



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, Kulur-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: MA23080000140

DATE:12/08/2023

MEDICAL FITNESS CERTIFICATE

This is to certify that I have examined MS. HARINI D (36/f)

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.

Known case of Dyslipidemia and fatty liver on medication.


Dr. VIDYA KUMARI
Reg.No. 10306
DGS Approval No. KA/MG/08/2022

“HEALTHIER MARINERS TOWARDS A WEALTHIER NATION”



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PHYSICAL EXAMINATION

Date Of Exam : 12/08/2023 Reg. No:MA23080000140

Name : MS. HARINI D (36/Female)

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	:	36.0C
Blood Pressure	:	110/70mmHg
Pulse	:	80/min
Respiration Rate	:	16/min
Waist (cm)	:	85Cms
Height	:	153Cms
Weight	:	76.0Kgs
BMI	:	32.5 kg/m ²

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Name: MS. HARINI D

Date: 12/08/2023

Reg. No : MA23080000140

Ref : Dr. A.H.Balaji

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


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LABORATORY REPORT

DATE : 12/08/2023 REG. NO : MA23080000140
 NAME : MS. HARINI D
 AGE : 36YRS SEX : FEMALE
 REF BY : DR.A.H.BALAJI

COMPLETE BLOOD COUNT (CBC)

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
ERYTHROCYTE (RBC) COUNT	4.8	mill/cu.mm	4.7-6.0
HAEMOGLOBIN (Hb)	13.2	gm/dl	13.5-18
PCV (PACKED CELL VOLUME)	39.6	%	42-52
MCV (MEAN CORPUSCULAR VOLUME)	86.5	fl	78-100
MCH (MEAN CORPUSCULAR HAEMOGLOBIN)	27.4	pg	27-31
MCHC (MEAN CORPUSCULAR Hb CONC.N.)	32.2	g/dl	32-36
RDW (RED CELL DISTRIBUTION WIDTH)	13.1	%	11.5-14.0
TOTAL LEUCOCYTES (WBC) COUNT	9200	Cells /cu.mm	4000-10500
ABSOLUTE NEUTROPHILS COUNT	5600	/c.mm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT	2900	/c.mm	1000-3000
ABSOLUTE MONOCYTE COUNT	370	/c.mm	200-1000
ABSOLUTE EOSINOPHIL COUNT	270	/c.mm	20-500
ABSOLUTE BASOPHIL COUNT	90	/c.mm	20-100
NEUTROPHILS	53.0	%	40-80
LYMPHOCYTES	39.0	%	20-40
MONOCYTES	4.0	%	2-10
EOSINOPHILS	3.0	%	1-6
BASOPHILS	1.0	%	0-2
PLATELET COUNT	2.5	10 ³ /μl	1.50-4.50
MPV (MEAN PLATELET VOLUME)	7.6	fL	6-9.5
PCT (PLATELET HAEMATOCRIT)	0.2	%	0.2-0.5
PDW (PLATELET DISTRIBUTION WIDTH)	16.9	%	9-17

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DATE : 12/08/2023 REG. NO : MA23080000140

NAME : Ms. HARINI D

AGE : 36YRS SEX : FEMALE

REF BY : DR.A.H.BALAJI

ROUTINE EXAMINATION URINE

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
<u>GENERAL EXAMINATION:</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	CLEAR		CLEAR
REACTION (pH)	6.0		4.5 - 8
SPECIFIC GRAVITY	1.020		1.010 - 1.030
<u>CHEMICAL EXAMINATION (AUTOMATED DIPSTICK METHOD):</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
RED BLOOD CELLS	NIL	/hpf	0 - 2
PUS CELLS (WBCs)	1-2	/hpf	0 - 5
EPITHELIAL CELLS	2-3	/hpf	0 - 5
CRYSTALS	ABSENT	/hpf	ABSENT
CAST	ABSENT	/hpf	ABSENT
AMORPHOUS DEPOSITS	ABSENT	/hpf	ABSENT
BACTERIA	ABSENT	/hpf	ABSENT


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LABORATORY REPORT

Date : 12/08/2023 Reg. No :MA23080000140
Name : MS. HARINI D
Age : 36Yrs Sex : Female
Ref By : DR.A.H.BALAJI

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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Name : MS. HARINI D

Age : 36 Yrs Sex : Female

Ref By : DR.A.H.BALAJI

BIOCHEMISTRY

<u>Investigation</u>	<u>Observed value</u>	<u>unit</u>	<u>biological reference interval</u>
HbA1C-Glycated Haemoglobin (HPLC)	4.7	%	non-diabetic: <= 5.6 pre- diabetic: 5.7-6.4 Diabetic : >= 6.5
Estimated Average glucose (e AG)	88.19	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 hemoglobinopathy.

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Name : MS. HARINI D
Age : 36Yrs Sex : Female
Reference : Apollo Health and Lifestyle Limited
Ref By : DR. A.H. BALAJI

<u>Tests</u>	<u>Value/Results</u>	<u>Units</u>	<u>Reference Interval</u>
<u>BIO-CHEMISTRY</u>			
Blood Sugar (F)	: 84	mg/dl	70-110
Blood Sugar (PPBS)	: 129	mg/dl	120-140
GGT	: 18	U/L	4-40
GGTP	: 22	U/L	10-40


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Date : 12/08/2023 Reg. No : MA23080000140

Name : MS. HARINI D

Age : 36 yrs Sex : Male

Reference : APOLLO HEALTH AND LIFESTYLE LIMITED

Ref By : DR.A.H. BALAJI

Test Name	Result	Units	Ref.Interval
LIPID SCREEN, SERUM (Spectrophotometry)			
Cholesterol	173.00	mg/dL	(<200.00)
Triglycerides	131.00	mg/dL	(<150.00)
HDL Cholesterol	31.0	mg/dL	(<40.00)
LDL Cholesterol,Calculated	84.1	mg/dL	(<100.00)
VLDL Cholesterol, Calculated	26.2	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

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Name : MS. HARINI D

Age : 36 yrs

Sex : Female

Reference : Apollo Health and Lifestyle Limited

Ref By : DR. A.H. BALAJI

LIVER FUNCTION TEST

TEST	PATIENT'S	UNITS	NORMAL RANGE	
	VALUES		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	73.0	U/L	-	<150
Serum Gamma G.T.	18.0	U/L	4	40
Serum G. P. T.	22.0	U/L	10	40
Serum G. O. T.	24.0	U/L	10	42
Serum Total Proteins	6.9	gm/dl	6.0	7.8
Albumin	4.1	gm/dl	3.5	5.0
Globulin	2.8	gm/dl	2.6	3.5
Albumin: Globulin Ratio	1.3	-	-	-


Dr. VIDYA KUMARI
Reg.No. 10306
DGS Approval No. KA/MG/08/2022

“HEALTHIER MARINERS TOWARDS A WEALTHIER NATION”



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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

Reg. No : MA23080000140
Name : Ms. HARINI D (36/Female)
Reference : Apollo Health and Lifestyle Limited
Ref. By : DR.A.H.BALAJI
Reported On : 12/08/2023

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

RENAL FUNCTION TEST

Urea	:	18	mg/dL	15-40
Creatinine	:	0.7	mg/dL	0.2-1.2
BUN	:	08	mg/dL	6-21
Blood Uric Acid	:	5.1	mg/dL	4.7-6.1


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LABORATORY REPORT

Reg. No : MA23080000140 Date: 12/08/2023
Name : MS. HARINI D
Age : 36Yrs Sex: Female
Reference : Apollo Health and Lifestyle Limited
Ref By : DR. A.H. BALAJI

HAEMOTOLOGY

Blood Group & Rh Type : "AB" POSITIVE


Dr. VIDYA KUMARI
Reg.No. 10306
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LABORATORY REPORT

Reg No : MA23080000140

Name : Ms. HARINI D Date : 12/08/2023

Age : 36yrs Sex : Female

Reference : Apollo Health and Lifestyle Limited.

Ref By : DR. A.H. BALAJI

PERIPHERAL SMEAR EXAMINATION

RED BLOOD CELL MORPHOLOGY : NORMAL

W B C MORPHOLOGY : NORMAL

PLATELET MORPHOLOGY : NORMAL


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Date: 12/08/2023

Reg. No : MA23080000140

TO WHOMSOEVER IT MAY CONCERN

This is to certify that I have examined **MS. HARINI D (36/F)**

- **SAHAYAK EVAM SWACHHTA SAHAYAK** for his Dental condition.

No dental issues, His Dental condition and oral hygiene are good.


Dr. S. Naresh
BDS
Reg. No.: 11291

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LABORATORY REPORT

Reg. No : MA23080000140 Date : 12/08/2023

Name : Ms. HARINI D

Age : 36yrs Sex : Female

Ref By : DR.A.H. BALAJI

Test Name	Result	Units	Ref.Range
THYROID PROFILE,TOTAL,SERUM (CLIA)			
T3,Total	166.0	ng/dl	(70-204)
T4,Total	8.9	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
Pregnancy	
1 st Trimester	0.30-4.50
2 nd Trimester	0.50-4.60
3 rd 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 6-10pm.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


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DIGITAL RADIOGRAPH – CHEST PA- VIEW

Date : 12/08/2023

Reg. No : MA23080000140

Name : MS. HARINI D

Age : 36 yrs

Sex : Female

Ref By : DR.A.H.BALAJI

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.


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ECG REPORT

Date : 12/08/2023

Reg. No :MA23080000140

Name : MS. HARINI D

Age : 36 yrs

Sex : Female

Ref By : DR. A. H. BALAJI

Impression : Normal Sinus Rhythm.

Dr. VIDYA KUMARI

Reg.No. 10306

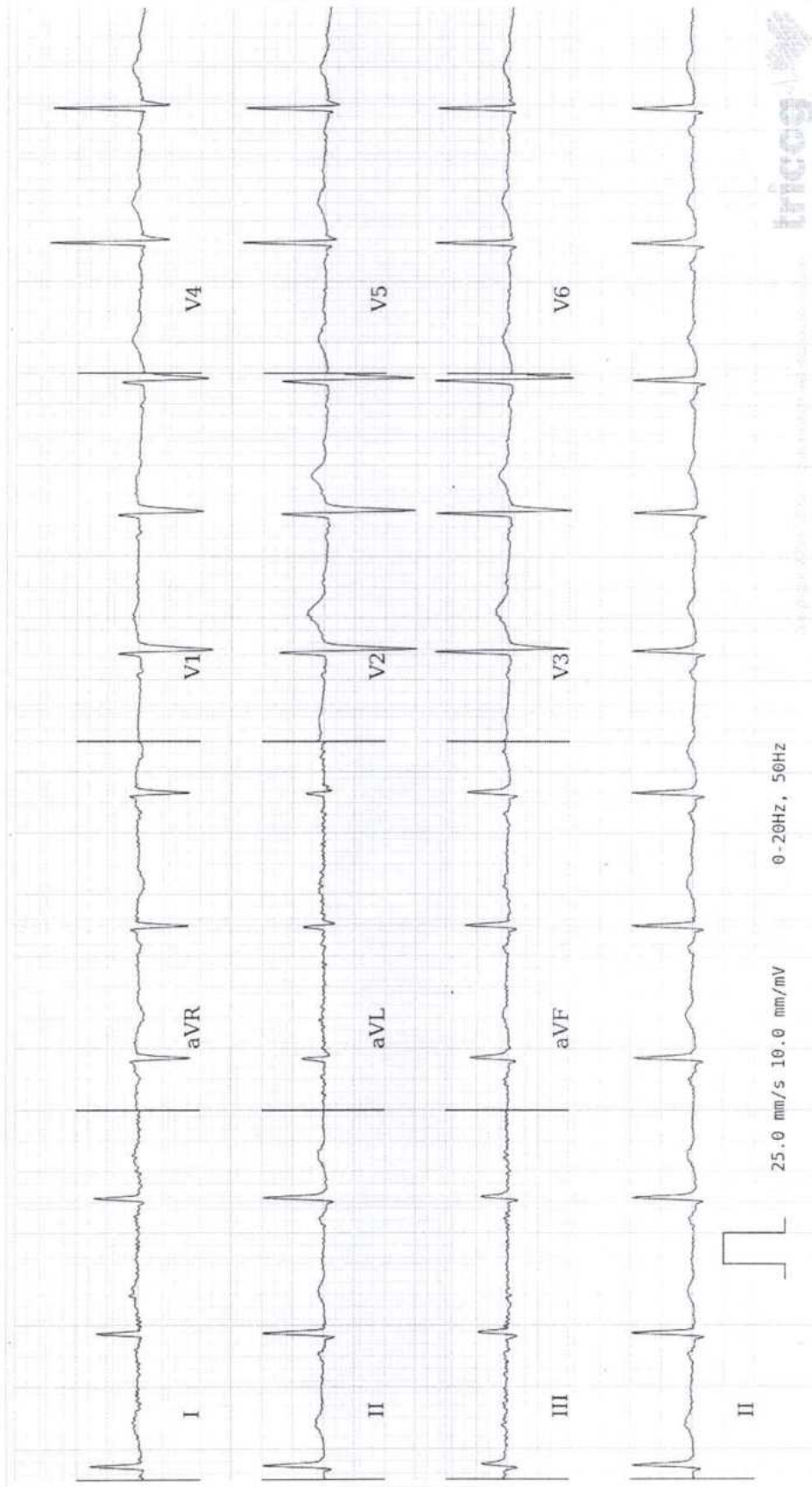
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“HEALTHIER MARINERS TOWARDS A WEALTHIER NATION”



Balaji Medical Centre Mangalore

Age / Gender: 36/Female
Date and Time: 12th Aug 23 1:52 PM
Patient ID: MA23080000140



AR: 68bpm VR: 68bpm QRS: 96ms QT: 422ms QTcB: 448ms PRI: 146ms P-R-T: 60° 46° 40°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

Dr. Kavitha A

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



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NAME : Ms. HARINI D

AGE/SEX : 36YRS /FEMALE

STUDY DATE : 12/08/2023

PATIENT ID : MA23080000140

Description: Female-Whole Abdomen

REF. DOCTOR : DR.A.H. BALAJI

Real time B-mode ultrasonography of abdomen, KUB, Uterus and Ovaries Done.

Abdomen

Liver Filled with homogeneous parenchymal echoes. No abscess or mass lesion in the liver.
Gallbladder walls appeared normal. No calculi seen in the gallbladder.
Common duct appeared normal. No calculi seen in the common duct.
Pancreas appeared normal.
Spleen appeared normal.
No free fluid in the peritoneal cavity.
No Para aortic lymphadenopathy.
Adrenal glands appeared normal.

KUB


Cortex and collecting system of both kidneys appeared normal. No calculi seen.
Right Kidney measured 9.0x4.2cms.
Left Kidney measured 10.0x4.5cms.
Both Ureters appeared normal. No dilatation seen.
Bladder appeared normal.

Pelvis

Normal appearing uterus with homogenous myometrial echoes. Cavity echo appeared normal.
Right Ovary appeared normal. Left Ovary appeared normal. Both adnexae appeared normal.

Impression

- **NORMAL APPEARING LIVER, GALL BLADDER, COMMON DUCT, PANCREAS, SPLEEN, BOTH KIDNEYS, BLADDER, UTERUS BOTH OVARIES.**


Dr. VIDYA KUMARI
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“HEALTHIER MARINERS TOWARDS A WEALTHIER NATION”



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Government of India

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Unique Identification Authority of India

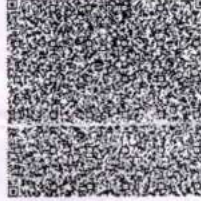
ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 0804/53805/13782

To
Harini D
ಹರಿಣಿ ಡಿ
W/O Venkappa Gowda,
2-455 skanda Krishna Nilaya,
Parla,
VTC: Bilinele, PO: Nettana,
Sub District: Puttur, District: Dakshina Kannada,
State: Karnataka, PIN Code: 574230,
Mobile: 9632223094

91614827



KF916148278F1



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5712 8361 9618

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Issue Date: 07/05/2014



ಹರಿಣಿ ಡಿ
Harini D
ಜನ್ಮ ದಿನಾಂಕ / DOB: 08/04/1987
ಸ್ತ್ರೀ / Female

5712 8361 9618

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಮಾಹಿತಿ

- ಅಧಾರ್ ಗುರುತಿನ ಫಲಾನುಭವಿ ಹೊರತು ಪೌರತ್ವದಲ್ಲ.
- ಸುರಕ್ಷಿತ ಕ್ಯೂಆರ್ ಕೋಡ್/ಆಫ್ಲೈನ್ XML/ಆನ್ಲೈನ್ ದೃಢೀಕರಣ ಬಳಸಿ ಗುರುತನ್ನು ಪರಿಶೀಲಿಸಿ.

INFORMATION

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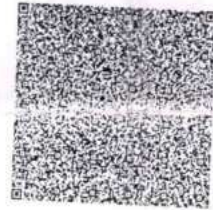
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Print Date: 24/02/2022

ವಿಳಾಸ: W/O ವೆಂಕಟ ಗೌಡ, 2-455 ಸ್ಕಂದ ಕೃಷ್ಣ ನಿಲಯ, ಪರ್ಲ, ಶಿವನೂರು, ದಕ್ಷಿಣ ಕನ್ನಡ, ಕರ್ನಾಟಕ, 574230

Address: W/O Venkatesh Gowda, 2-455 skanda Krishna Nilaya, Parla, Bilinele, Dakshina Kannada, Karnataka, 574230



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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

PATIENT NAME D HARINI	AGE 36 yrs	HEIGHT 153 cm	WEIGHT 76 kg	BSA 1.74 m ²	DATE TIME 2023/08/12 15:10
PATIENT ID MA23080000140	GENDER Female	REFERRING PHYSICIAN DR.VIDYA KUMARI	REPORTED BY DR. JEEVARATHINAM. N		

PROCEDURE

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

SUMMARY

Normal chamber size and shape
Normal LV systolic function, EF-66%
No regional wall motion abnormality
Normal LV diastolic filling pattern
Normal valves

LEFT VENTRICLE

Measurement	Value	Reference	Measurement	Value	Reference
Systolic Function			Dimensions		
EF(Teich) (%)	64.55	(74-54)	LVIDd (cm)	4.21	(3.8-5.2)
SV(Teich) (ml)	51.01	(57-117)	LVIDd Index (cm/m ²)	2.42	(2.3-3.1)
SI(Teich) (ml/m ²)	29.32	(38-66)	LVIDs (cm)	2.74	(2.2-3.5)
EDV(Teich) (ml)	79.02	(46-106)	LVIDs Index (cm/m ²)	1.57	(1.3-2.1)
ESV(Teich) (ml)	28.01	(14-42)	IVSd (cm)	0.87	(0.6-0.9)
Diastolic Function			LVPWd (cm)	0.84	(0.6-0.9)
MV E Vel (m/s)	0.72	(0.6-0.8)	LVd Mass (g)	111.14	(67-162)
MV A Vel (m/s)	0.50	(0.2-0.35)	LVd Mass Index (g/m ²)	63.87	(43-95)
MV E/A Ratio	1.44	(>=0.8)	RWT	0.40	(0.22-0.42)
			LV Area		
			LV FAC A2C (%)	50.14	(-)
			LVAd A2C (cm ²)	17.45	(-)
			LVAs A2C (cm ²)	8.70	(-)

LEFT ATRIUM

Measurement	Value	Reference	Measurement	Value	Reference
LA Diam (cm)	3.87	(2.7-3.8)	LAESV MOD BP (ml)	27.58	(38-46)
LA/Ao	1.49	(<1.3)	LAESVInd MOD BP (ml/m ²)	15.85	(16-34)

RIGHT ATRIUM

Measurement	Value	Reference	Measurement	Value	Reference
RAAs A4C (cm ²)	14.21	(<=18)	IVC (M-Mode)		
RAAs A4C (cm)	4.48	(-)	IVC Diam Exp (cm)	1.64	(<2)

AORTIC VALVE & AORTA

Measurement	Value	Reference
AV Outflow		
AV Vmax (m/s)	0.93	(<2.6)
	3.46	(<30)

AV maxPG (mmHg)

LVOT/ Aorta

Ao Diam (cm)	2.59	(<3.7)
Ao/LA	0.71	(-)

PULMONARY VALVE AND PULMONARY ARTERY

Measurement	Value	Reference
Pulmonary Outflow		
PV Vmax (m/s)	0.86	(-)
PV maxPG (mmHg)	2.96	(<36)

OBSERVATIONS :

Left Ventricle	Size - Left ventricle normal in size LV geometry - Normal LV geometry Systolic function - LV systolic function - normal Regional wall motion - No regional wall motion abnormality Diastolic function - LV diastolic function - normal filling pattern
Left Atrium	Size - Normal left atrium size
Right Atrium	Size - Normal right atrium size
Right Ventricle	Size - Normal right ventricular size Systolic function - Right ventricular systolic function - normal
Aortic Valve	Structure and function - Normal trileaflet aortic valve Regurgitation - No aortic regurgitation
Mitral Valve	Structure and function - Normal mitral valve Regurgitation - No mitral regurgitation
Tricuspid Valve	Regurgitation - Trivial tricuspid regurgitation
Pulmonic Valve	Structure and function - Normal pulmonic valve Regurgitation - No pulmonic regurgitation
Pericardium	Effusion - No pericardial effusion
Aorta	Size - Normal aorta
Pulmonary Artery	Size - Normal pulmonary artery size
Pulmonary Hypertension	Probability - Low probability of pulmonary hypertension

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



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