

Patient Name : Mr.GOWTHAMAN N  
 Age/Gender : 35 Y 3 M 4 D/M  
 UHID/MR No : SKOR.0000189583  
 Visit ID : SKOROPV263284  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 126610.

Collected : 09/Sep/2023 09:49AM  
 Received : 09/Sep/2023 10:33AM  
 Reported : 09/Sep/2023 12:04PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No hemoparasites or abnormal cells seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**



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Test Name	Result	Unit	Bio. Ref. Range	Method
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**HEMOGRAM , WHOLE BLOOD EDTA**

HAEMOGLOBIN	16.6	g/dL	13-17	Spectrophotometer
PCV	48.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.34	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	91	fL	83-101	Calculated
MCH	31.1	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,200	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYtic COUNT (DLC)**

NEUTROPHILS	51	%	40-80	Electrical Impedance
LYMPHOCYTES	44	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	3162	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2728	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	62	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	248	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	204000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	07	mm at the end of 1 hour	0-15	Modified Westergren

**PERIPHERAL SMEAR**

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Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Collected : 09/Sep/2023 01:39AM  
 Received : 09/Sep/2023 02:32PM  
 Reported : 09/Sep/2023 02:35PM  
 Status : Final Report  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	94	mg/dL	70-100	GOD - POD
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**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

1. The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
2. Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	120	mg/dL	70-140	GOD - POD
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**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mr.GOWTHAMAN N	Collected : 09/Sep/2023 09:49AM
Age/Gender : 35 Y 3 M 4 D/M	Received : 09/Sep/2023 02:54PM
UHID/MR No : SKOR.0000189583	Reported : 09/Sep/2023 03:46PM
Visit ID : SKOROPV263284	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 126610.	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	117	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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Certificate No: 1004  
NABL Accredited

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:EDT230083110

Patient Name : Mr.GOWTHAMAN N  
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 Visit ID : SKOROPV263284  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	303	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	236	mg/dL	<150	
HDL CHOLESTEROL	42	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	261	mg/dL	<130	Calculated
LDL CHOLESTEROL	213.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	47.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	7.21		0-4.97	Calculated

Result is rechecked. Kindly correlate clinically

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	1.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.50	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.80	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	45	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	75.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.72		0.9-2.0	Calculated
Result Rechecked				



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.83	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	<b>15.00</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>7.0</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.80	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98 - 107	Direct ISE



SIN No:SE04476630

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.00	U/L	16-73	Glycylglycine Kinetic method



SIN No:SE04476630

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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.09	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.91	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	3.610	µIU/mL	0.35-4.94	CMIA

**Comment:**

**Note:**

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes



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Test Name	Result	Unit	Bio. Ref. Range	Method
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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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SIN No:SPL23128709



**DIAGNOSTICS**  
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

Test Name	Result	Unit	Bio. Ref. Range	Method
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick

**BIOCHEMICAL EXAMINATION**

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

Test Name	Result	Unit	Bio. Ref. Range	Method
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3 - 4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	ABSENT			MICROSCOPY



SIN No:UR2181194



DIAGNOSTICS  
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

\*\*\* End Of Report \*\*\*

DR. Anie Role  
 M.B.B.S.,M.D(Pathology)  
 Consultant Pathologist

DR.SHIVARAJA SHETTY  
 M.B.B.S.,M.D(Biochemistry)  
 CONSULTANT BIOCHEMIST

Dr. Anushree R  
 M.B.B.S.,M.D(Pathology)  
 Consultant Pathologist

Dr Priya Murthy  
 M.B.B.S.,M.D(Pathology)  
 Consultant Pathologist

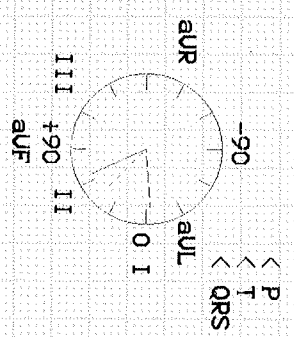


NAME: MR GOWTHAN N  
AGE: 35

GENDER: M  
Interpretation:

Measurement Results:  
QRS : 88 ms  
QT/QTcB : 374 / 419 ms  
PR : 152 ms  
P : 104 ms  
RR/PP : 796 / 830 ms  
P/QRS/T : 45 / 65 / -5 degrees  
QTd/QTcBd : 44 / 49 ms  
Sokolow : 1.9 mV  
NK : 11

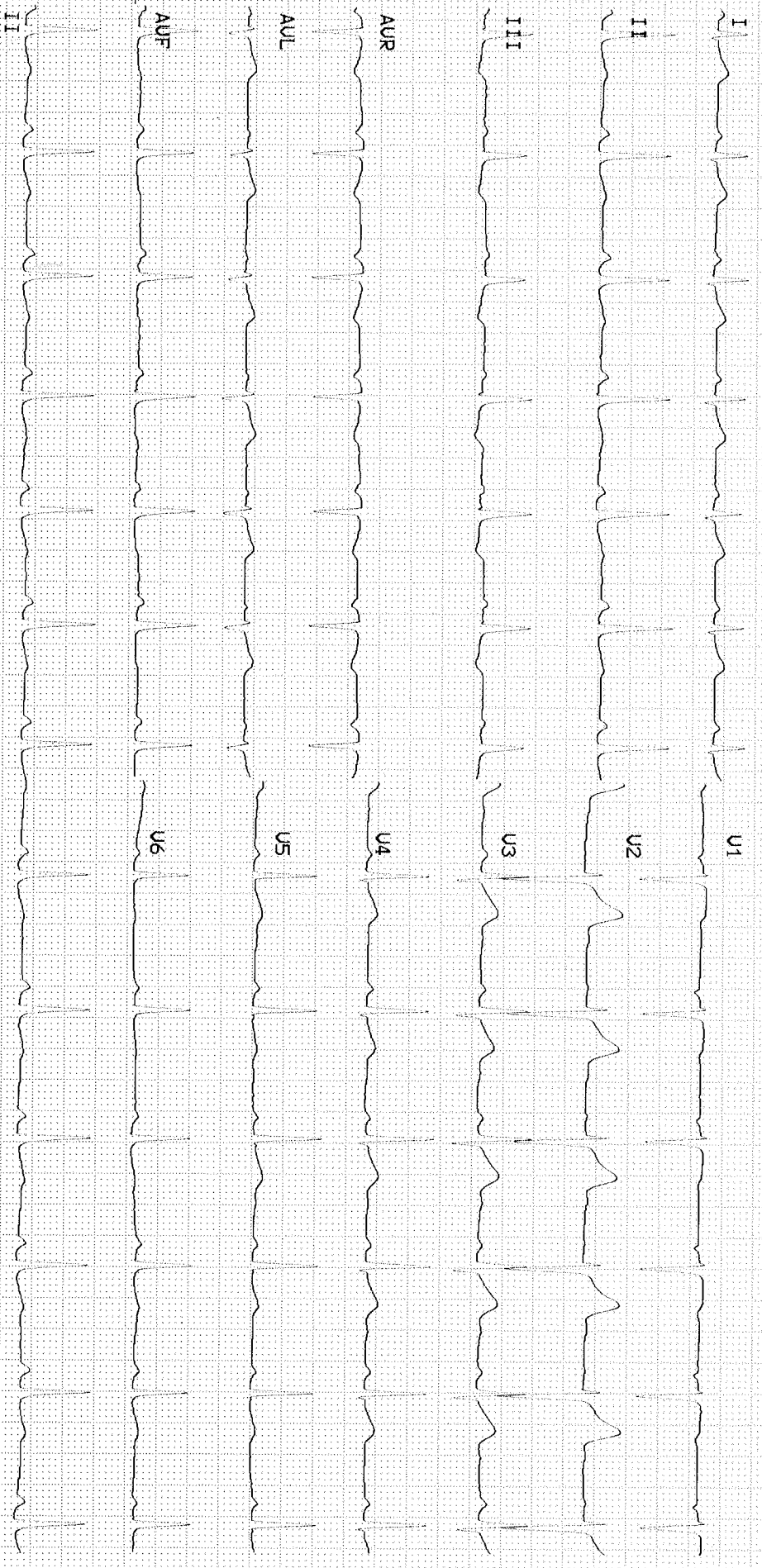
normal ECG



*R*

BP - 133/86 mmHg

Unconfirmed report.





<b>Pt. Name: MR GOWTHAMAN N</b>	<b>Age/Sex: 35Y/ M</b>
<b>Ref By: H.C</b>	<b>Date:09-09-2023</b>

**X-RAY CHEST PA VIEW**

Both the lung parenchyma appears normal.

Heart and mediastinum are unremarkable

Trachea and main stem bronchi are unremarkable.

Pulmonary vasculature is normal.

Both the cardiophrenic and costophrenic angles are clear.

Soft tissues and bony thorax are unremarkable.

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**IMPRESSION: NORMAL STUDY.**

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Please correlate clinically.

Thanks for reference.



**Dr. R. K. KALYANI**

M.B.B.S., D.N.B.

CONSULTANT RADIOLOGIST

<b>Pt. Name: MR. GOWTHAMAN N</b>	<b>Age/Sex: 35 Y / M</b>
<b>Ref By: H.C</b>	<b>Date: 09 - 09 - 2023</b>

### ULTRASOUND ABDOMEN AND PELVIS

- LIVER:** Normal in size measures 13.3 cms and increase in echotexture.  
No focal lesion is seen. No IHBR dilatation is seen.  
Portal vein and CBD are normal.
- GALL BLADDER:** Contracted - Review with empty stomach.
- PANCREAS:** Normal in size and echotexture. No focal lesion is seen.  
Peri-pancreatic fat planes are well preserved.
- SPLEEN:** Normal in size measures 10.0 cms and normal in echotexture.  
No focal lesion is seen. Splenic vein is normal.
- KIDNEYS:** Right Kidney measures 10.4 x 4.3 cms, Left Kidney measures 10.4 x 4.7 cms.  
Both kidneys are normal in size, shape, position, contour and echotexture.  
Cortico-medullary differentiation is well maintained  
No calculi / hydronephrosis are seen.
- URINARY BLADDER:** Partially-distended with normal wall thickness.  
No intraluminal content or calculi are seen.
- PROSTATE:** Normal in size and echotexture. No focal lesion is seen.  
  
No lymphadenopathy or ascites are seen.

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**IMPRESSION: 1. FATTY CHANGES IN LIVER.**  
**2. GB CONTRACTED - REVIEW WITH EMPTY STOMACH.**

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Thanks for reference.



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**2D ECHOCARDIOGRAPHY REPORT**

<b>NAME</b>	<b>MR. GOWTHAMAN N</b>		<b>DATE:09/09/2023</b>
<b>AGE</b>	<b>35YRS</b>	<b>KRM NUMBER</b>	<b>189583</b>
<b>GENDER</b>	<b>MALE</b>	<b>REFERRED BY</b>	<b>DR.SELF</b>

**DIMENSIONS:**

<b>AORTA:2.6 cms</b>	<b>IVSD: 1.0 cms</b>	<b>LVDd: 3,6 cms</b>	<b>LVPWD :1.0 cms</b>
<b>LA : 2.7 cms</b>	<b>IVSS : 1.1 cms</b>	<b>LVDs:2.5 cms</b>	<b>LVPWS:1.1 cms</b>
<b>EF : 60%</b>			<b>EDV :57 ML</b>
			<b>ESV :24 ML</b>

**VALVES:**

**MITRAL : NORMAL.**  
**TRICUSPID : NORMAL.**  
**AORTIC : NORMAL.**  
**PULMONARY : NORMAL.**

**2D - ECHO:**

**IAS : Intact.**  
**IVS : Intact.**  
**RA : Normal.**  
**RV : Normal.**  
**LA : NORMAL.**  
**LV : NORMAL;**  
**IVC, AORTA AND PULMONARY ARTERY: NORMAL.**  
**PERICARDIUM : NORMAL.**

**DOPPLER DAT**

**Mitral valve : E-0.81M/sec A-0.51 m/sec, NO MR.**  
**Tricuspid valve : NO TR**  
**Aortic valve : V max -1.0 m /sec, NO AR.**  
**Pulmonary valve : NO PR.**

**FINAL IMPRESSION:**

**NORMAL CHAMBERS AND VALVES**

**NO LV REGIONAL WALL MOTION ABNORMALITIES AT REST**  
**NORMAL LV & RV SYSTOLIC FUNCTION, EF- 60%**  
**NO PERICARDIAL EFFUSION/CLOT/ VEGETATION.**

**DR. MOHAN MURALI**  
**Consultant Cardiologist**

**Dr. Manaswini Ramachandra, MBBS, MS (ENT)**

Consultant ENT and Head & Neck Surgeon

Fellowship in Endoscopic Sinus Surgery

Trained in Allergy (AASC)

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Mr. GOUTAM  
=

35y/m

9-9-23

Health Check  
=

Ear : B/L Min. Wax  
=

Nose : DISE SPUR.  
=

OC/OP : NS.  
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