

25.08.2022 11:17:30
ASIAN FIDELIS HOSPITAL
SEC. 88 FARIDABAD HARYANA
RPS CITY

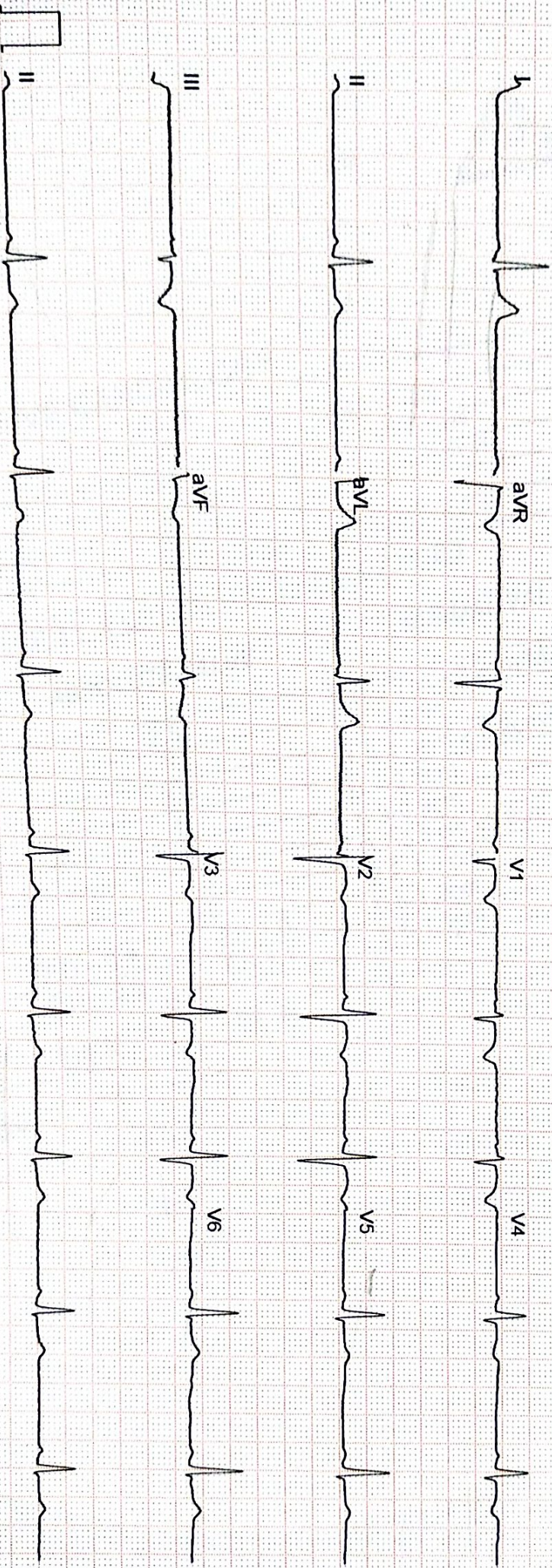
Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Sinus bradycardia with sinus arrhythmia
ST & T wave abnormality, consider lateral ischemia
Abnormal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

51 bpm
- / - mmHg

QRS : 76 ms
QT / QTcBaz : 390 / 359 ms
PR : 116 ms
P : 54 ms
RR / PP : 1170 / 1176 ms
P / QRS / T : 117 / 19 / 5 degrees



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 4x2.5x3_25_R1 Unconfirmed 1/1

NON INVASIVE CARDIOLOGY

| | | | |
|--------------|---------------------|----------------|-----------------------|
| Patient Name | : MRS. RAJNI GANDHA | IPD No. | : |
| Age | : 32 Yrs 13 Days | UHID | : AFD000014446 |
| Gender | : FEMALE | Bill No. | : AFDHC220000466 |
| Ref. Doctor | : SELF | Bill Date | : 27-08-2022 10:01:51 |
| Ward | : | Room No. | : |
| | | Procedure Date | : 27-08-2022 12:27:50 |

ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

| MEASUREMENTS | ABSOLUTE VALUE | NORMAL VALUE |
|-----------------------|----------------------|------------------------|
| Aortic Root Diameter | 2.5 | 2.0-3.7cm < 2.2cm/M2 |
| Aortic Valve Opening | N | 1.5-2.6cm |
| Left Atrial Dimension | 3.6 | 1.9-4.0cm < 2.2cm/M2 |
| RV Dimensions | N | 0.7-2.6cm |
| RV thickness | N | 0.3-0.9cm |
| LV ED Dimension | 4.3 | 3.7-5.6 cm < 3.2cm /M2 |
| LV ES Dimension | 3.0 | 2.2-4.0 cm |
| IVS thickness | ED - 0.8 ES-1.0 | 0.6-1.2cm |
| LVPW Thickness | ED - 0.9 ES-1.1 | 0.5-1.1cm |
| IVS/ LVPW Ratio | N | |
| Mitral Valve | DE-N EF -N | |

| INDICES OF LV FUNCTION | | |
|------------------------|-----|---------|
| EPSS | | <9mm |
| FS% | 30% | 24-42% |
| LV Ejection Fraction | 60% | 60+/-6% |



NON INVASIVE CARDIOLOGY

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| Gender | : FEMALE | Bill No. | : AFDHC220000466 |
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IMAGING:

2D- imaging in PLAX.SAX and apical views revealed normal left ventricle. Movement of septum, posterior and lateral walls are normal. Global LVEF is 60%. Mitral valve opening is normal. No evidence of mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted. Tricuspid valve leaflets move normally, Pulmonary valve is normal. Interatrial and Interventricular septal are intact, No intracardiac mass or thrombus is seen. No pericardial pathology is observed.

MORPHOLOGICAL DATA

| | | | |
|---------------------------|--------|-------------------------|--------|
| Mitral Valve : AML PML | Normal | Interatrial Septum | Intact |
| Aortic Valve | Normal | Interventricular Septum | Intact |
| Tricuspid Valve | Normal | Pulmonary Artery | Normal |
| Pulmonary Valve | Normal | Aorta | Normal |
| Right Ventricle | Normal | Right Atrium | Normal |
| Left Ventricle | Normal | Left Atrium | Normal |

DOPPLER STUDY

| | m/s | m/s | | |
|--------------------|---------|-------|----|-----|
| MITRAL VELOCITY | E-0.7 | A-0.6 | MR | 0/4 |
| TRICUSPID VELOCITY | 1.3 m/s | | TR | 0/4 |
| AORTIC VELOCITY | 1.1 m/s | | AR | 0/4 |
| PULMONARY VELOCITY | 0.8 m/s | | PR | 0/4 |
| PA Pressure | | | | |



NON INVASIVE CARDIOLOGY

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|--------------|---------------------|----------------|---|---------------------|
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| Age | : 32 Yrs 13 Days | UHID | : | AFD000014446 |
| Gender | : FEMALE | Bill No. | : | AFDHC220000466 |
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| Ward | : | Room No. | : | |
| | | Procedure Date | : | 27-08-2022 12:27:50 |

COLOUR FLOW MAPPING

Trace mitral regurgitation.
Trace tricuspid regurgitation.

FINAL IMPRESSION

1. No RWMA, LVEF-60%.
2. Normal cardiac chamber dimension.
3. Normal cardiac valves.
4. Normal mitral inflow pattern.
5. No pulmonary artery hypertension.
6. No clot/mass/vegetation/PE


DR. MITHAL PRAKASH KUMAR
MD, DNB (Cardiology),
Consultant Cardiologist
HMC-HN19723

For The perusal of a medical professional only
The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.
It is not the diagnosis & must be correlated clinically.

NOT FOR MEDICOLEGAL PURPOSES

.....End of Report.....

Prepare By.
RAJNI.KAPOOR

FINAL REPORT

| | |
|-----------------------|--------------------|
| Bill Date | : 27-08-2022 10:01 |
| UHID | : AFD000014446 |
| Patient Type | : OPD If PHC : |
| Ward / Bed | : / |
| Current Ward / Bed | : / |
| Receiving Date & Time | : 27-08-2022 10:26 |
| Reporting Date & Time | : 27-08-2022 12:30 |

HAEMATOLOGY REPORTING

| Test (Methodology) | Flag | Result | UOM | Biological Reference Interval |
|--------------------|------|--------|-----|-------------------------------|
|--------------------|------|--------|-----|-------------------------------|

Sample Type: EDTA Whole Blood

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS

CBC -1 (COMPLETE BLOOD COUNT)

| | | | | |
|--|---|------|---------------|-------------|
| TOTAL LEUCOCYTE COUNT (Flow Cytometry) | | 7.4 | thousand/cumm | 4 - 11 |
| RED BLOOD CELL COUNT (Hydro Dynamic Focussing) | | 3.9 | million/cumm | 3.8 - 4.8 |
| HAEMOGLOBIN (SLS Hb Detection) | L | 11.8 | g/dL | 12 - 15 |
| PACK CELL VOLUME (Cumulative Pulse Height Detection) | L | 34.5 | % | 36 - 46 |
| MEAN CORPUSCULAR VOLUME | | 88.6 | fL | 83 - 101 |
| MEAN CORPUSCULAR HAEMOGLOBIN | | 30.3 | pg | 27 - 32 |
| MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION | | 34.1 | g/dL | 31.5 - 34.5 |
| PLATELET COUNT (Hydro Dynamic Focussing) | | 165 | thousand/cumm | 150 - 400 |
| RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution) | H | 50.4 | fL | 39 - 46 |
| RED CELL DISTRIBUTION WIDTH (C.V.) | H | 14.3 | % | 11.6 - 14 |

DIFFERENTIAL LEUCOCYTE COUNT

| | | | | |
|------------------|---|----|-----------|---------|
| NEUTROPHILS | | 51 | % | 40 - 80 |
| LYMPHOCYTES | H | 43 | % | 20 - 40 |
| MONOCYTES | | 5 | % | 2 - 10 |
| EOSINOPHILS | | 1 | % | 1 - 5 |
| BASOPHILS | | 0 | % | 0 - 1 |
| ESR (Westergren) | | 20 | mm 1st hr | 0 - 20 |

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low
Test marked with * is not under NABL scope.

R. Kaushik

DR. RICHA KAUSHIK MISHRA
MBBS, DNB
CONSULTANT



FINAL REPORT

| | | | |
|-----------------|---------------------------|-----------------------|--------------------|
| ID | : AFDHC220000466 | Bill Date | : 27-08-2022 10:01 |
| Patient Name | : MRS. RAJNI GANDHA | UHID | : AFD000014446 |
| Age / Gender | : 32 Yrs 15 Days / FEMALE | Patient Type | : OPD |
| Ref. Consultant | : SELF | Ward / Bed | : / |
| Sample ID | : AFD22014813 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 27-08-2022 11:58 |
| | | Reporting Date & Time | : 27-08-2022 13:53 |

CLINICAL PATH REPORTING

| Test (Methodology) | Flag | Result | UOM | Biological Reference Interval |
|--------------------|------|--------|-----|-------------------------------|
|--------------------|------|--------|-----|-------------------------------|

Sample Type: Urine

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS

URINE, ROUTINE EXAMINATION

PHYSICAL EXAMINATION

| | |
|-----------|-------------|
| QUANTITY | 50 mL |
| COLOUR | Pale yellow |
| TURBIDITY | Clear |

CHEMICAL EXAMINATION

| | | |
|-------------------------|----------|---------------|
| PH | 6.0 | 5.0 - 8.5 |
| PROTEINS | Negative | Negative |
| SUGAR | Negative | Negative |
| SPECIFIC GRAVITY, URINE | 1.020 | 1.005 - 1.030 |

MICROSCOPIC EXAMINATION

| | | | |
|------------------|-----|------|-------|
| LEUCOCYTES | 3-4 | /HPF | 0 - 5 |
| RBC's | Nil | | |
| EPITHELIAL CELLS | 4-5 | | |
| CASTS | Nil | | |
| CRYSTALS | Nil | | |

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

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DR. RICHA KAUSHIK MISHRA
MBBS, DNB
CONSULTANT



FINAL REPORT

| | | | |
|-----------------|---------------------------|-----------------------|--------------------|
| No. | : AFDHC220000466 | Bill Date | : 27-08-2022 10:01 |
| Patient Name | : MRS. RAJNI GANDHA | UHID | : AFD000014446 |
| Age / Gender | : 32 Yrs 15 Days / FEMALE | Patient Type | : OPD If PHC : |
| Ref. Consultant | : SELF | Ward / Bed | : / |
| Sample ID | : AFD22014774 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 27-08-2022 10:26 |
| | | Reporting Date & Time | : 27-08-2022 12:57 |

BLOOD BANK REPORTING

| Test (Methodology) | Flag | Result | UOM | Biological Reference Interval |
|--------------------|------|--------|-----|-------------------------------|
|--------------------|------|--------|-----|-------------------------------|

Sample Type: EDTA Whole Blood

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS

BLOOD GROUP (ABO & RH)

| | |
|-----------|----------|
| ABO GROUP | "AB" |
| RH TYPE | POSITIVE |

Forward grouping done by slide method.

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Test marked with * is not under NABL scope.

Richa Kaushik

DR. RICHA KAUSHIK MISHRA
MBBS, DNB
CONSULTANT



FINAL REPORT

| | | | |
|--------------|---------------------------|-----------------------|---|
| Sample ID | : AFDHC220000466 | Bill Date | : 27-08-2022 10:01 |
| Patient Name | : MRS. RAJNI GANDHA | UHID | : AFD000014448 |
| Gender | : 32 Yrs 15 Days / FEMALE | Patient Type | : OPD If PHC : |
| Consultant | : SELF | Ward / Bed | : / |
| Sample ID | : AFD22014852 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 27-08-2022 16:52 |
| | | Reporting Date & Time | : 29-08-2022 09:24 |

Sample Type: Plasma, Serum

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS

| | | | |
|--|-------|-------|----------|
| GLUCOSE-PLASMA (FASTING) (UV Hexokinase) | 103.8 | mg/dL | 70 - 100 |
|--|-------|-------|----------|

Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.
(As per American Diabetes Association recommendation)

| | | | |
|--|------|-------|----------|
| GLUCOSE-PLASMA (POST PRANDIAL) (UV Hexokinase) | 87.8 | mg/dL | 70 - 140 |
|--|------|-------|----------|

Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.
(As per American Diabetes Association recommendation)

KFT/RFT- KIDNEY/RENAL PANEL 1

| | | | |
|--|-----|---------|-----------|
| BLOOD UREA Urease-GLDH,Kinetic | 21 | mg/dL | 15 - 45 |
| CREATININE-SERUM (Modified Jaffe s Kinetic) | 0.6 | mg/dL | 0.6 - 1.1 |
| SODIUM-SERUM (Indirect Ion-Selective Electrode) | 140 | m.mol/L | 135 - 145 |
| POTASSIUM-SERUM (Indirect Ion-Selective Electrode) | 4.4 | m.mol/L | 3.5 - 5.1 |
| CHLORIDE-SERUM (Indirect Ion-Selective Electrode) | 104 | m.mol/L | 98 - 107 |

**** End of Report ****

IMPORTANT INSTRUCTIONS

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Richa Kaushik

DR. RICHA KAUSHIK MISHRA
MBBS, DNB
CONSULTANT



FINAL REPORT

| | | | |
|-----------------|---------------------------|-----------------------|--------------------|
| Bill No. | : AFBCB220002733 | Bill Date | : 27-08-2022 11:53 |
| Patient Name | : MRS. RAJNI GANDHA | UHID | : AFD000014446 |
| Age / Gender | : 32 Yrs 15 Days / FEMALE | Patient Type | : IF PHC : |
| Ref. Consultant | : SELF | Ward / Bed | : / |
| Sample ID | : AFB22273587 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 27-08-2022 14:15 |
| | | Reporting Date & Time | : 29-08-2022 09:56 |

HAEMATOLOGY REPORTING

| Test (Methodology) | Flag | Result | UOM | Biological Reference Interval |
|-------------------------------------|------|--------|-----|-------------------------------|
| Sample Type: EDTA Whole Blood | | | | |
| GLYCATED HAEMOGLOBIN (HBA1C) | | | | |
| HBA1C (HPLC) | | 5.3 | % | 4.27 - 6.07 |

INTERPRETATION:

| HbA1c % | Degree of Glucose Control |
|-----------|---|
| >8% | Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy |
| 7.1 - 8.0 | Fair Control |
| <7.0 | Good Control |

- Note:
1. A three monthly monitoring is recommended in diabetics.
 2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low
Test marked with * is not under NABL scope.

Dr. Sharmila Rai

DR. SHARMILA RAI
MD, PATHOLOGY
Astt. Consultant

FINAL REPORT

| | | | |
|-----------------|---------------------------|-----------------------|--------------------|
| Bill No. | : AFBCB220002733 | Bill Date | : 27-08-2022 11:53 |
| Patient Name | : MRS. RAJNI GANDHA | UHID | : AFD000014446 |
| Age / Gender | : 32 Yrs 15 Days / FEMALE | Patient Type | : If PHC : |
| Ref. Consultant | : SELF | Ward / Bed | : / |
| Sample ID | : AFB22273588 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 27-08-2022 14:15 |
| | | Reporting Date & Time | : 27-08-2022 15:11 |

SEROLOGY REPORTING

| Test (Methodology) | Flag | Result | UOM | Biological Reference Interval |
|--------------------|------|--------|-----|-------------------------------|
|--------------------|------|--------|-----|-------------------------------|

Sample Type: Serum

***THYROID PROFILE (FT3+FT4+TSH)**

| | | | | |
|---|---|------|-------|-----------|
| FREE-TRI IODO THYRONINE (FT3) (ECLIA) | | 2.74 | pg/mL | 2.0-4.4 |
| FREE -THYROXINE (FT4) (ECLIA) | | 1.09 | ng/dL | 0.9-1.7 |
| THYROID STIMULATING HORMONE (TSH) (ECLIA) | H | 4.71 | mIU/L | 0.27-4.20 |

** End of Report **

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Test marked with * is not under NABL scope.



 DR. SHILPA G
 MD, PATHOLOGY
 Sr Consultant



FINAL REPORT

| | | | |
|-------------------|-------------------------|-------------------------|------------------|
| Bill No. : | AFDHC220000466 | Bill Date : | 27-08-2022 10:01 |
| Patient Name : | MRS. RAJNI GANDHA | UHID : | AFD000014446 |
| Age / Gender : | 32 Yrs 15 Days / FEMALE | Patient Type : | OPD If PHC : |
| Ref. Consultant : | SELF | Ward / Bed : | / |
| Sample ID : | AFD22014852 | Current Ward / Bed : | / |
| | | Receiving Date & Time : | 27-08-2022 16:52 |
| | | Reporting Date & Time : | 29-08-2022 09:24 |

BIOCHEMISTRY REPORTING

| Test (Methodology) | Flag | Result | UOM | Biological Reference Interval |
|--------------------|------|--------|-----|-------------------------------|
|--------------------|------|--------|-----|-------------------------------|

Sample Type: Plasma, Serum

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS

| | | | | |
|---|---|-------|-------|---|
| CHOLESTROL-TOTAL (CHO-POD) | H | 173 | mg/dL | 0 - 160 |
| HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small> | L | 42 | mg/dL | >45 |
| CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small> | H | 116 | mg/dL | 0 - 100 |
| S.TRYGLYCERIDES (GPO-POD) | | 126 | mg/dL | 0 - 160 |
| NON-HDL CHOLESTROL | H | 131.0 | mg/dL | 0 - 125 |
| TOTAL CHOLESTROL / HDL CHOLESTROL | | 4.1 | | ½Average Risk <3.3 Average Risk 3.3 - 4.4 2 Times Average Risk 4.5 - 7.1 3 Times Average Risk 7.2-11.0 |
| LDL CHOLESTROL / HDL CHOLESTROL | | 2.8 | | ½Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-6.1 |
| CHOLESTROL-VLDL | | 21 | mg/dL | 10 - 35 |

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
 - Cigarette smoking.
 - Hypertension.
 - Family history of premature coronary heart disease.
 - Pre-existing coronary heart disease.

LIVER FUNCTION TESTS (LFT)

| | | | | |
|---|---|-------|-------|-----------|
| BILIRUBIN-TOTAL (DPO) | | 0.76 | mg/dL | 0.2 - 1.0 |
| BILIRUBIN-DIRECT (DPO) | | 0.15 | mg/dL | 0 - 0.2 |
| BILIRUBIN-INDIRECT | | 0.61 | mg/dL | 0.2 - 0.8 |
| S.PROTEIN-TOTAL (Buret) | | 7.6 | g/dL | 6 - 8.1 |
| ALBUMIN-SERUM (Dye Binding-Bromocresol Green) | | 4.5 | g/dL | |
| S.GLOBULIN | | 3.1 | g/dL | 2.8-3.8 |
| A/G RATIO | L | 1.45 | | 1.5 - 2.5 |
| ALKALINE PHOSPHATASE (IFCC AMP BUFFER) | | 79.4 | IU/L | 42 - 98 |
| ASPARTATE AMINO TRANSFERASE (IFCC) | | 20.6 | IU/L | 10 - 42 |
| ALANINE AMINO TRANSFERASE (IFCC) | | 21.1 | IU/L | 10 - 40 |
| GAMMA-GLUTAMYLTRANSPEPTID (IFCC) | | 17.3 | IU/L | 7 - 35 |
| LACTATE DEHYDROGENASE (IFCC; L-P) | | 183.0 | IU/L | 0 - 248 |

**** End of Report ****

IMPORTANT INSTRUCTIONS

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

| | | | | |
|--------------|---------------------|------------|---|---------------------|
| Patient Name | : MRS. RAJNI GANDHA | IPD No. | : | |
| Age | : 32 Yrs 16 Days | UHID | : | AFD000014446 |
| Gender | : FEMALE | Bill No. | : | AFDHC220000466 |
| Ref. Doctor | : SELF | Bill Date | : | 27-08-2022 10:01:51 |
| Ward | : | Room No. | : | |
| | | Print Date | : | 30-08-2022 13:46:39 |

USG WHOLE ABDOMEN

FINDINGS:

- Liver is normal in size (longitudinal span 12.3 cm), contour and echotexture. No evidence of any focal lesion is seen. No dilated intrahepatic biliary radicles are seen. Common duct and portal vein are normal in course and caliber.
- The gall bladder is partially contracted (? Post prandial status).
- *Visualized Pancreas is normal in size and parenchymal echogenicity. Rest of the pancreas and retroperitoneal structures are obscured by overlying bowel gas shadows.*
- Spleen is normal in size and echo pattern with no focal lesion.
- Both the kidneys are normal in size, shape and position. No evidence of any hydronephrosis is noted on either side. Normal corticomedullary differentiation is maintained bilaterally. The cortical thickness is within normal limits. The right kidney measures 10.4 x 3.7 cm. The left kidney measures 10.6 x 4.9 cm. No focal lesion/calculus noted in either kidney.
- The Urinary Bladder is well distended and shows anechoic contents. No focal lesion/calculus seen. There is no evidence of any obvious intraluminal or perivesical pathology.
- Uterus is anteverted and is normal in size measuring 8.4 x 4.1 x 4.7 cm. Normal echogenicity of myometrium noted. No focal lesion seen. The endometrium measures 6.8 mm and appears normal. The uterine cavity is empty. The cervical endometrium is thin and regular. Both ovaries are normal in size and echotexture. Right ovary measures 2.9 x 1.6 cm. Left ovary measures 2.2 x 2.3 cm. *Dominant follicle is seen in right ovary.*
- No ascites/retroperitoneal lymphadenopathy/pleural effusion.

IMPRESSION: No significant abnormality detected in abdomen and pelvis.

Please correlate clinically.

.....End of Report.....

Prepare By.
BHANOO


DR. BHANOO CHAUDHARY, MBBS, MD
CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.