

VIDHYA V 33 F MED122403007 TEN91557863844 F RT 1/16/2024
MEDALL DIAGNOSTICS

- Dr. Abiramasundari D.
- Dr. Ajay R Kaushik
- Dr. Andrea Jose
- Dr. Archana Terasa P.
- Dr. Ashraya Nayaka T.E
- Dr. Ashwin Segi
- Dr. Chitra Ramamurthy
- Dr. Fiyo Kurakose
- Dr. Gautam Kukadia
- Dr. Gitansha Shreyas Sachdev
- Dr. Gopal R.
- Dr. Gopinathan G.S
- Dr. Hemanth Murthy
- Dr. Iris
- Dr. Jatinder Singh
- Dr. Jezeela K.
- Dr. Krishnan R.
- Dr. Maimunnisa M.
- Dr. Manjula
- Dr. Mohamed Faizal S.
- Dr. Mugdha Kumar
- Dr. Muralidhar R.
- Dr. Muralidhar N.S.
- Dr. Nagesh
- Dr. Naveen P.
- Dr. Neha Prakash Zanjali
- Dr. Neha Rathi Kamal
- Dr. Nihal Ahmed F.D.
- Dr. Palli Sandip Dattatray
- Dr. Pavithra
- Dr. Praburam Niranjan G
- Dr. Pranesh Ravi
- Dr. Praveen Muraly
- Dr. Preethi
- Dr. Priyanka R.
- Dr. Priyanka Anandamoorthi
- Dr. Priyanka Shyam
- Dr. Priyanka Singh
- Dr. Raline Solomon
- Dr. Ramamurthy D.
- Dr. Rashmita Kukadia
- Dr. Ravi J.
- Dr. Rifky Kamal K.
- Dr. Sagar Basu
- Dr. Sahana Manish
- Dr. Sakthi Rajeswari N.
- Dr. Selvakarasi
- Dr. Shafiqi Butola
- Dr. Sharmila M.
- Dr. Shroesh Kumar K.
- Dr. Shreyas Ramamurthy
- Dr. Smitha Sharma
- Dr. Soundarya B.
- Dr. Srinivas Rao V.K.
- Dr. Suchieta Jennil P.
- Dr. Sumanth
- Dr. Swathi Baliga
- Dr. Tamilarasi S.
- Dr. Thenarasun S.A.
- Dr. Umesh Krishna
- Dr. Uma M.
- Dr. Vaishnavi M.
- Dr. Vamsi K.
- Dr. Vidhya N.
- Dr. Vijay Kumar S.



THE EYE FOUNDATION

SUPER SPECIALITY EYE HOSPITALS

City Shopping Centre, Kokkirakulam, Trivandrum Road, Tirunelveli - 627 003.

Tel : 0462 435 6655 / 6622

E-mail : tirunelveli@theeyefoundation.com Website : www.theeyefoundation.com

H.O : D.B. Road, Coimbatore - 641 002.



Date:.....

Eye Fitness Certificate

This is to certify that ~~Mr/Mrs/Ms~~ Mrs. Vidhya V Age 33

Male/Female, our MRNO 13042066

	OD	cyl		OS	cyl
Visual Acuity	-4.50	-2.25	6/6	-4.25	-2.50 6/6
Near Vision	No			No	
Colour Vision	Normal				
B.S.V	Present				
Central Fields	Normal				
Anterior Segment	Normal				
Fundus	Normal				

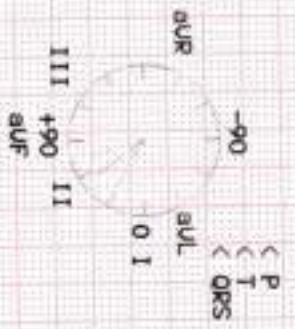
Medical Consultant,
The Eye Foundation,
Tirunelveli.

Dr. S. MOHAMED FAIZAL, MBBS, DD, FAEM,
Medical Superintendent
Reg.No. 85747
THE EYE FOUNDATION
Tirunelveli

AGE:

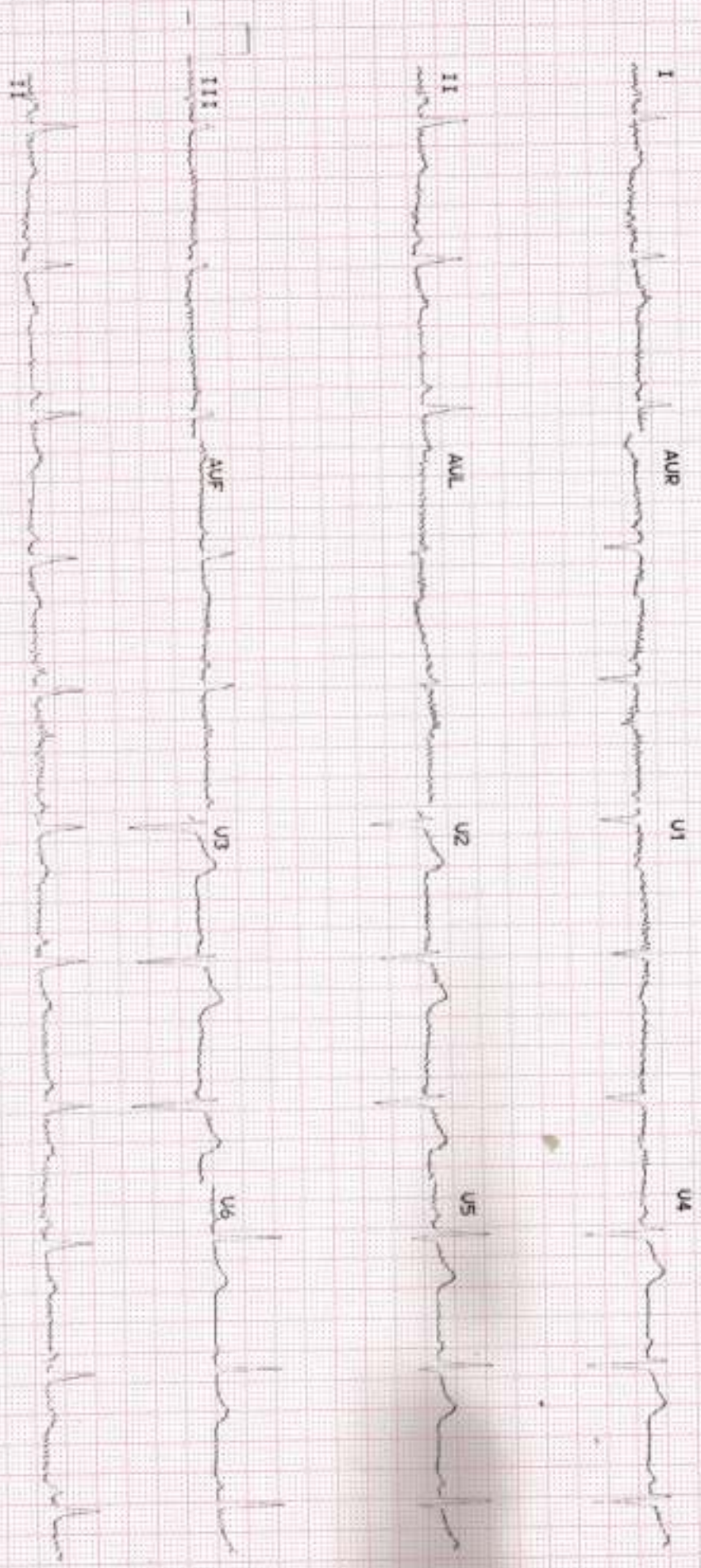
Measurement Results:

QRS : 86 ms
 QT/QTcB : 430 / 443 ms
 QT : 144 ms
 P : 114 ms
 PR/PP : 916 / 935 ms
 P/QRS/T : 74 / 54 / 32 degrees



Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Normal ECG

Unconfirmed report.



MEDICAL EXAMINATION REPORT

Name Vidhya Gender M / F Date of Birth
Position Selected For Identification marks

A. HISTORY:

1. Do you have, or are you being treated for, any of the following conditions? (please tick all that apply)?

- | | | |
|---|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Cancer | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Depression/ bipolar disorder | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Asthama, Bronchitis, Emphysema | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Back or spinal problems | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Sinusitis or Allergic Rhinitis (Hay Fever) |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Any other serious problem for which you are receiving medical attention | |

2. List the medications taken Regularly.

3. List allergies to any known medications or chemicals.

4. Alcohol : Yes No Occasional

5. Smoking : Yes No Quit (more than 3 years)

6. Respiratory Function :

- a. Do you become unusually short of breath while walking fast or taking stair - case? Yes No
- b. Do you usually cough a lot first thing in morning? Yes No
- c. Have you vomited or coughed out blood? Yes No

7. Cardiovascular Function & Physical Activity :

- a. Exercise Type: (Select 1)
- No Activity
 - Very Light Activity (Seated At Desk, Standing)
 - Light Activity (Walking on level surface, house cleaning)
 - Moderate Activity (Brisk walking, dancing, weeding)
 - Vigorous Activity (Soccer, Running)
- b. Exercise Frequency: Regular (less than 3 days/ week) / Irregular (more than 3 days/ Week)
- c. Do you feel pain in chest when engaging in physical activity? Yes No

8. Hearing :

- a. Do you have history of hearing troubles? Yes No
- b. Do you experiences ringing in your ears? Yes No
- c. Do you experience discharge from your ears? Yes No
- d. Have you ever been diagnosed with industrial deafness? Yes No

9. Musculo - Skeletal History

- a. Neck : Have you ever injured or experienced pain? Yes No
- b. Back : If Yes ; approximate date (MM/YYYY) Yes No
- c. Shoulder, Elbow, Wrists, Hands : Consulted a medical professional ? Yes No
- d. Hips, Knees, Ankles, Legs : Resulted in time of work? Yes No
- Surgery Required ? Yes No
- Ongoing Problems ? Yes No

10. Function History

- a. Do you have pain or discomfort when lifting or handling heavy objects? Yes No
 - b. Do you have knee pain when squatting or kneeling? Yes No
 - c. Do you have back pain when forwarding or twisting? Yes No
 - d. Do you have pain or difficulty when lifting objects above your shoulder height? Yes No
 - e. Do you have pain when doing any of the following for prolonged periods (Please circle appropriate response)
- | | | |
|---|---|--|
| •Walking : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Kneeling : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Squatting : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| •Climbing : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Sitting : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| •Standing : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | •Bending : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
- f. Do you have pain when working with hand tools? Yes No
 - g. Do you experience any difficulty operating machinery? Yes No
 - h. Do you have difficulty operating computer instrument? Yes No

B. CLINICAL EXAMINATION :

Pulse: 71

a. Height <input style="width: 50px;" type="text" value="157"/>	b. Weight <input style="width: 50px;" type="text" value="95.7"/>	Blood Pressure <input style="width: 100px;" type="text" value="120/80 mmhg"/>
Chest measurements:	a. Normal <input style="width: 50px;" type="text"/>	b. Expanded <input style="width: 50px;" type="text"/>
Waist Circumference <input style="width: 100px;" type="text" value="-"/>	Ear, Nose & Throat <input style="width: 100px;" type="text" value="Normal"/>	
Skin <input style="width: 100px;" type="text" value="Normal"/>	Respiratory System <input style="width: 100px;" type="text" value="Normal"/>	
Vision <input style="width: 100px;" type="text" value="Normal"/>	Nervous System <input style="width: 100px;" type="text" value="Normal"/>	
Circulatory System <input style="width: 100px;" type="text" value="Normal"/>	Genito-urinary System <input style="width: 100px;" type="text" value="Normal"/>	
Gastro-intestinal System <input style="width: 100px;" type="text" value="Normal"/>	Colour Vision <input style="width: 100px;" type="text" value="Normal"/>	

Discuss Particulars of Section B :-

C. REMARKS OF PATHOLOGICAL TESTS :

Chest X-ray <input style="width: 100px;" type="text" value="Normal"/>	ECG <input style="width: 100px;" type="text" value="Normal"/>
Complete Blood Count <input style="width: 100px;" type="text" value="13.5"/>	Urine routine <input style="width: 100px;" type="text" value="Normal"/>
Serum cholesterol <input style="width: 100px;" type="text" value="124"/>	Blood sugar <input style="width: 100px;" type="text" value="F 140 P.P. 22"/>
Blood Group <input style="width: 100px;" type="text" value="B positive"/>	S.Creatinine <input style="width: 100px;" type="text" value="0.78"/>

D. CONCLUSION :

Any further investigations required <input style="width: 100%; height: 30px;" type="text"/>	Any precautions suggested <input style="width: 100%; height: 30px;" type="text" value="1- Fitness after 1-2 wks."/>
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E. FITNESS CERTIFICATION

Certified that the above named recruit does not appear to be suffering from any disease communicable or otherwise, constitutional weakness or bodily infirmity except _____
 _____ . I do not consider this as disqualification for employment in the Company. S

Candidate is free from Contagious/Communicable disease

Date : 16.01.24

Handwritten signature/initials

Signature of Medical Adviser
Dr. S. MANKANDAN, M.D., D.M., (Cardiology)
 Reg. No: 61785, Consultant Cardiologist
Medall Diagnostics
 Tirunelveli - 2

Name : Mrs. VIDHYA V
PID No. : MED122403007
SID No. : 624001266
Age / Sex : 33 Year(s) / Female
Ref. Dr : MediWheel

Register On : 16/01/2024 9:24 AM
Collection On : 16/01/2024 9:56 AM
Report On : 18/01/2024 8:15 AM
Printed On : 20/01/2024 5:03 PM
Type : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.03	10 ³ / µl	< 0.2
Platelet Count (Blood/Impedance Variation)	319	10 ³ / µl	150 - 450
MPV (Blood/Derived from Impedance)	9.3	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.30	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	32	mm/hr	< 20

BIOCHEMISTRY

BUN / Creatinine Ratio	11.0		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	144.0	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)	Negative	Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	221.0	mg/dL	70 - 140
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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 Glucose(PP-2 hours) (Urine - PP)	Trace	Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.6	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.78	mg/dL	0.6 - 1.1
Uric Acid (Serum/Enzymatic)	3.1	mg/dL	2.6 - 6.0

Liver Function Test

Bilirubin(Total) (Serum)	0.90	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.24	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.66	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	25.3	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	28.4	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	15.9	U/L	< 38



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	82.4	U/L	42 - 98
Total Protein (Serum/Biuret)	6.82	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.69	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.13	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.18		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	124.0	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	135.8	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)	46.7	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	50.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	27.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	77.3	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.



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	2.7		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)	2.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	1.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/Ion exchange HPLC by D10)	7.3	%	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 (Whole Blood) 162.81 mg/dL

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 glycemic 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.

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.25	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 (Serum/ Chemiluminescent Immunometric Assay (CLIA))	9.69	µg/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.



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SID No. : 624001266
Age / Sex : 33 Year(s) / Female
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	0.83	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<0.03 μIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

CLINICAL PATHOLOGY

Urine Analysis - Routine

Colour (Urine)	Pale Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Pus Cells (Urine)	1-2	/hpf	NIL
Epithelial Cells (Urine)	3-4	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --



Name	MRS.VIDHYA V	ID	MED122403007
Age & Gender	33Y/FEMALE	Visit Date	16 Jan 2024
Ref Doctor Name	MediWheel		

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.8cm
LVID s ... 2.8cm
EF ... 73%
IVS d ... 1.0 cm
IVS s ... 0.9cm
LVPW d ... 0.9cm
LVPW s ... 1.4cm
LA ... 2.9cm
AO ... 3.2cm
TAPSE ... 25mm
IVC ... 0.9cm

Left ventricle, Left atrium normal.

Right ventricle, Right atrium normal.

No regional wall motion abnormality present.

Mitral valve, Aortic valve, Tricuspid valve & Pulmonary valve normal.

Aorta normal.

Inter atrial septum intact.

Inter ventricular septum intact.

No pericardial effusion .

Doppler:

Name	MRS.VIDHYA V	ID	MED122403007
Age & Gender	33Y/FEMALE	Visit Date	16 Jan 2024
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Mitral valve : E: 0.84m/s A: 0.55m/s
E/A Ratio:1.55 E/E: 8.31

Aortic valve: AV Jet velocity: 1.26 m/s

Tricuspid valve: TV Jet velocity: 2.17m/s

TRPG:

18.84mmHg.

Pulmonary valve: PV Jet velocity: 1.22m/s

IMPRESSION:

1. Normal chambers& Valves.
2. No regional wall motion abnormality present.
3. Normal LV systolic function.
4. Pericardial effusion - Nil.
5. No pulmonary artery hypertension.



Dr. S.MANIKANDANMD.DM.(Cardio)
Cardiologist

Name	MRS.VIDHYA V	ID	MED122403007
Age & Gender	33Y/FEMALE	Visit Date	16 Jan 2024
Ref Doctor Name	MediWheel		

Thanks for your reference

SONOGRAM REPORT

WHOLE ABDOMEN

Suboptimal imaging due to poor penetration of USG with thick abdominal wall

Liver: The liver is normal in size. Parenchymal echoes are increased in intensity. No focal lesions. Surface is smooth. There is no intra or extra hepatic biliary ductal dilatation.

Gallbladder: The gall bladder is partially distended with no demonstrable calculus. Wall thickness appears normal.

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

Spleen: The spleen is normal.

Kidneys: The right kidney measures 10.8 x 5.2 cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures 10.9 x 4.8 cm. Normal architecture.

The collecting system is not dilated.

Urinary bladder: The urinary bladder is smooth walled and uniformly transonic.

There is no intravesical mass or calculus.

Uterus: The uterus is anteverted, and measures 7.4 x 3.8 cm.

The endometrium measures 5.4 mm in thickness.

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Age & Gender	33Y/FEMALE	Visit Date	16 Jan 2024
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A hypoechoic lesion measuring 2.2 x 2.0cm noted in the posterior myometrium.

Ovaries The right ovary measures 2.8 x 3.3 cm.
 A follicles measuring about 1.4 x 1.3cm noted in right ovary.
 The left ovary measures 2.8 x 3.2 cm.
 Multiple small follicles measuring less than 1 cm noted in left ovary.
 No significant mass or cyst is seen in the ovaries.
 Parametria are free.

RIF Iliac fossae are normal.
 No mass or fluid collection is seen in the right iliac fossa.
 The appendix is not visualized.
 There is no free or loculated peritoneal fluid.
 No para aortic lymphadenopathy is seen.

IMPRESSION

- Grade I fatty liver
- Uterine fibroid.
- For follow up.

DR.T.ANNIE STALIN MBBS.,F.USG.,
 SONOLOGIST.

Name	MRS.VIDHYA V	ID	MED122403007
Age & Gender	33Y/FEMALE	Visit Date	16 Jan 2024
Ref Doctor Name	MediWheel		

Name	MRS.VIDHYA V	ID	MED122403007
Age & Gender	33Y/FEMALE	Visit Date	16 Jan 2024
Ref Doctor Name	MediWheel		

Name	Mrs. VIDHYA V	Customer ID	MED122403007
Age & Gender	33Y/F	Visit Date	Jan 16 2024 9:23AM
Ref Doctor	MediWheel		

Thanks for your reference

DIGITAL X- RAY CHEST PA VIEW

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Both costophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY DEMONSTRATED.**



DR. DANIEL STANLEY PETER, M.D.R.D.,
Consultant Radiologist
Reg. No: 82342