

UMANANDA ALVA K 59 MED110008509 M CHEST PA 7/9/2022 11:59 AM
MEDALL CLUMAX DIAGNOSTIC

MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 09-Jul-2022 9:32 AM

Customer Name : MR.UMANANDA ALVA K

Ref Dr Name : MediWheel

Customer Id : MED110008509

Email Id :

Corp Name : MediWheel

Address :

DOB : 09 Jul 1963

Age : 59Y/MALE

Visit ID : 712220887

Phone No : 9448813305

Wg:- 81
 HB: 179
 wesi: 36
 HRP: 38
 58 11/20/80
 Pol:- 73

7:30pm

Package Name : Mediwheel Full Body Health Checkup Male 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	✓			
ERS	physical examination		MYS2698922102651		
S	ULTRASOUND ABDOMEN	✓	MYS2698922103462	CS	150005
OTHERS	Treadmill / 2D Echo	✓	MYS2698922127528		
0	OTHERS EYE CHECKUP	✓	MYS2698922135592		
21	X RAY CHEST	✓	MYS2698922145199	—	150005
22	OTHERS Consultation Physician		MYS2698922148004		
23	ECHO ELECTROCARDIOGRAM ECG	✓	MYS2698922149333	—	150005

per

Registered By

(A.JAYASHREE)



NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

Date: 9/7/22

1202030

OPD SHEET

Patient's Name: Mr. Umananda Alva K

OP No.

4101M

59/M

Dr. Priya, D
Consultant Glaucoma & Cataract
M.B.B.S., D.M.O.
KMC No. 88421

HTN
No renal
up +

No general
disease

O/E

BCVA

(BE)

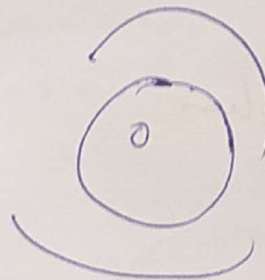
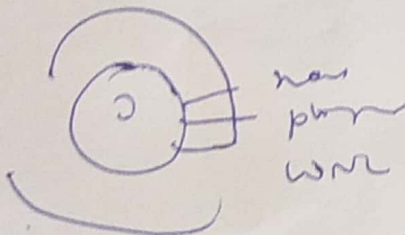
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Presbyopia

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

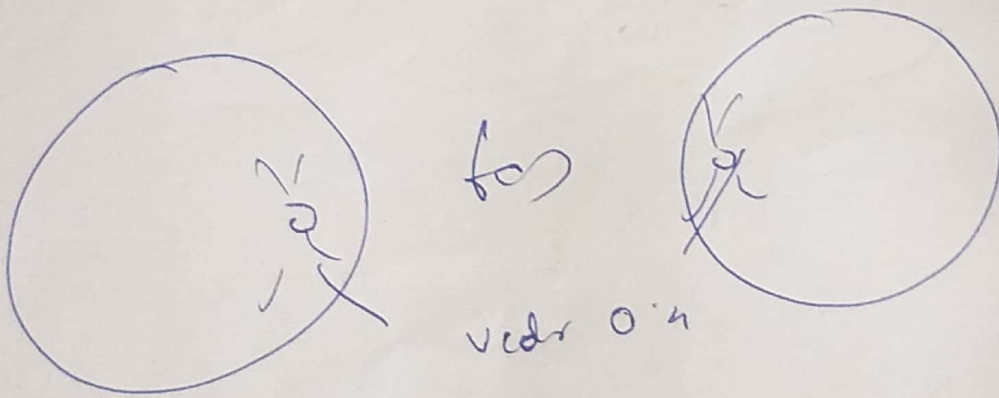
Adv: Dilated fundus exam

Prigat
CDR (P/D)
9/7/2022
4-22pm

9/7/2022
5-55pm

Dilated fundus

len: Early cc



Imp (BL) Presbyopia

Adv: Glaucoma
Review after 1yr-6m

Prigat
CDR (P/D)
9/7/2022
5-57pm

Customer Name	MR.UMANANDA ALVA K	Customer ID	MED110008509
Age & Gender	59Y/MALE	Visit Date	09/07/2022
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 show normal shape and has clear contents.
Gall bladder wall is of normal thickness. .

PANCREAS has normal shape, size and uniform echopattern.
No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

KIDNEYS

Left kidney move well with respiration and has normal shape, size and echopattern.
Cortico- medullary differentiations are well madeout.

*Right kidney is mild increase in cortical echogenicity with good corticomedullary differentiation.
Multiple simple cortical cysts are noted in the right kidney, largest measuring 3.3 x 3.0cm.*
No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.3	1.4
Left Kidney	10.8	1.9

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

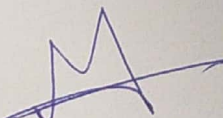
PROSTATE shows normal shape, size and echopattern. Volume 17.6cc
No evidence of ascites.

Impression:

- *Right Grade - I Medical Renal Disease With Multiple Simple Cortical Cysts.*

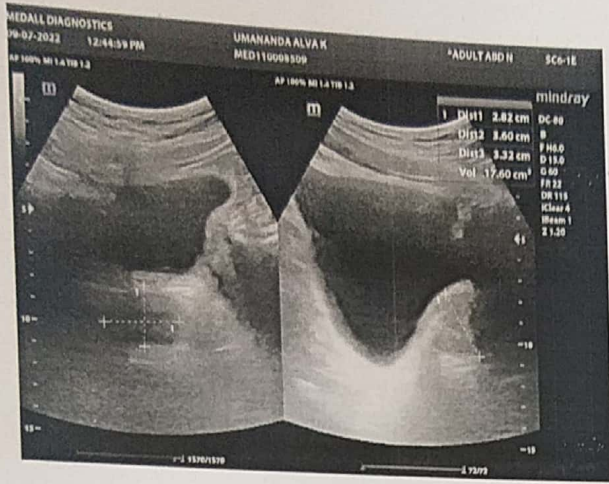
CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MB/MS



DR. MOHAN B

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1215, CH12 & 1215/A CH12A, Krishnamurthy Puram, New Kantharaj Urs Road, Mysore - 4
Phone : 0821-2332000, 4232111 Email Id: clumax.mysore@medallcorp.in (W) www.medall.in

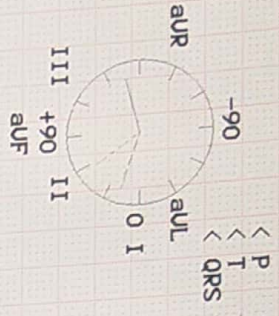
GE MAC1200 ST
Male
MR UMANANDA ALVA K, 110008509, CLUMAX DIAGNOSTICS, MYSORE

GE Healthcare REF 1039728151

CE LOT D718

HR 99 bpm

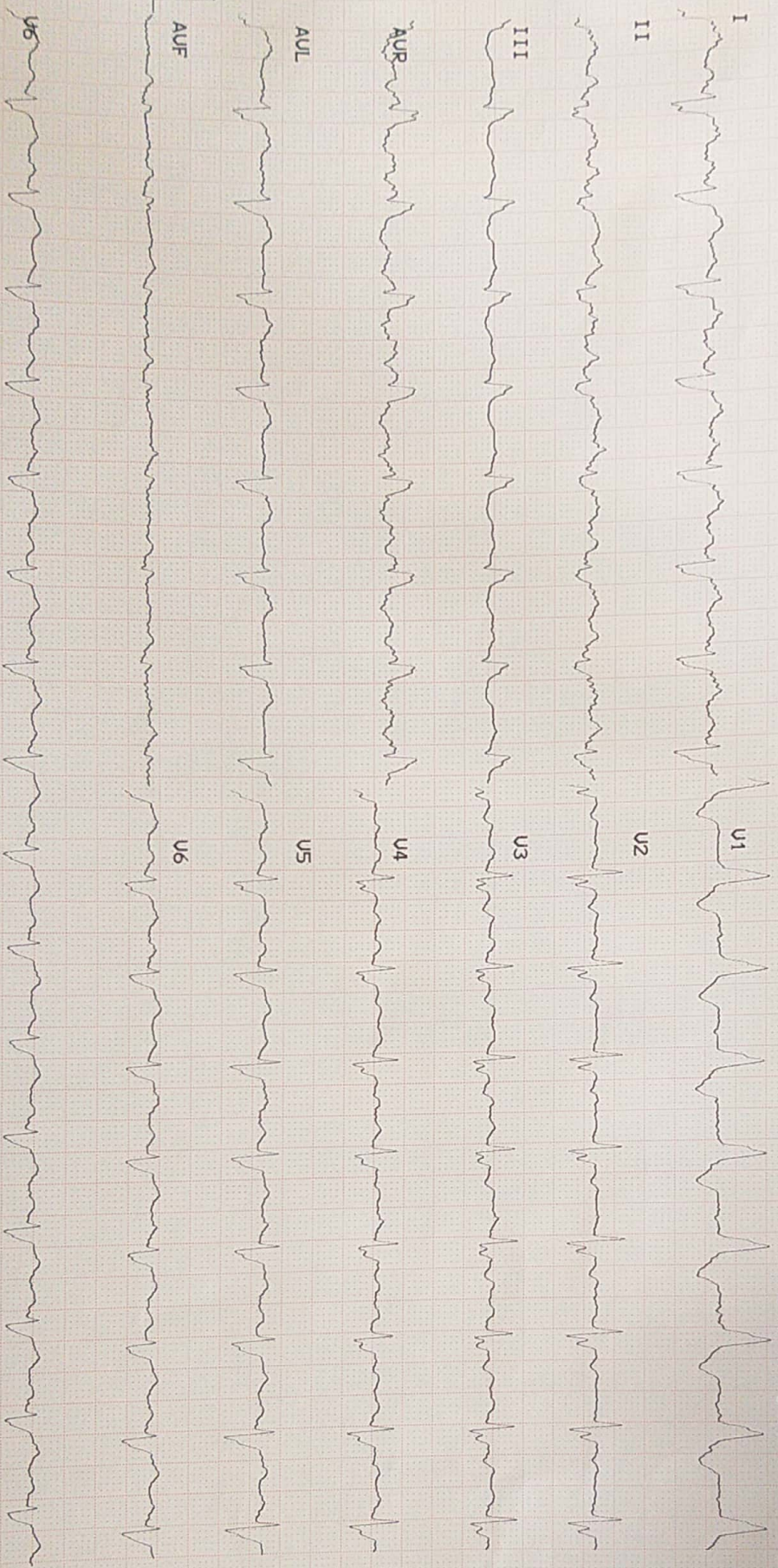
AGE: 59
Measurement Results:
QRS : 140 ms
QT/QTcB : 362 / 467 ms
PR : 172 ms
P : 110 ms
RR/PP : 602 / 590 ms
P/ORS/T : 55 / 165 / 20 degrees
QTd/QTcBD : 34 / 44 ms
Sokolow : 14 mV
NK : 14



Interpretation:
complete right bundle branch block
low QRS amplitudes
probably abnormal ECG

Normal sinus rhythm
M. K.

Unconfirmed report.



09. JUL 2022 11:45:10 25mm/s 10mm/mV ADS 50HZ 0.08 - 20HZ 6_F1 Automatic U6.2 12i (1)



medall
DIAGNOSTICS
experts who care

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Age & Gender	59Y/MALE	Visit Date	09/07/2022
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2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.1cms
LEFT ATRIUM	:	3.2cms
LEFT VENTRICLE (DIASTOLE)	:	4.6cms
(SYSTOLE)	:	2.9cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.1cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.2cms
EDV	:	81ml
ESV	:	32ml
FRACTIONAL SHORTENING	:	37%
EJECTION FRACTION	:	62%
RVID	:	1.6cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.85m/s	'A' - 0.60m/s	NO MR
AORTIC VALVE	:	1.01m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.78m/s	'A' - 0.28m/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.

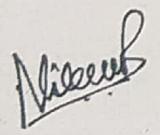
IAS : Intact.

IVS : Intact.

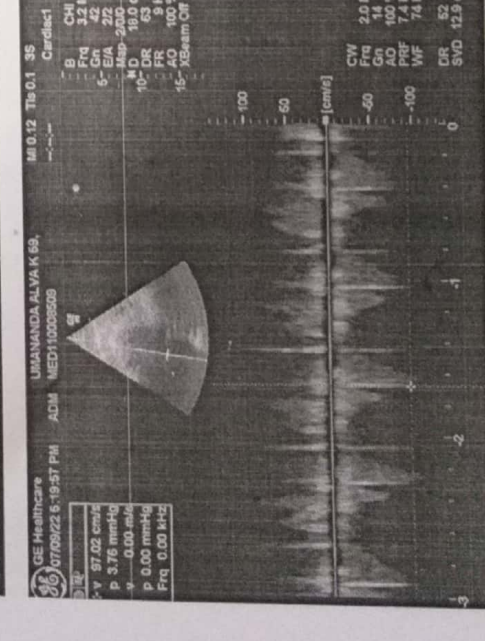
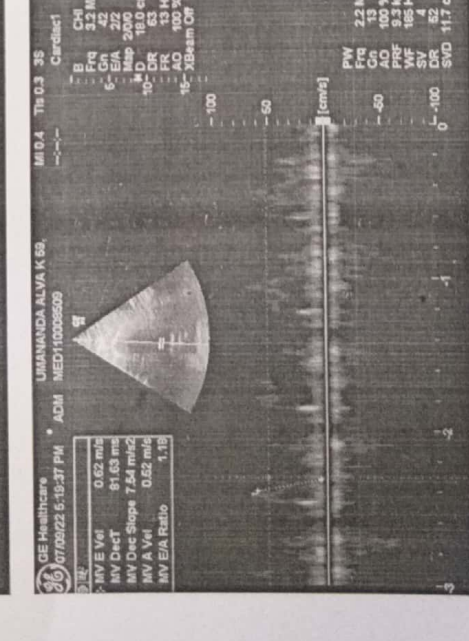
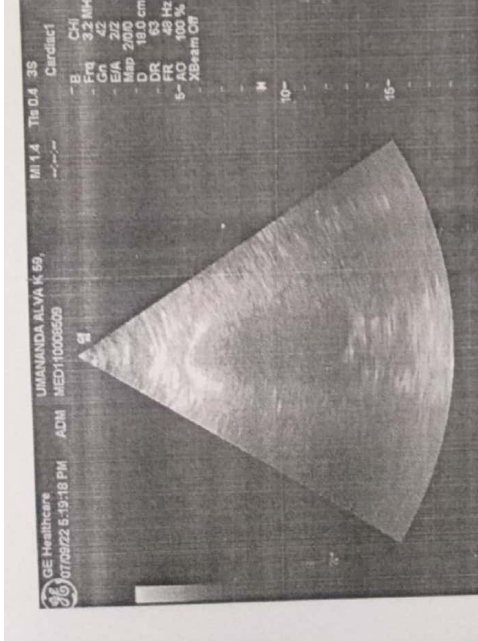
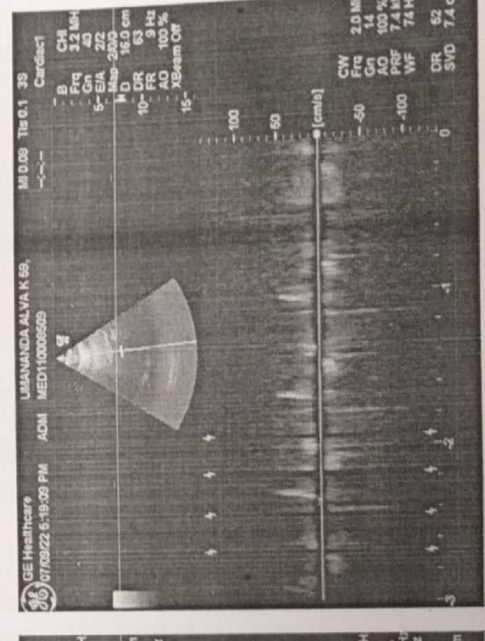
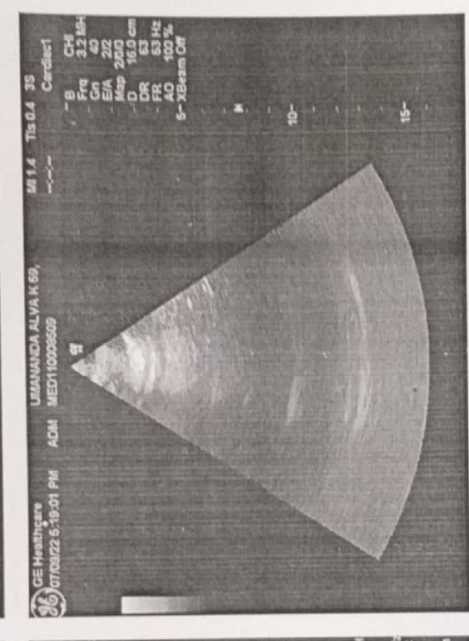
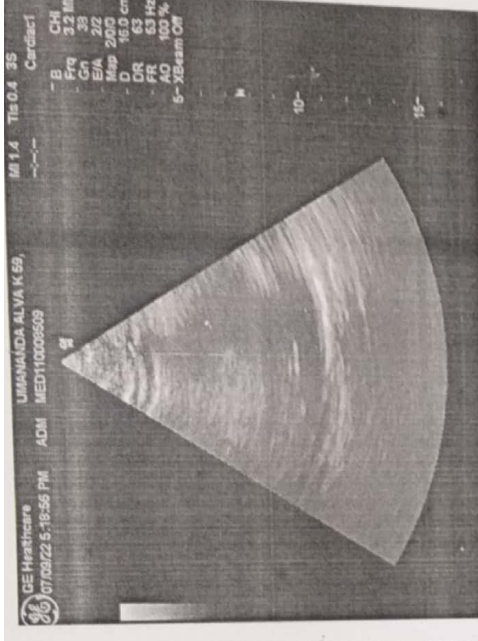
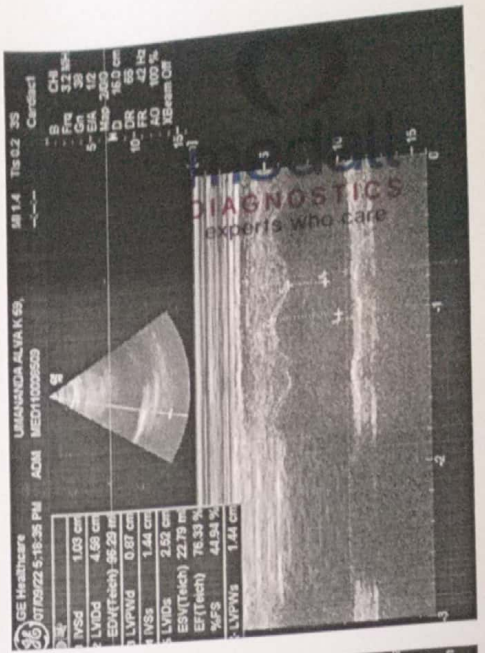
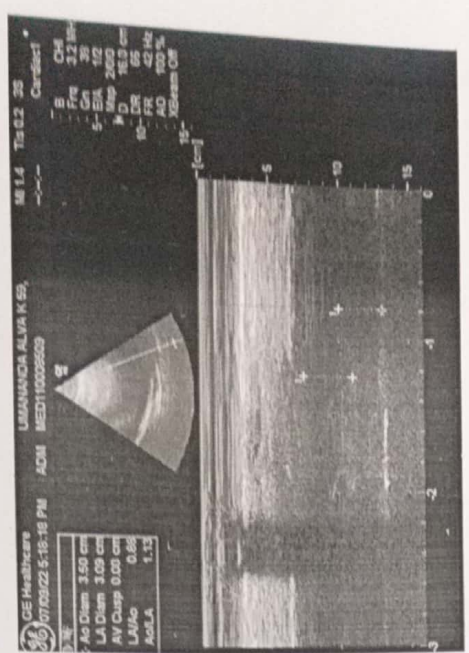
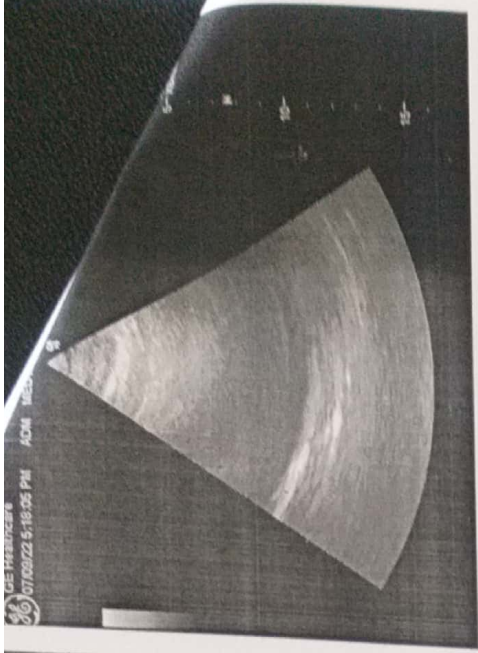
Pericardium : No pericardial effusion.

IMPRESSION:

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 62%.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/PERICARDIAL EFFUSION VEGETATION.



DR. NIKHIL B
 INTERVENTIONAL CARDIOLOGIST
 NB/MS



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Type : OP
Ref. Dr : MediWheel

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Collection On : 09/07/2022 11:38 AM
Report On : 09/07/2022 6:47 PM
Printed On : 11/07/2022 7:52 PM




<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)	16.0	g/dL	13.5 - 18.0
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.			
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	45.5	%	42 - 52
RBC Count (EDTA Blood/Automated Blood cell Counter)	4.98	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	91.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	32.2	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	35.3	g/dL	32 - 36
RDW-CV (Derived)	14.4	%	11.5 - 16.0
RDW-SD (Derived)	45.86	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	6560	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	47	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	43	%	20 - 45


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


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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	04	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	06	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.08	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.82	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.26	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.39	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)	185	10 ³ / µl	150 - 450
MPV (Blood/Derived)	11.4	fL	7.9 - 13.7
PCT	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	10	mm/hr	< 20


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BIOCHEMISTRY

Liver Function Test


Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.7	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.50	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.4	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.3	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.10	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.39		1.1 - 2.2

INTERPRETATION: Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	28	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	31	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	60	U/L	56 - 119
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	22	U/L	< 55



Mr. S. Mohan Kumar
Sr. Lab Technician



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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	183	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	96	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)	41	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	122.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	19.2	mg/dL	< 30

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Non HDL Cholesterol (Serum/Calculated)	142.0	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)	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/Calculated)	2.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Mr.S.Mohan Kumar
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<u>Glycosylated Haemoglobin (HbA1c)</u>			
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 %

Remark: Kindly correlate clinically.

Estimated Average Glucose (Whole Blood)	125.5	mg/dL
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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.

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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.01	ng/ml	0.4 - 1.81
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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))	7.12	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.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	3.384	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.


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

APPROVED BY

Name : Mr. UMANANDA ALVA K
PID No. : MED110008509
SID No. : 712220887
Age / Sex : 59 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 09/07/2022 9:32 AM
Collection On : 09/07/2022 11:38 AM
Report On : 09/07/2022 6:47 PM
Printed On : 11/07/2022 7:52 PM



<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)	6.5		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)	3-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	2-3	/hpf	No ranges
Others (Urine)	Nil		Nil

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<u>Stool Analysis - ROUTINE</u>			
Colour (Stool)	Brownish		Brown
Blood (Stool)	Not present		Not present
Mucus (Stool)	Not present		Not present
Reaction (Stool)	Alkaline		Alkaline
Consistency (Stool)	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

A handwritten signature in black ink, appearing to read "Shouree", is written over a circular stamp. The stamp is pink and blue and contains the text: "Dr Shouree K.R", "MBBS MD DNB", "Consultant Pathologist", and "Reg No : KMC 103138".

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BIOCHEMISTRY

BUN / Creatinine Ratio	7.07		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	101	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.

Remark: Kindly correlate clinically.

Urine sugar, Fasting (Urine - F)	Nil		Nil
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	157	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.


Remark: Kindly correlate clinically.

Urine Sugar (PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.9	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	1.4	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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Remark: Kindly correlate clinically.


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Sr. Lab Technician


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Investigation

Observed Value

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Uric Acid
(Serum/Uricase/Peroxidase)

6.2

mg/dL

3.5 - 7.2

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

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Sr. Lab Technician

VERIFIED BY

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

APPROVED BY

-- End of Report --

Name	UMANANDA ALVA K	ID	MED110008509
Age & Gender	59Y/M	Visit Date	Jul 9 2022 9:32AM
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