



Registration Id : 258319049
Patient Name : Mr. Vijendra Aswal
Referred By : CITI CORP

Registration Date/Time : 13/02/2018 / 09:17AM
Collection Date / Time : 13/2/2018 / 09:56 AM
Reporting Date / Time : 13/02/2018 / 01:48PM
Age /Sex : 25 Years / Male

Investigation		Patients Value			Reference	
		Low	Normal	High		
Sample Type: SERUM						
<u>LIPID PROFILE</u>						
S. Triglycerides (Method : Glycerol Phosphate Oxidase)			83.00		Upto 150	mg/dl
Total Cholesterol (Method : Enzymatic)				*216.00	0 - 200	mg/dl
HDL Cholesterol (Method : Accelerator Selective Detergent)				*64.00	40 - 60	mg/dl
LDL Cholesterol (Method : Liquid Selective Detergent)				*135.40	Upto 100	mg/dl
VLDL Cholesterol (Method : Calculated)			16.6		7 - 35	mg/dl
LDL/HDL Ratio (Method : Calculated)		*2.12			2.5 - 3.5	
TC/HDL Ratio (Method : Calculated)			3.38		3.0 - 5.0	
*Rechecked						
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Registration Id : 258319049
Patient Name : Mr. Vijendra Aswal
Referred By : CITI CORP

Registration Date/Time : 13/02/2018 / 09:17AM
Collection Date / Time : 13/2/2018 / 10:13 AM
Reporting Date / Time : 13/02/2018 / 01:48PM
Age /Sex : 25 Years / Male

Investigation	Patients Value			Reference
	Low	Normal	High	
<p>For Lipids,Reference Range is as per NCEP Guidelines</p> <p>TOTAL CHOLESTEROL: Desirable : < 200 Borderline High : 200 - 239 High : >= 240</p> <p>TRIGLYCERIDES : Normal : <150 Borderline High: 150 - 199 High : 200 - 499 Very High : >= 500</p> <p>LDL-CHOLESTEROL : Optimal : < 100 Near/Above Optimal:100-129 Borderline High : 130 - 159 High : 160 - 189 Very High : >=190</p> <p>HDL-CHOLESTEROL : Low : < 40 High : >= 60</p>				

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Collection Date / Time : 13/2/2018 / 09:56 AM
Reporting Date / Time : 13/02/2018 / 01:48PM
Age /Sex : 25 Years / Male

Investigation	Patients Value			Reference
	Low	Normal	High	
Sample Type: SERUM Alkaline Phosphatase (Method : Enzymatic p-NPP)		58.1		20 - 130 U/L

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Registration Date/Time : 13/02/2018 / 09:17AM
Collection Date / Time : 13/2/2018 / 09:56 AM
Reporting Date / Time : 13/02/2018 / 12:30PM
Age /Sex : 25 Years / Male

Investigation	Patients Value			Reference
	Low	Normal	High	
Sample Type: SERUM				
Bilirubin (Total) (Method : Diazo with Sulphanilic Acid in presence of DMSO)			*1.39	0.0 - 1.2 mg/dl
Bilirubin (Direct) (Method : Diazo Reaction)		0.50		0 - 0.50 mg/dl
Bilirubin (Indirect) (Method : Calculated)		0.89		0.0 - 1.0 mg/dl

***Rechecked**

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Registration Id : 258319048
Patient Name : Mr. Vijendra Aswal
Referred By : CITI CORP

Registration Date/Time : 13/02/2018 / 09:24AM
Collection Date / Time : 13/2/2018 / 09:26 AM
Reporting Date / Time : 13/02/2018 / 11:05AM
Age /Sex : 25 Years / Male

Investigation	Patients Value			Reference
	Low	Normal	High	
Sample Type: PLASMA Blood Sugar Fasting (Method : Hexokinase/G-6-PDH)		88		70 - 110 mg/dl

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Registration Id : 258319048		Registration Date/Time : 13/02/2018 / 09:22AM	
Patient Name : Mr. Vijendra Aswal		Collection Date / Time : 13/2/2018 / 09:26 AM	
Referred By : CITI CORP		Reporting Date / Time : 13/02/2018 / 12:45PM	
		Age /Sex : 25 Years /Male	

Investigation	Patients Value			Reference
	Low	Normal	High	
Sample Type: PLASMA Blood Sugar (PP) (Method : Hexokinase/G-6-PDH)		96		70 - 140 mg/dl

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Registration Id : 258319049
Patient Name : Mr. Vijendra Aswal
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Registration Date/Time : 13/02/2018 / 09:17AM
Collection Date / Time : 13/02/2018 / 09:27 AM
Reporting Date / Time : 13/02/2018 / 02:00PM
Age /Sex : 25 Years / Male

COMPLETE BLOOD COUNT

Sample Type: EDTA Whole Blood

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>Reference Range</u>
Leucocytes Count	: 4900	/c.mm	4000 - 10000
Erythrocytes	: 4.89	mill/c.mm	4.5 - 5.5
Haemoglobin	: 15.3	gm %	13.5 - 18.0
Packed Cell Volume	: 45.6	%	40.0 - 50.0
MCV	: 93.0	fl	83 - 101
MCH	: 31.3	Pg	27 - 32
MCHC	: 33.6	g/dl	31.5 - 34.5
RDW	: 11.8	%	11.6 - 14.0
Platelet Count	: 203	10 ^ 3/c.mm	150 - 450
MPV	: 9.0	fl	9.0 - 13.0
Neutrophils	: 41	%	40 - 80
Lymphocytes	: *52	%	20 - 40
Monocytes	: 06	%	2 - 10
Eosinophils	: 01	%	01 - 06
Basophils	: 00	%	00 - 01
Microcytes	: -		
Macrocytes	: -		
Anisocytosis	: -		
Poikilocytosis	: -		
Hypochromia	: -		
Polychromasia	: -		
Oval cells	: -		
Target cells	: -		
Remarks	: Platelet adequate on smear. Normocytic Normochromic RBCs. ** END OF REPORT **		

***Rechecked**

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REF. NO.	: 258319049	DATE	: 2/13/2018 12:01
NAME	: MR..VIJENDRA ASWAL	AGE	: 25 Years
REF.DOCTOR	: CITI CORP	SEX	: M

2D ECHOCARDIOGRAPHY REPORT

Mitral Valves : Thin leaflets, Normal sub-valvular apparatus. No MR / No MS

Aortic Valve : Thin, trileaflet . Normal gradients across the valves. No AR / No AS

Tricuspid Valve : Thin leaflets, Normal gradients across valve. Mild TR
No Pulmonary Hypertension

Pulmonary Valve : Thin leaflets, Normal gradients across valves

Left Ventricle : Normal LV Size with normal thickness
No regional wall motion abnormality
No Diastolic Dysfunction
Normal LV Systolic function, LVEF 60%

Left Atrium : Normal Size and free of clots

Right Atrium & Right Ventricle : Normal Size and function

IAS Intact

IVS Intact

No pericardial effusion / vegetations / clots.

Impression : Normal Cardiac Valves
Normal Cardiac Chambers
Normal LV Systolic function. LVEF 60%

Dr. Vivek Gaikwad
DNB (Cardiology)
Cardiologist

Note : 2D-Echo Cardiogram has interoperability variation and need to correlate clinically. Advice confirmatory tests, if required.

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Anterior leaflet	
EF Slope	70 -150 mm/sec
Opening Amplitude	
Posterior leaflet	
E.P.S.S	8 mm
Mitral valve prolapse	
Vegetations	

EF Slope

'A' Wave

Midsystolic notch

Flutter

Other Findings

Cuspal Opening	15 mm-26 mm
Closure Line	
Eccentricity index	
Other Findings	

1. Lvd. (Diastolic)	35 - 56 mm
2. Lvd. (Systolic)	24 - 42 mm
3. Rvd. (Diastolic)	7 - 23 mm
4. IVST. (Diastolic)	6 -11 mm
5. IVST. (Systolic)	
6. LVPWT. (Diastolic)	6 - 11 mm
7. LVPWT. (Systolic)	
8.Aortic root	22 - 37 mm
9. Left Atrium	19 - 40 mm

MITRAL VALVE	/	/	/
TRICUSPID VALVE	/	/	/
PULMONARY VALVE	/	/	/
AORTIC VALVE	/	/	/

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Registration Date/Time : 13/02/2018 / 09:17AM
Collection Date / Time : 13/2/2018 / 09:56 AM
Reporting Date / Time : 13/02/2018 / 01:48PM
Age /Sex : 25 Years / Male

Investigation	Patients Value			Reference
	Low	Normal	High	
Sample Type: SERUM Creatinine (Method : Alkaline Picrate (Kinetic Jaffe-s Reaction))		0.89		0.50 - 1.50 mg/dl

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Patient Name : Mr. Vijendra Aswal

Registration Id : 258319049

Referred By : CITI CORP

Registration Date : 2/13/2018

Age : 25 Years

Lumbar spine	1.239	0.2	0.2	NIL
Left Femoral neck	1.141	0.3	0.3	NIL
Left Forearm	0.978	-0.1	-0.1	NIL

Lumbar spine, Left Femoral Neck and Left Forearm BMD are normal.

Recommended follow up scan after 3 years.

|



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Registration Date/Time : 13/02/2018 / 09:17AM
Collection Date / Time : 13/2/2018 / 09:56 AM
Reporting Date / Time : 13/02/2018 / 01:48PM
Age /Sex : 25 Years / Male

Investigation	Patients Value			Reference
	Low	Normal	High	
Sample Type: SERUM Creatinine (Method : Alkaline Picrate (Kinetic Jaffe-s Reaction))		0.89		0.50 - 1.50 mg/dl

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Registration Id	: 258319049	Registration Date/Time	: 13/02/2018 / 09:17AM
Patient Name	: Mr. Vijendra Aswal	Collection Date / Time	: 13/02/2018 / 09:27 AM
Referred By	: CITI CORP	Reporting Date / Time	: 13/02/2018 / 01:38PM
		Age /Sex	: 25 Years / Male

Erythrocyte Sedimentation Rate (ESR)

Sample Type: EDTA Whole Blood

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>Reference Range</u>
<u>ERYTHROCYTE SEDIMENTATION RATE</u>			
ESR	: 03	mm / 1hr.	0 - 10

Method : Westergren

Done on Fully Automated Vesmatic 80 ESR Analyzer (Diesse)

...

- Although the ESR is a non-specific phenomenon, its measurement is clinically useful in disorders associated with an increased production of acute-phase proteins.
- In rheumatoid arthritis or tuberculosis, it provides an index of progress of the disease, and it is of value in diagnosis of temporal arteritis and polymyalgia rheumatica. It is also useful as a screening test in the routine examination of patients.
- The ESR is higher in women than in men, and correlates with sex differences in fibrinogen levels.
- The ESR is influenced by age, stage of the menstrual cycle and drugs (eg: corticosteroids, contraceptive pills, etc), it is especially low (0-1 mm) in polycythaemia, hypofibrinogenaemia and in congestive cardiac failure, and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

** END OF REPORT **

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Patient Name	: Mr. Vijendra Aswal	Collection Date / Time	: 13/02/2018 / 09:27 AM
Referred By	: CITI CORP	Reporting Date / Time	: 13/02/2018 / 04:41PM
		Age /Sex	: 25 Years / Male

Glycosylated Haemoglobin (HbA1c)

Sample Type: EDTA Whole Blood

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>Reference Range</u>
HbA1c	: 4.7	>8% : Action suggested <7% : Goal <6% : Non-Diabetic Level

- 1.HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months.
- 2.HbA1c is falsely low in diabetics with hemolytic disease.In these individuals a plasma fructosamine level may be used which evaluates diabetes over 15 days.
- 3.Trends in HbA1c are a better indicator of diabetic control than a soliditary test.
- 4.HbA1c should not be used to diagnose diabetes mellitus.

NOTE:HbA1c PARAMETER IS NGSP LEVEL 1 CERTIFIED.

** END OF REPORT **

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REF. NO.	: 258319049	DATE	: 2/13/2018 12:01
NAME	: MR..VIJENDRA ASWAL	AGE	: 25 Years
REF.DOCTOR	: CITI CORP	SEX	: M

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Anterior leaflet	
EF Slope	70 -150 mm/sec
Opening Amplitude	
Posterior leaflet	
E.P.S.S	8 mm
Mitral valve prolapse	
Vegetations	

EF Slope

'A' Wave

Midsystolic notch

Flutter

Other Findings

Cuspal Opening	15 mm-26 mm
Closure Line	
Eccentricity index	
Other Findings	

1. Lvd. (Diastolic)	38	35 - 56 mm
2. Lvd. (Systolic)	24	24 - 42 mm
3. Rvd. (Diastolic)		7 - 23 mm
4. IVST. (Diastolic)	9	6 -11 mm
5. IVST. (Systolic)		
6. LVPWT. (Diastolic)	9	6 - 11 mm
7. LVPWT. (Systolic)		
8.Aortic root	28	22 - 37 mm
9. Left Atrium	30	19 - 40 mm

MITRAL VALVE	/	/	/
TRICUSPID VALVE	/	/	/
PULMONARY VALVE	/	/	/
AORTIC VALVE	/	/	/

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Registration Date/Time : 13/02/2018 / 09:17AM
Collection Date / Time : 13/2/2018 / 09:56 AM
Reporting Date / Time : 13/02/2018 / 12:05PM
Age /Sex : 25 Years / Male

Investigation	Patients Value			Reference
	Low	Normal	High	
Sample Type: SERUM				
Total Proteins (Method : Biuret)		7.42		6.3 - 8.4 gm/dl
Albumin (Method : Bromocresol Green)		4.57		3.8 - 5.0 gm/dl
Globulin (Method : Calculated)		2.85		2.3 - 3.5 gm/dl
A/G Ratio (Method : Calculated)		1.60		1.10 - 2.20

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Collection Date / Time : 13/2/2018 / 09:56 AM
Reporting Date / Time : 13/02/2018 / 12:05PM
Age /Sex : 25 Years / Male

Investigation	Patients Value			Reference
	Low	Normal	High	
Sample Type: SERUM SGOT/AST (Method : NADH (without P-5-P))		18.00		8 - 33 U/L

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Registration Date/Time : 13/02/2018 / 09:17AM
Collection Date / Time : 13/2/2018 / 09:56 AM
Reporting Date / Time : 13/02/2018 / 12:30PM
Age /Sex : 25 Years / Male

Investigation	Patients Value			Reference
	Low	Normal	High	
Sample Type: SERUM SGPT/ALT (Method : NADH (without P-5-P))		25.00		0.0 - 55.0 U/L

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Registration Id :	258319049	Registration Date/Time :	13/02/2018 9:17AM
Patient Name :	MR. VIJENDRA ASWAL	Collection Date / Time :	13/02/2018 11:28 AM
Referred By :	CITI CORP	Reporting Date / Time :	13/02/2018 / 11:48AM
		Age /Sex :	25 Years / Male

REAL TIME ABDOMINAL ULTRASOUND REPORT

LIVER :

Normal liver parenchymal echo pattern. No evidence of any solid or cystic intra- hepatic lesion is noted. The portal and hepatic veins appear normal. No evidence of any dilated intra or extra hepatic biliary radicals noted.

GALL-BLADDER:

The physiologically dilated gall bladder is visualized and appears normal. No evidence of any gall stones noted.

PANCREAS :

No evidence of any abnormality noted in the region of pancreas.

SPLEEN :

The spleen shows normal parenchymal echo pattern.

KIDNEYS :

Both the kidneys are anatomically normal.

The right kidney measures 11.5 x 3.5 cm.

The left kidney measures 10.9 x 4.5 cm.

No evidence of any renal mass, hydronephrosis or renal calculi. No ascites or adenopathy.

REAL TIME PELVIS ULTRASOUND REPORT

Anatomically normal urinary bladder.

Prostate measures 3.9 x 3.5 x 3.4 cm corresponding to 25 gms.

CONCLUSION :

No significant abnormality is noted.

DR. CHANDRIMA CHUCKERBUTTY
MD

(Please note : Ultrasonographic findings and their normalcy is subject to many variables. Possibility of a false negative/ false positive result exists with any imaging modality including USG. Diagnostic discretion is recommended.)

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Patient Name	: Mr. Vijendra Aswal	Collection Date / Time	: 13/02/2018 / 09:27 AM
Referred By	: CITI CORP	Reporting Date / Time	: 13/02/2018 / 02:35PM
		Age /Sex	: 25 Years / Male

Thyroid Function Test

Sample Type: SERUM

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>Reference Range</u>
Total T3 (Tri-iodothyronine)	: 75.43	ng/dl	64 - 152
Total T4 (Thyroxine)	: 5.6	ug/dl	4.51 - 11.66
			Note:Laboratory established reference range
Ultrasensitive TSH	: 3.4794	uIU/ml	0.35 - 4.94
Method	: CMIA		

...

- In cases of primary hypothyroidism, T3 and T4 levels are low and TSH is significantly elevated. In the case of pituitary dysfunction, either due to intrinsic hypothalamic or pituitary disease i.e central hypothyroidism, normal or marginally elevated basal TSH levels are often seen despite significant reduction in T4 and T3 levels.
- Primary hyperthyroidism (eg: Grave's disease, nodular goiter) is associated with high levels of thyroid hormones and depressed or undetectable levels of TSH.

** END OF REPORT **

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Collection Date / Time : 13/2/2018 / 09:56 AM
Reporting Date / Time : 13/02/2018 / 12:05PM
Age /Sex : 25 Years / Male

Investigation	Patients Value			Reference
	Low	Normal	High	
Sample Type: SERUM				
Blood Urea (Method : Urease, Kinetic)		21.40		19.0 - 44.0 mg/dl
Blood Urea Nitrogen		10.00		8 - 23 mg/dl

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Reporting Date / Time : 13/02/2018 / 12:05PM
Age /Sex : 25 Years / Male

Investigation	Patients Value			Reference
	Low	Normal	High	
Sample Type: SERUM Uric Acid (Method : Enzyme Uricase)		5.6		3.4 - 7.0 mg/dl

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Registration Id	: 258319048	Registration Date/Time	: 13/02/2018 / 10:34AM
Patient Name	: Mr. Vijendra Aswal	Collection Date / Time	: 13/02/2018 / 11:01 AM
Referred By	: CITI CORP	Reporting Date / Time	: 13/02/2018 / 05:15PM
		Age /Sex	: 25 Years / Male

Urine Routine

Sample Type: Urine

Reference Range

PHYSICAL EXAMINATION

Quantity	: 30 ml	---
Colour	: PALE YELLOW	---
Appearance	: CLEAR	---
Deposit	: ABSENT	---

CHEMICAL EXAMINATION

pH	: 7.0	4.6 - 8.0
Specific Gravity	: 1.005	1.003 - 1.035
Albumin	: Negative	NEGATIVE
Sugar	: Negative	NEGATIVE
Ketone Bodies	: Negative	NEGATIVE
Nitrite	: Negative	NEGATIVE
Blood	: Negative	ABSENT
Bile Pigments	: Negative	NEGATIVE
Bile Salts	: Negative	NEGATIVE
Urobilinogen	: Normal	NORMAL

MICROSCOPIC EXAMINATION

Epithelial Cells	: Occasional	---
Pus Cells	: Occasional	0 - 5 cells/hpf
Red Blood Cells	: ABSENT	0 - 2 cells/hpf
Casts	: ABSENT	
Crystals	: ABSENT	
Amorphous Materials	: ABSENT	
Bacteria	: ABSENT	
Yeast Cells	: ABSENT	
Trichomonas Vaginalis	: ABSENT	

METHOD: Chemical Examination is done by Strip Method

** END OF REPORT **

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Referred By	: CITI CORP	Reporting Date / Time	: 13/02/2018 / 02:35PM
		Age /Sex	: 25 Years / Male

Vitamin B 12 Level

Sample Type: SERUM

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>Reference Range</u>
Cobalamin (Vitamin B12)	: 371	pg/ml	187 - 883
Method	: CMIA		

....

- Vitamin B12 is a cofactor in the synthesis of methionine from homocysteine, is implicated in the formation of myelin and along with folate, is required for DNA synthesis.
- There are a number of conditions that are associated with low serum B12 levels including iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.

** END OF REPORT **

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Referred By	: CITI CORP	Reporting Date / Time	: 13/02/2018 / 02:35PM
		Age /Sex	: 25 Years / Male

Vitamin B 12 Level

Sample Type: SERUM

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>Reference Range</u>
Cobalamin (Vitamin B12)	: 371	pg/ml	187 - 883
Method	: CMIA		

....

- Vitamin B12 is a cofactor in the synthesis of methionine from homocysteine, is implicated in the formation of myelin and along with folate, is required for DNA synthesis.
- There are a number of conditions that are associated with low serum B12 levels including iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.

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Referred By : CITI CORP

Registration Date/Time : 13/02/2018 9:17AM
Collection Date / Time : 13/02/2018 10:13 AM
Reporting Date / Time : 13/02/2018 / 11:55AM
Age /Sex : 25 Years / Male

DIGITAL X-RAY

CHEST PA VIEW

Both the lung fields are equally translucent.

The costo-phrenic angles are clear.

No hilar or mediastinal mass is seen.

Domes of diaphragm are normal in position and contour.

The cardiac outline is normal.

No obvious skeletal abnormality is seen.

CONCLUSION :

No significant abnormality is seen.

DR. CHANDRIMA CHUCKERBUTTY
M.D.

(Please note : Radiographic findings and their normalcy is subject to many variables. Possibility of a false negative result exists with radiography. Diagnostic discretion is recommended.)

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