Name	: Mrs. ANITHA K K
PID No.	: MED410033878
SID No.	: 712415965
Age / Sex	: 47 Year(s) / Female
Туре	: OP
Ref. Dr	: MediWheel

Register On	:	27/05/2024 8:40 AM
Collection On	:	27/05/2024 8:56 AM
Report On	:	28/05/2024 2:17 PM
Printed On	:	28/05/2024 6:42 PM



Investigation

IMMUNOHAEMATOLOGY

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

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



<u>Unit</u>

sultant H ologist 3.1 KMC No: 86542 APPROVED BY

Biological Reference Interval

Name PID No. SID No. Age / Sex Type Ref. Dr	: Mrs. ANITHA K K : MED410033878 : 712415965 : 47 Year(s) / Female : OP : MediWheel	Collection On : 27 Report On : 28	05/2024 8:40 AM /05/2024 8:56 AM /05/2024 2:17 PM /05/2024 6:42 PM	DIAGNOSTICS
<u>Investiga</u> <u>HAEN</u>	ation <u>IATOLOGY</u>	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
<u>Complet</u>	e Blood Count With - ESR			
Haemog (EDTA Bl	lobin ood/Spectrophotometry)	11.9	g/dL	12.5 - 16.0
	RETATION: Haemoglobin values , renal failure etc. Higher values are			bin values may be due to nutritional deficiency, s, hypoxia etc.
PCV (Pa	cked Cell Volume) / Haemato	-	%	37 - 47
RBC Co (EDTA Bl	unt ood/Automated Blood cell Counter)	4.25	mill/cu.mm	4.2 - 5.4
	Iean Corpuscular Volume) ood/Derived from Impedance)	83.0	fL	78 - 100
	Iean Corpuscular Haemoglobis ood/Derived)	n) 28.1	pg	27 - 32
concentr	Mean Corpuscular Haemoglol ation) ood/Derived)	bin 34.0	g/dL	32 - 36
RDW-C (Derived)	V	13.8	%	11.5 - 16.0
(Derived)	D	40.09	fL	39 - 46
	BC Count (TC) ood/Derived from Impedance)	8190	cells/cu.mm	4000 - 11000
Neutropl (Blood/Imp	hils vedance Variation & Flow Cytometry	63	%	40 - 75
Lympho (Blood/Imp	cytes vedance Variation & Flow Cytometry	28	%	20 - 45
Eosinopl (Blood/Imp	hils pedance Variation & Flow Cytometry	03	%	01 - 06





Name	: Mrs. ANITHA K K		
PID No.	: MED410033878	Register On : 27/05/2024 8:40 AM	\sim
SID No.	: 712415965	Collection On : 27/05/2024 8:56 AM	
Age / Sex	: 47 Year(s) / Female	Report On : 28/05/2024 2:17 PM	medall
Туре	: OP	Printed On : 28/05/2024 6:42 PM	DIAGNOSTICS
Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
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)	5.16	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.29	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.25	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.49	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)	280	10^3 / µl	150 - 450
MPV (Blood/Derived)	9.9	fL	8.0 - 13.3
РСТ	0.28	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/Automated ESR analyser)	10	mm/hr	< 20





Name	: Mrs. ANITHA K K
PID No.	: MED410033878
SID No.	: 712415965
Age / Sex	: 47 Year(s) / Female
Туре	: OP
Ref. Dr	: MediWheel

Register On	:	27/05/2024 8:40 AM
Collection On	:	27/05/2024 8:56 AM
Report On	:	28/05/2024 2:17 PM
Printed On	:	28/05/2024 6:42 PM



<u>Observed</u> Unit **Biological** Investigation Reference Interval Value **BIOCHEMISTRY** Liver Function Test Bilirubin(Total) 0.4 mg/dL 0.1 - 1.2 (Serum/Diazotized Sulfanilic Acid) Bilirubin(Direct) 0.1 0.0 - 0.3 mg/dL (Serum/Diazotized Sulfanilic Acid) Bilirubin(Indirect) 0.30 mg/dL 0.1 - 1.0 (Serum/Derived) **Total Protein** 6.8 gm/dl 6.0 - 8.0 (Serum/Biuret) 3.5 - 5.2 Albumin 4.8 gm/dl (Serum/Bromocresol green) Globulin 2.00 gm/dL 2.3 - 3.6 (Serum/Derived) 1.1 - 2.2 2.40 A : G Ratio (Serum/Derived) INTERPRETATION: Remark : Electrophoresis is the preferred method SGOT/AST (Aspartate Aminotransferase) 26 U/L 5 - 40 (Serum/IFCC / Kinetic) SGPT/ALT (Alanine Aminotransferase) 19 U/L 5 - 41 (Serum/IFCC / Kinetic) U/L 42 - 98 Alkaline Phosphatase (SAP) 74 (Serum/PNPP / Kinetic) GGT(Gamma Glutamyl Transpeptidase) 34 U/L < 38





The results pertain to sample tested.

(Serum/IFCC / Kinetic)

Name	: Mrs. ANITHA K K		
PID No.	: MED410033878	Register On : 27/05/2024 8:40 AM	\sim
SID No.	: 712415965	Collection On : 27/05/2024 8:56 AM	
Age / Sex	: 47 Year(s) / Female	Report On : 28/05/2024 2:17 PM	medall
Туре	: OP	Printed On : 28/05/2024 6:42 PM	DIAGNOSTICS
Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/ <i>Oxidase / Peroxidase method</i>)	184	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	188	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)	34	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/ <i>Calculated</i>)	112.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/Calculated)	37.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	150.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220





Name	: Mrs. ANITHA K K			
PID No.	: MED410033878	Register On	: 27/05/2024 8:40 AM	\sim
SID No.	: 712415965	Collection On	: 27/05/2024 8:56 AM	
Age / Sex	: 47 Year(s) / Female	Report On	: 28/05/2024 2:17 PM	medall
Туре	: OP	Printed On	: 28/05/2024 6:42 PM	DIAGNOSTICS
Ref. Dr	: MediWheel			

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
INTERPRETATION: 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)	5.4		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)	5.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0





Name	: Mrs. ANITHA K K			
PID No.	: MED410033878	Register On	: 27/05/2024 8:40 AM	\sim
SID No.	: 712415965	Collection On	: 27/05/2024 8:56 AM	
Age / Sex	: 47 Year(s) / Female	Report On	: 28/05/2024 2:17 PM	medall
Туре	: OP	Printed On	: 28/05/2024 6:42 PM	DIAGNOSTICS
Ref. Dr	: MediWheel			
Investia	ation	Obs	erved Linit	Biological

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/ <i>HPLC</i>)	6.3	%	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 134.11 mg/dl

(Whole Blood)

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.





Name	: Mrs. ANITHA K K		
PID No.	: MED410033878	Register On : 27/05/2024 8:40 AM	\sim
SID No.	: 712415965	Collection On : 27/05/2024 8:56 AM	
Age / Sex	: 47 Year(s) / Female	Report On : 28/05/2024 2:17 PM	medall
Туре	: OP	Printed On : 28/05/2024 6:42 PM	DIAGNOSTICS
Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
BUN / Creatinine Ratio	13.2		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	112	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)	106	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)	11.9	mg/dL	7.0 - 21
Creatinine (Serum/ <i>Jaffe Kinetic</i>)	0.9	mg/dL	0.6 - 1.1

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	4.2	mg/dL	2.6 - 6.0
-----------	-----	-------	-----------

(Serum/Uricase/Peroxidase)





<u>Investiga</u> IMMU	ation JNOASSAY	<u>Observed</u> <u>Unit</u> <u>Value</u>	<u>Biological</u> <u>Reference Interval</u>
Ref. Dr	: MediWheel		
Туре	: OP	Printed On : 28/05/2024 6:42 PM	DIAGNOSTICS
Age / Sex	: 47 Year(s) / Female	Report On : 28/05/2024 2:17 PM	medall
SID No.	: 712415965	Collection On : 27/05/2024 8:56 AM	
PID No.	: MED410033878	Register On : 27/05/2024 8:40 AM	\sim
Name	: Mrs. ANITHA K K		

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.04	ng/ml	0.7 - 2.04
INTERPRETATION: Comment : Total T3 variation can be seen in other condition like pres Metabolically active.	gnancy, drugs, nep	hrosis etc. In such cases, F	Free T3 is recommended as it is
T4 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	8.62	Microg/dl	4.2 - 12.0
INTERPRETATION: Comment : Total T4 variation can be seen in other condition like prea Metabolically active.	gnancy, drugs, nep	hrosis etc. In such cases, F	Free T4 is recommended as it is
TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	4.000	µIU/mL	0.35 - 5.50
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 Iod	ine intake. TPO sta	utus. Serum HCG concentr	ation, race, Ethnicity and BMI.
2.TSH Levels are subject to circadian variation, reaching	,	,	

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.





Name	: Mrs. ANITHA K K		
PID No.	: MED410033878	Register On : 27/05/2024 8	:40 AM
SID No.	: 712415965	Collection On : 27/05/2024	
Age / Sex	: 47 Year(s) / Female	Report On : 28/05/2024	2:17 PM medall
Туре	: OP	Printed On : 28/05/2024	6:42 PM DIAGNOSTICS
Ref. Dr	: MediWheel		

Investigation <u>CLINICAL PATHOLOGY</u>	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
PHYSICAL EXAMINATION			
Colour (Urine/Physical examination)	Pale Yellow		Yellow to Amber
Volume (Urine/Physical examination)	10		ml
Appearance (Urine)	Clear		
CHEMICAL EXAMINATION			
pH (Urine)	6.5		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.025		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
Blood (Urine)	Nil		Nil





Name	: Mrs. ANITHA K K		
PID No.	: MED410033878	Register On : 27/05/2024 8:40 AM	\sim
SID No.	: 712415965	Collection On : 27/05/2024 8:56 AM	
Age / Sex	: 47 Year(s) / Female	Report On : 28/05/2024 2:17 PM	medall
Туре	: OP	Printed On : 28/05/2024 6:42 PM	DIAGNOSTICS
Ref. Dr	: MediWheel		

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





-- End of Report --

Name	: Mrs. ANITHA K K
PID No.	: MED410033878
SID No.	: 712415965
Age / Sex	: 47 Year(s) / Female
Ref. Dr	: MediWheel



Register On	:	27/05/2024 8:40 AM
Collection On	:	27/05/2024 8:56 AM
Report On	:	28/05/2024 2:17 PM
Printed On	:	28/05/2024 6:42 PM
Туре	:	OP

PAP Smear by LBC(Liquid based Cytology)

PAP Smear by LBC(Liquid based Cytology)

Pap smear by conventional method.

Specimen No:P-208/24

Adequacy: Satisfactory for Evaluation

Transformation zone seen Predominant cells : Smears studied shows predominantly superficial and intermediate squamous cells with benign endocervical cell clusters.

Occasional squamous metaplastic cells seen .

Background : Moderate neutrophilic inflamatory infiltrate and shift in normal vaginal flora.

Impression : Shift in bacterial vaginal flora suggestive of bacterial vaginosis.

Negative for Intraepithelial Lesions / Malignancy

Note:-

PAP smear is a screening Tool. A negative test interpretation does not completely rule out malignancy and should be correlated with clinical findings. Positive findings (if any) are indicative but Not confirmatory of epithelial abnormalities and Need to be further evaluated by other diagnostic Methods such as colposcopy, biopsy and Histopathology.







Name	Mrs.ANITHA K K	ID	MED410033878
Age & Gender	47/FEMALE	Visit Date	27/05/2024
Ref Doctor Name	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. 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.

No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.5	1.9
Left Kidney	10.9	1.7

URINARY BLADDER show normal shape and wall thickness.

It has clear contents.

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern. Endometrial echo is of normal thickness 4.6 mms.

Uterus measures as follows: LS: 8.7cms AP: 4.9cms TS: 5.9cms. **OVARIES** are normal size, shape and echotexture. Right ovary measures: 2.9 x 2.3cms Left ovary measures: 3.0 x 2.4cms

POD & adnexa are free. No evidence of ascites.

IMPRESSION:

> NO SIGNIFICANT ABNORMALITY DETECTED.

REPORT DISCLAIMER

1. This is only a radiologincal imperssion. Like other investigations, radiological investication also have limitation. Therefore radiologincal reports should be interpreted in correlation with clinical and pathological findings.

5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.

7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,

8. If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.

9.Liability is limited to the extend of amount billed.

10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.

11.Disputes, if any, with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

The results reported here in are subject to interpretation by qualified medical professionals only.
 Customer identities are accepted provided by the customer or their representative.

^{4.}information about the customer's condition at the time of sample collection such as fasting, food

consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.

^{6.}Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the refrering doctor/patient can contact the respective section head of the laboratory.



Name	Mrs.ANITHA K K	ID	MED410033878
Age & Gender	47/FEMALE	Visit Date	27/05/2024
Ref Doctor Name	MediWheel		

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH

MB/MS

DR. MOHAN B

REPORT DISCLAIMER

- 1. This is only a radiologincal imperssion. Like other investigations, radiological investication also have limitation. Therefore radiologincal reports should be interpreted in correlation with clinical and pathological findings.
- 2. The results reported here in are subject to interpretation by qualified medical professionals only.
- 3.Customer identities are accepted provided by the customer or their representative.
- 4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.
- 5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.
- 6. The stresults should be interpreted in context of clinical and other findings if any. In case of any clarification /doubt, the refrering doctor/patient can contact the respective section head of the laboratory.
- 7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,
- 8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
- 9.Liability is limited to the extend of amount billed.
- 10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.
- 11.Disputes, if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.



Name	Mrs. ANITHA K K	ID	MED410033878
Age & Gender	47Y/F	Visit Date	May 27 2024 8:39AM
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