

Patient Name : Mrs.DEEPLAXMI ANKUSH NATE	Collected : 29/Jun/2023 10:30AM
Age/Gender : 37 Y 7 M 20 D/F	Received : 29/Jun/2023 04:11PM
UHID/MR No : CPIM.0000111175	Reported : 29/Jun/2023 05:17PM
Visit ID : CPIMOPV146060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE41091	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

RBCs ARE MICROCYTIC HYPOCHROMIC + . ANISOCYTOSIS +.
TLC , DLC WITH MILD LEUCOCYTOSIS .
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



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

HAEMOGLOBIN	12.7	g/dL	12-15	Spectrophotometer
PCV	37.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.17	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	72.8	fL	83-101	Calculated
MCH	24.6	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	16.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,350	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	62.8	%	40-80	Electrical Impedence
LYMPHOCYTES	29.8	%	20-40	Electrical Impedence
EOSINOPHILS	1.8	%	1-6	Electrical Impedence
MONOCYTES	5.5	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	6499.8	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	3084.3	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	186.3	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	569.25	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	10.35	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	335000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

RBCs ARE MICROCYTIC HYPOCHROMIC + . ANISOCYTOSIS + .
TLC , DLC WITH MILD LEUCOCYTOSIS .
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN



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UHID/MR No : CPIM.0000111175	Reported : 29/Jun/2023 05:24PM
Visit ID : CPIMOPV146060	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mrs.DEEPLAXMI ANKUSH NATE	Collected : 29/Jun/2023 10:30AM
Age/Gender : 37 Y 7 M 20 D/F	Received : 29/Jun/2023 04:07PM
UHID/MR No : CPIM.0000111175	Reported : 29/Jun/2023 04:57PM
Visit ID : CPIMOPV146060	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE41091	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	139	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	193	mg/dL	70-140	HEXOKINASE
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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

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	9.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	214	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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.

- A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 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. Fructosamine may be used as an alternate measurement of glycemic control



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DEPARTMENT OF BIOCHEMISTRY

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

TOTAL CHOLESTEROL	174	mg/dL	<200	CHO-POD
TRIGLYCERIDES	147	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	138	mg/dL	<130	Calculated
LDL CHOLESTEROL	108.52	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29.31	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.77		0-4.97	Calculated

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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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DEPARTMENT OF BIOCHEMISTRY

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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.44	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.36	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22.23	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.8	U/L	<35	IFCC
ALKALINE PHOSPHATASE	82.04	U/L	30-120	IFCC
PROTEIN, TOTAL	7.91	g/dL	6.6-8.3	Biuret
ALBUMIN	4.38	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.53	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 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

CREATININE	0.50	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	15.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.01	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.71	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.22	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.49	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101.92	mmol/L	101-109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	33.59	U/L	<38	IFCC



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Visit ID : CPIMOPV146060	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 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)	1.01	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.17	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	3.150	µIU/mL	0.35-4.94	CMIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

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



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Visit ID : CPIMOPV146060	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE +		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	POSITIVE ++		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +++		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	8 - 10	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	<10	MICROSCOPY
RBC	2 - 3	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name : Mrs.DEEPLAXMI ANKUSH NATE	Collected : 29/Jun/2023 01:27PM
Age/Gender : 37 Y 7 M 20 D/F	Received : 29/Jun/2023 06:02PM
UHID/MR No : CPIM.0000111175	Reported : 29/Jun/2023 06:47PM
Visit ID : CPIMOPV146060	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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



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Visit ID : CPIMOPV146060	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick
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***** End Of Report *****

Result/s to Follow:

LBC PAP TEST (PAPSURE)


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist


 Dr. Sanjay Ingle
 M.B.B.S, MD(Pathology)
 Consultant Pathologist



Patient Name : Mrs. DEEPLAXMI ANKUSH NATE

Age/Gender : 37 Y/F

UHID/MR No. : CPIM.0000111175

OP Visit No : CPIMOPV146060

Sample Collected on :

Reported on : 29-06-2023 19:27

LRN# : RAD2034149

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE41091

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.



Dr. KIRAN PRALHAD SUDHARE
MBBS, DMRD
Radiology

Patient Name	: Mrs. DEEPLAXMI ANKUSH NATE	Age/Gender	: 37 Y/F
UHID/MR No.	: CPIM.0000111175	OP Visit No	: CPIMOPV146060
Sample Collected on	:	Reported on	: 29-06-2023 12:51
LRN#	: RAD2034149	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE41091		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and **bright** echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. Multiple internal echoes without acousting shadowing noted. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 10.9 mm. No intra/extra uterine gestational sac seen.

Both ovaries appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

IMPRESSION:-

GRADE I FATTY LIVER.

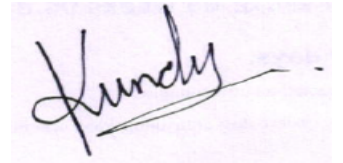
GB--INTERNAL ECHOES AS MENTIONED -----SLUDGE /CHOLESTEROL CRYSTAL

Patient Name : Mrs. DEEPLAXMI ANKUSH NATE

Age/Gender : 37 Y/F

NEEDS CONSIDERATION

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Name: Mrs. DEEPLAXMI ANKUSH NATE
Age/Gender: 37 Y/F
Address: SATARA
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000111175
Visit ID: CPIMOPV146060
Visit Date: 29-06-2023 10:04
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. DEEPLAXMI ANKUSH NATE
Age/Gender: 37 Y/F
Address: SATARA
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRIYA JAGANNATH MAKODE

MR No: CPIM.0000111175
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HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. DEEPLAXMI ANKUSH NATE
Age/Gender: 37 Y/F
Address: SATARA
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SAMEER KUMAR SABAT

MR No: CPIM.0000111175
Visit ID: CPIMOPV146060
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Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. DEEPLAXMI ANKUSH NATE
Age/Gender: 37 Y/F
Address: SATARA
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000111175
Visit ID: CPIMOPV146060
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Referred By: SELF

Doctor's Signature

Name: Mrs. DEEPLAXMI ANKUSH NATE
Age/Gender: 37 Y/F
Address: SATARA
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SUPRIYA GAWARE

MR No: CPIM.0000111175
Visit ID: CPIMOPV146060
Visit Date: 29-06-2023 10:04
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
29-06-2023 15:14	72 Beats/min	130/80 mmHg	18 Rate/min	98 F	158 cms	76.6 Kgs	%	%	Years	30.68	cms	cms	cms		AHLL10439

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Vitals

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Patient Name : Mrs. DEEPLAXMI ANKUSH NATE Age : 37 Y/F
 UHID : CPIM.0000111175 OP Visit No : CPIMOPV146060
 Conducted By: : Conducted Date : 29-06-2023 12:59
 Referred By : SELF

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

<i>Patient's Name: MRS. DEEPLAXMI NATE</i>	<i>Age/Sex: 37 / F</i>
<i>Ref: ARCOFEMI MEDIWHEEL FEMALE</i>	<i>Date: 29/06/2023</i>

2 DIMENSIONAL ECHOCARDIOGRAPHY:

1. All cardiac chambers are normal in dimensions
2. No LV regional wall motion abnormalities at rest
3. LVEF = 60 %
4. Good RV function
5. All cardiac valves structurally normal
6. IAS / IVS intact
7. No clots / vegetation/ pericardial effusion seen on TTE
8. Great arteries are normally related & appear normal
9. IVC is normal in size & collapsing well with respiration

DOPPLER STUDIES (CONTINUOUS WAVE, PULSED WAVE, COLOR DOPPLER):

1. Normal transvalvular pressure gradients, No AR/MR, Trivial TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

DIMENSIONS (M-MODE) :

Left Atrium	33.0 mm	Aortic Root	28.0 mm
IVS (d)	09.0 mm	IVS (s)	14.0 mm
LVID (d)	40.0 mm	LVID (s)	22.0 mm
LVPW(d)	09.0 mm	LVPW(s)	14.0 mm

IMPRESSION :

NORMAL CARDIAC CHAMBER DIMENSIONS
GOOD BIVENTRICULAR FUNCTION
LVEF = 60%

Patient Name : Mrs. DEEPLAXMI ANKUSH NATE Age : 37 Y/F
UHID : CPIM.0000111175 OP Visit No : CPIMOPV146060
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***NO LV DIASTOLIC DYSFUNCTION
NORMAL CARDIAC VALVES
NO PULMONARY HYPERTENSION
IAS/IVS INTACT
NO CLOT/VEGETATION/PERICARDIAL EFFUSION***

***DR. RAJENDRA V. CHAVAN
MD (MEDICINE), DM (CARDIOLOGY)
CONSULTANT CARDIOLOGIST***

Patient Name : Mrs. DEEPLAXMI ANKUSH NATE
UHID : CPIM.0000111175
Conducted By: :
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Age : 37 Y/F
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Patient Name : Mrs. DEEPLAXMI ANKUSH NATE
UHID : CPIM.0000111175
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Age : 37 Y/F
OP Visit No : CPIMOPV146060
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