medall
DIAGNOSTICS
experts who care

Name: MR. SHANMUGAM RAMALINGAM Age & Sex: 48 YEARS / MALE

Date : 18/02/2023

		Right Eye	Left Eye
DISTANT VISION	**Without Glasses** **With Glass**	**6/6**	**6/6**
NEAR VISION	**Without Glasses** **With Glass**	**N12**	**N18**
COLOUR VISION		**NORMAL**	

Name	: **Mr. SHANMUGAM RAMALINGAM**		
PID No.	: MED111499993	**Register On**	: 18/02/2023 8:53 AM
SID No.	: 1802305866	**Collection On**	: 18/02/2023 8:54 AM
Age / Sex	: 48 Year(s) / Male	**Report On**	: 18/02/2023 5:23 PM
Type	: OP	**Printed On**	: 20/02/2023 2:33 PM
Ref. Dr	: **MediWheel**		

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Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (EDTA Blood/*Agglutination)*	'O' 'Positive'		

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/*Spectrophotometry)*	14.3	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/*Derived from Impedance)*	42.5	%	42 - 52
RBC Count (EDTA Blood/*Impedance Variation)*	5.05	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/*Derived from Impedance)*	84.2	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/*Derived from Impedance)*	28.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/*Derived from Impedance)*	33.6	g/dL	32 - 36
RDW-CV (EDTA Blood/*Derived from Impedance)*	15.3	%	11.5 - 16.0
RDW-SD (EDTA Blood/*Derived from Impedance)*	45.09	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/*Impedance Variation)*	4000	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	46.6	%	40 - 75
Lymphocytes (EDTA Blood/*Impedance Variation & Flow Cytometry)*	34.5	%	20 - 45
Eosinophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	5.6	%	01 - 06

Dr.M.P.MANICKAM
MD PATHOLOGY
REG.NO:81272

VERIFIED BY

Dr Gurupriya J
Pathologist
Reg No: 13-48036

APPROVED BY

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Investigation	Observed Value	Unit	Biological Reference Interval
Monocytes (EDTA Blood/*Impedance Variation & Flow Cytometry)*	**12.3**	%	01 - 10
Basophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	1.0	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	1.86	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	**1.38**	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.22	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.49	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.04	10^3 / µl	< 0.2
Platelet Count (EDTA Blood/*Impedance Variation)*	265	10^3 / µl	150 - 450
MPV (EDTA Blood/*Derived from Impedance)*	8.5	fL	7.9 - 13.7
PCT (EDTA Blood/*Automated Blood cell Counter)*	0.23	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated - Westergren method)*	10	mm/hr	< 15
BUN / Creatinine Ratio	11.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP)*	96.3	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

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Investigation	Observed Value	Unit	Biological Reference Interval

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/*GOD - POD)*	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD-PAP)*	123.0	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.

Urine Glucose(PP-2 hours) (Urine - PP*)*	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived)*	11.4	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe)*	1.00	mg/dL	0.9 - 1.3

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-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/*Enzymatic)*	4.4	mg/dL	3.5 - 7.2

Liver Function Test

Bilirubin(Total) (Serum/*DCA with ATCS)*	0.40	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid)*	0.12	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived)*	0.28	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC)*	24.2	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC)*	24.9	U/L	5 - 41

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Investigation	Observed Value	Unit	Biological Reference Interval
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	25.0	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC)*	126.3	U/L	53 - 128
Total Protein (Serum/*Biuret)*	7.18	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	4.29	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived)*	2.89	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived)*	1.48		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/*CHOD-PAP with ATCS)*	184.9	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS)*	**224.3**	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)*	**33.0**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40

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Investigation	Observed Value	Unit	Biological Reference Interval
LDL Cholesterol (Serum/*Calculated*)	**107**	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated*)	**44.9**	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated*)	151.9	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*)	5.6		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*)	6.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	3.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/*HPLC*)	**6.0**	%	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 %

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Investigation	Observed Value	Unit	Biological Reference Interval
Estimated Average Glucose (Whole Blood)	125.5	mg/dL	

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.

Prostate specific antigen - Total(PSA) (Serum/*Manometric method)*	1.02	ng/mL	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0

INTERPRETATION: REMARK : PSA alone should not be used as an absolute indicator of malignancy.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA))*	1.06	ng/ml	0.7 - 2.04

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 (Tyroxine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA))*	6.04	µg/dl	4.2 - 12.0

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))*	3.49	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.

Urine Analysis - Routine

COLOUR (Urine)	Yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/*Protein error of indicator*)	Negative		Negative
Glucose (Urine/*GOD - POD*)	Negative		Negative
Pus Cells (Urine/*Automated - Flow cytometry*)	**Occasional**	/hpf	NIL
Epithelial Cells (Urine/*Automated - Flow cytometry*)	**Occasional**	/hpf	NIL
RBCs (Urine/*Automated - Flow cytometry*)	NIL	/hpf	NIL
Casts (Urine/*Automated - Flow cytometry*)	NIL	/hpf	NIL
Crystals (Urine/*Automated - Flow cytometry*)	NIL	/hpf	NIL
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

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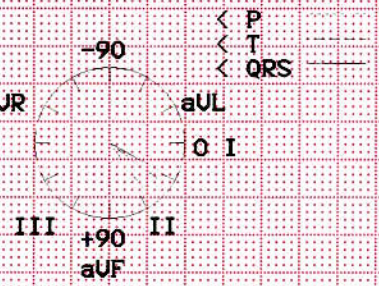
-- End of Report --

GE MAC1200 ST MR SHANMUGAM, RAMALINGAM 48/M MED499993, MEDALL, ADYAR

HR 64 bpm

Measurement Results:

QRS		100 ms
QT/QTcB	426 /	439 ms
PR		138 ms
P		114 ms
RR/PP	940 /	935 ms
P/QRS/T	53/ 29/	37 degrees

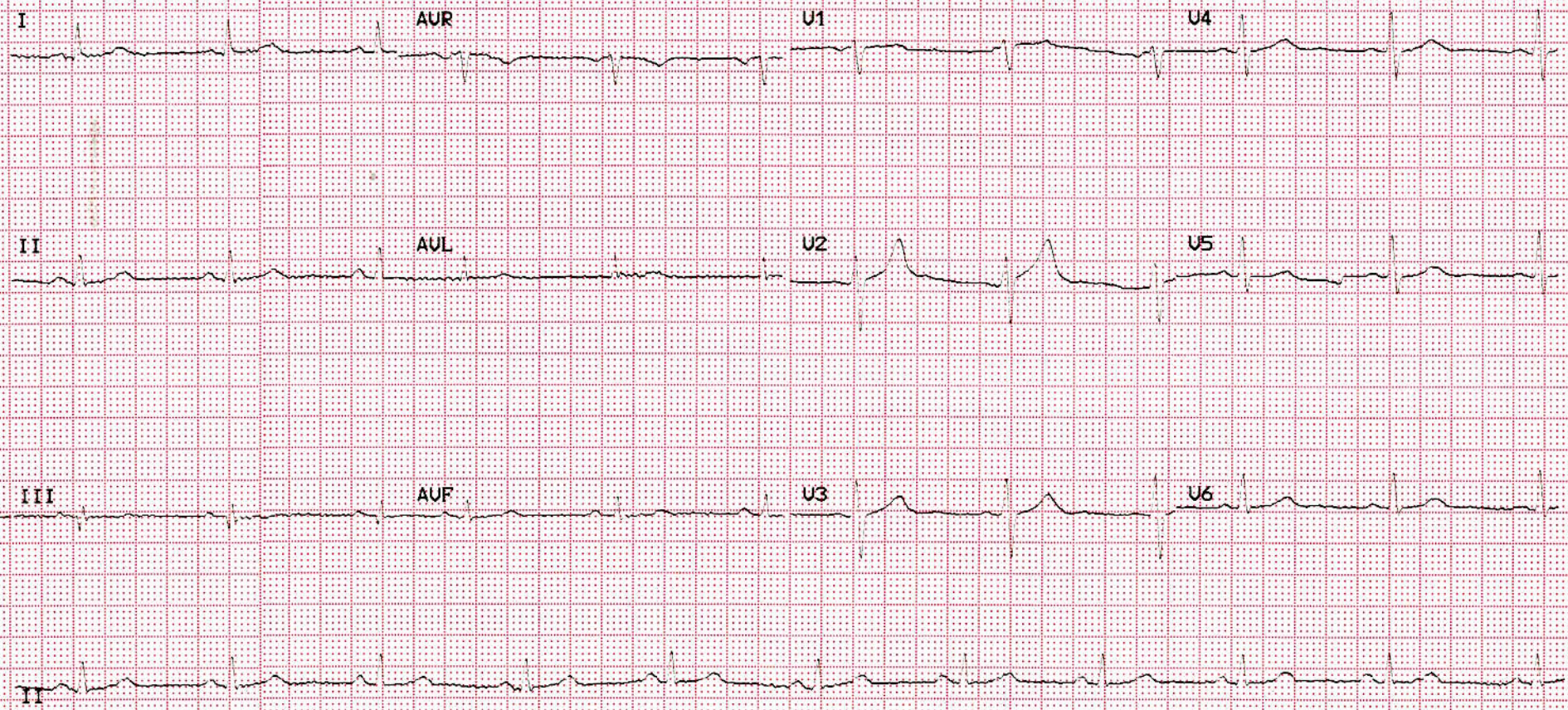


< P
< T
< QRS

Interpretation:
12SL - Interpretation:
Normal sinus rhythm
Normal ECG

T 3.2
169.0
d5.6

Unconfirmed report.



[redacted] 18 Feb 2023 09:26:12 AM 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 3_F1 Automatic V6.2.12i (1) 12SL™V231

Name	MR.SHANMUGAM RAMALINGAM	ID	MED111499993
Age & Gender	48Y/MALE	Visit Date	Feb 18 2023 8:18AM
Ref Doctor Name	MediWheel		

SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows diffuse mild fatty changes. No focal mass seen.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 9.0 x 4.0 cms.

The left kidney measures 10.8 x 4.8 cms.

Both kidneys are normal in size, shape and position. Cortical echoes are

normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

Name	MR.SHANMUGAM RAMALINGAM	ID	MED111499993
Age & Gender	48Y/MALE	Visit Date	Feb 18 2023 8:18AM
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The bladder is smooth walled and uniformly transonic. There is no intravesical mass

or calculus.

The prostate measures 2.8 x 2.4 x 2.2 cms and is normal sized with a volume of 15 cc.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

IMPRESSION:

- **Normal study.**

SR

DR.AZAKU TAMIL SELVI D.M.R.D,M.D.R.D,
CONSULTANT RADIOLOGIST

Name	MR.SHANMUGAM RAMALINGAM	ID	MED111499993
Age & Gender	48Y/MALE	Visit Date	Feb 18 2023 8:18AM
Ref Doctor Name	MediWheel		

ECHO CARDIOGRAPHY REPORT

Measurements:-

M Mode:

IVS d	1.0cm	**IVS s**	1.2cm
LVID d	4.4cm	**LVID s**	2.9cm
LVPW d	1.0cm	**LVPW s**	1.3cm
AO	2.3cm	**LA**	3.0cm

Doppler study:

Location	**m/sec**	**Location**	**m/sec**
MP A vel	0.9	**MV E**	0.6
PGT	3mmHg	**A**	0.5
AV vel	1.1	**Ratio**	1.2
PGT	4mmHg	**TV E**	0.5
EF	62%	**A**	0.4
FS	33%	**Ratio**	1.2

2D:

LA : NORMAL **RA :** NORMAL

LV : NORMAL **RV :** NORMAL

AV : NORMAL **PV :** NORMAL

MV : NORMAL **TV :** NORMAL

AO : NORMAL **PA :** NORMAL

Name	MR.SHANMUGAM RAMALINGAM	ID	MED111499993
Age & Gender	48Y/MALE	Visit Date	Feb 18 2023 8:18AM
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Observations:

- **Cardiac chambers dimension-normal**
- **No regional wall motion abnormality**
- **Normal LV systolic and diastolic function**
- **Valves are morphologically and functionally normal**
- **No stenosis / prolapse / regurgitation**
- **Doppler flow pattern normal**
- **No pulmonary hypertension**
- **Normal Pericardium**
- **IAS/ IVS appear Intact**
- **No mass**

CONCLUSIONS:

- ***NORMAL CARDIAC DIMENSIONS.***
- ***NO REGIONAL WALL MOTION ABNORMALITIES.***
- ***GOOD LV SYSTOLIC FUNCTION.***
- ***LVEF 62%***
- ***NORMAL STUDY.***

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Age & Gender	48Y/MALE	Visit Date	Feb 18 2023 8:18AM
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Prof. N. Subramanian MD, DM(CARD) FRCP, FACC
Consultant Cardiologist

Done By :-Ms. Divya V
Cardiac technologist

Name	SHANMUGAM RAMALINGAM	Customer ID	MED111499993
Age & Gender	48Y/M	Visit Date	Feb 18 2023 8:18AM
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X - RAY CHEST PA VIEW

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. Anitha Adarsh
Consultant Radiologist