

Medical Summary

Name: Mr Mani NSher **Date of Birth:** 12/5/1970 **Customer ID:** [blank]
Ref Doctor: [blank] **Sex:** Male **Date:** 12/14/2020

Present Complaints: - NIL

Past Illness:

Major medical Illness: nil
Surgery: Slp hernia (1 year back)

Accident: / NIL
Others: [blank]

Personal history:

Smoking: / NIL
Tobacco: [blank]
Alcohol: on/off
Menstrual history: / NA
Obstetric history: / NA

Diet: mixed diet
Exercise: regular
Personality: always built
Marital status: married
Children: 1 son

Family history:

Tuberculosis: nil
Diabetes: mother
Asthma: / nil
Drug history: / nil
Allergy: NIL

Hypertension: mother
Heart Disease: [blank]
Others: / nil
Present Medications: [blank]

General Examination:

Height: [blank] **Weight:** [blank] **BP:** [blank]
Conjunctiva: (N) **Lymphnodes:** not palpable **Eyes:** [blank]
Oedema: (N) **Nails:** (N) **Genitals:** not done
Tongue: (N) **Others:** [blank] **Dental:** (N)
Throat: [blank] **Skin:** intact

Eye Screening:

Vision	R/E	L/E
Distant Vision	(N) 6/6	(N) 6/6
Near Vision	(N)	(N)
Colour Vision	(N)	(N)



Systemic Examination:

Cardiovascular system: *sischem*
Peripheral Pulsations: *fast*
Heart: *(N)*
Respiratory system:

Gastrointestinal Systems:

Higher Function: *work*
Cranial Nerves: *work*
Motor System: *+*
Sensory System: *work*
Superficial Reflexes: *+*
Deep Reflexes: *+*

Impression:

*USG abdomen → segment VI → anechoic cyst in (RT) lobe.
(2.6-2.3cm)*

Diet:

*prediabetic → HbA1c - 6%
low cholesterol / fat diet*

Medication:

Advice & Follow up:

To refer a gastroenterologist for further management

MEDALL DIAGNOSTICS
191, Poonamallee High Road,
Kilpauk, Chennai - 600 010.
Cell : 91500 42328

DR. *HARIHARAN M.*
Consultant General Physician
152474





(Medall Healthcare Pvt Ltd)
SELF REFERRAL FORM

MED21000159 210 5)13-04-2408 03 AM



124006476
MR MANI NISHOK N 53/Y

Customer Information

I, give consent to Medall Healthcare Pvt Ltd to perform the My-Health Package investigation requested by me. I declare that **my age is 18 years or above 18 years** and I don't have any metal implants inside my body and don't have a pacemaker or stents. I am also aware that the blood tests are done in non-fasting (Random) Sample

Name: Mr/Ms/Mrs

MANI NISHOK N

Company Name

Occupation

Date of Birth

12 05 1970

or Age:

53

Gender:

Male

Female

Contact Number

9380111959

Pin Code

Email ID

nmniskok@gmail.com

Vitals Observations (to be filled by Medall team)

Place of service :

In store

Camp - (mention Location)

Height

170 Cms

Waist

36 Inches

Hip

41 Inches

Weight

81.0 Kgs

Fat

39.4 %

Visceral Fat

1.6 . 5 %

RM

1680 Cal

BMI

28.0

Body Age

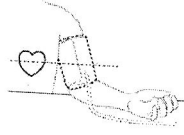
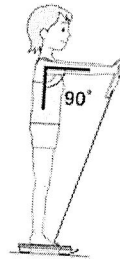
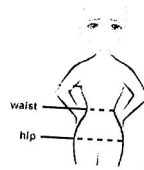
65 Yrs

Systolic BP

115 mm/Hg

Diastolic BP

75 mm/Hg



feet

Inches

Clinical History / Medicines Taken

	Use Tobacco Products	Drink Alcohol
Never	<input type="checkbox"/>	<input type="checkbox"/>
Some days	<input type="checkbox"/>	<input type="checkbox"/>
Daily	<input type="checkbox"/>	<input type="checkbox"/>

Check in the appropriate box

Inspiration : 38.5 cm

Expiration : 37.5 cm

SP O2 : 100

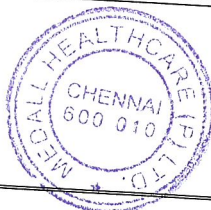
Pulse : 58

Always Ensure that the customer is relaxed and in sitting position while doing BP check)

Date 13/4/24

Medall Employee Name & centre Name: Aditya

have verified and agree with all the data in this sheet.
I all the information without fail



Customer Signature

N.M. Nishok

Name	MR.MANI NISHOK N	ID	MED210001590
Age & Gender	53Y/MALE	Visit Date	13/04/2024
Ref Doctor	MediWheel		

ULTRASOUND SCAN

WHOLE ABDOMEN

Liver is normal in size and shows homogenously increased parenchymal echoes. 2.6 x 2.3 cm of size well defined anechoic cyst is noted in right lobe – Segment VI. There is no intra or extra hepatic biliary ductal dilatation. Portal vein and IVC are normal.

Gall bladder is normal sized and smooth walled. No evidence of calculi. Wall thickness is normal.

Pancreas shows a normal configuration and echotexture. Pancreatic duct is normal.

Spleen is normal in size and echotexture.

Bilateral kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.

Right kidney measures 10.7 x 5.0 cm.

Left kidney measures 10.2 x 4.7 cm.

Ureters are not dilated.

Urinary bladder is smooth walled and uniformly transonic. No intravesical mass or calculus.

Prostate is normal in size, measures 3.6 x 3.3 x 2.7 cm (Vol – 16 cc). Echotexture is homogenous.

Seminal vesicles is normal.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.



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IMPRESSION:

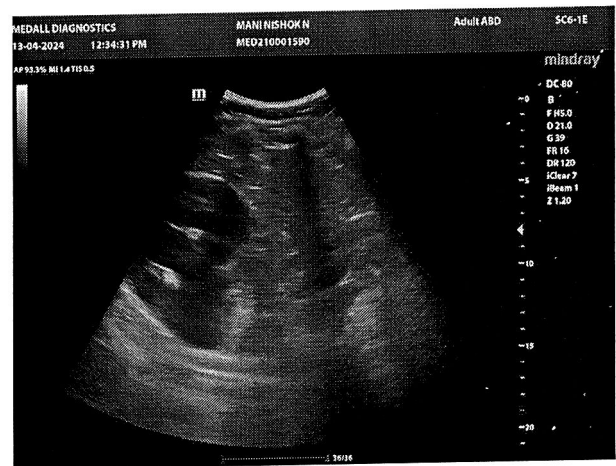
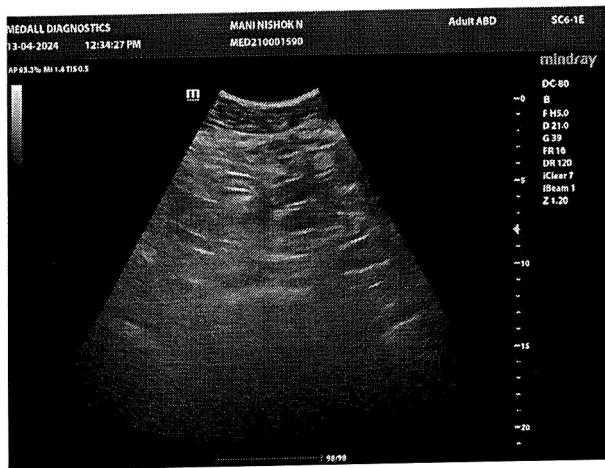
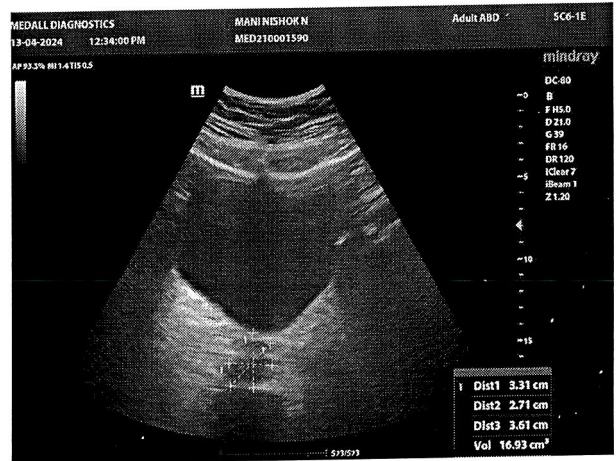
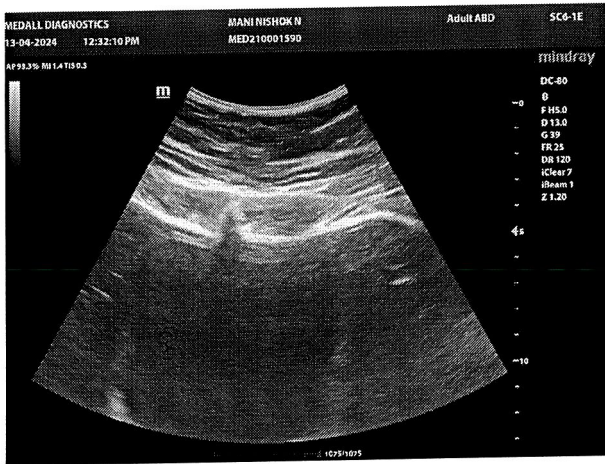
- Grade I fatty liver.
- Simple hepatic cyst.

Dr.PRASHANT MOORTHY, MBBS., MD.,
Consultant Radiologist


Dr. M. JAYAPRABA.
Consultant Sonologist



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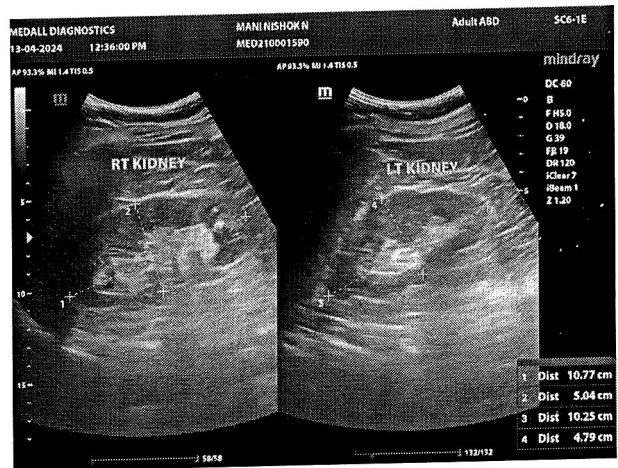
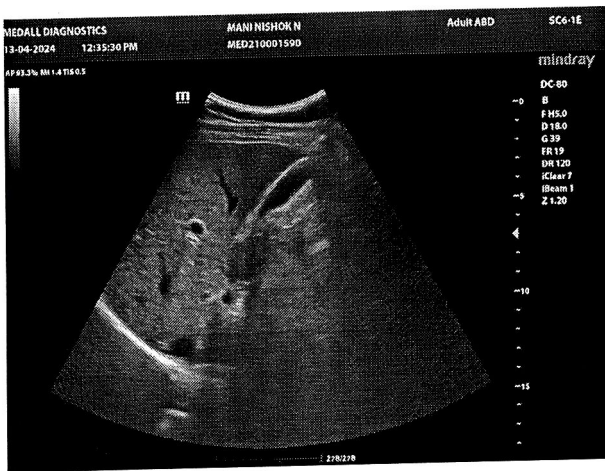
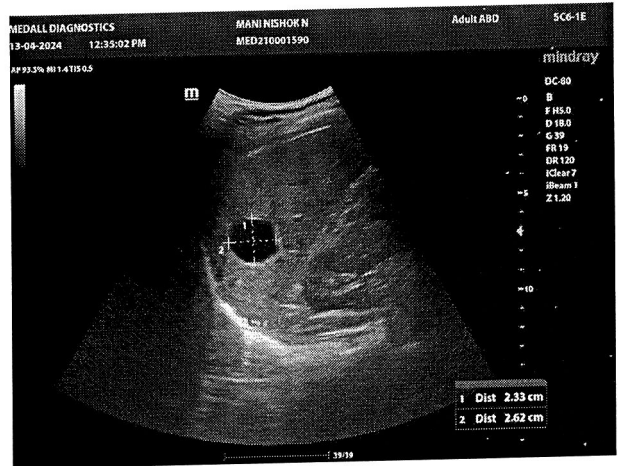


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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'B' 'Positive'		
INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion			
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (Whole Blood - W/Spectrophotometry)	13.8	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Whole Blood - W/Derived from Impedance)	42.4	%	42 - 52
RBC Count (Whole Blood - W/Impedance Variation)	4.88	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Whole Blood - W/Derived from Impedance)	86.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Whole Blood - W/Derived from Impedance)	28.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Whole Blood - W/Derived from Impedance)	32.5	g/dL	32 - 36
RDW-CV (Whole Blood - W/Derived from Impedance)	14.8	%	11.5 - 16.0
RDW-SD (Whole Blood - W/Derived from Impedance)	44.96	fL	39 - 46
Total Leukocyte Count (TC) (Whole Blood - W/Impedance Variation)	7400	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	65.4	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	13.5	%	20 - 45

VERIFIED BY



Dr. Archana K
Dr ARCHANA. K MD Ph.D
 Lab Director
 TNMC NO: 79967

APPROVED BY

The results pertain to sample tested.

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Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	6.9	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	13.6	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.6	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (Whole Blood - W/Impedance Variation & Flow Cytometry)	4.84	10 ³ / μl	1.5 - 6.6
Absolute Lymphocyte Count (Whole Blood - W/Impedance Variation & Flow Cytometry)	1.00	10 ³ / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Whole Blood - W/Impedance Variation & Flow Cytometry)	0.51	10 ³ / μl	0.04 - 0.44
Absolute Monocyte Count (Whole Blood - W/Impedance Variation & Flow Cytometry)	1.01	10 ³ / μl	< 1.0
Absolute Basophil count (Whole Blood - W/Impedance Variation & Flow Cytometry)	0.04	10 ³ / μl	< 0.2
Platelet Count (Whole Blood - W/Impedance Variation)	212	10 ³ / μl	150 - 450
MPV (Whole Blood - W/Derived from Impedance)	9.6	fL	7.9 - 13.7
PCT (Whole Blood - W/Automated Blood cell Counter)	0.20	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Whole Blood - W/Automated - Westergren method)	2	mm/hr	< 20

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Investigation

Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	102.6	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.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	109.9	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)	9.3	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.94	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)	5.3	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.42	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.20	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.22	mg/dL	0.1 - 1.0

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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	12.0	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	13.1	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	15.1	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	65.3	U/L	56 - 119
Total Protein (Serum/Biuret)	6.82	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.74	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.08	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.21		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	140.9	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	62.7	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.

VERIFIED BY



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
HDL Cholesterol (Serum/Immuno-inhibition)	23.4	mg/dL	Optimal(Negative Risk Factor): ≥ 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	105	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: ≥ 190
VLDL Cholesterol (Serum/Calculated)	12.5	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	117.5	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)	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)	2.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	4.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

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Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	6.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

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 glyceimic 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)	0.38	ng/mL
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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))	0.75	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 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	7.56	µg/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))	1.61	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.

VERIFIED BY



MC-2425



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Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED,#17,RACE VIEW COLONY,2ND STREET, RACE COURSE ROAD. GUINDY. CHENNAI. TAMIL NADU. INDIA..

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Name : Mr. MANI NISHOK N
PID No. : MED210001590
SID-No. : 124006476
Age / Sex : 53 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 13/04/2024 7:49 AM
Collection On : 13/04/2024 8:45 AM
Report On : 13/04/2024 4:39 PM
Printed On : 13/04/2024 8:26 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	9.8		6.0 - 22.0

Stool Analysis - ROUTINE

Colour (Stool)	Brown		Brown
Blood (Stool)	Absent		Absent
Mucus (Stool)	Absent		Absent
Reaction (Stool)	Acidic		Acidic

Urine Analysis - Routine

COLOUR (Urine)	Pale 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)	1 - 3	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry)	0 - 1	/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



VERIFIED BY

Dr. ARCHANA. K MD Ph.D
Lab Director
TNMC NO: 79967

APPROVED BY

The results pertain to sample tested.

Page 8 of 9

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Others (Urine)	NIL		
INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.			
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)	1 - 2	/hpf	NIL
Macrophages (Stool)	NIL		NIL
Epithelial Cells (Stool)	NIL	/hpf	NIL

VERIFIED BY



Dr. Archana K. MD Ph.D
Dr ARCHANA. K MD Ph.D
 Lab Director
 TNMC NO: 79967

APPROVED BY

-- End of Report --

The results pertain to sample tested.

Page 9 of 9

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Name	MR.MANI NISHOK N	ID	MED210001590
Age & Gender	53Y/MALE	Visit Date	13/04/2024
Ref Doctor	MediWheel		

ECHO CARDIOGRAM REPORT

2D ECHO STUDY:

- Normal LV / RV size and systolic function (EF: 65%)
- No Regional wall motion abnormality.
- No ventricular hypertrophy.
- IAS and IVS are intact.
- No e/o of clot / Aneurysm.
- Normal pericardium.

FINAL IMPRESSION:

- BRADYCARDIA OBSERVED DURING STUDY
- NORMAL LV / RV SIZE AND SYSTOLIC FUNCTION. (EF: 65%)
- NO REGIONAL WALL MOTION ABNORMALITY.
- NORMAL VALVES FOR AGE.
- GRADE I LV DIASTOLIC DYSFUNCTION PRESENT.
- NORMAL COLOUR FLOW STUDIES.

LEFT VENTRICULAR MEASUREMENT:

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
AO (ed)-	2.4cm(1.5cm/3.5cm)	IVS (ed) -	1.1cm (0.6cm/1.2cm)
LA (ed)-	3.5cm(1.5cm/3.5cm)	LVPW(ed) -	1.0 cm (0.6cm/1.1cm)
RVID(ed)-	1.0 cm(0.9cm/2.8cm)	EF	65 % (62 %-85 %)



Name	MR.MANI NISHOK N	ID	MED210001590
Age & Gender	53Y/MALE	Visit Date	13/04/2024
Ref Doctor	MediWheel		

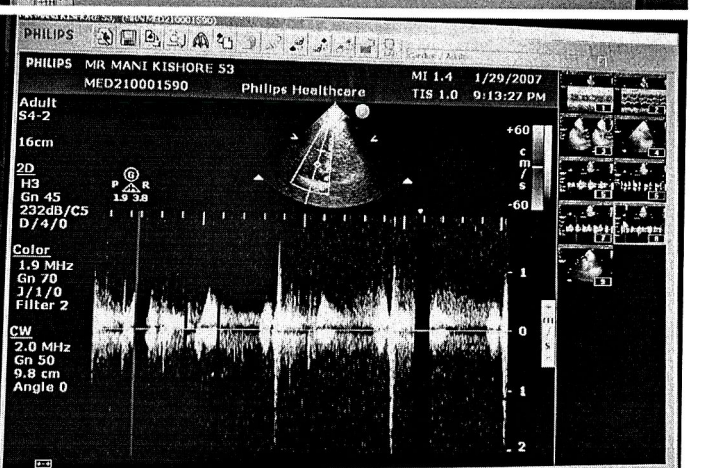
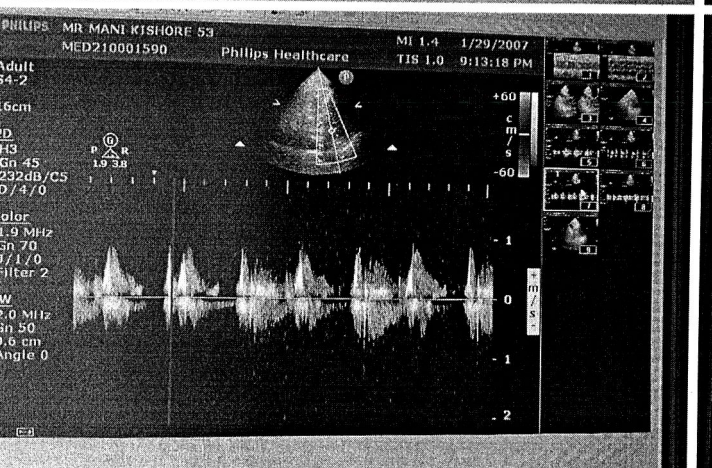
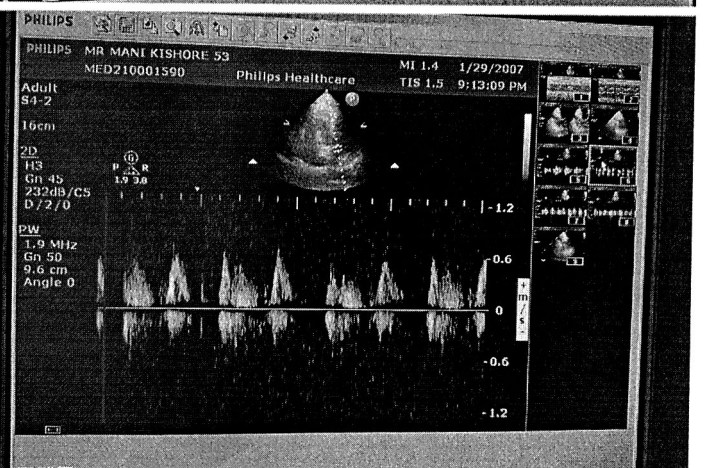
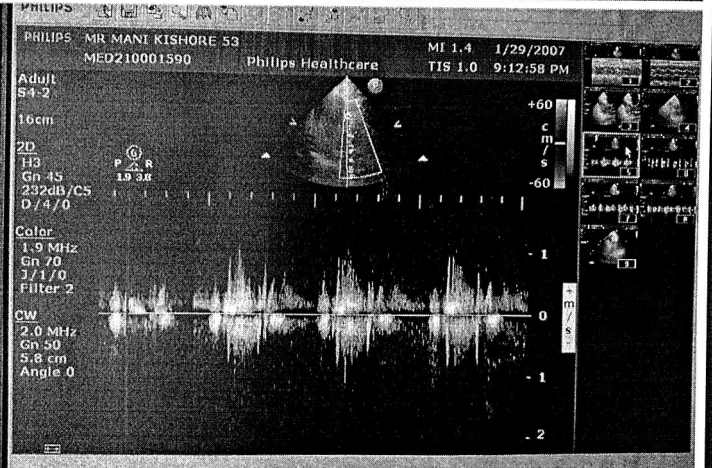
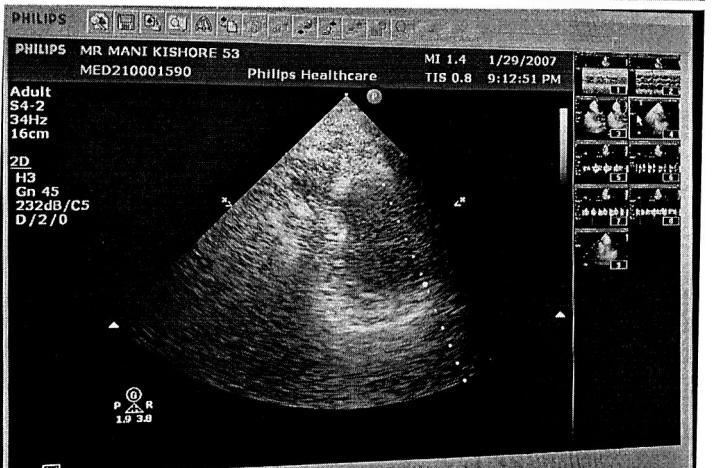
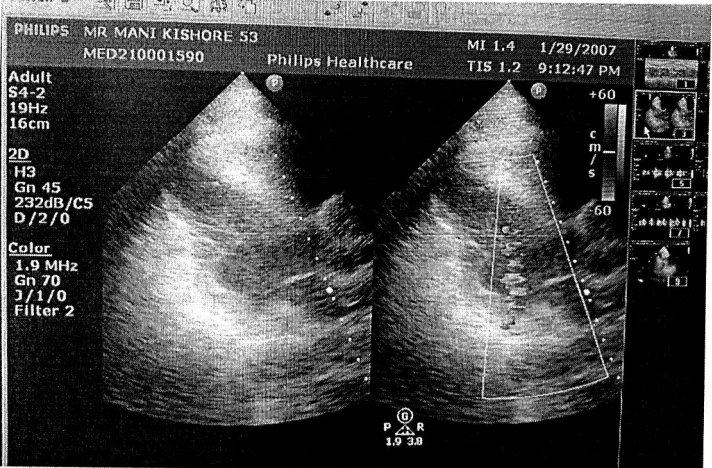
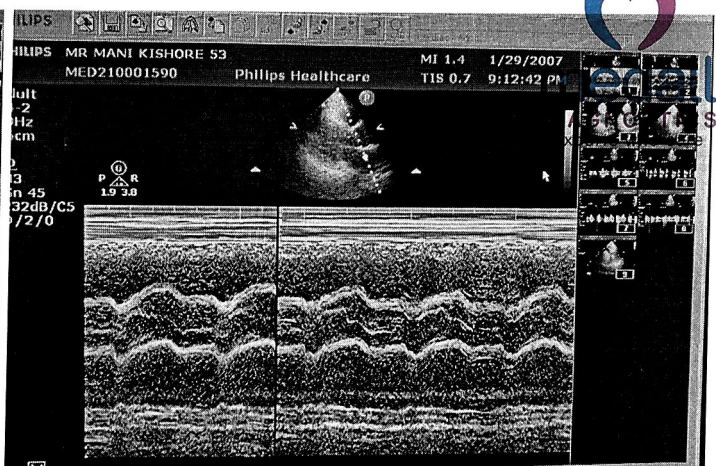
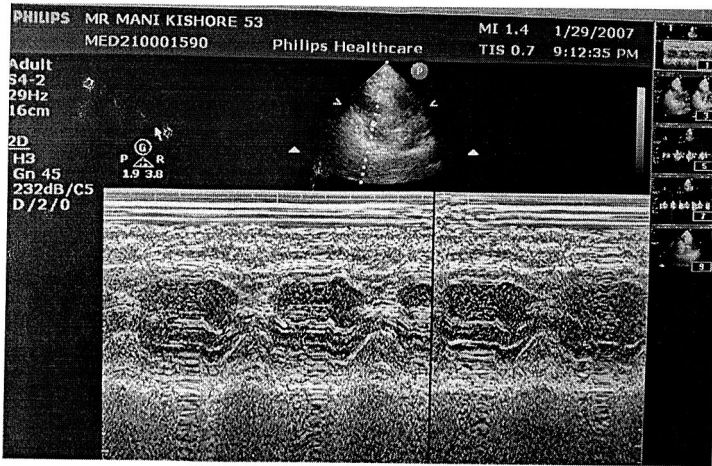
LVID (ed)- 4.8cm(2.6cm/5.5cm)	FS	35 %
LVID (es)- 2.6cm		

MORPHOLOGICAL DATA:

Mitral valve

Anterior mitral leaflet (AML)	: Normal
Posterior mitral leaflet (PML)	: Normal
Aortic Valve	: Normal
Tricuspid Valve	: Normal
Pulmonary Valve	: Normal
Interatrial Septum	: Intact
Interventricular Septum	: Intact
Right Ventricle	: Normal
Right Atrium	: Normal
Pulmonary Artery	: Normal
Left Ventricle	: Normal





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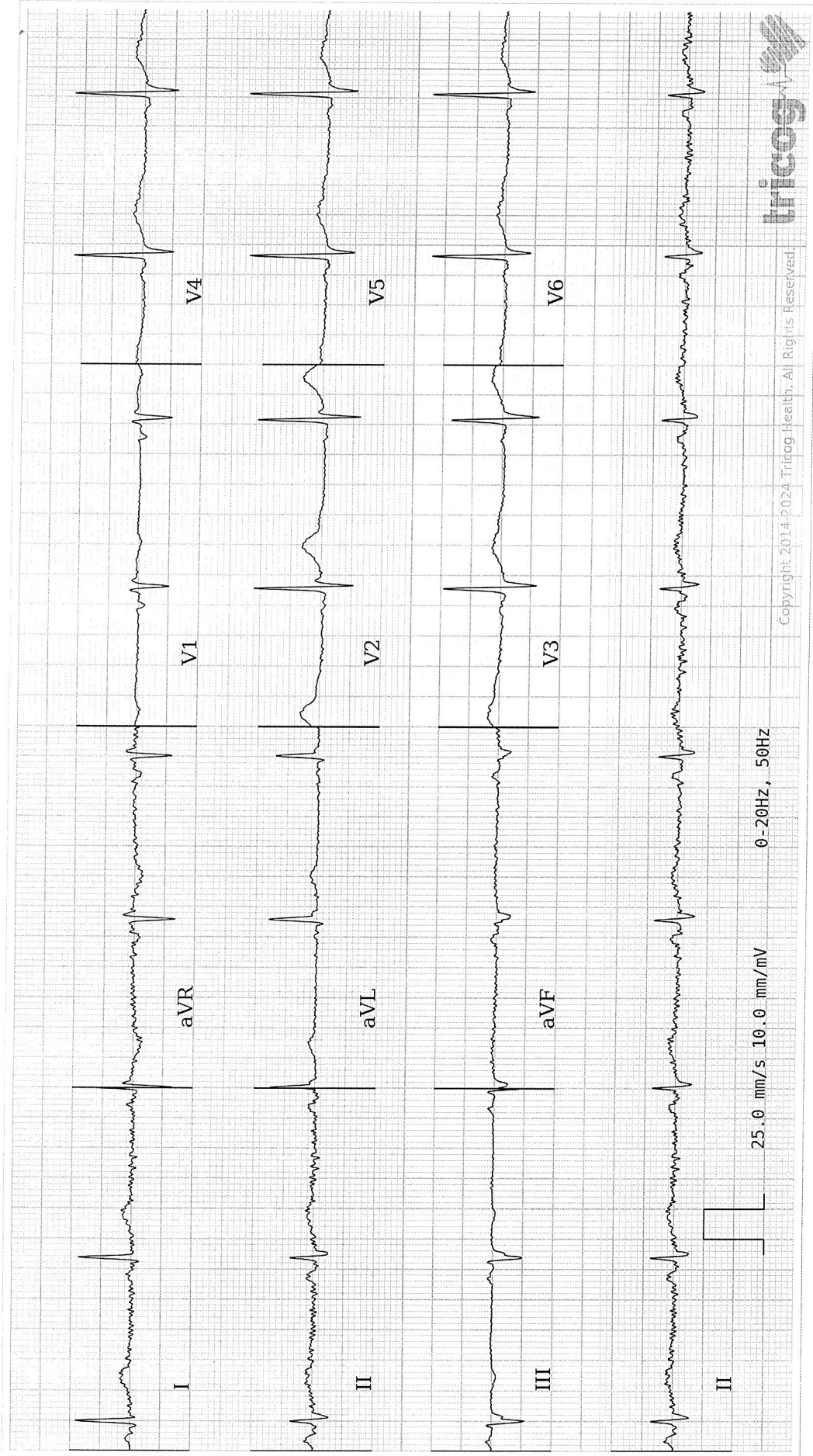
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MEDALL DIAGNOSTIC CENTER KILPAUK

Age / Gender: 53/Male
Patient ID: med210001590
Patient Name: Mr mani kishore

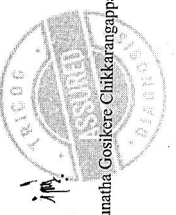
Date and Time: 13th Apr 24 9:13 AM



AR: 55bpm VR: 54bpm QRSD: 92ms QT: 394ms QTcB: 373.78ms PRI: 138ms P-R-T: 50° -5° 25°

Sinus Bradycardia. Baseline artefacts. Please correlate clinically.

REPORTED BY



Dr. Manjunatha Gosikere Chikkarangappa

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

Name	Mr. MANI NISHOK N	Customer ID	MED210001590
Age & Gender	53Y/M	Visit Date	Apr 13 2024 7:49AM
Ref Doctor	MediWheel		

X-RAY CHEST (PA VIEW)

The cardio thoracic ratio is normal. The heart size and configuration are within normal limits.

The aortic arch is normal.

The lung fields show normal broncho-vascular markings.


Both the pulmonary hila are normal in size.

The costophrenic and cardiophrenic recesses and the domes of diaphragm are normal.

The bones and soft tissues of the chest wall show no abnormality.

IMPRESSION :

- **No significant abnormality detected.**



Dr. Prashant Moorthy MBBS., MD
Consultant Radiologist

