

BOMISETTY BHARATH 37Y/M 10459593 CHEST PA 24-Apr-23
YODA DIAGNOSTICS



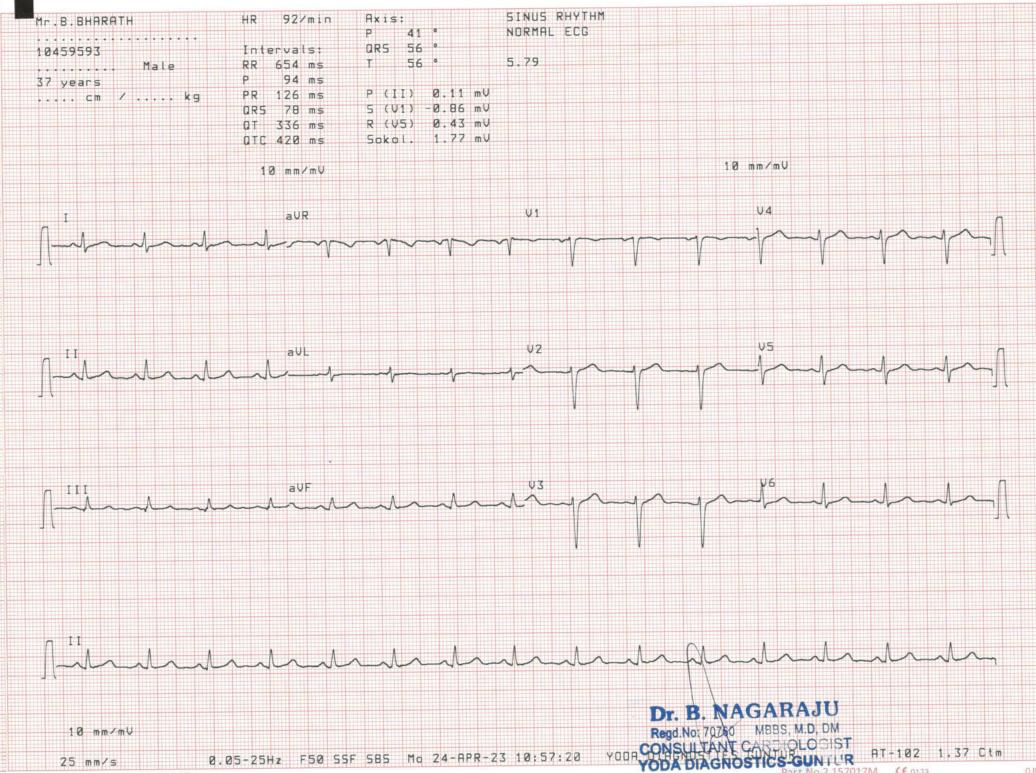


Dr Keerthi Kishore Nagalla

MBBS, MD (General Medicine)

	Consultant Physici	an & Diabetologist
		Reg. No. 64905
Name: MX R	Phanalh 37 4 sex: Male	
Date:	37 4 Sex: Male	•••••
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Routine Health	checkup	TEMP: B.P: .140/80MM/
do chartness	of Russitia	PULSE: 93. bh/wl
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CONTACT US



SCHILLER

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Patient Name : Mr. BOMMISETTY BHARATH

Age/Gender : 37 Y 0 M 0 D /M

DOB : Ref Doctor : SELF

Client Name : MEDI WHEELS

Client Add : F-701, Lado Sarai, Mehravli, N

Hospital Name :

UHID/MR No : YGT.0000009330

Client Code : 1409

Registration : 22/Apr/2023 10:40AM

Collected : 22/Apr/2023 10:40AM

Received

Barcode No

Reported : 24/Apr/2023 12:04PM

: 10459593

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN

Clinical Details: General check-up.

LIVER: Enlarged in size 14.5 cm and **increased echo-texture**. No focal lesion is seen. Intra hepatic biliary channels are not dilated.

GALL BLADDER: partially distended. No evidence of wall thickening / calculi.

Visualised common bile duct & portal vein appears normal.

PANCREAS: Normal in size and outlines. Parenchymal texture normal. No ductal dilatation. No calcifications / calculi.

SPLEEN: Normal in size 10.8 cm and echotexture. No focal lesion is seen.

RIGHT KIDNEY: Measures 9.4 x 4.6 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

LEFT KIDNEY: Measures 10.4×4.3 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

URINARY BLADDER: Well distended. No evidence of wall thickening / calculi.

PROSTATE: Normal in size and echo-texture.

No enlarged nodes are visualised. No retro-peritoneal lesion is identified. Great vessels appear normal.

No free fluid is seen in peritoneal cavity.

IMPRESSION:

• GRADE-II FATTY LIVER.

Verified By : SHARMILA Approved By:

Dr.SUSHMA VUYYURU MBBS;MD(Radio-Diagnosis) CONSULTANT RADIOLOGIST



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DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Findings:

Rotated film:

Poor inspiratory film.

Soft tissues/ bony cage normal.

Trachea and Mediastinal structures are normal.

Heart size and configuration are normal.

Aorta and pulmonary vascularity are normal.

Lung parenchyma and CP angles are clear.

Bilateral hilae and diaphragmatic contours are normal.

IMPRESSION:

• No Significant Abnormality Detected.

Suggested Clinical Correlation & Follow up.

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Reported : 22/Apr/2023 01:19PM

DEPARTMENT OF HAEMATOLOGY					
Test Name	Result	Unit	Biological. Ref. Range	Method	

ESR (ERYTHROCYTE SEDIMENTATION RATE)					
Sample Type : WHOLE BLOOD EDTA					
ERYTHROCYTE SEDIMENTATION RATE	10	mm/1st hr	0 - 15	Capillary Photometry	

COMMENTS:

ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency).

Falsely decreased levels may indicate: Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

Verified By: SHARMILA Approved By:

MBBS.DCP **Consultant Pathologist**





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DEPARTMENT OF HAEMATOLOGY					
Test Name	Result	Unit	Biological. Ref. Range	Method	

BLOOD GROUP ABO & RH Typing					
Sample Type : WHOLE BLOOD EDTA					
ABO	"O"				
Rh Typing	(+) POSITIVE				

Method: Hemagglutination Tube method by forward and reverse grouping

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.

Verified By : SHARMILA Approved By:



Visit ID : **YGT9449** UHID/MR No : YGT.0000009330

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DEPARTMENT OF HAEMATOLOGY					
Test Name	Result	Unit	Biological. Ref. Range	Method	

CBC(COMPLETE BLOOD COUNT)					
Sample Type : WHOLE BLOOD EDTA					
HAEMOGLOBIN (HB)	15.9	g/dl	13.0 - 17.0	Cyanide-free SLS method	
RBC COUNT(RED BLOOD CELL COUNT)	5.09	million/cmm	4.50 - 5.50	Impedance	
PCV/HAEMATOCRIT	47.5	%	40.0 - 50.0	RBC pulse height detection	
MCV	93.4	fL	83 - 101	Automated/Calculated	
MCH	31.2	pg	27 - 32	Automated/Calculated	
MCHC	33.5	g/dl	32 - 35	Automated/Calculated	
RDW - CV	15.2	%	11.0-16.0	Automated Calculated	
RDW - SD	53.6	fl	35.0-56.0	Calculated	
MPV	8.9	fL	6.5 - 10.0	Calculated	
PDW	16.2	fL	8.30-25.00	Calculated	
PCT	0.25	%	0.15-0.62	Calculated	
TOTAL LEUCOCYTE COUNT	6,380	cells/ml	4000 - 11000	Flow Cytometry	
DLC (by Flow cytometry/Microscopy)					
NEUTROPHIL	63	%	40 - 80	Impedance	
LYMPHOCYTE	31	%	20 - 40	Impedance	
EOSINOPHIL	01	%	01 - 06	Impedance	
MONOCYTE	05	%	02 - 10	Impedance	
BASOPHIL	00	%	0 - 1	Impedance	
PLATELET COUNT	2.84	Lakhs/cumm	1.50 - 4.10	Impedance	

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Client Add : F-701, Lado Sarai, Mehravli, N Reported : 22/Apr/2023 12:18PM

Hospital Name :

DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological. Ref. Range	Method	

THYROID PROFILE (T3,T4,TSH)					
Sample Type : SERUM					
T3	1.19	ng/ml	0.60 - 1.78	CLIA	
T4	8.90	ug/dl	4.82-15.65	CLIA	
TSH	1.73	ulU/mL	0.30 - 5.60	CLIA	

INTERPRETATION:

- 1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- 2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- 3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
 4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propanolol and propylthiouracil.
- therapy with drugs like proparition and propyrimoriacil.

 5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- 6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in near thyroidal illness also
- in non-thyroidal illness also.
 7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- 8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.
- 9. REFERENCE RANGE :

PREGNANCY	TSH in uIU/mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

(References range recommended by the American Thyroid Association)

Comments:

- $1.\,$ During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
- 2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

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DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological. Ref. Range	Method	

LIVER FUNCTION TEST(LFT)				
Sample Type : SERUM				
TOTAL BILIRUBIN	0.74	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.05	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.69	mg/dl		Calculated
S.G.O.T	29	U/L	< 50	KINETIC WITHOUT P5P- IFCC
S.G.P.T	27	U/L	< 50	KINETIC WITHOUT P5P- IFCC
ALKALINE PHOSPHATASE	70	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.4	gm/dl	6.0 - 8.0	Biuret
ALBUMIN	4.4	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.0	gm/dl		Calculated
A/G RATIO	1.47			Calculated

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DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological. Ref. Range	Method	

LIPID PROFILE					
Sample Type : SERUM					
TOTAL CHOLESTEROL	202	mg/dl	Desirable : 0-200 Borderline :200 – 239 High : >=240	Cholesterol oxidase/peroxidase	
H D L CHOLESTEROL	31	mg/dl	>40	Enzymatic/ Immunoinhibiton	
L D L CHOLESTEROL	106	mg/dl	Optimal - 70-106 Near Optimal/Aboveoptimal - 100 - 129 mg/dl Borderline High - 130 - 159 mg/dl	Enzymatic Selective Protein	
TRIGLYCERIDES	639	mg/dl	Normal : < 150 BorderLine : 150 - 199 High : 200-499	GPO	
VLDL	NA	mg/dl	15 - 30	Calculated	
T. CHOLESTEROL/ HDL RATIO	6.52			Calculated	

As triglycerides level are >400 mg/dl, friedwald's equation is not suitable for the calculation of VLDL. The LDL estimation is assayed directly. Kindly correlate clinically.

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Client Add : F-701, Lado Sarai, Mehravli, N Reported : 22/Apr/2023 12:08PM

Hospital Name :

DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological. Ref. Range	Method	

HBA1C					
Sample Type : WHOLE BLOOD EDTA					
HBA1c RESULT	6.1	%	Normal Glucose tolerance (non-diabetic): <5.6% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC	
ESTIMATED AVG. GLUCOSE	128	mg/dl			

Note

- 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
- 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

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 .

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DEPARTMENT OF BIOCHEMISTRY						
Test Name	Test Name Result Unit Biological. Ref. Range Method					

BLOOD UREA NITROGEN (BUN)					
Sample Type : Serum					
SERUM UREA	22	mg/dL	17 - 43	Urease GLDH	
Blood Urea Nitrogen (BUN)	10.3	mg/dl	5 - 25	GLDH-UV	

Increased In:

Impaired kidney function, Reduced renal blood flow {CHF, Salt and water depletion, (vomiting, diarrhea, diuresis, sweating), Shock}, Any obstruction of urinary tract, Increased protein catabolism, AMI, Stress

Decreased In:

Diuresis (e.g. with over hydration), Severe liver damage, Late pregnancy, Infancy, Malnutrition, Diet (e.g., low-protein and high-carbohydrate, IV feedings only), Inherited hyperammonemias (urea is virtually absent in blood)

Limitations:

Urea levels increase with age and protein content of the diet.

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DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological. Ref. Range	Method	

FBS (GLUCOSE FASTING)					
Sample Type : FLOURIDE PLASMA					
FASTING PLASMA GLUCOSE	112	mg/dl	70 - 100	HEXOKINASE	

INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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Test Name Result Unit Biological. Ref. Range Method

PPBS (POST PRANDIAL GLUCOSE)						
Sample Type : FLOURIDE PLASMA						
POST PRANDIAL PLASMA GLUCOSE 124 mg/dl <140 HEXOKINASE						

INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological. Ref. Range	Method	

	SERUM CI	REATININE		
Sample Type : SERUM				
SERUM CREATININE	1.09	mg/dl	0.67 - 1.17	KINETIC-JAFFE

Increased In:

- Diet: ingestion of creatinine (roast meat), Muscle disease: gigantism, acromegaly,
- Impaired kidney function.

Decreased In:

- Pregnancy: Normal value is 0.4-0.6 mg/dL. A value >0.8 mg/dL is abnormal and should alert the clinician to further diagnostic evaluation.
- Creatinine secretion is inhibited by certain drugs (e.g., cimetidine, trimethoprim).

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MBBS.DCP **Consultant Pathologist**



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DEPARTMENT OF BIOCHEMISTRY							
Test Name	Result	Unit	Biological. Ref. Range	Method			

	URIC AC	ID -SERUM		
Sample Type : SERUM				
SERUM URIC ACID	6.1	mg/dl	3.5 - 7.20	URICASE - PAP

Uric acid is the final product of purine metabolism in the human organism. Uric acid measurements are used in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and of patients receiving cytotoxic drugs.

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Visit ID : **YGT9449** UHID/MR No : YGT.0000009330

Patient Name: Mr. BOMMISETTY BHARATHClient Code: 1409Age/Gender: 37 Y 0 M 0 D /MBarcode No: 1045959

 Age/Gender
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DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological. Ref. Range	Method	

BUN/CREATININE RATIO							
Sample Type : SERUM							
Blood Urea Nitrogen (BUN)		10.2	mg/dl	5 - 25	GLDH-UV		
SERUM CREATININE		1.09	mg/dl	0.67 - 1.17	KINETIC-JAFFE		
BUN/CREATININE RATIO		9.35	Ratio	6 - 25	Calculated		

SHARMILA

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DEPARTMENT OF RADIOLOGY

2D ECHO DOPPLER STUDY

: Normal MITRAL VALVE

AORTIC VALVE : Normal

TRICUSPID VALVE : Normal

PULMONARY VALVE : Normal

RIGHT ATRIUM : Normal

RIGHT VENTRICLE : Normal

LEFT ATRIUM : 3.4 cms

LEFT VENTRICLE : EDD : 4.0 cm IVS(d): 1.0 cm LVEF: 64 %

PW (d): 1.0 cm FS : 34 % ESD: 2.8 cm

No RWMA

IAS : Intact

IVS : Intact

: 2.8 cms **AORTA**

PULMONARY ARTERY : Normal

PERICARDIUM : Normal

IVS/ SVC/ CS : Normal

PULMONARY VEINS : Normal

Verified By: SHARMILA Approved By:

DN(CARDIOLOGY) APNC Reg.No 70760





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DEPARTMENT OF RADIOLOGY

INTRA CARDIAC MASSES: No

DOPPLER STUDY:

: E - 0.8 m/sec, A - 0.5 m/sec. MITRAL FLOW

AORTIC FLOW : 1.0 m/sec

PULMONARY FLOW : 1.1 m/sec

TRICUSPID FLOW : TRJV : 2.9 m/sec, RVSP : 44 mmHg

COLOUR FLOW MAPPING: MILD TR / PAH

IMPRESSION:

* NORMAL SIZED CARDIAC CHAMBERS

* NO RWMA

* GOOD LV FUNCTION

* NORMAL LV FILLING PATTERN

* NO MR / AR/ PR

* MILD TR / PAH

* NO PE / CLOTS/VEGETATION

CONSULTANT CARDIOLOGIST

Verified By: SHARMILA

Approved By:

DN(CARDIOLOGY APNC Reg.No 70760





Patient Name : Mr. BOMMISETTY BHARATH

 $Age/Gender \hspace{35pt} : 37 \; Y \; 0 \; M \; 0 \; D \; / M$

DOB :

Ref Doctor : SELF

Client Name : MEDI WHEELS

Client Add : F-701, Lado Sarai, Mehravli, N

Hospital Name :

UHID/MR No : YGT.0000009330

Client Code : 1409

Barcode No : 10459593

Registration : 22/Apr/2023 10:40AM

Collected

Received

: 22/Apr/2023 10:40AM

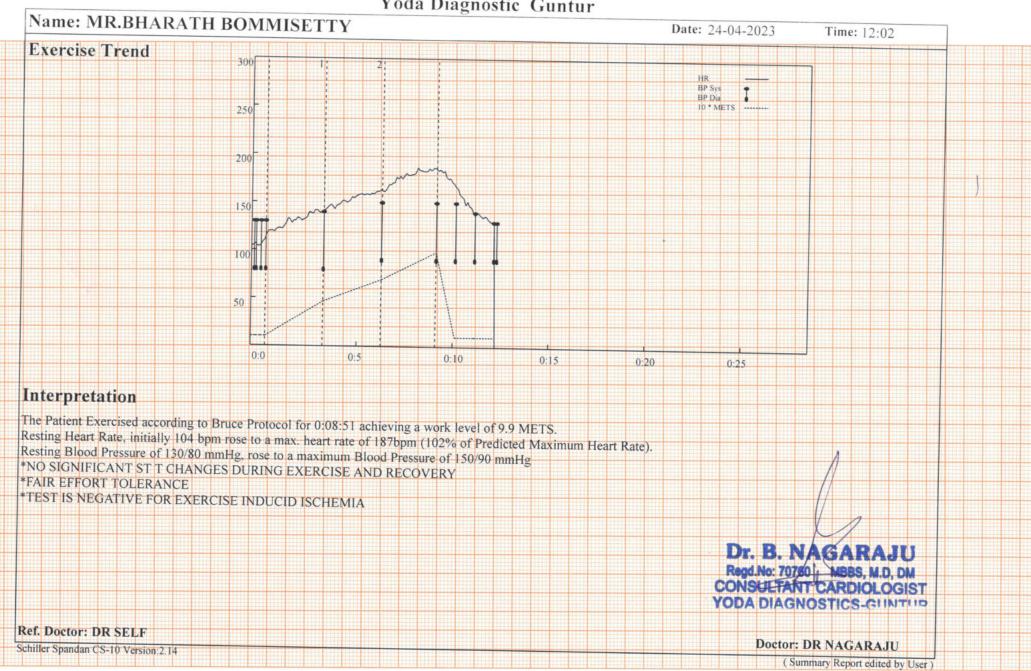
Reported : 24/Apr/2023 02:20PM

DEPARTMENT OF RADIOLOGY

*** End Of Report ***

Verified By : SHARMILA □ Approved By:

Dr.B.Nagaraju MD(Internal Medicine) DN(CARDIOLOGY) APNC Reg.No 70760



Yoda Diagnostic Guntur Name: MR.BHARATH BOMMISETTY Date: 24-04-2023 Time: 12:02 Age: 37 Gender: M Height: 160 cms Weight: 88 Kg ID: 10459593 Clinical History: NO Medications: NO **Test Details:** Protocol: Bruce Predicted Max HR: 183 Target HR: 155

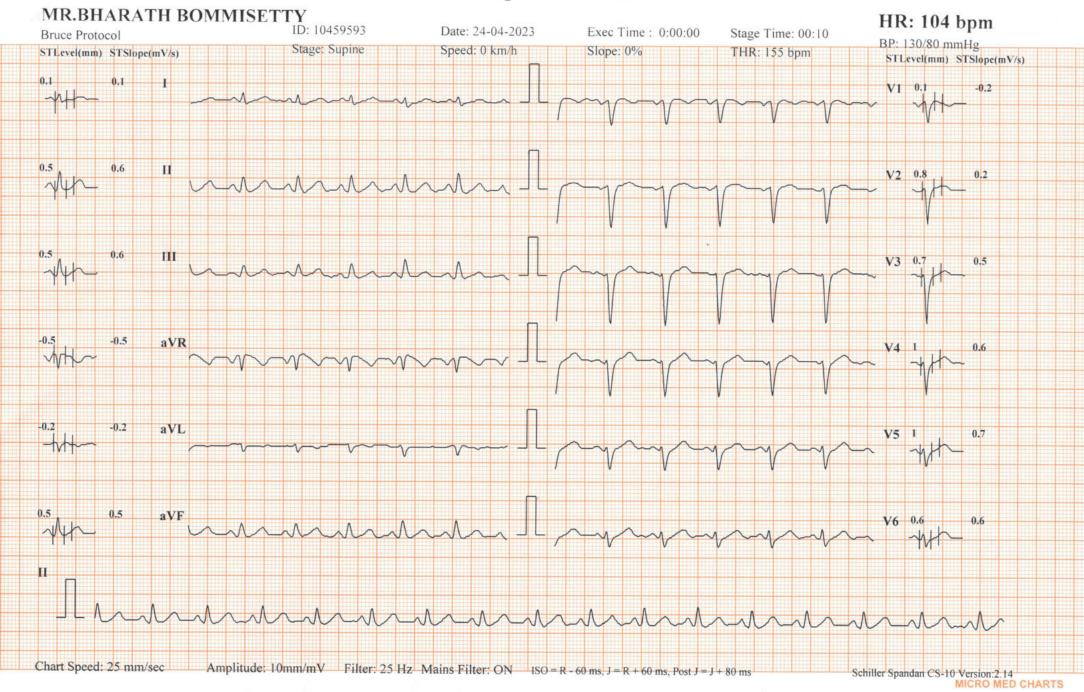
Exercise Time: 0:08:51 Achieved Max HR: 187 (102% of Predicted MHR) Max BP: 150/90 Max BP x HR: 28050

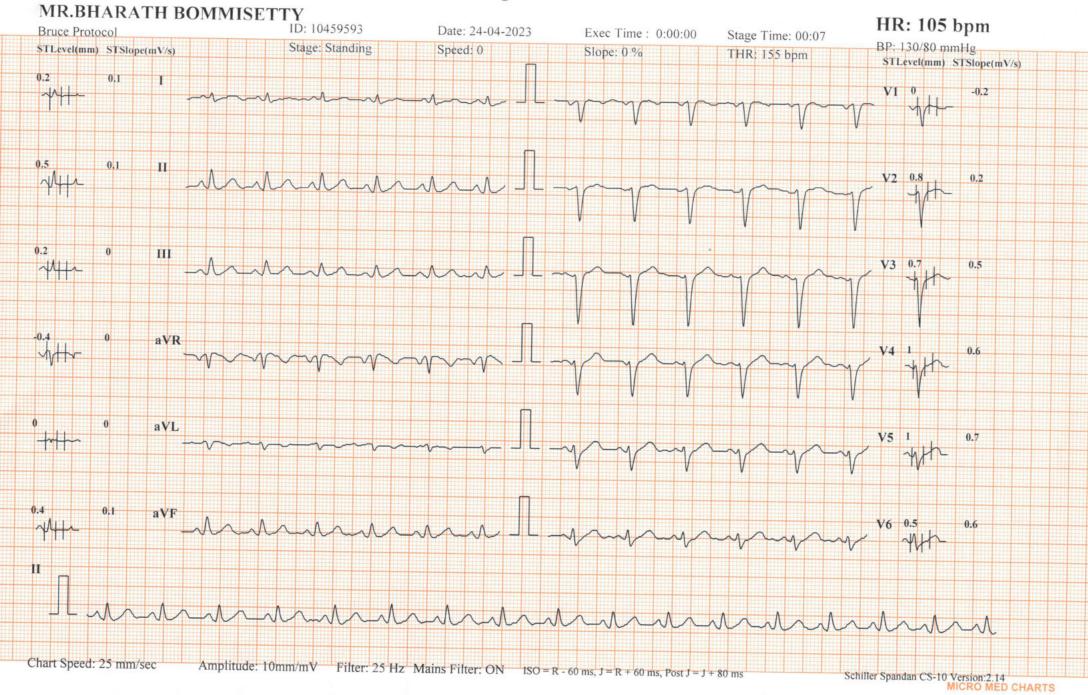
Max Mets: 9.9

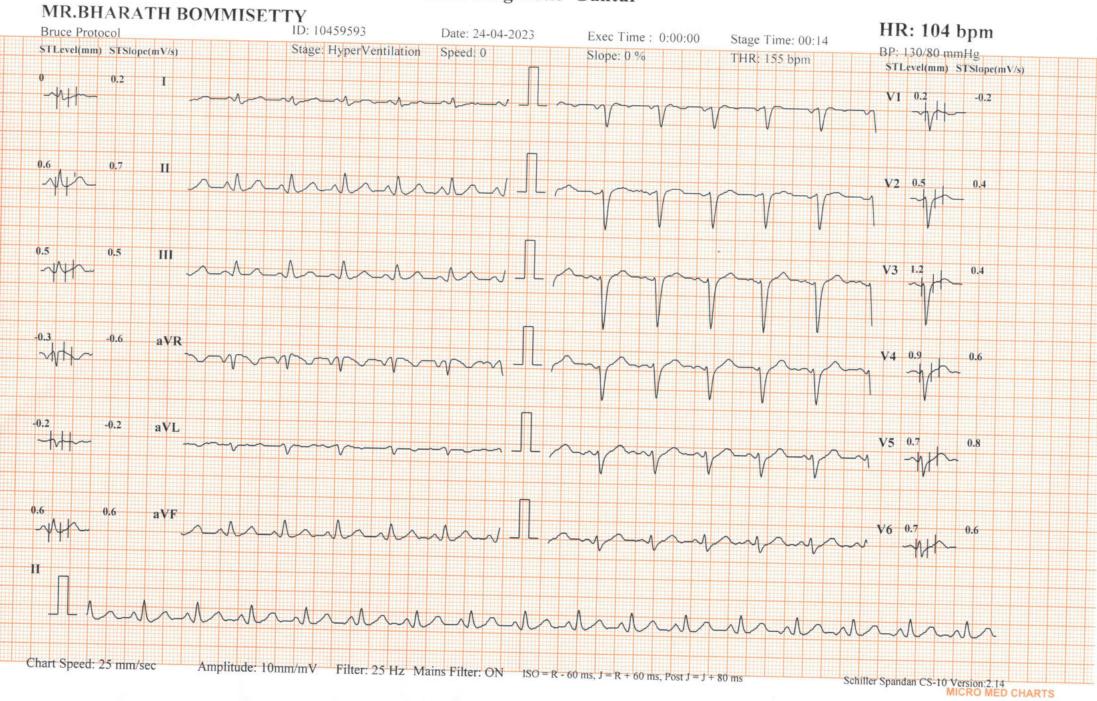
Test Termination Criteria:

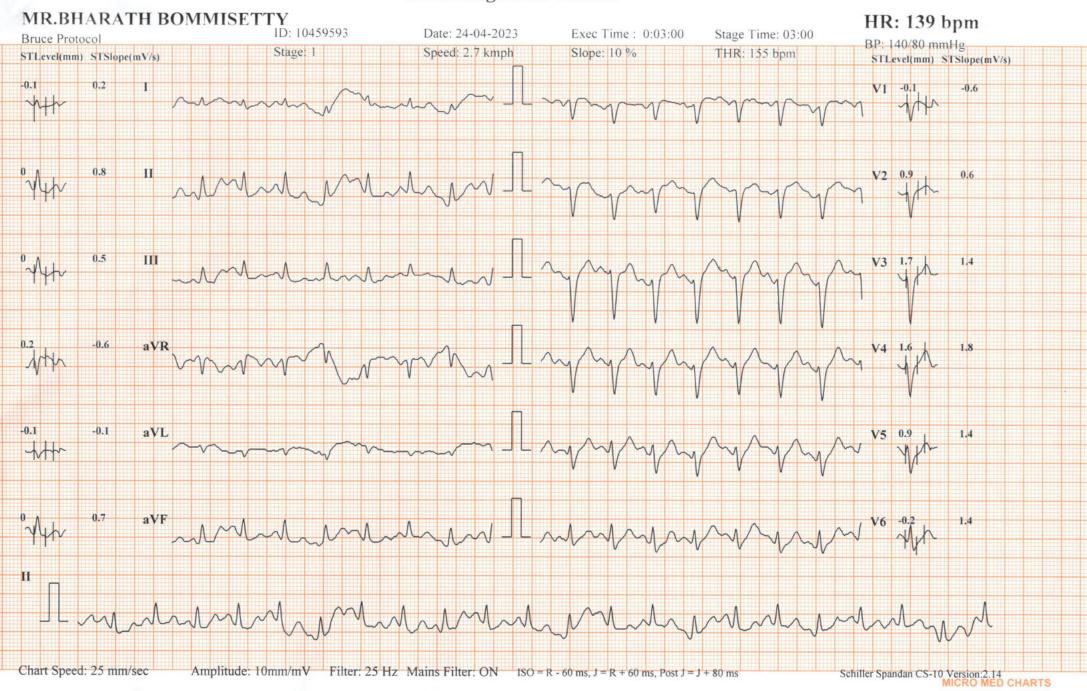
Protocol Details:

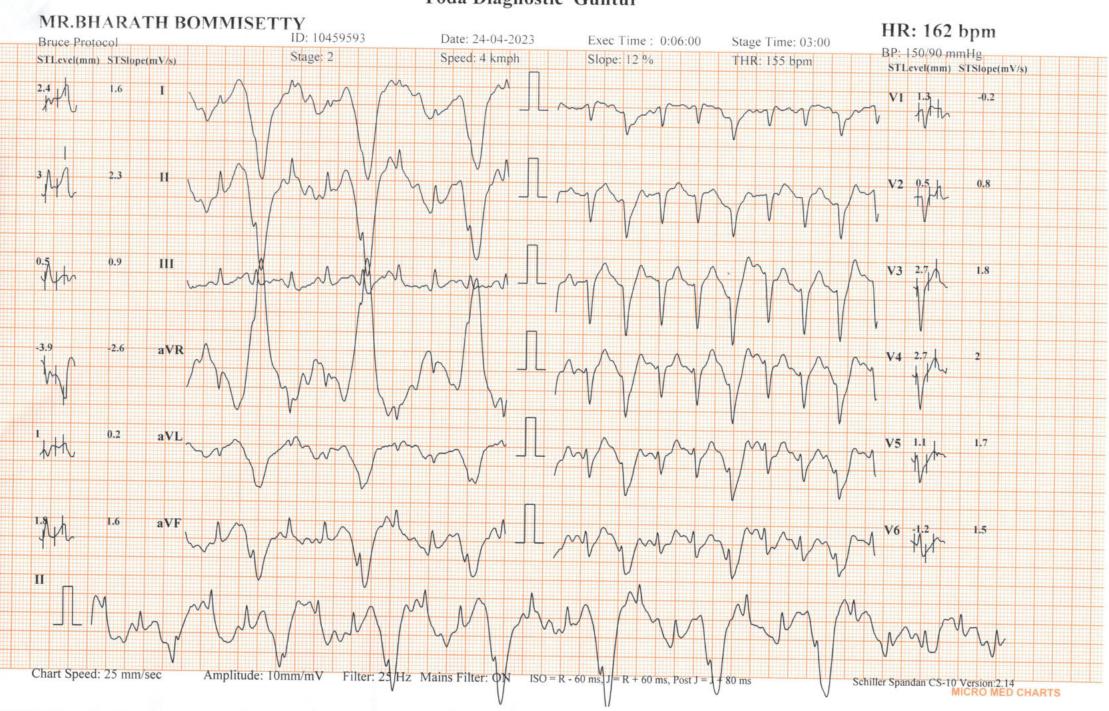
Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate	BP mmHg	RPP	ST Level	ST Slope
Supine	00:10	1	0	0	104	130/80	13520	1 V4	0.7 V5
Standing	00:07	1	0	0	105	130/80	13650	1 V4	0.7 V5
HyperVentilation	00:14	1	0	0	104	130/80	13520	1.2 V3	0.8 V5
PreTest	00:14	1	1.6	0	109	130/80	14170	LaVR	0.7 V4
Stage: 1	03:00	4.7	2.7	10	139	140/80	19460	1.7 V3	1.8 V4
Stage: 2	03:00	7	4	12	162	150/90	24300	-3.9 aVR	-2.6 aVR
Peak Exercise	02:51	9.9	5.5	14	187	150/90	28050	-4.5 III	4.4 aVR
Recovery1	01:00	1	0	0	170	150/90	25500	3.6 V6	3.9 V4
Recovery2	01:00	1	0	0	141	140/90	19740	2.8 V4	2.4 V4
Recovery3	01:00	1	0	0	131	130/90	17030	2.3 V4	1.9 V4

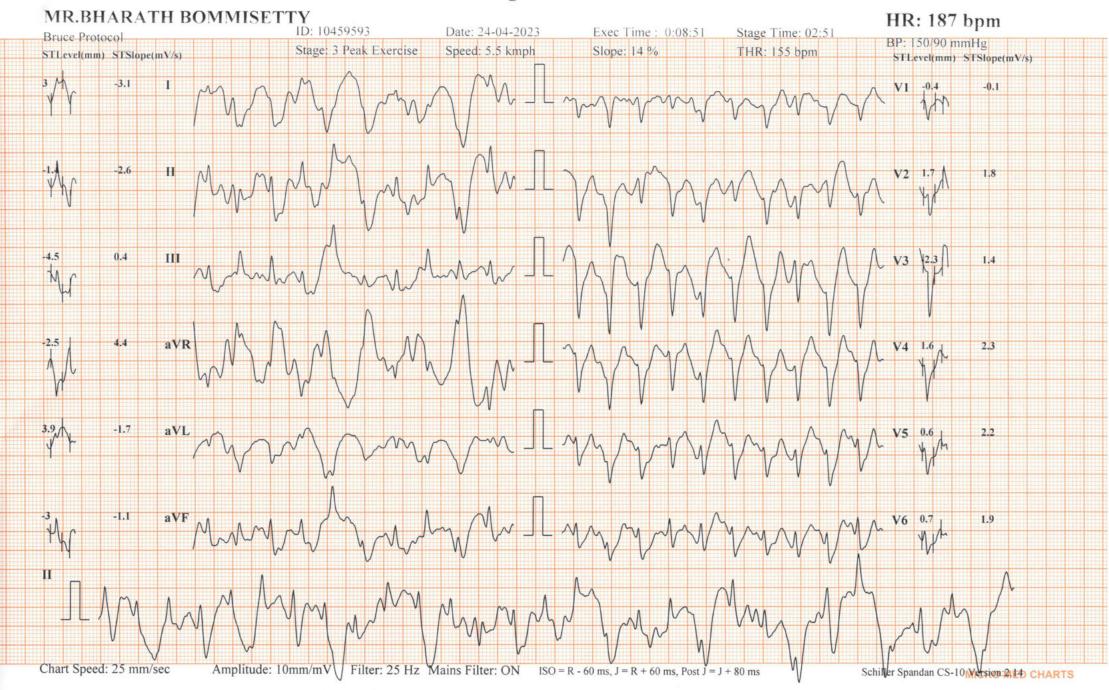


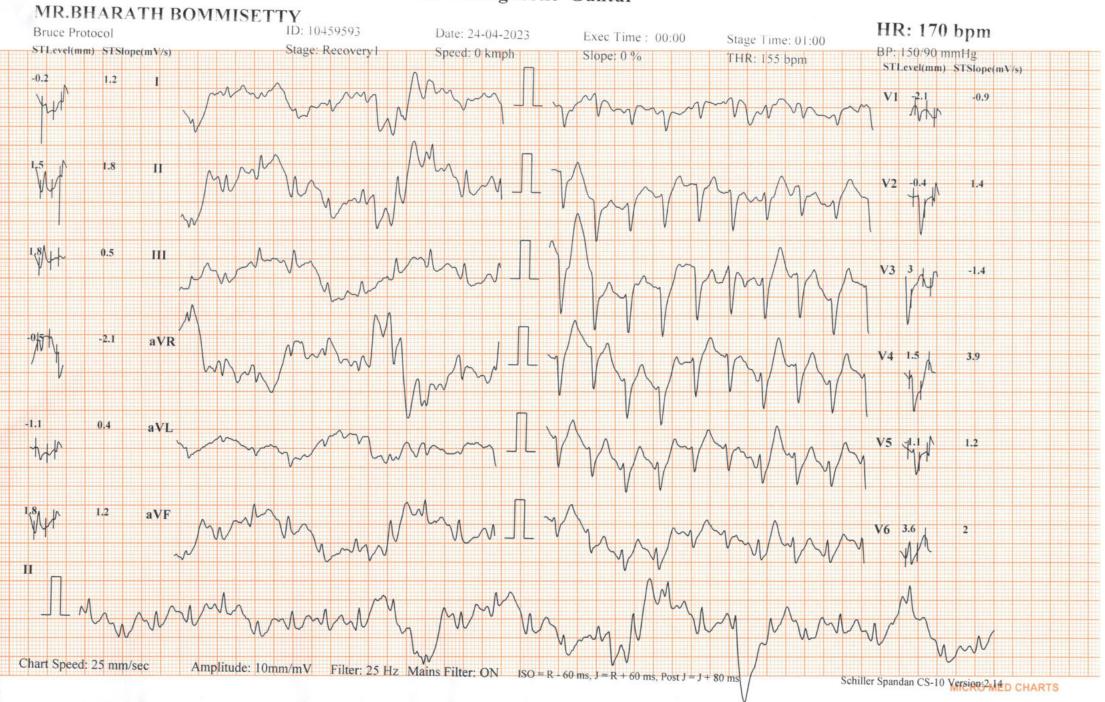


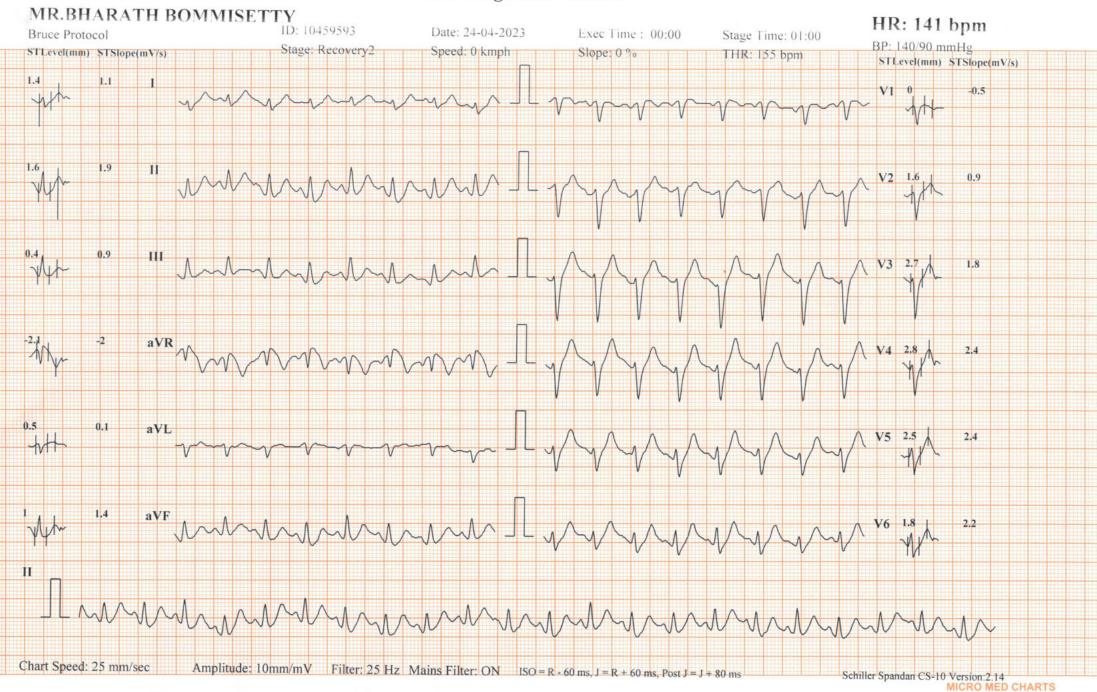


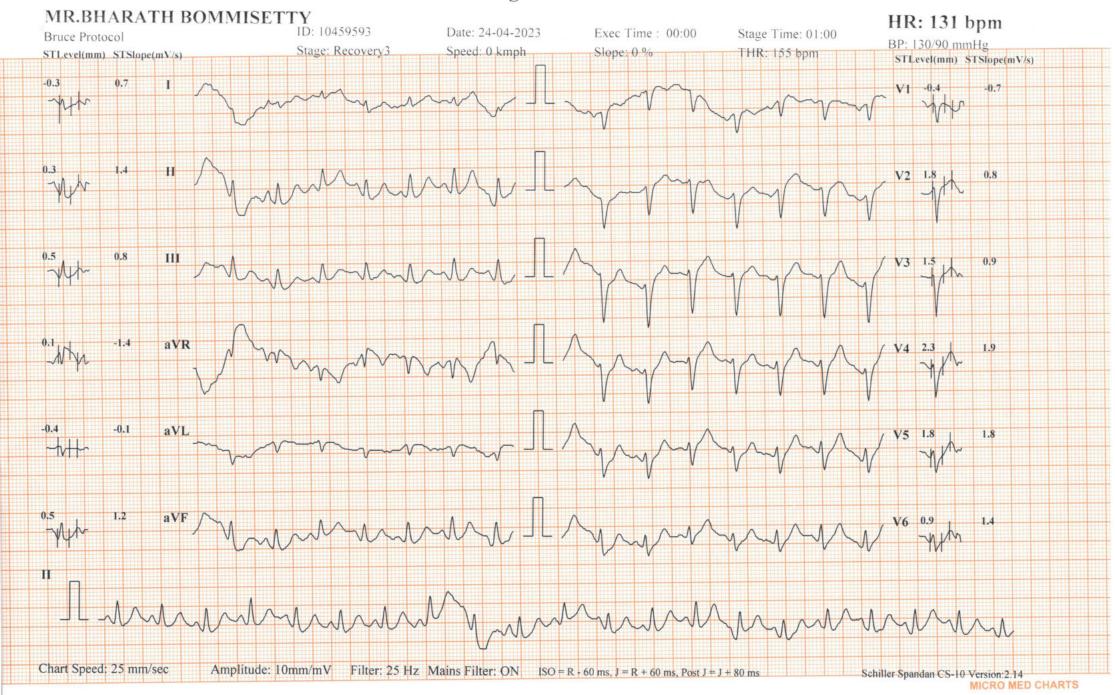














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Age/Gender : 37 Y 0 M 0 D /M

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DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Findings:

Rotated film:

Poor inspiratory film.

Soft tissues/ bony cage normal.

Trachea and Mediastinal structures are normal.

Heart size and configuration are normal.

Aorta and pulmonary vascularity are normal.

Lung parenchyma and CP angles are clear.

Bilateral hilae and diaphragmatic contours are normal.

IMPRESSION:

• No Significant Abnormality Detected.

Suggested Clinical Correlation & Follow up.

*** End Of Report ***

Verified By:

Approved By:



Dr.SUSHMA VUYYURU MBBS;MD(Radio-Diagnosis) CONSULTANT RADIOLOGIST