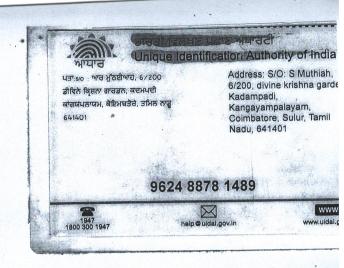
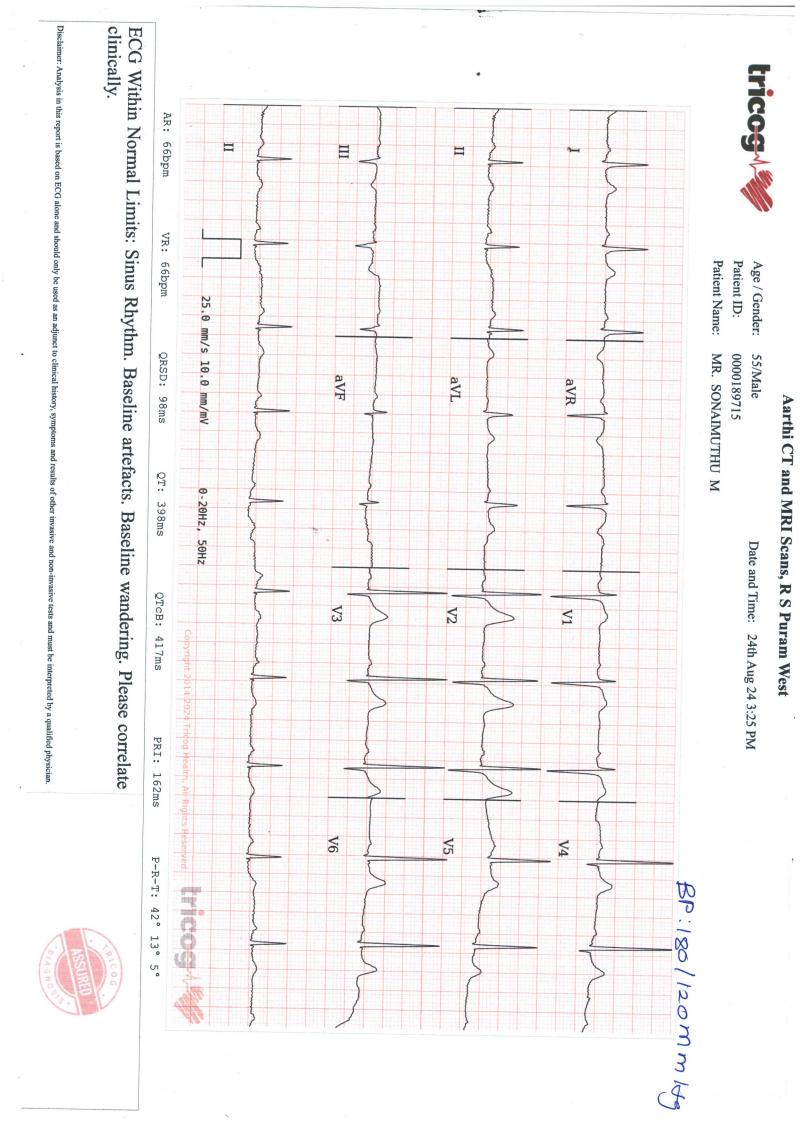


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_	NAME	MR. SONAIMUTHU M	PATIENT ID	I-189715	
	ACCESSION NO	148123	AGE/GENDER	55Y/MALE	
	REFERRED BY	MEDIWHEEL	DATE	28-AUG-2024	

# **ECHOCARDIOGRAPHIC EVALUATION**

# **MEASUREMENTS: ACOUSTIC WINDOW: OPTIMAL**

# **2D/ M MODE PARAMETERS:**

Parameters	Patient Values	Normal Adult Value
LA	3.53	(2.0-4.0 cm)
AO	2.88	(2.0-4.0 cm)
LVIDD	4.82	(3.5-5.5 cm)
LVIDS	3.34	(2.5-4.3 cm)
IVSd	1.33	(0.6–1.2 cm)
LVPWd	1.13	(0.6–1.2 cm)
EF	58	(50% - 70%)

# **IMPRESSION:**

- No regional wall motion abnormality at rest.
- **4** Aortic Sclerosis, asymmetrical septal hypotrophy.
- \rm Grade I diastolic dysfunction.
- 4 No pulmonary hypertension.
- 4 No pericardial effusion.
- 4 Normal LV systolic function.

Dr.KARTHHELS.MD., PEULARDHOLOGY, UKR) IT CARDIOLOGIST UNSU No. 88567

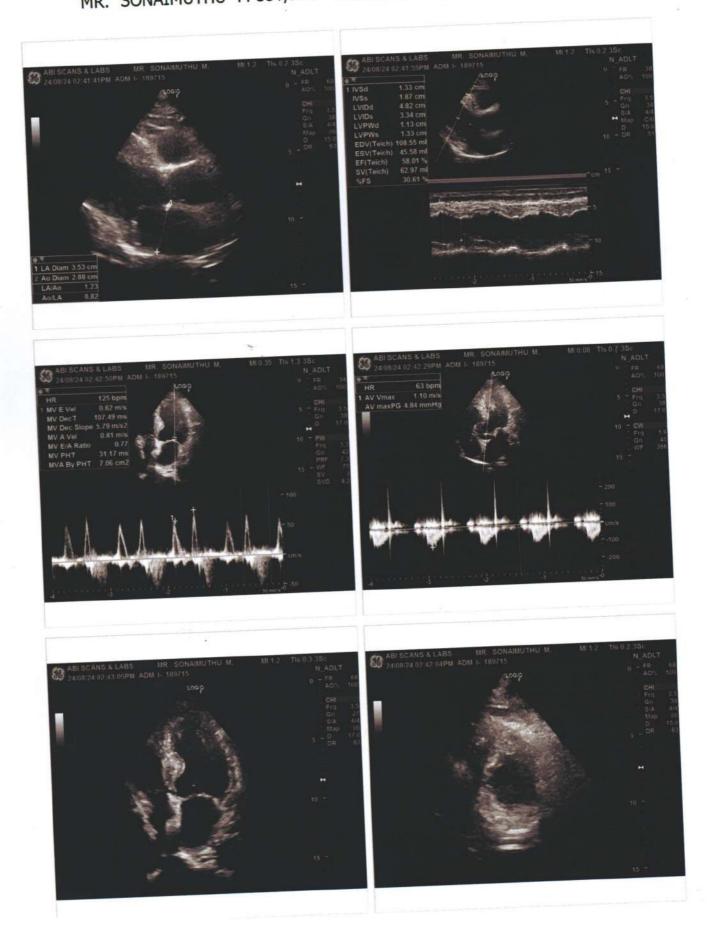
# Dr. KARTHIK C.S.MD., PGD(CARDIOLOGY, UKR) CONSULTANT CARDIOLOGIST.

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# ABI SCANS & LABS

MR. SONAIMUTHU M 55Y/M I- 189715 24-Aug-2024 02:41:01 PM



Patient Name : MR. SONAIMUTHU M
Age / Gender : 55 years / Male

Patient ID: 148123

Referral : MediWheel

Page 1 of 8 TM ABI SCANS & LABS Accurate | Available | Affordable

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Collection Time : Aug 24, 2024, 09:47 a.m. Reporting Time : Aug 24, 2024, 09:49 a.m.

Sample ID :



			002823724	
Test Description	Value(s)	Unit(s)	Reference Range	
COMPLETE BLOOD COUNT ( CBC )				
Hemoglobin (Hb)	16.6	gm/dL	13.5 - 18.0	
Erythrocyte (RBC) Count	6.00	mil/cu.mm	4.7 - 6.0	
Packed Cell Volume (PCV)	50.6	%	42 - 52	
Mean Cell Volume (MCV)	84.33	fL	78 - 100	
Mean Cell Haemoglobin (MCH)	27.67	pg	27 - 31	
Mean Corpuscular Hb Concn. (MCHC)	32.81	g/dL	32 - 36	
Red Cell Distribution Width (RDW)	15.4	%	11.5 - 14.0	
Total Leucocytes (WBC) Count	6020	cell/cu.mm	4000-10000	
Neutrophils	61	%	40 - 80	
Lymphocytes	28	%	20 - 40	
Monocytes	8	%	2 - 10	
Eosinophils	3	%	1 - 6	
Basophils	0	%	1-2	
Absolute Neutrophil Count	3672.20	/c.mm	2000 - 7000	
Absolute Lymphocyte Count	1685.60	/c.mm	1000 - 3000	
Absolute Monocyte Count	481.60	/c.mm	200 - 1000	
Absolute Eosinophil Count	180.60	/c.mm	20 - 500	
Absolute Basophils Count	0	/c.mm	20 - 100	
Platelet Count	435	10^3/ul	150 - 450	
Mean Platelet Volume (MPV)	9.4	fL	7.2 - 11.7	
PCT	0.41	%	0.2 - 0.5	
PDW	10.8	%	9.0 - 17.0	
ESR	16.0	mm/hr	13.5 - 18.0	

# GLUCOSE (F)

L.MLA DR.K.MURALEKAARTHIC

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Patient Name : MR. SONAIMUTHU M
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Age / Gender : 55 years / Male Patient ID : 148123

Referral : MediWheel

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 Collection Time : Aug 24, 2024, 09:49 a.m.

 Reporting Time : Aug 24, 2024, 04:36 p.m.

Sample ID :



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TM

			002020721	
Test Description	Value(s)	Unit(s)	Reference Range	
Glucose fasting	101.0	mg/dL	70 - 120	
Method : GOD-POD				
RENAL PROFILE				
Urea	24.0	mg/dL	19-42	
Method : Uricase				
Blood Urea Nitrogen-BUN	11.20	mg/dL	9-20	
Method : Serum, Urease				
Creatinine	0.94	mg/dL	0.66-1.25	
Method : Serum, Jaffe				
Uric Acid	8.6	mg/dL	3.5-8.5	
Method : Serum, Uricase				
Remark:				

In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

LIVER FUNCTION TEST				
Total Protein	8.2	g/dL	6.3-8.2	
Method : Serum, Biuret, reagent blank end point				
Albumin	4.1	g/dL	3.5-5.0	
Method : Serum, Bromocresol green				
Globulin	4.10	g/dL	1.8 - 3.6	
Method : Serum, EIA				
A/G Ratio	1		1.2 - 2.2	
Method : Serum, EIA				
Bilirubin - Total	0.8	mg/dL	0.3-1.2	
Method : Serum, Jendrassik Grof				
Bilirubin - Direct	0.2	mg/dL	< 0.2	
Method : Serum, Diazotization				

L.ML

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### Patient Name : MR. SONAIMUTHU M

Age / Gender : 55 years / Male

Patient ID: 148123

Referral : MediWheel

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Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
Bilirubin - Indirect	0.60	mg/dL	0.1 - 1.0
Method : Serum, Calculated			
SGOT	18.0	U/L	17-59
Method : Serum, UV with P5P, IFCC 37 degree			
SGPT	21.0	U/L	21-72
Method : Serum, UV with P5P, IFCC 37 degree			
Alkaline Phosphatase	99.0	U/L	30 - 120
Method : PNPP-AMP Buffer/Kinetic			
GGT-Gamma Glutamyl Transpeptidae	56.0	U/L	< 55
Method : Serum, G-glutamyl-carboxy-nitoanilide			
LIPID PROFILE			
Cholesterol-Total	188	mg/dL	Desirable level   < 200
Method : Spectrophotometry			Borderline High   200-239
			High   >or = 240
Triglycerides	204	mg/dL	Normal: < 150
Method : Serum, Enzymatic, endpoint			Borderline High: 150-199
			High: 200-499
			Very High: >= 500
HDL Cholesterol	47.0	mg/dL	Normal: > 40
Method : Serum, Direct measure-PEG		-	Major Risk for Heart: < 40
_DL Cholesterol	100.20	mg/dL	Optimal < 100
Method : Enzymatic selective protection		č	Near / Above Optimal 100-129
			Borderline High 130-159
			High 160-189
			Very High >or = 190
VLDL Cholesterol	40.80	mg/dL	6 - 38
Method : Serum, Enzymatic		5	

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Pa	tient	Name	:MR	. SONAIMUTHU	Μ

Age / Gender : 55 years / Male

Patient ID : 148123

Referral : MediWheel

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Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range	
CHOL/HDL Ratio	4		3.5 - 5.0	
Method : Serum, Enzymatic				
LDL/HDL Ratio	2.13		2.5 - 3.5	
Method : Serum, Enzymatic				
Note:				
8-10 hours fasting sample is required.				
BLOOD GROUP & RH TYPING				
Blood Group (ABO typing)	"B"			
Method : Manual-Hemagglutination	В			
RhD Factor (Rh Typing)	Positive			
Method : Manual hemagglutination	FOSITVE			
Glycosylated HbA1c				
HbA1c (GLYCOSYLATED HEMOGLOBIN)	6.8	%		
Method : (HPLC, NGSP certified)				
Estimated Average Glucose :	148.46	mg/dL	-	
Interpretation				
As per American Diabetes Association (ADA)				
Reference Group	HbA1c in %			
Non diabetic adults >=18 years	<5.7			
At risk (Prediabetes)	5.7 - 6.4			
Diagnosing Diabetes	>= 6.5			
	Age > 19 yea	rs		
	Goal of thera	ру: < 7.0		
Therapeutic goals for glycemic control	Action sugges			
	Age < 19 yea			
	Goal of thera	ру: <7.5		

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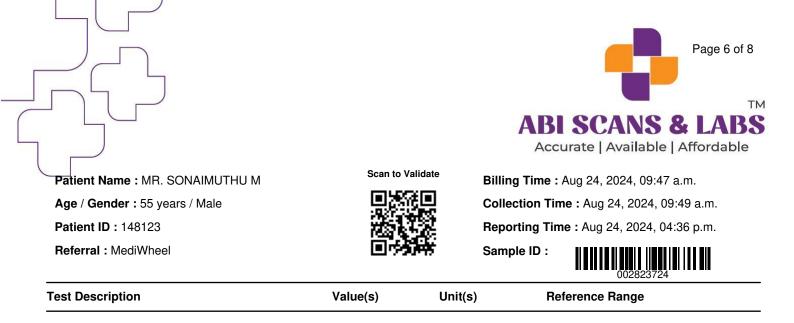
Patient Name : MR. SONAIMUTHU M Age / Gender : 55 years / Male Patient ID : 148123 Referral : MediWheel	Scan to V	/alidate	ABI SCANS & LAB Accurate   Available   Affordable Billing Time : Aug 24, 2024, 09:47 a.m. Collection Time : Aug 24, 2024, 09:49 a.m. Reporting Time : Aug 24, 2024, 04:36 p.m. Sample ID :
Test Description	Value(s)	Unit(s)	Reference Range
THYROID PROFILE TEST - TOTAL			
T3-Total	104.0	ng/dL	60 - 200
F4-Total	11.6	ug/dL	4.52 - 12.8
TSH-Ultrasensitive	1.42	ulU/mL	
Method : CLIA			
PSA-Total (Prostate-specific antigen-To	otal)		
PSA (Prostate Specific Antigen)-Total Method : Serum, CLIA	1.62	ng/mL	0 - 4.0
PSA (Prostate Specific Antigen)-Total Method : Serum, CLIA Interpretation:		-	
PSA (Prostate Specific Antigen)-Total Method : Serum, CLIA Interpretation: 1. Increased levels are noted in Prostate can		-	
PSA (Prostate Specific Antigen)-Total Method : Serum, CLIA Interpretation: 1. Increased levels are noted in Prostate can PSA (Prostate-Specificantigen)-Free * Method : Serum, CLIA		nypertrophy, F	Prostatitis
PSA (Prostate Specific Antigen)-Total Method : Serum, CLIA Interpretation: 1. Increased levels are noted in Prostate can PSA (Prostate-Specificantigen)-Free * Method : Serum, CLIA	icer, Bengin prostatic h -	nypertrophy, F ng/mL	Prostatitis
PSA (Prostate Specific Antigen)-Total Method : Serum, CLIA Interpretation: 1. Increased levels are noted in Prostate can PSA (Prostate-Specificantigen)-Free * Method : Serum, CLIA Interpretation & Remarks:	icer, Bengin prostatic h - vility of prostate cancer	nypertrophy, F ng/mL	Prostatitis 0.0 - 0.5
<ul> <li>PSA (Prostate Specific Antigen)-Total Method : Serum, CLIA</li> <li>Interpretation: <ol> <li>Increased levels are noted in Prostate can</li> <li>PSA (Prostate-Specificantigen)-Free * Method : Serum, CLIA</li> </ol> </li> <li>Interpretation &amp; Remarks: <ol> <li>Normal results do not eliminate the possib</li> <li>Values obtained with different assay method</li> </ol></li></ul>	icer, Bengin prostatic h - ility of prostate cancer ods or kits may be diffe	nypertrophy, F ng/mL erent and can	Prostatitis 0.0 - 0.5
<ul> <li>PSA (Prostate Specific Antigen)-Total Method : Serum, CLIA</li> <li>Interpretation: <ol> <li>Increased levels are noted in Prostate can</li> <li>PSA (Prostate-Specificantigen)-Free * Method : Serum, CLIA</li> </ol> </li> <li>Interpretation &amp; Remarks: <ol> <li>Normal results do not eliminate the possib</li> <li>Values obtained with different assay method</li> <li>Tumor markers are not specific for malignate absence of malignant disease</li> <li>Specimens drawn from patients undergoin</li> </ol></li></ul>	ncer, Bengin prostatic h - vility of prostate cancer ods or kits may be diffe ancy. Test results can ng prostate manipulatio	nypertrophy, F ng/mL erent and can not be interpre	Prostatitis 0.0 - 0.5 not be used interchangeably.
<ul> <li>PSA (Prostate Specific Antigen)-Total Method : Serum, CLIA</li> <li>Interpretation: <ol> <li>Increased levels are noted in Prostate can</li> <li>PSA (Prostate-Specificantigen)-Free * Method : Serum, CLIA</li> </ol> </li> <li>Interpretation &amp; Remarks: <ol> <li>Normal results do not eliminate the possib</li> <li>Values obtained with different assay method Tumor markers are not specific for malignate absence of malignant disease</li> <li>Specimens drawn from patients undergoin show erroneously high prostatic-specific a procedures are performed.</li> </ol> </li> </ul>	ncer, Bengin prostatic h - nility of prostate cancer ods or kits may be diffe ancy. Test results can ng prostate manipulatio ntigen (PSA) results. C	nypertrophy, F ng/mL erent and can not be interpre on, especially Care should be	Prostatitis 0.0 - 0.5 not be used interchangeably. eted as absolute evidence for the presence or needle biopsy and transurethral resection, may e taken that specimens are drawn before these
<ul> <li>Interpretation:</li> <li>1. Increased levels are noted in Prostate can PSA (Prostate-Specificantigen)-Free * Method : Serum, CLIA</li> <li>Interpretation &amp; Remarks:</li> <li>Normal results do not eliminate the possib</li> <li>Values obtained with different assay method</li> <li>Tumor markers are not specific for malignate absence of malignant disease</li> <li>Specimens drawn from patients undergoint show erroneously high prostatic-specific a procedures are performed.</li> </ul>	ility of prostate cancer ods or kits may be diffe ancy. Test results canr ng prostate manipulatio ntigen (PSA) results. C	hypertrophy, F ng/mL erent and can not be interpre on, especially Care should be t is that a biop	Prostatitis 0.0 - 0.5 not be used interchangeably. eted as absolute evidence for the presence or needle biopsy and transurethral resection, may e taken that specimens are drawn before these psy will show cancer.

f.MLL

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#### Interpretation

- When total prostate-specific antigen (PSA) concentration is <2.0 ng/mL, the probability of prostate cancer in asymptomatic men is low, further testing and free PSA may provide little additional information. When total PSA concentration is >10.0 ng/mL, the probability of cancer is high and prostate biopsy is generally recommended.
- The total PSA range of 4.0 to 10.0 ng/mL has been described as a diagnostic "gray zone," in which the free:total PSA ratio helps to determine the relative risk of prostate cancer (see table below). Therefore, some urologists recommend using the free:total ratio to help select which men should undergo biopsy. However even a negative result of prostate biopsy does not rule-out prostate cancer. Up to 20% of men with negative biopsy results have subsequently been found to have cancer.

Based on free:total PSA ratio: the percent probability of finding prostate cancer on a needle biopsy by age in years:

Free:total PSA ratio	50-59 years	60-69 years	> or =70 years
< or =0.10	49.2%	57.5%	64.5%
0.11-0.18	26.9%	33.9%	40.8%
0.19-0.25	18.3%	23.9%	29.7%
>0.25	9.1%	12.2%	15.8%

#### Cautions

- · Normal results do not eliminate the possibility of prostate cancer.
- · Values obtained with different assay methods or kits may be different and cannot be used interchangeably
- Tumor markers are not specific for malignancy. Test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease.

#### Interfering factors :

- Prostatic massage
- Proctoscopy
- Prostatic biopsy

2. ML

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	Test Description	Value(s)	Unit(s)	Reference Range
Patient Name : MR. SONAIMUTHU M       Scan to Validate       Billing Time : Aug 24, 2024, 09:47 a.m.         Age / Gender : 55 years / Male       Image of the second seco	Referral : MediWheel	<u> <u> </u> </u>	5	
Patient Name : MR. SONAIMUTHU M       Scan to Validate       Billing Time : Aug 24, 2024, 09:47 a.m.         Age / Gender : 55 years / Male       Collection Time : Aug 24, 2024, 09:49 a.m.			Ě	
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Accurate   Available   Affordable	Patient Name : MR. SONAIMUTHU M	Scan to Valid	ate	Billing Time : Aug 24, 2024, 09:47 a.m.
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- Prostate cancer patients receiving treatment with antiandrogens and luteinizing hormone-releasing factor agonists may exhibit
  markedly decreased levels of PSA. Also, men treated for benign prostatic hyperplasia with inhibitors of 5-alpha-reductase
  (finasteride) may demonstrate a significant reduction in PSA levels compared to values before treatment. Care should be taken in
  interpreting values for these individuals.
- In patients receiving therapy with high biotin doses (ie, >5 mg/day), no sample should be taken until at least 8 hours after the last biotin administration.

### URINE COMPLETE ANALYSIS,

	Physical Exami	<u>ination</u>	
Quantity	25	ml	-
Colour	Yellow		Pale yellow/Yellow
Appearance	Cloudy		Clear
Specific Gravity	1.030		1.005-1.025
рН	6.0		5.0 - 8.0
Deposit	Present		Absent
	Chemical Exam	ination	
Protein	Present (+)		Absent
Sugar	Absent		Absent
Ketones	Absent		Absent
Bile Salt	Absent		Absent
Bile Pigment	Absent		Absent
Urobilinogen	Normal		Normal
M	licroscopic Examir	nation (/hpf)	
Pus Cell	4-5		Upto 5
Epithelial Cells	2-4		Upto 5

f.ML

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Patient Name : MR. SONAIMUTHU M Age / Gender : 55 years / Male

Patient ID : 148123

Referral : MediWheel

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Sample ID :



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TM

Test Description	Value(s)	Unit(s)	Reference Range	
Red Blood Cells	Absent		Absent	
Casts	Absent		Absent	
Crystals	Absent		Absent	
Amorphous Deposit	Absent		Absent	
Yeast Cells	Absent		Absent	
Bacteria	Present		Absent	
Other findings	Not seen		Not seen	

L.MLA

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Patient Name	MR. SONAIMUTHU M	Age	55Yr
Patient ID	148123	Sex	Male
Referral Dr	MEDIWHEEL	Study Date	24 Aug 2024

# **USG REPORT - ABDOMEN AND PELVIS**

#### LIVER:

# Is normal in size ~ 13.1 cm .Echotexture is increased.

No obvious focal lesion seen. No intra – Hepatic biliary radical dilatation seen.

#### GALL BLADDER:

Is adequately distended. No calculus or internal echoes are seen. Wall thickness is normal.

#### PANCREAS:

Appears normal in size and it shows uniform echo texture.

#### SPLEEN:

Is normal in size ~ 8.8 cm and shows uniform echogenicity.

#### **RIGHT KIDNEY:**

Right kidney measures ~ 11.3 x 5cms.

# Cortical echogenicity is mildly increased with maintained cortico-medullary differentiation.

The shape, size and contour of the right kidney appear normal.

No evidence of pelvicalyceal dilatation. No calculi seen.

#### LEFT KIDNEY:

Left kidney measures ~ 11.3 x 4.7 cms.

# Cortical echogenicity is mildly increased with maintained cortico-medullary differentiation.

The shape, size and contour of the left kidney appear normal.

No evidence of pelvicalyceal dilatation. No calculi seen.

#### **BLADDER:**

Is normal contour. No intra luminal echoes are seen.

#### PROSTATE:

Appears normal in size, measures ~ 3.4 x 3.4 x 3.5 cm (Vol -23 cc)

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Patient Name	MR. SONAIMUTHU M	Age	55Yr
Patient ID	148123	Sex	Male
Referral Dr	MEDIWHEEL	Study Date	24 Aug 2024

### **RIGHT ILIAC FOSSA:**

No focal fluid collections seen.

No evidence of hernia seen in anterior abdominal wall.

Gaseous abdomen is noted.

#### **IMPRESSION:**

- · Grade I medico renal disease.
- · Grade I fatty liver.
  - Suggested clinical correlation.

Dr. Shalini Goel Consultant radiologist

Dr.SHALINI GOEL MBES. DNE. Reg No: 21954

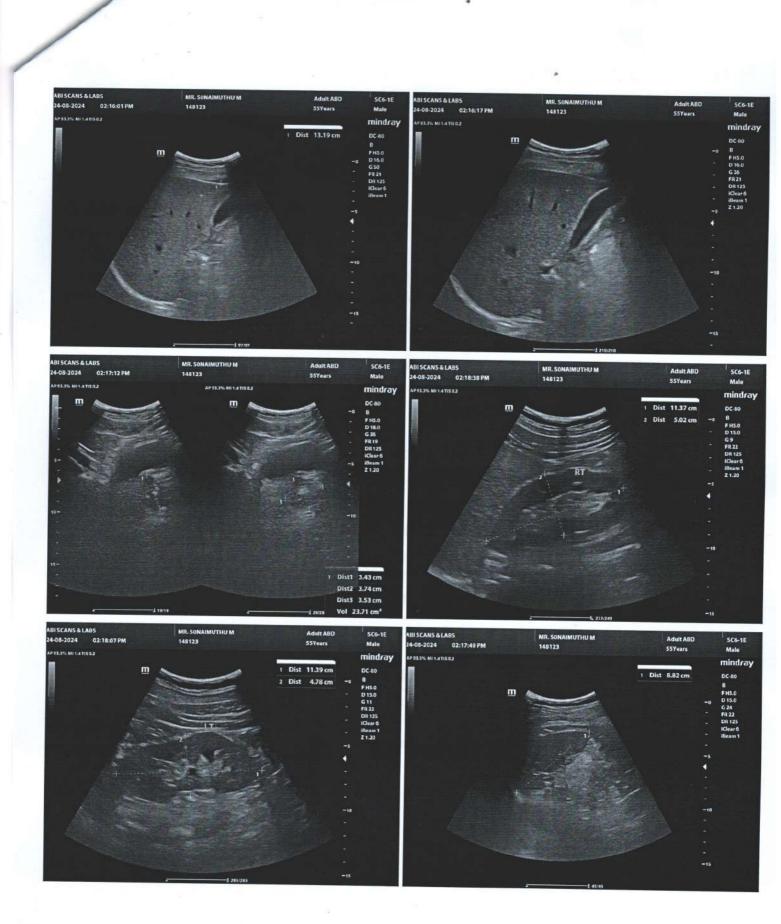
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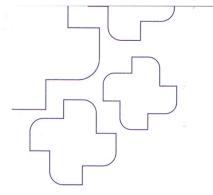
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NAME	MR. SONAIMUTHU M	PATIENT ID	I-189715
ACCESSION NO	148123	AGE/GENDER	55Y/MALE
REFERRED BY	MEDIWHEEL	DATE	24-AUG-2024

# **VISION TEST**

# VISUAL ACUITY (VA)

If The Acuity Can Be Measures, Complete This Box Using Snellen acuities or snellen equivalents or NLP,LP,HM, or distance at which the patient sees the 20/100 letter.

# WITH BEST CORRECTION

DISTANCE VISION		
Right	10/11	
Left	09/11	
Both	10/11	

NEAR VISION				
Right N6				
Left N6				
Both	N6			

COLOUR VISION		
BOTH	Normal	

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Patient Name	MR SONAIMUTHU M		
		Age	55Yr
Patient ID	189715	Sex	Male
Referral Dr	MEDIWHEEL	Study Date	24 Aug 2024

# X-RAY - CHEST PA VIEW

# **OBSERVATION:**

The trachea is central.

The mediastinal and cardiac silhoutte are normal.

Cardiothoracic ratio is normal.

Cardiophrenic and costophrenic angles are normal.

Both hila are normal.

Lung zones are clear.

Bones of the thoracic cage are normal.

Soft tissues of the chest wall are normal.

# **IMPRESSION:**

No significant abnormality seen.

Aba

Dr. Abinaya., MD., (RD) Consultant Radiologist.

 594, Obli Towers, DB Road Cowley Brown Road Junction, RS Puram, Coimbatore - 641 002.

28, Kama**fapR**oh**đ**, Hopes -Singanallur Main Road, Varadharaja Puram, Coimbatore - 641 004. A-17, Near Powered by WW6 2t/ a605, Miller Stop, Mahalingapuram Arch, Kamaraj Road, Pollachi - 642 002.

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