

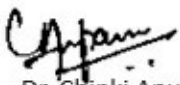
|   |  |
|---|--|
| Patient Name : Mr.MAMIDIPALLA ASWIN KUMAR | Collected : 23/Mar/2024 08:10AM            |
| Age/Gender : 32 Y 6 M 28 D/M              | Received : 23/Mar/2024 12:28PM             |
| UHID/MR No : CMYS.0000056075              | Reported : 23/Mar/2024 03:22PM             |
| Visit ID : CJPNOPV191629                  | Status : Final Report                      |
| Ref Doctor : Dr.SELF                      | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE14666               |  |

DEPARTMENT OF HAEMATOLOGY

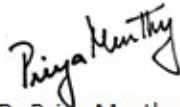
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name                                  | Result  | Unit                    | Bio. Ref. Range | Method                         |
|--|---------|-------------------------|-----------------|--------------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>         |         |                         |                 |                                |
| HAEMOGLOBIN                                | 15.2    | g/dL                    | 13-17           | Spectrophotometer              |
| PCV  | 44.20   | %                       | 40-50           | Electronic pulse & Calculation |
| RBC COUNT                                  | 5.26    | Million/cu.mm           | 4.5-5.5         | Electrical Impedance           |
| MCV  | 84.2    | fL                      | 83-101          | Calculated                     |
| MCH  | 29      | pg                      | 27-32           | Calculated                     |
| MCHC                                       | 34.4    | g/dL                    | 31.5-34.5       | Calculated                     |
| R.D.W                                      | 13.8    | %                       | 11.6-14         | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC)                | 5,490   | cells/cu.mm             | 4000-10000      | Electrical Impedance           |
| <b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b> |         |                         |                 |                                |
| NEUTROPHILS                                | 49.7    | %                       | 40-80           | Electrical Impedance           |
| LYMPHOCYTES                                | 41.2    | %                       | 20-40           | Electrical Impedance           |
| EOSINOPHILS                                | 0.9     | %                       | 1-6             | Electrical Impedance           |
| MONOCYTES                                  | 7.7     | %                       | 2-10            | Electrical Impedance           |
| BASOPHILS                                  | 0.5     | %                       | <1-2            | Electrical Impedance           |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>            |         |                         |                 |                                |
| NEUTROPHILS                                | 2728.53 | Cells/cu.mm             | 2000-7000       | Calculated                     |
| LYMPHOCYTES                                | 2261.88 | Cells/cu.mm             | 1000-3000       | Calculated                     |
| EOSINOPHILS                                | 49.41   | Cells/cu.mm             | 20-500          | Calculated                     |
| MONOCYTES                                  | 422.73  | Cells/cu.mm             | 200-1000        | Calculated                     |
| BASOPHILS                                  | 27.45   | Cells/cu.mm             | 0-100           | Calculated                     |
| Neutrophil lymphocyte ratio (NLR)          | 1.21    |                         | 0.78- 3.53      | Calculated                     |
| PLATELET COUNT                             | 286000  | cells/cu.mm             | 150000-410000   | Electrical impedance           |
| ERYTHROCYTE SEDIMENTATION RATE (ESR)       | 4       | mm at the end of 1 hour | 0-15            | Modified Westergren            |
| <b>PERIPHERAL SMEAR</b>                    |         |                         |                 |                                |

RBCs: are normocytic normochromic



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M.B.B.S.,M.D(Pathology)  
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SIN No:BED240078753

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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Patient Name : Mr.MAMIDIPALLA ASWIN KUMAR  
Age/Gender : 32 Y 6 M 28 D/M  
UHID/MR No : CMYS.0000056075  
Visit ID : CJPNOPV191629  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : bobE14666

Collected : 23/Mar/2024 08:10AM  
Received : 23/Mar/2024 12:28PM  
Reported : 23/Mar/2024 03:22PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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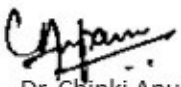
### ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

WBCs: are normal in total number with normal distribution and morphology.

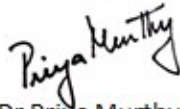
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE**



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Consultant Pathologist



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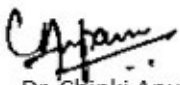
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| Age/Gender : 32 Y 6 M 28 D/M              | Received : 23/Mar/2024 12:28PM             |
| UHID/MR No : CMYS.0000056075              | Reported : 23/Mar/2024 04:37PM             |
| Visit ID : CJPNOPV191629                  | Status : Final Report                      |
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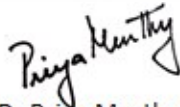
**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

| Test Name   | Result   | Unit | Bio. Ref. Range | Method                      |
|---|----------|------|-----------------|-----------------------------|
| <b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b> |          |      |                 |                             |
| BLOOD GROUP TYPE  | A        |      |                 | Microplate Hemagglutination |
| Rh TYPE   | Positive |      |                 | Microplate Hemagglutination |



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|   |  |
|---|--|
| Patient Name : Mr.MAMIDIPALLA ASWIN KUMAR | Collected : 23/Mar/2024 08:10AM            |
| Age/Gender : 32 Y 6 M 28 D/M              | Received : 23/Mar/2024 12:39PM             |
| UHID/MR No : CMYS.0000056075              | Reported : 23/Mar/2024 03:00PM             |
| Visit ID : CJPNOPV191629                  | Status : Final Report                      |
| Ref Doctor : Dr.SELF                      | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE14666               |  |

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name                     | Result | Unit  | Bio. Ref. Range | Method     |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 97     | mg/dL | 70-100          | HEXOKINASE |

Comment:

As per American Diabetes Guidelines, 2023

| Fasting Glucose Values in mg/dL | Interpretation |
|---------------------------------|----------------|
| 70-100 mg/dL                    | Normal         |
| 100-125 mg/dL                   | Prediabetes    |
| ≥126 mg/dL                      | Diabetes       |
| <70 mg/dL                       | Hypoglycemia   |

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

| Test Name  | Result | Unit  | Bio. Ref. Range | Method     |
|--|--------|-------|-----------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 97     | mg/dL | 70-140          | HEXOKINASE |

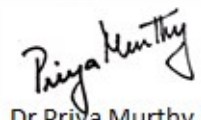
Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

| Test Name                                      | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA |        |      |                 |        |
| HBA1C, GLYCATED HEMOGLOBIN                     | 6.1    | %    |                 | HPLC   |

  
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MSc, MPhil, (Phd)  
Consultant Biochemist

  
Dr Priya Murthy  
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Consultant Pathologist



SIN No:EDT240035934

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|   |  |
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| UHID/MR No : CMYS.0000056075              | Reported : 23/Mar/2024 03:00PM             |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

|                                 |     |       |            |
|---------------------------------|-----|-------|------------|
| ESTIMATED AVERAGE GLUCOSE (eAG) | 128 | mg/dL | Calculated |
|---------------------------------|-----|-------|------------|


**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

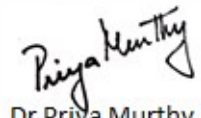
| REFERENCE GROUP        | HbA1C %   |
|------------------------|-----------|
| NON DIABETIC           | <5.7      |
| PREDIABETES            | 5.7 – 6.4 |
| DIABETES               | ≥ 6.5     |
| DIABETICS              |           |
| EXCELLENT CONTROL      | 6 – 7     |
| FAIR TO GOOD CONTROL   | 7 – 8     |
| UNSATISFACTORY CONTROL | 8 – 10    |
| POOR CONTROL           | >10       |

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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Consultant Biochemist



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SIN No:EDT240035934

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name                    | Result | Unit  | Bio. Ref. Range | Method                     |
|------------------------------|--------|-------|-----------------|----------------------------|
| <b>LIPID PROFILE , SERUM</b> |        |       |                 |                            |
| TOTAL CHOLESTEROL            | 208    | mg/dL | <200            | CHO-POD                    |
| TRIGLYCERIDES                | 143    | mg/dL | <150            | GPO-POD                    |
| HDL CHOLESTEROL              | 51     | mg/dL | 40-60           | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL          | 157    | mg/dL | <130            | Calculated                 |
| LDL CHOLESTEROL              | 128.1  | mg/dL | <100            | Calculated                 |
| VLDL CHOLESTEROL             | 28.6   | mg/dL | <30             | Calculated                 |
| CHOL / HDL RATIO             | 4.07   |       | 0-4.97          | Calculated                 |
| ATHEROGENIC INDEX (AIP)      | 0.09   |       | <0.11           | Calculated                 |

**Comment:**

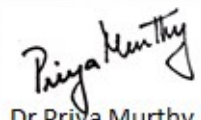
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

|                        | Desirable                           | Borderline High | High      | Very High |
|------------------------|-------------------------------------|-----------------|-----------|-----------|
| TOTAL CHOLESTEROL      | < 200                               | 200 - 239       | ≥ 240     |           |
| TRIGLYCERIDES          | <150                                | 150 - 199       | 200 - 499 | ≥ 500     |
| LDL                    | Optimal < 100; Near Optimal 100-129 | 130 - 159       | 160 - 189 | ≥ 190     |
| HDL                    | ≥ 60                                |                 |           |           |
| NON-HDL CHOLESTEROL    | Optimal <130; Above Optimal 130-159 | 160-189         | 190-219   | >220      |
| ATHEROGENIC INDEX(AIP) | <0.11                               | 0.12 – 0.20     | >0.21     |           |

**Note:**

1) Measurements in the same patient on different days can show physiological and analytical variations.

  
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SIN No:SE04671836

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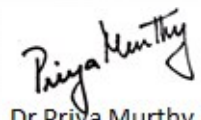
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|-----------------|------------------------------|--------------|-------------------------------|
| Patient Name    | : Mr.MAMIDIPALLA ASWIN KUMAR | Collected    | : 23/Mar/2024 08:10AM         |
| Age/Gender      | : 32 Y 6 M 28 D/M            | Received     | : 23/Mar/2024 12:31PM         |
| UHID/MR No      | : CMYS.0000056075            | Reported     | : 23/Mar/2024 05:40PM         |
| Visit ID        | : CJPNOPV191629              | Status       | : Final Report                |
| Ref Doctor      | : Dr.SELF                    | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : bobE14666                  |              |                               |

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

  
**Govinda Raju N L**  
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SIN No:SE04671836

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name                                | Result | Unit  | Bio. Ref. Range | Method             |
|--|--------|-------|-----------------|--------------------|
| <b>LIVER FUNCTION TEST (LFT) , SERUM</b> |        |       |                 |                    |
| BILIRUBIN, TOTAL                         | 0.57   | mg/dL | 0.3-1.2         | DPD                |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.09   | mg/dL | <0.2            | DPD                |
| BILIRUBIN (INDIRECT)                     | 0.48   | mg/dL | 0.0-1.1         | Dual Wavelength    |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 50     | U/L   | <50             | IFCC               |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 40.0   | U/L   | <50             | IFCC               |
| ALKALINE PHOSPHATASE                     | 78.00  | U/L   | 30-120          | IFCC               |
| PROTEIN, TOTAL                           | 6.70   | g/dL  | 6.6-8.3         | Biuret             |
| ALBUMIN                                  | 4.57   | g/dL  | 3.5-5.2         | BROMO CRESOL GREEN |
| GLOBULIN                                 | 2.13   | g/dL  | 2.0-3.5         | Calculated         |
| A/G RATIO                                | 2.15   |       | 0.9-2.0         | Calculated         |

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 in Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

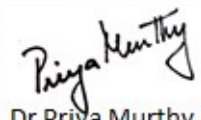
**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.

  
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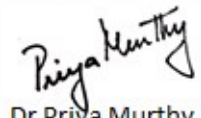
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name   | Result      | Unit   | Bio. Ref. Range | Method                   |
|---|-------------|--------|-----------------|--------------------------|
| <b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b> |             |        |                 |                          |
| CREATININE  | 0.80        | mg/dL  | 0.67-1.17       | Jaffe's, Method          |
| UREA  | 18.00       | mg/dL  | 17-43           | GLDH, Kinetic Assay      |
| BLOOD UREA NITROGEN   | 8.4         | mg/dL  | 8.0 - 23.0      | Calculated               |
| URIC ACID   | 6.62        | mg/dL  | 3.5-7.2         | Uricase PAP              |
| CALCIUM   | 10.00       | mg/dL  | 8.8-10.6        | Arsenazo III             |
| PHOSPHORUS, INORGANIC                                       | 3.18        | mg/dL  | 2.5-4.5         | Phosphomolybdate Complex |
| SODIUM  | 141         | mmol/L | 136-146         | ISE (Indirect)           |
| POTASSIUM   | 4.5         | mmol/L | 3.5-5.1         | ISE (Indirect)           |
| CHLORIDE  | 106         | mmol/L | 101-109         | ISE (Indirect)           |
| PROTEIN, TOTAL  | 6.70        | g/dL   | 6.6-8.3         | Biuret                   |
| ALBUMIN   | 4.57        | g/dL   | 3.5-5.2         | BROMO CRESOL GREEN       |
| GLOBULIN  | 2.13        | g/dL   | 2.0-3.5         | Calculated               |
| A/G RATIO   | <b>2.15</b> |        | 0.9-2.0         | Calculated               |

  
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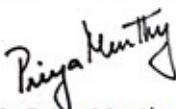
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name                                   | Result | Unit | Bio. Ref. Range | Method |
|---|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 45.00  | U/L  | <55             | IFCC   |

  
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324


| Test Name  | Result | Unit   | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| <b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b> |        |        |                 |        |
| TRI-iodothyronine (T3, TOTAL)                      | 1.4    | ng/mL  | 0.7-2.04        | CLIA   |
| THYROXINE (T4, TOTAL)                              | 10.5   | µg/dL  | 5.48-14.28      | CLIA   |
| THYROID STIMULATING HORMONE (TSH)                  | 1.421  | µIU/mL | 0.34-5.60       | CLIA   |

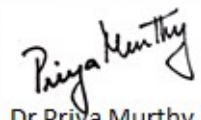
Comment:

| For pregnant females | Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association) |
|----------------------|---|
| First trimester      | 0.1 - 2.5   |
| Second trimester     | 0.2 - 3.0   |
| Third trimester      | 0.3 - 3.0   |

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

| TSH   | T3   | T4   | FT4  | Conditions  |
|-------|------|------|------|---|
| High  | Low  | Low  | Low  | Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis                    |
| High  | N    | N    | N    | Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy. |
| N/Low | Low  | Low  | Low  | Secondary and Tertiary Hypothyroidism   |
| Low   | High | High | High | Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy                   |
| Low   | N    | N    | N    | Subclinical Hyperthyroidism   |
| Low   | Low  | Low  | Low  | Central Hypothyroidism, Treatment with Hyperthyroidism  |
| Low   | N    | High | High | Thyroiditis, Interfering Antibodies   |
| N/Low | High | N    | N    | T3 Thyrotoxicosis, Non thyroidal causes   |
| High  | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma  |

  
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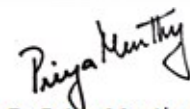
  
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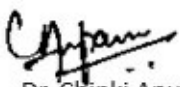
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| Ref Doctor : Dr.SELF                      | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE14666               |  |

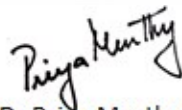
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name  | Result      | Unit | Bio. Ref. Range  | Method                     |
|--|-------------|------|------------------|----------------------------|
| <b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>      |             |      |                  |                            |
| <b>PHYSICAL EXAMINATION</b>                          |             |      |                  |                            |
| COLOUR   | PALE YELLOW |      | PALE YELLOW      | Visual                     |
| TRANSPARENCY   | CLEAR       |      | CLEAR            | Visual                     |
| pH   | 6.0         |      | 5-7.5            | Bromothymol Blue           |
| SP. GRAVITY  | 1.025       |      | 1.002-1.030      | Dipstick                   |
| <b>BIOCHEMICAL EXAMINATION</b>                       |             |      |                  |                            |
| URINE PROTEIN  | NEGATIVE    |      | NEGATIVE         | PROTEIN ERROR OF INDICATOR |
| GLUCOSE  | NEGATIVE    |      | NEGATIVE         | GOD-POD                    |
| URINE BILIRUBIN                                      | NEGATIVE    |      | NEGATIVE         | AZO COUPLING               |
| URINE KETONES (RANDOM)                               | NEGATIVE    |      | NEGATIVE         | NITROPRUSSIDE              |
| UROBILINOGEN   | NORMAL      |      | NORMAL           | EHRlich                    |
| NITRITE  | NEGATIVE    |      | NEGATIVE         | Dipstick                   |
| LEUCOCYTE ESTERASE                                   | NEGATIVE    |      | NEGATIVE         | PYRROLE HYDROLYSIS         |
| <b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b> |             |      |                  |                            |
| PUS CELLS  | 2-3         | /hpf | 0-5              | Microscopy                 |
| EPITHELIAL CELLS                                     | 1-2         | /hpf | <10              | MICROSCOPY                 |
| RBC  | NIL         | /hpf | 0-2              | MICROSCOPY                 |
| CASTS  | NIL         |      | 0-2 Hyaline Cast | MICROSCOPY                 |
| CRYSTALS   | ABSENT      |      | ABSENT           | MICROSCOPY                 |



Dr. Chinki Anupam  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



Dr Priya Murthy  
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Consultant Pathologist



SIN No:UR2313160

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:  
323/100/123, Doddathangur Village, Neeladri Main Road,  
Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

 1860 500 7788  
www.apolloclinic.com

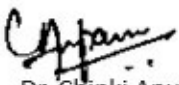
Patient Name : Mr.MAMIDIPALLA ASWIN KUMAR  
Age/Gender : 32 Y 6 M 28 D/M  
UHID/MR No : CMYS.0000056075  
Visit ID : CJPNOPV191629  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : bobE14666

Collected : 23/Mar/2024 11:33AM  
Received : 23/Mar/2024 07:56PM  
Reported : 23/Mar/2024 09:50PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

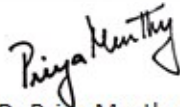
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name                    | Result   | Unit | Bio. Ref. Range | Method   |
|------------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(POST PRANDIAL) | NEGATIVE |      | NEGATIVE        | Dipstick |



Dr. Chinki Anupam  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Dr Priya Murthy  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:UPP017244

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Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka - 560034

 **1860 500 7788**  
www.apolloclinic.com

|   |  |
|---|--|
| Patient Name : Mr.MAMIDIPALLA ASWIN KUMAR | Collected : 23/Mar/2024 08:10AM            |
| Age/Gender : 32 Y 6 M 28 D/M              | Received : 23/Mar/2024 01:29PM             |
| UHID/MR No : CMYS.0000056075              | Reported : 23/Mar/2024 03:42PM             |
| Visit ID : CJPNOPV191629                  | Status : Final Report                      |
| Ref Doctor : Dr.SELF                      | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : bobE14666               |  |

DEPARTMENT OF CLINICAL PATHOLOGY

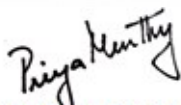
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name              | Result   | Unit | Bio. Ref. Range | Method   |
|------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(FASTING) | NEGATIVE |      | NEGATIVE        | Dipstick |

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

Result/s to Follow:  
PERIPHERAL SMEAR

Page 15 of 15



Dr Priya Murthy  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist



SIN No:UF011275

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Karnataka - 560034

 **1860 500 7788**  
www.apolloclinic.com

Name : Mr. MAMIDIPALLA ASWIN KUMAR

Age: 32 Y

UHID:CMYS.0000056075

Sex: M



Address : MYSORE

OP Number:CJPNOPV191629

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Bill No :CJPN-OCR-70159

Date : 23.03.2024 08:07

| Sno | Service Type/ServiceName   | Department |
|-----|--|------------|
| 1   | ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324 |            |
| 1   | GAMMA GLUTAMYL TRANSFERASE (GGT)   |            |
| 2   | LIVER FUNCTION TEST (LFT)  |            |
| 3   | GLUCOSE, FASTING   |            |
| 4   | HEMOGRAM + PERIPHERAL SMEAR  |            |
| 5   | DIET CONSULTATION  |            |
| 6   | COMPLETE URINE EXAMINATION   |            |
| 7   | URINE GLUCOSE(POST PRANDIAL)   |            |
| 8   | PERIPHERAL SMEAR   |            |
| 9   | ECG  |            |
| 10  | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)                                  |            |
| 11  | DENTAL CONSULTATION -22  |            |
| 12  | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)                             |            |
| 13  | URINE GLUCOSE(FASTING)   |            |
| 14  | HbA1c, GLYCATED HEMOGLOBIN   |            |
| 15  | X-RAY CHEST PA   |            |
| 16  | ENT CONSULTATION pending   |            |
| 17  | CARDIAC STRESS TEST(TMT)   |            |
| 18  | FITNESS BY GENERAL PHYSICIAN   |            |
| 19  | BLOOD GROUP ABO AND RH FACTOR  |            |
| 20  | LIPID PROFILE  |            |
| 21  | BODY MASS INDEX (BMI)  |            |
| 22  | OPHTHAL BY GENERAL PHYSICIAN -breed  |            |
| 23  | ULTRASOUND - WHOLE ABDOMEN   |            |
| 24  | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)                                    |            |

Dental = 22

Audio - 21 (CPTA)

physio - 4

Weight = 84.7 kgs

Height = 170 cm

Waist = 102 cm

HIP = 104 cm

Bp = 122/93 mmHg

PR = 105 b/min



# PATIENT CASE SHEET



Name: Mamidipalla ASwin Kumar Age: 32 Gender: F

Address: \_\_\_\_\_

UHID / Emp Id: Cmys.0000056075

Ref. by Doctor

CHC

Treating Doctor

Dr Sjo

Past Dental History:

\_\_\_\_\_

Past Medical History:

\_\_\_\_\_

Chief Complaint(s): Regular dental check up

Investigation: RVG

OPG

CBCT

Maniduppalla Aswin Kumar 32/M.

|                |                  |        |                |
|----------------|------------------|--------|----------------|
| Height : 170cm | Weight : 84.7 kg | BMI :  | Waist Circum : |
| Temp :         | Pulse :          | Resp : | B.P :          |

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Inglycosides -275.  
Gastritis.  
Vegetarian

Decrease the fried foods/oil.  
Use skimmed milk.  
Chew properly and eat. (Very important)  
Eat at proper timings.  
Strictly avoid oily foods, sugar items,  
sweets, Baking items, packaged foods,  
processed foods.  
Reduce ~~every~~ 1 portion from every  
meal. ~~is~~  
A balance meal is recommended.

Follow up date: 1 1/2 month

  
Doctor Signature

Name - Mamidipalla Anurag Kumar

Age - 32yrs/m

Date - 23/03/24

|          |          |        |                |
|----------|----------|--------|----------------|
| Height : | Weight : | BMI :  | Waist Circum : |
| Temp :   | Pulse :  | Resp : | B.P :          |

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

NO - Routine  
Eye checkup

NO pup - NO

HI/O Eye Sx -  
Cataract Sx is done  
10 years back  
for both eyes

UNVU } 6/6 N6  
          } 6/6 N6

Euclethomi

colour vision is normal in RE

Follow up date:

After 6 months

Doctor Signature

APOLLO CLINIC  
J P NAGAR  
BANGALORE

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: mr mamidipalla a k,  
Patient ID: CMYS 56075  
Height: 170 cm  
Weight: 84 kg

DOB: 26.09.1991  
Age: 32 yrs  
Gender: Male  
Race: Asian

Study Date: 23.03.2024  
Test Type: --  
Protocol: BRUCE

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

Medications:  
--

Medical History:  
--

Reason for Exercise Test:  
--

### Exercise Test Summary

| Phase Name | Stage Name | Time<br>in Stage | Speed<br>[ km/h ] | Grade<br>[ % ] | HR<br>[ bpm ] | BP<br>[ mmHg ] | Comment |
|------------|------------|------------------|-------------------|----------------|---------------|----------------|---------|
| PRETEST    | SUPINE     | 00:44            | 0.00              | 0.00           | 94            | 120/90         |         |
| EXERCISE   | STAGE 1    | 03:00            | 2.70              | 10.00          | 137           | 130/90         |         |
|            | STAGE 2    | 03:00            | 4.00              | 12.00          | 155           | 140/90         |         |
|            | STAGE 3    | 03:00            | 5.40              | 14.00          | 171           | 150/90         |         |
|            | STAGE 4    | 00:01            | 5.40              | 14.00          | 171           |                |         |
| RECOVERY   |            | 02:03            | 0.00              | 0.00           | 120           | 120/90         |         |

The patient exercised according to the BRUCE for 9:01 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 110 bpm rose to a maximal heart rate of 171 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/90 mmHg , rose to a maximum blood pressure of 150/90 mmHg. The exercise test was stopped due to --.



### Interpretation

--

### Conclusions

GOOD EFFORT AND TOLERANCE  
NORMAL BP/HR RESPONSE  
NO ANGINA AND ARRHYTHMIA NOTED  
NO SIGNIFICANT ST-T CHANGES SEEN  
\*

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician  Technician 

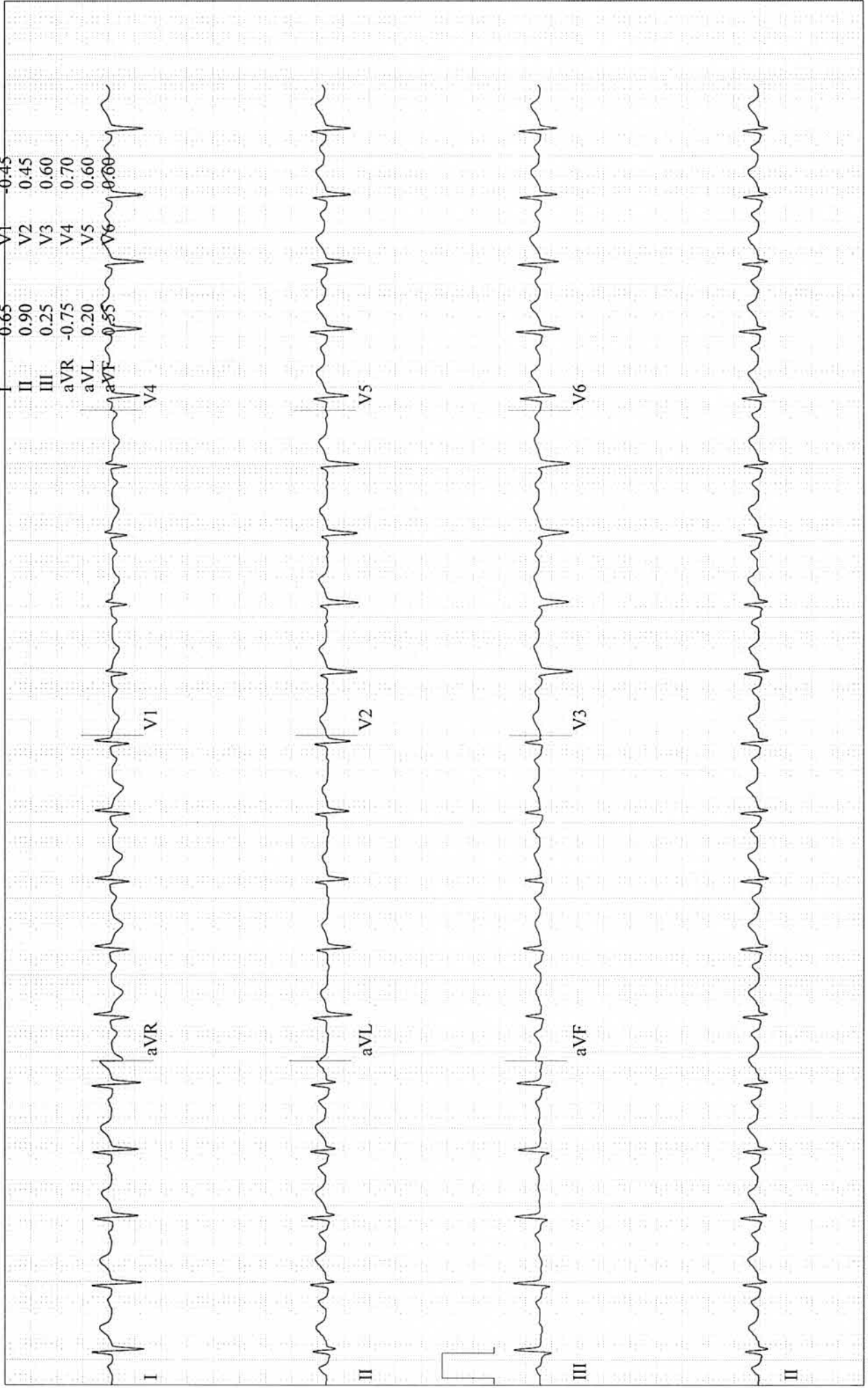
Mr mamidipalla a k,  
Patient ID: CMYS 56075  
23.03.2024 Male 170 cm 84 kg  
8:41:33am 32 yrs Asian

116 bpm

Measured at 60 ms Post J (10mm/mV)

Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | -0.65  | V1   | -0.45  |
| II   | 0.90   | V2   | 0.45   |
| III  | 0.25   | V3   | 0.60   |
| aVR  | -0.75  | V4   | 0.70   |
| aVL  | 0.20   | V5   | 0.60   |
| aVF  | 0.55   | V6   | 0.60   |



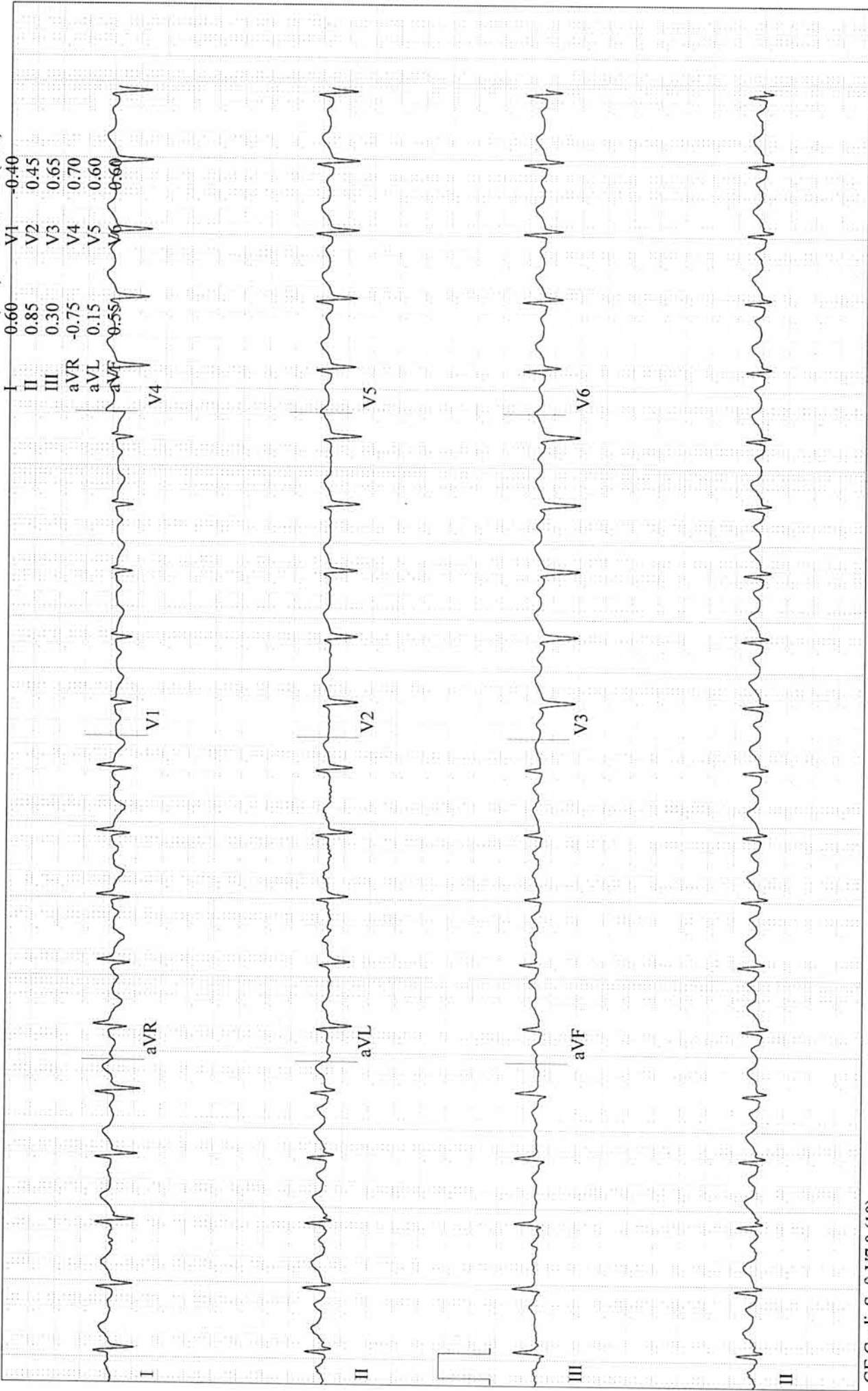
Exercise Test / 12-Lead Report

mr mamidipalla a k,  
Patient ID: CMYS 56075  
23.03.2024 Male 170 cm 84 kg  
8:42:16am 32 yrs Asian

BRUCE  
0.0 km/h  
0.0 % Measured at 60 ms Post J (10mm/mV)  
PRETEST  
SUPINE  
00:21  
114 bpm  
120/90 mmHg

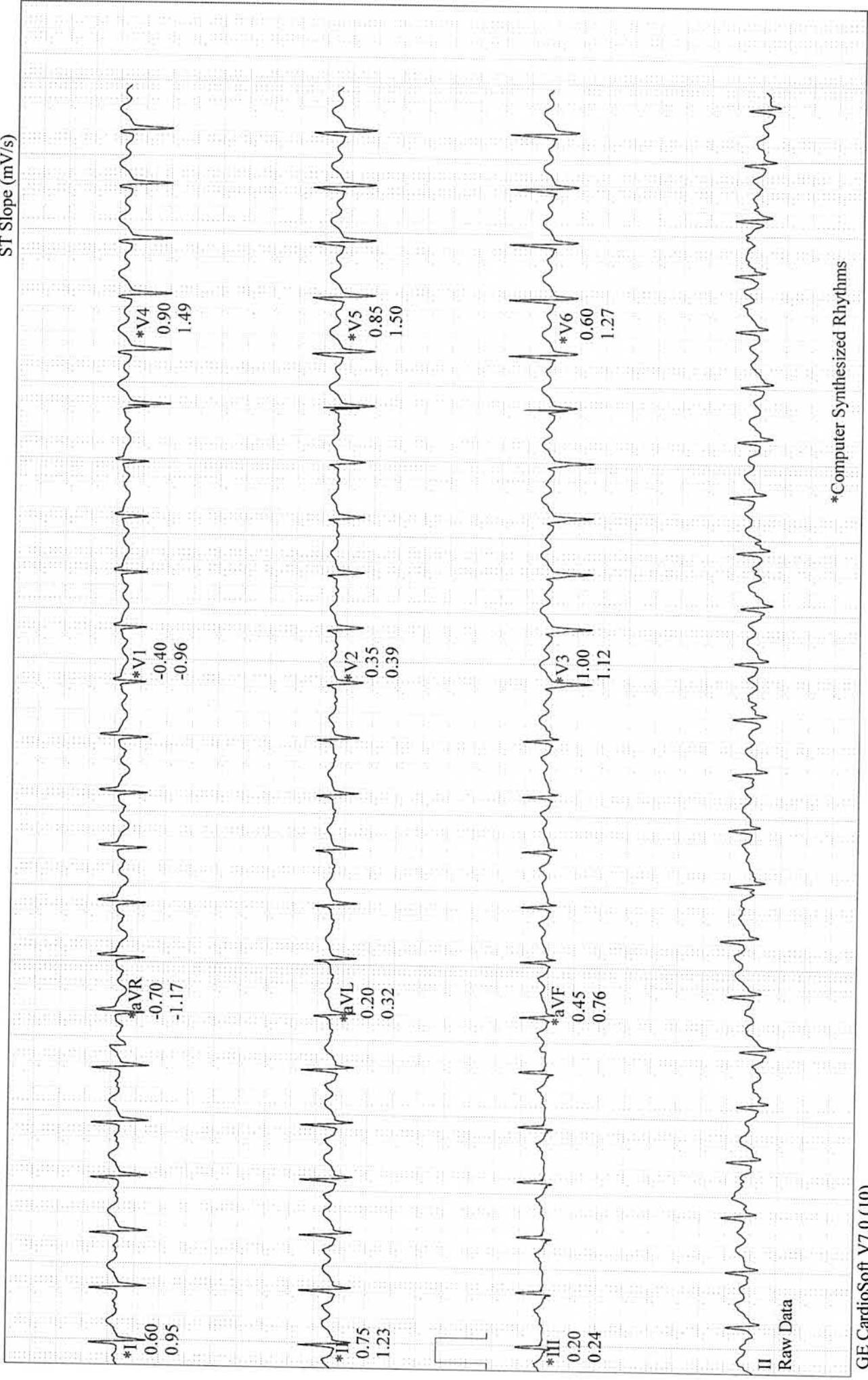
Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| V1   | -0.60  | V1   | -0.40  |
| II   | 0.85   | V2   | 0.45   |
| III  | 0.30   | V3   | 0.65   |
| aVR  | -0.75  | V4   | 0.70   |
| aVL  | 0.15   | V5   | 0.60   |
| aVF  | 0.55   | V6   | 0.60   |



**APOLLO CLINIC**  
 Exercise Test / Linked Medians  
**BRUCE**  
 2.7 km/h  
 10.0 %  
 EXERCISE STAGE 1  
 02:50  
 139 bpm  
 130/90 mmHg  
**mr mamidipalla a k,**  
 Patient ID: CMYS 56075  
 23.03.2024 Male 170 cm 84 kg  
 8:45:24am 32 yrs Asian

Lead  
 ST Level (mm)  
 ST Slope (mV/s)



\*Computer Synthesized Rhythms

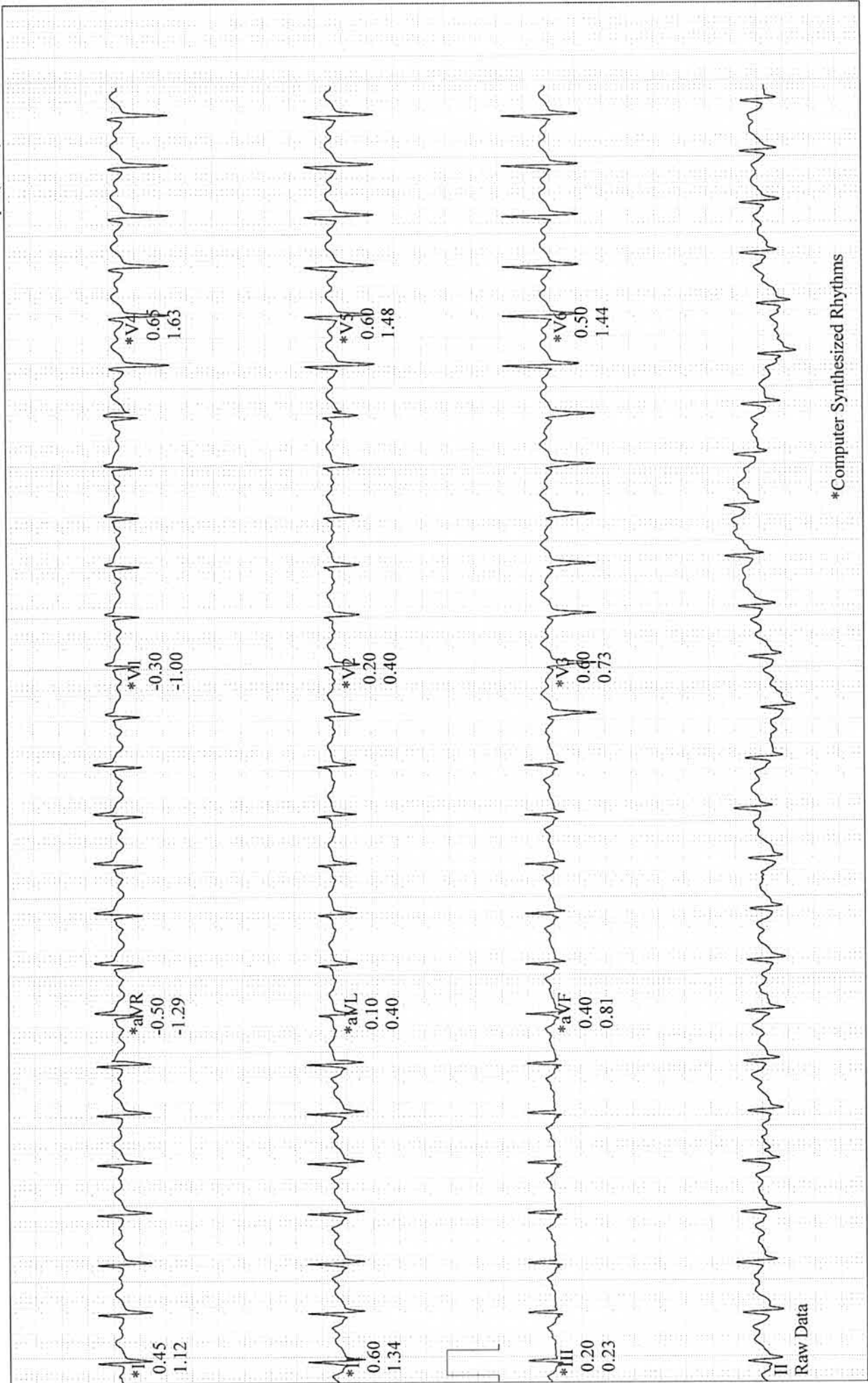
Exercise Test / Linked Medians  
 EXERCISE STAGE 2  
 05:50

BRUCE  
 4.0 km/h  
 12.0 %

mr mamidipalla a k,  
 Patient ID: CMYS 56075  
 23.03.2024 Male 170 cm 84 kg  
 8:48:24am 32 yrs Asian

155 bpm  
 140/90 mmHg

Lead  
 ST Level (mm)  
 ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms



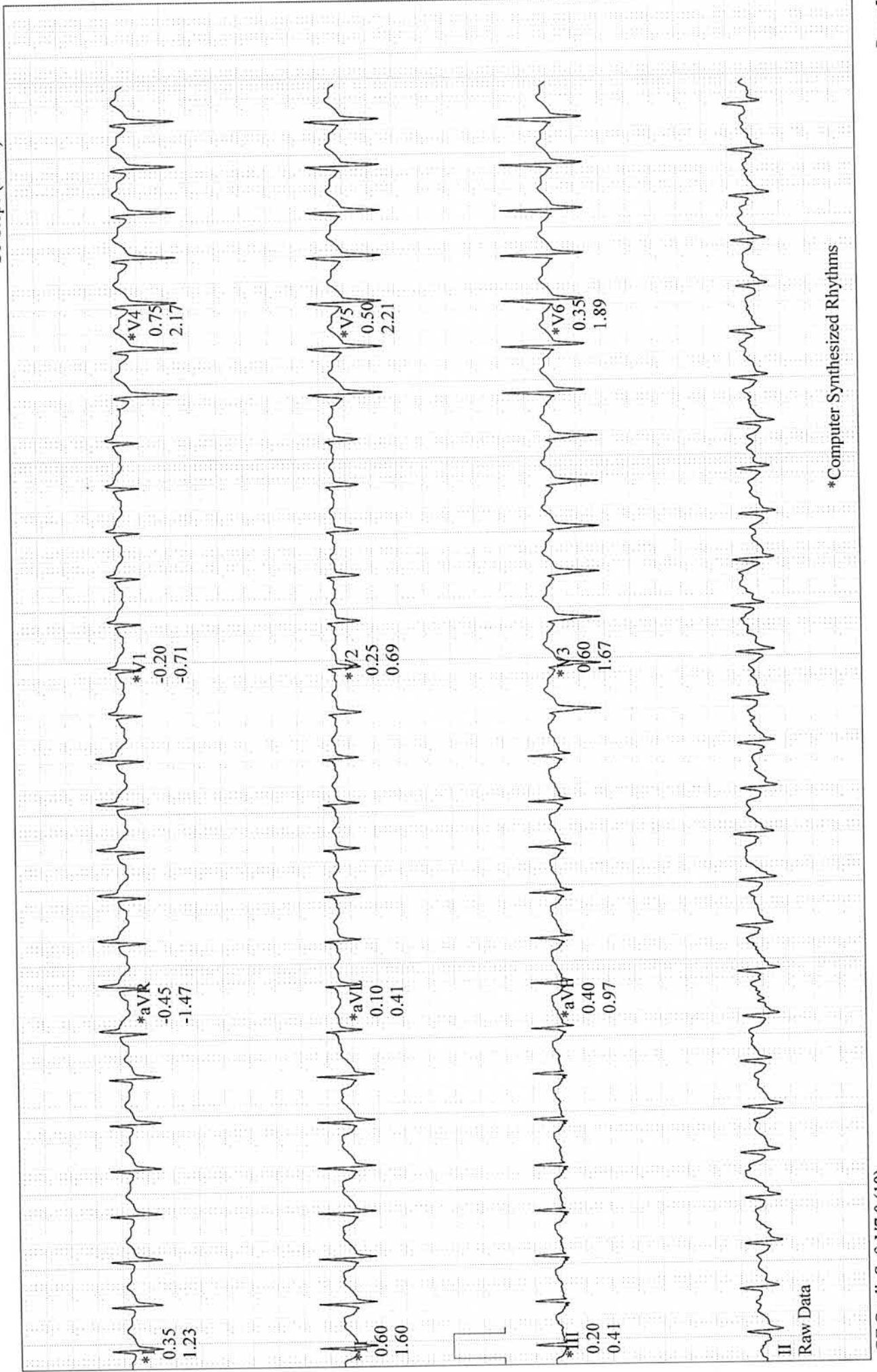
BRUCE  
5.4 km/h  
14.0 %

EXERCISE  
STAGE 3  
08:50

169 bpm  
150/90 mmHg

mr mamidipalla a k,  
Patient ID: CMYS 56075  
23.03.2024 Male 170 cm 84 kg  
8:51:24am 32 yrs Asian

Lead  
ST Level (mm)  
ST Slope (mV/s)



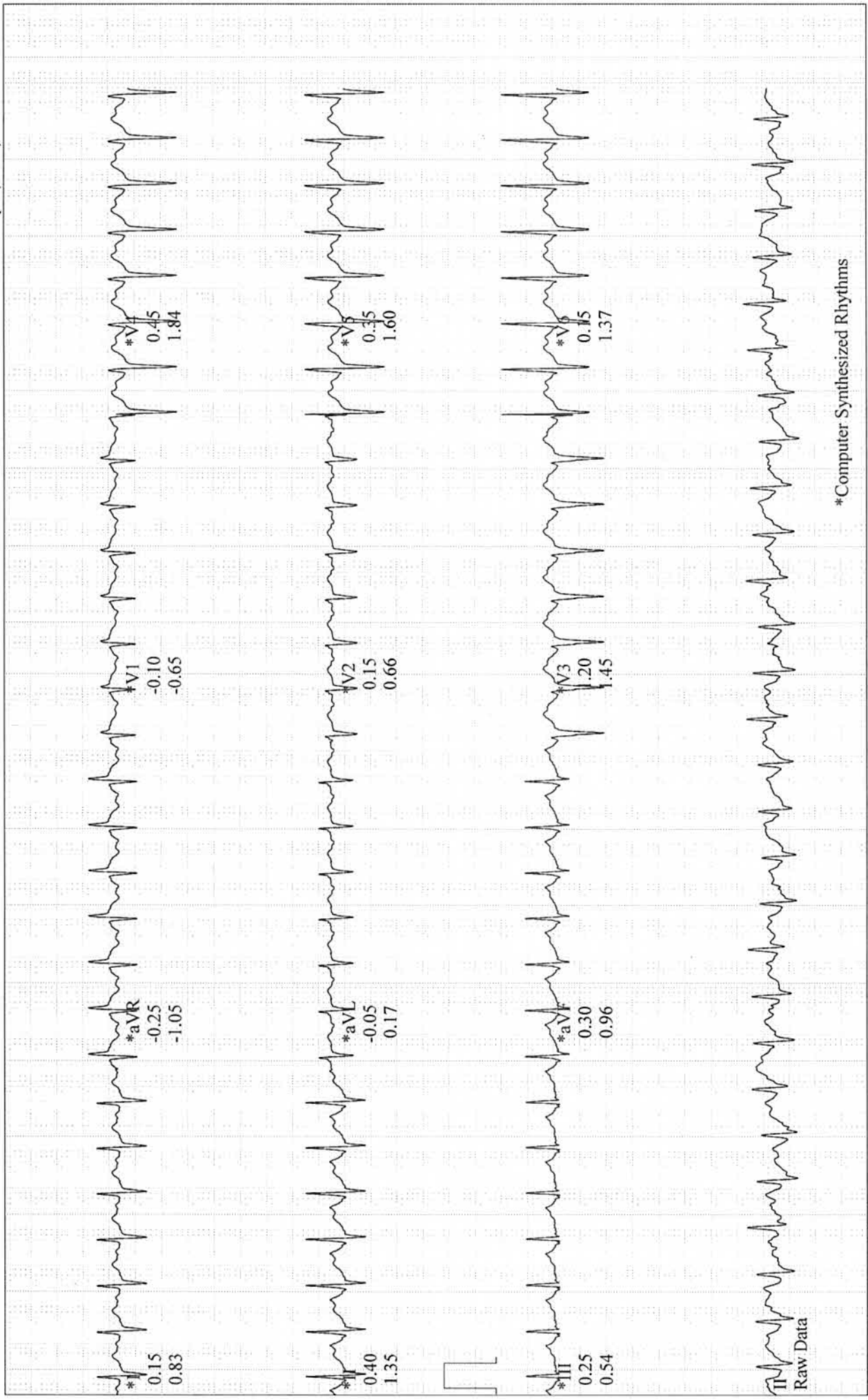
\*Computer Synthesized Rhythms

Exercise Test / Linked Medians ( PEAK EXERCISE )

mr mamidipalla a k,  
Patient ID: CMYS 56075  
23.03.2024 Male 170 cm 84 kg  
8:51:35am 32 yrs Asian

EXERCISE STAGE 4 09:01  
171 bpm  
150/90 mmHg  
BRUCE 5.4 km/h  
14.0 %

Lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

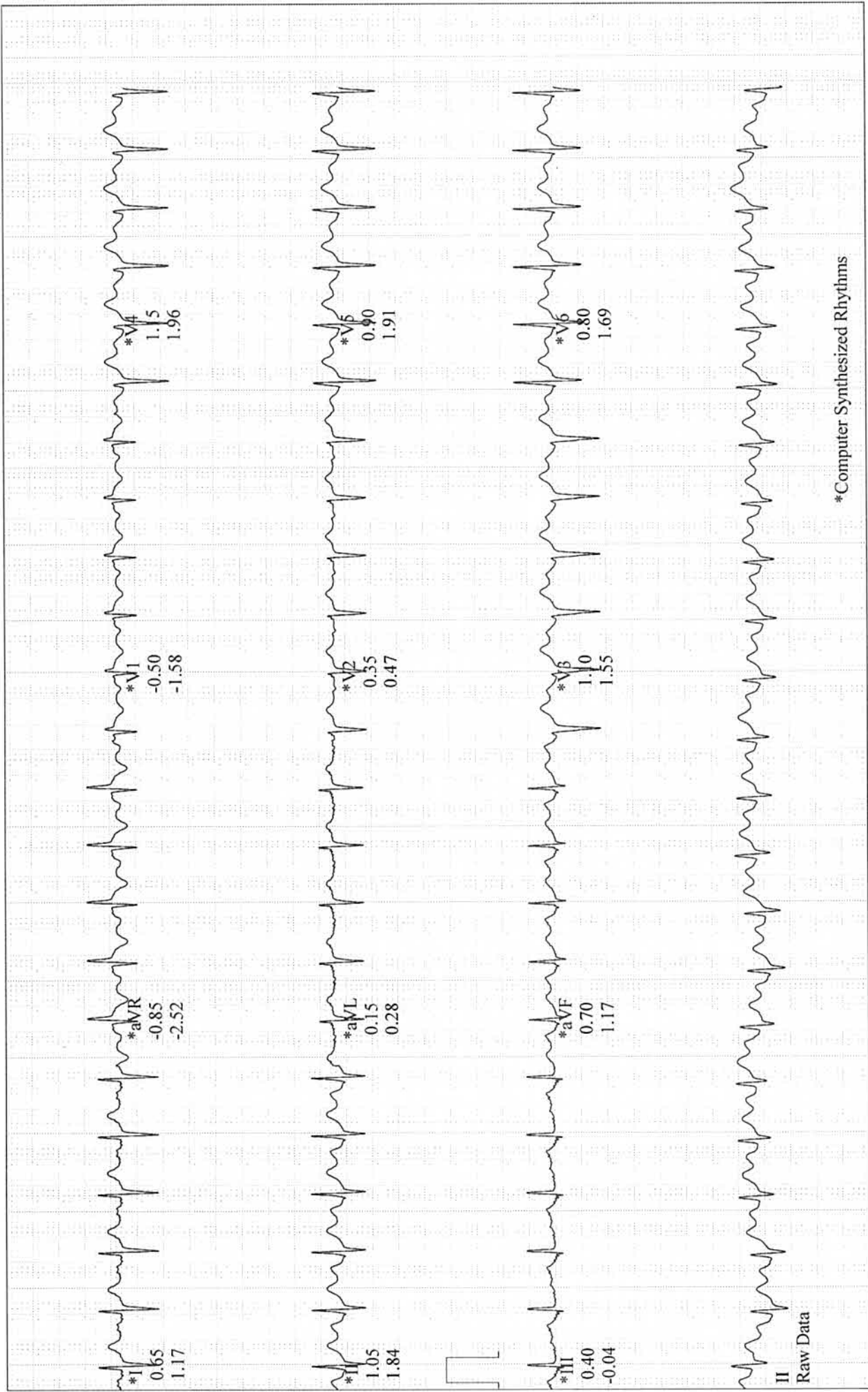
mr mamidipalla a k,  
Patient ID: CMYS 56075  
23.03.2024 Male 170 cm 84 kg  
8:52:35am 32 yrs Asian

BRUCE  
0.0 km/h  
0.0 %

RECOVERY  
#1  
01:00

134 bpm  
140/90 mmHg

Lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

II  
Raw Data

mr mamidipalla a k,  
 Patient ID: CMYS 56075  
 23.03.2024 Male 170 cm 84 kg  
 8:41:49am 32 yrs Asian  
 Meds:

BRUCE: Exercise Time 09:01  
 Max HR: 171 bpm 90 % of max predicted 188 bpm HR at rest: 110  
 Max BP: 150/90 mmHg BP at rest: 120/90 Max RPP: 25650 mmHg\*bpm  
 Maximum Workload: 10.00 METS  
 Max. ST: 0.10 mm, 0.60 mV/s in III; EXERCISE STAGE 3 8:29

Arrhythmia: A:59  
 HR reserve used: 81 %  
 HR recovery: 37 bpm  
 VE recovery: 0 VE/min  
 ST/HR hysteresis: -0.003 mV (V2)

Test Reason:  
 Medical History:  
 Ref. MD: Ordering MD:  
 Technician: Test Type:  
 Comment:

| BASELINE EXERCISE             | MAX. ST EXERCISE               | PEAK EXERCISE EXERCISE         | TEST END RECOVERY              | BASELINE EXERCISE             | MAX. ST EXERCISE               | PEAK EXERCISE EXERCISE         | TEST END RECOVERY              |
|-------------------------------|--------------------------------|--------------------------------|--------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 0:00<br>93 bpm<br>120/90 mmHg | 8:29<br>171 bpm<br>150/90 mmHg | 9:01<br>171 bpm<br>150/90 mmHg | 1:58<br>117 bpm<br>130/90 mmHg | 0:00<br>93 bpm<br>120/90 mmHg | 8:29<br>171 bpm<br>150/90 mmHg | 9:01<br>171 bpm<br>150/90 mmHg | 1:58<br>117 bpm<br>130/90 mmHg |
| I<br>0.70 mm<br>1.02 mV/s     | I<br>0.30<br>1.17              | I<br>0.15<br>0.79              | I<br>0.20<br>0.63              | V1<br>-0.40<br>-1.35          | V1<br>-0.10<br>-1.00           | V1<br>-0.10<br>-0.74           | V1<br>-0.20<br>-0.73           |
| II<br>0.95<br>1.18            | II<br>0.35<br>1.80             | II<br>0.30<br>1.31             | II<br>0.45<br>1.12             | V2<br>0.50<br>0.55            | V2<br>0.20<br>0.47             | V2<br>0.25<br>0.64             | V2<br>0.15<br>0.42             |
| III<br>0.25<br>0.01           | III<br>0.10<br>0.60            | III<br>0.20<br>0.57            | III<br>0.25<br>0.09            | V3<br>0.70<br>0.88            | V3<br>0.70<br>1.83             | V3<br>1.00<br>1.48             | V3<br>0.45<br>0.76             |
| aVR<br>-0.80<br>-1.89         | aVR<br>-0.35<br>-1.47          | aVR<br>-0.20<br>-1.05          | aVR<br>-0.30<br>-1.12          | V4<br>0.75<br>1.10            | V4<br>0.50<br>2.06             | V4<br>0.55<br>1.97             | V4<br>0.25<br>0.80             |
| aVL<br>0.20<br>0.27           | aVL<br>0.10<br>0.31            | aVL<br>0.00<br>0.09            | aVL<br>0.00<br>0.04            | V5<br>0.65<br>1.05            | V5<br>0.35<br>1.87             | V5<br>0.45<br>1.82             | V5<br>0.25<br>0.95             |
| aVF<br>0.60<br>0.60           | aVF<br>0.20<br>1.19            | aVF<br>0.25<br>1.00            | aVF<br>0.35<br>0.61            | V6<br>0.60<br>0.95            | V6<br>0.20<br>1.55             | V6<br>0.20<br>1.50             | V6<br>0.20<br>0.86             |

mr mamidipalla a k,  
Patient ID: CMYS 56075  
23.03.2024 Male 170 cm 84 kg  
8:41:49am 32 yrs Asian  
Meds:

Test Reason:  
Medical History:

Ref. MD: Ordering MD:  
Technician: Test Type:  
Comment:

BRUCE: Exercise Time 09:01  
Max HR: 171 bpm 90 % of max predicted 188 bpm HR at rest: 110  
Max BP: 150/90 mmHg BP at rest: 120/90 Max RPP: 25650 mmHg\*bpm  
Maximum Workload: 10.00 METS  
Max. ST: 0.10 mm, 0.60 mV/s in III; EXERCISE STAGE 3 8:29  
Arrhythmia: A:59  
HR reserve used: 81 %  
HR recovery: 37 bpm  
VE recovery: 0 VE/min  
ST/HR hysteresis: -0.003 mV (V2)  
QRS duration: BASELINE: 86 ms, PEAK EX: 84 ms, REC: 84 ms  
Conclusion: GOOD EFFORT AND TOLERANCE  
NORMAL BP/HR RESPONSE  
NO ANGINA AND ARRHYTHMIA NOTED  
NO SIGNIFICANT ST-T CHANGES SEEN

\*  
TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA  
Room:  
Location: \* 0 \*

|                            |                               |                    |                    |
|----------------------------|-------------------------------|--------------------|--------------------|
| <b>Patient Name</b>        | : Mr. MAMIDIPALLA ASWIN KUMAR | <b>Age/Gender</b>  | : 32 Y/M           |
| <b>UHID/MR No.</b>         | : CMYS.0000056075             | <b>OP Visit No</b> | : CJPNOPV191629    |
| <b>Sample Collected on</b> | :                             | <b>Reported on</b> | : 23-03-2024 14:35 |
| <b>LRN#</b>                | : RAD2277686                  | <b>Specimen</b>    | :                  |
| <b>Ref Doctor</b>          | : SELF                        |                    |                    |
| <b>Emp/Auth/TPA ID</b>     | : bobE14666                   |                    |                    |

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER** : Normal in size ( 14.9 cm) and increased in echotexture. No focal lesion seen.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.

**GALL BLADDER** : Well distended. Normal in internal contents. Wall Thickness is normal.

**SPLEEN** : Normal in size and echotexture. No focal lesion was seen.

**PANCREAS** : Appeared normal to the visualized extent.

**KIDNEYS** : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is maintained. No Hydronephrosis / No calculi.

Right kidney measures:9.8 x 1.6 cm.

Left kidney measures :11.0 x 1.6 cm.

**URINARY BLADDER** : Well distended. Normal in internal contents. Wall thickness is normal.

**PROSTATE**: Normal in size and echotexture.

Volume- 14 cc.

No free fluid is seen in the peritoneum. No lymphadenopathy.

**IMPRESSION : GRADE I FATTY LIVER .**

Please Note :No preparation done before scanning.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

**Patient Name** : Mr. MAMIDIPALLA ASWIN KUMAR

**Age/Gender** : 32 Y/M

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**Dr. V K PRANAV VENKATESH**  
MBBS,MD  
Radiology

**Patient Name** : Mr. MAMIDIPALLA ASWIN KUMAR

**Age/Gender** : 32 Y/M

**UHID/MR No.** : CMYS.0000056075

**OP Visit No** : CJPNOPV191629

**Sample Collected on** :

**Reported on** : 23-03-2024 10:15

**LRN#** : RAD2277686

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE14666

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

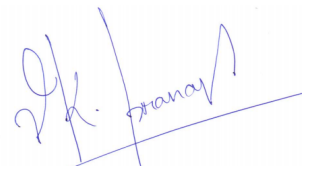
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen.



**Dr. V K PRNAV VENKATESH**

**MBBS,MD**

Radiology