Medical Summary

M. Paris G	la cara		
Name: MY. Jaganna	Date of Birth: 26/9/1907	Custor	mer ID:
Ref Doctor: reed, wheel	Date of Birth: 26/9/1905 Sex: male	Date:	11/4/0
			. / /

Present Complaints: MR

rası	iiiiess.	pos
		N. ACT

Past Illness:

Major medical Illness:

Surgery: ORIF & plate and were

Of fire am - 2015

Accident: 2015 - O Rouse
Others: _

Smoking: _ Tobacco: Alcohol:

Alcohol:

Menstrual history: Obstetric history: —MA

Diet: 👁 Exercise: Leve Personality: @ Marital status:

Children: 1

Family history:

Tuberclosis:

Diabetes: Asthma:

Drug history:

Hypertension: Fafter, Matter
Heart Disease:
Others:
Present Mediantia

Present Medication

General Examination:

Height:

Conjunctiva: Oedema: —

Tongue: Phush

Throat:

Lymphnodes: not pulpulse

Weight:

Nails: 0

Allergy: -

Others: -

Skin: 📀

Eye Screening:

Vision	R/E	L/E
Distant Vision	6/1	6/1
Near Vision	N6	W6
Colour Vision	00	8

Systemic Examination:

Cardiovascular system: S152 (+1, No muchur

Peripheral Pulsations: 10, Brite

Heart: So Su(+)

Respiratory System: BL MBS(+)

Gastrointestinal System:

Higher Function:
Cranial Nerves:
Motor System:

Sensory system:
Superficial Reflexes:
Deep Reflexes:

Rectal Examination:

Others:

Impression:

To No Hypertension

Felto lives

Gaubladder biliang sludge

Diet:

Avoid excernin galt intake. Avoid only freed this in the evening.

Medication:

Advice & Follow up:

To everherch BP manually offer I week. If it's still High, can start medicature. To repeat usg abdomen offer 6 multi.

Dr. MIDHAR CARRANTETHY
Consultant General Physician
1630 28 010





Customer Name	Visit ID	Patient ID	Visit Date
		N 14 M	
1			

PARAMETERS	MEASUREMENTS
Height (Cms)	175
Weight (Kgs)	
вмі	33-2
Systolic (mm/Hg)	162
Diastolic (mm/Hg)	119
Spo2	97
Waist (Inches)	41
Hip (Inches)	48
Fat (%)	33·D
Visceral Fat (%)	20.0
Body age (Yrs)	6)
RM	2044

Medall Seal & Signature

Customer Signature

: Mr. JAGANNADHA VARMA

PID No.

: MED121726883

Register On : 11/03/2023 8:44 AM

SID No.

: 80059145

Collection On : 11/03/2023 10:20 AM

Age / Sex : 37 Year(s) / Male

Report On

: 11/03/2023 8:06 PM

Type : OP

Printed On

: 12/03/2023 2:11 PM

Ref. Dr : MediWheel

Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'B' 'Positive'		
INTERPRETATION: Reconfirm the Blood group	and Typing before	blood transfusion	
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood'Spectrophotometry)	14.1	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	40.3	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.24	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	95.2	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	33.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	34.9	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	14.0	%	11.5 - 16.0
RDW-SD (EDTA Blood'Derived from Impedance)	46.65	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	7800	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	65.4	%	40 - 75
Lymphocytes (EDTA BloodImpedance Variation & Flow Cytometry)	25.2	%	20 - 45



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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
Eosinophils (EDTA Blood'Impedance Variation & Flow Cytometry)	1.7	%	01 - 06
Monocytes (EDTA Blood'Impedance Variation & Flow Cytometry)	6.9	%	01 - 10
Basophils (EDTA Blood'Impedance Variation & Flow Cytometry)	0.8	%	00 - 02
INTERPRETATION: Tests done on Automated	Five Part cell count	er. All abnormal results	are reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood'Impedance Variation & Flow Cytometry)	5.10	10^3 / μ1	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood'Impedance Variation & Flow Cytometry)	1.97	10^3 / μ1	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.13	10^3 / μ1	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.54	10^3 / μΙ	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.06	10^3 / μ1	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	235	10^3 / μ1	150 - 450
MPV (EDTA Blood'Derived from Impedance)	9.6	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.23	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	15	mm/hr	< 15



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Investigation Observed **Unit** Biological **Value** Reference Interval BUN / Creatinine Ratio 11.9 6.0 - 22.0

Glucose Fasting (FBS) (Plasma - F/GOD-PAP)

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)

Negative

80.8

Negative

(Urine - F/GOD - POD) Glucose Postprandial (PPBS)

77.6

mg/dL

70 - 140

Negative

7.0 - 21

0.9 - 1.3

(Plasma - PP/GOD-PAP)

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.

Remark: Please correlate clinically.

Urine Glucose(PP-2 hours) Negative (Urine - PP) Blood Urea Nitrogen (BUN) 10.9 mg/dL (Serum/Urease UV / derived) Creatinine 0.92 mg/dL

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

6.7

mg/dL

3.5 - 7.2

(Serum/Enzymatic) Liver Function Test

(Serum/Modified Jaffe)

Bilirubin(Total) (Serum/DCA with ATCS) 0.82

mg/dL

0.1 - 1.2



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Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
Bilirubin(Direct) (Scrum/Diazotized Sulfanilic Acid)	0.27	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.55	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	28.6	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	39.9	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	96.7	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	111.0	U/L	53 - 128
Total Protein (Serum/Biuret)	7.59	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.24	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.35	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.27		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	166.7	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	80.7	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500



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Investigation

: MediWheel

Observed Value

Unit

Biological Reference Interval

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) 49.8

mg/dL

Optimal(Negative Risk Factor): >=

Borderline: 40 - 59 High Risk: < 40

LDL Cholesterol (Serum/Calculated)

100.8

mg/dL

Optimal: < 100

Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189

Very High: >= 190

VLDL Cholesterol (Serum/Calculated)

16.1

mg/dL

< 30

Non HDL Cholesterol

(Serum/Calculated)

116.9

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

3.3

Ratio (Serum/Calculated) 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



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Report On **Printed On**

: 11/03/2023 8:06 PM 12/03/2023 2:11 PM

Ref. Dr

: MediWheel

Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/HPLC)	5.3	%	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 % and the control is 2.1 % and 2.2 % and 2.2 % are control is 2.2 % are control is 2.2 % and 2.2 % are control is 2.2 % ar

Estimated Average Glucose

105.41

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 HbAlc.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total

1.07

ng/ml

0.7 - 2.04

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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.



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Printed On

12/03/2023 2:11 PM

Ref. Dr

: MediWheel

Observed **Unit** Biological **Value** Reference Interval

T4 (Tyroxine) - Total

Investigation

10.35

μg/dl

4.2 - 12.0

(Serum/Chemiluminescent Immunometric Assay

(CLIA))

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)

2.27

μIU/mL

0.35 - 5.50

(Serum/Chemiluminescent Immunometric Assay

(CLIA))

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.

Urine Analysis - Routine

COLOUR

Yellow

Yellow to Amber

(Urine)

APPEARANCE

Clear

Clear

(Urine) Protein

(Urine/Protein error of indicator)

Negative

Negative

Glucose

Negative

Negative

(Urine/GOD - POD) Pus Cells

NIL

(Urine/Automated - Flow cytometry)

Occasional



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/hpf

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: MediWheel

Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
Epithelial Cells (Urinc/Automated – Flow cytometry)	Occasional	/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
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.



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-- End of Report --

The results pertain to sample tested.

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Name	MR.JAGANNADHA VARMA	ID	MED121726883
Age & Gender	37Y/MALE	Visit Date	11/03/2023
Ref Doctor	MediWheel		

<u>ULTRASOUND SCAN</u>

WHOLE ABDOMEN

Liver is normal in size and shows homogenously increased parenchymal echoes with no focal abnormality.

There is no intra or extra hepatic biliary ductal dilatation. Portal vein and IVC are normal.

Gall bladder is normal sized and shows biliary sludge. 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 14.9 x 5.0 cm.

Left kidney measures 11.9 x 5.8 cm.

Ureters are not dilated.

No abnormality is seen in the region of the adrenal glands.

No para aortic lymphadenopathy is seen.

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

Prostate is normal in size, measures 3.4 x 2.9 x 2.7 cm (vol-14cc) Echotexture is homogenous.

Seminal vesicles is normal.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.



Name	MR.JAGANNADHA VARMA	ID	MED101706000
A = 0 - C = -1		ID .	MED121726883
Age & Gender	37Y/MALE	Visit Date	11/03/2023
Ref Doctor	MediWheel	Tible Duce	11/03/2023

IMPRESSION:

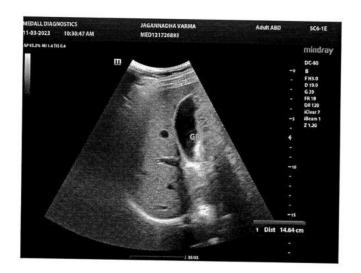
Fatty liver.Gall bladder biliary sludge.

Dr. SUMITHA SONOLOGIST

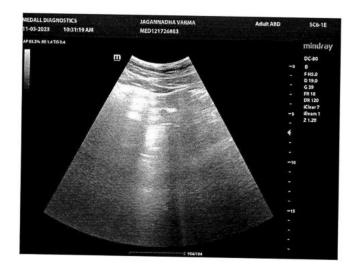


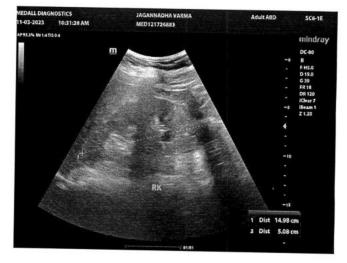
Medall Healthcare Pvt Ltd No:191, Poonamalle High Road (Near Taylors Road Signal)

Name	MR.JAGANNADHA VARMA	ID	MED121726883
Age & Gender	37Y/MALE	Visit Date	11/02/0000
Ref Doctor	MediWheel		11/03/2023





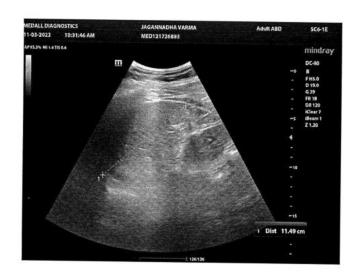


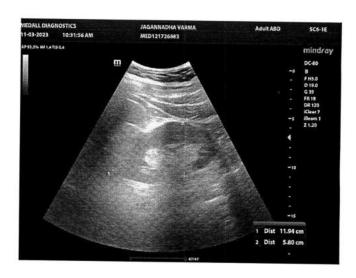


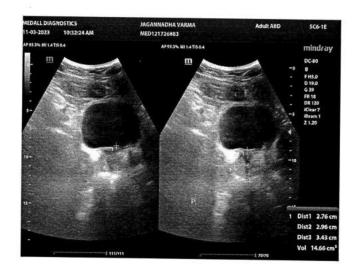


Medall Healthcare Pvt Ltd No:191, Poonamalle High Road (Near Taylors Road Signal)

Name	MR.JAGANNADHA VARMA	ID	MED121726883
Age & Gender	37Y/MALE	Visit Date	11/03/2023
Ref Doctor	MediWheel		11/03/2023









Name	MR.JAGANNADHA VARMA	ID	MED121726883
Age & Gender	37Y/MALE	Visit Date	11/03/2023
Ref Doctor	MediWheel		,

ECHO CARDIOGRAM REPORT

2D ECHO STUDY:

- Normal chamber dimensions.
- 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:

- NORMAL LV / RV SIZE AND SYSTOLIC FUNCTION. (EF: 65%)
- NO REGIONAL WALL MOTION ABNORMALITY.
- NORMAL VALVES FOR AGE.
- NORMAL DIASTOLIC COMPLIANCE.
- NORMAL COLOUR FLOW STUDIES.

LEFT VENTRICULAR MEASUREMENT:

DIMENSIONS NORMAL	DIMENSIONS	NORMAL
AO (ed)- 2.5cm(1.5cm/3.5cm)	IVS (ed) - 0.9cm	(0.6cm/1.2cm)
LA (ed)- 2.6cm(1.5cm/3.5cm)	LVPW(ed) - 0.8cm	(0.6cm/1.1cm)
RVID(ed)- 1.2cm(0.9cm/2.8cm)	EF 65 %	(62 %-85 %)
LVID (ed)- 4.7cm(2.6cm/5.5cm)	FS 36 %	
LVID (es)- 3.0cm		



Name	MR.JAGANNADHA VARMA	ID	MED121726883
Age & Gender	37Y/MALE	Visit Date	11/03/2023
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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

Left Atrium : Normal

PERICARDIUM:

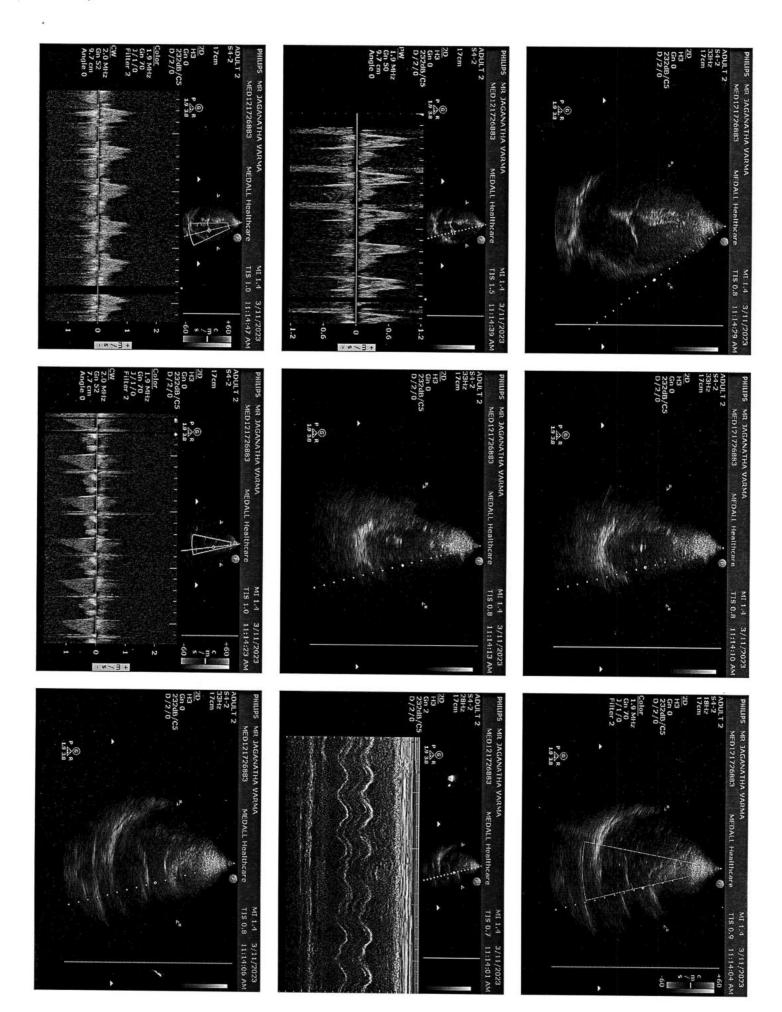
Normal.

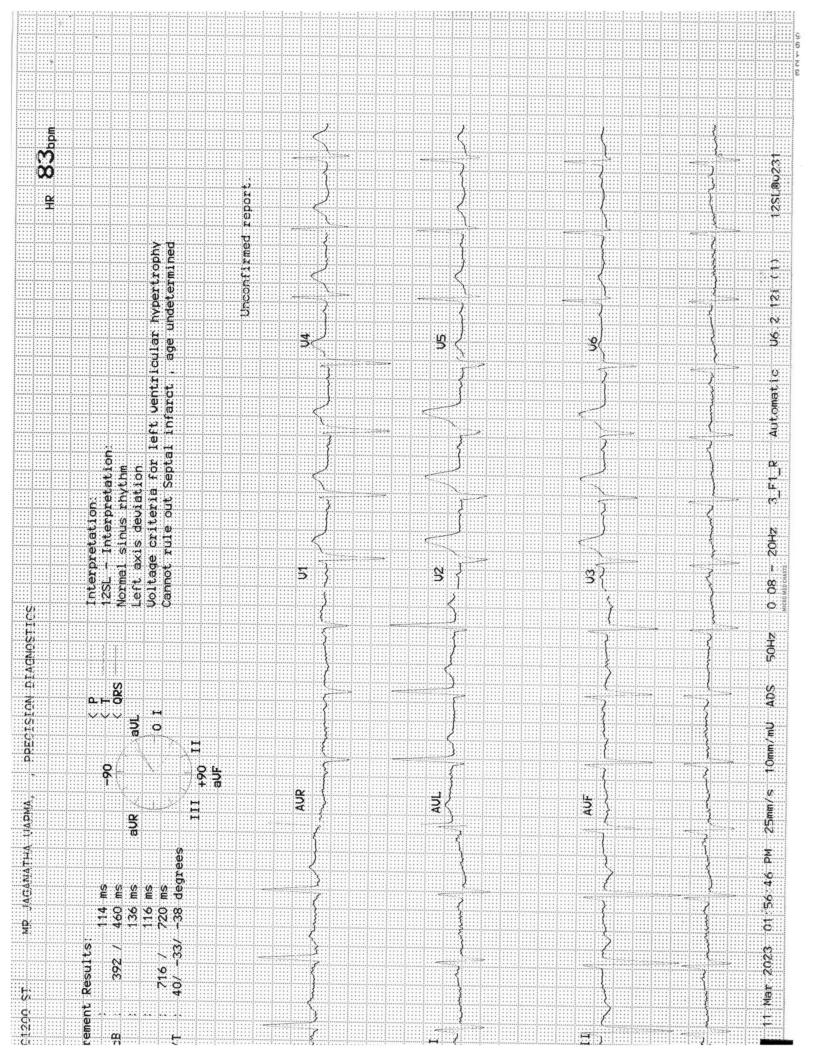
DOPPLER STUDY:

Continuous Wave Doppler & Colour Flow Study:

> Normal colour flow studies.

P. VIJAYA LAKSHMI ECHO TECHNICIAN







Name	JAGANNADHA VARMA	Customer ID	MED121726883
Age & Gender	37Y/M	Visit Date	Mar 11 2023 8:44AM
Ref Doctor	MediWheel		11 2023 0.44/AIVI

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. D. Vignesh Kumar MBBS, DNB(RD) Consultant Radiologist