

## MYSORE-BALLAL CIRCLE

--- A MEDALL COMPANY ---

Date 09-Jul-2022 9:35 AM

Customer Name : MRS.SHWETHA U ALVA

Ref Dr Name : MediWheel

Customer Id : MED111193236

Email Id :

Corp Name : MediWheel

Address :

 DOB : 09 Jul 1969  
 Age : 52Y/FEMALE  
 Visit ID : 712220888  
 Phone No : 9480634898

 BP - 165/100mmHg  
 Pulse - 93  
 Ht - 151  
 Wt - 70  
 Hip - 42  
 Wrist - 40

Package Name : Mediwheel Full Body Health Checkup Female Below 40

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)	7/10/22			
2	LAB	GLUCOSE - FASTING				
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
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)				
12	LAB	STOOL ANALYSIS - ROUTINE				
13	LAB	URINE ROUTINE				
14	LAB	CREATININE				
15	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)				



AB	BUN/CREATININE RATIO			
	OTHERS	physical examination	MYS2698927102651	
18	US	ULTRASOUND ABDOMEN	MYS2698927103462	- One Floor
19	OTHERS	Treadmill / 2D Echo ✓	MYS2698927127528	- 2nd Floor
20	OTHERS	EYE CHECKUP	MYS2698927135592	
21	X-RAY	X RAY CHEST ✓	MYS2698927145199	- 1st Floor
22	OTHERS	Consultation Physician	MYS2698927148004	
23	ECHO	ELECTROCARDIOGRAM ECG Jave	MYS2698927149333	- 1st Floor

Registered By  
(A.JAYASHREE)



Customer Name	MRS.SHWETHA U ALVA	Customer ID	MED111193236
Age & Gender	52Y/FEMALE	Visit Date	09/07/2022
Ref Doctor	MediWheel		

**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** 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.

**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	10.4	1.8
Left Kidney	10.1	1.8

**URINARY BLADDER** is minimally distended.

**UTERUS** is anteverted and has normal shape and size. It has uniform myometrial echopattern.  
Endometrial echo is of normal thickness 4.7 mms.  
Uterus measures as follows: LS: 6.7cms AP: 4.7cms TS: 5.2cms.

**OVARIES** are not visualised.  
POD & adnexa are free.

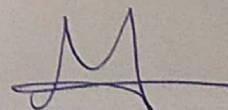
No evidence of ascites.

**IMPRESSION:**

➤ **GRADE I FATTY CHANGES IN LIVER.**

**CONSULTANT RADIOLOGISTS**

**DR. ANITHA ADARSH**  
MB/MS



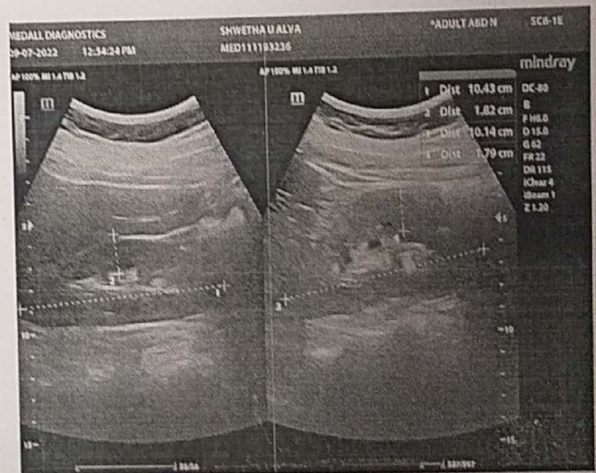
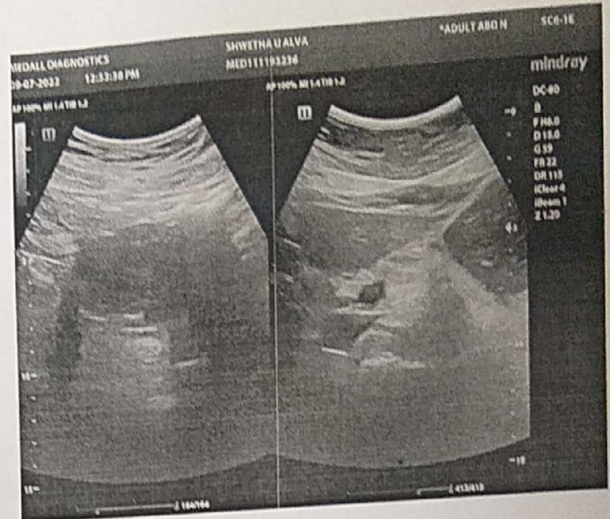
**DR. MOHAN B**



Medall Diagnostics  
Ballal Circle(Ashoka circle) - Mysore



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Age & Gender	52Y/FEMALE	Visit Date	09/07/2022
Ref Doctor	MediWheel		Experts who care



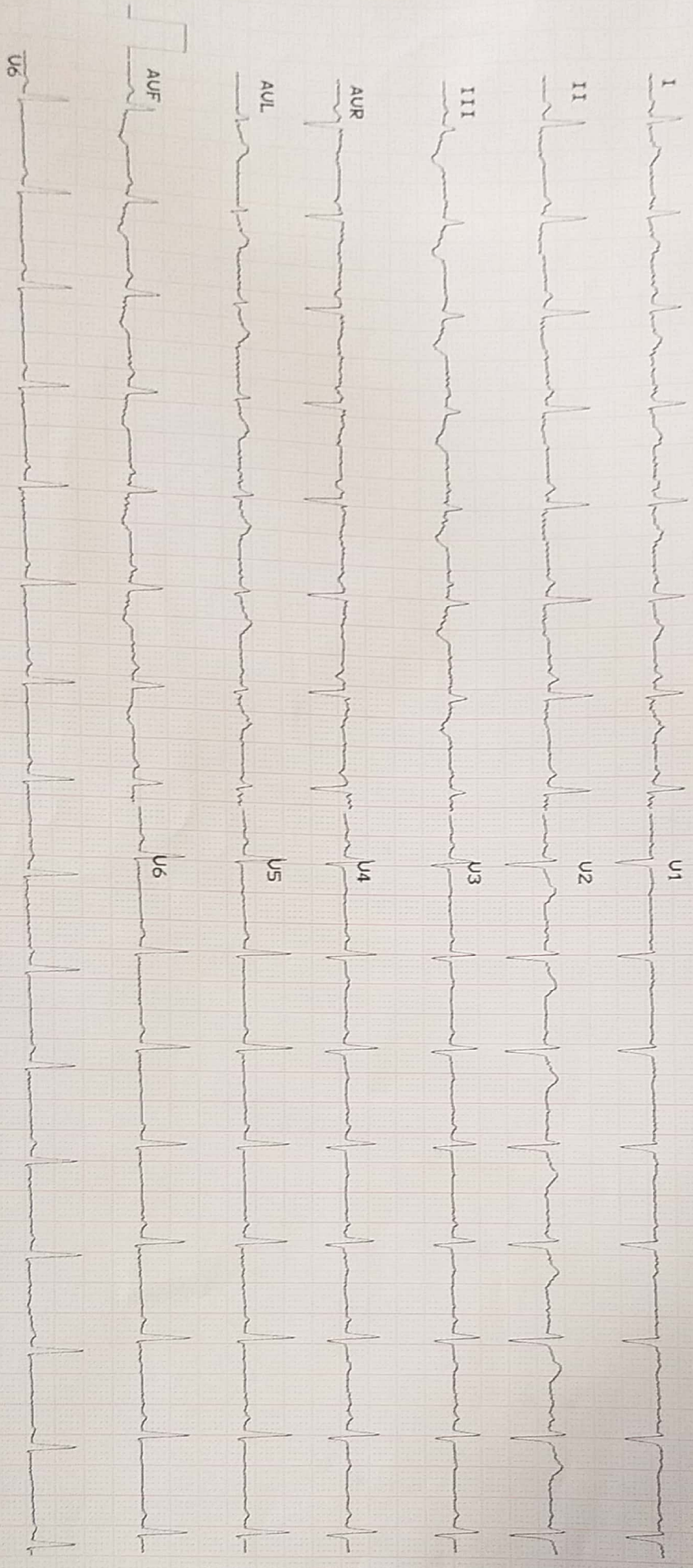
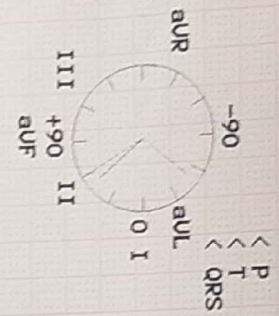
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Phone : 0821-2332000, 4232111 Email Id: clumax.mysore@medallcorp.in (W) www.medall.in



AGE: 52

Measurement Results:

QRS	:	84 ms
QT/QTcB	:	342 / 428 ms
PR	:	118 ms
P	:	88 ms
RR/PP	:	638 / 640 ms
P/QRS/T	:	60 / 50 / -50 degrees
QTd/QTcBd	:	66 / 83 ms
Sokolow	:	1.4 mV
NK	:	14



Interpretation: Normal Sinus rhythm

short PR interval  
slightly depressed ST segment (inferior)  
T-wave near baseline (lateral, anterior)  
negative T-wave (inferior)  
low QRS amplitudes  
probably abnormal ECG

To clinically correlate  
Dr. [Signature]

Unconfirmed report.





**medall**  
DIAGNOSTICS  
experts who care

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Age & Gender	52Y/FEMALE	Visit Date	09/07/2022
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### 2 D ECHOCARDIOGRAPHIC STUDY

#### M mode measurement:

AORTA	:	2.7cms
LEFT ATRIUM	:	2.8cms
LEFT VENTRICLE (DIASTOLE)	:	4.1cms
(SYSTOLE)	:	2.3cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.0cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
EDV	:	71ml
ESV	:	26ml
FRACTIONAL SHORTENING	:	38%
EJECTION FRACTION	:	64%
RVID	:	1.6cms

#### DOPPLER MEASUREMENTS:

MITRAL VALVE	: 'E' - 0.75m/s	'A' - 0.26m/s	NO MR
AORTIC VALVE	: 0.99m/s		NO AR
TRICUSPID VALVE	: 'E' - 0.77m/s	'A' - 0.26m/s	NO TR
PULMONARY VALVE	: 0.78m/s		NO PR

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DIAGNOSTICS  
experts who care

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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.

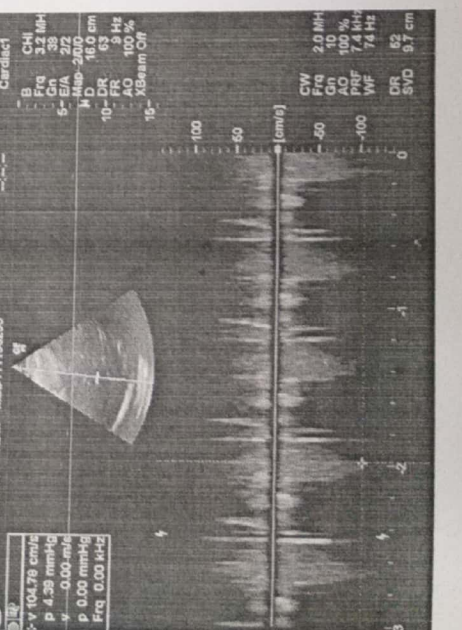
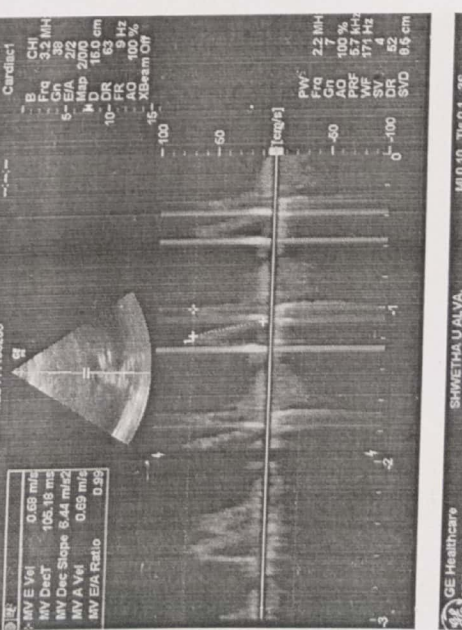
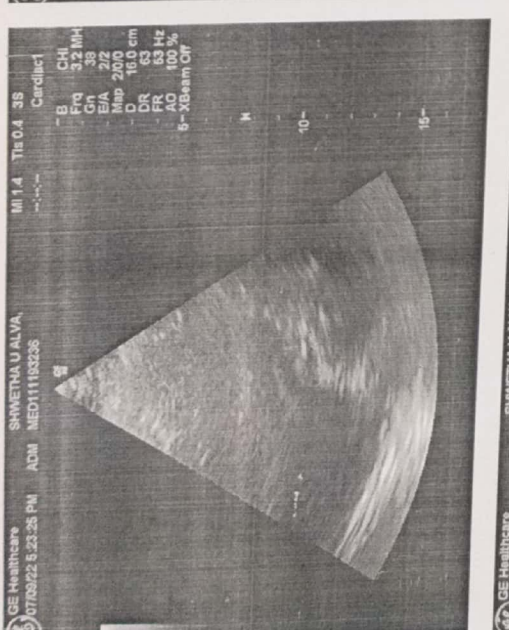
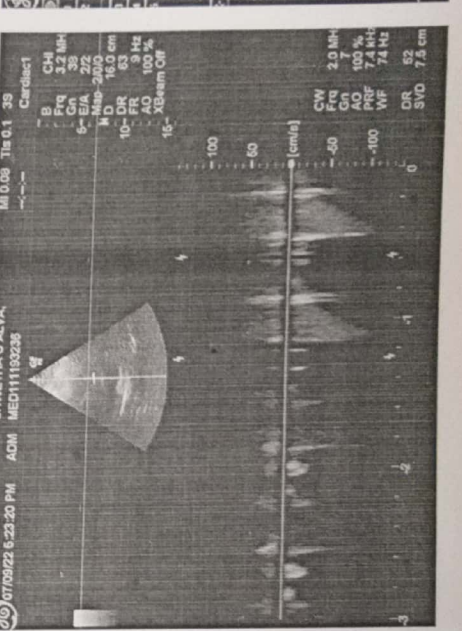
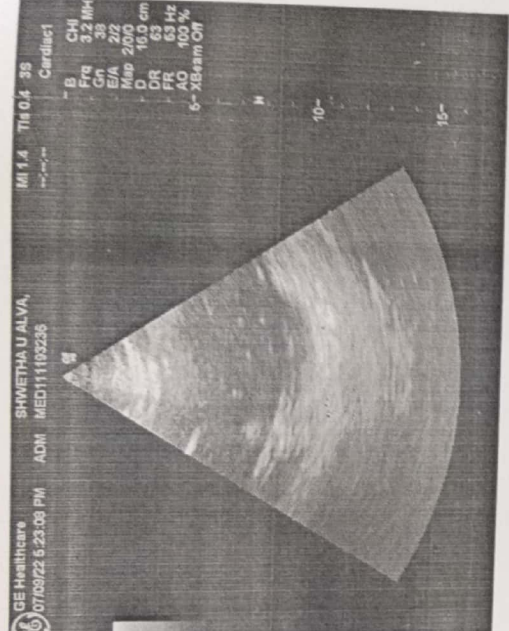
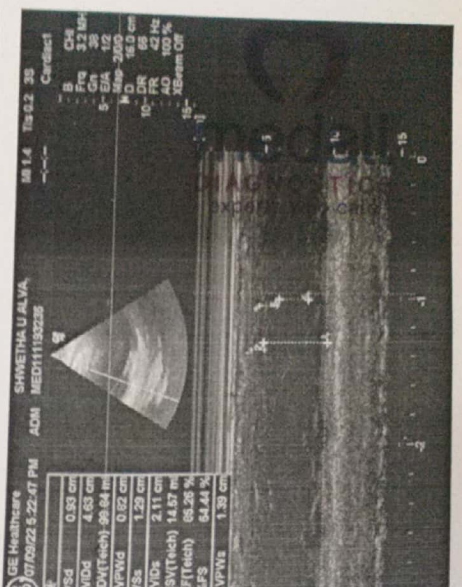
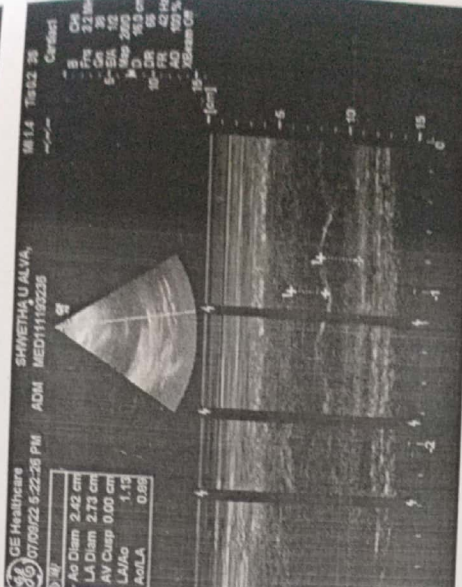
**IMPRESSION:**

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 64%.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.

DR. NIKHIL B  
INTERVENTIONAL CARDIOLOGIST  
NB/MS

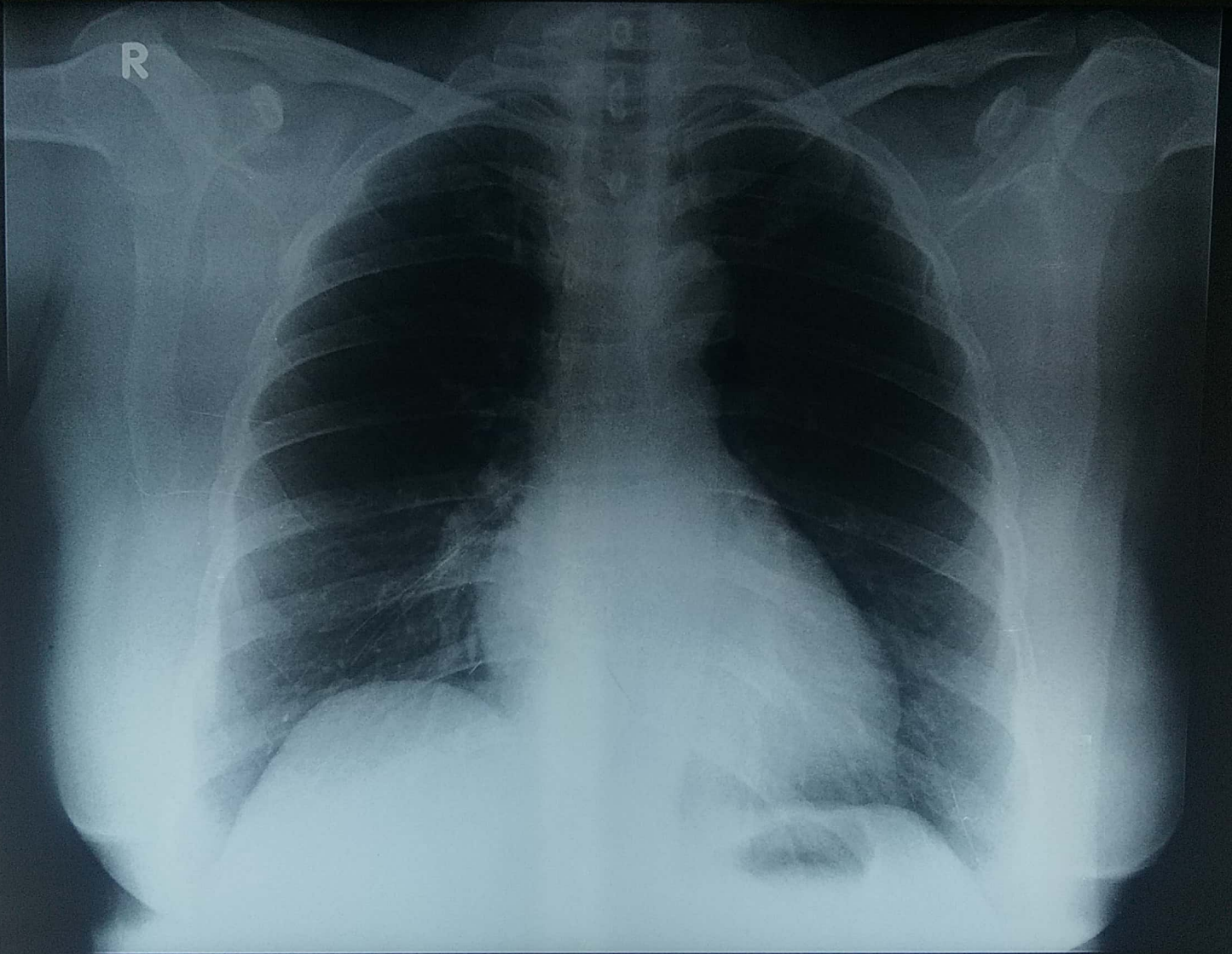
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SHWETHA U ALVA 52 MED11193236 F CHEST PA 7/9/2022 12:02 PM  
MEDALL CLUMAX DIAGNOSTIC





# NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

MGOALE

4:10pm

## OPD SHEET

Date: 9/7/22

Patient's Name: Mrs. Shwetha Awa OP No. 1202031  
52/A 4:10pm

HTN

for check up

**Dr. Priya. D**  
M.B.B.S., MS  
Consultant, Glaucoma & Cataract  
KMC No. 884211

O/E

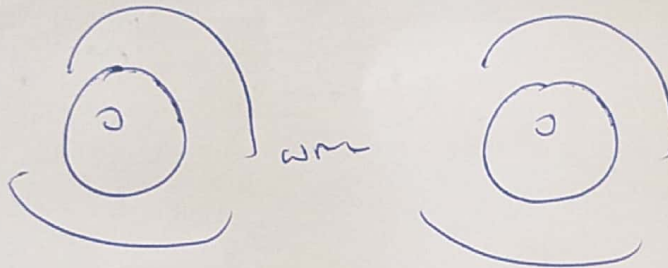
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(BE)

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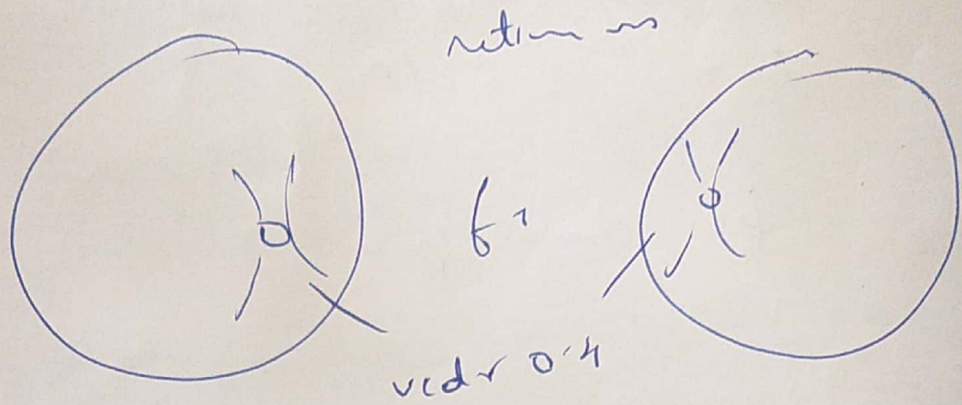
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Jayanagar Branch : 080-26088000 / 2663 3533 / 2663 3609 / 2245 Mobile : 94480 71816  
Rajajinagar Branch : 080-4333 4111 / 2313 2777 / Mobile : 99728 53918  
Indiranagar Branch : 080-4333 2555 Mobile : 81973 51609  
Mysore Branch : 0821-4293000 Mobile : 94490 03771  
Mangalore Lasik Centre : 0824-2213801 Mobile : 97410 26389  
Davangere Lasik Centre : 08192-226607/08 Mobile : 94820 01795

R / FD / 07 / 13



Fundus



hyp (BE)

Hypermetropia

(BE)

Presbyopia

Adm:

Glaucoma

Review

after 1 year (50)

Prijay  
CDR Pr D  
9/7/2022  
5:50pm



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Age / Sex : 52 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 09/07/2022 9:35 AM  
Collection On : 09/07/2022 11:37 AM  
Report On : 09/07/2022 5:41 PM  
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<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)	13.7	g/dL	12.5 - 16.0
<b>INTERPRETATION:</b> 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)	38.4	%	37 - 47
RBC Count (EDTA Blood/Automated Blood cell Counter)	4.60	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	83.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	29.8	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	35.7	g/dL	32 - 36
RDW-CV (Derived)	14.2	%	11.5 - 16.0
RDW-SD (Derived)	41.25	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	7710	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	54	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	31	%	20 - 45

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

APPROVED BY




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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	06	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	09	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.16	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.39	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	<b>0.46</b>	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.69	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	317	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood/Derived)	8.7	fL	8.0 - 13.3
PCT	<b>0.28</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	16	mm/hr	< 30

  
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<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	267	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	96	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)	64	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	183.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	19.2	mg/dL	< 30

A. RAJESH  
BIOCHEMIST

VERIFIED BY

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MBBS MD DNB  
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Reg No : KMC 103138

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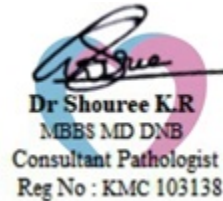
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Non HDL Cholesterol (Serum/Calculated)	203.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

**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)	4.2		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)	1.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	6.2	%	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)	131.24	mg/dL
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**INTERPRETATION: Comments**

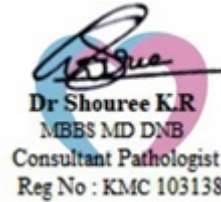
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

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.



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## IMMUNOASSAY

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.00	ng/ml	0.4 - 1.81
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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))	8.78	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))	3.948	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&amplt;0.03 μIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

  
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**CLINICAL PATHOLOGY**

**PHYSICAL EXAMINATION**


Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Volume (Urine/Physical examination)	35		ml
Appearance (Urine)	Clear		

**CHEMICAL EXAMINATION**

pH (Urine)	7.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick ~ Reagent strip method)	1.010		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

  
Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY

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

APPROVED BY



Name : Mrs. SHWETHA U ALVA  
PID No. : MED111193236  
SID No. : 712220888  
Age / Sex : 52 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 09/07/2022 9:35 AM  
Collection On : 09/07/2022 11:37 AM  
Report On : 09/07/2022 5:41 PM  
Printed On : 11/07/2022 7:41 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood (Urine)	Nil		Nil
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits

Urine Microscopy Pictures

RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	1-2	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	2-3	/hpf	No ranges
Others (Urine)	Nil		Nil

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Stool Analysis - ROUTINE</u></b>			
Colour (Stool)	Brownish		Brown
Blood (Stool)	Not present		Not present
Mucus (Stool)	Not present		Not present
Reaction (Stool)	Alkaline		Alkaline
Consistency (Stool)	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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Investigation

Observed  
Value

Unit

Biological  
Reference Interval

**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'A' 'Positive'

**Remark:** Test to be confirmed by Gel Method

A handwritten signature in black ink, appearing to read "Shouree", is written over a circular stamp. The stamp is pink and blue and contains the text: "Dr Shouree K.R", "MBBS MD DNB", "Consultant Pathologist", and "Reg No : KMC 103138".

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

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>BIOCHEMISTRY</u></b>			
BUN / Creatinine Ratio	12.5		6.0 - 22
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	123	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.

**Remark:** Kindly correlate clinically.

Urine sugar, Fasting (Urine - F)	Nil		Nil
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	188	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.

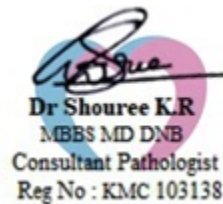
**Remark:** Kindly correlate clinically.

Urine Sugar (PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.8	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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.



VERIFIED BY



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Uric Acid (Serum/Uricase/Peroxidase)	3.5	mg/dL	2.6 - 6.0

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

A. RAJESH  
BIOCHEMIST

VERIFIED BY

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

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

APPROVED BY

-- End of Report --

Name	SHWETHA U ALVA	ID	MED111193236
Age & Gender	52Y/F	Visit Date	Jul 9 2022 9:35AM
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**