MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---CUSTOMER CHECKLIST Date 18-Mar-2023 7:36 AM

61.00 pm

Customer Name : MRS.PRIYADARSHINI D

DOB

:16 Mar 1990

Ref Dr Name : MediWheel

Age

:33Y/FEMALE



Email Id

Phone

No

:9742166193

Corp Name : MediWheel

Address

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)				
2	LAB	GLUCOSE - FASTING	1		1	-
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				1.
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
5	LAB	LIPID PROFILE			13	
6	LAB	LIVER FUNCTION TEST (LFT)				
7	LAB	URIC ACID				
8	LAB	URINE GLUCOSE - FASTING				
9		URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
10		COMPLETE BLOOD COUNT WITH ESR				
11		THYROID PROFILE/ TFT(T3, T4, TSH)		1		
12	LAB	STOOL ANALYSIS - ROUTINE				
13	LAB	URINE ROUTINE				
14	LAB	CREATININE	Barre III			

fo.	7:36 AM		Page		
15	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)	*		
16	LAB	BUN/CREATININE RATIO /			
17	OTHERS	physical examination	MYS2774988102651		
18	US	ULTRASOUND ABDOMEN /	MYS2774988103462	- 101	20 Am
19	OTHERS	Troadmilt / 2D Echo	MYS2774988127528	-	4130 pm
20	OTHERS	EYE CHECKUP	MYS2774988135592		
21	X-RAY	X RAY CHEST	MYS2774988145199	7 0	2006
22	OTHERS	Consultation Physician	MYS2774988148004	12	
23	ЕСНО	ELECTROCARDIOGRAM ECG	MYS2774988149333	>	
1		Love . At -	155 Cm		
9		nt-	1219		Registerd By
A.		11 - 12 12 - 11	10/70.	(A	.JAYASHREE)
		pulso -			
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100		would	75 kpro 39 km		



Customer Name	MRS.PRIYADARSHINI D	Customer ID	MED111543141	
Age & Gender	33Y/FEMALE	77. U. W.		
Ref Doctor	MediWheel	Visit Date		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA : 2.7cms

LEFT ATRIUM : 2.7cms

LEFT VENTRICLE (DIASTOLE) : 4.3cms

(SYSTOLE) : 2.8cms

VENTRICULAR SEPTUM (DIASTOLE) : 0.8cms

(SYSTOLE) : 1.0cms

POSTERIOR WALL (DIASTOLE) : 0.8cms

(SYSTOLE) : 1.0cms

EDV : 61ml

ESV : 24ml

FRACTIONAL SHORTENING : 36%

EJECTION FRACTION : 61%

RVID : 1.3cms

DOPPLER MEASUREMENTS:

MITRAL VALVE : 'E' - 0.81 m/s 'A' - 0.27m/s NO MR

AORTIC VALVE : 0.99m/s NO AR

TRICUSPID VALVE : 'E' - 0.80 m/s 'A' - 0.35 m/s NO TR

PULMONARY VALVE : 0.79m/s NO PR





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Age & Gender	33Y/FEMALE	Visit Date	18/03/2023
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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 prolapse.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

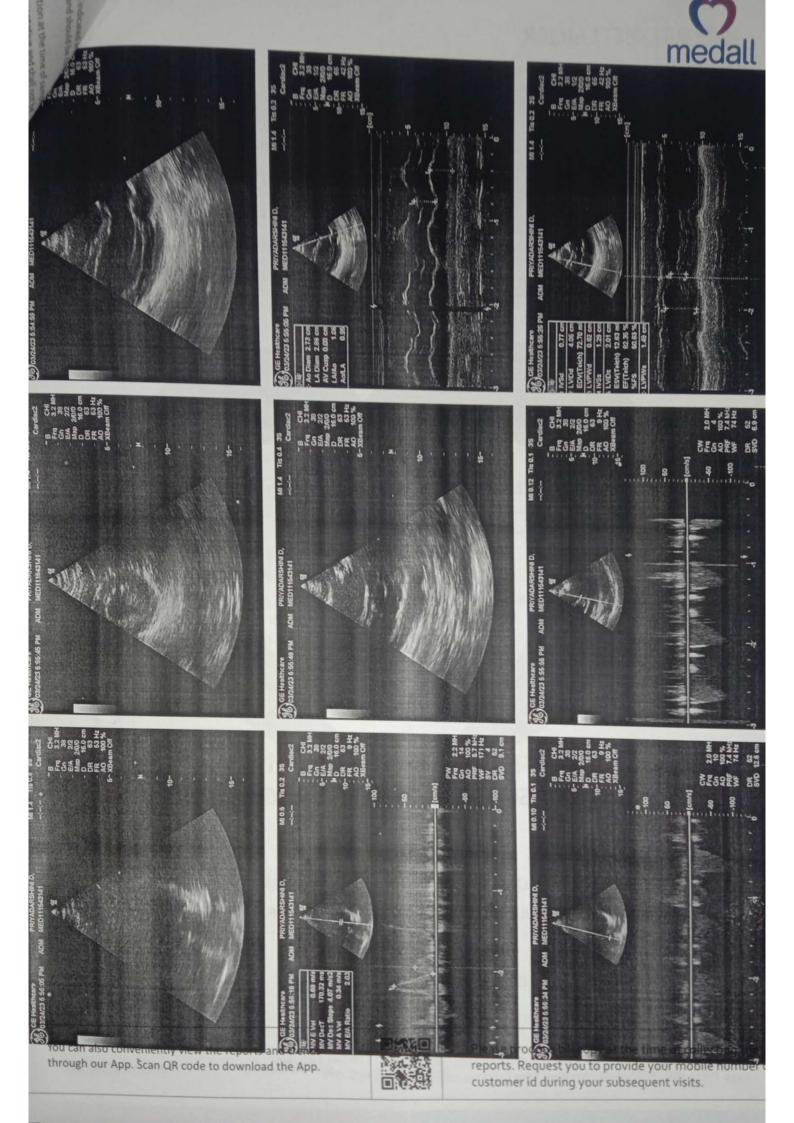
IMPRESSION:

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

A AMERICA

DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/MM







Customer Name	MRS.PRIYADARSHINI D	Customer ID	MED111543141	
Age & Gender	33Y/FEMALE	Visit Date	24/03/2023	
Ref Doctor	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 contracted. No obvious calculus however seen. 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)
10.4	1 3
10.8	1.3
	10.4

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 7mms.

Uterus measures as follows: LS: 7.0cms

AP: 3.5cms

TS: 4.0cms.

OVARIES are normal size, shape and echotexture.

Right ovary measures: 3.1x1.6cms

Left ovary measures: 2.9x2.0cms

POD & adnexa are free.

No evidence of ascites.

IMPRESSION:

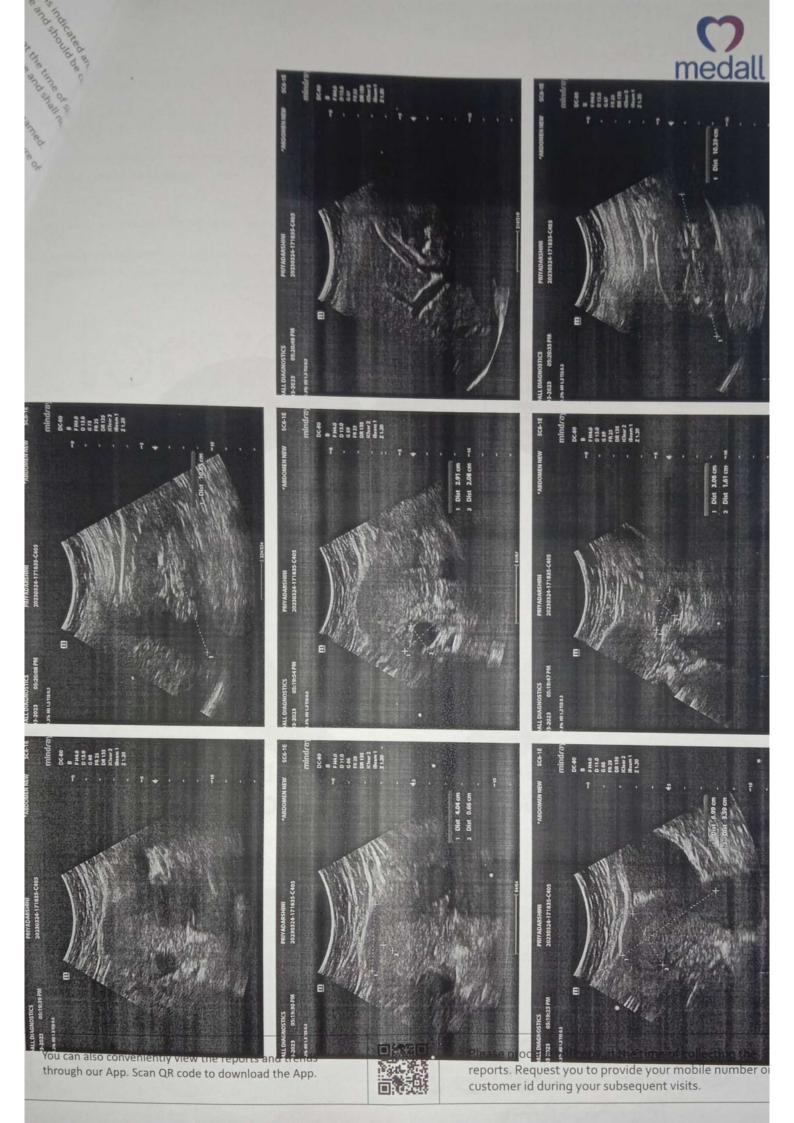
NO SIGNIFICANT ABNORMALITY DETECTED.

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH

DR. MOHAN B







NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

OPD SHEET

Patient's Name: Mas paryadaushini D

33/F

Date: 25/03/2003

OP No. 1238878

12140Pm

Dr. Vovesho eday 15

Jop (9 mm kg

BUVA < 6/6, No.

Colour Vn - BE, WAL.

For medical cutificate.

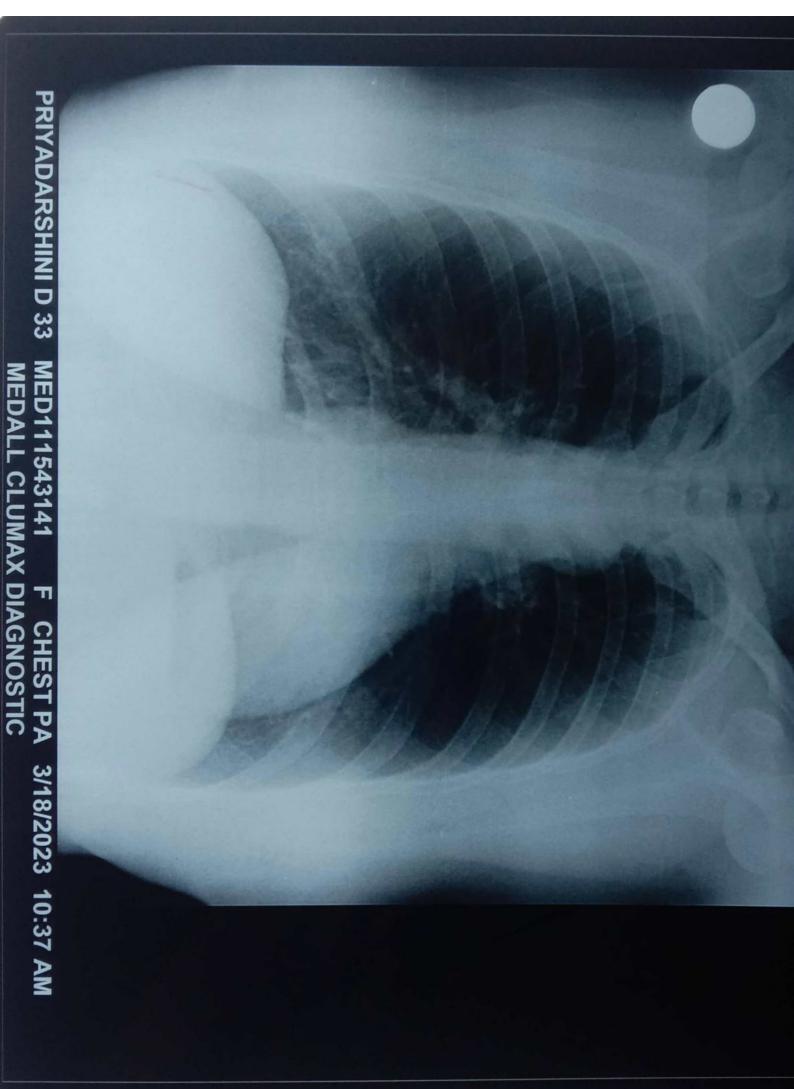
No specific complaints

A/s: BE K char, Ac VHz, pryon RRR, lens char.

Findus: BE LDR 0.4-0.5, MNKR, Mainla PR (P).

Adv. R/A 1 year / SOS.

h



PID No. : MED111543141 : 712309011 SID No.

Age / Sex : 33 Year(s) / Female

Type : OP

Ref. Dr : MediWheel Register On : 18/03/2023 7:37 AM

Report On

Collection On : 18/03/2023 8:54 AM

: 18/03/2023 6:27 PM

: 25/03/2023 4:25 PM **Printed On**



Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Spectrophotometry)	13.7	g/dL	12.5 - 16.0
INTERPRETATION: Haemoglobin values vary in Menblood loss, renal failure etc. Higher values are often due to	, Women & Childre o dehydration, smo	en. Low haemoglobin val king , high altitudes , hyp	lues may be due to nutritional deficiency, poxia etc.
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	42.4	%	37 - 47
RBC Count (EDTA Blood/Automated Blood cell Counter)	5.27	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	81.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	26.0	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	32.3	g/dL	32 - 36
RDW-CV (Derived)	14.0	%	11.5 - 16.0
RDW-SD (Derived)	39.69	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	8890	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	62	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	32	%	20 - 45
Eosinophils	01	%	01 - 06





APPROVED BY

(Blood/Impedance Variation & Flow Cytometry)

: Mrs. PRIYADARSHINI D Name

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
Monocytes (Blood/Impedance Variation & Flow Cytometry)	05	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.51	10^3 / μΙ	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.84	10^3 / μΙ	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.09	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.44	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)	233	10^3 / μl	150 - 450
MPV (Blood/ <i>Derived</i>)	13.8	fL	8.0 - 13.3
PCT	0.32	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/Automated ESR analyser)	10	mm/hr	< 20





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Ref. Dr : MediWheel



Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.10	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	6.3	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.7	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.60	gm/dL	2.3 - 3.6
A: G Ratio (Serum/Derived)	1.42		1.1 - 2.2
INTERPRETATION: Remark : Electrophoresis is the	preferred method		
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	12	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	13	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	107	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	14	U/L	< 38





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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	111	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	43	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

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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)	32	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	70.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/Calculated)	8.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	79.0	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.





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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)	3.5		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)	1.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0





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<u>Investigation</u>	<u>Observed</u> <u>Value</u>	<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

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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 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.





Diabetic: \geq 6.5

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

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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 0.83 ng/ml 0.7 - 2.04

(Serum/Chemiluminescent Immunometric Assay

(CLIA))

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 9.01 Microg/dl 4.2 - 12.0

 $(Serum/{\it Chemiluminescent\ Immunometric\ Assay}$

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





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Yellow to Amber

ml

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

Pale yellow

25

Clear

: 25/03/2023 4:25 PM

(Urine/*Physical examination*)
Volume

(Urine/Physical examination)

Appearance

Colour

(Urine)

CHEMICAL EXAMINATION

pH 6.0 4.5 - 8.0

(Urine)

Specific Gravity 1.020 1.002 - 1.035

(Urine/Dip Stick Reagent strip method)

Protein Positive(+) Negative

(Urine/Dip Stick Reagent strip method)

Glucose Nil Nil

(Urine)

Ketone Nil Nil

(Urine/Dip Stick Reagent strip method)

Leukocytes Negative leuco/uL Negative

(Urine)

Nitrite Nil Nil

(Urine/Dip Stick Reagent strip method)

Bilirubin Negative mg/dL Negative

(Urine)

Blood Nil Nil

(Urine)

Urobilinogen Normal Within normal limits

(Urine/Dip Stick Reagent strip method)





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: Mrs. PRIYADARSHINI D Name

Age / Sex : 33 Year(s) / Female

: MediWheel

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Urine Microscopy Pictures			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	2-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil





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

: 25/03/2023 4:25 PM

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING

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

Remark: Test to be confirmed by Gel method.

'O' 'Positive'





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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
BUN / Creatinine Ratio	9.4		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	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.

Urine sugar, Fasting Nil Nil (Urine - F) Glucose Postprandial (PPBS) 88 mg/dL 70 - 140

(Plasma - PP/GOD - POD)

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 Sugar (PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/ <i>Urease UV / derived</i>)	8.5	mg/dL	7.0 - 21
Creatinine (Serum/ <i>Jaffe Kinetic</i>)	0.9	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

Uric Acid 3.3 mg/dL 2.6 - 6.0

(Serum/Uricase/Peroxidase)





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-- End of Report --



Name	PRIYADARSHINI D	ID	MED111543141
Age & Gender	33Y/F	Visit Date	Mar 18 2023 7:36AM
Ref Doctor	MediWheel		

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: No significant abnormality detected.

DR. MOHAN, B

(DMRD, DNB, EDIR, FELLOW IN CARDIAC

MRI)



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