % | 60 - 70 % |
| Lymphocytes | Microscopic | | 38 | % | 20 - 40 % |
| Eosinophils | Microscopic | | 01 | % | 1 - 4 % |
| Monocytes | Microscopic | | <u>01</u> | % | 2 - 6 % |
| Basophils | Microscopic | | 00 | % | 0 - 1 % |
| <u>BLOOD INDISES</u> | | | | | |
| HCT | Rbc Histogram | | 45.3 | % | 40 - 50 % |
| MCV | Calculated | | 81.6 | fl | 78 - 100 fl |
| MCH | Calculated | | <u>25.2</u> | pg | 27 - 31 pg |
| MCHC | Calculated | | <u>30.9</u> | g/dl | 32 - 36 g/dl |
| RDW-CV | Calculated | | 11.9 | % | 11.5 - 14.0 % |

PERIPHERAL SMEAR EXAMINATION

SMEAR WBC LINE 1: Are within normal limits.

SMEAR Platelets: Adequate

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Erythrocyte sedimentation rate

ESR AT 1 hour westergren 09 mm/Hour 00 - 15



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BLOOD GROUP

Test

BLOOD GROUP

RH GROUP

Result

: "A"

: POSITIVE.



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* 4 5 1 1 *

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RENAL FUNCTION

Specimen :

Test

Sr. Creatinine:

(mod-jaffes)

Urea:

(GLDH)

Blood Urea Nitrogen:

(Calculated)

Bun/Creat Ratio:

(Calculated)

Result

1.2

17.78

8.31

6.93

Unit

mg/dl

mg/dl

mg/dl

Normal Range

0.6 - 1.2 mg/dl

10 - 50 mg/dl

08 - 23 mg/dl



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COMPLETE BLOOD CHEMISTRY

| <u>Test</u> | <u>Result</u> | <u>Unit</u> | <u>Normal Range</u> |
|--|---------------|-------------|--|
| S. Cholesterol | : 222.55 | mg/dl | Desirable : < 200 Borderline High : 200 - 239 High : > 240 |
| Serum Triglycerides | : 105.08 | mg/dl | Normal : Normal < 150 Borderline : 150 - 199 High : > 200 |
| HDL Cholesterol | : 54.85 | mg/dl | 40 - 60 mg/dl |
| Serum LDL Cholesterol (Calculated) | : 146.684 | mg/dl | Up to 150 |
| Cholesterol/HDLC Ratio (Calculated) | : 4.06 | mg/dl | Up to 5.0 |
| Serum VLDL Cholesterol (Calculated) | : 21.016 | mg/dl | Up to 35 |
| LDLC/HDLC Ratio (Calculated) | : 2.67 | mg/dl | Up to 3.4 |
| Total Lipid (Calculated) | : 679.164 | mg/dl | 400 - 1000 mg/dl |
| S. Bilirubin (Total) | : 0.62 | mg/dl | 0.1 - 1.2 mg/dl |
| S. Bilirubin (Direct) | : 0.13 | mg/dl | up to 0.2 |
| S. Bilirubin (Indirect) | : 0.49 | mg/dl | up to 1.0 |
| SGOT | : 27.50 | U/L | up to 40 |
| SGPT | : 22.65 | U/L | up to 42 |
| GGT | : 28.71 | U/L | 12 - 64 |
| S. Alkaline Phosphatase | : 89.1 | U/L | 40 - 129 |
| Total Proteins | : 7.63 | g/dl | 6.0 - 8.3 |
| Albumin | : 4.34 | g/dl | 3.5 - 5.2 |
| Globulins | : 3.29 | g/dl | 2.4 - 3.7 |
| AGRATIO | : 1.319 | | |

Rashmi



EQAS
External Quality Assurance Services

O-5/6, Maruti Tower, Shivranjani Cross Road,
Satellite, Ahmedabad.

Ph : 079 4800 7051 M. : 96986 76445

E-mail : corporatecare0120@gmail.com



* 4 5 1 1 *

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Glycosylated HB - (HBA1C)

| <u>Test</u> | <u>Result</u> | <u>Unit</u> | <u>Biological Ref Interval</u> |
|--|---------------|-------------|--|
| HBA1C: (Immunoturbidimetric) | 4.96 | % | Normal : ≤ 5.6 Prediabetes : 5.7 - 6.4 Diabetes : ≥ 6.5 <u>DIABETES CONTROL CRITERIA</u> 6 - 7 : Near Normal Glycemia < 7 : Goal 7 - 8 : Good Control > 8 : Action Suggested |
| Mean Blood Glucose: | 95.65 | mg/dl | |

Criteria for the diagnosis of diabetes

1. HbA1c ≥ 6.5 *
Or
2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
Or
3. Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
Or.
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

Limitation of HbA1c

- 1) In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population. 2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values. 3) Glycated HbF is not detected by this assay and hence specimens containing high HbF ($>10\%$) may result in lower HbA1c values than expected.

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(M.D.Path) G-15478



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Approved On : 11/03/2023 19:20

BLOOD SUGAR LEVEL

Specimen :

| <u>Test</u> | <u>Result</u> | <u>Unit</u> | <u>Biological Ref. Interval</u> |
|---|---------------|-------------|---------------------------------|
| Fasting Blood Sugar: (GOD-POD) | 72.1 | mg/dl | 70-110 |
| Post Prandial Blood Glucose: <u>98.6</u> (GOD-POD) | | mg/dl | 100 - 150 |

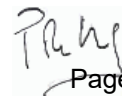
American Diabetes Association Reference Range :

Normal : < 100 mg/dl

Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl

Diabetes : >= 126 mg/dl

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.



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Pathologist
Dr. Pravin Shah
(M.D.Path) G-15478



Patient Name : Solanki Rashmin
Sample No.. : 4511
Referred : Mediwheel

Age/Sex : 40 Years/Male
Registration On:11/03/2023/08:52
Approved On : 11/03/2023 19:20

URINE EXAMINATION

PHYSICAL :

Colour - **Pale Yellow**
Deposits - **Absent**
Transparency - **Clear**
Reaction - **Acidic**
Sp. Gravity - **1.010**

CHEMICAL :

Albumin - **Absent**
Sugar - **Absent**
Bile Salts - **Absent**
Bile Pigments - **Absent**

MICROSCOPIC: (After centrifugation at 2000 r.p.m. for 5 minutes)

Pus Cells - **Not seen** /h.p.f.
Red Cells - **Not seen** /h.p.f.
Epithelial Cells - **2 - 3** /h.p.f.
Casts - **Not seen**/l.p.f.
Crystals - **Not seen**
Amorphous - **Not seen**


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Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478

RASHMIN N SOLANKI, 40,

Sex: Male

DOB:

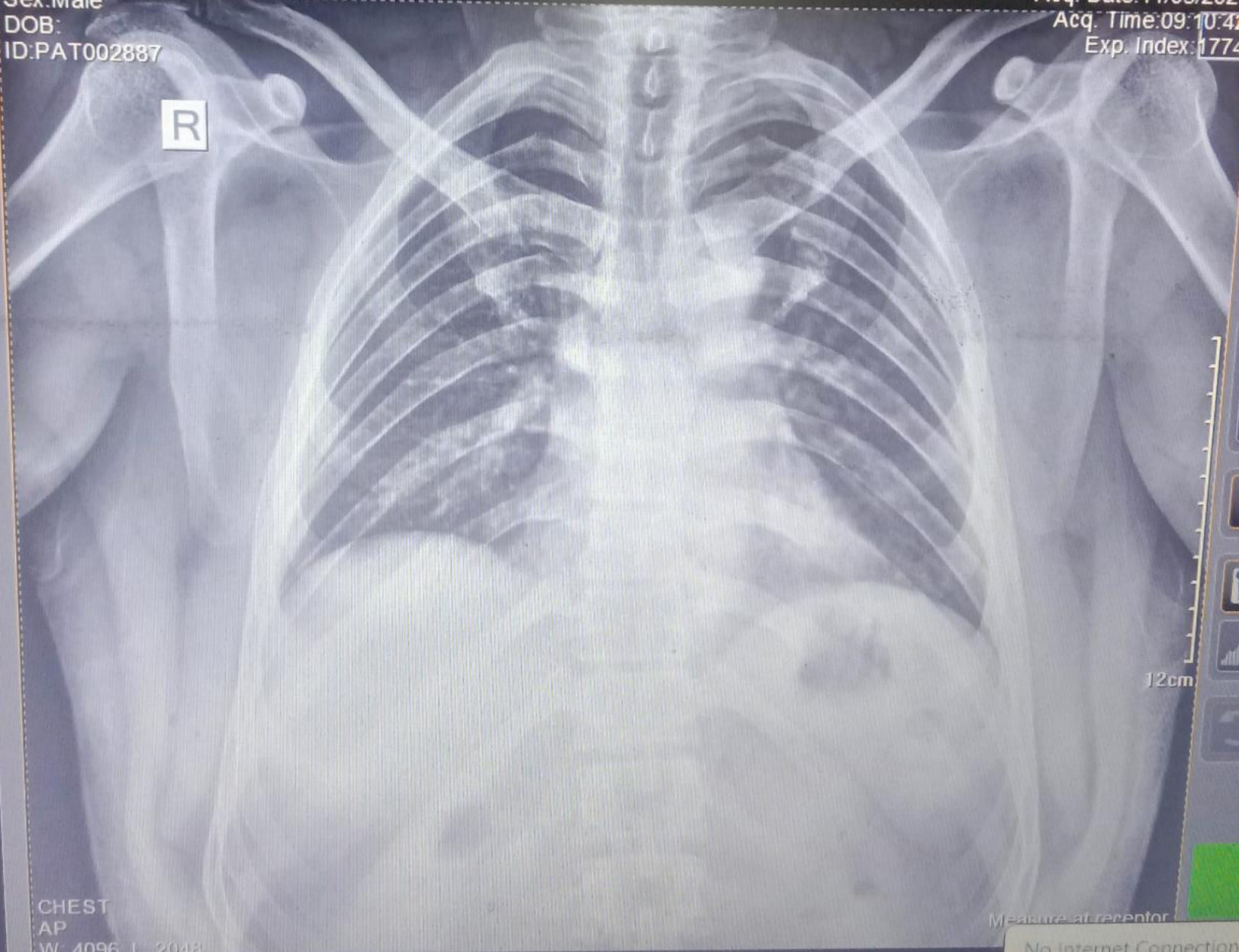
ID: PAT002887

Acq. Date: 11/03/2023

Acq. Time: 09:10:42

Exp. Index: 1774

R



CHEST
AP

W: 4096, L: 2048

Tech ID: admin

Measure at receptor

14cm

CHIT

No Internet Connection
No internet connection could be established