

Medical Summary

Name: *Mv. Anthony*
Ref Doctor: -

Date of Birth: *23/4/1963*
Sex: *M/40*

Customer ID: -
Date: *27/7/24*

Present Complaints: -

Past Illness: -

Major medical illness: -
Surgery: -

Accident: -
Others: -

Personal history:

Smoking: -
Tobacco: -
Alcohol: -
Menstrual history: -
Obstetric history: -

Diet: *(M)*
Exercise: *(M)*
Personality: *(M)*
Marital status: *(M)*
Children: *(M)*

Family history:

Tuberculosis: -
Diabetes: -
Asthma: -
Drug history: -

Allergy: -

Hypertension: -
Heart Disease: -
Others: -
Present Medications: -

General Examination:

Height: *167*
Conjunctiva: *(M)*
Oedema: -
Tongue: *(M)*
Throat: *(M)*

Weight: *78*
Lymphnodes: *(M)*
Nails: *(M)*
Others: -
Skin: *(M)*

BP: *100/70*
Eyes: *(M)*
Genitals: *(M)*
Dental: *(M)*

Eye Screening:

Vision	R/E	L/E
Distant Vision	<i>0.5</i>	<i>0.5</i>
Near Vision	<i>(M)</i>	<i>(M)</i>
Colour Vision	<i>✓ - resolution 6/11</i>	<i>✓ - resolution 6/11</i>



Systemic Examination:

Cardiovascular system: 3, 2, 1 (+)
Peripheral Pulsations: (+)
Heart: (+)
Respiratory system: (RAE (+))

Gastrointestinal Systems:

Higher Function: ✓
Cranial Nerves: ✓
Motor System: ✓

Sensory System: ✓
Superficial Reflexes: ✓
Deep Reflexes: ✓

Impression:

at complaints
Increased ALT Levels [Sign of Liver Injury]

Diet: -

Medication: -

Advice & Follow up:

To follow the regular diet, physical activity
To get a Hepatologist / Gastroenterologist opinion.

DR. THIRUPATHI. V
Consultant General Physician
T.F.V.

MEDALL DIAGNOSTICS
191, Poonamallee High Road,
Kilpauk, Chennai - 600 010.
Cell : 91500 42328





(Medall Healthcare Pvt Ltd)
SELF REFERRAL FORM

RBS7532

VALID 2123-03-2404-21 PM



124005298
MR ANTONY JOHNNY ALAPATT 40/Y

Customer Information

I, give consent to Medall Healthcare Pvt Ltd to perform the My-Health Package investigation requested by me. I declare that **my age is 18 years or above 18 years** and I don't have any metal implants inside my body and don't have a pacemaker or stents. I am also aware that the blood tests are done in non-fasting (Random) Sample

Name: Mr/Ms/Mrs

A N T O N Y J O H N N Y

Company Name

BANK OF BARODA

Occupation

Date of Birth

25 04 1983

or Age:

Gender: Male Female

Contact Number

9884777514

Pin Code

600016

Email ID

antonynjohnny@gmail.com

Vitals Observations (to be filled by Medall team)

Place of service:

In store

Camp - (mention Location)

Height

168. Cms

Waist

34. Inches

Hip

39. Inches

Weight

78.3 Kgs

Fat

30.3 %

Visceral Fat

14.0 %

RM

1692 Cal

BMI

27.7

Body Age

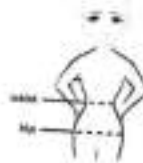
53 Yrs

Systolic BP

119 mm/Hg

Diastolic BP

87 mm/Hg



feet

Inches

Clinical History / Medicines Taken

	Use Tobacco Products	Drink Alcohol
Never	<input type="checkbox"/>	<input type="checkbox"/>
Some days	<input type="checkbox"/>	<input type="checkbox"/>
Daily	<input type="checkbox"/>	<input type="checkbox"/>

Check in the appropriate box

Inspiration: 38 cm

Expiration: 36 cm

SP O2: 99

Pulse: 76

Always Ensure that the customer is relaxed and in sitting position while doing BP check)

Date 23/03/26

Medall Employee Name & centre Name:

I have verified and agree with all the data in this sheet. If all the information without fail

Customer Signature

Antony Alapatt

Name : Mr. ANTONY JOHNNY
ALAPATT
PID No. : RBS7532
SID No. : 124005296
Age / Sex : 40 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 23/03/2024 8:29 AM
Collection On : 23/03/2024 9:53 AM
Report On : 23/03/2024 5:05 PM
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh
TYPING

(EDTA Blood Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood Spectrophotometry)	14.9	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood Derived from Impedance)	45.7	%	42 - 52
RBC Count (EDTA Blood Impedance Variation)	5.35	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood Derived from Impedance)	85.5	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood Derived from Impedance)	27.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood Derived from Impedance)	32.6	g/dL	32 - 36
RDW-CV (EDTA Blood Derived from Impedance)	14.1	%	11.5 - 16.0
RDW-SD (EDTA Blood Derived from Impedance)	42.19	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood Impedance Variation)	7100	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood Impedance Variation & Flow Cytometry)	48.0	%	40 - 75
Lymphocytes (EDTA Blood Impedance Variation & Flow Cytometry)	37.6	%	20 - 45

VERIFIED BY



Dr ARCHANA. K MD Ph.D
Lab Director
TNMC NO: 79967

APPROVED BY

The results pertain to sample tested.

Page 1 of 9

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 SID No. : 124005296
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Eosinophils (EDTA Blood Impedance Variation & Flow Cytometry)	6.3	%	01 - 06
Monocytes (EDTA Blood Impedance Variation & Flow Cytometry)	7.7	%	01 - 10
Basophils (EDTA Blood Impedance Variation & Flow Cytometry)	0.4	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood Impedance Variation & Flow Cytometry)	3.41	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	2.67	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood Impedance Variation & Flow Cytometry)	0.45	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	0.55	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood Impedance Variation & Flow Cytometry)	0.03	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood Impedance Variation)	332	10 ³ / μ l	150 - 450
MPV (EDTA Blood Derived from Impedance)	7.2	fL	7.9 - 13.7
PCT (EDTA Blood Automated Blood cell Counter)	0.24	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	21	mm/hr	< 15

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Dr. Archana K
Dr ARCHANA. K MD Ph.D
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Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	80.5	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) (Plasma - PP/GOD-PAP)	70.7	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.

Remark: Please correlate clinically.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.7	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.02	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/Enzymatic)	6.8	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	1.97	mg/dL	0.1 - 1.2
Remark: Please correlate clinically.			
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.43	mg/dL	0.0 - 0.3

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Lab Director
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Bilirubin(Indirect) (Serum/Derived)	1.54	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	27.2	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	51.7 (Rechecked)	U/L	5 - 41
Remark: Please correlate clinically.			
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	26.4	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	82.0	U/L	53 - 128
Total Protein (Serum/Biuret)	7.38	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.23	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.15	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.34		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	142.1	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	87.8	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

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Dr ARCHANA, K MD Ph.D
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<p>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.</p>			
HDL Cholesterol (Serum/Immuno-inhibition)	27.7	mg/dL	Optimal(Negative Risk Factor): ≥ 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	96.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: ≥ 190
VLDL Cholesterol (Serum/Calculated)	17.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	114.4	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 co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.1	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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3.2	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0

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Dr. ARCHANA. K MD Ph.D
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Investigation	Observed Value	Unit	Biological Reference Interval
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	6.1	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Estimated Average Glucose (Whole Blood)	128.37	mg/dL
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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 glycaemic 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.

Prostate specific antigen - Total(PSA) (Serum/Manometric method)	1.05	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
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INTERPRETATION:REMARK : PSA alone should not be used as an absolute indicator of malignancy.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.19	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 (Tyroxine) - Total

9.51

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)

2.43

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<0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

VERIFIED BY



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BUN / Creatinine Ratio	7.54		6.0 - 22.0

Urine Analysis - Routine

COLOUR (Urine)	Pale yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated - Flow cytometry)	1 - 2	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry)	0 - 1	/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.

Stool Analysis - ROUTINE

Colour (Stool)	Brown		Brown
Blood (Stool)	Absent		Absent

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Lab Director
INMC NO: 29967

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Mucus (Stool)	Absent		Absent
Reaction (Stool)	Acidic		Acidic
Consistency (Stool)	Semi Solid		Semi Solid
Ova (Stool)	NIL		NIL
Others (Stool)	NIL		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)	NIL	/hpf	NIL

VERIFIED BY



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Lab Director
TNMC NO: 79967

APPROVED BY

-- End of Report --



Name	MR.ANTONY JOHNNY ALAPATT	ID	RBS7532
Age & Gender	40Y/MALE	Visit Date	23/03/2024
Ref Doctor	MediWheel		

ULTRASOUND SCAN

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 smooth walled. 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 9.5 x 3.9 cm.

Left kidney measures 9.8 x 4.7 cm.

Ureters are not dilated.

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

Prostate is normal in size, measures 3.8 x 3.4 x 3.2 cm (Vol – 22 cc). Echotexture is homogenous.

Seminal vesicles is normal.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.



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Age & Gender	40Y/MALE	Visit Date	23/03/2024
Ref Doctor	MediWheel		

IMPRESSION:

➤ **Grade I fatty liver.**

Dr.PRASHANT MOORTHY, MBBS., MD.,
Consultant Radiologist



Dr. M. JAYAPRABA.
Consultant Sonologist



Name	Mr. ANTONY JOHNNY ALAPATT	Customer ID	RBS7532
Age & Gender	40Y/M	Visit Date	Mar 23 2024 8:29AM
Ref Doctor	MediWheel		

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. Prashant Moorthy MBBS., MD
Consultant Radiologist



Name	MR.ANTONY JOHNNY ALAPATT	ID	RBS7532
Age & Gender	40Y/MALE	Visit Date	23/03/2024
Ref Doctor	MediWheel		

ECHO CARDIOGRAM REPORT

2D ECHO STUDY:

- Normal chamber dimensions.
- Normal LV / RV size and systolic function (EF: 67%)
- 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 : 67%)
- 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 67 %	(62 %-85 %)
LVID (ed)- 4.5cm(2.6cm/5.5cm)		FS 36 %	
LVID (es)- 3.0cm			



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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

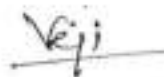
PERICARDIUM:

- Normal.

DOPPLER STUDY:

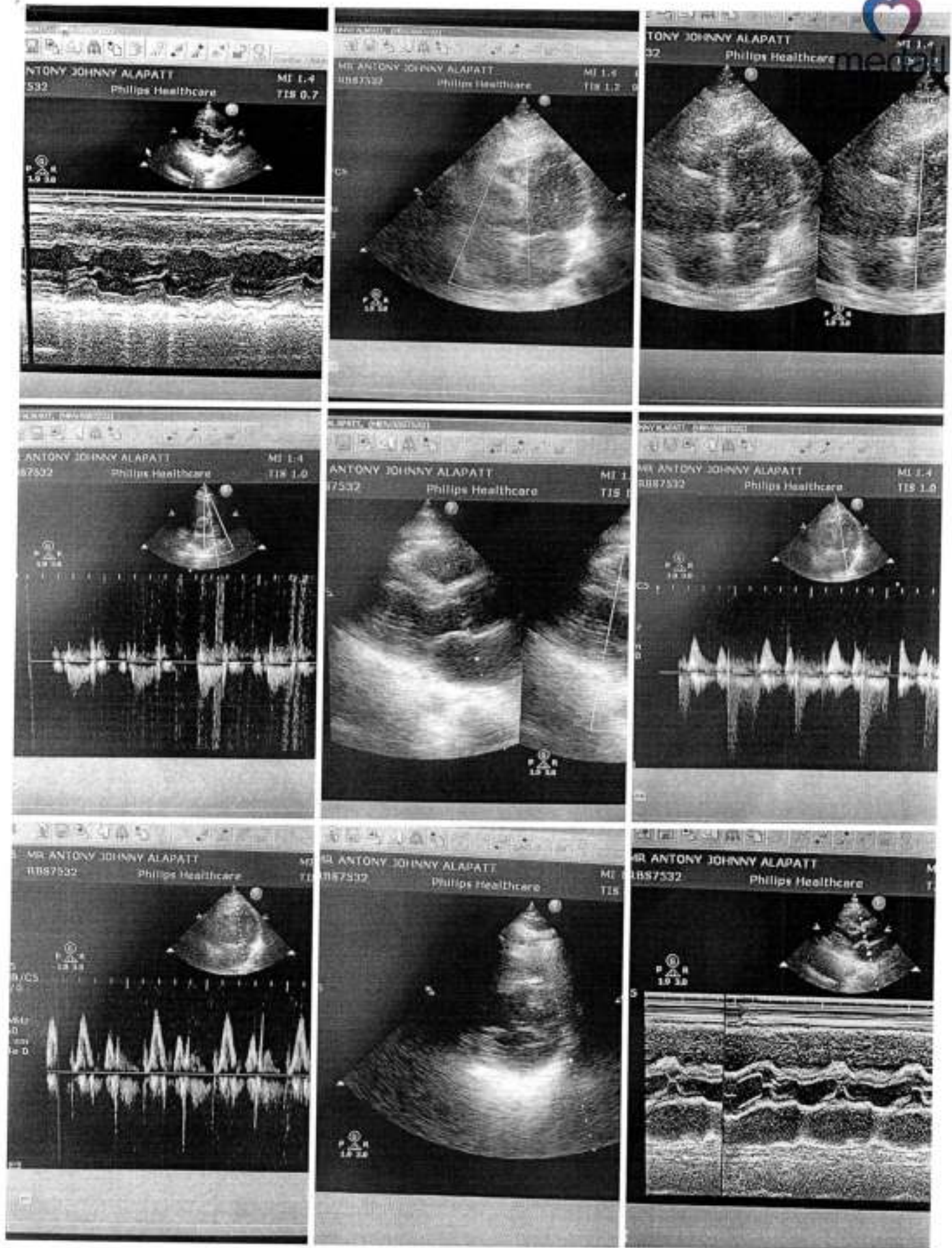
Continuous Wave Doppler & Colour Flow Study:

- *Normal colour flow studies.*



**P. VIJAYA LAKSHMI
(ECHO TECH)**





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MEDALL DIAGNOSTIC CENTER KILPAUK

Age / Gender: 40/Male
Patient ID: rbs7532
Patient Name: Mr antony johnny alapatt
Date and Time: 23rd Mar 24 9:31 AM



ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY



Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.