Patient Details Print Page

MYSORE-BALLAL CIRCLE

--- A MEDALL COMPANY ---Date 26-Nov-2022 10:30 AM

Customer Name : MRS.MANASA K S Ref Dr Name :MediWheel Customer Id :MED111394052 Email 1d : Corp Name :MediWheel Address :

MEDALL H- 156 cms H- 156 cms Age: 17 Jun 1995 W- 55 bgg Age: 27Y/FEMALE Misit ID: 712235840 Phone No: 9972919049 Physe - 86 bp H+F- 34 In Lunt -30 2

MEDALL

Package Name : Mediwheel Full Body Health Checkup Female Below 40

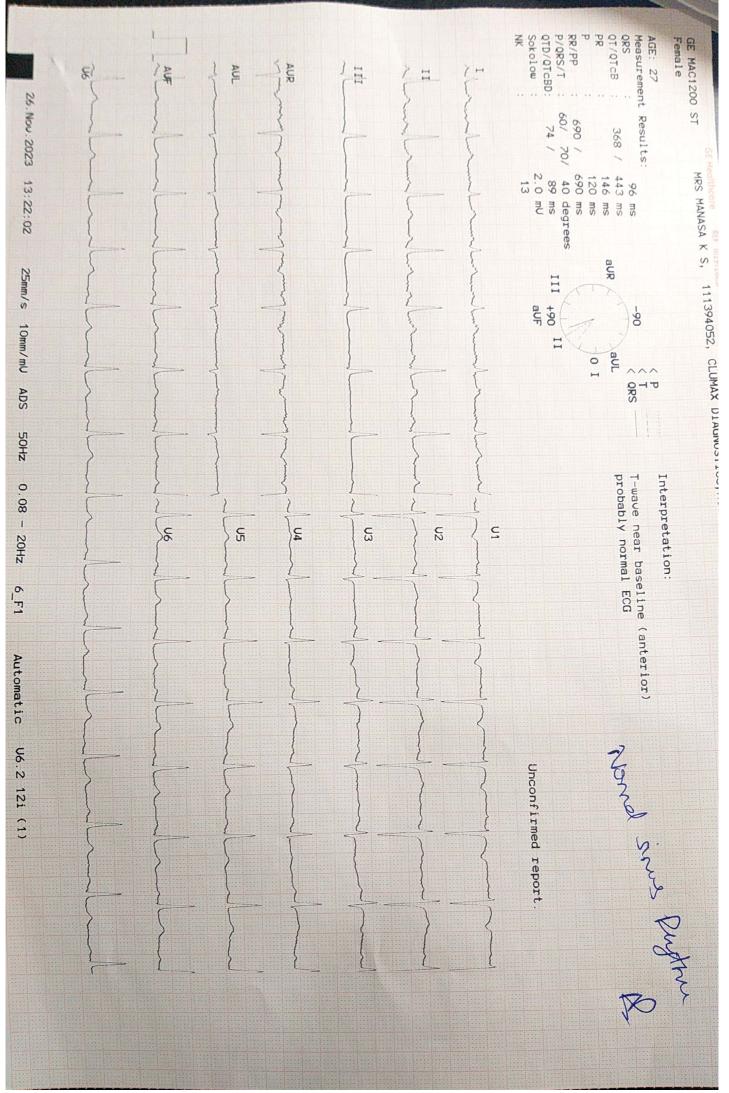
S.No	Modality	Study	Accession No	Time	Seq	Cine
1	LAB	BLOOD GROUP & RH TYPE			Jey	Signature
		(Forward Reverse)				
2	LAB	BLOOD UREA NITROGEN				
	1	(BUN)				
3	LAB	GLUCOSE - FASTING				
4	LAB	GLUCOSE - POSTPRANDIAL				-
	5	(2 HRS)		_		
5	LAB	GLYCOSYLATED				
1		HAEMOGLOBIN (HbAIc)				
6	LAB	LIPID PROFILE				
7	LAB	LIVER FUNCTION TEST (LFT)				
P 1 2 1	LAB	URIC ACID				
9	LAB	URINE GLUCOSE - FASTING				
10	LAB	URINE GLUCOSE -				
		POSTPRANDIAL (2 Hrs)				
11	LAB	COMPLETE BLOOD COUNT			14 14 14 14 14 14 14 14 14 14 14 14 14 1	
	Contraction of the second second	WITH ESR				
.2	LAB	THYROID PROFILE/ TFT(T3,				
		Т4, ТЅН)				1
3 [_AB	STOOL ANALYSIS - ROUTINE		100 ANT		
4 L		JRINE ROUTINE	-			
5 L	A CONTRACTOR OF THE	CREATININE				

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			er en Print Page
		BUN/CREATININE RATIO	Patient Details Print Page
	ERS	physical examination	MYS2742819102651
		ULTRASOUND ABDOMEN	MYS2742819103462
	OTHERS	Treadmill / 2D Echo	MYS2742819127528 M. Ropa
5	OTHERS	EYE CHECKUP	MYS2742819135592
21	X-RAY	X RAY CHEST	MYS2742819145199
22	OTHERS	Consultation Physician	MYS2742819148004
23	ECHO	ELECTROCARDIOGRAM ECG	MYS2742819149333

Registerd By

(R.SUNILKUMAR)



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Customer	MRS.MANASA K S	Customer ID	MED111394052
Name	27Y/FEMALE	Visit Date	26/11/2022
Age & Gender Ref Doctor	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA		:	2.4cms
LEFT ATRIUM		:	2.4cms
LEFT VENTRICLE	(DIASTOLE)	:	3.9cms
	(SYSTOLE)	: ~	2.0cms
VENTRICULAR SEPTUM	(DIASTOLE)	:	0.7cms
	(SYSTOLE)	:	1.0cms
POSTERIOR WALL	(DIASTOLE)	:	0.6cms
	(SYSTOLE)	:	0.9cms
EDV		:	61ml '
ESV		:	21ml
FRACTIONAL SHORTENI	NG	:	37%
EJECTION FRACTION		:	65%
RVID		:	1.6cms

DOPPLER MEASUREMENTS:

view the reports and trends

MITRAL VALVE	: 'E' -	0.81m/s	'A' – 0.35 m/s	NO MR
AORTIC VALVE	: 030	1.00m/s		NO AR
TRICUSPID VALVE	: 'E' -	0.69m/s	'A' – 0.28 m/s	NO TR
PULMONARY VALVE	:	0.78m/s		NO PR

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customer	MRS.MANASA K S	Customer ID	MED111394052
Name Age & Gender	27Y/FEMALE	Visit Date	26/11/2022
Ref Doctor	MediWheel		1

2D ECHOCARDIOGRAPHY FINDINGS:

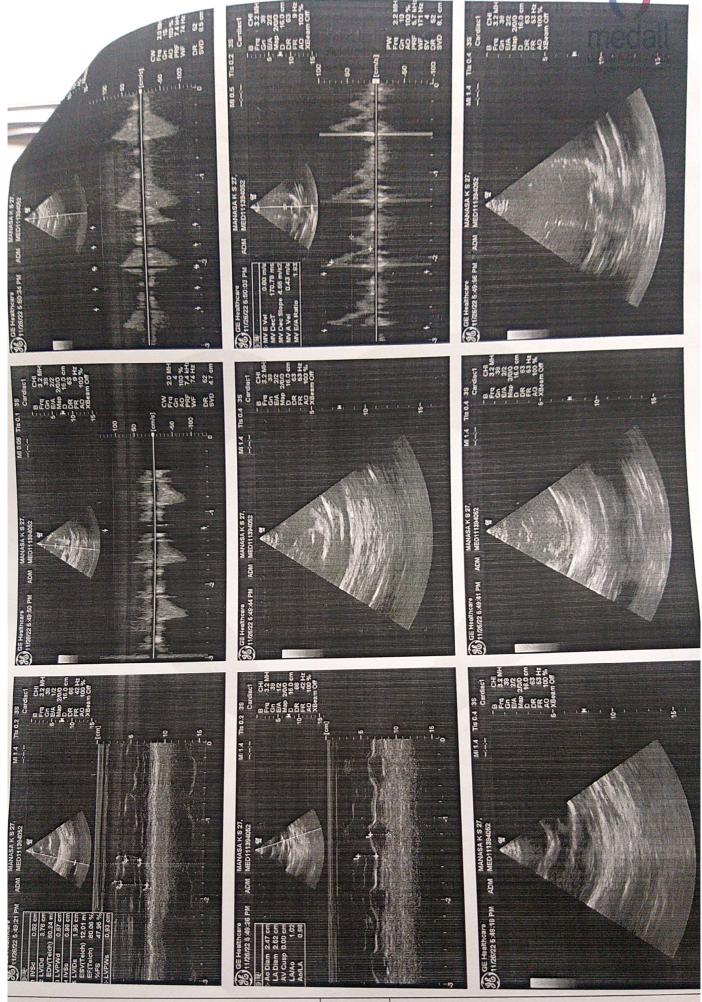
Left ventricle	: Normal size, Normal systolic function. No regional wall motion abnormalities.
Left Atrium	: Normal.
Right Ventricle	: Normal.
Right Atrium	: Normal.
Mitral valve	: Normal, No mitral valve prolapse.
Aortic valve	: Normal, Trileaflet.
Tricuspid valve	: Normal.
Pulmonary valve	: Normal.
IAS	: Intact.
IVS	: Intact.
Pericardium	: No pericardial effusion.

IMPRESSION:

- > NORMAL SIZED CARDIAC CHAMBERS.
- > NORMAL LV SYSTOLIC FUNCTION. EF:65 %.
- > NO REGIONAL WALL MOTION ABNORMALITIES.
- > NORMAL VALVES.
- > NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.

Miceur

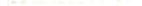
DR. NIKHIL B INTERVENTIONAL CARDIOLOGIST



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	MED111394052	
Visit Date	26/11/2022	
	Visit Date	

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 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. 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)
Right Kidney	9.2	1.2
Left Kidney	10.1	1.4

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 6.5 mms. Uterus measures as follows: LS: 6.4cms AP: 4.3cms TS: 4.5cms.

OVARIES are normal size, shape and echotexture. Right ovary measures: 2.8 x 2.3cms POD & adnexa are free.

Left ovary measures: 3.1 x 2.2cms

No evidence of ascites.

IMPRESSION:

> NO SIGNIFICANT ABNORMALITY DETECTED.

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH MB/MS

DR. MOHAN B

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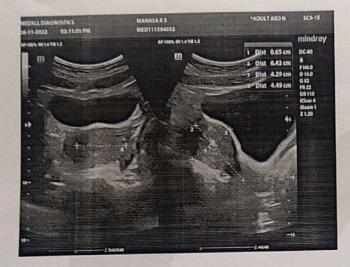
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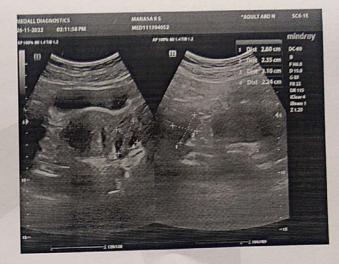
Medall Diagnostics Ballal Circle(Ashoka circle) - Mysore



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Ref Doctor	MediWheel				
Age & Gender	27Y/FEMALE	20/11/2022			
Customer Name		Visit Date	26/11/2022		
Common Name	MRS.MANASA K S	Customer ID	MED111394052		









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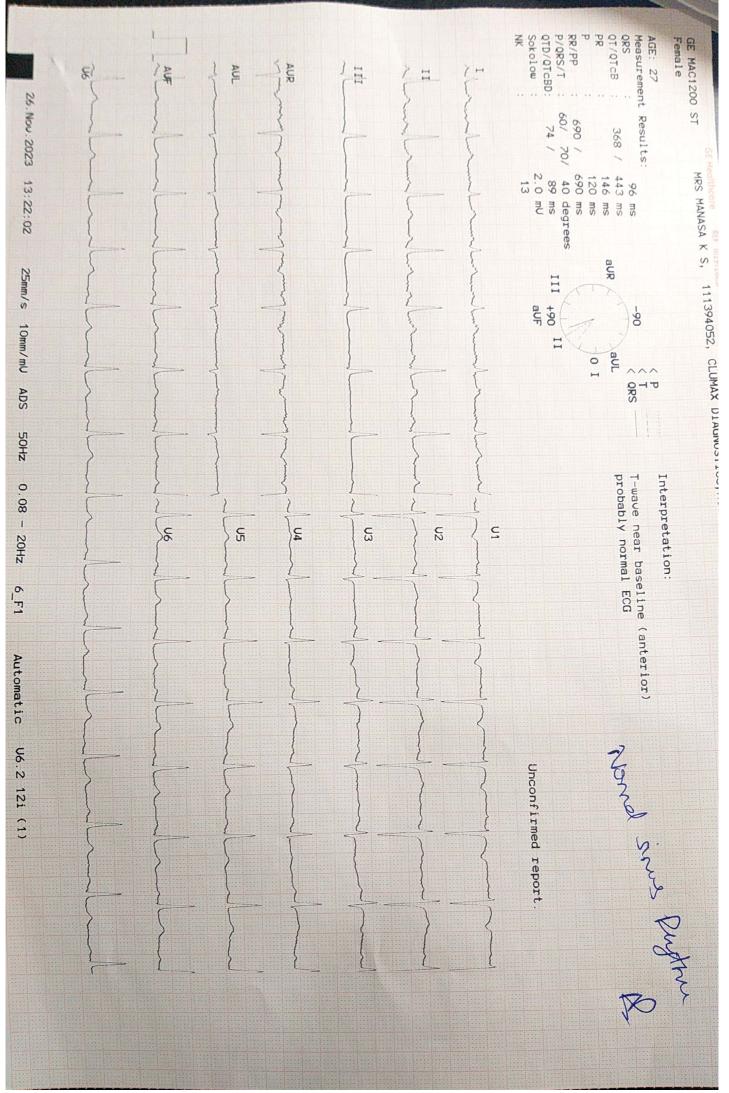
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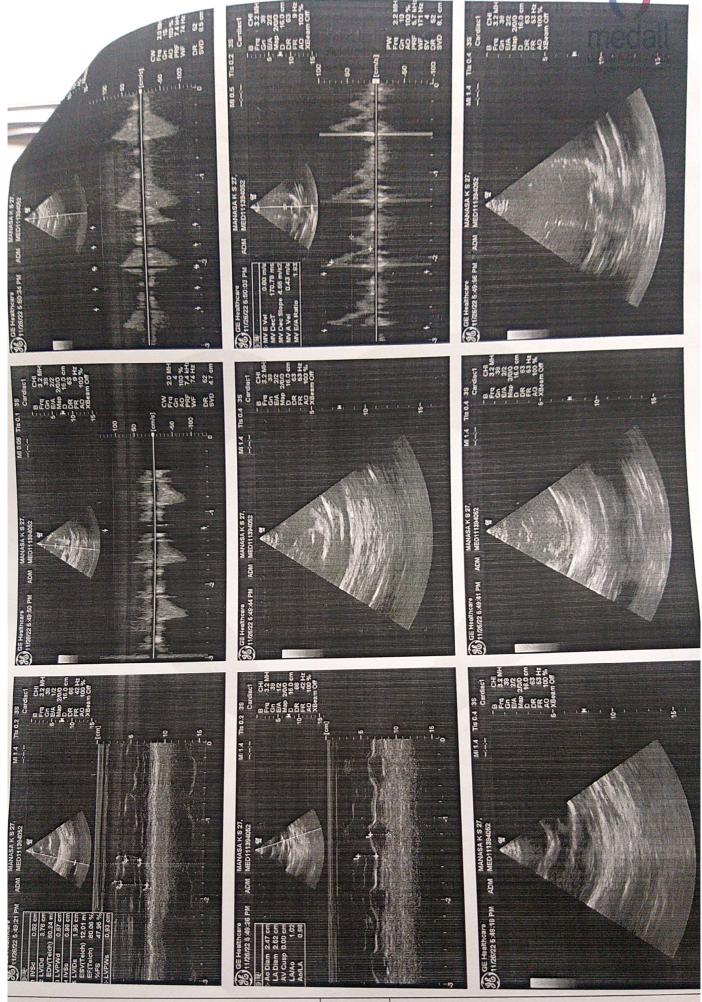
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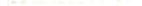
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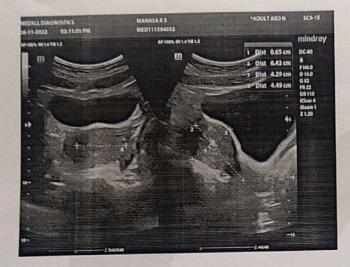
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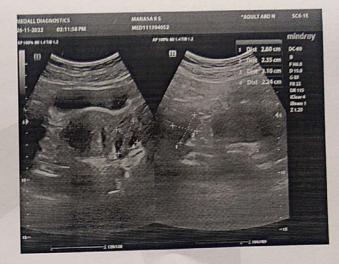
Medall Diagnostics Ballal Circle(Ashoka circle) - Mysore



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Ref Doctor	MediWheel	and the second	
Age & Gender	27Y/FEMALE	Visit Date	20/11/2022
Customer Name		Matt Data	26/11/2022
Common Name	MRS.MANASA K S	Customer ID	MED111394052









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Name	: Mrs. MANASA K S			
PID No.	: MED111394052	Register On	: 26/11/2022 10:30 AM	\mathbf{M}
SID No.	: 712235840	Collection On	: 26/11/2022 1:33 PM	
Age / Sex	: 27 Year(s) / Female	Report On	: 26/11/2022 6:10 PM	MEDALL
Туре	: OP	Printed On	: 29/11/2022 4:08 PM	
Ref. Dr	: MediWheel			

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Spectrophotometry)	13.1	g/dL	12.5 - 16.0
INTERPRETATION: Haemoglobin values vary in Mer blood loss, renal failure etc. Higher values are often due			
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	40.5	%	37 - 47
RBC Count (EDTA Blood/Automated Blood cell Counter)	5.0	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	80	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	25.9	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	32.3	g/dL	32 - 36
RDW-CV (Derived)	13.1	%	11.5 - 16.0
RDW-SD (Derived)	36.68	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	6500	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	55	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	38	%	20 - 45



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Ref. Dr	: MediWheel			

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	02	%	01 - 06
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)	3.58	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.47	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.13	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.33	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)	469	10^3 / µl	150 - 450
MPV (Blood/Derived)	5.7	fL	8.0 - 13.3
PCT	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate)	18	mm/hr	< 20

(Citrated Blood/Automated ESR analyser)



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.4	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.30	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	8.0	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.3	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.70	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.16		1.1 - 2.2
INTERPRETATION: Remark : Electrophoresis is the	preferred method		
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	17	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	14	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	70	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase)	10	U/L	< 38

(Serum/IFCC / Kinetic)



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Lipid Profile			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	171	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	87	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)	38	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/ <i>Calculated</i>)	115.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	17.4	mg/dL	< 30
Non HDL Cholesterol (Serum/ <i>Calculated</i>)	133.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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INTERPRETATION: 1.Non-HDL Cholesterol is nov 2.It is the sum of all potentially atherogenic proteins in co-primary target for cholesterol lowering therapy.			
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.5		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/ <i>Calculated</i>)	2.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/ <i>Calculated</i>)	3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



VERIFIED BY

DR SHAMIM JAVED MD PATHOLOGY KMC 88902

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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/ <i>HPLC</i>)	5.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
INTERDETATION If Diskston, Cood control (1)	7.0.07 Foir control	.71 9007 D	~ 1.07

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

Estimated Average Glucose	96.8	mg/dL
---------------------------	------	-------

(Whole Blood)

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past8 - 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.



VERIFIED BY



APPROVED BY

Name	: Mrs. MANASA K S			
PID No.	: MED111394052	Register On	: 26/11/2022 10:30 AM	C
SID No.	: 712235840	Collection On	26/11/2022 1:33 PM	
Age / Sex	: 27 Year(s) / Female	Report On	: 26/11/2022 6:10 PM	MEDALL
Туре	: OP	Printed On	: 29/11/2022 4:08 PM	
Ref. Dr	: MediWheel			

Investigation	<u>Observed</u> Value	<u>Unit</u>	<u>Biological</u> Reference Interval
IMMUNOASSAY			
<u>THYROID PROFILE / TFT</u>			
T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA)) INTERPRETATION:	1.06	ng/ml	0.7 - 2.04
Comment : Total T3 variation can be seen in other condition like pres Metabolically active.	gnancy, drugs, neph	rosis etc. In such cases,	Free T3 is recommended as it is
T4 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	8.81	Microg/dl	4.2 - 12.0
INTERPRETATION: Comment : Total T4 variation can be seen in other condition like prea Metabolically active.	gnancy, drugs, neph	rosis etc. In such cases,	Free T4 is recommended as it is
TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.232	µIU/mL	0.35 - 5.50
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 Iod	ine intake, TPO stat	us, Serum HCG concent	ration, race, Ethnicity and BMI.
2.TSH Levels are subject to circadian variation, reaching of the order of 50%,hence time of the day has influence of 3 Values& amplt0 03 uII /ml, need to be clinically correl	peak levels between on the measured serv	n 2-4am and at a minimu Im TSH concentrations.	Im between 6-10PM. The variation can be

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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Туре	: OP
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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
CLINICAL PATHOLOGY			
PHYSICAL EXAMINATION			
Colour (Urine/Physical examination)	PALE YELLOW		Yellow to Amber
Volume (Urine/Physical examination)	30		ml
Appearance (Urine)	CLEAR		
CHEMICAL EXAMINATION			
pH (Urine)	6.5		4.5 - 8.0
Specific Gravity (Urine/Dip Stick ⁻ Reagent strip method)	1.015		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



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Blood	Nil		Nil
(Urine)			
Urobilinogen	NORMAL		Within normal limits
(Urine/Dip Stick Reagent strip method)			
<u>Urine Microscopy Pictures</u>			
RBCs	NIL	/hpf	NIL
(Urine/ <i>Microscopy</i>)	1.0	n c	
Pus Cells (Urine/ <i>Microscopy</i>)	1-2	/hpf	< 5
Epithelial Cells	2-4	/hpf	No ranges
(Urine/ <i>Microscopy</i>)	2-4	mpi	No fanges
Others	NIL		Nil
(Urine)	T VIL2		

Smohn hn. Mr.S.Mohan Kumar Sr.LabTechnician

VERIFIED BY



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26/11/2022 10:30 AM
26/11/2022 1:33 PM
26/11/2022 6:10 PM
29/11/2022 4:08 PM

<u>Unit</u>



Biological

Reference Interval

Investigation

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)

'AB' 'Positive'

<u>Observed</u>

<u>Value</u>



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
BIOCHEMISTRY			
BUN / Creatinine Ratio	5.8		
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)	79 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/Urease UV / derived)	4.1	mg/dL	7.0 - 21
Creatinine	0.7	mg/dL	0.6 - 1.1

(Serum/Jaffe Kinetic)

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	3.4	mg/dL	2.6 - 6.0
(Serum/Uricase/Peroxidase)			



VERIFIED BY



APPROVED BY

-- End of Report --



Name	MANASA K S	ID	MED111394052
Age & Gender	27Y/F	Visit Date	Nov 26 2022 10:30AM
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



Name	MANASA K S	ID	MED111394052
Age & Gender	27Y/F	Visit Date	Nov 26 2022 10:30AM
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Age & Gender	27Y/F	Visit Date	Nov 26 2022 10:30AM
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