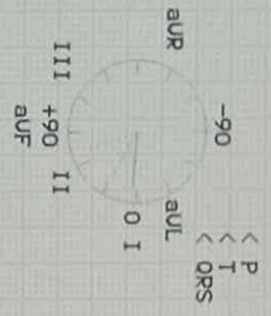
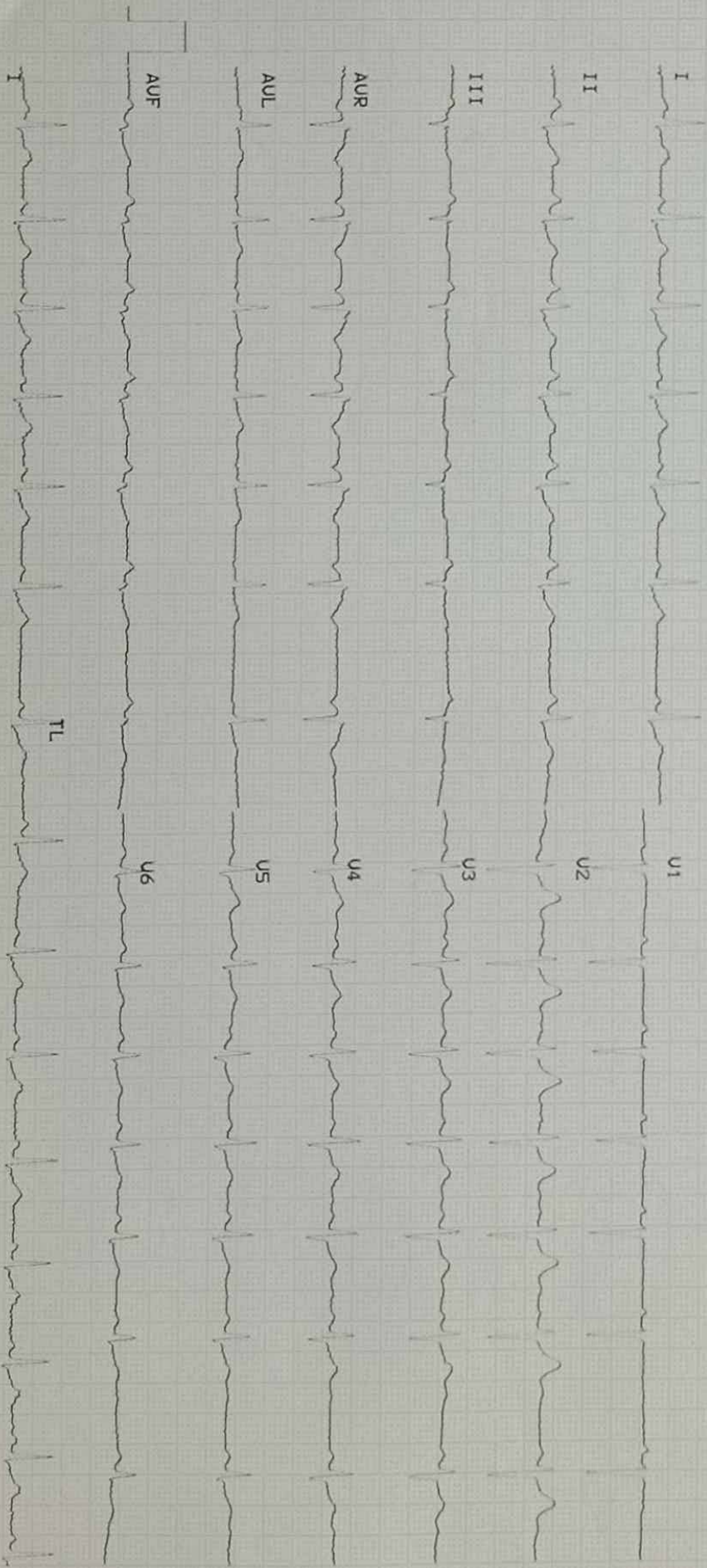


AGE: 38
Measurement Results:

| | |
|-----------|---------------------|
| QRS | 88 ms |
| QT/QTcB | 342 / 420 ms |
| PR | 132 ms |
| P | 102 ms |
| RR/PP | 662 / 650 ms |
| P/QRS/T | 70 / 5 / 30 degrees |
| QTd/QTcBD | 72 / 88 ms |
| Sokolow | 1.3 mV |
| NK | 12 |



Unconfirmed report.





NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

NO 1118 GEETHA ROAD, CHAMARAJAPURAM
MYSORE-570005, KARNATAKA

CASE SHEET

Name: MADHUSUDHAN G V

OP No: 60P1293855

Gender: Male

Age: 38 Date: 29/03/2024

Complaint

| S.No | Eye | Complaint | Duration | Type | Remarks |
|------|-----|-------------------------|----------|------|---------|
| 2 | BE | FOR MEDICAL CERTIFICATE | 1 | Days | |

Diagnosis

| Eye | ICDCode | ICD | Version | Remarks |
|-----|---------|-------------------------------------|---------|---------|
| BE | H52.7 | Disorder of refraction - H52.7 - 10 | 10 | |
| BE | 25692 | REFRACTIVE ERROR - 25692 - 9 | 9 | |

SCHIRMER'S Test & TBUT

IOP

| Type | NCT | | | DVT Flag | | | | |
|--------|-----|----|----|----------|----------|----------|----------|----------|
| Target | | | | | DVT1 | DVT2 | DVT3 | DVT4 |
| | BD | AD | CL | RE | | | | |
| RE | 13 | | | LE | | | | |
| LE | 13 | | | Time | 12:00 AM | 12:00 AM | 12:00 AM | 12:00 AM |

AR

| RE | SPH | CYL | AXIS | LE | SPH | CYL | AXIS |
|----|-------|-------|------|----|-------|-------|------|
| BD | -0.50 | -0.75 | 150 | BD | -1.50 | -0.25 | 145 |
| AD | | | | AD | | | |

Drug Used:

VisionDetail

| RE | UCVA | PG | PH | LE | UCVA | PG | PH |
|----|------|----|----|----|------|----|----|
|----|------|----|----|----|------|----|----|

| | | | | | | | |
|----|------|------|--|----|------|-----|--|
| DV | 6/18 | 6/12 | | DV | 6/24 | 6/9 | |
| NV | N6 | | | NV | N6 | | |

Subjective

| RE | SPH | CYL | AXIS | VA | LE | SPH | CYL | AXIS | VA |
|------|-------|-------|------|-----|------|-------|-----|------|-----|
| Dist | -0.50 | -0.50 | 150 | 6/6 | Dist | -1.50 | | | 6/6 |
| Near | | | | N6 | Near | | | | N6 |

Color Vision

| | |
|------------|-------|
| Chart Type | 1 |
| RE | 38/38 |
| LE | 38/38 |
| Remarks | |

Recommendations

| User Name | Recommendations |
|-------------|--|
| Dr Naveen K | BE ANT SEG AND FUNDUS WNL ADV : YEARLY R/W |

This visit was Electronically Signed by MANASA on 3/29/2024 5:14:14 PM.

This visit was Electronically Signed by Dr Naveen K on 3/29/2024 5:24:01 PM.

NETHRADHAMA
 Super Speciality Eye Hospital
 (A Unit of Nethradhama Hospitals Pvt. Ltd)
 No. 1118, Geetha Road, Chamarajapuram
 Bangalore-570005 Ph : 0821-4283000

FITNESS CERTIFICATE

| | | |
|-----------------------|------------|-----------|
| NAME: Madhusudhan C.V | AGE: Male | |
| Ht: 167 CMS | Wt: 60 KGS | SEX: Male |

| PARAMETERS | MEASUREMENTS | |
|---------------------|--------------|--------------------|
| PULSE / BP (supine) | 72 | /mt / /mmHg 130/80 |
| INSPIRATION | 38 | |
| EXPIRATION | 38 | |
| CHEST CIRCUMFERENCE | 39 | |
| PREVIOUS ILLNESS | Nil | |
| VISION | | |
| FAMILY HISTORY | FATHER: | Nil |
| | MOTHER: | |

REPORTS: Within normal limits
'F0+'

DATE: 09/03/2024

PLACE: Mysore


Dr. NIKHIL. B.
 M.D., D.M.(Cardiologist)
 Interventional Cardiologist
 KMC Reg. No.: 90111



| | | | |
|-----------------|-------------------|------------|--------------|
| Name | MR.V MADHUSUDAN G | ID | MED112132396 |
| Age & Gender | 38Y/MALE | Visit Date | 29/03/2024 |
| Ref Doctor Name | MediWheel | | |



ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows slightly increased echotexture.

No evidence of focal lesion or intrahepatic biliary ductal dilatation.

Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents.

Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern.

No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

KIDNEYS move well with respiration and have normal shape, size and echopattern.

Cortico- medullary differentiations are well made out.

No evidence of hydronephrosis.

Non obstructing calculus measuring ~ 4.1mm is noted in the mid calyx of right kidney.

| | Bipolar length (cms) | Parenchymal thickness (cms) |
|--------------|----------------------|-----------------------------|
| Right Kidney | 9.4 | 1.7 |
| Left Kidney | 9.2 | 1.9 |

URINARY BLADDER show normal shape and wall thickness.

It has clear contents.

PROSTATE shows normal shape, size and echopattern.

No evidence of ascites.

Impression:

- **Grade I Fatty Changes In Liver.**
- **Non Obstructing Right Renal Calculus.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH

MB/mm

DR. MOHAN B

Name : Mr. V MADHUSUDAN G
PID No. : MED112132396
SID No. : 712410045
Age / Sex : 38 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 29/03/2024 9:15 AM
Collection On : 29/03/2024 10:04 AM
Report On : 30/03/2024 11:15 AM
Printed On : 30/03/2024 12:56 PM



| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|--|-----------------------|----------------------|--------------------------------------|
| Eosinophils (Blood/Impedance Variation & Flow Cytometry) | 03 | % | 01 - 06 |
| Monocytes (Blood/Impedance Variation & Flow Cytometry) | 05 | % | 01 - 10 |
| Basophils (Blood/Impedance Variation & Flow Cytometry) | 00 | % | 00 - 02 |
| Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry) | 3.67 | 10 ³ / µl | 1.5 - 6.6 |
| Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) | 1.52 | 10 ³ / µl | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.17 | 10 ³ / µl | 0.04 - 0.44 |
| Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.28 | 10 ³ / µl | < 1.0 |
| Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.00 | 10 ³ / µl | < 0.2 |
| Platelet Count (EDTA Blood/Derived from Impedance) | 214 | 10 ³ / µl | 150 - 450 |
| MPV (Blood/Derived) | 11.1 | fL | 7.9 - 13.7 |
| PCT | 0.24 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/Automated ESR analyser) | 05 | mm/hr | < 15 |

VERIFIED BY



APPROVED BY

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| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|--|-----------------------|-------------|---|
| <u>Lipid Profile</u> | | | |
| Cholesterol Total (Serum/Oxidase / Peroxidase method) | 151 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
| Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase) | 96 | 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) | 33 | mg/dL | Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40 |
| LDL Cholesterol (Serum/Calculated) | 98.8 | mg/dL | Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190 |
| VLDL Cholesterol (Serum/Calculated) | 19.2 | mg/dL | < 30 |
| Non HDL Cholesterol (Serum/Calculated) | 118.0 | mg/dL | Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220 |



VERIFIED BY



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|----------------------|-----------------------|-------------|--------------------------------------|
|----------------------|-----------------------|-------------|--------------------------------------|

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.

| | | | |
|---|-----|--|--|
| Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated) | 4.6 | | 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) | 3 | | Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0 |
|---|---|--|---|



VERIFIED BY



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| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|--|-----------------------|-------------|---|
| <u>Glycosylated Haemoglobin (HbA1c)</u> | | | |
| HbA1C (Whole Blood/HPLC) | 5.3 | % | 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 105.41 mg/dl
(Whole Blood)

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 glyceemic 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.



VERIFIED BY



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|----------------------|-----------------------|-------------|--------------------------------------|
|----------------------|-----------------------|-------------|--------------------------------------|

BIOCHEMISTRY

| | | | |
|--|-----|-------|--|
| BUN / Creatinine Ratio | 7.5 | | |
| Glucose Fasting (FBS) (Plasma - F/GOD- POD) | 85 | 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.

| | | | |
|--|-----|-------|----------|
| Urine sugar, Fasting (Urine - F) | Nil | | Nil |
| Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD) | 74 | mg/dL | 70 - 140 |

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

| | | | |
|--|-----|-------|-----------|
| Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived) | 9.8 | mg/dL | 7.0 - 21 |
| Creatinine (Serum/Jaffe Kinetic) | 1.3 | mg/dL | 0.9 - 1.3 |

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcysteine , chemotherapeutic agent such as flucytosine etc.

| | | | |
|---|-----|-------|-----------|
| Uric Acid (Serum/Uricase/Peroxidase) | 5.9 | mg/dL | 3.5 - 7.2 |
|---|-----|-------|-----------|



VERIFIED BY



APPROVED BY

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Investigation Observed Value Unit Biological Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.43 ng/ml 0.7 - 2.04
(Serum/ECLIA)

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 7.86 µg/dl 4.2 - 12.0
(Serum/ECLIA)

INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) 1.54 µIU/mL 0.35 - 5.50
(Serum/ECLIA)

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

VERIFIED BY



MC-5606



APPROVED BY

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|----------------------|-----------------------|-------------|--------------------------------------|
|----------------------|-----------------------|-------------|--------------------------------------|

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

| | | | |
|--|-------------|--|-----------------|
| Colour (Urine/Physical examination) | Pale Yellow | | Yellow to Amber |
| Volume (Urine/Physical examination) | 15 | | ml |
| Appearance (Urine) | Clear | | |

CHEMICAL EXAMINATION

| | | | |
|--|----------|----------|---------------|
| pH (Urine) | 6.0 | | 4.5 - 8.0 |
| Specific Gravity (Urine/Dip Stick - Reagent strip method) | 1.005 | | 1.002 - 1.035 |
| Protein (Urine/Dip Stick - Reagent strip method) | Negative | | Negative |
| Glucose (Urine) | Nil | | Nil |
| Ketone (Urine/Dip Stick - Reagent strip method) | Nil | | Nil |
| Leukocytes (Urine) | Negative | leuco/uL | Negative |
| Nitrite (Urine/Dip Stick - Reagent strip method) | Nil | | Nil |
| Bilirubin (Urine) | Negative | mg/dL | Negative |
| Blood (Urine) | Nil | | Nil |

VERIFIED BY



APPROVED BY

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|--|-----------------------|-------------|--------------------------------------|
| Urobilinogen (Urine/Dip Stick - Reagent strip method) | Normal | | Within normal limits |
| <u>Urine Microscopy Pictures</u> | | | |
| RBCs (Urine/Microscopy) | Nil | /hpf | NIL |
| Pus Cells (Urine/Microscopy) | 2-3 | /hpf | < 5 |
| Epithelial Cells (Urine/Microscopy) | 2-3 | /hpf | No ranges |
| Others (Urine) | Nil | | Nil |

VERIFIED BY



APPROVED BY

-- End of Report --

| | | | |
|--------------|--------------------|------------|--------------------|
| Name | Mr. V MADHUSUDAN G | ID | MED112132396 |
| Age & Gender | 38Y/M | Visit Date | Mar 29 2024 9:14AM |
| Ref Doctor | MediWheel | | |

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: No significant abnormality detected.



DR. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST

| | | | |
|-----------------|-------------------|------------|--------------|
| Name | MR.V MADHUSUDAN G | ID | MED112132396 |
| Age & Gender | 38Y/MALE | Visit Date | 29/03/2024 |
| Ref Doctor Name | MediWheel | | |



2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

| | | |
|-------------------------------|---|--------|
| AORTA | : | 2.8cms |
| LEFT ATRIUM | : | 3.0cms |
| LEFT VENTRICLE (DIASTOLE) | : | 3.8cms |
| (SYSTOLE) | : | 2.4cms |
| VENTRICULAR SEPTUM (DIASTOLE) | : | 1.0cms |
| (SYSTOLE) | : | 1.3cms |
| POSTERIOR WALL (DIASTOLE) | : | 0.9cms |
| (SYSTOLE) | : | 1.2cms |
| EDV | : | 86ml |
| ESV | : | 32ml |
| FRACTIONAL SHORTENING | : | 32% |
| EJECTION FRACTION | : | 65% |
| RVID | : | 1.7cms |

DOPPLER MEASUREMENTS:

| | | | | |
|-----------------|---|--------------|--------------|-------|
| MITRAL VALVE | : | E' - 0.90m/s | A' - 0.45m/s | NO MR |
| AORTIC VALVE | : | 1.10m/s | | NO AR |
| TRICUSPID VALVE | : | E' - 0.50m/s | A' - 0.30m/s | NO TR |
| PULMONARY VALVE | : | 0.79m/s | | NO PR |

2D ECHOCARDIOGRAPHY FINDINGS:

Left ventricle : Normal size, Normal systolic function.

| | | | |
|-----------------|-------------------|------------|--------------|
| Name | MR.V MADHUSUDAN G | ID | MED112132396 |
| Age & Gender | 38Y/MALE | Visit Date | 29/03/2024 |
| Ref Doctor Name | MediWheel | | |



No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapse.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF: 65 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.**

DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST

NB/mm