42 7378

Health checkup at tie-up Ctr | **HealthChkup Authorisatn letter**

Union Bank of India

RO - CHANDIGARH
64/65, BANK SQUARE, SECTOR 17-B,
Chandigarh, Pin - 160 017., , Chandigarh-172

To,

The Chief Medical Officer

M/S Mediwheel
https://mediwheel.in/signup011-41195959(A brand name of Arcofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup **Executive Male 35+**

Shri/Smt./Kum. .,PINTU

P.F. No. 533475 Designation : CHIEF MANAGER

Checkup for Financial Year 2023-2024 **Approved Charges Rs.** 4000.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup(for Executives) at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank

. Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

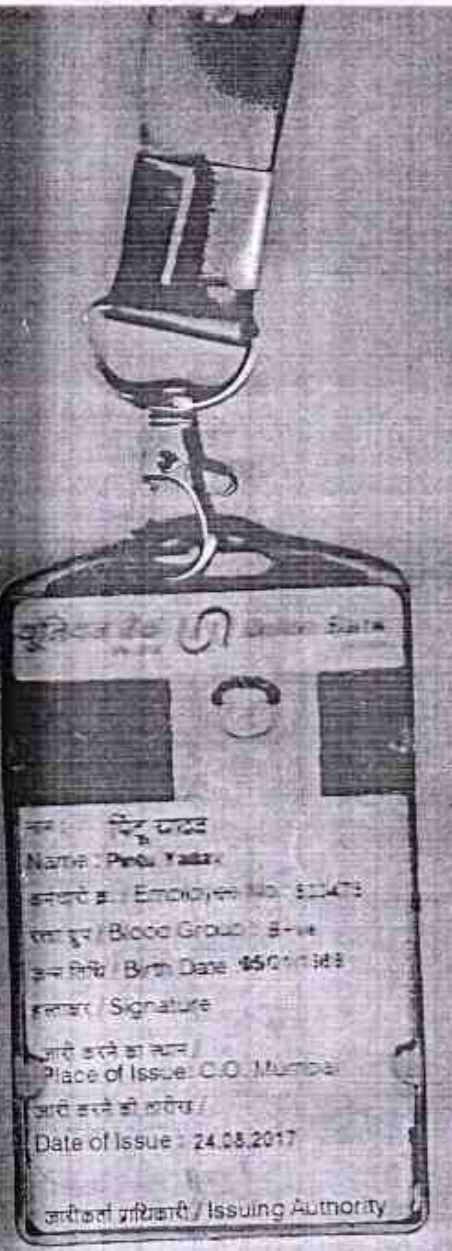
Yours Faithfully,

(Signature of the Employee)

~~BRANCH MANAGER~~/SENIOR MANAGER

PS. : Status of the application- **Sanctioned**

View Worklist



Ivy Hospital

NABH

Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: U85110PB2005PTC027898

Name: PINTU YADAV UHID: 427375

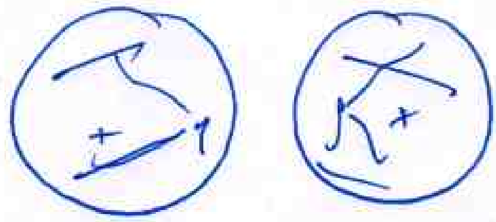
Age: ...... Consultant: Dr Mukesh Vats Date: 9/3/24

BP: ...... Pulse: ...... RR: ...... Temp.: ...... Pain: ......

Ht.: ...... Wt.: ...... Allergies: ...... Nutritional Assessment: Yes/No

Diagnosis / DD: ......

Complaint: ......

Investigations	Clinical Notes
VA { 6/6 6/6 (V.A) IOP { 14 14	Pupil - NSNR c/o general check-up OD OS Color vision { WNL WNL A/S - WNL C.O. Fundus OD OS  Disc + Macula (N)

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
		Adv: (1) Refresh tears e/d TDS [illegible] /				
		Ocuma Plus e/d				
		R/A 6 months / SOS				

Follow up

Vats

Sign & Stamp

Ivy Hospital

Package

Ivy Hospital
SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No.: U85110PB2005PTC027898

Name: Mr. Pintu Yadav UHID: 427375

Age: 35yrs Consultant: Dr. G. Ranjeeth kumar Date: 9-3-24

BP: 120/80 Pulse: 82 b/m RR: Temp.: Pain:

Ht.: Wt.: Allergies: Nutritional Assessment: Yes/No

Diagnosis / DD:

Complaint:

Investigations

OGR-PA-NAD

LFT-(N)

TSH-1.0

FBS 96 mg/dl ESR-5

RFT-26/0.9

Chol/TG/HDL/LDL
197/214/48/96

Hemg-14.4/5800/229×3

USG abd- Gr-I Hepatomegaly
Borderline Splenomegaly

Clinical Notes

Ryntec Annual checkup

H/o Allergic Rhinitis

Adv

Low fat diet

Ryntec review

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions

Follow up

Dr. G Ranjeeth Kumar
MD Internal Medicine (PGIMER)
Regn. No.: 88598

Sign & Stamp

IVY HOSPITAL
Sector 71
Mohali , Punjab

Ward
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: YADAV , PINTU
Patient ID: 427375
Height: 180 cm
Weight: 90 kg

DOB: 05.01.1989
Age: 35yrs
Gender: Male
Race: Indian

Study Date: 09.03.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: TANISHA

Medications:
--

Medical History:
--

Reason for Exercise Test:
Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:12	0.00	0.00	83	120/80	
	STANDING	00:01	0.00	0.00	83	120/80	
	WARM-UP	00:15	1.60	0.00	83	120/80	
EXERCISE	STAGE 1	03:00	2.70	10.00	108	120/80	
	STAGE 2	03:00	4.00	12.00	129	120/80	
	STAGE 3	03:00	5.40	14.00	155	130/80	
	STAGE 4	01:14	5.80	16.00	176	150/80	
RECOVERY		03:35	0.00	0.00	109	140/80	

The patient exercised according to the BRUCE for 10:14 min:s, achieving a work level of Max. METS: 11.80. The resting heart rate of 78 bpm rose to a maximal heart rate of 176 bpm. This value represents 95 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg , rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Conclusions

TMT NEGATIVE FOR INDUCIBLE ISCHEMIA.

Physician _____ Technician _____

9/3/24
Dr. Rakesh Bhutungru
Director-Non Invasive Cardiology
MBBS, MD (Medicine), DM (Cardiology)
PMC - 42588

Tabular Summary

YADAV , PINTU
lient ID 427375
03.2024 Male 180 cm 90 kg
29:40am 35yrs Indian
Meds:

Test Reason: Screening for CAD
Medical History:

Ref. MD: Ordering MD:
Technician: TANISHA Test Type: Treadmill Stress Test
Comment:

IVY HOSPITAL

BRUCE Total Exercise Time 10:14
Max HR: 176 bpm 95% of max predicted 185 bpm
Max BP: 150/80 Maximum Workload: 11.80 METS
Reasons for Termination: Target heart rate achieved
Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.
Conclusion: TMT NEGATIVE FOR INDUCIBLE ISCHEMIA.
Location Number: * 0 *

ase me	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (*100)	VE (/min)	Comment
RETEST	SUPINE	00:12	0.00	0.00	1.0	83	120/80	99	0	
	STANDING	00:01	0.00	0.00	1.0	83	120/80	99	0	
	WARM-UP	00:15	1.60	0.00	1.0	83	120/80	99	0	
KERCISE	STAGE 1	03:00	2.70	10.00	4.6	108	120/80	129	0	
	STAGE 2	03:00	4.00	12.00	7.0	129	120/80	154	0	
	STAGE 3	03:00	5.40	14.00	10.0	155	130/80	201	0	
	STAGE 4	01:14	5.80	16.00	11.0	176	150/80	264	0	
ECOVERY		03:35	0.00	0.00	1.0	109	140/80	152	0	

E CASE V6.51 (0) Unconfirmed

Attending MD:

Selected Medians Report

YADAV , PINTU
Patient ID 427375
09.03.2024
10:29:40am

IVY HOSPITAL

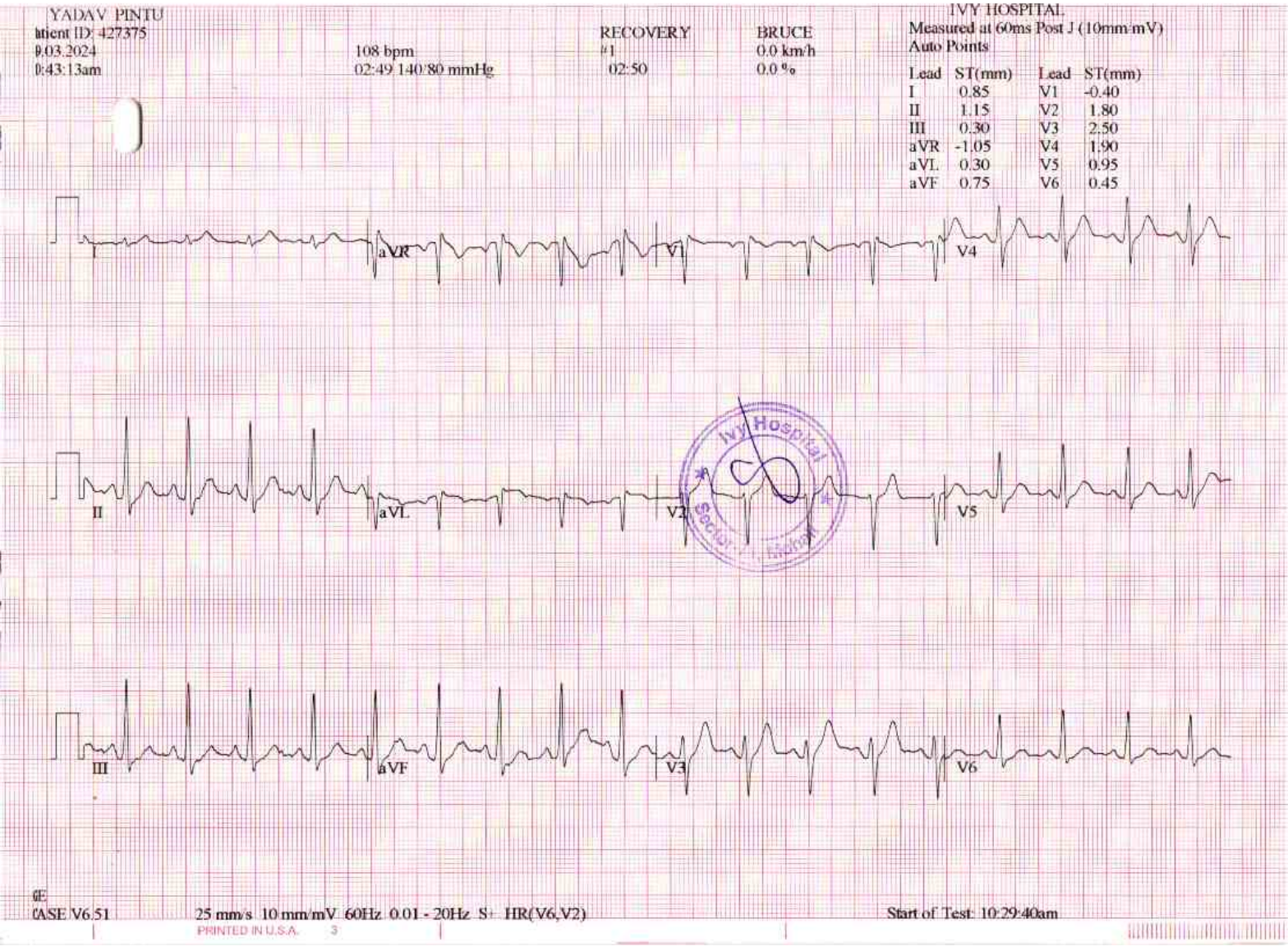
	BASELINE EXERCISE 0:00 84 bpm	PEAK EXERCISE EXERCISE 10:14 176 bpm 150/80 mmHg	TEST END RECOVERY 3:15 108 bpm 140/80 mmHg
I	1.20 mm 1.17 mV/s	1.25 2.65	0.85 1.10
II	2.35 2.46	1.40 4.93	1.10 2.56
III	1.15 0.61	0.15 2.33	0.25 1.24
aVR	-1.80 -2.63	-1.30 -3.78	-1.00 -3.11
aVL	0.00 -0.81	0.55 0.22	0.30 -0.20
aVF	1.75 1.50	0.75 3.62	0.65 1.97

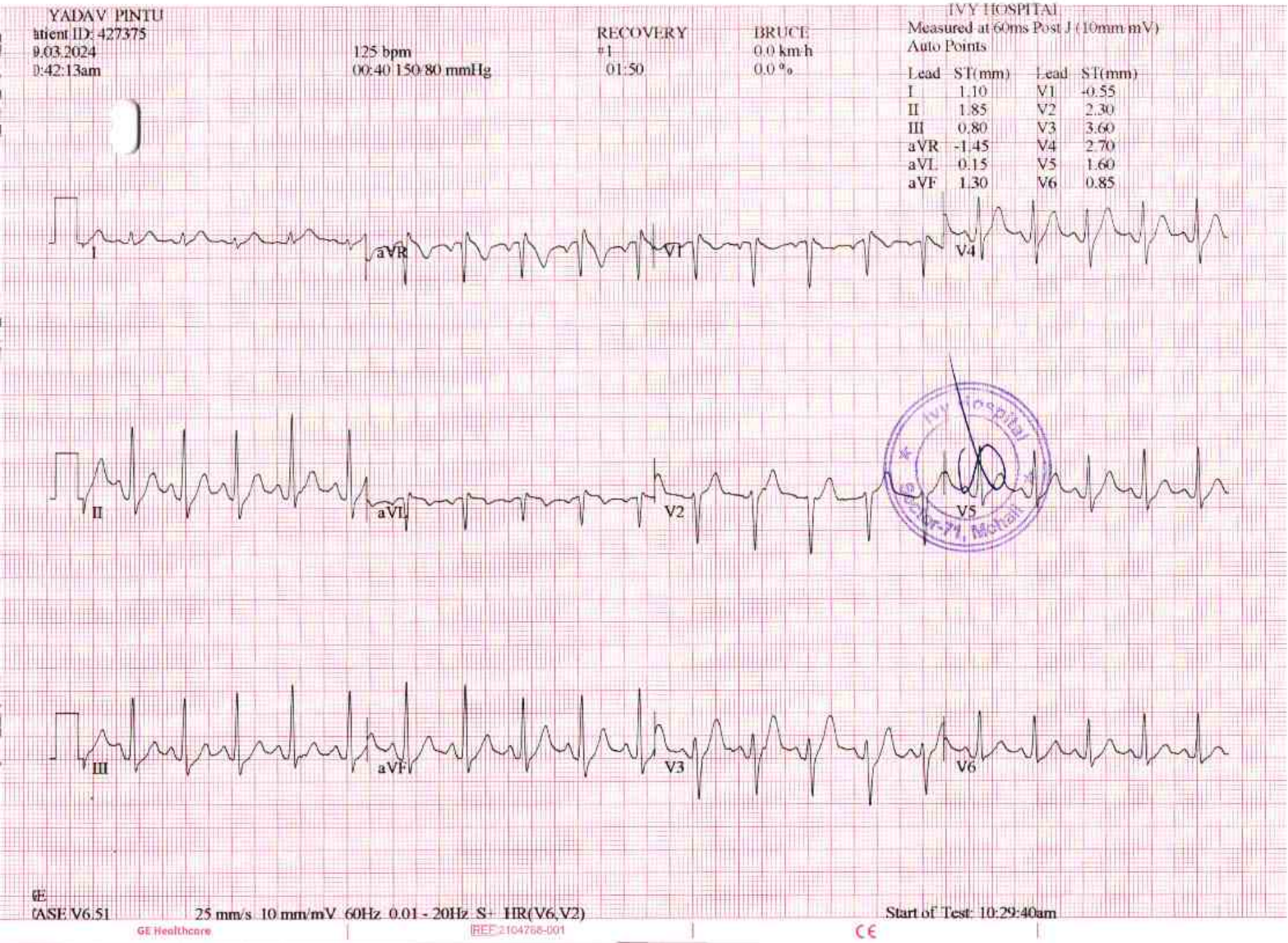
	BASELINE EXERCISE 0:00 84 bpm	PEAK EXERCISE EXERCISE 10:14 176 bpm 150/80 mmHg	TEST END RECOVERY 3:15 108 bpm 140/80 mmHg
V1	-0.80 -1.54	-0.90 -2.58	-0.35 -1.56
V2	1.80 1.24	2.25 3.18	1.85 2.00
V3	2.90 2.69	3.25 6.71	2.35 3.67
V4	2.60 2.38	2.50 5.67	1.75 2.88
V5	1.80 1.63	1.25 3.46	0.90 1.90
V6	1.10 0.97	0.50 1.82	0.50 1.15

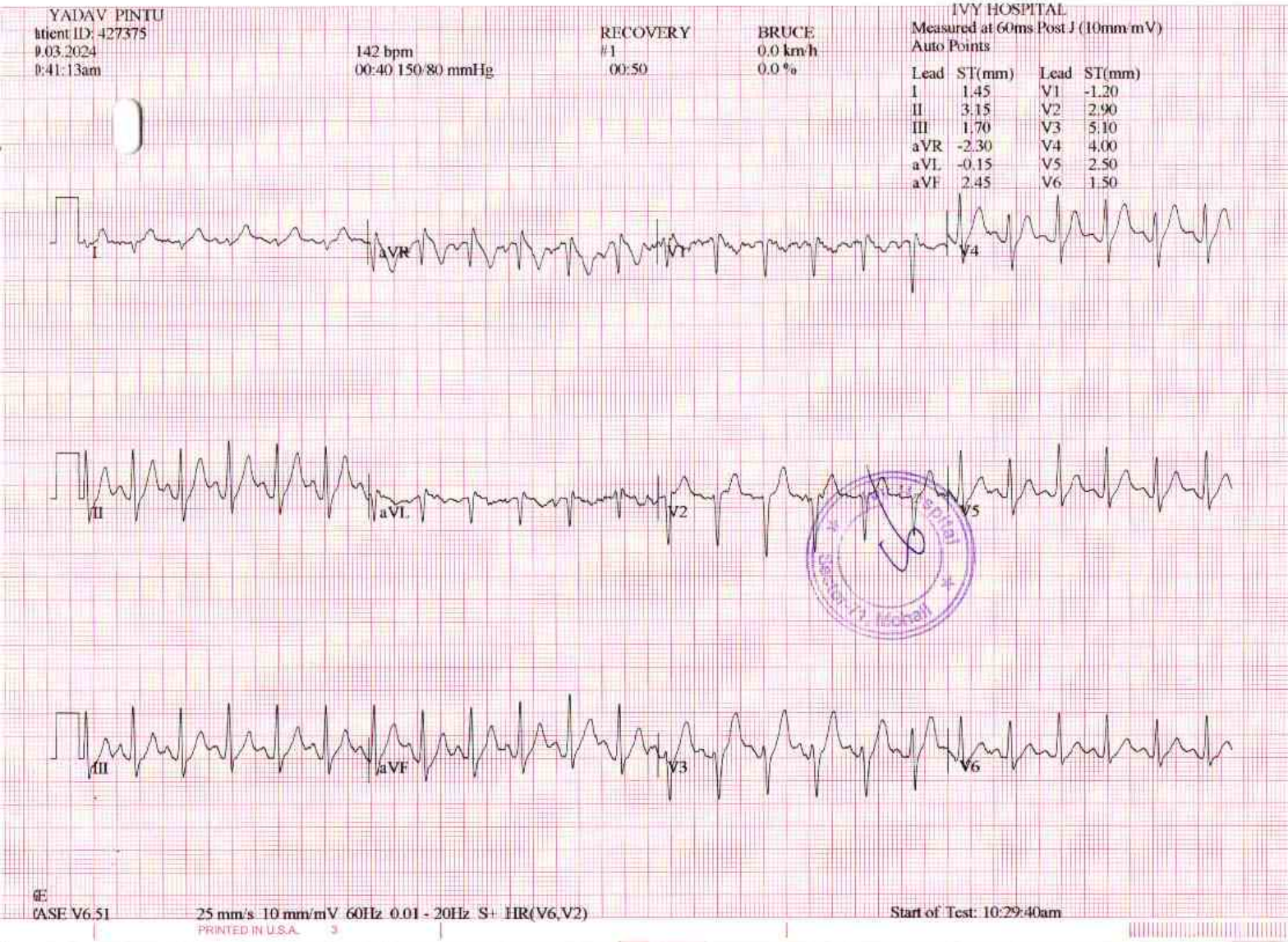
GE CASE V6.51 (0)
10mm/mV 60Hz 0.01-20Hz S+

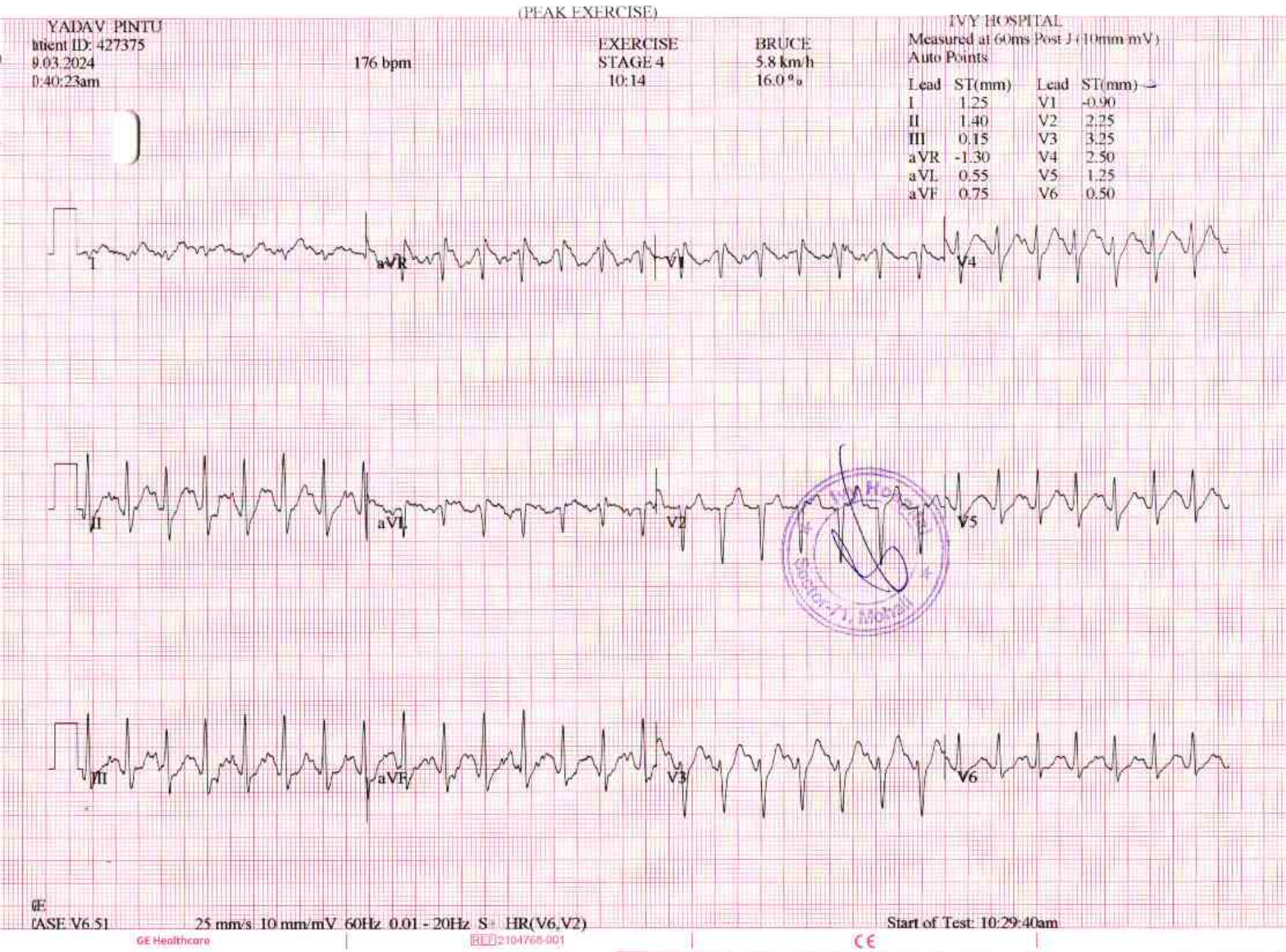
Unconfirmed

Attending MD:









YADAV PINTU
atient ID: 427375
9.03.2024
0:38:59am

153 bpm
00:56 130/80 mmHg

EXERCISE
STAGE 3
08:50

BRUCE
5.4 km/h
14.0 %

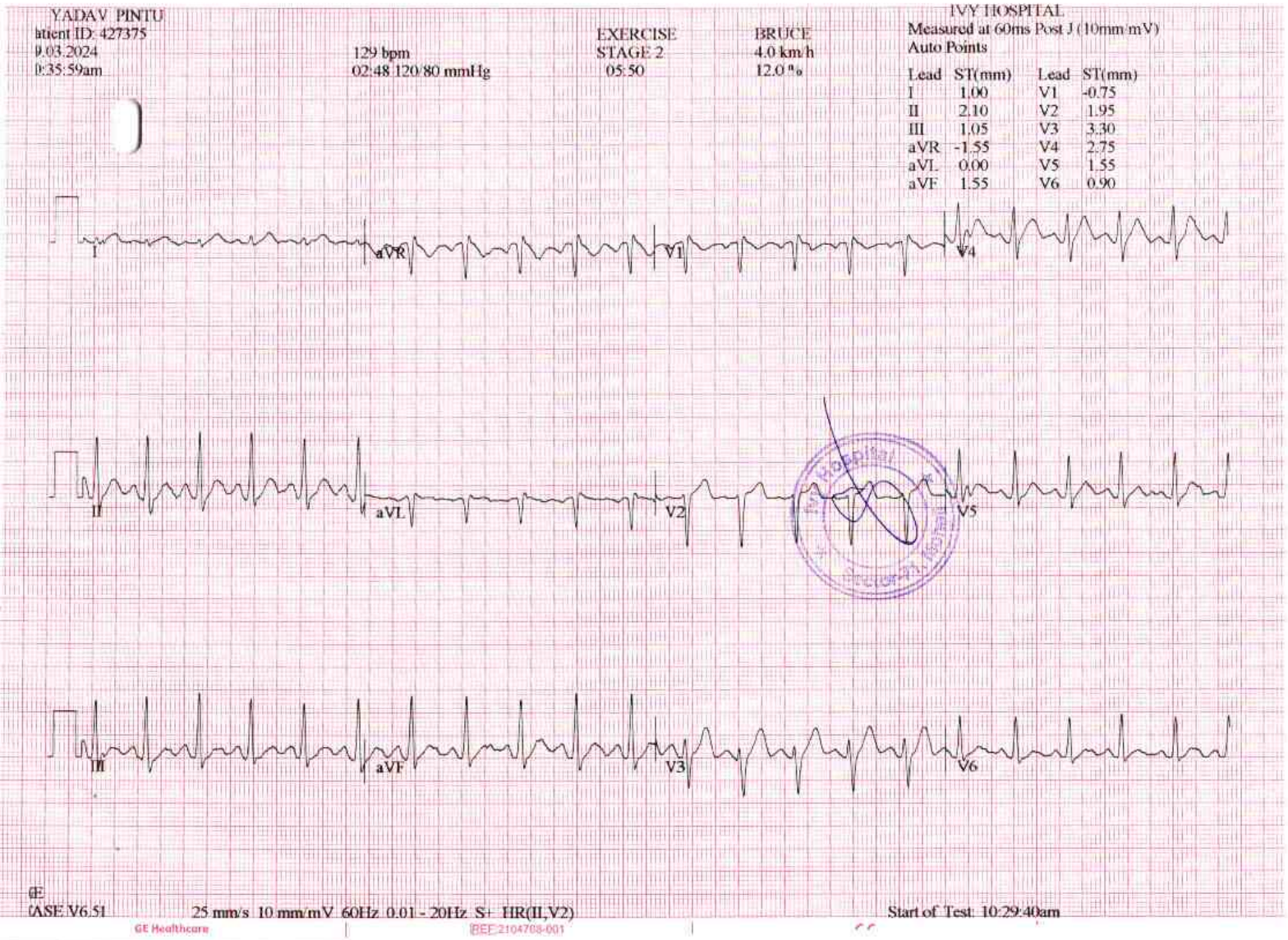
IVY HOSPITAL
Measured at 60ms Post J (10mm/mV)
Auto Points

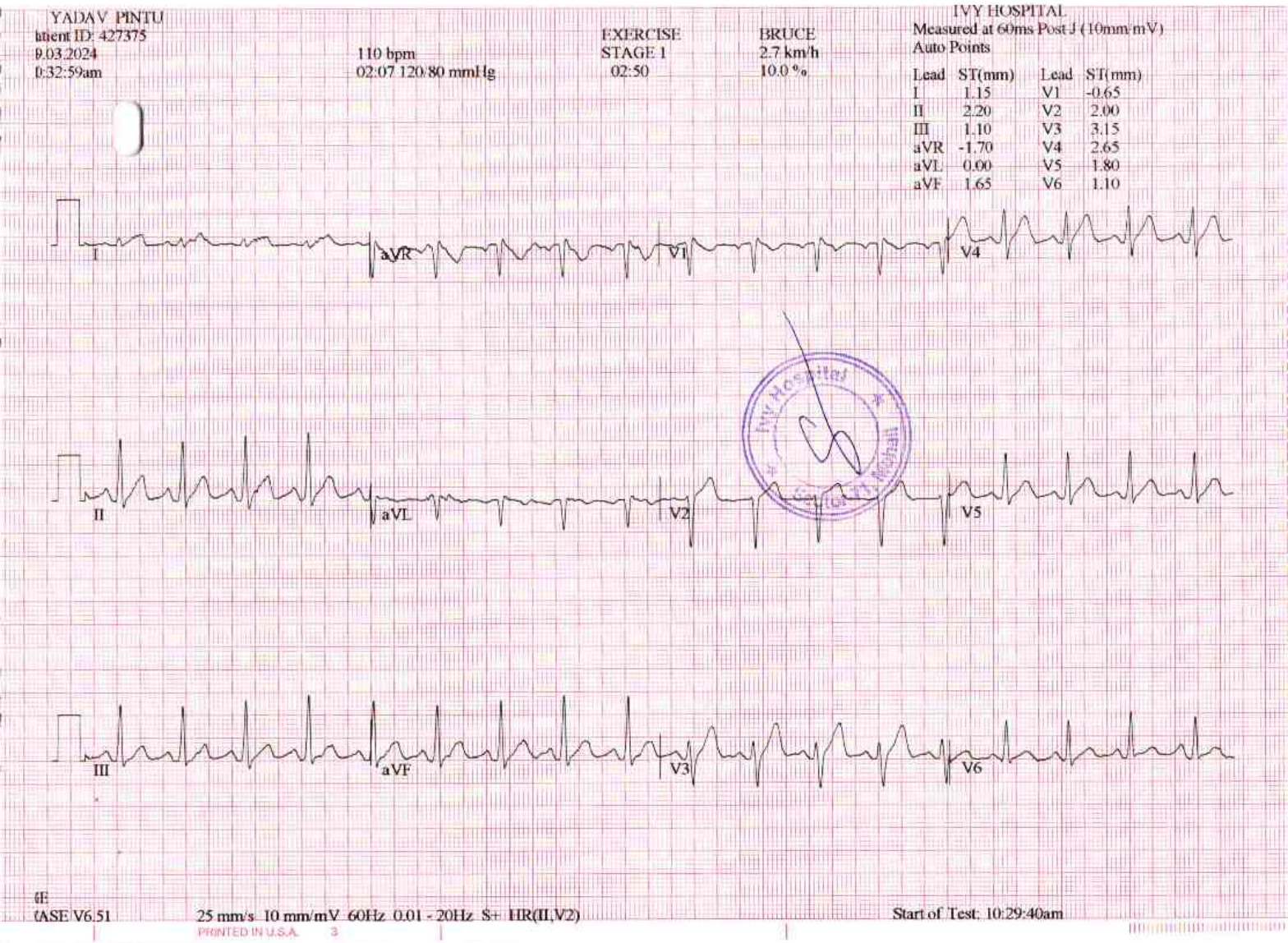
Lead	ST(mm)	Lead	ST(mm)
I	1.15	V1	-0.85
II	1.70	V2	2.15
III	0.50	V3	3.40
aVR	-1.45	V4	2.60
aVL	0.35	V5	1.40
aVF	1.05	V6	0.60

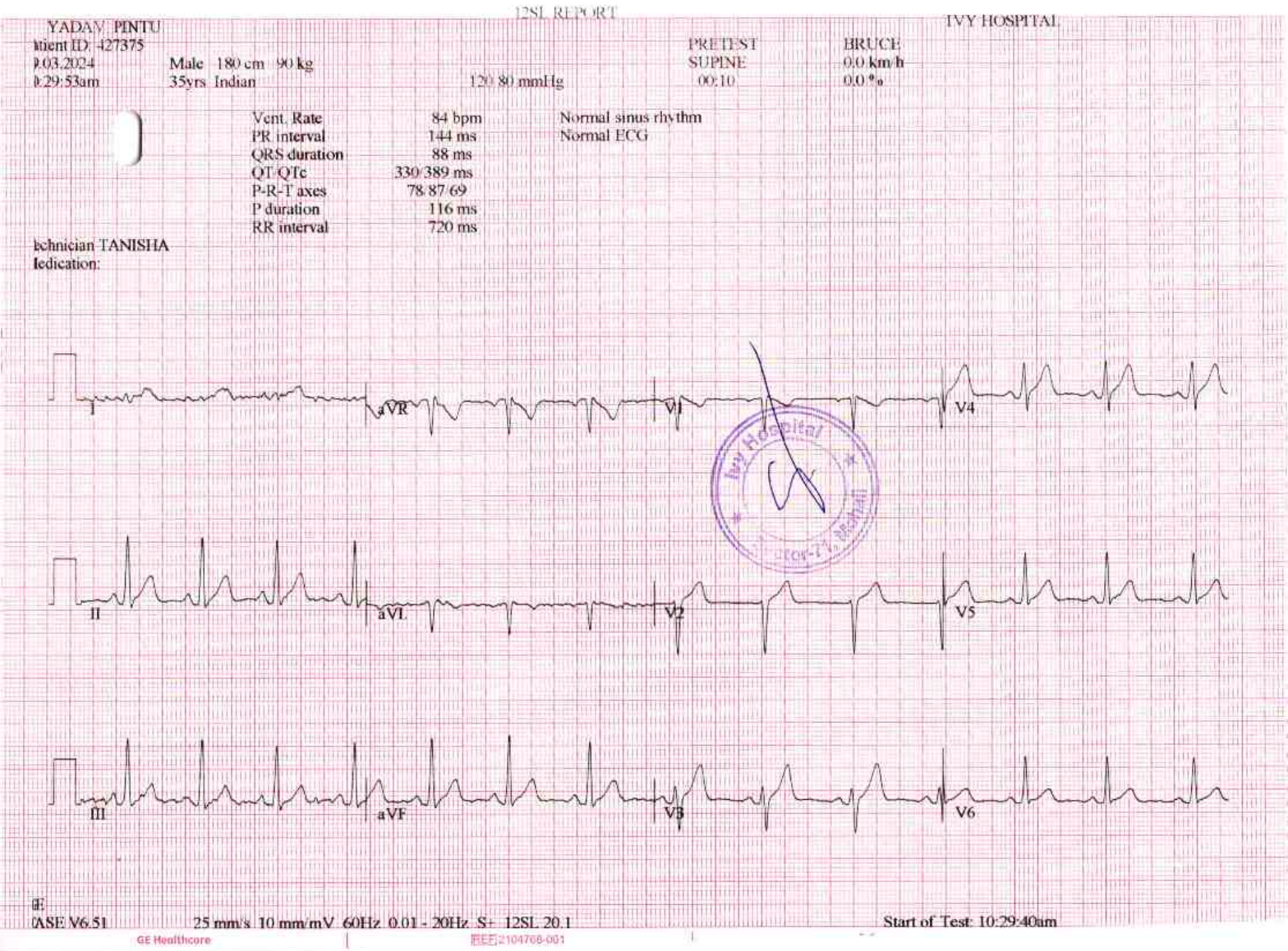
6E
CASE V6.51

25 mm/s 10 mm/mV 60Hz 0.01 - 20Hz S+ HR(V5,V6)

Start of Test 10:29:40am







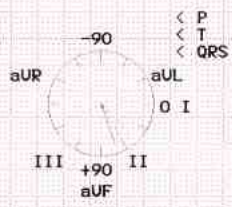
CARDIOPRINT

GE MACIZOO ST , , IOY HOSPITAL MOHALI

HR 68bpm

Measurement Results:

QRS	:	106	ms
QT/QTcB	:	350 / 372	ms
PR	:	138	ms
P	:	98	ms
RR/PP	:	886 / 885	ms
P/QRS/T	:	60/ 70/ 45	degrees
QTD/QTcBD	:	40 / 42	ms
Sokolow	:	1.9	mV
NK	:	8	



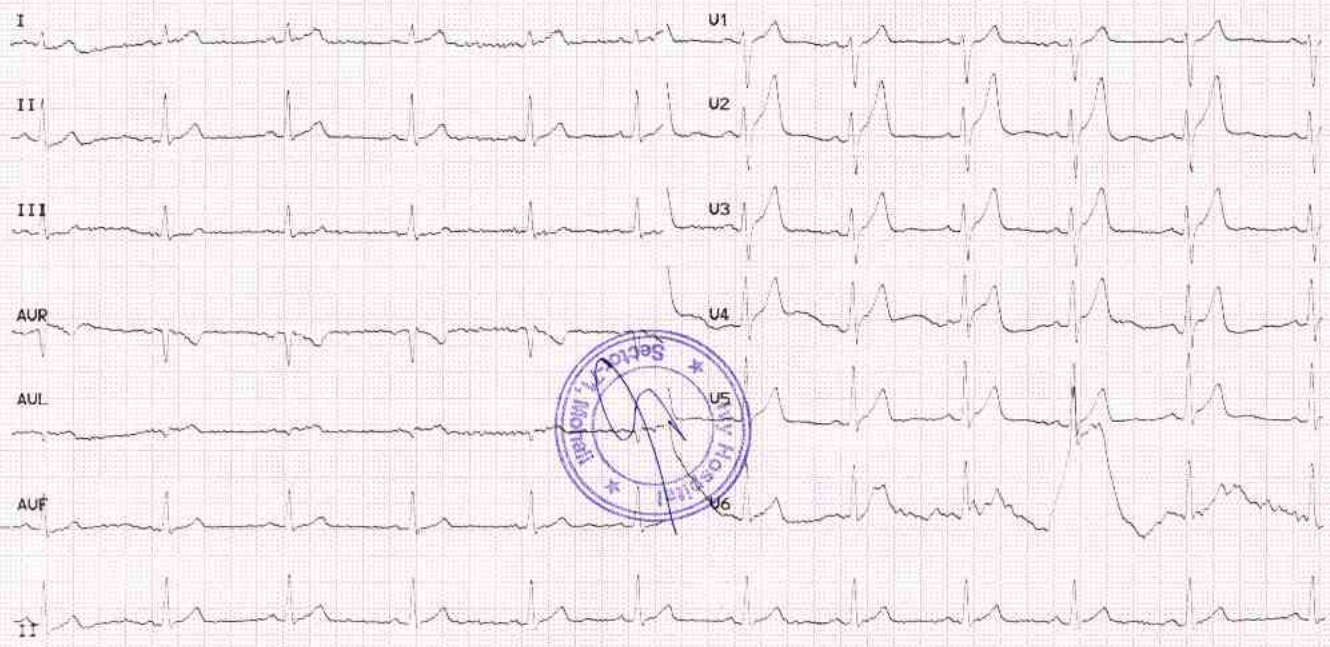
< P
< T
< QRS

Interpretation:

ST-segment elevation (anterior)
borderline ECG

Printer Yadav

Unconfirmed report.



09 Mar 2024 09:52:37 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 6_F1_R Automatic V6.2 12i (1)

IVY HOSPITAL

Sector 71, Mohali, Punjab, 160071
Ph: 9115115257, 9115115258, 9115115624
Email: lab@ivyhospital.com

NAME	: MR PINTU YADAV		
DOB/Gender	: 05-Jan-1989/M	Requisition Date	: 09/Mar/2024 09:07AM
UHID	: 427375	SampleCollDate	: 09/Mar/2024 09:13AM
Inv. No.	: 4110113	Sample Rec.Date	: 09/Mar/2024 09:14AM
Panel Name	: Ivy Mohali	Approved Date	: 09/Mar/2024 10:39AM
Bar Code No	: 13101070	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range

IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 (CLIA/Vitros 3600)	1.31	ng/mL	0.970 – 1.69

Summary & Interpretation:
Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organsT3 is mainly formed extrathyroidally , particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration.It Occurs under the influence of medicaments such as propanolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

Serum Total T4 (CLIA/Vitros 3600)	8.08	µg/dL	5.52 – 12.97

Summary & Interpretation:
The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken in to account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications : the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

Serum TSH (CLIA/Vitros 3600)	1.000	mIU/L	0.4001 – 4.049

Summary & Interpretation
TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circardian secretion sequence.The determination of TSH serves as the initial test in thyroid diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularl suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

Note:
1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between6-10 pm .The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
4. Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic – Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 – 3.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41– 5.18

The highlighted values should be correlated clinically

Ivy Hospital Sector 71

DR BHUMIKA BISHT
M.D. PATHOLOGY

IVY HOSPITAL

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Panel Name	: Ivy Mohali	Approved Date	: 09/Mar/2024 10:07AM
Bar Code No	: 13101070	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range

BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type:Fluoride Plasma

Plasma Glucose Fasting (Hexokinase/ AU480)	96	mg/dL	70 - 99 Normal 100 - 125 Impaired Tolerance ≥126 Diabetic

Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 100 mg/dL is considered normal.
- A fasting plasma glucose level between 100-125 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level ≥126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

RFT (RENAL FUNCTION TESTS)

Serum Urea (Urease GLDH/ AU480)	26.60	mg/dl	17-43
Serum Creatinine (JAFFE KINETIC/ AU480)	0.90	mg/dl	0.67-1.17
Serum Uric acid (Uricase/ AU480)	5.30	mg/dl	3.5-7.2

Interpretation:
Kidney blood tests, or Kidney function tests, are used to detect and diagnose diseases of the Kidney.

The higher the blood levels of urea and creatinine, the less well the kidneys are working.
The level of creatinine is usually used as a marker as to the severity of kidney failure. (Creatinine in itself is not harmful, but a high level indicates that the kidneys are not working properly. So, many other waste products will not be cleared out of the bloodstream.) You normally need treatment with dialysis if the level of creatinine goes higher than a certain value.
Dehydration can also be a come for increases in urea level.
Before and after starting treatment with certain medicines. Some medicines occasionally cause kidney damage (Nephrotoxic Drug) as a side-effect. Therefore, kidney function is often checked before and after starting treatment with certain medicines.

Risk associated with renal failur

Acute Renal Failure*	Urea/Creatinine ratio ≥ 20
Chronic Renal Failure*	Urea/Creatinine ratio ≤ 20

* Tietz textbook of clinical biochemistry.

The highlighted values should be correlated clinically

Dr. VARUN HATWAL
M.D. PATHOLOGY

Ivy Hospital

MC-4172

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Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total (DPD/AU 480)	0.80	mg/dL	0.3-1.2
Serum Bilirubin Direct (DPD/AU 480)	0.10	mg/dl	<0.3
Serum Bilirubin Indirect (Calculated)	0.70	mg/dl	0.1-1.0
Serum SGOT(AST) (IFCC Without PSP/ AU 480)	23	U/L	<35
Serum SGPT(ALT) (IFCC Without PSP/ AU 480)	27	U/L	<50
Serum AST/ALT Ratio (Calculated)	0.85		
Serum GGT (IFCC/AU 480)	22	IU/L	9-52
Serum Alkaline Phosphatase (IFCC PNPAMPKinetic/AU 480)	60	U/L	30-120
Serum Protein Total (Biuret)	7.5	gm/dl	6.40 - 8.20
Serum Albumin (BCG/AU 480)	4.9	g/dL	3.5-5.2
Serum Globulin (Calculated)	2.60	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	**1.88**	%	1.0 - 1.8

Interpretation:
Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels.

Test Description	Observed Value	Unit	Reference Range
LIPID PROFILE			
Serum Cholesterol (CHE/CHO POD/AU 480)	187	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides (Lipase GPO-PAP/ AU480)	**214**	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol	48	mg/dL	<40 Major risk factor for CHD

The highlighted values should be correlated clinically

Dr. VARUN HATWAL
M.D. PATHOLOGY

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Bar Code No	: 13101070	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
(Enzymatic/Calculated)			>60 Negative risk factor for CHD
Serum VLDL cholesterol (Calculated)	43	mg/dL	7-35
Serum LDL cholesterol (Calculated)	96	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	3.90		3-5
Serum LDL-HDL Ratio (Calculated)	2.00		1.5 - 3.5

Interpretation:
As per ATP 111 Guidelines - National Cholesterol Education Program

Total Cholesterol (mg/dL)	Desirable <200 Borderline High 200 – 239 High <240
Triglyceride	Normal < 150 Borderline High 150 – 199 High 200 – 499 Very High ≥ 500
HDL – Cholesterol	Low < 40 High ≥ 60
LDL- Cholesterol – Primary Target of Therapy	Optimal < 100 Near optimal/ Above optimal 100 – 129 Borderline high 130 – 159 High 160 – 189 Very high ≥ 190

Risk Category LDL	Goal (mg/dL)	Non-HDL Goal (mg/dL)
CHD and CHD Risk Equivalent (10-year risk for CHD>20%)	<100	<130
Multiple (2+) Risk Factors and (0-year risk <20%	<130	<160
1 Risk Factor	<160	<190

e highlighted values should be correlated clinically

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M.D. PATHOLOGY

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Panel Name	: Ivy Mohali	Approved Date	: 09/Mar/2024 10:15AM
Bar Code No	: 13101070	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
HAEMATOLOGY			
ESR			
Primary Sample Type:EDTA Blood			
ESR (Automated ESR analyser)	3	mm/h	0-10

The highlighted values should be correlated clinically

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DOB/Gender	: 05-Jan-1989/M	Requisition Date	: 09/Mar/2024 09:07AM
UHID	: 427375	SampleCollDate	: 09/Mar/2024 09:13AM
Inv. No.	: 4110113	Sample Rec.Date	: 09/Mar/2024 09:14AM
Panel Name	: Ivy Mohali	Approved Date	: 09/Mar/2024 10:07AM
Bar Code No	: 13101070	Referred Doctor	: Self

Test Description	Observed Value	Unit	Reference Range
HAEMATOLOGY			
COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)			
Haemoglobin (Cyanmethaemoglobin)	16.4	g/dl	13.0 - 17.0
Hematocrit(PCV) (Calculated)	**49.8**	%	36-48
Red Blood Cell (RBC) (Impedance/DC Detection)	5.50	10^6 / µl	4.5-5.5
Mean Corp Volume (MCV) (Impedance/DC Detection)	90.9	fL	83-97
Mean Corp HB (MCH) (Calculated)	29.9	pg/mL	27-31
Mean Corp HB Conc (MCHC) (Calculated)	32.9	gm/dl	32-36
Red Cell Distribution Width -CV (Calculated)	12.5	%	11-15
Platelet Count (Impedance/DC Detection/Microscopy)	229	10^3/ul	150-450
Mean Platelet Volume (MPV) (Impedance/DC Detection)	10.2	fL	7.5-10.3
Total Leucocyte Count (TLC) (Impedance/DC Detection)	5.8	10^3 /µl	4.0 - 10.0
Differential Leucocyte Count (VCS/ Microscopy)			
Neutrophils	62	%	40-75
Lymphocytes	26	%	20-40
Monocytes	8	%	0-8
Eosinophils	4	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,596	µl	2000-7000
Absolute Lymphocyte Count	1,508	uL	1000-3000
Absolute Monocyte Count	464	uL	200-1000
Absolute Eosinophil Count	232	µl	20-500

*** End Of Report ***

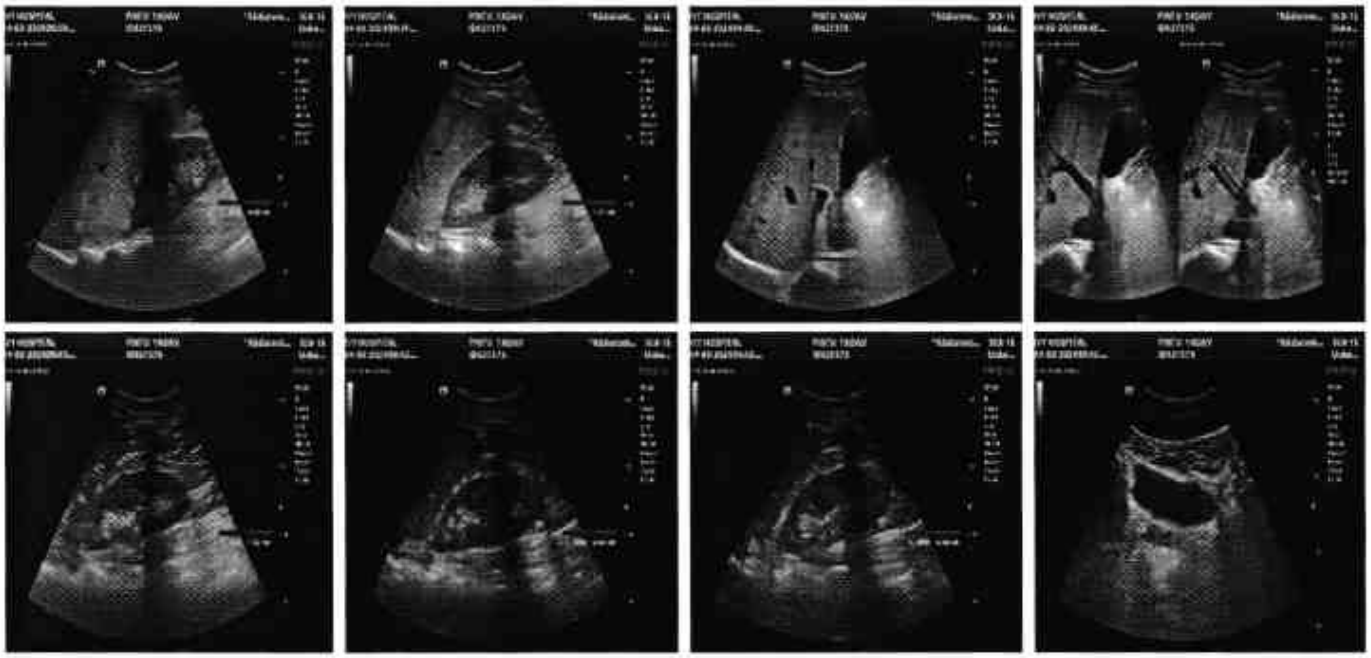
The highlighted values should be correlated clinically

Dr. VARUN HATWAL
M.D. PATHOLOGY

Ivy Hospital
SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

NAME	PINTU YADAV	SEX/AGE	M35Y
PATIENT ID	ID427375	Accession Number	
REF CONSULTANT	PACKAGE	DATE	09/03/2024 09:29

USG WHOLE ABDOMEN



LIVER: **is enlarged in size (~18.5 cm),** normal in outline **and shows increased echogenicity.** IHBR are not dilated. Portal vein is normal. Visualized CBD is not dilated.

GALL BLADDER: is normally distended. GB wall is normal. No echoes are seen in GB.

SPLEEN: **is borderline enlarged in size (~12.4 cm),** normal in outline and echotexture.

PANCREAS & UPPER RETROPERITONEUM: Visualised pancreatic head and proximal body are normal in size and echotexture. Tail of pancreas is obscured by bowel gas.

RIGHT KIDNEY: It is normal in size (~11.7 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~11.4 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

U-BLADDER: is minimally distended at the time of examination.

PROSTATE: is normal in size.

No free fluid is seen in peritoneal cavity.

IMPRESSION:

Hepatomegaly with fatty liver (Grade I/II).
Borderline splenomegaly.

Adv. Clinical correlation and follow up

Dr. Shruti

(NOT FOR MEDICO-LEGAL PURPOSE)

Ivy Hospital

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DNB Resident

DR EKTA MISHRA
MD RADIO-DIAGNOSIS

The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

(NOT FOR MEDICO-LEGAL PURPOSE)