Name

: Mr. MICHAEL DURAI S

PID No.

: MED120516919

SID No.

: 621038856

Age / Sex

: 35 Year(s) / Male

Ref. Dr

: MediWheel

Register On

: 27/1**1**/2021 9:42 AM

Collection On : 27/11/2021 10:35 AM

Report On

: 28/11/2021 1:36 PM

**MEDALL** 

Printed On

: 29/11/2021 3:35 PM

Туре

: OP

Investigation	Observed Value			
<u>IMMUNOHAEMATOLOGY</u>	Observed value	<u>Unit</u>	Biological Reference Interval	Ĺ
BLOOD GROUPING AND Rh TYPING (Blo (Agglutination)	ood 'O' 'Positive'			
HAEMATOLOGY				
Complete Blood Count With - ESR				
Haemoglobin (Blood/Spectrophotometry)	16.07	-10		
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	49.17	g/dL %	13.5 • 18.0 42 - <b>5</b> 2	
RBC Count (Blood/Impedance Variation)	05.64	a		
Mean Corpuscular Volume/MCV/(DIa-1/	87.24	mill/cu.mm	4.7 - 6.0	
Derived from impedance)		fL	78 - 100	
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	28.50	pg	27 - 32	
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	32.67	g/dL	32 - 36	
RDW-CV(Derived from Impedance)	12.2			
RDW-SD(Derived from Impedance)	37.25	%	11.5 - 16.0	
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	8040	fL cells/cu.mm	39 - <b>4</b> 6 400 <b>0</b> - 11000	
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	55.90	%	40 - <b>7</b> 5	
<b>Lymphocytes</b> (Blood/Impedance Variation & Flow Cytometry)	38.00	%	20 - 45	
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	04.30	%	01 <b>- Q</b> 6	
Monocytes (Blood/Impedance Variation & Flow Cytometry)	01.40	%	02 <b>- Q</b> 8	
Basophils (Blood/Impedance Variation & Flow Cytometry)		%	00 - 01	
INTERPRETATION: Tests done on Automated microscopically.	Five Part cell counter.	All abnormal resul	ts are reviewed and confirmed	
Impedance Variation & Flow Cytometry)	4.49	10^3 / µl	1.5 <b>- β</b> .6	
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	3.06	10^3 / µl	1.5 - β.5	
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.35	10^3 / µl	0.04 • 0.44	
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.11	4040 / /	< 1.0	

The results pertain to sample tested.

Consultant Pathologist Reg NO : 95961

Page 1 of 5



Name : Mr. MICHAEL DURAI S

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Type : OP

Investigation	Observed Value	Unit	B: 1
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.03	<u>0πτ</u> 10^3 / μΙ	Biological Reference Interval
Platelet Count (Blood/Impedance Variation) MPV (Blood/Derived from Impedance) PCT(Automated Blood cell Counter) ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	319 <b>07.81</b> 0.25 5	10^3 / μl fL % mm/hr	150 • 450 7.9 - 13.7 0.18 • 0.28 < 15
<b>BIOCHEMISTRY</b>			
BUN / Creatinine Ratio Glucose Fasting (FBS) (Plasma - F/GOD- PAP)	8.8 91.1	mg/dL	Normal: < 100 Pre <b>D</b> iabetic: 100 - 125 Diab <b>e</b> tic: >= 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)	Negative		Neg <b>at</b> ive	
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	117.3	mg/dL	70 - <b>1</b> 40	

#### INTERPRETATION:

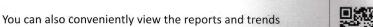
The results pertain to sample tested.

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 medication during treatment for Diabetes.

	Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
2)	Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	11.2	mg/dL	7.0 - 21
	Creatinine (Serum/Modified Jaffe)	1.27	mg/dL	0.9 - 1.3
	Uric Acid (Serum/Enzymatic)	3.0		
	Liver Function Test	0.0	mg/dL	3.5 <b>- 7</b> .2
	Bilirubin(Total) (Serum)	0.80	ma/dl	04.46
^	Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.25	mg/dL mg/dL	0.1 <b>- 1</b> .2 0.0 <b>- 0</b> .3
	Bilirubin(Indirect) (Serum/Derived)	0.55	mg/dL	04.40
	SGOT/AST (Aspartate Aminotransferase)			0.1 - 1.0
	(Serum/Modified IFCC)	19.4	U/L	5 <b>- 40</b>
	SGPT/ALT (Alanine Aminotransferase) (Serum)	38.2	U/L	5 - 4 <b>1</b>
	GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	19.3	U/L	< 55

B. Supraja DR SUPRAJA B MD Consultant Pathologist Reg NO: 95961

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Name

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SID No.

: 621038856

Age / Sex

: 35 Year(s) / Male

Ref. Dr

: MediWheel

Register On

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29/11/2021 3:35 PM

Type

: OP

Investigation	Observed V-I		
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	Observed Value 68.2	<u>Unit</u> U/L	Biological Reference Interval 53 - 128
Total Protein (Serum/Biuret)  Albumin (Serum/Bromocresol green)  Globulin (Serum/Derived)  A: G RATIO (Serum/Derived)  Lipid Profile	7.59 5.2 2.39 2.18	gm/dl gm/dl gm/dL	6.0 - <b>8</b> .0 3.5 - <b>5</b> .2 2.3 - <b>3</b> .6 1.1 - <b>2</b> .2
Cholesterol Total (Serum/CHOD-PAP with ATCS)	178.0	mg/dL	Opti <b>m</b> al: < 200 Bord <b>e</b> rline: 200 - 239 High <b>R</b> isk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	76	mg/dL	Opti <b>m</b> al: < 150 Bord <b>e</b> rline: 150 - 199 High <b>:</b> 200 - 499 Very <b>H</b> igh: >= 500

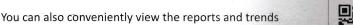
INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence 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)	36	mg/dL	Optimal(Negative Risk Factor): >= Borderline: 40 - 59 High Risk: < 40	60
LDL Cholesterol (Serum/Calculated)	126.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High; 160 - 189 Very High: >= 190	
VLDL Cholesterol (Serum/Calculated) Non HDL Cholesterol (Serum/Calculated)	15.2 142.0	mg/dL mg/dL	< 30 Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High; 190 - 219 Very High: >= 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.



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The results pertain to sample tested.

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: 35 Year(s) / Male

Ref. Dr

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Type

Investigation			
£1.	Observed Value	Unit	Riological Potorones Int.
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.9	<u> </u>	Biological Reference Interval Optimal: < 3.3
			Low <b>R</b> isk: 3.4 - 4.4 Aver <b>a</b> ge Risk: 4.5 - 7.1
No.			Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.1		Optimal: < 2.5
(Compa) (Gerum/Calculated)			Mild <b>to</b> moderate risk: 2.5 - 5.0 High <b>R</b> isk: > 5.0
			g., ( tiol.: - 0.0
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	3.5		Optimal: 0.5 - 3.0
			Bord <b>e</b> rline: 3.1 - 6.0 High <b>R</b> isk: > 6.0
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/Ion exchange HPLC by D10)	5.2	%	Normal: 4.5 - 5.6
			Pred <b>l</b> abetes: 5.7 - 6.4 Diab <b>e</b> tic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 % and the control is 2.1 % and the control is 2.1 % and the control is 2.1 % and 2.2 % and 2.2 % are control is 2.2 % and 2.2 % and 2.2 % are control is 2.

Estimated Average Glucose (Whole Blood)

102.54

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 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.

### <u>IMMUNOASSAY</u>

#### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay

1.65

0.7 - 2.04

#### INTERPRETATION:

#### Comment:

(CLIA))

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such c ases, Free T3 is recommended as

T4 (Tyroxine) - Total (Serum/

9.93

µg/dl

4.2 - 12.0

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

Consultant Pathologist Reg NO 95961

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The results pertain to sample tested.



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PID No. : MED120516919

SID No. : 621038856

Age / Sex : 35 Year(s) / Male

Ref. Dr : MediWheel Register On : 27/11/2021 9:42 AM

Collection On : 27/11/2021 10:35 AM

Report On 28/11/2021 1:36 PM

**Printed On** 29/11/2021 3:35 PM

Type : OP

Investigation

**Observed Value** 

2.42

Unit

Biological Reference Interval

µIU/mL

0.35 - 5.50

TSH (Thyroid Stimulating Hormone) (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

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.

## **CLINICAL PATHOLOGY**

#### Urine Analysis - Routine

Colour (Urine) Pale yellow Appearance (Urine) Clear

Yellow to Amber

Clear

Protein (Urine)

**Trace** 

Negative

Glucose (Urine)

Negative

Negative

Pus Cells (Urine)

0-1

/hpf

NIL

Epithelial Cells (Urine)

1-2

/hpf

NIL

RBCs (Urine)

Nil

/hpf

NIL

-- End of Report --

Consultant Pathologus Reg NO : 95961

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The results pertain to sample tested.



#### **MEDICAL EXAMINATION REPORT** Michae Name Gender Date of Birth **Position Selected For** Identification marks A. HISTORY: 1. Do you have, or are you being treated for, any of the following coeditions? (please tick all that apply)? Anxiety Cancer High Blood Pressure **Arthritis** Depression/ bipolar disorder High Cholesterol Asthama, Bronchitis, Emphysema Diabetes Migraine Headaches Back or spinal problems **Heart Disease** Sinusitis or Allergic Rhinitis (Hay Fever) **Epilepsy** Any other serious problem for which you are receiving medical attention 2. List the medications taken Regularly. 3. List allergies to any known medications or chemicals 4. Alcohol: No Occasional Quit(more than 3 years) 5. Smoking: Yes 6. Respiratory Function: a. Do you become unusually short of breath while walking fast or taking stair - case? b. Do you usually cough a lot first thing in morning? Yes c. Have you vomited or coughed out blood? Yes 7. Cardiovascular Function & Physical Activity: a. Exercise Type: (Select 1) No Activity Very Light Activity (Seated At Desk, Standing) Light Activity (Walking on level surface, house cleaning) Moderate Activity (Brisk walking, dancing, weeding) Vigrous Activity (Soccer, Running) b. Exercise Frequency: Regular (less than 3 days/ week) / Irregular (more than 3 days/ Week) c. Do you feel pain in chest when engaging in physical activity? Yes 8. Hearing: a. Do you have history of hearing troubles? Yes b. Do you experiences ringing in your ears? Yes No c. Do you experience discharge from your ears? Yes No d. Have you ever been diagnosed with industrial deafness? Yes 9. Musculo - Skeletal History a. Neck: Have you ever injured or experienced pain? Yes b. Back: If Yes; approximate date (MM/YYYY) c. Shoulder, Elbow, Writs, Hands Consulted a medical professional? Yes d. Hips, Knees, Ankles, Legs Resulted in time of work? Yes Surgery Required? Yes Ongoing Problems ? Yes No

	10. Function History ☐		) est	2
	a. Do you have pain or dis	scomfort when lifting or l	handling heavy objects?	Yes No
	b. Do you have knee pain	when squatting or knee	eling?	Yes No
		when forwarding or twis		Yes No
	d. Do you have pain or dif	fficulty when lifting objec	cts above your shoulder height?	Yes No No
	e. Do you have pain whappropriate response)	nen doing any of the t	following for prolonged period	s (Please circle
	•Walking: Yes No	•Kneeling:	Yes No Squati	ing: Yes No
	•Climbing: Yes No	•Sitting:	Yes No No	* **
	•Standing: Yes No	•Bending :	Yes No	
	f. Do you have pain wher	n working with hand tools	s?	Yes No No
	ACTURE A C.	difficulty operating mac		Yes No
	h. Do you have difficulty o	perating computer instru	ument?	Yes No
В.	CLINICAL EXAMINATION :	<b>:</b> O		
		b. Weight 72	Blood Pressure	50190 mmhg
			b. Expanded	
		a. Normal		falise-90
	Waist Circumference		☐ Ear, Nose & Throat☐ ☐	
	Skin		Respiratory System	
	Vision		Nervous System □	
	Circulatory System		Genito- urinary System	
	Gastro-intestinal System	2	☐ Colour Vision☐	
	Discuss Particulars of Section B :-		2	, ,
C.	REMARKS OF PATHOLOG	SICAL TESTS:		
	Chest X -ray		ECG	
	Complete Blood Count		Urine routine	
	Serum cholesterol		Blood sugar	
•	Blood Group		S.Creatinine	
D.	CONCLUSION:□	1		3
*	Any further investigations req	quired	Any precautions suggested	
E.	FITNESS CERTIFICATION			
	Certified that the above nar	med recruit does not a	appear to be suffering from a	ny disease communicable
	or otherwise, constitution	onal weakness or	bodily informity except	
		I do not conside	er this as disqualification for emp	oloyment in the Company. S
je.				
	Candidate is free t	from Contagious/Co	mmunicable disease	
	Valididate is live	ioni comagicaci co		
	Paridicate is free i	ioni contagnous/oo		
	parididate is free i	,	Mv	<b>~~</b>

Dr. S.MASIGNAUNI DA Medica DAUNICATORIO)
Asst. Professor of Cardiology
TIRUNELVELI MEDICAL COLLEGE HOSPITAL
TIRUNELVELI.
Reg. No.: 61785

# **Eye Examination Report**

ne: Mr. Michael Durci. S.
354 M
27-11-21 Candidate Name:

Age/ Gender:

**Doctor Signature:** 

Date:

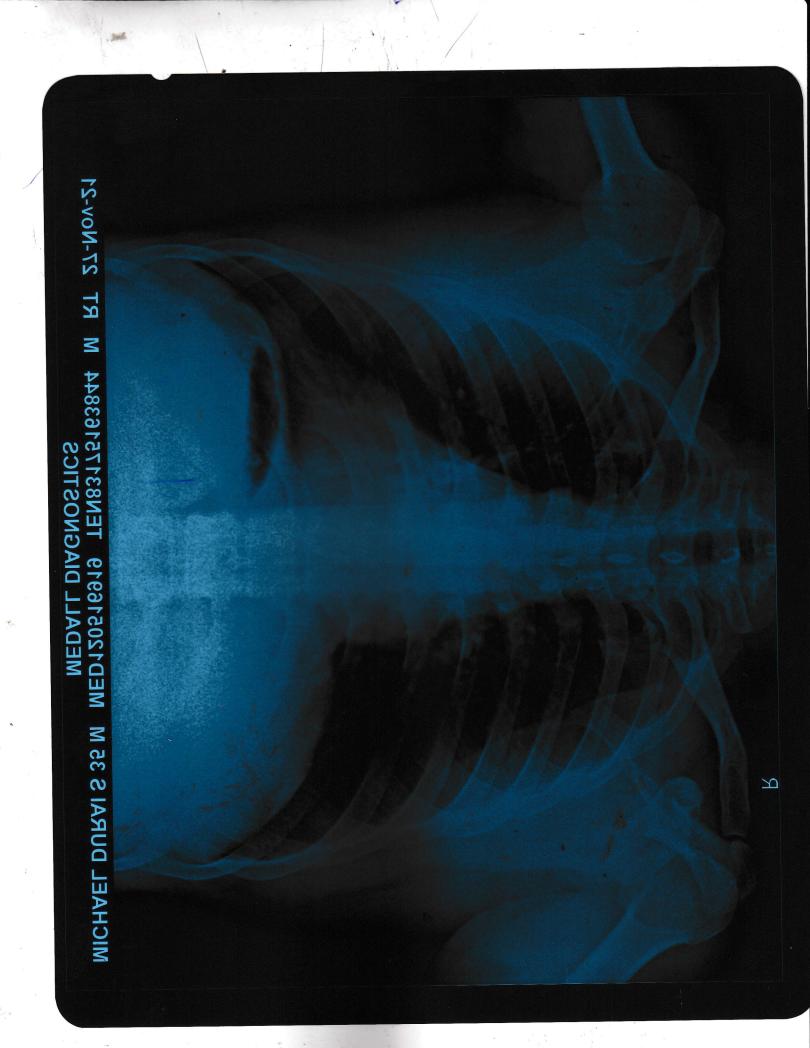
hereby, his/her visual This is to certify that I have examined Mr. /Ms. standards are as follows:

With	hout Glasses	W	ith Glasses	Color Vision (Normal/Defective)
R	L	R	L	Vormo!

Dr. S.MANIKANDAN M.D.D.M.,(Cardio) Asst. Professor of Cardiology TIRUNELVELI MEDICAL COLLEGE (IQSPITAL

TIRUNELVELI. **Doctor Stamp** 

Reg No: 61785





Customer Name	MR.MICHAEL DURAI S	Customer ID	MED120516919
Age & Gender	35Y/MALE	Visit Date	27/11/2021
Ref Doctor	MediWheel		12.721/2021

Thanks for your reference

## **DIGITAL X- RAY CHEST PA VIEW**

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appears normal.

Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

### **IMPRESSION:**

★ No significant abnormality demonstrated.

DR. PRARTHANA ANTOLINE ABHIA. DNB RD., CONSULTANT RADIOLOGIST. Reg No 112512





Customer Name	MR.MICHAEL DURAI S	Customer ID	MED120516919
Age & Gender	35Y/MALE	Visit Date	27/11/2021
Ref Doctor	MediWheel	Visit Bate	21/11/2021

Thanks for your reference

# REAL - TIME 2D & 4D ULTRASOUND DONE WITH VOLUSON 730 EXPERT . SONOGRAM REPORT

## **WHOLE ABDOMEN**

Liver:

The liver is normal in size. Parenchymal echoes are

increased in intensity. No focal lesions. Surface is smooth. There is no intra or extra hepatic biliary ductal dilatation.

Gallbladder: The gall bladder is normal sized and smooth walled and contains

no calculus.

Pancreas:

The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

Spleen:

The spleen is normal.

Kidneys:

The right kidney measures 10.6 x 4.6 cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures 9.9 x 4.9 cm. Normal architecture.

The collecting system is not dilated.

Urinary

bladder:

The urinary bladder is smooth walled and uniformly transonic.

There is no intravesical mass or calculus.



<b>Customer Name</b>	MR.MICHAEL DURAI S	Customer ID	MED100516010
Ago & Condon		Customer ID	MED120516919
Age & Gender	35Y/MALE	Visit Date	27/11/2021
Ref Doctor	MediWheel		21/11/2021

Prostate:

The prostate measures 4.2 x 2.8 x 2.9 cm and is normal sized.

Corresponds to a weight of about 18.1 gms.

The echotexture is homogeneous. The seminal vesicles are normal.

RIF:

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa.

The appendix is not visualized.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

## **IMPRESSION:**

Grade II fatty Liver.

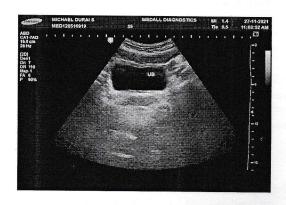
DR. PRARTHANA ANTOLINE ABHIA. DNB RD., CONSULTANT RADIOLOGIST.



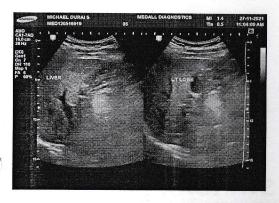


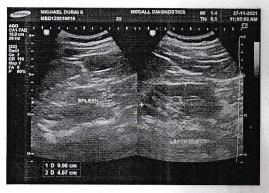
## Medall Healthcare Pvt Ltd 10/5,HARSHA COMPLEX, NORTH BYE PASS ROAD,Vannarapetai,Tirunelveli-627003

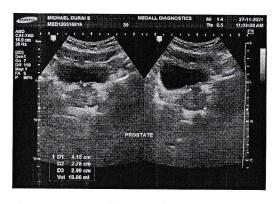
Customer Name	MR.MICHAEL DURAI S	Customer ID	MED120516919
Age & Gender	35Y/MALE	Visit Date	27/11/2021
Ref Doctor	MediWheel		1 / / /



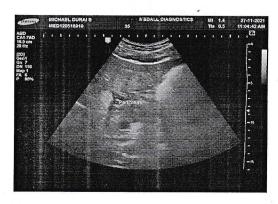












PR Interval: 144 ms QRS Duration: 90 ms QT/QTc: 337/423ms P-QRS-T Axis: 31 - 90 - 34 (Deg) HR: 94 bpm 25mm/Sec 10mm/mV MEDI WHEEL Test Date: 27-Nov-2021(11:51:30) Notch: 50Hz 0.05Hz · 35Hz 72 Kgs/158 Cms 35Yrs/Male 20516919/Michel Durai S

MS Advance Testing Lab



Customer Name	MR.MICHAEL DURAI S	Customer ID	MED120516919		
Age & Gender	35Y/MALE	Visit Date	27/11/2021		
Ref Doctor	MediWheel Table Date 27/11/2021				

#### Thanks for your reference

# ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.7 cm LVID s ... 2.7cm EF ... 74% IVS ...1.1cm IVS's ... 0.8cm LVPW d ... 0.5cm LVPW s ... 1.1 cm LA ... 2.8cm AO ... 2.9 cm **TAPSE** ... 26 mm **IVC** ... 0.7 cm

Left ventricle, Left atrium normal.

Right ventricle, Right atrium normal.

No regional wall motion abnormality present.

Mitral valve, Aortic valve, Tricuspid valve & Pulmonary valve normal.

Aorta normal.

Inter atrial septum intact.

Inter ventricular septum intact.

No pericardial effusion .



MR.MICHAEL DURALS	Constant ID	
	Customer ID	MED120516919
35Y/MALE	Visit Date	27/11/2021
MediWheel	1 220 2400	21/11/2021
	MR.MICHAEL DURAI S 35Y/MALE MediWheel	35Y/MALE Visit Date

## Doppler:

Mitral valve : E: 0.94m/s

A: 0.69m/s

E/A Ratio: 1.37

E/E: 12.27

Aortic valve: AV Jet velocity: 1.70 m/s

Tricuspid valve: TV Jet velocity: 2.09 m/s

TRPG: 17.40 mmHg.

Pulmonary valve: PV Jet velocity: 1.35 m/s

# **IMPRESSION:**

1. Normal chambers & Valves.

2. No regional wall motion abnormality present.

3. Normal LV systolic function.

4. Pericardial effusion - Nil.

5. No pulmonary artery hypertension.

Dr. S. MANIKANDAN. MD.DM.(Cardio)
Cardiologist



# Medall Healthcare Pvt Ltd 10/5, HARSHA COMPLEX, NORTH BYE PASS ROAD, Vannarapetai, Tirunelveli-627003

Customer Name	MR.MICHAEL DURAI S	0 1	
Age & Gender		THE COLLEGE AND	MED120516919
	35Y/MALE	Visit Date	27/11/2021
Ref Doctor	MediWheel		4.711/2021

