

Customer Name	MR.PALANIAPPAN A L	Customer ID	MED111034442
Age & Gender	41Y/MALE	Visit Date	26/03/2022
Ref Doctor	MediWheelCORPORATE		

Personal Health Report

General Examination:

Height: 167.0 cms Weight: 55.0 kg

BMI : 19.7 kg/m^2

BP: 110/70 mmhg

Pulse: 78/min, regular

Systemic Examination:

CVS: S1 S2 heard;

RS: NVBS +. Abd: Soft. CNS: NAD

Blood report:

Glucose Fasting (FBS) - 102.7mg/dL - Slightly elevated.

Lipid profile: Total Cholesterol – 229.4mg/dL – Elevated.

 $Liver\ Function\ Test\ (LFT): Bilirubin\ (Total)-1.76mg/dL\ and\ (Indirect)-1.50mg/dL-Elevated.$

All other blood parameters are well within normal limits. (Report enclosed).

Urine analysis - Within normal limits.

X-Ray Chest - Normal study.

ECG - Normal ECG.

ECHO Cardiography – Normal study.

USG Whole Abdomen - Normal study.

Eye Test - Distant and Near vision defect.

Vision	Right eye	Left eye
Distant Vision	6/18	6/6
Near Vision	N10	N10
Colour Vision	Normal	Normal





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Impression & Advice:

Glucose Fasting (FBS) – 102.7mg/dL – Slightly elevated. To consult a diabetologist for further evaluation and management. To have diabetic diet recommended by the dietician.

Lipid profile : Total Cholesterol – 229.4mg/dL – Elevated. To be brought down to the desirable level of 200mg/dl by having low cholesterol, high fiber diet recommended by the dietician.

Liver Function Test (LFT) : Bilirubin (Total) -1.76mg/dL and (Indirect) -1.50mg/dL - Elevated. To consult a gastroenterologist for further evaluation and management.

Eye Test – Distant and Near vision defect. To consult an ophthalmologist for further evaluation and management.

All other health-parameters are well within normal limits.

DR. NOOR MOHAMMED RIZWAN A. M. B. B.S, FDM

MHC Physician Consultant



PID No. : MED111034442 SID No. : 222006096

Register On

: 26/03/2022 8:50 AM





Age / Sex : 41 Year(s) / Male

Collection On : 26/03/2022 11:08 AM Report On

26/03/2022 7:20 PM

Type

: OP

Printed On

28/03/2022 10:23 AM

Ref. Dr : MediWheel----CORPORATE

Observed Value

'B' 'Positive'

Unit **Biological** Reference Interval

BLOOD GROUPING AND Rh

TYPING

Investigation

(EDTA Blood/Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

BUN / Creatinine Ratio

7.75

6.0 - 22.0

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

102.7

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) (Urine - F/GOD - POD)

Negative

Negative

Glucose Postprandial (PPBS)

136.5

mg/dL

70 - 140

(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.

Fine Glucose(PP-2 hours)
Urine - PP)
Blood Urea Nitrogen (BUN)
Serum/ <i>Urease UV / derived)</i>

mg/dL

7.0 - 21

Negative

Creatinine

(Serum/Modified Jaffe)

1.07

Negative

8.3

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-acetylcysteine, chemotherapeutic agent such as flucytosine

Uric Acid

(Serum/Enzymatic)

3.2

mg/dL

3.5 - 7.2

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS) 1.76

mg/dL

0.1 - 1.2

ultant Pathologist leg No : 73347

APPROVED BY

The results pertain to sample tested.

Page 1 of 5

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED,#17,RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD, GUINDY, CHENNAI, TAMIL NADU, INDÍA,.

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Type

Ref. Dr

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OOM ONATE			
<u>Investigation</u>	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.26	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	1.50	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/ <i>Modified IFCC</i>)	23.0	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	24.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	14.2	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/ <i>Modified IFCC</i>)	69.6	U/L	53 - 128
Total Protein (Serum/Biuret)	6.60	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.02	gm/dl	3.5 - 5.2
Globulin (Serum/ <i>Derived</i>)	2.58	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.56		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	229.4	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	110.6	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499

Sarevanen M.D(Path) sultant Pathologist Reg No : 73347

Very High: ≥ 500

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Ref. Dr MediWheel----**CORPORATE**

> 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)	56.0	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	151.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	22.1	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	173.4	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 Ratio

4.1

(Serum/Calculated)

(Serum/Calculated)

Triglyceride/HDL Cholesterol Ratio 2 (TG/HDL)

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

Optimal: < 2.5

Mild to moderate risk: 2.5 - 5.0

High Risk: > 5.0

MID(Path) sultant Pathologist Reg No : 73347

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Investigation

(Serum/Calculated)

SID No.

Ref. Dr

Age / Sex : 41 Year(s) / Male : OP

LDL/HDL Cholesterol Ratio

: MediWheel----

CORPORATE

Printed On : 28/03/2022 10:23 AM

> Observed Unit Biological **Value** Reference Interval 2.7 Optimal: 0.5 - 3.0

Borderline: 3.1 - 6.0 High Risk: > 6.0

Prostate specific antigen - Total(PSA)

(Serum/Manometric method)

0.36

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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total

1.04

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.

T4 (Tyroxine) - Total

6.89

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)

0.96

μIU/mL

0.35 - 5.50

(Serum/Chemiluminescent Immunometric Assay (CLIA))

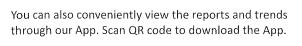
Saravanan M.D(Path) sultant Pathologist Reg No : 73347

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Age / Sex : 41 Year(s) / Male

: OP

: MediWheel----**CORPORATE**

Register On

Report On

Printed On

Unit

28/03/2022 10:23 AM

: 26/03/2022 8:50 AM

: 26/03/2022 7:20 PM





Investigation Observed **Biological** Value Reference Interval

Collection On : 26/03/2022 11:08 AM

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:

COLOTID

Type

Ref. Dr

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.

<u>Urine Analysis - Routine</u>

Pale yellow		Yellow to Amber
Clear		Clear
Negative		Negative
Negative		Negative
1 - 2	/hpf	NIL
1 - 2	/hpf	NIL
NIL		
	Clear Negative Negative 1 - 2 1 - 2 NIL NIL NIL	Clear Negative Negative 1 - 2 /hpf 1 - 2 /hpf NIL /hpf NIL /hpf NIL /hpf

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

aravanan M.D(Pati ultant Pathologist eg No : 73347

APPROVED BY

-- End of Report --

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Investigation Complete Blood Count With - ESR	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Haemoglobin (EDTA Blood'Spectrophotometry)	15.4	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	45.5	%	42 - 52
RBC Count (EDTA Blood'Impedance Variation) •	5.31	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood'Derived from Impedance)	85.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood'Derived from Impedance)	29.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.8	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.3	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	39.94	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6100	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	58.2	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	31.3	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	3.0	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow	6.9	%	01 - 10

ULTANT - PATHOLOGIST REG NO:116685

VERIFIED BY

Cytometry)

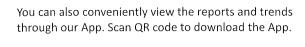
Saravanan M.D(Path) sultant Pathologist Reg No : 78347

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Age / Sex : 41 Year(s) / Male

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Printed On : 28/03/2022 10:24 AM

: OP

Report On

Ref. Dr : MediWheel----**CORPORATE**



Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Basophils (EDTA Blood'Impedance Variation & Flow Cytometry)	0.6	%	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)	3.55	10^3 / μΙ	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.91	10^3 / μ1	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.18	10^3 / μ1	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.42	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.04	10^3 / μΙ	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	281	10^3 / μ1	150 - 450
MPV (EDTA Blood/Derived from Impedance)	7.7	fL	7.9 - 13.7
PCT (EDTA Blood'Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate)	2	mm/hr	< 15

ULTANT - PATHOLOGIST REG NO:116685 **VERIFIED BY**

(Blood/Automated - Westergren method)

ant Pathologist No : 73347

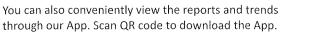
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SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows uniform echotexture with no focal abnormality.

The gall bladder is normal sized, smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

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

The right kidney measures 8.8 x 4.7 cm.

The left kidney measures 8.9 x 5.1 cm.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The prostate measures 4.0 x 3.1 x 2.9cm (Volume : 19cc) and is normal sized.

The echotexture is homogeneous.





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The seminal vesicles are normal.

Iliac fossae are normal.

IMPRESSION:

Normal study.

DR. UMALAKSHMI SONOLOGIST



Precision Diagnostics-vadapalani

58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State ElectionCommission Office),

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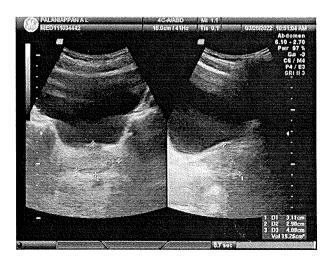


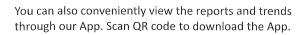












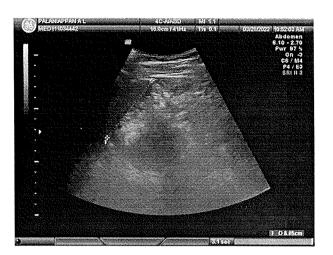




Precision Diagnostics-vadapalani **MEDA** 58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State ElectionCommission Office),

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DEPARTMENT OF CARDIOLOGY

TRANSTHORACIC RESTING ECHO CARDIOGRAPHY REPORT

ECHO INDICATION: Assessment M MODE & 2-D PARAMETERS:

ACOUSTIC WINDOW: GOOD

DOPPLER PARAMETERS

LV STUDY

IVS(d)	em	0.6
IVS(s)	cm	1.1
LPW(d)	cm	0.6
LPW(s)	cm	1.2
LVID(d)	cm	5.1
LVID(s)	cm	3.5
EDV ml		133
ESV ml		42
SV ml		90
EF %		67
FS %		31

Parameters		Patient Value
LA	cm	2.8
AO	cm	2.0

Valves	Velocity	
	max(m/sec	
	mm/Hg)	
AV	0.6/2 m/s	
PV	0.8/3 m/s	
MV (E)	0.3 m/s	
(A)	0.5 m/s	
TV (E)	1.0/4 m/s	

FINDINGS:

- ❖ No regional wall motion abnormality.
- Normal left ventricle systolic function. (EF: 67%).
- ❖ Grade I LV diastolic dysfunction.
- * Normal chambers dimension.
- ❖ Normal valves.
- Normal pericardium/Intact septae.
- * No clot/aneurysm.

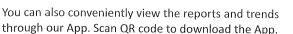
IMPRESSION:

- ▶ NO REGIONAL WALL MOTION ABNORMALITY.
- NORMAL LEFT VENTRICLE SYSTOLIC FUNCTION.

S. VIGNESH M.Sc. ECHO TECHNICIAN

S. Vinel





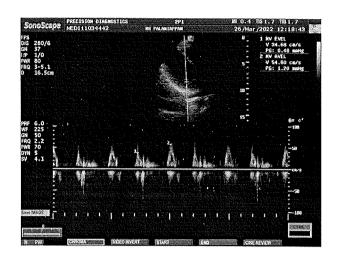
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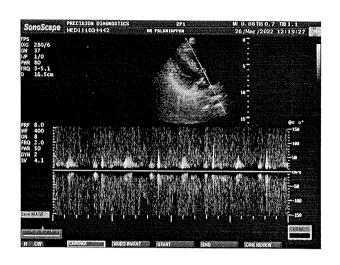


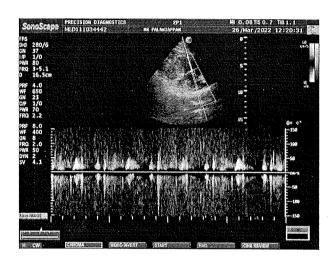
Precision Diagnostics-vadapalani

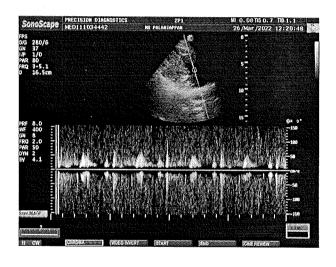
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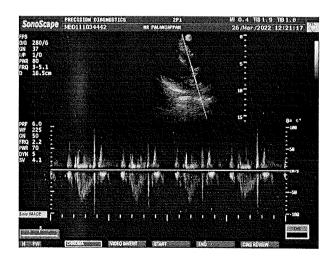
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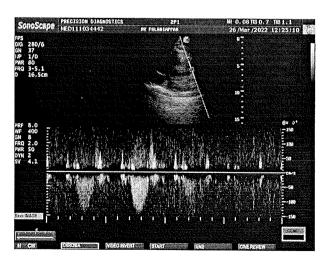












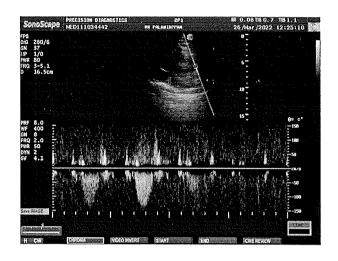


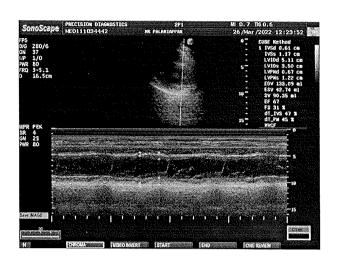


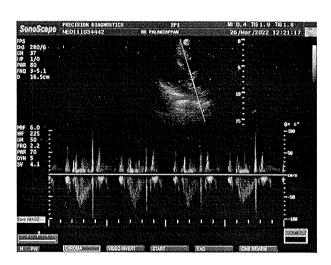
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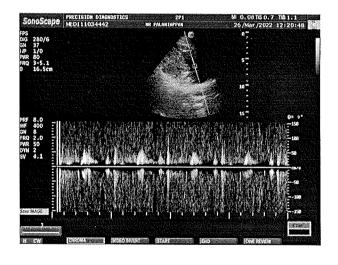
58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State ElectionCommission Office),

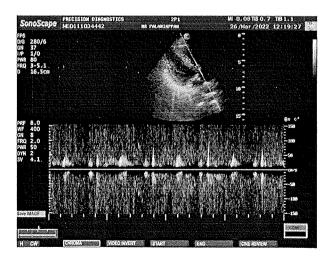
Customer Name	MR.PALANIAPPAN A L	Customer ID	MED111034442
Age & Gender	41Y/MALE	Visit Date	26/03/2022
Ref Doctor	MediWheelCORPORAT	E.	

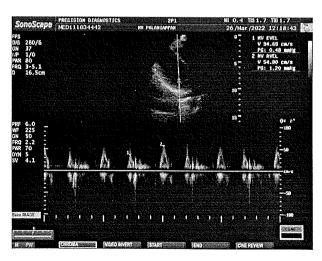


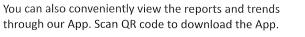














Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.



Name	PALANIAPPAN A L	Customer ID	MED111034442
Age & Gender	41Y/M	Visit Date	Mar 26 2022 10:41AM
Ref Doctor	MediWheelCORPORATE		

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.

Impression: Essentially normal study.

DR. H.K. ANAND DR. POOJA B.P DR. SHWETHA S DR.RADHAKRISHNA, A

CONSULTANT RADIOLOGISTS



