

MYSORE-BALLAL CIRCLE

MEDALL HEALTHCARE PVT LTD

CUSTOMER CHECKLIST



MED112068340

Print Date : 10/02/2024 07:47 AM

Customer Name : **MR.DONAG PRADEEPKUMAR**
 Ref Dr Name : **MediWheel**
 Customer Id : **MED112068340** Visit ID : **712404607**
 Age : **38Y/MALE** Phone No : **9591971652**
 DOB : **22 May 1985** Visit Date : **10/02/2024**
 Company Name : **MediWheel**

Package Name : **Mediwheel Full Body Health Checkup Male Below 40**

S.No	Modality	Study	AccessionNo	Time	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)			
2	LAB	GLUCOSE - FASTING			
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)			
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)			
5	LAB	LIPID PROFILE			
6	LAB	LIVER FUNCTION TEST (LFT)			
7	LAB	URIC ACID			
8	LAB	URINE GLUCOSE - FASTING			
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)			
10	LAB	COMPLETE BLOOD COUNT WITH ESR			
11	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)			
12	LAB	STOOL ANALYSIS - ROUTINE			
13	LAB	URINE ROUTINE			
14	LAB	CREATININE			
15	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)			
16	LAB	BUN/CREATININE RATIO			
17	OTHERS	physical examination	MYS2873169102651		
18	US	ULTRASOUND ABDOMEN	MYS2873169103462		
19	OTHERS	Treadmill / 2D Echo	MYS2873169127528		
20	OTHERS	EYE CHECKUP	MYS2873169135592		
21	X-RAY	X RAY CHEST	MYS2873169145199		
22	OTHERS	Consultation Physician	MYS2873169148004		
23	ECHO	ELECTROCARDIOGRAM ECG	MYS2873169149333		

Registered By
(ABHISHEK.N)

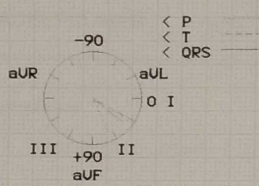
H - 159cm
 W - 75kg
 BP - 110/80 mmHg
 pulse - 56/61

GE MAC1200 ST DONAG PRADEEPKUMAR, 112068340, CLUMAX DIAGNOSTICS, MYSORE
Male

HR 55 bpm

AGE: 38

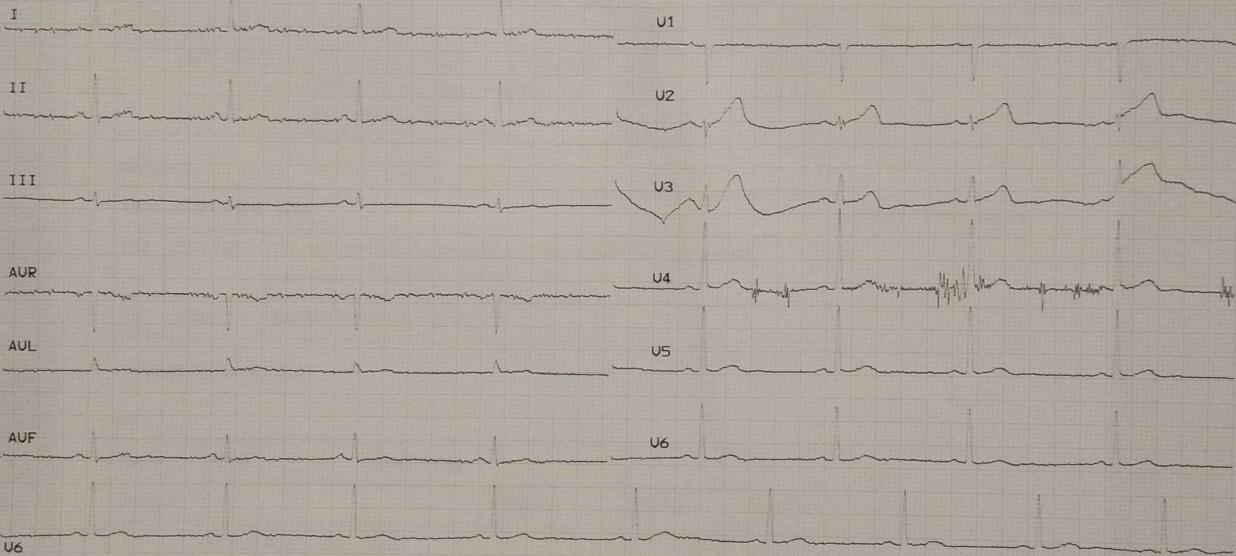
Measurement Results:
QRS : 82 ms
QT/QTcB : 374 / 359 ms
PR : 142 ms
P : 112 ms
RR/PP : 1088 / 1085 ms
P/QRS/T : 65 / 40 / 30 degrees
QTd/QTcBD : 26 / 25 ms
Sokolow : 2.2 mU
NK : 6



Interpretation:
RSR' pattern
R/S inversion area between U1 and U2
probably normal ECG

Normal sinus rhythm
LF

Unconfirmed report.





NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

NO 1118 GEETHA ROAD, CHAMARAJAPURAM
MYSORE-570005, KARNATAKA

CASE SHEET

Name: DONAG PRADEEPKUMAR . OP No: 6OP1286593 Gender: Male Age: 38 Date : 10/02/2024

Complaint

S.No	Eye	Complaint	Duration	Type	Remarks
2	BE	EYE PAIN WHILE USING COMPUTERS	6	Months	

Prescriptions

S.No	Eye	Forms	Drug name	Units	Times	A Day	Day	Remarks
1	BE	Drops	EYEMIST-FORTE EYE DROP (HPMC 0.3% DEXTRAN0.1% GLYCERIN 0.2%)	1	4	Time(s) a Day	30	4

Diagnosis

Eye	ICDCode	ICD	Version	Remarks
BE	Z01.00	Encounter for examination of eyes and vision without abnormal findings - Z01.00 - 10	10	
BE	9782	EMMETROPIA - 9782 - 9	9	

SCHIRMER'S Test & TBUT

IOP

Type	NCT			DVT Flag				
Target				DVT1	DVT2	DVT3	DVT4	
	BD	AD	CL	RE				
RE	17			LE				
LE	17			Time	12:00 AM	12:00 AM	12:00 AM	12:00 AM

AR

RE	SPH	CYL	AXIS	LE	SPH	CYL	AXIS
BD	+0.50			BD	+0.25	-0.25	95
AD				AD			

Drug Used:

VisionDetail

RE	UCVA	PG	PH	LE	UCVA	PG	PH
DV	6/6			DV	6/6		
NV	N6			NV	N6		

Subjective

RE	SPH	CYL	AXIS	VA	LE	SPH	CYL	AXIS	VA
Dist	0			6/6	Dist	0			6/6
Near				N6	Near				N6

Color Vision

Chart Type	1
RE	38/38
LE	38/38
Remarks	

Recommendations

User Name	Recommendations
Dr RICHHA .	ANT SEG- BE- CLEAR CORNEA, VH-GRADE 3, LENS- CLEAR FUNDUS- UNLIL- BE- CD-0.3, FR+ ADV- R/A 1YR/SOS

This visit was Electronically Signed by Mrs Sowmya B on 2/10/2024 4:02:41 PM.

This visit was Electronically Signed by Dr RICHHA . on 2/10/2024 4:35:52 PM.

NETHRADHAMA
Super Speciality Eye Hospital
(A Unit of Nethradhama Hospitals Pvt. Ltd
No. 1118, Geetha Road, Chamarajapuram
Mysore-570005 Ph : 0821-4293000

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Age & Gender	38Y/MALE	Visit Date	10/02/2024
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows slightly increased echotexture.

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.

No demonstrable Para-aortic lymphadenopathy.

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	10.4	1.3
Left Kidney	10.8	1.4

URINARY BLADDER show normal shape and wall thickness.

It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape, size and echopattern.

No evidence of ascites.

IMPRESSION:

- **GRADE I FATTY CHANGES IN LIVER.**

CONSULTANT RADIOLOGISTS



DR. ANITHA ADARSH

AA/sv

DR. MOHAN B



Line of sample
and shall not be
correlated

Medall Diagnostics
Ballal Circle(Ashoka circle) - Mysore



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FITNESS CERTIFICATE

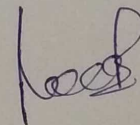
NAME: <i>Dhanraj Pradeep Kumar</i>	AGE: <i>38</i>	
Ht: <i>159</i> CMS	Wt: <i>75</i> KGS	SEX: <i>M</i>

PARAMETERS	MEASUREMENTS
PULSE / BP (supine)	<i>56</i> /mt / /mmHg <i>110/80</i>
INSPIRATION	<i>34</i>
EXPIRATION	<i>34</i>
CHEST CIRCUMFERENCE	<i>35</i>
PREVIOUS ILLNESS	<i>Nil</i>
VISION	
FAMILY HISTORY	FATHER: <i>Nil</i> MOTHER: <i>Nil</i>

REPORTS: *Within normal limits*

DATE: *10/02/2024*

PLACE: *Mysore*



CONSULTANT PHYSICIAN

Dr. NIKHIL. B.
M.D., D.M.(Cardiologist)
Interventional Cardiologist
KMC Reg. No.: 90111



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IMPRESSION:

➤ **GRADE I FATTY CHANGES IN LIVER.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH

AA/sv

DR. MOHAN B

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SID No. : 712404607 Collection On : 10/02/2024 7:59 AM
Age / Sex : 38 Year(s) / Male Report On : 11/02/2024 11:18 AM
Type : OP Printed On : 14/02/2024 12:24 PM
Ref. Dr : MediWheel



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' 'Positive'

Remark: Test to be confirmed by gel method



Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY



DR KIRAN H'S MD
Consultant Pathologist
KMC No: 86542

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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	13.2	g/dL	13.5 - 18.0
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INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	41.3	%	42 - 52
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RBC Count (EDTA Blood/Automated Blood cell Counter)	6.37	mill/cu.mm	4.7 - 6.0
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MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	65.0	fL	78 - 100
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MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	20.7	pg	27 - 32
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MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	32.0	g/dL	32 - 36
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RDW-CV (Derived)	14.9	%	11.5 - 16.0
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RDW-SD (Derived)	33.90	fL	39 - 46
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Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	8730	cells/cu.mm	4000 - 11000
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Neutrophils (Blood/Impedance Variation & Flow Cytometry)	53	%	40 - 75
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Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	36	%	20 - 45
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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	04	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	07	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.63	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.14	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.35	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.61	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)	208	10 ³ / µl	150 - 450
MPV (Blood/Derived)	13.9	fL	7.9 - 13.7
PCT	0.29	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	08	mm/hr	< 15


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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.7	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.60	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.4	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.8	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.60	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.85		1.1 - 2.2

INTERPRETATION: Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	29	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	26	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	61	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	26	U/L	< 55



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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	239	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	162	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)	27	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	179.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	32.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	212.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220


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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 (Serum/Calculated)	8.9		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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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	6.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.8	%	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 119.76 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 glyceemic 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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BIOCHEMISTRY

BUN / Creatinine Ratio	7.9		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	99	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)	120	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)	7.9	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	1.0	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 etc.

Uric Acid (Serum/Uricase/Peroxidase)	7.5	mg/dL	3.5 - 7.2
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Remark: Kindly correlate clinically.


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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.93	ng/ml	0.7 - 2.04
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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 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	7.26	Microg/dl	4.2 - 12.0
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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) (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.913	µIU/mL	0.35 - 5.50
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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.


 Mr. S. Mohan Kumar
 Sr. Lab Technician

VERIFIED BY




 DR KIRAN H S MD
 Consultant Pathologist
 KMC No: 86542

APPROVED BY

Name : Mr. DONAG PRADEEPKUMAR

PID No. : MED112068340

Register On : 10/02/2024 7:47 AM

SID No. : 712404607

Collection On : 10/02/2024 7:59 AM

Age / Sex : 38 Year(s) / Male

Report On : 11/02/2024 11:18 AM

Type : OP

Printed On : 14/02/2024 12:24 PM

Ref. Dr : MediWheel



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale Yellow		Yellow to Amber
Volume (Urine/Physical examination)	30		ml
Appearance (Urine)	Clear		

CHEMICAL EXAMINATION

pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.010		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


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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological 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/Microscopy)	2-3	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Stool Analysis - ROUTINE</u>			
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)	few bacteria seen		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 (Stool)	2-4	/hpf	Nil


Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY




DR KIRAN H S MD
Consultant Pathologist
KMC No: 86542

APPROVED BY

-- End of Report --

Name	MR.DONAG PRADEEPKUMAR	ID	MED112068340
Age & Gender	38Y/MALE	Visit Date	10/02/2024
Ref Doctor Name	MediWheel		



2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.8cms
LEFT ATRIUM	:	2.8cms
LEFT VENTRICLE (DIASTOLE)	:	4.4cms
(SYSTOLE)	:	2.5cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
EDV	:	71ml
ESV	:	28ml
FRACTIONAL SHORTENING	:	35%
EJECTION FRACTION	:	61%
RVID	:	1.5cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' - 0.87m/s	A' - 0.37m/s	NO MR
AORTIC VALVE	:	1.00m/s		NO AR
TRICUSPID VALVE	:	E' - 0.81m/s	A' - 0.30m/s	NO TR
PULMONARY VALVE	:	0.78m/s		NO PR

2D ECHOCARDIOGRAPHY FINDINGS:

Name	MR.DONAG PRADEEPKUMAR	ID	MED112068340
Age & Gender	38Y/MALE	Visit Date	10/02/2024
Ref Doctor Name	MediWheel		



Left ventricle : Normal size, Normal systolic function.
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.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF: 61%.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.**

DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/MM

Name	Mr. DONAG PRADEEPKUMAR	ID	MED112068340
Age & Gender	38Y/M	Visit Date	Feb 10 2024 7:47AM
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.

Impression: No significant abnormality detected.



Dr. Anitha Adarsh
Consultant Radiologist