

Rate 73 . Sinus rhythm.....normal P axis, V-rate 50- 99
 . Incomplete left bundle branch block.....QRSd>110mS, terminal axis(-90,-1)
 PR 168 . Baseline wander in lead(s) I,aVL
 QRSD 108
 QT 401
 QTc 442

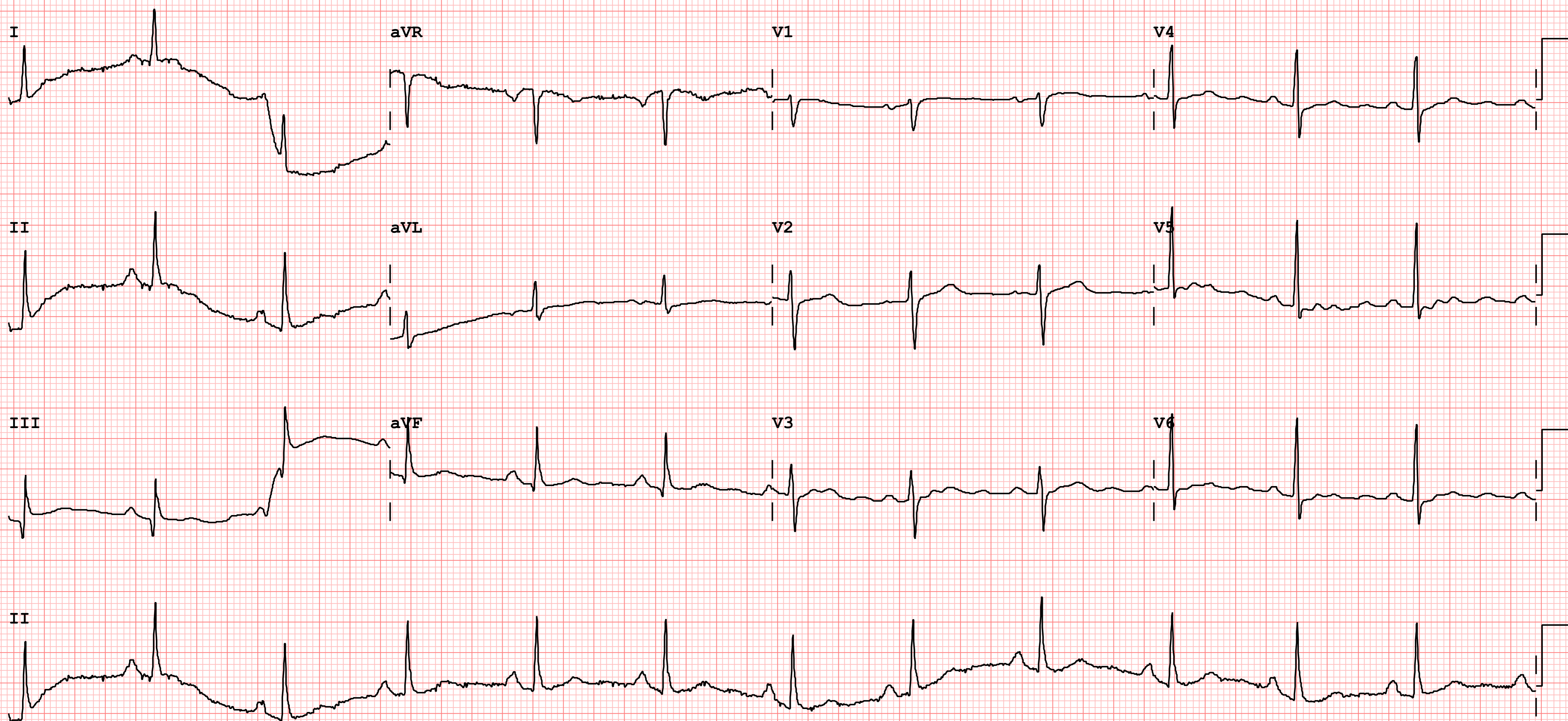
--AXIS--

P 64
 QRS 48
 T 61

- ABNORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis





NAME	MRS Anju AGARWAL	STUDY DATE	07/10/2023 1:11PM
AGE / SEX	56 y / F	HOSPITAL NO.	MH011392099
ACCESSION NO.	NM10200030	MODALITY	US
REPORTED ON	09/10/2023 11:03AM	REFERRED BY	Health Check MHD

2D ECHOCARDIOGRAPHY REPORT

Findings:

	End diastole	End systole
IVS thickness (cm)	0.9	1.2
Left Ventricular Dimension (cm)	4.4	2.6
Left Ventricular Posterior Wall thickness (cm)	0.9	1.1
Aortic Root Diameter (cm)	2.5	
Left Atrial Dimension (cm)	3.0	
Left Ventricular Ejection Fraction (%)	55%	

LEFT VENTRICLE	:	Normal in size. No RWMA. LVEF= 55%
RIGHT VENTRICLE	:	Normal in size. Normal RV function.
LEFT ATRIUM	:	Normal in size
RIGHT ATRIUM	:	Normal in size
MITRAL VALVE	:	Trace MR.
AORTIC VALVE	:	Normal
TRICUSPID VALVE	:	Trace TR (PASP ~ 26 mmHg)
PULMONARY VALVE	:	Normal
MAIN PULMONARY ARTERY & ITS BRANCHES	:	Appears normal.
INTERATRIAL SEPTUM	:	Intact.
INTERVENTRICULAR SEPTUM	:	Intact.
PERICARDIUM	:	No pericardial effusion or thickening

DOPPLER STUDY

VALVE	Peak Velocity (cm/sec)	Maximum P.G. (mmHg)	Mean P. G. (mmHg)	Regurgitation	Stenosis
MITRAL	E= 59 A=82	-	-	Trace	Nil
AORTIC	144	-	-	Nil	Nil
TRICUSPID	-	N	N	Trace	Nil
PULMONARY	89	N	N	Nil	Nil

SUMMARY & INTERPRETATION:

- o No LV regional wall motion abnormality with LVEF = 55%



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GST: 07AAAAH3917LIZM

PAN NO: AAAAH3917L

NAME	MRS Anju AGARWAL	STUDY DATE	07/10/2023 1:11PM
AGE / SEX	56 y / F	HOSPITAL NO.	MH011392099
ACCESSION NO.	NM10200030	MODALITY	US
REPORTED ON	09/10/2023 11:03AM	REFERRED BY	Health Check MHD

- o Normal sized RA/RV/LV/LA with no chamber hypertrophy. Normal RV function.
- o Trace MR.
- o Trace TR (PASP ~ 26 mmHg)
- o Grade I diastolic dysfunction.
- o IVC normal in size, >50% collapse with inspiration, suggestive of normal RA pressure.
- o No clot/ no vegetation/ no pericardial effusion.

Please correlate clinically.

Dr. Sarita Gulati MD, DM DMC No.22600

Senior Interventional Cardiologist

*******End Of Report*******



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Human Care Medical Charitable Trust

Registered Office: Sector-6, Dwarka, New Delhi 110 075

Department Of Laboratory Medicine

Name : MRS ANJU AGARWAL **Age** : 55 Yr(s) Sex :Female
Registration No : MH011392099 **Lab No** : 32231002638
Patient Episode : H03000057081 **Collection Date** : 07 Oct 2023 10:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 07 Oct 2023 13:18
Receiving Date : 07 Oct 2023 11:02

BIOCHEMISTRY

THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	1.160	ng/ml	[0.400-1.810]
T4 - Thyroxine (ECLIA)	8.520	µg/dl	[4.600-12.000]
Thyroid Stimulating Hormone (ECLIA)	3.840	µIU/mL	[0.340-4.250]

1st Trimester:0.6 - 3.4 micIU/mL
2nd Trimester:0.37 - 3.6 micIU/mL
3rd Trimester:0.38 - 4.04 micIU/mL

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.

* References ranges recommended by the American Thyroid Association

- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
- 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

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Department Of Laboratory Medicine

Name : MRS ANJU AGARWAL **Age** : 55 Yr(s) Sex :Female
Registration No : MH011392099 **Lab No** : 32231002638
Patient Episode : H03000057081 **Collection Date** : 07 Oct 2023 10:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 07 Oct 2023 12:53
Receiving Date : 07 Oct 2023 11:02

BIOCHEMISTRY

Lipid Profile (Serum)

TOTAL CHOLESTEROL (CHOD/POD)	171	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	125	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct) Methodology: Homogenous Enzymatic	40	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	25	mg/dl	[10-40]
(CALCULATED) LDL- CHOLESTEROL	106	#mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	4.3		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	2.7		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.

Technical Notes:
Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of these tests can identify certain genetic

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Department Of Laboratory Medicine

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Receiving Date : 07 Oct 2023 11:02

BIOCHEMISTRY

diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases.

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (Diazonium Ion)	0.76	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (Diazotization)	0.26	mg/dl	[0.00-0.30]
BILIRUBIN - INDIRECT (Calculated)	0.50	mg/dl	[0.20-1.00]
SGOT/ AST (UV without P5P)	15.6	IU/L	[10.0-35.0]
SGPT/ ALT (UV without P5P)	19.6	IU/L	[0.0-33.0]
ALP (p-NPP,kinetic)*	98	IU/L	[41-108]
TOTAL PROTEIN (Biuret)	7.8	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.3	g/dl	[3.5-5.2]
SERUM GLOBULIN (Calculated)	3.5 #	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio(Calculated)	1.23		[1.10-1.80]

Technical Notes:

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

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Receiving Date : 07 Oct 2023 11:02

BIOCHEMISTRY

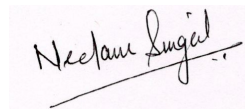
Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	9.00	mg/dl	[6.00-20.00]
SERUM CREATININE (Jaffe's method)	0.53 #	mg/dl	[0.60-1.40]
SERUM URIC ACID (Uricase)	4.7	mg/dl	[2.6-6.0]
SERUM CALCIUM (NM-BAPTA)	9.95	mg/dl	[8.00-10.50]
SERUM PHOSPHORUS (Molybdate, UV)	3.5	mg/dl	[2.5-4.5]
SERUM SODIUM (ISE)	138.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.74	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE Indirect)	101.7	mmol/L	[95.0-105.0]
eGFR	107.2	ml/min/1.73sq.m	[>60.0]

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

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-----END OF REPORT-----



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

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Department Of Laboratory Medicine

Name : MRS ANJU AGARWAL **Age** : 55 Yr(s) Sex :Female
Registration No : MH011392099 **Lab No** : 32231002639
Patient Episode : H03000057081 **Collection Date** : 07 Oct 2023 14:50
Referred By : HEALTH CHECK MHD **Reporting Date** : 09 Oct 2023 09:05
Receiving Date : 07 Oct 2023 15:37

BIOCHEMISTRY

Specimen Type : Plasma

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 121 mg/dl [70-140]

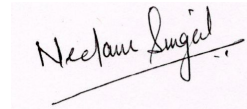
Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Specimen Type : Serum/Plasma

Plasma GLUCOSE-Fasting (Hexokinase) 103 mg/dl [74-106]

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-----END OF REPORT-----



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

Human Care Medical Charitable Trust

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Department Of Laboratory Medicine

Name : MRS ANJU AGARWAL **Age** : 55 Yr(s) Sex :Female
Registration No : MH011392099 **Lab No** : 33231001825
Patient Episode : H03000057081 **Collection Date** : 07 Oct 2023 10:10
Referred By : HEALTH CHECK MHD **Reporting Date** : 07 Oct 2023 14:50
Receiving Date : 07 Oct 2023 11:12

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR 4.0 mm/1sthour [0.0-20.0]

Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	Result	Unit	Biological Ref. Interval
COMPLETE BLOOD COUNT (EDTA Blood)			
WBC Count (Flow cytometry)	9320	/cu.mm	[4000-10000]
RBC Count (Impedence)	5.93 #	million/cu.mm	[3.80-4.80]
Haemoglobin (SLS Method)	11.8 #	g/dL	[12.0-15.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	37.0	%	[36.0-46.0]
MCV (Calculated)	62.4 #	fL	[83.0-101.0]
MCH (Calculated)	19.9 #	pg	[25.0-32.0]
MCHC (Calculated)	31.9	g/dL	[31.5-34.5]
Platelet Count (Impedence)	367000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	16.2 #	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	69.8	%	[40.0-80.0]
Lymphocytes (Flowcytometry)	22.5	%	[20.0-40.0]

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Department Of Laboratory Medicine

Name : MRS ANJU AGARWAL **Age** : 55 Yr(s) Sex :Female
Registration No : MH011392099 **Lab No** : 33231001825
Patient Episode : H03000057081 **Collection Date** : 07 Oct 2023 10:10
Referred By : HEALTH CHECK MHD **Reporting Date** : 07 Oct 2023 12:11
Receiving Date : 07 Oct 2023 11:12

HAEMATOLOGY

Monocytes (Flowcytometry)	6.2	%	[2.0-10.0]
Eosinophils (Flowcytometry)	1.1	%	[1.0-6.0]
Basophils (Flowcytometry)	0.4 #	%	[1.0-2.0]
IG	0.50	%	
Neutrophil Absolute(Flouorescence flow cytometry)	6.5	/cu mm	[2.0-7.0]x10 ³
Lymphocyte Absolute(Flouorescence flow cytometry)	2.1	/cu mm	[1.0-3.0]x10 ³
Monocyte Absolute(Flouorescence flow cytometry)	0.6	/cu mm	[0.2-1.2]x10 ³
Eosinophil Absolute(Flouorescence flow cytometry)	0.1	/cu mm	[0.0-0.5]x10 ³
Basophil Absolute(Flouorescence flow cytometry)	0.0	/cu mm	[0.0-0.1]x10 ³

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

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-----END OF REPORT-----

Dr.Himansha Pandey



Human Care Medical Charitable Trust

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Department Of Laboratory Medicine

Name : MRS ANJU AGARWAL **Age** : 55 Yr(s) Sex :Female
Registration No : MH011392099 **Lab No** : 38231000528
Patient Episode : H03000057081 **Collection Date** : 07 Oct 2023 10:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 07 Oct 2023 15:45
Receiving Date : 07 Oct 2023 13:19

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
CHEMICAL EXAMINATION		
Reaction[pH] (Reflectancephotometry (Indicator Method))	5.0	(5.0-9.0)
Specific Gravity (Reflectancephotometry (Indicator Method))	1.005	(1.003-1.035)
Bilirubin	Negative	NEGATIVE
Protein/Albumin (Reflectance photometry (Indicator Method)/Manual SSA)	Negative	(NEGATIVE-TRACE)
Glucose (Reflectance photometry (GOD-POD/Benedict Method))	NOT DETECTED	(NEGATIVE)
Ketone Bodies (Reflectance photometry (Legal's Test)/Manual Rotheras)	NOT DETECTED	(NEGATIVE)
Urobilinogen Reflectance photometry/Diazonium salt reaction	NORMAL	(NORMAL)
Nitrite Reflectance photometry/Griess test	NEGATIVE	NEGATIVE
Leukocytes Reflectance photometry/Action of Esterase	NIL	NEGATIVE
BLOOD (Reflectance photometry (peroxidase))	NIL	NEGATIVE
MICROSCOPIC EXAMINATION (Manual) Method: Light microscopy on centrifuged urine		
WBC/Pus Cells	2-3/hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	2-4 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

Interpretation:

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Human Care Medical Charitable Trust

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Department Of Laboratory Medicine

Name : MRS ANJU AGARWAL **Age** : 55 Yr(s) Sex :Female
Registration No : MH011392099 **Lab No** : 38231000528
Patient Episode : H03000057081 **Collection Date** : 07 Oct 2023 10:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 07 Oct 2023 15:45
Receiving Date : 07 Oct 2023 13:19

CLINICAL PATHOLOGY

URINALYSIS--Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.

Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.

Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most Common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

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-----END OF REPORT-----

Dr.Himansha Pandey

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Department Of Laboratory Medicine

Name : MRS ANJU AGARWAL **Age** : 55 Yr(s) Sex :Female
Registration No : MH011392099 **Lab No** : 31231000315
Patient Episode : H03000057081 **Collection Date** : 07 Oct 2023 10:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 07 Oct 2023 12:38
Receiving Date : 07 Oct 2023 11:34

Department of Transfusion Medicine (Blood Bank)

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)
Specimen-Blood

Blood Group & Rh Typing (Agglutination by gel/tube technique)

Blood Group & Rh typing B Rh(D) Negative
Weak D Negative

Antibody Screening (Microtyping in gel cards using reagent red cells)

Final Antibody Screen Result Negative

Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

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-----END OF REPORT-----



Dr Himanshu Lamba

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Department Of Laboratory Medicine

Name : MRS ANJU AGARWAL **Age** : 55 Yr(s) Sex :Female
Registration No : MH011392099 **Lab No** : 32231002638
Patient Episode : H03000057081 **Collection Date** : 07 Oct 2023 10:09
Referred By : HEALTH CHECK MHD **Reporting Date** : 07 Oct 2023 13:55
Receiving Date : 07 Oct 2023 11:14

BIOCHEMISTRY

Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin) 5.4 %
As per American Diabetes Association (ADA) 2010 [4.0-6.5]
HbA1c in %
Non diabetic adults : < 5.6 %
Prediabetes (At Risk) : 5.7 % - 6.4 %
Diabetic Range : > 6.5 %
Methodology High-Performance Liquid Chromatography (HPLC)
Estimated Average Glucose (eAG) 108 mg/dl

Use :

1. Monitoring compliance and long-term blood glucose level control in patients with diabetes.
2. Index of diabetic control (direct relationship between poor control and development of complications).
3. Predicting development and progression of diabetic microvascular complications.

Limitations :

1. A1C values may be falsely elevated or decreased in those with chronic kidney disease.
2. False elevations may be due in part to analytical interference from carbamylated hemoglobin formed in the presence of elevated concentrations of urea, with some assays.
3. False decreases in measured A1C may occur with hemodialysis and altered red cell turnover, especially in the setting of erythropoietin treatment

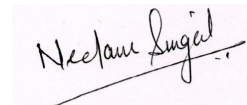
References : Rao.L.V., Michael Snyder.L. (2021). Wallach's Interpretation of Diagnostic Tests. 11th Edition. Wolterkluwer. Nader Rifai, Andrea Rita Horvath, Carl T. Wittwer.

(2018) Teitz Text book

of Clinical Chemistry and Molecular Diagnostics. First edition, Elsevier, South Asia.

Page 2 of 2

-----END OF REPORT-----



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

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NAME	MRS Anju AGARWAL	STUDY DATE	07/10/2023 11:53AM
AGE / SEX	55 y / F	HOSPITAL NO.	MH011392099
ACCESSION NO.	R6214627	MODALITY	US
REPORTED ON	07/10/2023 1:49PM	REFERRED BY	Health Check MHD

USG WHOLE ABDOMEN

Results:

Liver is enlarged in size (~ 18.4 cm) and shows grade I fatty changes. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder appears echofree with normal wall thickness. Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

Spleen is normal in size (~ 10.1 cm)and echopattern.

Both kidneys are normal in position, size (RK ~ 9.8 cm and LK ~9.5 cm) and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

Uterus is post menopausal status (~7.9 x 3.1 x 5.0 cm). Myometrial echogenicity appears uniform. Endometrium is central (ET ~ 4.2 mm).

No significant free fluid is detected.

IMPRESSION:

- **Hepatomegaly.**
- **Fatty liver.**

Kindly correlate clinically

Dr. Divya Jain MBBS, DNB DMC No.7955

ASSOCIATE CONSULTANT



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Sector-6, Dwarka, New Delhi 110 075

GST: 07AAAAH3917LIZM PAN NO: AAAAH3917L

NAME	MRS Anju AGARWAL	STUDY DATE	07/10/2023 11:53AM
AGE / SEX	55 y / F	HOSPITAL NO.	MH011392099
ACCESSION NO.	R6214627	MODALITY	US
REPORTED ON	07/10/2023 1:49PM	REFERRED BY	Health Check MHD

*****End Of Report*****



NABH Accredited Hospital
H-2019-0640/09/06/2019-08/06/2022



NABL Accredited Hospital
MC/3228/04/09/2019-03/09/2021



Awarded Emergency Excellence Services
E-2019-0026/27/07/2019-26/07/2021



Awarded Nursing Excellence Services
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Awarded Clean & Green Hospital
IND18.6278/05/12/2018- 04/12/2019

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NAME	MRS Anju AGARWAL	STUDY DATE	07/10/2023 10:36AM
AGE / SEX	55 y / F	HOSPITAL NO.	MH011392099
ACCESSION NO.	R6214628	MODALITY	CR
REPORTED ON	07/10/2023 1:47PM	REFERRED BY	Health Check MHD

X-RAY CHEST – PA VIEW

Unfolded aorta.

Cardia appears normal.

Lung fields appear normal on both sides.

Both costophrenic angles appear normal.

Both domes of the diaphragm appear normal.

Bony cage appear normal.

IMPRESSION: No significant abnormality noted.

Kindly correlate clinically.

Dr. Simran Singh DNB, FRCR(UK) DMC NO.36404

CONSULTANT RADIOLOGIST

*******End Of Report*******



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