



RAJIV KHATRI 39 5318 M CHEST,FRN P->A 09-03-2024 12:17 PM
LIFELINE HOSPITAL, GILL ROAD ,LUDHIANA

❖ This medical fitness is only on the basis of clinical examination. No COVID -19 and other investigation has been done to reveal the fitness

MEDICAL EXAMINATION REPORT

Name Rajiv khatri Age & Sex 39y/M Date of MER 09/03/24
 Identification Mark scar on left side of abdomen ID Proof UID Card
 Ht. 171 wt. 64 Chest Exp/Insp. 87/92 Abd. 83 PR. 54/m BP. 120/90

Any Operation H/O left kidney nephrectomy done in 2011 at Jy hospital, Mahali
 Any Medicine Taken No

Any Accident No

Alcohol/Tabacco/Drugs No
 Consumption..... Duration.....
 Qty.....

Whether the person is suffering from any of the following diseases, give details

DISEASE	Yes/NO	DETAIL
Diabetes	No	
Hypertension	No	
Renal Complications	YES	H/O left kidney nephrectomy done in 2011
Heart Disease	No	
Cancer	No	
Any Other	YES	H/O 'Wernaxing of hands congenitally on/off

Examination of systems

SYSTEMS(any evidence of past/present disease)	YES	NO	DETAILS
Brain or nervous system		✓	
Lungs or other parts of respiratory system		✓	
GI Tract		✓	
Ears, Eyes, Nose, Throat, Neck		✓	
Cardiovascular System		✓	


 Signature of client.....

Signature of Doctor..... Dr. R.S. Maheshwari
 MBBS MD (Ped) PCMS (Ex) MIAP
 Consultant Physician & Child Specialist
 Seal of Centre..... LIFE LINE HOSPITAL
 GILL ROAD, LUCHANA-141003
 Registration No. 34970

Feedback – Medical Checks

This is to confirm & certify that I have gone through the medical examination through centre on _ to complete the requisite medical formalities towards my application for life insurance from BOB vide Proposal Form bearing no _____ dated 09/03/24

I do confirm specifically that the following medical activities have been performed for me:

- | | | |
|--|---|-----------------------------|
| 1. Full Medical Report (Medical Questionnaire) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No |
| 2. Sample Collection | | |
| a. Blood | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No |
| b. Urine | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No |
| 3. Electro Cardio Gram (ECG) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No |
| 4. Treadmill Test (TMT) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No |
| 5. Others <u>PFT, USG, CXR</u> | | |

I have furnished my ID Proof UID bearing ID No. 269708747418 at the time of my medical.

Feedback Form

- Behavior and cooperation of staff

Reception/ Clinic/ Hospital	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Technician/ Doctors	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
- Time Management

	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
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- Upkeep of hospital

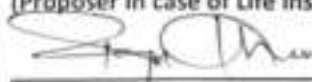
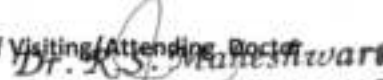
	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
--	--	----------------------------------	-------------------------------
- Technology & Skills

	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
--	--	----------------------------------	-------------------------------
- Please remark if the medical check procedure was satisfactory

	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
--	---	-----------------------------

(Medical Facility- Location; Facility Set-up, instruments, cleanliness; Process followed; etc. Also on the Medical Staff: Appearance; Technical Know-how; Behavior etc.)

- If No please provide details or let us know of anything additional you would like to provide

Signature of the Life to be Insured (Proposer in case of Life insured being minor)  <hr/> Name of the Life to be Insured with date <u>09/03/24</u> (Proposer (in case of Life insured being minor)) <u>Rajiv khatri</u>	Signature of Visiting/Attending Doctor  M.B.B.S. M.D. (Paeds) P.C.M.S (Ex.) M.I.A.P. Consultant Physician & Child Specialist Name of Visiting/Attending Doctor <u>LIFE LINE HOSPITAL</u> GILL ROAD, LUDHIANA-141003 Registration No. <u>34570</u> MC Registration No: <u>34970</u> <hr/> Doctor Stamp with date <u>09/03/24</u>
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Self Declaration & Special COVID-19 Consent

Date 09/03/24

Day

Time:

Patient's Name/Client Name Rajiv khatri

Age 34y

Sex M

Case No/Proposal no

Address:

Profession:



1) Do you have Fever/Cough/Tiredness/Difficulty in Breathing?

Yes/No

2) Have you travelled outside India and came back during pandemic of COVID 19 or

Have you come from other country during pandemic of COVID 19?

Yes/No

3) Have you travelled anywhere in India in last 60 days?

Yes/No

4) Any Personal or Family History of Positive COVID 19 or Quarantine?

4/01 Covid +ve in Jan, 2021
Home isolation for 7 days.

Yes/No

5) Any history of known case of Positive COVID 19 or Quarantine patient in your

Neighbors/Apartment/Society area

Yes/No

6) Are you suffering from any following diseases?

Diabetes/Hypertension/Lung Disease/Heart Disease

Yes/No

7) Are you healthcare worker or interacted/lived with Positive COVID 19 patients?

Yes/No

During the Lockdown period and with current situation of Pandemic of COVID 19, I came to this hospital/home visit by this hospital at my home for medical checkup. e.g. MER, Blood Sample, Urine sample and ECG.

I also know that I may get infection from the hospital or from doctor, and I will take every precaution to prevent this from happening. for that I will never hold doctors or hospital staffs accountable if such infection occurs to me or my accompanying persons.

Above information is true as per best to my knowledge, I understand that giving false information or hiding the facts or any type of violence in the hospital are punishable offence in IPC.

Patient's Signature with Name

Dr. R.S. Mahtani ^{Doctor's Signature & Name}
M.B.B.S. M.D. (Paed) P.C.M.S. (Ex) M.I.A.P.
Consultant Physician & Child Specialist
LIFE LINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No 34970





राजीव खत्री
 Rajiv Khatri
 जन्म तिथि / DOB: 19/12/1984
 पुरुष / MALE
 Mobile No.: 9825990540

2697 0874 7418

मेरा आधार, मेरी पहचान

Dr. R.S. Mareshwari
 MBBS, MD (Genl) PCMS, (Ex-MIAP)
 Consultant Physician & Senior Specialist
LIFE LINE HOSPITAL
 GILL-ROAD, LUDHIANA-141007
 Registration No. 141007




राजीव खत्री
 RAJIV KHATRI

पता:
 S/O गुप्त राम खत्री, 2404, एच.आई.जी. फ्लैट्स, फेज-2,
 अर्बन एस्टेट, दुग्री, बसंत अवनी, लुधियाना,
 पंजाब - 141013

Address:
 S/O Gupta Ram Khatri, 2404, H.I.G Flats,
 Phase-2, Urban Estate, Dugri, Basant
 Avenue, Ludhiana, Punjab - 141013



1947 | help@uidai.gov.in | www.uidai.gov.in

64 bpm
- / - mmHg

CARDIOPRINT

09.03.2024 9:57:33

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

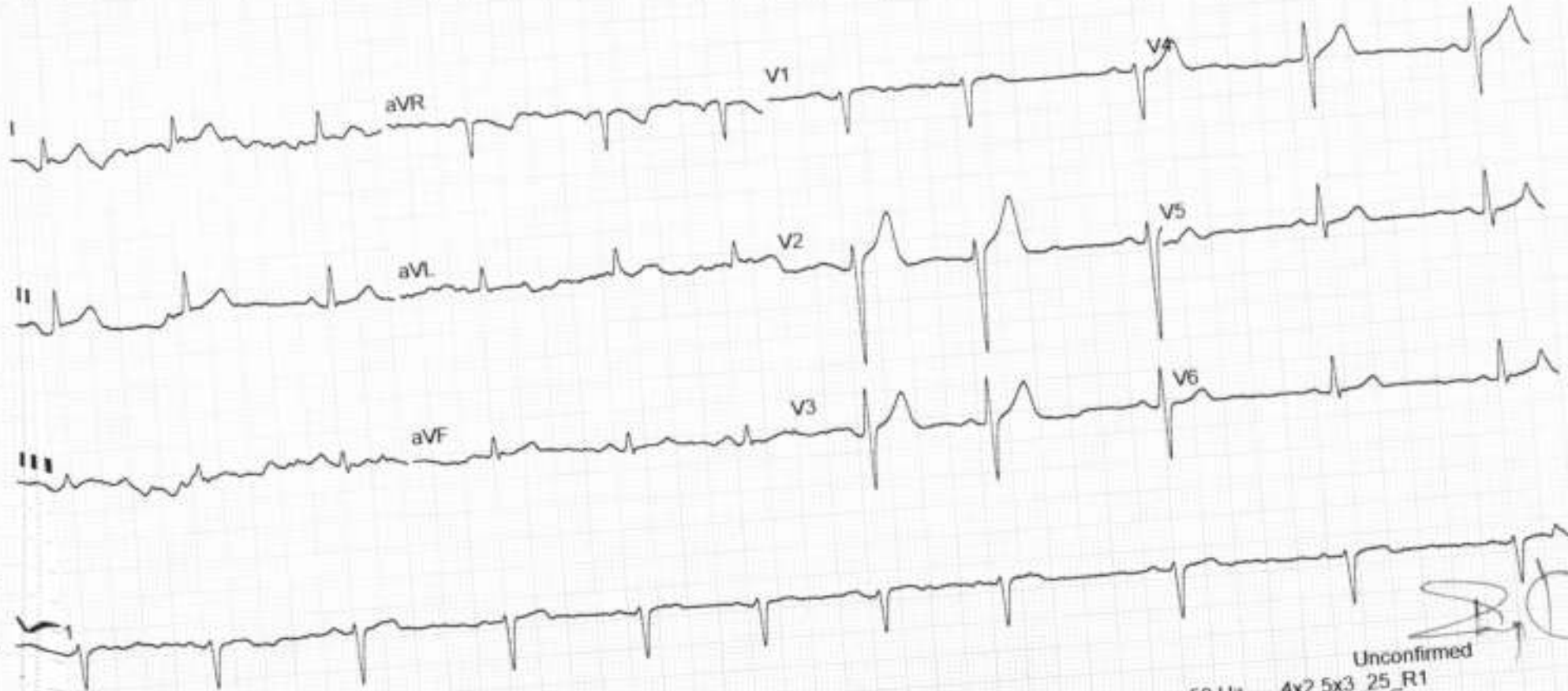
Ravi Khatri 39 y/m

Normal sinus rhythm with sinus arrhythmia
Normal ECG

WNL

QRS 92 ms
QT / QTcBaz 376 / 387 ms
PR 152 ms
P 98 ms
RR / PP 942 / 937 ms
P / QRS / T 68 / 28 / 37 degrees

Dr. Ravi Kant Singla
M.B.B.S. MD
Medical Specialist
Ex. Registrar CMC LDH.
Reg. No. 29182



Unconfirmed

1/1

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

4x2.5x3_25_R1

MAC2000

1.1

12SL™ v241

RECORDERS & MEDICARE SYSTEMS

Plot # 196, Industrial Area, Phase-1, Panchkula, Haryana INDIA - 134113

Patient: RAJIV KHATRI

Age : 39 Yrs

Gender : Male

Refd. By:

Height : 170 Cms

Smoker : No

Pred. Eqns: RECORDERS

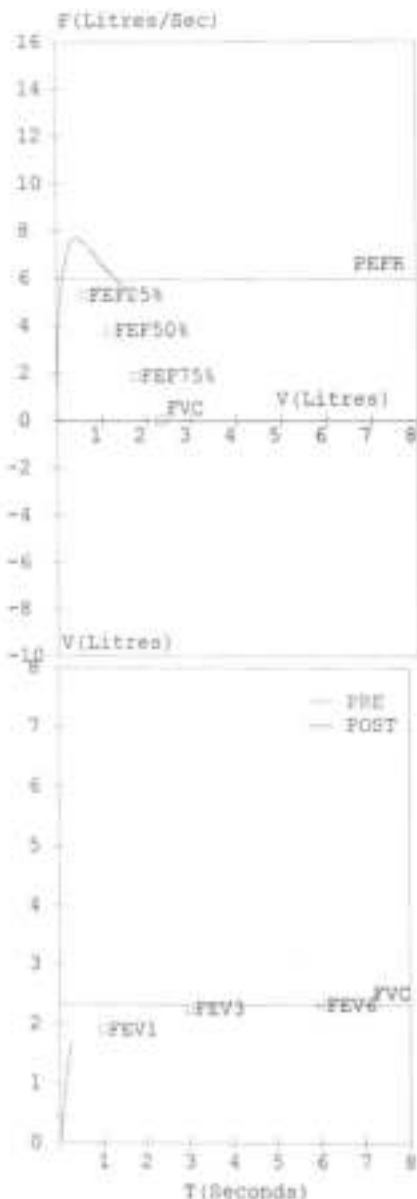
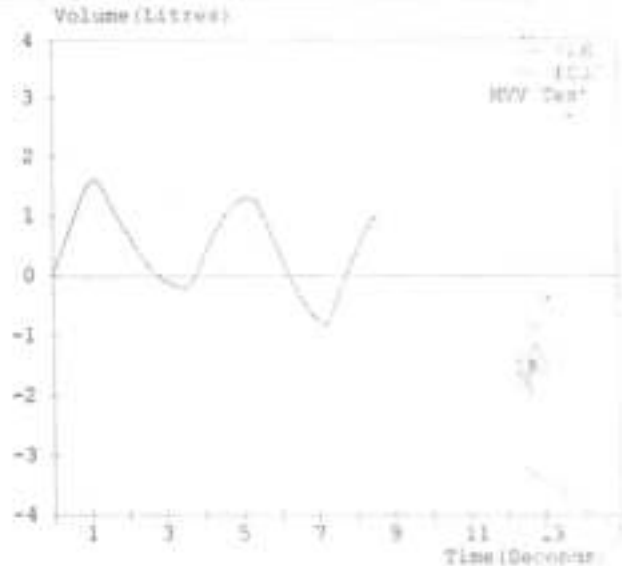
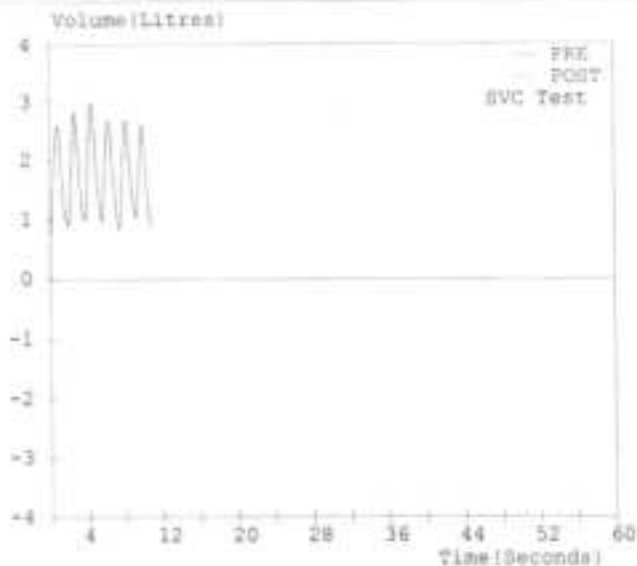
Weight : 64 Kgs

Eth. Corr: 67

Date : 09-Mar-2024 11:55 AM

ID : 988

Temp :



Spirometry Results						
Parameter		Pred	M.Pre	%Pred	M.Post	%Pred
FVC	(L)	02.32	01.70	073	-----	---
FEV1	(L)	01.91	01.70	089	-----	---
FEV1/FVC	(%)	82.33	100.00	121	-----	---
FEF25-75	(L/s)	02.67	06.82	255	-----	---
PEFR	(L/s)	05.95	07.64	128	-----	---
FIVC	(L)	-----	-----	-----	-----	---
FEV.5	(L)	-----	01.71	---	-----	---
FEV3	(L)	02.25	01.70	076	-----	---
PIFR	(L/s)	-----	-----	-----	-----	---
FEF75-85	(L/s)	-----	05.56	---	-----	---
FEF.2-1.2	(L/s)	04.66	06.95	149	-----	---
FRF 25%	(L/s)	05.29	07.82	144	-----	---
FRF 50%	(L/s)	03.79	06.92	183	-----	---
FRF 75%	(L/s)	01.85	06.02	325	-----	---
FEV.5/FVC	(%)	-----	100.59	---	-----	---
FEV3/FVC	(%)	96.98	100.00	103	-----	---
FET	(Sec)	-----	00.28	---	-----	---
ExpTime	(Sec)	-----	00.04	---	-----	---
Lung Age	(Yrs)	039	043	110	-----	---
FEV6	(L)	02.32	-----	---	-----	---
FIF 25%	(L/s)	-----	03.17	---	-----	---
FIF 50%	(L/s)	-----	03.17	---	-----	---
FIF 75%	(L/s)	-----	03.17	---	-----	---
SVC	(L)	-----	02.00	---	-----	---
ERV	(L)	00.93	01.04	112	-----	---
IRV	(L)	-----	00.17	---	-----	---
VE	(L/min)	-----	61.39	---	-----	---
Rf	(l/min)	-----	33.33	---	-----	---
Ti	(sec)	-----	00.70	---	-----	---
Te	(sec)	-----	01.10	---	-----	---
VT	(L)	-----	61.84	---	-----	---
VT/Ti		-----	02.63	---	-----	---
Ti/Ttot		-----	00.39	---	-----	---
IC	(L)	-----	02.01	---	-----	---
MVV	(L/min)	090	034	038	-----	---
MRF	(l/min)	-----	17.44	---	-----	---
MVT	(L)	-----	01.94	---	-----	---

Pre Medication Report Indicates Mild Restriction as (FEV1/FVC)%Pred >95 and FVC%Pred <90

WJOL
Dr R.K. Mittal
 MBBS MD (Chest)
 Registration No. 17707 (PMC)
 Consultant Physician & Chest Specialist
 DELHI, 110002



Lab ID: 10	Date: 09/03/2024
Name: RAJIV KHATRI	Age/Sex: 39 /Years/Male
Ref. By: BANK OF BARODA	Mac. No.: 246

Complete Blood Count

Test Performed on ERBA H360 Fully Automated Analyser

Parameters	Result	Units	Reference Range	Graphs
LEUKOCYTES				
Total WBC Count	7.35	10 ³ /uL	4.0 - 11.0	<p>WBC</p>
Lymphocytes%	33.1	%	20.0 - 50.0	
Mixed%	5.5	%	3.0 - 10.0	
Neutrophils%	61.4	%	50.0 - 70.0	
Lymphocytes#	2.43	10 ³ /uL	0.6 - 4.1	
Mixed#	0.40	10 ³ /uL	0.1 - 1.8	
Neutrophils#	4.52	10 ³ /uL	2.0 - 7.8	
ERYTHROCYTES				
Hemoglobin	15.2	g/dl	12.0 - 17.0	<p>RBC</p>
R.B.C Count	5.21	10 ⁶ /uL	3.50 - 5.50	
Haematocrit(PCV)	43.4	%	36.0 - 47.0	
MCV	83.4	fl	80.0 - 99.0	
MCH	29.1	pg	27.0 - 32.0	
MCHC	34.9	g/dl	32.0 - 36.0	
RDW-SD	45.4	fl	35.0 - 56.0	
RDW-CV	14.5 H	%	11.5 - 14.5	
THROMBOCYTES				
Platelets Count	103 L	10 ³ /uL	150 - 450	<p>PLT</p>
MPV	12.9 H	fl	7.4 - 10.4	
PDW	23.4 H	fl	10.0 - 17.0	
PDW-CV	18.3 H	%	10.0 - 17.0	
PCT	0.133	%	0.108 - 0.280	
P-LCR	50.7 H	%	13.0 - 43.0	
P-LCC	52.0	10 ³ /uL	30 - 90	
ESR	04	mm 1st hr	0 - 20	
Blood Group	"B" POSITIVE			

Surbhi

Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg. No. 40195



NAME : RAJIV KHATRI
AGE/SEX : 39Y/M
REF BY : BANK OF BARODA
DATE : 09.03.2024

BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	96mg/dl
PPBS	70-140mg/dl	107mg/dl
UREA(BUN)	15-45mg/dl	27mg/dl
CREATININE	0.7-1.5mg/dl	0.85mg/dl
URIC ACID	3.0-7.2mg/dl	6.71mg/dl
CALCIUM	8.5-10.4mg/dl	8.9mg/dl
CHOLESTEROL	140-200mg/dl	167mg/dl
TRIGLYCRIDE	60-160mg/dl	128mg/dl
CHOLESTEROL HDL	35-60 mg/dl	46mg/dl
CHOLESTEROL LDL	60-150 mg/dl	96mg/dl
VLDL	20-40 mg/dl	25mg/dl
CHOLESTEROL/HDL Ratio	4.0:1-4.16:1 mg/dl	3.6:1mg/dl
LDL/HDL Ratio	1.71-2.5mg/dl	2.0mg/dl

Recommendation:-

1. This report is not valid for medico legal purposes.
2. The test can be repeated free of cost in case of any discrepancy.
3. Test to be clinically correlated.
4. All card tests require confirmation by serology
5. False negative or false positive results may occur in some cases.

Surbhi

Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No 40195



NAME : RAJIV KHATRI
AGE/SEX : 39Y/M
REF BY : BANK OF BARODA
DATE : 09.03.2024

LIVER EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
BILLIRUBIN TOTAL	<1.2mg/dl.	0.77mg/dl
BILLIRUBIN DIRECT	<0.3mg/dl	0.22mg/dl
BILIRUBIN INDIRECT	<0.9mg/dl	0.55mg/dl
S.G.O.T.	5-50Units/L	42Units/L
S.G.P.T.	5-50 Units/L	36Units/L
GAMMA GT	9-52 Units/L	32Units/L
ALK. PHOSPHATASE	ADULTS-28-111Units/L CHILD-54-369units/L	102Units/L
TOTAL PROTEIN	6.0-8.0mg/dl	7.0mg/dl
ALBUMIN	3.5-5.3mg/dl	4.0mg/dl
S.GLOBULIN	2.0-4.0gm/dl	3.0gm/dl
A/G RATIO	1.25:1-1.75:1 mg/dl	1.33:1gm/dl

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Surbhi

Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
09-11-2015



NAME : RAJIV KHATRI
AGE/SEX : 39Y/M
REF BY : BANK OF BARODA
DATE : 09.03.2024

TEST ASKED : -T3,T4,TSH

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	1.10 ng/ml	0.70-2.04 ng/ml
T4	5.35 µg/dl	4.6-10.5 µg/dl
TSH	1.247µIU/ml	0.40-4.20µIU/ml

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Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
74-11-302-1401-25



NAME : RAJIV KHATRI
AGE/SEX : 39Y/M
REF BY : BANK OF BARODA
DATE : 09.03.2024

<u>TEST NAME</u>	VALUE	UNITS
------------------	-------	-------

PROSTATE SPECIFIC ANTIGEN (PSA)	0.30	ng/ml
---------------------------------	------	-------

Technology : C.L.I.A

REFERENCE RANGE:

NORMAL: 0 to 4 ng/ml

Border Line: 4.01 to 10.00 ng/ml

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Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No 40195



NAME : RAJIV KHATRI
AGE/SEX : 39Y/M
REF BY : BANK OF BARODA
DATE : 09.03.2024

HbA1C

Test name	results	units
HbA1c[GLYCOSYLATED HEMOGLOBIN]BLOOD	5.40	%

Interpretation

As per American Diabetes association {ADA}	
Reference Group	HbA1c in %
Non diabetic adults \leq 18 years	4.0 - 6.0
At risk	\geq 6.0 to \leq 6.5
Diagnosing diabetes	$>$ 6.5
Therapeutic goals for glycemic Control	Adults Goal of therapy : $<$ 7.0 Action suggested : $>$ 8.0

Note : 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. target goals of $<$ 7.0 % may be beneficial in patients with short duration of diabetes , long life expectancy and no significant cardiovascular disease .In patient with significant complications of diabetes , limited life expectancy or extensive co-morbid conditions, targeting a goal of \sim 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose level over the past 8-12 weeks & is a much better indicator of long term glycemic as compared to blood & urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels

HbA1c %	Mean plasma glucose {mg/dl}	HbA1c %	Mean plasma glucose {mg/dl}
5	98	9	212
6	126	10	240
7	154	11	269
8	183	12	298

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Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No 40195



NAME : RAJIV KHATRI
AGE/SEX : 39Y/M
REF BY : BANK OF BARODA
DATE : 09.03.2024

URINE EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
POST URINE SUGAR	NIL	NIL

*Recommendation:-

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Surbhi
Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
No. 40195



NAME : RAJIV KHATRI
AGE/SEX : 39Y/M
REF BY : BANK OF BARODA
DATE : 09.03.2024

• URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	25ml
COLOUR	P. YELLOW
DEPOSIT	ABSENT
REACTION	ACIDIC
SECIFIC GRAVITY	1.010
B. CHEMICAL EXAMINATION	
UROBILINOGEN	NIL
BLOOD	NIL
PROTEIN	NIL
SUGAR	NIL
KETONE BODIES	NIL
BILIRUBIN	NIL
NITRITE	NIL
LEUKOCYTES	NIL
C. MICROSCOPIC EXAMINATION	
EPITHELIAL CELLS	0-1/hpf
PUS CELLS	1-2/hpf
R.B.C.	NIL
CRYSTALS	NIL
CAST	NIL

Recommendation:-

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Surbhi
Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
JUNIOR SENIOR PATHOLOGIST
1111 1111 1111



Name : RAJIV KHATRI
Age/Sex : 39YRS/M
Date : 9/3/2024

X-ray Chest PA View

The cardiac size and shape is normal

Both hilla are normal.

The lungs on either side shows equal translucency.

The peripheral vasculature is normal

The domes of the diaphragm is normal

The pleural spaces are normal.


DR. R.S. MAHESHWARI
M.B.B.S. M.D. (Gen. Med.) M.C.S. (Gen. Med.)
M.B.B.S. M.D. (Gen. Med.)
LIFE LINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No. 34970



Patient's Name: RAJIV KHATRI

DATE : 09/03/2024

Age/Sex : 39Yrs/M

Ref BY:-

ULTRASONOGRAPHY OF ABDOMEN

LIVER : Liver is normal in size & shape. Hepatic biliary radicals are normally outlined. Portal vein is normal in caliber. No evidence of liver abscess. Movements of diaphragm are not restricted. No evidence of secondaries. CBD is of normal calibre.

GALL BLADDER : Gall Bladder is distended. Walls are normal. Lumen shows normal echo.

PANCREAS : Pancreas is normal in size, shape and echotexture. No evidence of any collection in its bed or peripancreatic sac.

SPLEEN : Spleen is normal in size, shape and echotexture. Calibre splenic vein at hilum is WNL.

RIGHT KIDNEY : : Right kidney is normal in size & shape. Cortical thickness is WNL. Pelvicalyceal system is normal. There is no evidence of calculus. No backpressure changes or S.O.L. Corticomedullary differentiation is well maintained.

LEFT KIDNEY : Left kidney could not be seen .H/O Nephrectomy .

URETERS : both ureters are normal.

URINARY BLADDER : UB is seen in filled stage.

PROSTATE : Prostrate is normal in size. No focal lesion seen.

IMPRESSION: NORMAL U.S.G.

Dr. R. S. Maheshwari
MBBS, MD
RACLS

LIFE LINE HOSPITAL

GILL ROAD, LUDHIANA

DR. R.S. MAHESHWARI (ULTRASONOLOGIST) This is only professional opinion and the diagnosis. It should be correlated clinically & with either investigation to come to final diagnosis.

