| Name            | MR.BHAGYANATHAN S | ID         | MED112126209 |
|-----------------|-------------------|------------|--------------|
| Age & Gender    | 50Y/MALE          | Visit Date | 23/03/2024   |
| 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 madeout.

No evidence of calculus or hydronephrosis.

|              | Bipolar length (cms) | Parenchymal thickness (cms) |
|--------------|----------------------|-----------------------------|
| Right Kidney | 10.7                 | 1.9                         |
| Left Kidney  | 11.3                 | 2.1                         |

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.

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH

DR. MOHAN B

**Printed On** 

Type : OP

Investigation

Ref. Dr : MediWheel

medal

Observed Unit Biological
Value Reference Interval

: 24/03/2024 2:28 PM

# **IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING

 $({\rm EDTA~Blood} Agglutination)$ 

Remark: Test to be confirmed by gel method

Sr.LabTechnician

**VERIFIED BY** 

'O' 'Positive'





PID No. Register On : MED112126209 : 23/03/2024 8:29 AM : 712409356 SID No. Collection On : 23/03/2024 10:40 AM Age / Sex : 50 Year(s) / Male Report On : 23/03/2024 11:54 PM

**Type** : OP

**Investigation** 

Ref. Dr : MediWheel

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# **HAEMATOLOGY**

### Complete Blood Count With - ESR

Haemoglobin 14.6 g/dL 13.5 - 18.0

(EDTA Blood/Spectrophotometry)

INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

| ,  | •     |             |              |
|--|-------|-------------|--------------|
| PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)            | 43.3  | %           | 42 - 52      |
| RBC Count (EDTA Blood/Automated Blood cell Counter)                    | 4.84  | mill/cu.mm  | 4.7 - 6.0    |
| MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)      | 90.0  | fL          | 78 - 100     |
| MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)                | 30.1  | pg          | 27 - 32      |
| MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived) | 33.6  | g/dL        | 32 - 36      |
| RDW-CV (Derived)   | 12.7  | %           | 11.5 - 16.0  |
| RDW-SD (Derived)   | 40.01 | fL          | 39 - 46      |
| Total WBC Count (TC) (EDTA Blood/Derived from Impedance)               | 6420  | cells/cu.mm | 4000 - 11000 |
| Neutrophils<br>(Blood/Impedance Variation & Flow Cytometry)            | 53    | %           | 40 - 75      |
| Lymphocytes (Blood/Impedance Variation & Flow Cytometry)               | 37    | %           | 20 - 45      |

Mohan Kumar Sr.LabTechnician **VERIFIED BY** 





: MediWheel

 PID No.
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 : 712409356
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Age / Sex : 50 Year(s) / Male

Type : OP

Ref. Dr

**PCT** 

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**Observed Unit Investigation Biological** <u>Value</u> Reference Interval 01 - 06 **Eosinophils** 02 % (Blood/Impedance Variation & Flow Cytometry) 08 % 01 - 10 Monocytes (Blood/Impedance Variation & Flow Cytometry) 00 - 02 **Basophils** 00 % (Blood/Impedance Variation & Flow Cytometry) Absolute Neutrophil count  $10^{3} / \mu l$ 1.5 - 6.6 3.40 (EDTA Blood/Impedance Variation & Flow Cytometry) 2.38  $10^{3} / \mu l$ Absolute Lymphocyte Count 1.5 - 3.5(EDTA Blood/Impedance Variation & Flow Cytometry) 0.13  $10^{3} / \mu l$ 0.04 - 0.44Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)  $10^3 / \mu l$ 0.51 < 1.0 Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) Absolute Basophil count 0.00  $10^{3} / \mu l$ < 0.2 (EDTA Blood/Impedance Variation & Flow Cytometry) 227  $10^{3} / \mu l$ Platelet Count 150 - 450 (EDTA Blood/Derived from Impedance) **MPV** 10.4 fL 7.9 - 13.7(Blood/Derived)



ESR (Erythrocyte Sedimentation Rate)

(Citrated Blood/Automated ESR analyser)



0.24

06

%

mm/hr



0.18 - 0.28

< 15

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: OP

Type



| Investigation   | Observed<br>Value  | <u>Unit</u> | <u>Biological</u><br><u>Reference Interval</u> |
|---|--------------------|-------------|--|
| <b>BIOCHEMISTRY</b>   |                    |             |  |
| Liver Function Test   |                    |             |  |
| Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)             | 1.0                | mg/dL       | 0.1 - 1.2                                      |
| Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)            | 0.3                | mg/dL       | 0.0 - 0.3                                      |
| Bilirubin(Indirect) (Serum/Derived)                             | 0.70               | mg/dL       | 0.1 - 1.0                                      |
| Total Protein (Serum/Biuret)                                    | 7.6                | gm/dl       | 6.0 - 8.0                                      |
| Albumin (Serum/Bromocresol green)                               | 5.1                | gm/dl       | 3.5 - 5.2                                      |
| Globulin<br>(Serum/Derived)                                     | 2.50               | gm/dL       | 2.3 - 3.6                                      |
| A: G Ratio (Serum/Derived)                                      | 2.04               |             | 1.1 - 2.2                                      |
| INTERPRETATION: Remark : Electrophoresis is th                  | e preferred method |             |  |
| SGOT/AST (Aspartate Aminotransferase)<br>(Serum/IFCC / Kinetic) | 37                 | U/L         | 5 - 40   |
| SGPT/ALT (Alanine Aminotransferase)<br>(Serum/IFCC / Kinetic)   | 39                 | U/L         | 5 - 41   |
| Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)               | 77                 | U/L         | 53 - 128                                       |
| GGT(Gamma Glutamyl Transpeptidase)<br>(Serum/IFCC / Kinetic)    | 34                 | U/L         | < 55   |







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medall DIAGNOSTICS

| Investigation   | Observed<br><u>Value</u> | <u>Unit</u> | <u>Biological</u><br><u>Reference Interval</u>                                  |
|---|--------------------------|-------------|---|
| <u>Lipid Profile</u>  |                          |             |   |
| Cholesterol Total (Serum/Oxidase / Peroxidase method)         | 117                      | mg/dL       | Optimal: < 200<br>Borderline: 200 - 239<br>High Risk: >= 240                    |
| Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase) | 66                       | mg/dL       | Optimal: < 150<br>Borderline: 150 - 199<br>High: 200 - 499<br>Very High: >= 500 |

: 24/03/2024 2:28 PM

**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 õusualö circulating level of triglycerides during most part of the day.

| HDL Cholesterol (Serum/Immunoinhibition) | 38   | mg/dL | Optimal(Negative Risk Factor): >= 60<br>Borderline: 40 - 59<br>High Risk: < 40                             |
|--|------|-------|--|
| LDL Cholesterol (Serum/Calculated)       | 65.8 | mg/dL | Optimal: < 100<br>Above Optimal: 100 - 129<br>Borderline: 130 - 159<br>High: 160 - 189<br>Very High: >=190 |
| VLDL Cholesterol (Serum/Calculated)      | 13.2 | mg/dL | < 30   |
| Non HDL Cholesterol (Serum/Calculated)   | 79.0 | mg/dL | Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220       |







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**Type** : OP

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| <u>Investigation</u> | Observed Unit | <u>Biological</u>  |
|----------------------|---------------|--------------------|
|                      | <u>Value</u>  | Reference Interval |

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.

3.1 Total Cholesterol/HDL Cholesterol Ratio Optimal: < 3.3

(Serum/Calculated)

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 Optimal: < 2.51.7

(TG/HDL)

Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0

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(Serum/Calculated)

LDL/HDL Cholesterol Ratio 1.7 Optimal: 0.5 - 3.0

Borderline: 3.1 - 6.0 (Serum/Calculated) High Risk: > 6.0



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Ref. Dr

: MediWheel



| Investigation  Glycosylated Haemoglobin (HbA1c) | Observed<br>Value | <u>Unit</u> | <u>Biological</u><br><u>Reference Interval</u>                  |
|---|-------------------|-------------|---|
| HbA1C<br>(Whole Blood/HPLC)                     | 6.7               | %           | Normal: 4.5 - 5.6<br>Prediabetes: 5.7 - 6.4<br>Diabetic: >= 6.5 |

INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

Remark: Kindly correlate clinically.

Estimated Average Glucose 145.59 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 HbAlC 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 HbAlc.







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| Investigation                                  | Observed<br>Value | <u>Unit</u> | <u>Biological</u><br><u>Reference Interval</u>               |
|--|-------------------|-------------|--|
| <b>BIOCHEMISTRY</b>                            |                   |             |  |
| BUN / Creatinine Ratio                         | 9.0               |             |  |
| Glucose Fasting (FBS)<br>(Plasma - F/GOD- POD) | 76                | mg/dL       | Normal: < 100<br>Pre Diabetic: 100 - 125<br>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 Positive(+++)

(Urine - F)

Glucose Postprandial (PPBS) 141 mg/dL 70 - 140

(Plasma - PP/GOD - POD)

#### 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 Sugar (PP-2 hours)<br>(Urine - PP)                 | Positive(+++) |       | Negative  |
|--|---------------|-------|-----------|
| Blood Urea Nitrogen (BUN)<br>(Serum/Urease UV / derived) | 10.9          | mg/dL | 7.0 - 21  |
| Creatinine (Serum/Jaffe Kinetic)                         | 1.2           | 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-acetylcyteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid 4.1 mg/dL 3.5 - 7.2

(Serum/Uricase/Peroxidase)





Nil

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| <u>Investigation</u> | <u>Observed</u> | <u>Unit</u> | <u>Biological</u>  |
|----------------------|-----------------|-------------|--------------------|
|                      | <u>Value</u>    |             | Reference Interval |

## **IMMUNOASSAY**

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 0.95 ng/ml 0.7 - 2.04

(Serum/Chemiluminescent Immunometric Assay (CLIA))

#### 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 (Thyroxine) - Total 7.24 Microg/dl 4.2 - 12.0

(Serum/Chemiluminescent Immunometric Assay

(CLIA))

### 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) 0.817 µIU/mL 0.35 - 5.50

(Serum/Chemiluminescent Immunometric Assay (CLIA))

#### -----

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







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| Investigation  | Observed<br><u>Value</u> | <u>Unit</u> | <u>Biological</u><br><u>Reference Interval</u>  |
|--|--------------------------|-------------|---|
| <u>IMMUNOASSAY</u>   |                          |             |   |
| Total PSA (Serum/Chemiluminescent Immunometric Assay (CLIA)) | 0.39                     | ng/ml       | Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0 |

**INTERPRETATION:** REMARK: PSA alone should not be used as an absolute indicator of malignancy.



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|----------------------|-----------------|-------------|--------------------|
| -                    | <u>Value</u>    |             | Reference Interval |

# **CLINICAL PATHOLOGY**

### **PHYSICAL EXAMINATION**

Colour Pale Yellow Yellow to Amber

(Urine/Physical examination)

15 Volume ml

(Urine/Physical examination)

Clear Appearance

(Urine)

### **CHEMICAL EXAMINATION**

6.0 4.5 - 8.0pН

(Urine)

Specific Gravity 1.005 1.002 - 1.035

(Urine/Dip Stick oʻ'Reagent strip method)

Negative Negative

(Urine/Dip Stick oʻ'Reagent strip method)

Positive(+++) Nil Glucose

(Urine)

Nil Nil Ketone

(Urine/Dip Stick oʻ'Reagent strip method)

Negative leuco/uL Leukocytes Negative

(Urine)

Nil Nil Nitrite

(Urine/Dip Stick o''Reagent strip method)

Bilirubin Negative mg/dL Negative

(Urine)

Blood Nil Nil

(Urine)



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| Investigation   | <u>Observed</u><br><u>Value</u> | <u>Unit</u> | <u>Biological</u><br><u>Reference Interval</u> |
|---|---------------------------------|-------------|--|
| Urobilinogen (Urine/Dip Stick 6"Reagent strip method) | Normal                          |             | Within normal limits                           |
| <u>Urine Microscopy Pictures</u>                      |                                 |             |  |
| RBCs<br>(Urine/Microscopy)                            | Nil                             | /hpf        | NIL  |
| Pus Cells<br>(Urine/Microscopy)                       | 2-3                             | /hpf        | < 5  |
| Epithelial Cells<br>(Urine/Microscopy)                | 2-3                             | /hpf        | No ranges                                      |
| Others<br>(Urine)                                     | Nil                             |             | Nil  |

: 24/03/2024 2:28 PM







APPROVED BY

-- End of Report --

| Name            | MR.BHAGYANATHAN S | ID         | MED112126209 |
|-----------------|-------------------|------------|--------------|
| Age & Gender    | 50Y/MALE          | Visit Date | 23/03/2024   |
| Ref Doctor Name | MediWheel         |            |              |



### 2 D ECHOCARDIOGRAPHIC STUDY

### M mode measurement:

AORTA : 3.0cms

LEFT ATRIUM : 3.0cms

LEFT VENTRICLE (DIASTOLE) : 4.9cms

(SYSTOLE) : 3.0cms

VENTRICULAR SEPTUM (DIASTOLE) : 1.0cms

(SYSTOLE) : 1.3cms

POSTERIOR WALL (DIASTOLE) : 1.0cms

(SYSTOLE) : 1.3cms

EDV : 81ml

ESV : 33ml

FRACTIONAL SHORTENING : 33%

EJECTION FRACTION : 59%

RVID : 1.5cms

### **DOPPLER MEASUREMENTS:**

MITRAL VALVE : E' - 0.87m/s A' - 0.37m/s NO MR

AORTIC VALVE : 0.95m/s NO AR

TRICUSPID VALVE : E' - 0.63m/s A' - 0.23m/s NO TR

PULMONARY VALVE : 0.70m/s NO PR

### **2D ECHOCARDIOGRAPHY FINDINGS:**

Left ventricle : Normal size, Normal systolic function.

| Name            | MR.BHAGYANATHAN S | ID         | MED112126209 |
|-----------------|-------------------|------------|--------------|
| Age & Gender    | 50Y/MALE          | Visit Date | 23/03/2024   |
| 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: 59 %.
- > NO REGIONAL WALL MOTION ABNORMALITIES.
- > NORMAL VALVES.
- > NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.



DR. NIKHIL B INTERVENTIONAL CARDIOLOGIST

NB/mm



| Name         | Mr. BHAGYANATHAN S | ID         | MED112126209       |
|--------------|--------------------|------------|--------------------|
| Age & Gender | 50Y/M              | Visit Date | Mar 23 2024 8:28AM |
| 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