

MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 10-Sep-2022 8:55 AM

Customer Name : **MRS.MADHURI KAILASH SAH**DOB : **17 Dec 1983**Ref Dr Name : **MediWheel**Age : **38Y/FEMALE** 11-120/80 mmHgCustomer Id : **MED111292954**Visit ID : **712227709**

Email Id :

Phone No : **7549933373**Corp Name : **MediWheel**

Address :

H-65
W-69kg

Pulse-81

Hil-37

Wet-33/32

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				
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)				

	BUN/CREATININE RATIO							
5	physical examination		MYS2722054102651					
	ULTRASOUND ABDOMEN		MYS2722054103462					
	TERS Treadmill 2D Echo	✓	MYS2722054127528		U: 130	PM		
	OTHERS EYE CHECKUP	✓	MYS2722054135592					
	X-RAY X RAY CHEST	✓	MYS2722054145199				IR + Echo	
2	OTHERS Consultation Physician		MYS2722054148004					
23	ECHO ELECTROCARDIOGRAM ECG	✓ None	MYS2722054149333					

Registered By

(R.SUNILKUMAR)

FITNESS CERTIFICATE

NAME: <i>madhuri kailash sah</i>	AGE: <i>38</i>	
Ht: <i>165</i> CMS	Wt: <i>69</i> KGS	SEX: <i>F</i>

PARAMETERS	MEASUREMENTS	
PULSE / BP (supine)	<i>80</i>	<i>/mt / /mmHg 120/80mmHg</i>
INSPIRATION	<i>38</i>	
EXPIRATION	<i>39</i>	
CHEST CIRCUMFERENCE		
PREVIOUS ILLNESS		
VISION	<i>(2)</i>	
FAMILY HISTORY	FATHER:	<i>Nil.</i>
	MOTHER:	

REPORTS: *Anaemia*
prescribed medicines

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

(Signature)

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



Customer Name	MRS.MADHURI KAILASH SAH	Customer ID	MED111292954
Age & Gender	38Y/FEMALE	Visit Date	10/09/2022
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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 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 is mildly enlarged in size (13.1cm).

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	10.3	1.6

URINARY BLADDER show normal shape and wall thickness.
It has clear contents.

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern.
Endometrial echo is of normal thickness 5.9mms.
Uterus measures as follows: LS: 8.0cms AP: 4.3cms TS: 5.3cms.

OVARIES are normal size, shape and echotexture.
Right ovary measures: 2.1 x 1.7cms
Left ovary measures: 2.3 x 1.8cms
POD & adnexa are free.


No evidence of ascites.

IMPRESSION:

- **GRADE I FATTY CHANGES IN LIVER.**
- **MILD SPLENOMEGALY.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MB/MS



DR. MOHAN B

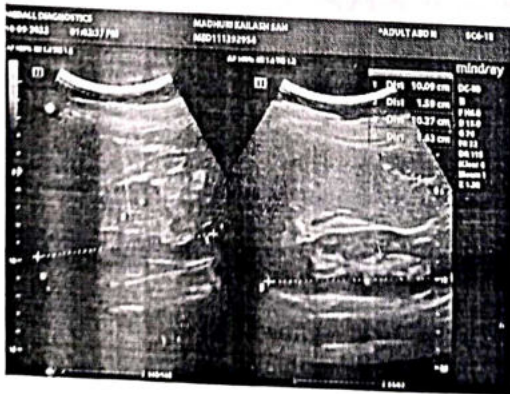
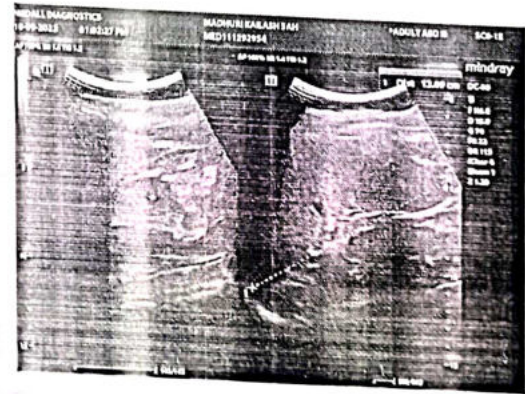
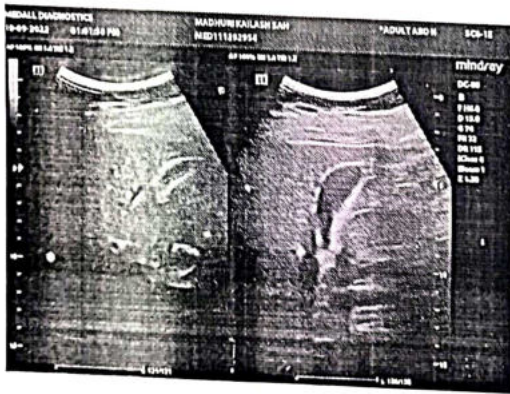
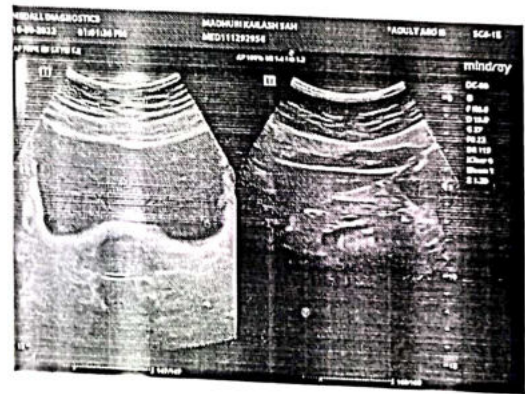
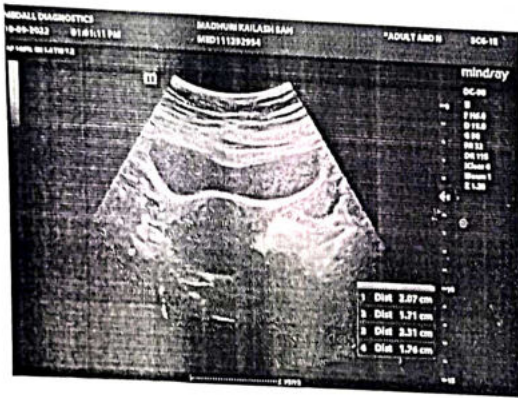
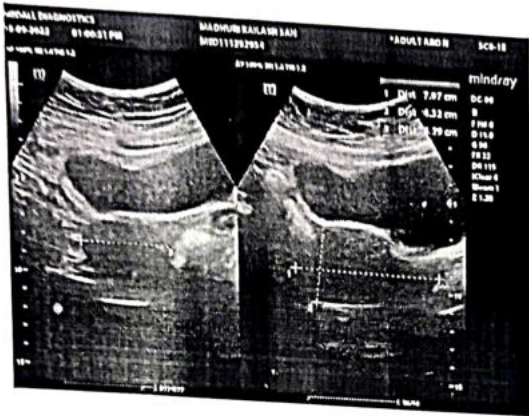


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Medall Diagnostics
Ballal Circle(Ashoka circle) - Mysore



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Age & Gender	38Y/FEMALE	Visit Date	10/09/2022
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Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

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2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.0cms
LEFT ATRIUM	:	3.2cms
LEFT VENTRICLE (DIASTOLE)	:	4.6cms
(SYSTOLE)	:	2.8cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.2cms
EDV	:	61ml
ESV	:	22ml
FRACTIONAL SHORTENING	:	37%
EJECTION FRACTION	:	63%
RVID	:	1.6cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	: 'E' - 0.81m/s	'A' - 0.35m/s	NO MR
AORTIC VALVE	: 1.05m/s		NO AR
TRICUSPID VALVE	: 'E' - 0.77m/s	'A' - 0.38m/s	NO TR
PULMONARY VALVE	: 0.79m/s		NO PR



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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: 63%.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.



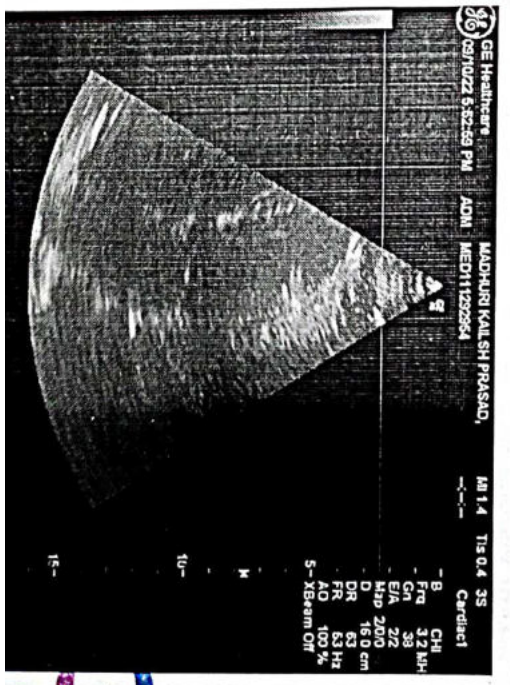
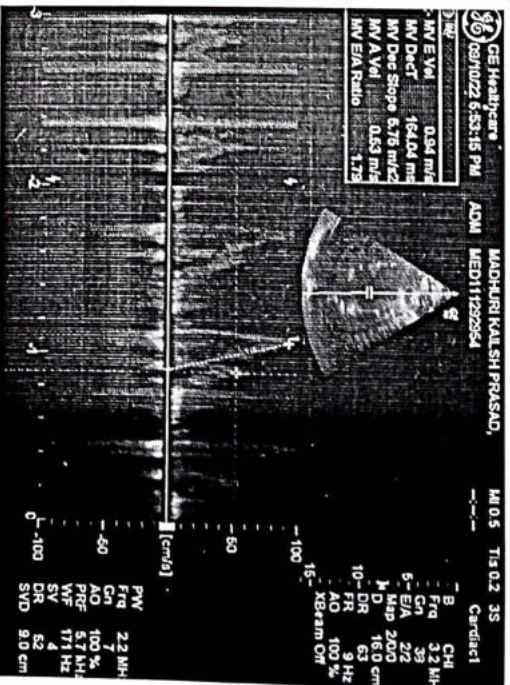
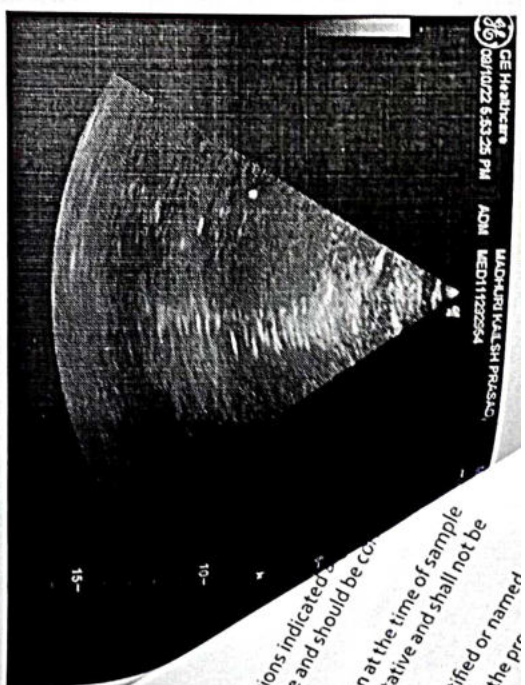
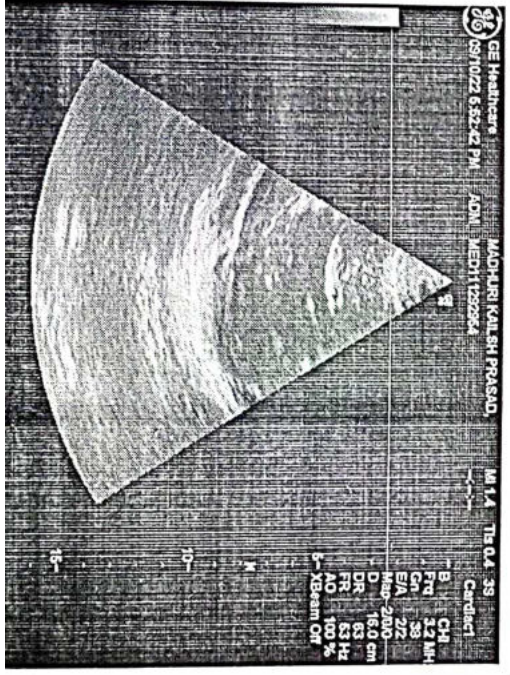
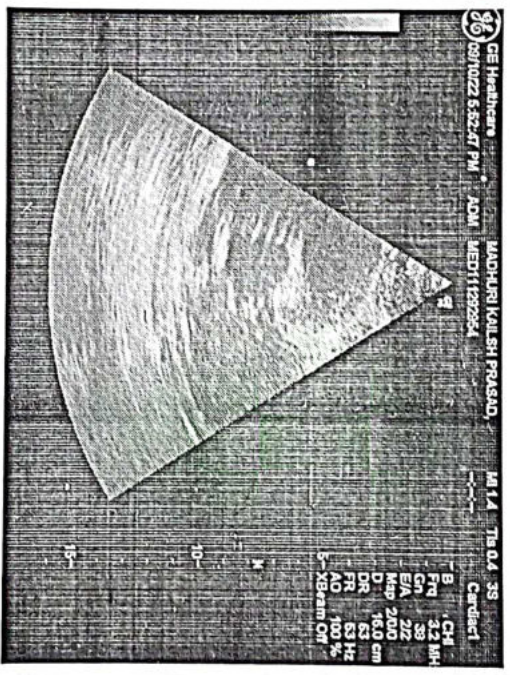
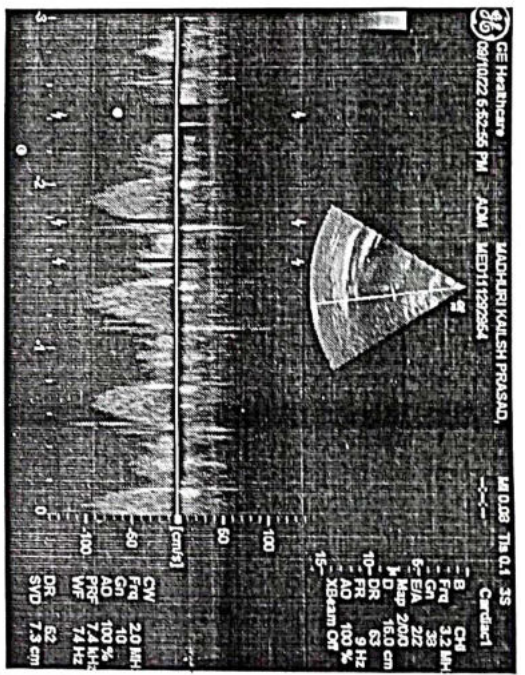
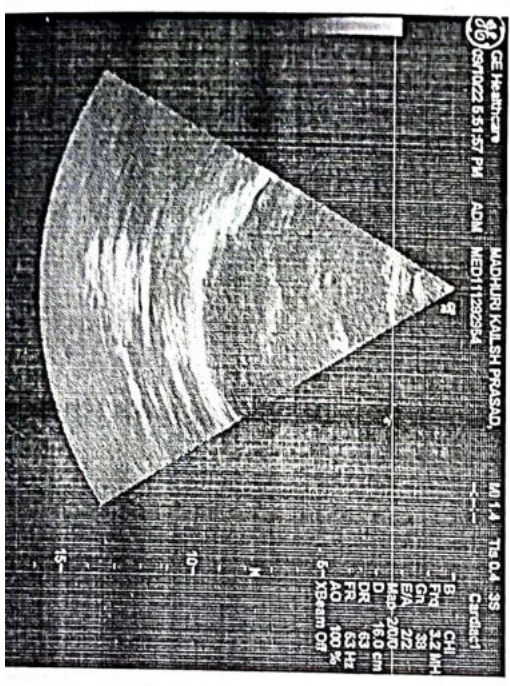
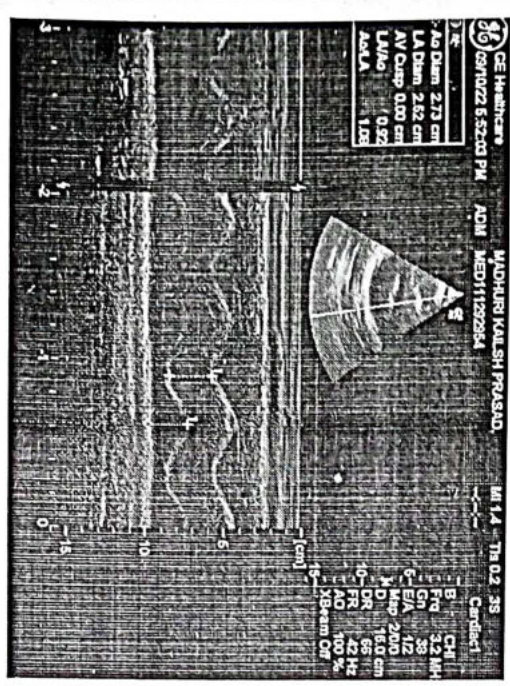
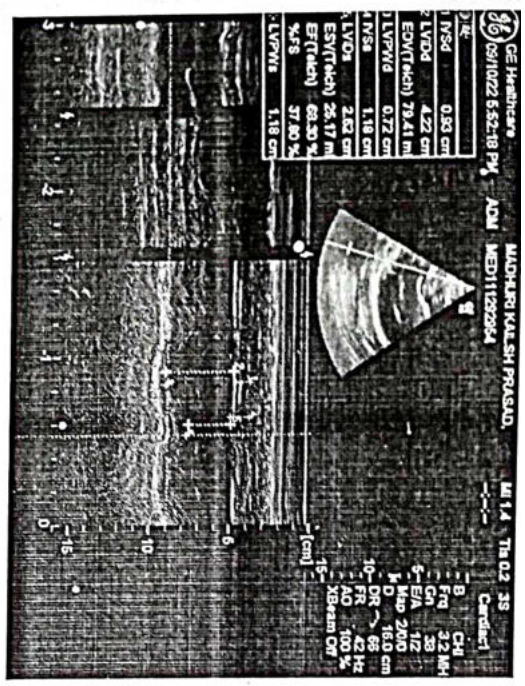
DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
 NB/TG



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Measurements indicated at the time of sample collection and should be confirmative and shall not be identified or named of the product.

Medall



NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

OPD SHEET

Date : 10/10/12

Patient's Name : Mr. Madhuri Kulkarni Sah

OP No. : 1210151

38 / F

2:50 Pm

Dr. Roopashree, C.R.
MBBS, MS, FPRS
Consultant-Phaco & Refractive
KMC No : 105152 -

For Medical Certificate

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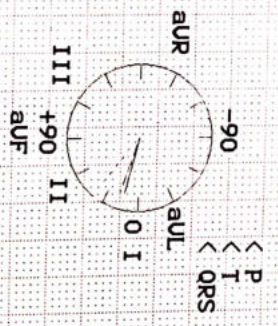
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Jayanagar Branch : 080-26088000 / 2663 3533 / 2663 3609 / 2245 Mobile : 94480 71816
Rajajinagar Branch : 080-4333 4111 / 2313 2777 / Mobile : 99728 53918
Indiranagar Branch : 080-4333 2555 Mobile : 81973 51609
Mysore Branch : 0821-4293000 Mobile :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

R / FD / 07 / 13

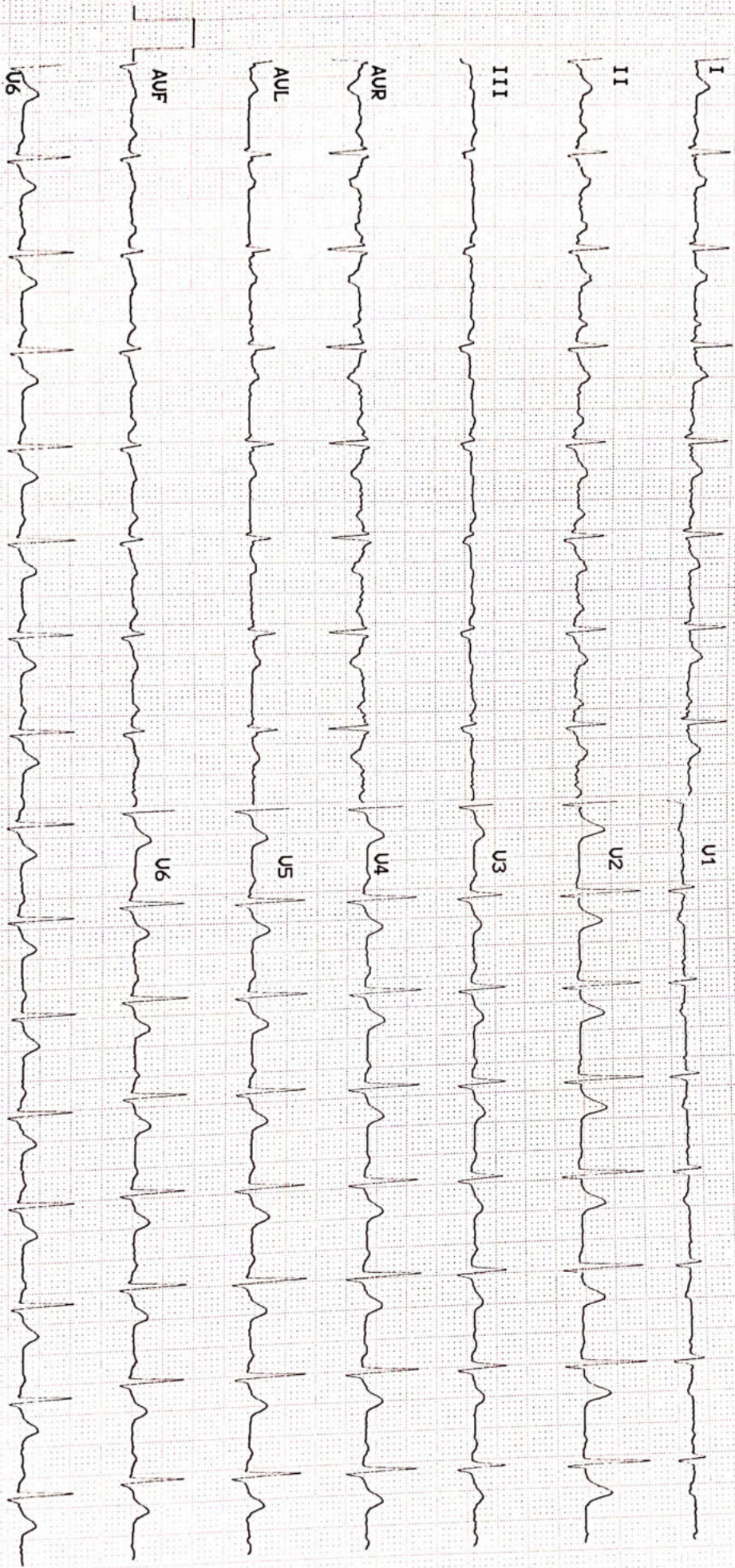
AGE: 38
Measurement Results:
QRS : 98 ms
QT/QTcB : 326 / 409 ms
PR : 144 ms
P : 108 ms
RR/PP : 636 / 640 ms
P/QRS/T : 40 / 15 / 20 degrees
QTd/QTcBD : 40 / 50 ms
Sokolow : 1.1 mV
NK : 13

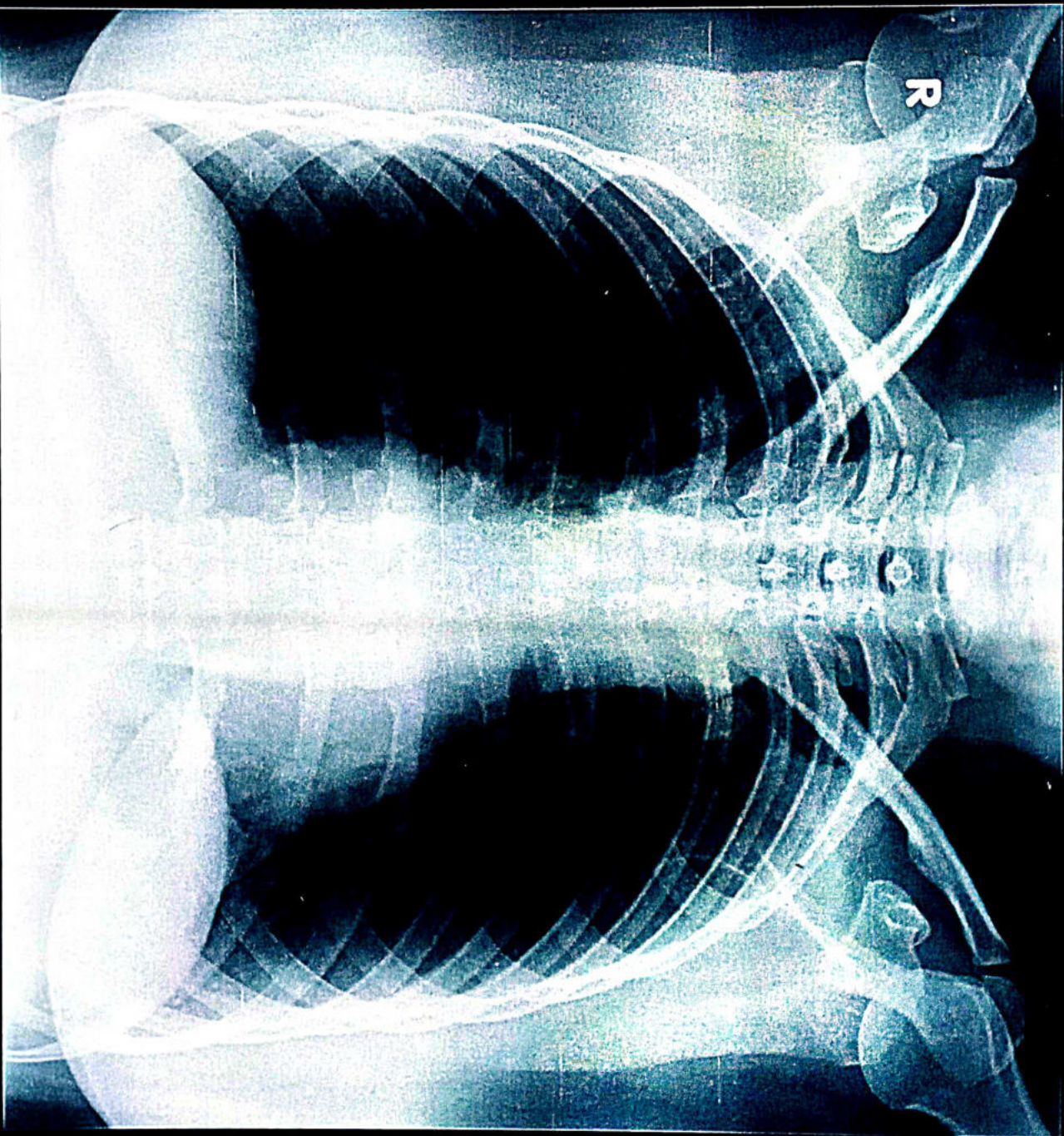


Interpretation:
R/S inversion area between U1 and U2
Probably normal ECG

Normal sinus rhythm
[Signature]

Unconfirmed report.





MADHURI KAILASH SAH 38 MED111292954 F CHEST PA

MEDALL CLUMAX DIAGNOSTIC

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Report On : 10/09/2022 6:33 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)	9.7	g/dL	12.5 - 16.0
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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.

Remark: Kindly correlate clinically.

PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	33.4	%	37 - 47
RBC Count (EDTA Blood/Automated Blood cell Counter)	3.53	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	95.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	27.5	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	29.0	g/dL	32 - 36
RDW-CV (Derived)	18.0	%	11.5 - 16.0
RDW-SD (Derived)	59.85	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	5330	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	60	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	34	%	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)	01	%	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)	3.20	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.81	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.05	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.27	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)	132	10 ³ / µl	150 - 450
Remark: Kindly correlate clinically.			
MPV (Blood/Derived)	15.4	fL	8.0 - 13.3
PCT	0.20	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	16	mm/hr	< 20


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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.6	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.40	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.6	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.5	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.10	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.45		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)	24	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	84	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	16	U/L	< 38


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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	177	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	138	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)	51	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	98.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	27.6	mg/dL	< 30

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Non HDL Cholesterol (Serum/Calculated)	126.0	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)	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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.9		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)	5.1	%	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 %

Estimated Average Glucose 99.67 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 glycaemic 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))	1.25	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))	13.02	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.

Remark: Kindly correlate clinically.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	8.57	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.

Remark: Kindly correlate clinically.

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

APPROVED BY

Name : Mrs. MADHURI KAILASH SAH

PID No. : MED111292954

Register On : 10/09/2022 8:56 AM

SID No. : 712227709

Collection On : 10/09/2022 10:17 AM

Age / Sex : 38 Year(s) / Female

Report On : 10/09/2022 6:33 PM

Type : OP

Printed On : 11/09/2022 4:10 PM

Ref. Dr : MediWheel



<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)	30		ml
Appearance (Urine)	Clear		

CHEMICAL EXAMINATION

pH (Urine)	7.0		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

Mr. S. Mohan Kumar
Sr. Lab Technician

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

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

Mr. S. Mohan Kumar
Sr. Lab Technician

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Stool Analysis - ROUTINE</u>			
Colour (Stool)	Brown		Brown
Blood (Stool)	Not present		Not present
Mucus (Stool)	Not present		Not present
Reaction (Stool)	Alkaline		Alkaline
Consistency (Stool)	Semi 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)	2-3	/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)

'B' 'Positive'

Remark: Test to be confirmed by gel method.



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

BUN / Creatinine Ratio	12.2		
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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	123	mg/dL	70 - 140
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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
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.6	mg/dL	7.0 - 21
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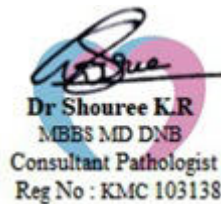
Creatinine (Serum/Jaffe Kinetic)	0.7	mg/dL	0.6 - 1.1
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INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, 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)	5.7	mg/dL	2.6 - 6.0
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-- End of Report --

Name	MADHURI KAILASH SAH	ID	MED111292954
Age & Gender	38Y/F	Visit Date	Sep 10 2022 8:55AM
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