

# Medical Summary

Name: Mr. Kishore Kumar Date of Birth: 27/1/1992 Customer ID:                       
 Ref Doctor:                      Sex: Male Date: 29/9/24

Present Complaints: -NIL-

**Past Illness:**

Major medical Illness: -NIL- Accident: NIL  
 Surgery: IED (Anastomosis) Others: NIL

**Personal history:**

Smoking: NIL Diet: mixed diet  
 Tobacco: NIL Exercise:                       
 Alcohol: NIL Personality: well built  
 Menstrual history: N/A Marital status: married  
 Obstetric history: N/A Children: 1 child

**Family history:**

Tuberculosis: NIL Hypertension: mother  
 Diabetes: mother Heart Disease: NIL  
 Asthma: NIL Others: NIL  
 Drug history: NIL Allergy: NIL Present Medications:                     

**General Examination:**

Height:                      Weight:                      BP:                       
 Conjunctiva: (N) Lymphnodes: not palpable Eyes: (N)  
 Oedema: NO Nails: (N) Genitals: not done  
 Tongue: (N) Others: (N) Dental:                       
 Throat: (N) Skin:                     

**Eye Screening:**

Vision	R/E	L/E
Distant Vision	<u>6/6</u>	<u>6/6</u>
Near Vision	<u>(N)</u>	<u>(N)</u>
Colour Vision	<u>(N)</u>	<u>(N)</u>



**Systemic Examination:**

Cardiovascular system: *3.5.14*  
Peripheral Pulsations: *felt*  
Heart:  
Respiratory system: *3/11 AB (+)*

**Gastrointestinal Systems:**

Higher Function: *work*  
Cranial Nerves: *work*  
Motor System: *work*

Sensory System: *(N)*  
Superficial Reflexes: *(+)*  
Deep Reflexes: *(+)*

**Impression:**

*- Nil -*

**Diet:**

*- Nil -*

**Medication:**

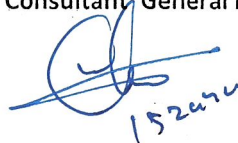
*Nil*

**Advice & Follow up:**

*- Nil -*

**MEDALL DIAGNOSTICS**  
# 191, Poonamallee High Road,  
Kilpauk, Chennai - 600 010.  
Cell : 91500 42328

DR. *HARIHARAN*  
Consultant, General Physician



*152474*





(Medall Healthcare Pvt Ltd)  
**SELF REFERRAL FORM**

MED12252253 210 2)29-03-2409:31 AM



124005675-F  
MR KISHORE KUMAR L 32/Y

**Customer Information**

I, give consent to Medall Healthcare Pvt Ltd to perform the My-Health Package investigation requested by me. I declare that **my age is 18 years or above 18 years** and I don't have any metal implants inside my body and don't have a pacemaker or stents. I am also aware that the blood tests are done in non-fasting (Random) Sample

Name: Mr/Ms/Mrs 

K	I	S	H	O	R	E	K	U	M	A	R	L
---	---	---	---	---	---	---	---	---	---	---	---	---

Company Name:

Date of Birth : 

2	7	0	1	1	9	9	2
---	---	---	---	---	---	---	---

 or Age: 

3	2
---	---

 Gender:  Male  Female

Contact Number : 

9	5	0	0	0	9	4	6	5	4
---	---	---	---	---	---	---	---	---	---

 Pin Code 

6	0	0	0	3	1
---	---	---	---	---	---

Email ID : kishore270192@gmail.com

**Vitals Observations (to be filled by Medall team)**

Place of service:  In store  Camp – (mention Location)

Height 

1	8	8
---	---	---

 Cms

Waist 

3	7
---	---

 Inches

Hip 

3	8
---	---

 Inches

Weight 

8	1	9
---	---	---

 Kgs

Fat 

2	6	2
---	---	---

 %

Visceral Fat 

7	0
---	---

 %

RM 

1	7	7	9
---	---	---	---

 Cal

BMI 

2	3	0	0
---	---	---	---

Body Age 

4	1
---	---

 Yrs

Systolic BP 

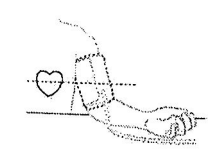
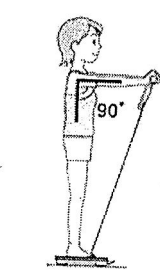
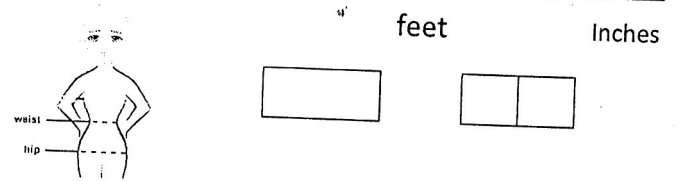
1	2	1
---	---	---

 mm/Hg

Diastolic BP 

8	2
---	---

 mm/Hg



**Clinical History / Medicines Taken**  
NIL

	Use Tobacco Products	Drink Alcohol
Never	<input type="checkbox"/>	<input type="checkbox"/>
Some days	<input type="checkbox"/>	<input type="checkbox"/>
Daily	<input type="checkbox"/>	<input type="checkbox"/>

Check in the appropriate box

Inspiration : 40 cm Expiration: 38 cm SP O2 : 97 Pulse : 69

(Always Ensure that the customer is relaxed and in sitting position while doing BP check)

Date 29/3/24 Medall Employee Name & centre Name: Adhyans

I have verified and agree with all the data in this sheet.  
Fill all the information without fail

Customer Signature  
Kishore

Name : Mr. KISHORE KUMAR L  
 PID No. : MED122522536  
 SID No. : 124005675  
 Age / Sex : 32 Year(s) / Male  
 Type : OP  
 Ref. Dr : MediWheel

Register On : 29/03/2024 9:09 AM  
 Collection On : 29/03/2024 10:55 AM  
 Report On : 29/03/2024 6:45 PM  
 Printed On : 29/03/2024 9:28 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh TYPING  
 (EDTA Blood/Agglutination)

'B' 'Positive'

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	14.8	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	44.7	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	5.15	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	86.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	28.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.2	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	12.9	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	39.24	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	4200	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	57.1	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	28.1	%	20 - 45

Dr S SIVAKUMAR Ph.D  
 Consultant Microbiologist  
 VERIFIED BY



Dr ARCHANA. K MD Ph.D  
 Lab Director  
 TNMC NO: 79967

APPROVED BY

The results pertain to sample tested.

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Eosinophils (EDTA Blood Impedance Variation & Flow Cytometry)	4.3	%	01 - 06
Monocytes (EDTA Blood Impedance Variation & Flow Cytometry)	10.1	%	01 - 10
Basophils (EDTA Blood Impedance Variation & Flow Cytometry)	0.4	%	00 - 02

**INTERPRETATION:** Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count (EDTA Blood Impedance Variation & Flow Cytometry)	2.40	10 <sup>3</sup> / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	1.18	10 <sup>3</sup> / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood Impedance Variation & Flow Cytometry)	0.18	10 <sup>3</sup> / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	0.42	10 <sup>3</sup> / μl	< 1.0
Absolute Basophil count (EDTA Blood Impedance Variation & Flow Cytometry)	0.02	10 <sup>3</sup> / μl	< 0.2
Platelet Count (EDTA Blood Impedance Variation)	225	10 <sup>3</sup> / μl	150 - 450
MPV (EDTA Blood Derived from Impedance)	8.0	fL	7.9 - 13.7
PCT (EDTA Blood Automated Blood cell Counter)	0.18	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	8	mm/hr	< 15

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	88.7	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/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	133.5	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.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	11.6	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.96	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/Enzymatic)	4.90	mg/dL	3.5 - 7.2
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	1.17	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.22	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.95	mg/dL	0.1 - 1.0

  
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	16.40	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	14.5	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	25.00	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	70.10	U/L	53 - 128
Total Protein (Serum/Biuret)	7.76	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.4	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.36	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.31		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	151.30	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	105.50	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.

  
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Investigation	Observed Value	Unit	Biological Reference Interval
HDL Cholesterol (Serum/Immunoinhibition)	46.80	mg/dL	Optimal(Negative Risk Factor): $\geq 60$ Borderline: 40 - 59 High Risk: $< 40$
LDL Cholesterol (Serum/Calculated)	83.4	mg/dL	Optimal: $< 100$ Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: $\geq 190$
VLDL Cholesterol (Serum/Calculated)	21.1	mg/dL	$< 30$
Non HDL Cholesterol (Serum/Calculated)	104.5	mg/dL	Optimal: $< 130$ Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: $\geq 220$

**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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.2	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)	2.3	Optimal: $< 2.5$ Mild to moderate risk: 2.5 - 5.0 High Risk: $> 5.0$
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.8	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: $> 6.0$

  
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Investigation	Observed Value	Unit	Biological Reference Interval
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.4	%	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 108.28 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 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.

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.10	ng/ml	0.7 - 2.04
---	------	-------	------------

**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))	9.75	µg/dl	4.2 - 12.0
---	------	-------	------------

**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) (Serum/Chemiluminescent Immunometric Assay (CLIA))	2.240	µIU/mL	0.35 - 5.50
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**Investigation**

**Observed Value**

**Unit**

**Biological Reference Interval**

**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  $\leq 0.03 \mu\text{IU/mL}$  need to be clinically correlated due to presence of rare TSH variant in some individuals.

  
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BUN / Creatinine Ratio	12.08		6.0 - 22.0

**Urine Analysis - Routine**

COLOUR (Urine)	Pale yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated - Flow cytometry)	0 - 1	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry)	1 - 2	/hpf	NIL
RBCs (Urine/Automated - Flow cytometry)	NIL	/HPF	NIL
Casts (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Others (Urine)	NIL		

**INTERPRETATION:** Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

**Stool Analysis - ROUTINE**

Colour (Stool)	Brown		Brown
Blood (Stool)	Absent		Absent

  
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Collection On : 29/03/2024 10:55 AM  
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Printed On : 29/03/2024 9:28 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Mucus (Stool)	Absent		Absent
Reaction (Stool)	Acidic		Acidic
Consistency (Stool)	Semi Solid		Semi Solid
Ova (Stool)	NIL		NIL
Others (Stool)	NIL		NIL
Cysts (Stool)	NIL		NIL
Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	1 - 2	/hpf	NIL
Macrophages (Stool)	NIL		NIL
Epithelial Cells (Stool)	NIL	/hpf	NIL

  
Dr S SIVAKUMAR Ph.D  
Consultant Microbiologist

VERIFIED BY



  
Dr ARCHANA. K MD Ph.D  
Lab Director  
TNMC NO: 79967

APPROVED BY

-- End of Report --

The results pertain to sample tested.

Page 9 of 9

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED, #17, RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD, GUINDY, CHENNAI, TAMIL NADU, INDIA.

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Name	MR.KISHORE KUMAR L	ID	MED122522536
Age & Gender	32Y/MALE	Visit Date	29/03/2024
Ref Doctor	MediWheel		

## ULTRASOUND SCAN

### WHOLE ABDOMEN

**Liver** is normal in size and shows uniform echotexture with no focal abnormality. There is no intra or extra hepatic biliary ductal dilatation. Portal vein and IVC are normal.

**Gall bladder** is normal sized and smooth walled. No evidence of calculi. Wall thickness is normal.

**Pancreas** shows a normal configuration and echotexture. Pancreatic duct is normal.

**Spleen** is normal in size and echotexture.

**Bilateral kidneys** are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.

**Right kidney** measures 9.7 x 5.7 cm.

**Left kidney** measures 9.4 x 5.2 cm.

Ureters are not dilated.

**Urinary bladder** is smooth walled and uniformly transonic. No intravesical mass or calculus.

**Prostate** is normal in size, measures 3.8 x 3.4 x 2.8 cm (Vol – 19 cc). Echotexture is homogenous.

Seminal vesicles is normal.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.



<b>Name</b>	<b>MR.KISHORE KUMAR L</b>	<b>ID</b>	<b>MED122522536</b>
<b>Age &amp; Gender</b>	<b>32Y/MALE</b>	<b>Visit Date</b>	<b>29/03/2024</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

**IMPRESSION:**

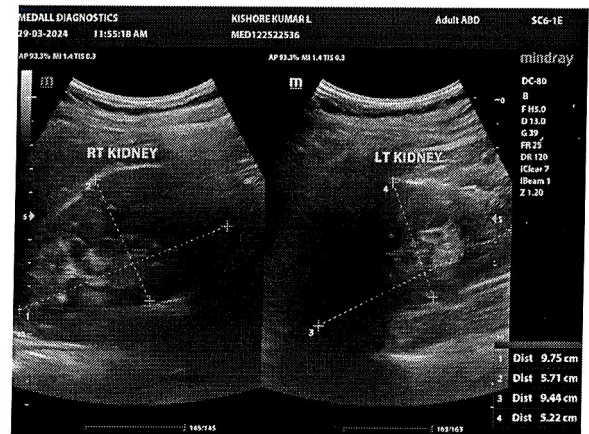
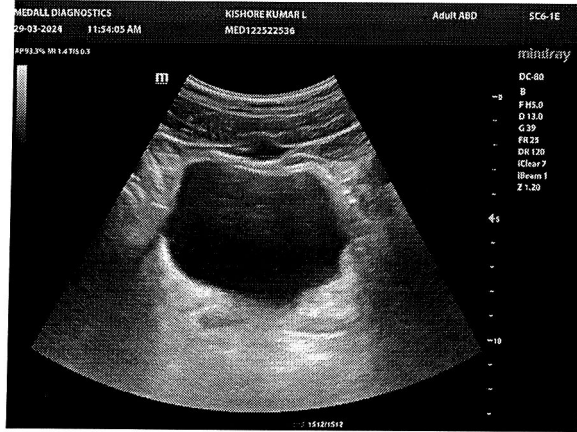
➤ **Normal study.**

**Dr.PRASHANT MOORTHY, MBBS., MD.,**  
**Consultant Radiologist**

  
**Dr. M. JAYAPRABA.**  
**Consultant Sonologist**



<b>Name</b>	<b>MR.KISHORE KUMAR L</b>	<b>ID</b>	<b>MED122522536</b>
<b>Age &amp; Gender</b>	<b>32Y/MALE</b>	<b>Visit Date</b>	<b>29/03/2024</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		



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<b>Name</b>	<b>MR.KISHORE KUMAR L</b>	<b>ID</b>	<b>MED122522536</b>
<b>Age &amp; Gender</b>	<b>32Y/MALE</b>	<b>Visit Date</b>	<b>29/03/2024</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

### ECHO CARDIOGRAM REPORT

#### 2D ECHO STUDY:

- Normal chamber dimensions.
- Normal LV / RV size and systolic function (EF: 69%)
- No Regional wall motion abnormality.
- No ventricular hypertrophy.
- IAS and IVS are intact.
- No e/o of clot / Aneurysm.
- Normal pericardium.

#### FINAL IMPRESSION:

- **NORMAL LV / RV SIZE AND SYSTOLIC FUNCTION. (EF : 69% )**
- **NO REGIONAL WALL MOTION ABNORMALITY.**
- **NORMAL VALVES FOR AGE.**
- **NORMAL DIASTOLIC COMPLIANCE.**
- **NORMAL COLOUR FLOW STUDIES.**

#### LEFT VENTRICULAR MEASUREMENT:

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
AO (ed)- 2.5cm(1.5cm/3.5cm)		IVS (ed) - 0.9cm	(0.6cm/1.2cm)
LA (ed)- 2.6cm(1.5cm/3.5cm)		LVPW(ed) - 0.8cm	(0.6cm/1.1cm)
RVID(ed)- 1.2cm(0.9cm/2.8cm)		EF 69 %	(62 %-85 %)
LVID (ed)- 4.5cm(2.6cm/5.5cm)		FS 36 %	
LVID (es)- 2.9cm			





<b>Name</b>	<b>MR.KISHORE KUMAR L</b>	<b>ID</b>	<b>MED122522536</b>
<b>Age &amp; Gender</b>	<b>32Y/MALE</b>	<b>Visit Date</b>	<b>29/03/2024</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

**MORPHOLOGICAL DATA:**

**Mitral valve**

Anterior mitral leaflet (AML)	: Normal
Posterior mitral leaflet (PML)	: Normal
Aortic Valve	: Normal
Tricuspid Valve	: Normal
Pulmonary Valve	: Normal
Interatrial Septum	: Intact
Interventricular Septum	: Intact
Right Ventricle	: Normal
Right Atrium	: Normal
Pulmonary Artery	: Normal
Left Ventricle	: Normal
Left Atrium	: Normal

**PERICARDIUM:**

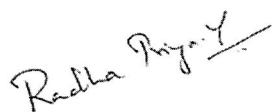
- Normal.

**DOPPLER STUDY:**

**Continuous Wave Doppler & Colour Flow Study:**

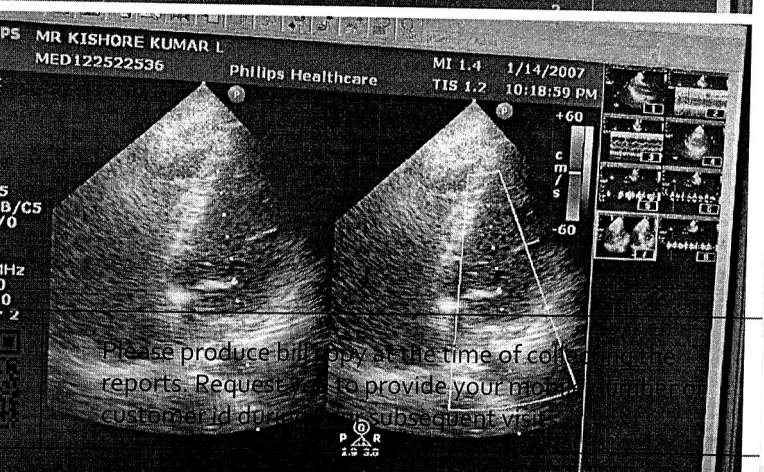
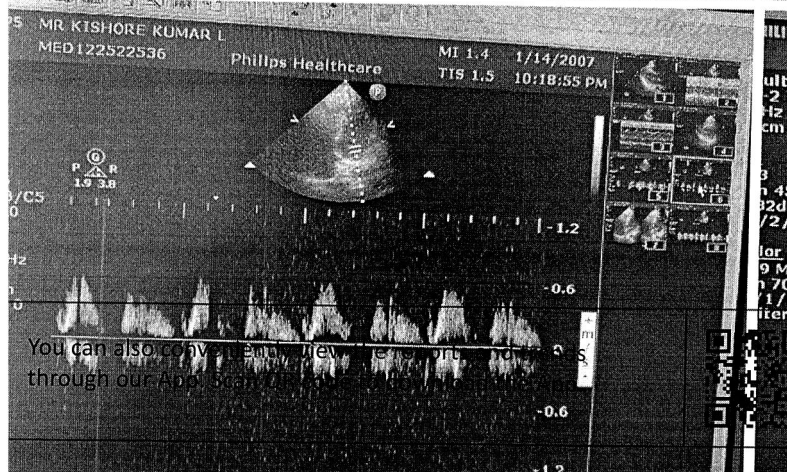
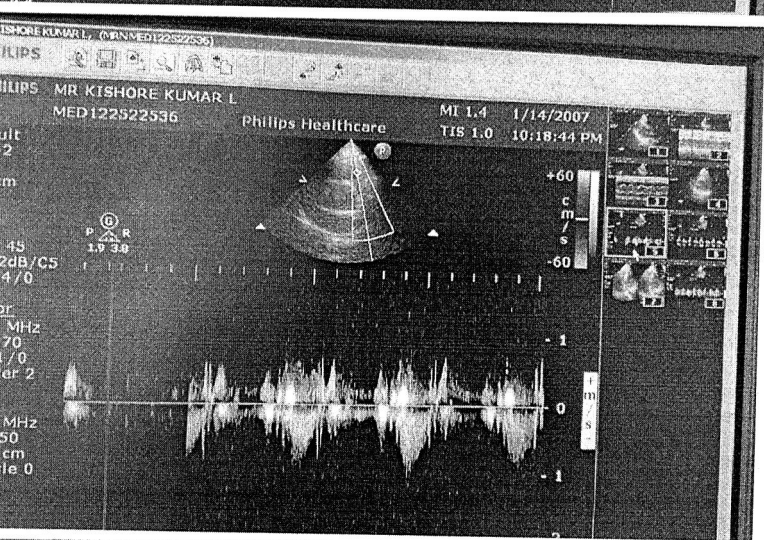
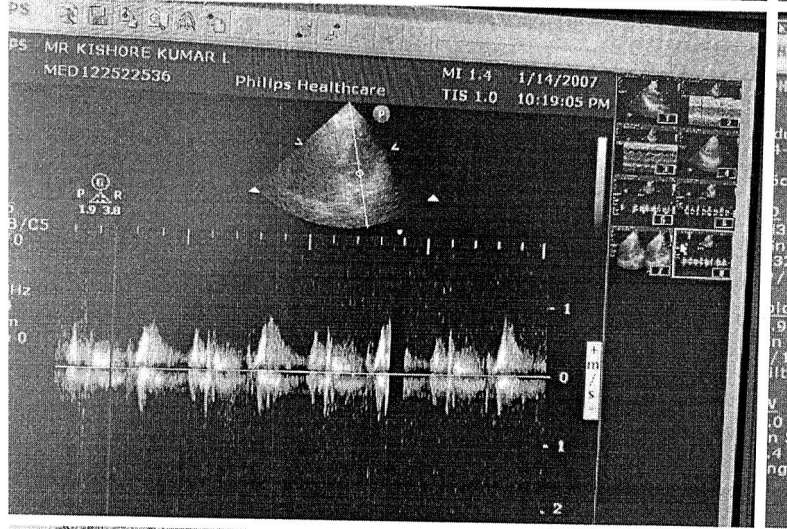
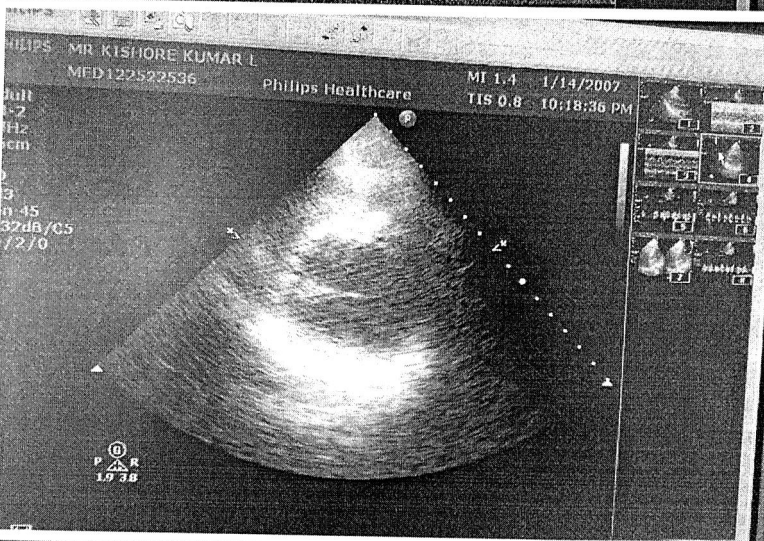
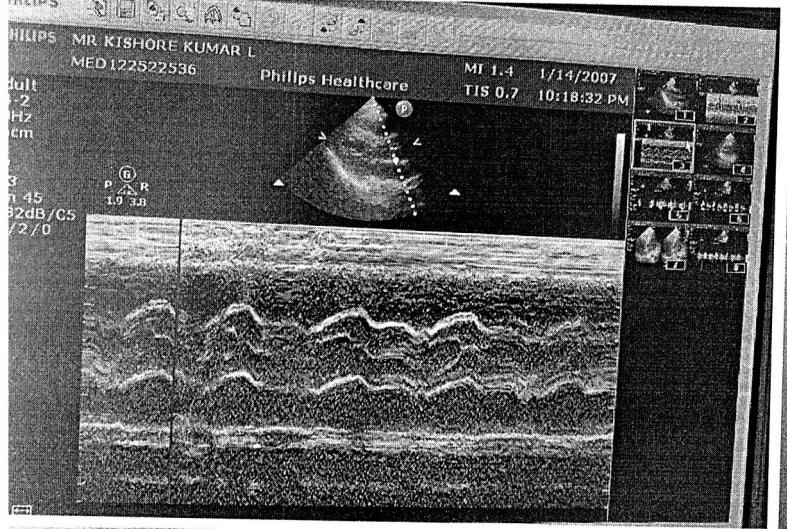
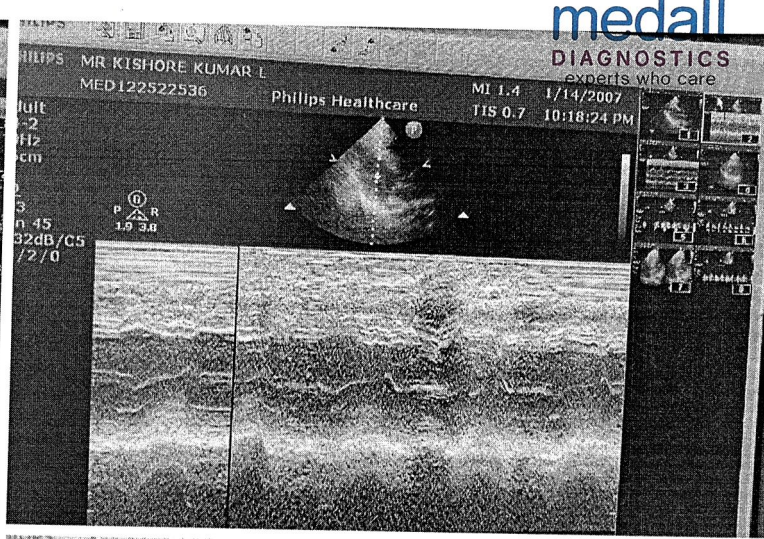
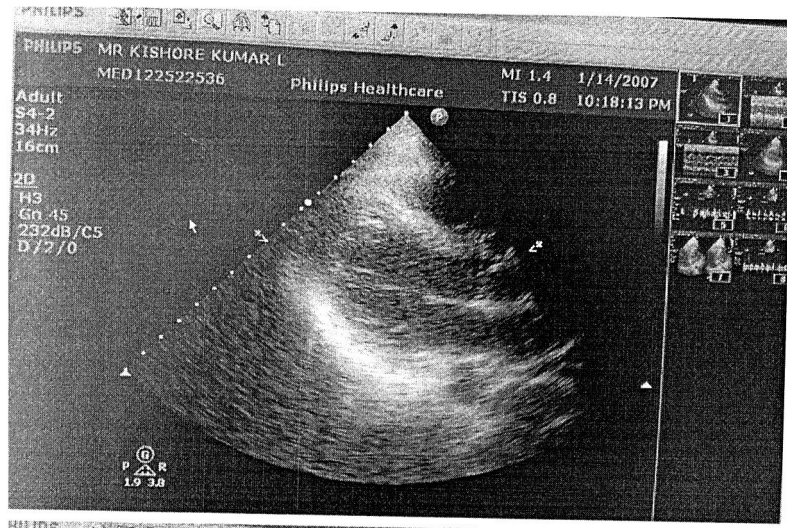
➤ *Normal colour flow studies.*

**DONE BY:VIJAYALAKSHMI.P**



**DR.RADHA PRIYA.Y**  
**Consultant Cardiologist**





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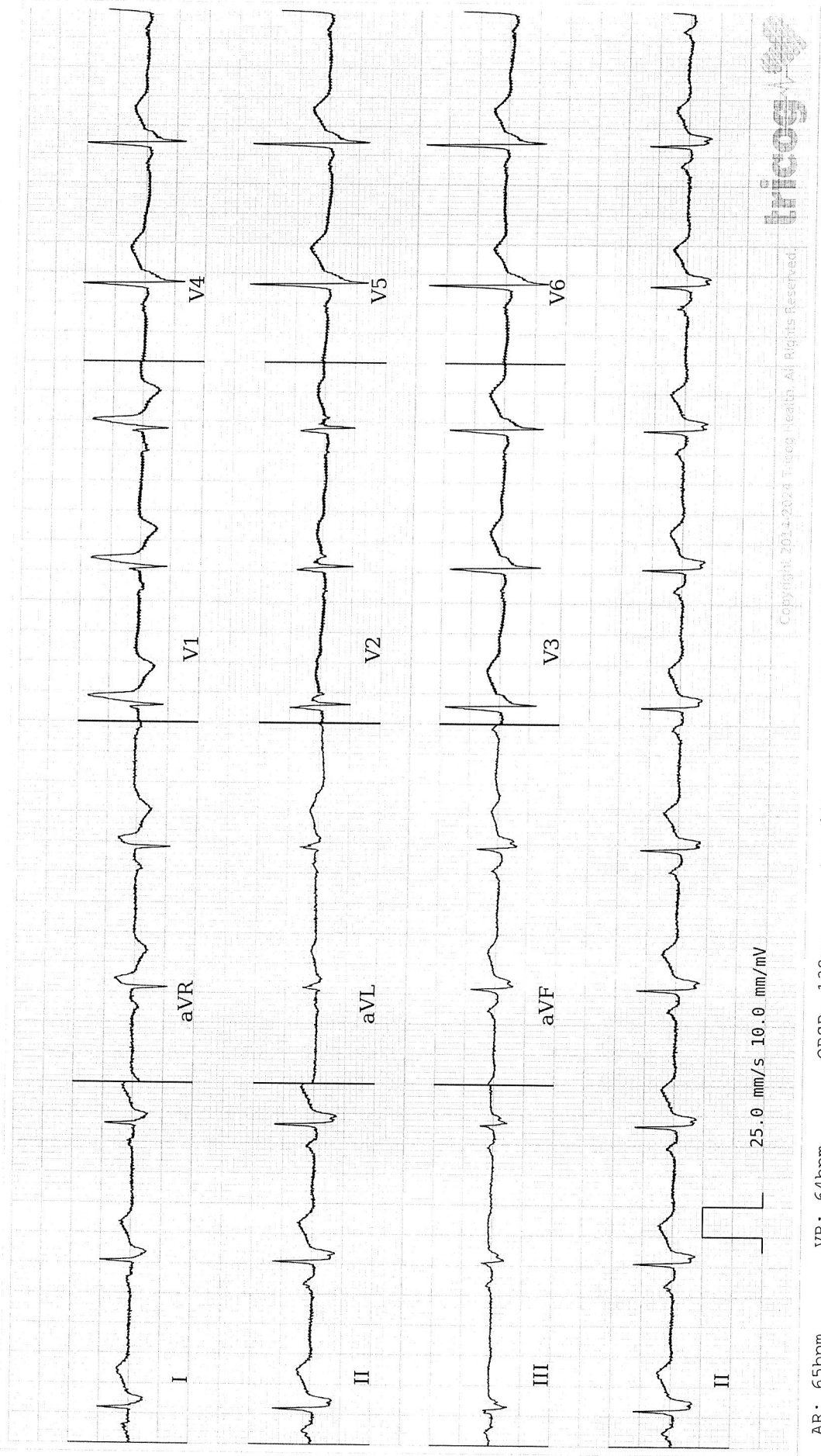


Age / Gender: 32/Male

Date and Time: 29th Mar 24 10:20 AM

Patient ID: med122522536

Patient Name: Mr kishore kumar



AR: 65bpm VR: 64bpm QRS: 132ms QT: 382ms QTcB: 394.53ms PRI: 174ms P-R-T: 64° 27° 39°

**Sinus Rhythm, Complete Right Bundle Branch Block. Concordant T waves noted in anterior leads. Rule out IHD. Please correlate clinically.**

REPORTED BY



Dr. Prajna Jinaachandra Jain

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

Name	Mr. KISHORE KUMAR L	Customer ID	MED122522536
Age & Gender	32Y/M	Visit Date	Mar 29 2024 9:09AM
Ref Doctor	MediWheel		

### X-RAY CHEST (PA VIEW)

The cardio thoracic ratio is normal. The heart size and configuration are within normal limits.

The aortic arch is normal.

The lung fields show normal broncho-vascular markings.


Both the pulmonary hila are normal in size.

The costophrenic and cardiophrenic recesses and the domes of diaphragm are normal.

The bones and soft tissues of the chest wall show no abnormality.

### IMPRESSION :

- **No significant abnormality detected.**



Dr. Prashant Moorthy MBBS., MD  
Consultant Radiologist

