

Name	MR.RAJESH NAIK K	ID	MED410003360	ĺ
Age & Gender	41Y/MALE	Visit Date	27/04/2024	
Ref Doctor Name	MediWheel			M

# 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. CBD is of normal calibre.

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

**SPLEEN** show normal shape, size and echopattern.

**KIDNEYS** move well with respiration and have normal shape, size and echopattern. Cortico- medullary differentiations are well madeout.

110 evidence of cured	ius of frydronepinosis.	
	Bipolar length (cms)	Parenchymal thickness
		(cms)
Right Kidney	9.3	1.8
Left Kidney	10.1	1.7

No evidence of calculus or hydronephrosis.

# **URINARY BLADDER** is partially distended.

**PROSTATE** shows normal shape, size and echopattern. No evidence of ascites.

# **IMPRESSION:**

# > NO SIGNIFICANT ABNORMALITY DETECTED.

# CONSULTANT RADIOLOGISTS

### DR. ANITHA ADARSH

**DR. MOHAN B** 

MB/mm

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SID No.	: 712412972	Collection On	: 27/04/2024 10:45 AM	
Age / Sex	: 41 Year(s) / Male	Report On	: 27/04/2024 5:29 PM	medall
Туре	: OP	Printed On	: 28/04/2024 11:50 AM	DIAGNOSTICS
Ref. Dr	: MediWheel			

# Investigation

# **IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination) Remark: Test to be confirmed by gel method 'A' 'Positive'

<u>Observed</u> <u>Value</u>



<u>Unit</u>



Biological Reference Interval

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Name PID No. SID No. Age / Sex Type Ref. Dr	: Mr. RAJESH NAIK K : MED410003360 : 712412972 : 41 Year(s) / Male : OP : MediWheel	Collection On : Report On :	27/04/2024 10:34 A 27/04/2024 10:45 A 27/04/2024 5:29 Pl 28/04/2024 11:50 A	M medall	
<u>Investiga</u> <u>HAEN</u>	<u>ution</u> IATOLOGY	<u>Obser</u> <u>Valı</u>			<u>ogical</u> ice Interval
<u>Complete</u>	e Blood Count With - ESR				
Haemogl (EDTA Blo	obin ood/Spectrophotometry)	15	.2 g/dL	13.5	5 - 18.0
INTERPR	<b>RETATION:</b> Haemoglobin values va renal failure etc. Higher values are				o nutritional deficiency,
	cked Cell Volume) / Haematoc	rit 42	.8 %	42	2 - 52
RBC Cou (EDTA Blo	ant ood/Automated Blood cell Counter)	4.9	99 mill/cu.i	mm 4.7	- 6.0
MCV (M	ean Corpuscular Volume)	86	.0 fL	78	- 100
MCH (M	(ean Corpuscular Haemoglobin	30	.6 pg	27	r - 32
MCHC () concentra	Mean Corpuscular Haemoglobi	n 35	.6 g/dL	32	2 - 36
RDW-CV (Derived)		12	.4 %	11.5	5 - 16.0
RDW-SE (Derived)	)	37.	<b>32</b> fL	39	9 - 46
Total WE	BC Count (TC) ood/Derived from Impedance)	662	20 cells/cu.	.mm 4000	- 11000
Neutroph		6.	3 %	40	) - 75
Lymphoc		3	1 %	20	) - 45

(Blood/Impedance Variation & Flow Cytometry)





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#### Unit Investigation Observed Biological Value **Reference Interval** 01 01 - 06 Eosinophils % (Blood/Impedance Variation & Flow Cytometry) 05 % 01 - 10 Monocytes (Blood/Impedance Variation & Flow Cytometry) 00 - 02 **Basophils** 00 % (Blood/Impedance Variation & Flow Cytometry) Absolute Neutrophil count 4.17 10^3 / µl 1.5 - 6.6 (EDTA Blood/Impedance Variation & Flow Cytometry) Absolute Lymphocyte Count 2.05 10^3 / µl 1.5 - 3.5 (EDTA Blood/Impedance Variation & Flow Cytometry) 0.07 10^3 / µl 0.04 - 0.44 Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry) 10^3 / µl < 1.0 0.33 Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) 10^3 / µl Absolute Basophil count 0.00 < 0.2 (EDTA Blood/Impedance Variation & Flow Cytometry) 221 10^3 / µl 150 - 450 Platelet Count (EDTA Blood/Derived from Impedance) MPV 11.6 fL 7.9 - 13.7 (Blood/Derived) PCT 0.26 % 0.18 - 0.28 ESR (Erythrocyte Sedimentation Rate) mm/hr < 15 10





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(Citrated Blood/Automated ESR analyser)

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
<b>BIOCHEMISTRY</b>			
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)	7.5	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.9	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.60	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.88		1.1 - 2.2
INTERPRETATION: Remark : Electrophoresis is the p	referred method		
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	24	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	19	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	107	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	42	U/L	< 55





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Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Lipid Profile			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	140	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	81	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)	31	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/ <i>Calculated</i> )	92.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/Calculated)	16.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	109.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220





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Ref. Dr	: MediWheel			

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
<b>INTERPRETATION:</b> 1.Non-HDL Cholesterol is now 2.It is the sum of all potentially atherogenic proteins in 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)	2.6		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





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<u>Investiga</u> <u>Glycosyl</u>	ation lated Haemoglobin (HbA1c)		<u>erved Unit</u> alue	<u>Biological</u> <u>Reference Interval</u>
Ref. Dr	: MediWheel			
Туре	: OP	Printed On	: 28/04/2024 11:50 AM	DIAGNOSTICS
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Name	: Mr. RAJESH NAIK K			

5.4

%

mg/dl

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 %

Estimated Average Glucose 108.28

(Whole Blood)

HbA1C

(Whole Blood/HPLC)

### **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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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<b>BIOCHEMISTRY</b>			
BUN / Creatinine Ratio	8.8		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	79	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.

Urine sugar, Fasting (Urine - F)	Nil		Nil
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	73	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 Sugar (PP-2 hours) (Urine - PP)	Nil		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.7	mg/dL	7.0 - 21
Creatinine (Serum/ <i>Jaffe Kinetic</i> )	1.1	mg/dL	0.9 - 1.3

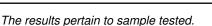
**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid	3.9	mg/dL	3.5 - 7.2
		-	

(Serum/Uricase/Peroxidase)



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KMC No: 86542

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Name PID No. SID No. Age / Sex Type Ref. Dr	<ul> <li>Mr. RAJESH NAIK K</li> <li>MED410003360</li> <li>712412972</li> <li>41 Year(s) / Male</li> <li>OP</li> <li>MediWheel</li> </ul>	Register On Collection On Report On Printed On	: 27/04/2 : 27/04/2	024 10:34 AM 024 10:45 AM 024 5:29 PM 024 11:50 AM	DIAGNOSTICS
	ation JNOASSAY ID PROFILE / TFT		erved alue	<u>Unit</u>	<u>Biological</u> Reference Interval
(Serum/Ch (CLIA)) INTERPH Comment Total T3 v	odothyronine) - Total emiluminescent Immunometric Assay <b>RETATION:</b> t: ariation can be seen in other conditi ally active.		1.61 drugs, nephr	ng/ml osis etc. In such cas	0.7 - 2.04 ses, Free T3 is recommended as it is
T4 (Thyr (Serum/Ch (CLIA)) INTERPH Comment Total T4 v	roxine) - Total memiluminescent Immunometric Assay		3.51 drugs, nephr	Microg/dl osis etc. In such cas	4.2 - 12.0 ses, Free T4 is recommended as it is
TSH (Th (Serum/Ch (CLIA)) INTERPH Reference 1 st trimes	Ayroid Stimulating Hormone) <i>emiluminescent Immunometric Assay</i> <b>RETATION:</b> range for cord blood - upto 20 tter: 0.1-2.5 ster 0.2-3.0	3	.532	µIU/mL	0.35 - 5.50

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&amplt,0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.





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Investiga	ation JNOASSAY		served Value	<u>Unit</u>	Biological Reference Interval
Total PS (Serum/Ch (CLIA))	A nemiluminescent Immunometric Assay		0.97	ng/ml	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.





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
<b>CLINICAL PATHOLOGY</b>			
PHYSICAL EXAMINATION			
Colour (Urine/Physical examination)	Pale Yellow		Yellow to Amber
Volume (Urine/Physical examination)	15		ml
Appearance (Urine)	Clear		
CHEMICAL EXAMINATION			
pH (Urine)	6.5		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.015		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 <sup>-</sup> Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative
Blood (Urine)	Nil		Nil





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/ <i>Microscopy</i> )	Nil	/hpf	NIL
Pus Cells (Urine/ <i>Microscopy</i> )	2-3	/hpf	< 5
Epithelial Cells (Urine/ <i>Microscopy</i> )	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil





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Investigation	<u>Observed</u> <u>Value</u>	Unit	<u>Biological</u> <u>Reference Interval</u>
Stool Analysis - ROUTINE			
Colour (Stool)	Brown		Brown
Blood (Stool)	Not present		Not present
Mucus (Stool)	Not present		Not present
Reaction (Stool)	Alkaline		Alkaline
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	Nil	/hpf	Nil





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-- End of Report --

The results pertain to sample tested.

(Stool)

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Ref Doctor Name	MediWheel			MEDALL

# **<u>2 D ECHOCARDIOGRAPHIC STUDY</u>**

# M mode measurement:

AORTA			:	2.9cms
LEFT ATRIUM			:	2.9cms
LEFT VENTRICLE	(DIASTOLE)	)	:	4.5cms
(SYS	TOLE)	:	3.0cm	IS
VENTRICULAR SEPTUM	(DIASTOLE)		:	0.8cms
(SYS	TOLE)	:	1.1cm	IS
POSTERIOR WALL	(DIASTOLE)		:	0.8cms
(SYS)	FOLE)	:	1.1cm	IS
EDV			:	75ml
ESV			:	30ml
FRACTIONAL SHORTENI	NG		:	35%
EJECTION FRACTION			:	60%
RVID			:	1.5cms

# **DOPPLER MEASUREMENTS:**

MITRAL VALVE	: E' -	0.81m/s	A' - 0.31 m/s	NO MR
AORTIC VALVE	:	0.95m/s		NO AR
TRICUSPID VALVE	: E' -	0.61m/s	A' - 0.30m/s	NO TR
PULMONARY VALVE	:	0.69m/s		NO PR

# **2D ECHOCARDIOGRAPHY FINDINGS:**

Left ventricle

: Normal size, Normal systolic function.

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No regional wall motion abnormalities.

Left Atrium	: Normal.
Right Ventricle	: Normal.
Right Atrium	: Normal.
Mitral valve	: Normal, No mitral valve prolapse.
Aortic valve	: Normal, Trileaflet.
Tricuspid valve	: Normal.
Tricuspid valve Pulmonary valve	: Normal. : Normal.
-	
Pulmonary valve	: Normal.

# **IMPRESSION:**

- > NORMAL SIZED CARDIAC CHAMBERS.
- > NORMAL LV SYSTOLIC FUNCTION. EF: 60 %.
- > NO REGIONAL WALL MOTION ABNORMALITIES.
- > NORMAL VALVES.
- > NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.



DR. NIKHIL B INTERVENTIONAL CARDIOLOGIST NB/mm



Name	Mr. RAJESH NAIK K	ID	MED410003360
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Ref Doctor	MediWheel		

# X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

*<u>Impression</u>*: No significant abnormality detected.

DR. MOHAN. B (DMRD, DNB, EDIR, FELLOW IN CARDIAC MRI) CONSULTANT RADIOLOGIST