



011-41195959

Dear **Manipal Hospital**

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking?

Name : SUNIL YADAV
Contact Details : 8800250742
Hospital Package Name : Mediwheel Full Body Health Checkup Male Above 40
Location : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Apartment
Appointment Date : 11-03-2024

Member Information		
Booked Member Name	Age	Gender
SUNIL YADAV	43 year	Male

Tests included in this Package -

- Stool Test
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile
- Prostate Specific Antigen (PSA Male)

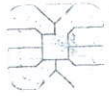
Thanks,
Mediwheel Team
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Transport Department Government of NCT of Delhi
Licence to Drive Vehicles Throughout India

Licence No. : DL04 20049492212 (P) D
Name : SUNIL YADAV
S/W/D : SH D N SINGH
DOB : 28/02/1981 BG : II



Address :
A-2/240 LIG FLATS PASCHIM VIHAR
PASCHIM VIHAR, WEST DELHI 110063

Auth to Drive
LMV
MCWG

Date of Issue
08/12/2004
08/12/2004

(Holder Signature)

Issue Date : 26/12/2018
Validity(NT) : 07/12/2024
Validity(T) : NA
Inv Carr No : NA

Issuing Authority
WZ-1, JANAKPURI

[Handwritten signature]

Form-7
60520503



GOVERNMENT OF NATIONAL CAPITAL
TERRITORY OF DELHI

DRIVING LICENCE

Authorisation to drive a motor vehicle throughout India and,
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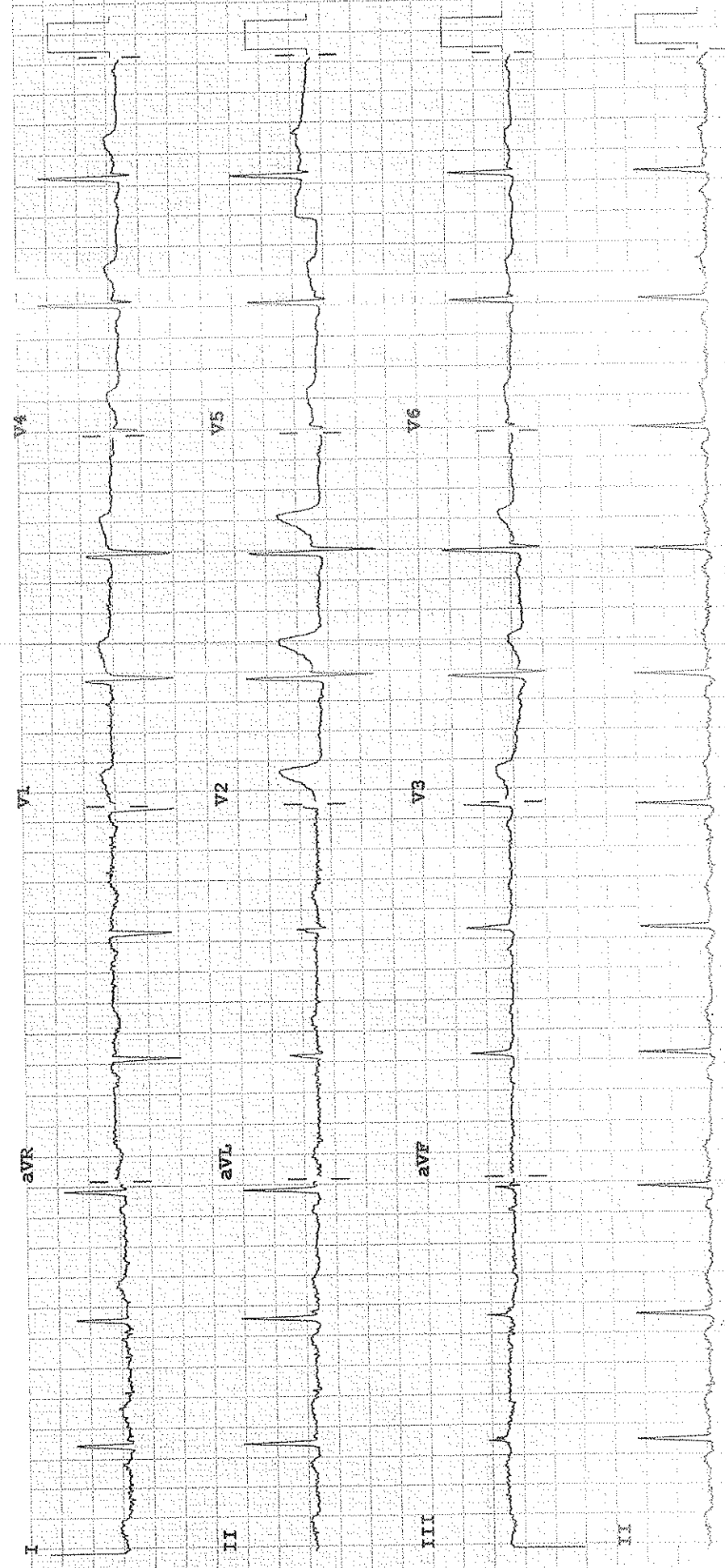
Driving Licence particulars not to be used as Residence Proof



Wherever you must, use public transport



- BORDERLINE ECG -
Unconfirmed Diagnosis



MTM/001 CH 177

5 60-70 100 100 100

Speed: 25 mm/sec

Filter: 50 Hz

Cal: 1.0 mV

11/03/2024 09:22:34



TMT INVESTIGATION REPORT

Patient Name	MR SUNIL YADAV	Location	: Ghaziabad
Age/Sex	: 43 Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH011764653	Order Date	: 11/03/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 11/03/2024

Protocol	: Bruce	MPHR	: 177BPM
Duration of exercise	: 6min 49sec	85% of MPHR	: 150BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 153BPM
Blood Pressure (mmHg)	: Baseline BP : 130/80mmHg Peak BP : 150/90mmHg	% Target HR	: 86%
		METS	: 8.2METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	75	130/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	118	140/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	136	150/90	Nil	No ST changes seen	Nil
STAGE 3	0:49	153	150/90	Nil	No ST changes seen	Nil
RECOVERY	4:56	97	140/86	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh
MD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology

Dr. Abhishek Singh
MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
MD
Cardiology Registrar

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P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com



Name : MR SUNIL YADAV

Age : 43 Yr(s) Sex :Male

Registration No : MH011764653

Lab No : 202403001367

Patient Episode : H18000001901

Collection Date : 11 Mar 2024 08:54

Referred By : HEALTH CHECK MGD

Reporting Date : 11 Mar 2024 10:01

Receiving Date : 11 Mar 2024 08:54

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	5.39	millions/cumm	[4.50-5.50]
HEMOGLOBIN	15.9	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	47.9	%	[40.0-50.0]
MCV (DERIVED)	88.9	fL	[83.0-101.0]
MCH (CALCULATED)	29.5	pg	[25.0-32.0]
MCHC (CALCULATED)	33.2	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.3 #	%	[11.6-14.0]
Platelet count	164	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.0		
WBC COUNT (TC) (IMPEDENCE)	5.44	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	66.0	%	[40.0-80.0]
Lymphocytes	26.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	7.0	mm/1sthour	[0.0-



Name : MR SUNIL YADAV

Age : 43 Yr(s) Sex :Male

Registration No : MH011764653

Lab No : 202403001367

Patient Episode : H18000001901

Collection Date : 11 Mar 2024 10:52

Referred By : HEALTH CHECK MGD

Reporting Date : 11 Mar 2024 13:50

Receiving Date : 11 Mar 2024 10:52

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.000	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	1-2 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



Name : MR SUNIL YADAV

Age : 43 Yr(s) Sex :Male

Registration No : MH011764653

Lab No : 202403001367

Patient Episode : H18000001901

Collection Date : 11 Mar 2024 08:54

Referred By : HEALTH CHECK MGD

Reporting Date : 11 Mar 2024 17:34

Receiving Date : 11 Mar 2024 08:54

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	7.2 #	%	[0.0-5.6]

As per American Diabetes Association (ADA)
HbA1c in %
Non diabetic adults >= 18years <5.7
Prediabetes (At Risk)5.7-6.4
Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG) 160 mg/dl

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 glycemic control.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	235 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	180 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	49	mg/dl	[35-65]
VLDL- CHOLESTEROL (Calculated)	36 #	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	150.0 #	mg/dl	[<120.0]

Above optimal-100-129

Near/

Borderline High:130-159
High Risk:160-189



Name : MR SUNIL YADAV

Age : 43 Yr(s) Sex :Male

Registration No : MH011764653

Lab No : 202403001367

Patient Episode : H18000001901

Collection Date : 11 Mar 2024 08:54

Referred By : HEALTH CHECK MGD

Reporting Date : 11 Mar 2024 09:51

Receiving Date : 11 Mar 2024 08:54

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	4.8		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	3.1		<3 Optimal 3-4 Borderline >6 High Risk

Note:

Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

KIDNEY PROFILE

Specimen: Serum

UREA 24.6 mg/dl [15.0-40.0]

Method: GLDH, Kinatic assay

BUN, BLOOD UREA NITROGEN 11.5 mg/dl [8.0-20.0]

Method: Calculated

CREATININE, SERUM 0.94 mg/dl [0.70-1.20]

Method: Jaffe rate-IDMS Standardization

URIC ACID 7.1 mg/dl [4.0-8.5]

Method:uricase PAP

SODIUM, SERUM 136.60 mmol/L [136.00-144.00]

POTASSIUM, SERUM 3.94 mmol/L [3.60-5.10]

SERUM CHLORIDE 104.3 mmol/L [101.0-111.0]

Method: ISE Indirect



Name : MR SUNIL YADAV

Age : 43 Yr(s) Sex :Male

Registration No : MH011764653

Lab No : 202403001367

Patient Episode : H18000001901

Collection Date : 11 Mar 2024 08:54

Referred By : HEALTH CHECK MGD

Reporting Date : 11 Mar 2024 09:51

Receiving Date : 11 Mar 2024 08:54

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	98.9	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.

LIVER FUNCTION TEST

BILIRUBIN - TOTAL 0.96 mg/dl [0.30-1.20]
Method: D P D

BILIRUBIN - DIRECT 0.21 mg/dl [0.00-0.30]
Method: DPD

INDIRECT BILIRUBIN (SERUM) 0.75 mg/dl [0.10-0.90]
Method: Calculation

TOTAL PROTEINS (SERUM) 6.50 # gm/dl [6.60-8.70]
Method: BIURET

ALBUMIN (SERUM) 4.17 g/dl [3.50-5.20]
Method: BCG

GLOBULINS (SERUM) 2.30 gm/dl [1.80-3.40]
Method: Calculation

PROTEIN SERUM (A-G) RATIO 1.79 [1.00-2.50]
Method: Calculation

AST (SGOT) (SERUM) 63.00 # U/L [0.00-40.00]
Method: IFCC W/O P5P



Name : MR SUNIL YADAV

Age : 43 Yr(s) Sex :Male

Registration No : MH011764653

Lab No : 202403001367

Patient Episode : H18000001901

Collection Date : 11 Mar 2024 08:54

Referred By : HEALTH CHECK MGD

Reporting Date : 11 Mar 2024 09:51

Receiving Date : 11 Mar 2024 08:54

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	100.30 #	U/L	[17.00-63.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	73.0	IU/L	[32.0-91.0]
GGT	68.0 #	U/L	[7.0-50.0]

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.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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


Dr. Charu Agarwal
Consultant Pathologist



Name : MR SUNIL YADAV

Age : 43 Yr(s) Sex :Male

Registration No : MH011764653

Lab No : 202403001368

Patient Episode : H18000001901

Collection Date : 11 Mar 2024 08:54

Referred By : HEALTH CHECK MGD

Reporting Date : 11 Mar 2024 09:51

Receiving Date : 11 Mar 2024 08:54

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	146.0 #	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

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

Dr. Charu Agarwal
Consultant Pathologist



Name : MR SUNIL YADAV

Age : 43 Yr(s) Sex :Male

Registration No : MH011764653

Lab No : 202403001369

Patient Episode : H18000001901

Collection Date : 11 Mar 2024 12:22

Referred By : HEALTH CHECK MGD

Reporting Date : 11 Mar 2024 15:20

Receiving Date : 11 Mar 2024 12:22

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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PLASMA GLUCOSE

Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS	229.0 #	mg/dl	[80.0-140.0]
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Method: Hexokinase

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

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

Dr. Charu Agarwal
Consultant Pathologist

Name	: MR SUNIL YADAV	Age	: 43 Yr(s) Sex :Male
Registration No	: MH011764653	Lab No	: 202403001367
Patient Episode	: H18000001901	Collection Date	: 11 Mar 2024 08:54
Referred By	: HEALTH CHECK MGD	Reporting Date	: 11 Mar 2024 11:39
Receiving Date	: 11 Mar 2024 08:54		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	1.050	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.300	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	15.380 #	µIU/mL	[0.250-5.000]

NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect.

In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.

The TSH assay aids in diagnosing thyroid or hypophysial disorders.

The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.

Name : MR SUNIL YADAV **Age** : 43 Yr(s) Sex :Male
Registration No : MH011764653 **Lab No** : 202403001367
Patient Episode : H18000001901 **Collection Date** : 11 Mar 2024 08:54
Referred By : HEALTH CHECK MGD **Reporting Date** : 11 Mar 2024 11:39
Receiving Date : 11 Mar 2024 08:54

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type	: Serum		
PROSTATE SPECIFIC ANTIGEN(PSA-Total):	1.120	ng/mL	[<2.500]

Method :ELFA

Note :1.This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age
 damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.
 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
 3. PSA levels may appear consistently elevated / depressed due to the interference by hetero antibodies & nonspecific protein binding
 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massag indwelling catheterization, and ultrasonography and needle biopsy of prostate is not recomme as they falsely elevate levels
 5. PSA values regardless of levels should not be interpreted as absolute evidence of the pre or absence of disease. All values should be correlated with clinical findings and results of other investigations
 6. Sites of Non - prostatic PSA production are breast epithelium, salivary glands, peri - urethral & anal glands, cells of male urethra && breast mil
 7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity

Recommended Testing Intervals

- * Pre-operatively (Baseline)
- * 2-4 days post-operatively
- * Prior to discharge from hospital
- * Monthly follow-up if levels are high or show a rising trend

Name : MR SUNIL YADAV

Age : 43 Yr(s) Sex :Male

Registration No : MH011764653

Lab No : 202403001367

Patient Episode : H18000001901

Collection Date : 11 Mar 2024 08:54

Referred By : HEALTH CHECK MGD

Reporting Date : 11 Mar 2024 15:11

Receiving Date : 11 Mar 2024 08:54

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	A Rh(D) Positive		

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

Page 3 of 3

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist



NAME	MR Sunil YADAV	STUDY DATE	11/03/2024 10:07AM
AGE / SEX	43 y / M	HOSPITAL NO.	MH011764653
ACCESSION NO.	R7030326	MODALITY	US
REPORTED ON	11/03/2024 1:05PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS FINDINGS

LIVER: appears normal in size (measures 140 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 116 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 11 mm.

COMMON BILE DUCT: Appears normal in size and measures 4 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 99 x 44 mm.

Left Kidney: measures 107 x 48 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 40 x 30 x 29 mm with volume 18 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Opp. Bahmeta Village, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-616 5666

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com



NAME	MR Sunil YADAV	STUDY DATE	11/03/2024 9:04AM
AGE / SEX	43 y / M	HOSPITAL NO.	MH011764653
ACCESSION NO.	R7030325	MODALITY	CR
REPORTED ON	11/03/2024 9:11AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW**FINDINGS:**

LUNGS: Normal.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
HEART: Normal.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Normal.
THORACIC SPINE: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

No significant abnormality noted.

Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

Manipal Hospital, Ghaziabad

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