



# Balaji Medical Centre

An ISO 9001:2015 Accredited Organization  
info@balajimedicalcentre.com, dr@balajimedicalcentre.com



- CHENNAI** : No.5 (3/2), Jagadeeswaran Street,T.Nagar,Chennai-600 017. INDIA ☎ : 044-24364651 / 52 / 53  
No.38, Manikodi Srinivasan Nagar Main Road, Rajiv Gandhi Salai, Perungudi, Chennai-600 096. INDIA ☎ : 044-29865513 / 14
- TUTICORIN** : Plot No.51, Door No.20/10, Roche Colony, South Beach Road,Tuticorin - 628 001.INDIA ☎ : 0461-2332719 / 20
- CUDDALORE** : No.26, Dowlath Nagar, Semmandalam, Cuddalore - 607001.INDIA ☎ : 04142-202150,203150
- KOCHI** : No.66/2345A, Veekshnam Road, Ernakulam,Kochi-682018 . INDIA ☎ : 0484-2395006 / 07 / 08
- VIZAG** : Door No.39-11- 63/4-1, Murali Nagar, Visakhapatnam,Andhra Pradesh-530 007. INDIA ☎ : 0891-2710299 / 399
- MANGALORE** : Shop No.5, Door No.1-65/31, Kuttur-Kavoor Airport Road, Vivek Nagar, Panjimogaru, Mangalore-575 013.INDIA ☎ : 0824-2972719 / 20.
- KAKINADA** : 70-17-15/1,RR Nagar,Road No.2, Kakinada, Andhra Pradesh -533003.INDIA ☎ : 0884-2345555, 0884-3500132.

**REG. NO: MA23120000251**

**DATE: 23/12/2023**

## MEDICAL FITNESS CERTIFICATE

This is to certify that I have examined MR. AJAYA (37/M)

Who is found to be Medically **FIT**.

He is not found to be suffering from any contagious Disease or Ailment.

He is **FIT** to perform his duty.

Dietary Counseling was provided from our end.

History of kidney stone 4 months ago and was treated conservatively.

  
**Dr. DEEKSHA. V. SHETTY**  
Reg.No. 32158  
DGS Approval No. KAMG/09/2023

**“HEALTHIER MARINERS TOWARDS A WEALTHIER NATION”**



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## PHYSICAL EXAMINATION

Date Of Exam : 23/12/2023 Reg. No:MA23120000251

Name : MR. AJAY A (37/Male)

Type Of Exam : Physical

Reference : Apollo Health and Lifestyle Limited

The doctor has examined this client at Balaji Medical Centre Mangalore for updated Physical examination and found the following.

Temperature	:	36.2C
Blood Pressure	:	130/90mmHg
Pulse	:	70/min
Respiration Rate	:	16/min
Waist (cm)	:	88Cms
Height	:	169Cms
Weight	:	69.4Kgs
BMI	:	24.3kg/m2

  
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**Name:** MR. AJAY A

**Date:** 23/12/2023

**Reg. No :** MA23120000251

**Reference:** Apollo Health and Lifestyle Limited

## OPHTHALMIC REPORT

	RIGHT	LEFT
Distant:	6/6	6/6
Near:	N/5	N/5
Colour:	Normal	Normal
Anterior Segment:	Normal	Normal
Intra Ocular Pressure:	Normal	Normal
Fundus:	Normal	Normal

*Deeksha*

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## LABORATORY REPORT

DATE : 23/12/2023 REG. NO : MA23120000251

NAME : MR. AJAY A

AGE : 37YRS SEX : MALE

Reference : Apollo Health and Lifestyle Limited

### COMPLETE BLOOD COUNT (CBC)

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
ERYTHROCYTE (RBC) COUNT	5.6	mill/cu.mm	4.7-6.0
HAEMOGLOBIN (Hb)	16.0	gm/dl	13.5-18
PCV (PACKED CELL VOLUME)	50.1	%	42-52
MCV (MEAN CORPUSCULAR VOLUME)	89.7	fl	78-100
MCH (MEAN CORPUSCULAR HAEMOGLOBIN )	31.0	pg	27-31
MCHC (MEAN CORPUSCULAR Hb CONC.N.)	36.0	g/dl	32-36
RDW (RED CELL DISTRIBUTION WIDTH)	13.5	%	11.5-14.0
TOTAL LEUCOCYTES (WBC) COUNT	9300	Cells /cu.mm	4000-10500
ABSOLUTE NEUTROPHILS COUNT	6400	/c.mm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT	2300	/c.mm	1000-3000
ABSOLUTE MONOCYTE COUNT	280	/c.mm	200-1000
ABSOLUTE EOSINOPHIL COUNT	190	/c.mm	20-500
ABSOLUTE BASOPHIL COUNT	90	/c.mm	20-100
NEUTROPHILS	59.0	%	40-80
LYMPHOCYTES	35.0	%	20-40
MONOCYTES	3.0	%	2-10
EOSINOPHILS	2.0	%	1-6
BASOPHILS	1.0	%	0-2
PLATELET COUNT	2.5	10 <sup>3</sup> /μl	1.50-4.50
MPV (MEAN PLATELET VOLUME)	7.9	fL	6-9.5
PCT (PLATELET HAEMATOCRIT)	0.2	%	0.2-0.5
PDW (PLATELET DISTRIBUTION WIDTH)	16.0	%	9-17

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## LABORATORY REPORT

DATE : 23/12/2023 REG. NO : MA23120000251  
 NAME : MR. AJAY A  
 AGE : 37YRS SEX : MALE  
 Reference : Apollo Health and Lifestyle Limited

### ROUTINE EXAMINATION URINE

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b><u>GENERAL EXAMINATION:</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	CLEAR		CLEAR
REACTION (pH)	5.0		4.5 - 8
SPECIFIC GRAVITY	1.020		1.010 - 1.030
<b><u>CHEMICAL EXAMINATION (AUTOMATED DIPSTICK METHOD):</u></b>			
URINE PROTEIN(ALBUMIN)	ABSENT		ABSENT
URINE GLUCOSE(SUGAR)	ABSENT		ABSENT
URINE KETONES(ACETONE)	ABSENT		ABSENT
BILE SALTS	ABSENT		ABSENT
BILE PIGMENTS	ABSENT		ABSENT
UROBILINOGEN	NORMAL		NORMAL
NITRITE	NEGATIVE		NEGATIVE
<b><u>MICROSCOPIC EXAMINATION</u></b>			
RED BLOOD CELLS	NIL	/hpf	0 - 2
PUS CELLS (WBCs)	1-2	/hpf	0 - 5
EPITHELIAL CELLS	0-1	/hpf	0 - 5
CRYSTALS	ABSENT	/hpf	ABSENT
CAST	ABSENT	/hpf	ABSENT
AMORPHOUS DEPOSITS	ABSENT	/hpf	ABSENT
BACTERIA	ABSENT	/hpf	ABSENT

*Deeksha V. Shetty*

**Dr. DEEKSHA. V. SHETTY**

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## LABORATORY REPORT

Date : 23/12/2023 Reg. No : MA23120000251  
Name : MR. AJAY A  
Age : 37Yrs Sex : Male  
Reference : Apollo Health and Lifestyle Limited

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
ESR – Erythrocyte Sedimentation Rate (EDTA Whole Blood, Automated-Capillary photometry aggregation/ Manual – Westergrens method)	05	mm/hr	0-15

**Method:** Automated Westergren

Interpretation;

1. It indicates presence and intensity of an inflammatory process, never diagnosis of a specific disease, Chance are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation and hypothyroidism.

**Remark:** ESR Performed using capillary photometric aggregation (for automated analysis) & westergrens (for manual testing).

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## LABORATORY REPORT

Date : 23/12/2023 Reg. No : MA23120000251

Name : MR. AJAY A

Age : 37Yrs Sex : Male

Reference : Apollo Health and Lifestyle Limited

### BIOCHEMISTRY

<u>Investigation</u>	<u>Observed value</u>	<u>unit</u>	<u>biological reference interval</u>
HbA1c-Glycated Haemoglobin (HPLC)	5.0	%	non-diabetic: <= 5.6 pre-diabetic: 5.7-6.4 Diabetic : >= 6.5
Estimated Average glucose (e AG)	96.8	mg/dl	

#### INTERPRETATION & REMARK:

- HbA1c is used for monitoring diabetic control.it reflects the estimated average glucose. (eAG)
- HbA1c has been endorsed by clinical group & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1Care a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases.clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used:  
 $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of heamoglobinopathies in HbA1c estimation.
  - for HbF >25%, an alternate platform (Fructosamine ) is recommended for testing of HbA1c
  - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring Diabetic status.
  - Heterozygous state detected (D10/turbo is corrected for HbS & HbC trait)
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent control-6 to 7%, fair to good control -7 to 8%, unsatisfactory control -8 to 10 % and poor control -More than 10%

NOTE: Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathies

**Dr. DEEKSHA. V. SHETTY**  
Reg.No. 32153

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Name : MR. AJAY A

Age : 37yrs Sex : Male

Reference : APOLLO HEALTH AND LIFESTYLE LIMITED

Test Name	Result	Units	Ref.Interval
<b>LIPID SCREEN, SERUM</b> (Spectrophotometry)			
Cholesterol	190.00	mg/dL	(<200.00)
Triglycerides	<b>179.00</b>	mg/dL	(<150.00)
HDL Cholesterol	<b>43.5</b>	mg/dL	(<40.00)
LDL Cholesterol,Calculated	<b>103.2</b>	mg/dL	(<100.00)
VLDL Cholesterol, Calculated	<b>35.8</b>	mg/dL	(<30.00)

### Note:

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total cholesterol, Triglycerides, HDL & LDL Cholesterol.
- ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is <400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is >400 mg/dL.

INTERPRETATION	TOTAL CHOLESTEROL in mg/dL	Triglyceride in mg/dL	LDL CHOLESTEROL in mg/dL
Optimal	< 200	<150	<100
Above Optimal	-	-	100-129
Boderline High	200-239	150-199	130-159
High	>=240	200-499	160-189
Very High	-	>=500	>=190

*Deeksha*  
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Reference : Apollo Health and Lifestyle Limited

<u>Tests</u>	<u>Value/Results</u>	<u>Units</u>	<u>Reference Interval</u>
<b><u>BIO-CHEMISTRY</u></b>			
Blood Sugar (F)	: 92	mg/dl	70-110
Blood Sugar (PPBS)	: 138	mg/dl	120-140

*Deena*

**Dr. DEENNA V. SHETTY**  
Reg.No. 27188  
DGS Approval No. 12423000000



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- KAKINADA** : 70-17-15/1,RR Nagar,Road No.2, Kakinada, Andhra Pradesh -533003.INDIA ☎ : 0884-2345555, 0884-3500132.

## LABORATORY REPORT

Date : 23/12/2023 Reg. No : MA23120000251

Name : MR. AJAY A

Age : 37 yrs Sex : Male

Reference : Apollo Health and Lifestyle Limited

### LIVER FUNCTION TEST

TEST	PATIENT'S VALUES	UNITS	NORMAL RANGE	
			FROM	TO
Serum Bilirubin (Total)	0.6	mg/dl	0.1	1.2
Serum Bilirubin (Direct)	0.1	mg/dl	-	<0.3
Serum Bilirubin (Indirect)	0.5	mg/dl	0.1	1
S. Alkaline Phosphatase	82.0	U/L	-	<150
Serum Gamma G.T.	30.0	U/L	4	40
Serum G. P. T.	39.0	U/L	10	40
Serum G. O. T.	36.0	U/L	10	42
Serum Total Proteins	7.4	gm/dl	6.0	7.8
Albumin	4.3	gm/dl	3.5	5.0
Globulin	3.1	gm/dl	2.6	3.5
Albumin: Globulin Ratio	1.3	-	-	-

*Deeksha*

**Dr. DEEKSHA. V. SHETTY**

Reg.No. 32158

DGS Approval No. KAMG/09/2023

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## LABORATORY REPORT

Reg. No : MA23120000251  
Name : MR. AJAY A (37/Male)  
Reference : Apollo Health and Lifestyle Limited  
Reported On : 23/12/2023

<u>TEST</u>	<u>Value/Results</u>	<u>Units</u>	<u>REFERENCE INTERVAL</u>
-------------	----------------------	--------------	---------------------------

## RENAL FUNCTION TEST

Urea	:	23	mg/dL	15-40
Creatinine	:	0.8	mg/dL	0.2-1.2
BUN	:	10	mg/dL	6-21
Blood Uric Acid	:	5.4	mg/dL	4.7-6.1

*Deeksha*

**Dr. DEEKSHA V. SHETTY**  
Reg.No. 32158  
DGS Approval No. KAMG082023



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## LABORATORY REPORT

Reg. No : MA23120000251 Date: 23/12/2023

Name : MR. AJAY A

Age : 37Yrs Sex: Male

Reference : Apollo Health and Lifestyle Limited

### HAEMATOLOGY

Blood Group & Rh Type : "O" NEGATIVE

*Deeksha*

**Dr. DEEKSHA V. SHETTY**  
Reg.No. 32188 T-2  
DGS Approval No. KAS/2023/2023

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## LABORATORY REPORT

Reg No : MA23120000251

Name : MR. AJAY A Date : 23/12/2023

Age : 37yrs Sex : Male

Reference : Apollo Health and Lifestyle Limited.

### PERIPHERAL SMEAR EXAMINATION

RED BLOOD CELL MORPHOLOGY : **NORMAL**

W B C MORPHOLOGY : **NORMAL**

PLATELET MORPHOLOGY : **NORMAL**

  
**Dr. DEEKSHA. V. SHETTY**  
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DGS Approval No. KAMG/09/2023



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## LABORATORY REPORT

Reg. No : MA23120000251 Date : 23/12/2023

Name : MR. AJAY A

Age : 37yrs Sex : Male

Reference : Apollo Health and Lifestyle Limited

Test Name	Result	Units	Ref.Range
<b>THYROID PROFILE,TOTAL,SERUM (CLIA)</b>			
T3,Total	165.0	ng/dl	(70-204)
T4,Total	9.30	ug/dL	(5.0-12.5)
TSH	2.5	uIU/ml	(0.45-4.5)

### Reference Range for pregnancy:

TSH	REFERENCE RANGE IN Uiu/mL
<b>Pregnancy</b>	
1 <sup>st</sup> Trimester	0.30-4.50
2 <sup>nd</sup> Trimester	0.50-4.60
3 <sup>rd</sup> Trimester	0.80-5.20

- Note:** 1 TSH levels are subject to circadian variation, reaching peak levels between 2-4 a.m. and at a minimum between 6-10 p.m. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- 2 Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- 3 Physiological rise in Total T3 /T4 levels is seen in pregnancy and in patients on steroid therapy.

### Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic-Pituitary hypothyroidism
- Inappropriate TSH secretion
- Non thyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

*Deeksha*

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## DENTAL CERTIFICATE

LAST NAME	FIRST NAME	DATE OF BIRTH	CDC NO./PP. NO
	MR. AJAY A	21/05/1986	4323 1381 8333

Please tick box if treatment pending or recommended

Please provide details of any dental/orthodontic work that is recommended or anticipated in the next 2 years.

-----NIL-----

Please tick box if no treatment pending or recommended

NAME OF DENTIST	QUALIFICATION OF DENTIST	SIGNATURE & STAMP	DATE
DR. S. NARESH	BDS	 Dr. S. Naresh BDS Reg. No.: 11291	23/12/2023

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## DIGITAL RADIOGRAPH – CHEST PA- VIEW

Date : 23/12/2023 Reg. No : MA23120000251  
Name : MR. AJAY A  
Age : 37yrs  
Sex : Male  
Reference : Apollo Health and Lifestyle Limited

The cardio mediastinal silhouette is normal.

The lungs are well inflated. No focal mass lesion, lobar collapse or consolidation is seen.

No pleural effusion is detected.

The soft tissues and bones appear unremarkable.

### Conclusion:

- Normal chest radiograph.

  
**Dr. DEEKSHA V. SHETTY**  
Reg.No. 32158  
DGS Approval No. KAMG/08/2023





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## ECG REPORT

Date : 23/12/2023 Reg. No : MA23120000251

Name : MR. AJAY A

Age : 37yrs

Sex : Male

Reference : Apollo Health and Lifestyle Limited

Impression : Normal Sinus Rhythm.

*Deeksha*

**Dr. DEEKSHA V. SHETTY**

**Reg.No. 32158**

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NAME : MR. AJAY A

AGE : 37YRS /M

STUDY DATE : 23/12/2023

REG.NO : MA23120000251

PNDT. REG. NO : 06/2018-19

REF. BY : APOLLO

## USG COMPLETE ABDOMEN

### LIVER:

Is Normal in size. Hepatic Parenchyma is intrinsically normal.  
No focal lesion seen in liver.  
IHBR and CBD are normal in caliber. Portal vein is normal

### Gall Bladder:

Is well distended and is normal. No calculus seen. No abnormal wall thickening.

### Pancreas:

The head, tail and body of the pancreas are normal. No dilatation of pancreatic duct.

### Spleen:

Is normal in size. No focal parenchymal lesions.

**RT.** Kidneys measures 9.6x4.1cms, normal in size.  
Cortico medullary differentiation is maintained.  
No calculus noted. Pelvicalyceal system is normal.

**LT.** Kidneys measures 9.3x5.2cms, normal in size.  
Cortico medullary differentiation is maintained.  
No calculus noted. Pelvicalyceal system is normal.

### Urinary Bladder:


Is well distended and normal. No abnormal wall thickening.  
No intraluminal echoes/calculus.

### Prostate:

Normal in size and measures 3.1x2.3x3.0cms (Volume~13.05cc).  
Seminal vesicles are normal.  
No free fluid in abdomen.  
No evidence of any significant lymphadenopathy seen.

### Impression:

- Normal Study of Liver, Gall bladder, Spleen, Pancreas, Right kidney, Left kidney, Urinary bladder and Prostate.

  
Dr. DEEKSHA V. SHETTY  
Reg.No. 32158

DGS Approval No. KAMG/08/00000

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ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India  
Government of India

ನೋಂದಾಯಿತ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 111B/52039/39363

To  
ಅಯ್ಯ್ ಎ  
Ajay A  
S/O. A. Aranda Poligary  
# 4-44-51 Kambar Road, 5th Cross, Prashanth Bagh  
Near Marol K E B Aajape Village  
Mangalore  
Padl  
Mangalore Dakshina Kannada  
Karnataka 575007  
8147804185

17072013  
23404827



MN234048277FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

**4323 1381 8333**

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

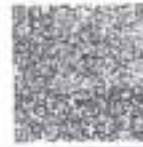


ಭಾರತ ಸರ್ಕಾರ

Government of India



ಅಯ್ಯ್ ಎ  
Ajay A  
ಜನ್ಮದ ವರ್ಷ / Year of Birth : 1988  
ಲಿಂಗ / Male



**4323 1381 8333**

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

# Balaji Medical Centre Mangalore

Address: shree Heights building ,Shop no 5, Door no 1-65/31,Kulur-Kavoor,Airport Road Vivek Nagar Panjimogaru, Mangaluru 575013 Karnataka India

## Echocardiography Report

<b>PATIENT NAME</b> AJAY A	<b>AGE</b> 37 yrs	<b>HEIGHT</b> 169 cm	<b>WEIGHT</b> 69 kg	<b>BSA</b> 1.79 m <sup>2</sup>	<b>DATE   TIME</b> 2023/12/23   15:18
<b>PATIENT ID</b> MA23120000251	<b>GENDER</b> Male	<b>REFERRING PHYSICIAN</b> DR.DEEKSHA.V.SHETTY	<b>REPORTED BY</b> DR. JEEVARATHINAM. N		

### PROCEDURE

An ECHO exam was performed including 2D, M-mode, Spectral, Color-flow.

### SUMMARY

LV concentric remodeling  
Normal LV systolic function, LVEF - 61%  
No regional wall motion abnormality  
Normal LV diastolic filling pattern  
Normal valves  
No intracardiac clot /vegetation / pericardial effusion

### LEFT VENTRICLE

Measurement	Value	Reference	Measurement	Value	Reference
<b>Systolic Function</b>			<b>Dimensions</b>		
LVEF MOD A4C (%)	61.43	( 72-52 )	LVIDd (cm)	3.98	( 4.2-5.8 )
%FS (%)	36.18	( >25 )	LVIDd Index (cm/m <sup>2</sup> )	2.22	( 2.2-3.0 )
SV MOD A4C (ml)	28.92	( 72-144 )	LVIDs (cm)	2.54	( 2.5-4.0 )
SI MOD A4C (ml/m <sup>2</sup> )	16.16	( 42-66 )	LVIDs Index (cm/m <sup>2</sup> )	1.42	( 1.3-2.1 )
LVEDV MOD A4C (ml)	47.08	( 62-150 )	IVSd (cm)	1.09	( 0.6-1.0 )
LVESV MOD A4C (ml)	18.16	( 21-61 )	LVPWd (cm)	1.02	( 0.6-1.0 )
LVEDVInd MOD A4C (ml/m <sup>2</sup> )	26.30	( 34-74 )	LVd Mass (g)	136.07	( 88-224 )
LVESVInd MOD A4C (ml/m <sup>2</sup> )	10.15	( 11-31 )	LVd Mass Index (g/m <sup>2</sup> )	76.02	( 49-115 )
<b>Diastolic Function</b>			RWT	0.51	( 0.24-0.42 )
MV E Vel (m/s)	0.49	( 0.6-0.8 )	<b>LV Area</b>		
MV A Vel (m/s)	0.37	( 0.2-0.35 )	LV FAC A4C (%)	45.87	( >25 )
MV E/A Ratio	1.32	( >=0.8 )	LVAd A4C (cm <sup>2</sup> )	18.18	( - )
			LVAs A4C (cm <sup>2</sup> )	9.84	( - )

### LEFT ATRIUM

Measurement	Value	Reference	Measurement	Value	Reference
LA Diam (cm)	3.04	( 2.0-4.0 )	LAESV MOD A4C (ml)	18.24	( - )
LA/Ao	0.95	( <1.3 )	LAESVInd MOD A4C (ml/m <sup>2</sup> )	10.19	( 16-34 )

### RIGHT ATRIUM

Measurement	Value	Reference
RAAs A4C (cm <sup>2</sup> )	12.33	( <=18 )
RAVs A4C (cm)	4.49	( - )

### AORTIC VALVE & AORTA

Measurement	Value	Reference
<b>AV Outflow</b>		

AV Vmax (m/s)	0.43	(<2.6)
AV maxPG (mmHg)	0.74	(<30)
<b>LVOT/ Aorta</b>		
Ao Diam (cm)	3.19	(<3.7)
Ao/LA	0.94	(-)

### PULMONARY VALVE AND PULMONARY ARTERY

Measurement	Value	Reference
<b>Pulmonary Outflow</b>		
PV Vmax (m/s)	0.84	(<1.9)
PV maxPG (mmHg)	2.82	(<36)

### OBSERVATIONS :

<b>Left Ventricle</b>	Size - Left ventricle normal in size LV geometry - LV concentric remodelling Systolic function - LV systolic function - normal Regional wall motion - No regional wall motion abnormality Diastolic function - LV diastolic function - normal filling pattern
<b>Left Atrium</b>	Size - Normal left atrium size
<b>Right Atrium</b>	Size - Normal right atrium size
<b>Right Ventricle</b>	Size - Normal right ventricular size Systolic function - Right ventricular systolic function - normal
<b>Aortic Valve</b>	Structure and function - Normal trileaflet aortic valve Regurgitation - No aortic regurgitation
<b>Mitral Valve</b>	Structure and function - Normal mitral valve Regurgitation - Trivial mitral regurgitation
<b>Tricuspid Valve</b>	Structure and function - Normal tricuspid valve Regurgitation - No tricuspid regurgitation
<b>Pulmonic Valve</b>	Structure and function - Normal pulmonic valve Regurgitation - No pulmonic regurgitation
<b>Pericardium</b>	Effusion - No pericardial effusion
<b>Aorta</b>	Size - Normal aorta
<b>Pulmonary Artery</b>	Size - Normal pulmonary artery size
<b>Inter Ventricular Septum</b>	IVS - Intact interventricular septum
<b>Inter Atrial Septum</b>	IAS - Intact interatrial septum
<b>Pulmonary Hypertension</b>	Probability - Low probability of pulmonary hypertension
<b>Heart Failure</b>	HF Category - No evidence of heart failure with preserved ejection fraction

**Disclaimer:** This report is generated based on the review of Echocardiography images transmitted and does not consider the patient's current symptoms or medical history. The quality or accuracy of the report is dependent on the quality and accuracy of the Echo images transmitted. The report is not meant or valid for any medico legal purposes



**Reported By:**  
DR. JEEVARATHINAM. N  
Clinical Cardiologist

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