

Name : Mr. GANDU SATHEESH  
PID No. : L2L3506363 Register On : 10/11/2022 11:59 AM  
SID No. : 79383453 Collection On : 10/11/2022 1:12 PM  
Age / Sex : 36 Year(s) / Male Report On : 10/11/2022 6:18 PM  
Type : OP Printed On : 11/11/2022 11:55 AM  
Ref. Dr : MediWheel

---

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

## HAEMATOLOGY

### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	15.6	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	47.2	%	42 - 52
RBC Count (EDTA Blood)	5.45	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	86.6	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.1	g/dL	32 - 36
RDW-CV	15.8	%	11.5 - 16.0
RDW-SD	<b>47.89</b>	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7700	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	62.0	%	40 - 75
Lymphocytes (Blood)	25.5	%	20 - 45
Eosinophils (Blood)	1.9	%	01 - 06
Monocytes (Blood)	<b>10.2</b>	%	01 - 10

  
Dr Anusha.K.S  
Sr.Consultant Pathologist  
Reg No : 100674  
APPROVED BY

**Name** : Mr. GANDU SATHEESH  
**PID No.** : L2L3506363 **Register On** : 10/11/2022 11:59 AM  
**SID No.** : 79383453 **Collection On** : 10/11/2022 1:12 PM  
**Age / Sex** : 36 Year(s) / Male **Report On** : 10/11/2022 6:18 PM  
**Type** : OP **Printed On** : 11/11/2022 11:55 AM  
**Ref. Dr** : MediWheel

---

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Basophils (Blood)	0.4	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	4.77	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.96	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.15	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.79	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.03	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood)	256	10 <sup>3</sup> / µl	150 - 450
MPV (Blood)	8.0	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.20	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	6	mm/hr	< 15

  
**Dr Anusha.K.S**  
 Sr.Consultant Pathologist  
 Reg No : 100674

**APPROVED BY**

**Name** : Mr. GANDU SATHEESH  
**PID No.** : L2L3506363 **Register On** : 10/11/2022 11:59 AM  
**SID No.** : 79383453 **Collection On** : 10/11/2022 1:12 PM  
**Age / Sex** : 36 Year(s) / Male **Report On** : 10/11/2022 6:18 PM  
**Type** : OP **Printed On** : 11/11/2022 11:55 AM  
**Ref. Dr** : MediWheel


---

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

**BIOCHEMISTRY**

**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	1.17	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	<b>0.40</b>	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.77	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	28.84	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	<b>54.61</b>	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	<b>175.47</b>	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	100.5	U/L	53 - 128
Total Protein (Serum/Biuret)	7.30	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.47	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.83	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.58		1.1 - 2.2



**Dr. Arjun C.P**  
 MBBS, MD Pathology  
 Reg No:KMC 89655

**APPROVED BY**

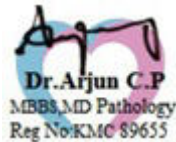
**Name** : Mr. GANDU SATHEESH  
**PID No.** : L2L3506363 **Register On** : 10/11/2022 11:59 AM  
**SID No.** : 79383453 **Collection On** : 10/11/2022 1:12 PM  
**Age / Sex** : 36 Year(s) / Male **Report On** : 10/11/2022 6:18 PM  
**Type** : OP **Printed On** : 11/11/2022 11:55 AM  
**Ref. Dr** : MediWheel

---

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	209.50	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	343.34	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)	37.84	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	103	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	68.7	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	171.7	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



APPROVED BY

**Name** : Mr. GANDU SATHEESH  
**PID No.** : L2L3506363 **Register On** : 10/11/2022 11:59 AM  
**SID No.** : 79383453 **Collection On** : 10/11/2022 1:12 PM  
**Age / Sex** : 36 Year(s) / Male **Report On** : 10/11/2022 6:18 PM  
**Type** : OP **Printed On** : 11/11/2022 11:55 AM  
**Ref. Dr** : MediWheel

---

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

**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)	5.5		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)	9.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
--	-----	--	--

LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
---	-----	--	---



APPROVED BY

Name : Mr. GANDU SATHEESH  
PID No. : L2L3506363 Register On : 10/11/2022 11:59 AM  
SID No. : 79383453 Collection On : 10/11/2022 1:12 PM  
Age / Sex : 36 Year(s) / Male Report On : 10/11/2022 6:18 PM  
Type : OP Printed On : 11/11/2022 11:55 AM  
Ref. Dr : MediWheel

---

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	6.1	%	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 %

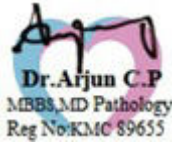
Estimated Average Glucose (Whole Blood)	128.37	mg/dL
--	--------	-------

**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 glycaemic 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.



APPROVED BY

**Name** : Mr. GANDU SATHEESH  
**PID No.** : L2L3506363 **Register On** : 10/11/2022 11:59 AM  
**SID No.** : 79383453 **Collection On** : 10/11/2022 1:12 PM  
**Age / Sex** : 36 Year(s) / Male **Report On** : 10/11/2022 6:18 PM  
**Type** : OP **Printed On** : 11/11/2022 11:55 AM  
**Ref. Dr** : MediWheel

---

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

## IMMUNOASSAY

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.20	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/ECLIA)	11.32	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/ECLIA)	1.38	µIU/mL	0.35 - 5.50
--	------	--------	-------------

**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

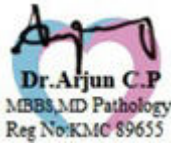
(Indian Thyroid Society Guidelines)

**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.



**APPROVED BY**

**Name** : Mr. GANDU SATHEESH  
**PID No.** : L2L3506363 **Register On** : 10/11/2022 11:59 AM  
**SID No.** : 79383453 **Collection On** : 10/11/2022 1:12 PM  
**Age / Sex** : 36 Year(s) / Male **Report On** : 10/11/2022 6:18 PM  
**Type** : OP **Printed On** : 11/11/2022 11:55 AM  
**Ref. Dr** : MediWheel

---

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

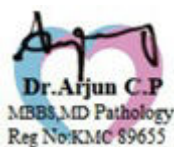
**CLINICAL PATHOLOGY**

**PHYSICAL EXAMINATION (URINE COMPLETE)**

Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	35		

**CHEMICAL EXAMINATION (URINE COMPLETE)**

pH (Urine)	7.0		4.5 - 8.0
Specific Gravity (Urine)	1.015		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative



**APPROVED BY**



**Name** : Mr. GANDU SATHEESH  
**PID No.** : L2L3506363 **Register On** : 10/11/2022 11:59 AM  
**SID No.** : 79383453 **Collection On** : 10/11/2022 1:12 PM  
**Age / Sex** : 36 Year(s) / Male **Report On** : 10/11/2022 6:18 PM  
**Type** : OP **Printed On** : 11/11/2022 11:55 AM  
**Ref. Dr** : MediWheel

---

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		Negative
<b><u>MICROSCOPIC EXAMINATION</u></b> <b><u>(URINE COMPLETE)</u></b>			
Pus Cells (Urine)	<b>0-2</b>	/hpf	NIL
Epithelial Cells (Urine)	<b>0-1</b>	/hpf	NIL
RBCs (Urine)	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.



**APPROVED BY**

Name : Mr. GANDU SATHEESH  
PID No. : L2L3506363 Register On : 10/11/2022 11:59 AM  
SID No. : 79383453 Collection On : 10/11/2022 1:12 PM  
Age / Sex : 36 Year(s) / Male Report On : 10/11/2022 6:18 PM  
Type : OP Printed On : 11/11/2022 11:55 AM  
Ref. Dr : MediWheel

---

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

**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING 'B' Positive'  
(EDTA Blood/Agglutination)

**INTERPRETATION:**Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.

  
Dr Anusha.K.S  
Sr.Consultant Pathologist  
Reg No : 100674  
APPROVED BY

**Name** : Mr. GANDU SATHEESH  
**PID No.** : L2L3506363 **Register On** : 10/11/2022 11:59 AM  
**SID No.** : 79383453 **Collection On** : 10/11/2022 1:12 PM  
**Age / Sex** : 36 Year(s) / Male **Report On** : 10/11/2022 6:18 PM  
**Type** : OP **Printed On** : 11/11/2022 11:55 AM  
**Ref. Dr** : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>BIOCHEMISTRY</u></b>			
BUN / Creatinine Ratio	19.9		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	<b>105.93</b>	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)	130.00	mg/dL	70 - 140

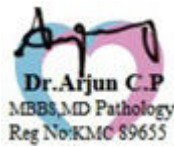
**INTERPRETATION:**

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)	20.1	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.01	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 (Serum/Enzymatic)	4.70	mg/dL	3.5 - 7.2
--------------------------------	------	-------	-----------



**APPROVED BY**

-- End of Report --

Patient Name	G. SATHEESH	Date	10/11/22
Age	36 yr	Visit Number	79383453
Sex	Male	Corporate	Medi wheel

### MEDICAL EXAMINATION REPORT

Height : 167 cms

Weight : 82.3 cms

BMI : 29.5

- Healthy BMI range: 18.5 kg/m<sup>2</sup> - 25 kg/m<sup>2</sup>
- Healthy weight for the height: 58.0 kgs - 78.3 kgs
- Lose 8.4 kgs to reach a BMI of 25 kg/m<sup>2</sup>.
- Ponderal Index: 15.6 kg/m<sup>3</sup>

Blood Pressure : 137/97 mm of Hg

Pulse : 91 per mt

Chest - Exhale : 96 cms

Inhale : 104 cms

Abdomen : 98 cms

Eyes: Normal

Ears: Normal

Throat: Normal

Neck Nodes: NOT PALPABLE

CVS: S.S. +

PA: NAD

RS: NUBS

CNS: NAD

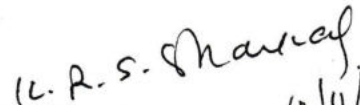
Smoker / Alcoholic : No

Weight loss / cough : No

H/O Piles / Fever : No

Any surgery : No

Medication for DM / HT / Heart disease : No

  
 Dr. SHANKAR K.R.S.  
 Bsc. MBBS.,  
 KMC No: 15130  
 10/11/22  
 Physician signature

Mr. Gandu Sathesh  
ID: 1213506363

226 166 05

10/11/2022 12:10:40  
CLUMAX DIAGNOSTICS  
VYALIKAVAL  
BANGALORE

83 bpm  
--/-- mmHg

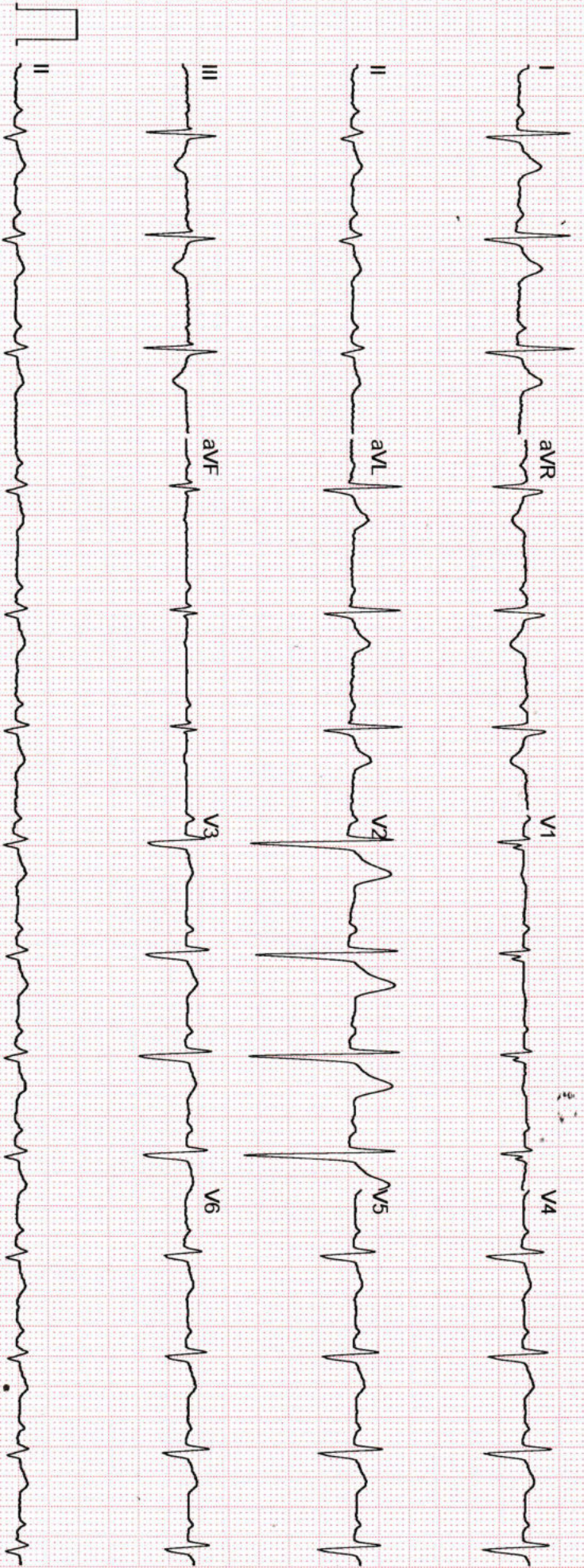
36 Years

Male

QRS :	96 ms
QT / QTcBaz :	360 / 423 ms
PR :	158 ms
P :	92 ms
RR / PP :	724 / 722 ms
P / QRS / T :	35 / -18 / -4 degrees

Normal sinus rhythm with sinus arrhythmia  
Minimal voltage criteria for LVH, may be normal variant  
Borderline ECG

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:



GE MAC2000 1 1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3\_25\_R1

Unconfirmed

Name	MR.GANDU SATHEESH	ID	L2L3506363
Age & Gender	36Y/MALE	Visit Date	10 Nov 2022
Ref Doctor Name	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size and shows diffusely increased echogenicity. No evidence of intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal. **Calcified granuloma measuring 5.0 mm is noted in the right lobe.**

**GALL BLADDER** shows normal shape and has clear contents. 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** shows normal shape, size (9.8 cm) and echopattern.

No demonstrable Para-aortic lymphadenopathy.

#### **KIDNEYS**

**Right kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

**Left kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cm)	Parenchymal thickness (cm)
Right Kidney	11.3	1.7
Left Kidney	11.3	1.5

**URINARY BLADDER** shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

**PROSTATE** shows normal shape, size and echopattern. It measures 3.7 x 3.0 x 2.9 cm, volume: 16.7cc.

No evidence of ascites.

#### **IMPRESSION:**

- **Fatty infiltration of liver.**
- **No other significant abnormality detected.**

**DR. NITASH PRAKASH**  
**CONSULTANT RADIOLOGIST**  
 Np/mj

Name	MR.GANDU SATHEESH	ID	L2L3506363
Age & Gender	36Y/MALE	Visit Date	10 Nov 2022
Ref Doctor Name	MediWheel		

Name	MR.GANDU SATHEESH	ID	L2L3506363
Age & Gender	36Y/MALE	Visit Date	10 Nov 2022
Ref Doctor Name	MediWheel		

## 2D ECHOCARDIOGRAPHIC STUDY

### M-mode measurement:

AORTA	:	3.18	cms.
LEFT ATRIUM	:	2.85	cms.
AVS	:	1.47	cms.
<b>LEFT VENTRICLE</b>			
(DIASTOLE)	:	4.68	cms.
(SYSTOLE)	:	2.94	cms.
<b>VENTRICULAR SEPTUM</b>	:		
(DIASTOLE)	:	1.01	cms.
(SYSTOLE)	:	1.64	cms.
<b>POSTERIOR WALL</b>	:		
(DIASTOLE)	:	1.45	cms.
(SYSTOLE)	:	1.40	cms.
EDV	:	101	ml.
ESV	:	33	ml.
FRACTIONAL SHORTENING	:	37	%
EJECTION FRACTION	:	60	%
EPSS	:	----	cms.
RVID	:	1.80	cms.

### DOPPLER MEASUREMENTS:

MITRAL VALVE:	E - 0.6 m/s	A - 0.5 m/s	NO MR.
AORTIC VALVE:	1.0 m/s		NO AR.
TRICUSPID VALVE:	E - 0.3 m/s	A - 0.2 m/s	NO TR.
PULMONARY VALVE:	0.6 m/s		NO PR.



Name	MR.GANDU SATHEESH	ID	L2L3506363
Age & Gender	36Y/MALE	Visit Date	10 Nov 2022
Ref Doctor Name	MediWheel		

**2D ECHOCARDIOGRAPHY FINDINGS:**

Left Ventricle : Normal size, Normal systolic function.  
: No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral Valve : Normal. No mitral valve prolapsed.

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: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

Name	MR.GANDU SATHEESH	ID	L2L3506363
Age & Gender	36Y/MALE	Visit Date	10 Nov 2022
Ref Doctor Name	MediWheel		

**DR. YASHODA RAVI**

**CONSULTANT CARDIOLOGIST**

Name	GANDU SATHEESH	Customer ID	L2L3506363
Age & Gender	36Y/M	Visit Date	Nov 10 2022 11:52AM
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 NITASH PRAKASH  
CONSULTANT RADIOLOGIST