



# 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: MA23090000278

DATE:23/09/2023

## MEDICAL FITNESS CERTIFICATE

This is to certify that I have examined MS. SWATHI (25/F)

Who is found to be Medically **FIT**.

She is not found to be suffering from any contagious Disease or Ailment.

She is FIT to perform her duty.

Dietary Counseling was provided from our end.

*Deeksha*

Dr. DEEKSHA. V. SHETTY  
Reg.No. 32158  
DGS Approval No. KAMG/09/2023

**“HEALTHIER MARINERS TOWARDS A WEALTHIER NATION”**



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## PHYSICAL EXAMINATION

Date Of Exam : 23/09/2023 Reg. No:MA23090000278  
Name : MS. SWATHI (25/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	:	36.2C
Blood Pressure	:	110/70mmhg
Pulse	:	66/min
Respiration Rate	:	16/min
Waist (cm)	:	88Cms
Height	:	158Cms
Weight	:	47.8Kgs
BMI	:	19.1kg/m2

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**Name: MS. SWATHI**

**Date: 23/09/2023**  
**Ref : Dr. A.H. Balaji**

**Reg. No :MA23090000278**

## 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 : 23/09/2023 REG. NO : MA23090000278  
 NAME : MS. SWATHI SEX : FEMALE  
 AGE : 25 YRS  
 REF BY : DR.A.H.BALAJI

### COMPLETE BLOOD COUNT (CBC)

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
ERYTHROCYTE (RBC) COUNT	5.0	mill/cu.mm	4.7-6.0
HAEMOGLOBIN (Hb)	12.6	gm/dl	13.5-18
PCV (PACKED CELL VOLUME)	37.8	%	42-52
MCV (MEAN CORPUSCULAR VOLUME)	82.2	fl	78-100
MCH (MEAN CORPUSCULAR HAEMOGLOBIN )	27.1	pg	27-31
MCHC (MEAN CORPUSCULAR Hb CONC.N.)	32.1	g/dl	32-36
RDW (RED CELL DISTRIBUTION WIDTH)	13.9	%	11.5-14.0
TOTAL LEUCOCYTES (WBC) COUNT	9100	Cells /cu.mm	4000-10500
ABSOLUTE NEUTROPHILS COUNT	5400	/c.mm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT	2600	/c.mm	1000-3000
ABSOLUTE MONOCYTE COUNT	820	/c.mm	200-1000
ABSOLUTE EOSINOPHIL COUNT	180	/c.mm	20-500
ABSOLUTE BASOPHIL COUNT	90	/c.mm	20-100
NEUTROPHILS	60.0	%	40-80
LYMPHOCYTES	28.0	%	20-40
MONOCYTES	9.0	%	2-10
EOSINOPHILS	2.0	%	1-6
BASOPHILS	1.0	%	0-2
PLATELET COUNT	2.0	10 <sup>3</sup> /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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 AGE : 25YRS SEX : FEMALE  
 REF BY : DR.A.H.BALAJI

<b>ROUTINE EXAMINATION URINE</b>			
INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GENERAL EXAMINATION:</b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	CLEAR		CLEAR
REACTION (pH)	5.5		4.5 - 8
SPECIFIC GRAVITY	1.025		1.010 - 1.030
<b>CHEMICAL EXAMINATION (AUTOMATED DIPSTICK METHOD):</b>			
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
<b>MICROSCOPIC EXAMINATION</b>			
RED BLOOD CELLS	NIL	/hpf	0 - 2
PUS CELLS (WBCs)	1-2	/hpf	0 - 5
EPITHELIAL CELLS	2-4	/hpf	0 - 5
CRYSTALS	ABSENT	/hpf	ABSENT
CAST	ABSENT	/hpf	ABSENT
AMORPHOUS DEPOSITS	ABSENT	/hpf	ABSENT
BACTERIA	ABSENT	/hpf	ABSENT

*Deeksha*

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## LABORATORY REPORT

Date : 23/09/2023 Reg. No : MA23090000278  
Name : MS. SWATHI  
Age : 25Yrs 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)	<u>25</u>	mm/hr	0-15

**Method:** Automated Westergren

Interpretation;

1. It indicates presence and intensity of an inflammatory process, never diagnosis of a specific disease, Change 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. SWATHI  
 Age : 25yrs Sex : Female  
 Reference : APOLLO HEALTH AND LIFESTYLE LIMITED  
 Ref By : DR.A.H. BALAJI

Test Name	Result	Units	Ref.Interval
<b>LIPID SCREEN, SERUM (Spectrophotometry)</b>			
Cholesterol	156.00	mg/dL	(<200.00)
Triglycerides	58.00	mg/dL	(<150.00)
HDL Cholesterol	36.8	mg/dL	(<40.00)
LDL Cholesterol, Calculated	94.2	mg/dL	(<100.00)
VLDL Cholesterol, Calculated	11.6	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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## LABORATORY REPORT

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Name : MS. SWATHI (25/female)

Reference : Apollo Health and Lifestyle Limited

Ref. By : DR.A.H.BALAJI

Reported On : 23/09/2023

<u>TEST</u>	<u>Value/Results</u>	<u>Units</u>	<u>REFERENCE INTERVAL</u>
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### RENAL FUNCTION TEST

Creatinine	:	0.7	mg/dL	0.2-1.2
BUN	:	08	mg/dL	6-21
Blood Uric Acid	:	5.2	mg/dL	4.7-6.1
Urea	:	18	mg/dL	15-40

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Name : MS. SWATHI  
Age : 25Yrs 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)	4.4	%	non-diabetic: <= 5.6 pre-diabetic: 5.7-6.4 Diabetic : > = 6.5
Estimated Average glucose (e AG)	79.58	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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## LABORATORY REPORT

Date : 23/09/2023

Reg. No : MA23090000278

Name : MS. SWATHI

Age : 25 yrs

Sex : Female

Reference : Apollo Health and Lifestyle Limited

Ref By : DR. A.H. BALAJI

### LIVER FUNCTION TEST

TEST	PATIENT'S VALUES	UNITS	NORMAL RANGE	
			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	59.0	U/L	-	<150
Serum Gamma G.T.	13.0	U/L	4	40
Serum G. P. T.	15.0	U/L	10	40
Serum G. O. T.	16.0	U/L	10	42
Serum Total Proteins	7.2	gm/dl	6.0	7.8
Albumin	4.0	gm/dl	3.5	5.0
Globulin	3.2	gm/dl	2.6	3.5
Albumin: Globulin Ratio	1.2	-	-	-

*Deeksha*

Dr. DEEKSHA. V. SHETTY  
Reg.No. 32158  
DGS Approval No. KA/MG/09/2023

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## LABORATORY REPORT

Reg. No : MA23090000278 Date:23/09/2023

Name : MS. SWATHI

Age : 25Yrs Sex: Female

Reference : Apollo Health and Lifestyle Limited

Ref By : DR. A.H. BALAJI

---

### HAEMOTOLOGY

Blood Group & Rh Type : "O" POSITIVE

*Deeksha*

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## LABORATORY REPORT

Date : 23/09/2023 Reg. No : MA23090000278  
Name : MS. SWATHI  
Age : 25Yrs 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>
<b><u>BIO-CHEMISTRY</u></b>			
Blood Sugar (F)	: 95	mg/dl	70-110
Blood Sugar (PPBS)	: 128	mg/dl	120-140

*Deeksha*

Dr. DEEKSHA. V. SHETTY  
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## LABORATORY REPORT

Reg. No : MA23090000278 Date : 23/09/2023  
Name : MS. SWATHI  
Age : 25yrs Sex : Female  
Ref By : DR.A.H. BALAJI

Test Name	Result	Units	Ref.Range
<b>THYROID PROFILE,TOTAL,SERUM (CLIA)</b>			
T3>Total	168.0	ng/dl	(70-204)
T4>Total	10.08	ug/dL	(5.0-12.5)
TSH	3.60	uIU/ml	(0.45-4.5)

### Reference Range for pregnancy:

TSH	REFERENCE RANGE IN Uiu/mL
<b>Pregnancy</b>	
1 <sup>st</sup> Trimester	0.30-4.50
2 <sup>nd</sup> Trimester	0.50-4.60
3 <sup>rd</sup> 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

*Deeksha*

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## LABORATORY REPORT

Reg No : MA23090000278  
Name : MS. SWATHI Date : 23/09/2023  
Age : 25yrs 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

*Deeksha*

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Date: 23/09/2023


Reg. No : MA23090000278

## TO WHOMSOEVER IT MAY CONCERN

This is to certify that I have examined MS. SWATHI (25/F)

for her Dental condition.

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

  
**Dr. S. Naresht**  
BDS  
Reg. No.: 11291

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## DIGITAL RADIOGRAPH – CHEST PA- VIEW

Date : 23/09/2023 Reg. No : MA23090000278  
Name : MS. SWATHI  
Age : 25yrs  
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.

Dr. DEEKSHA. V. SHETTY  
Reg.No. 32158  
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## ECG REPORT

Date : 23/09/2023 Reg. No :MA23090000278

Name : MS. SWATHI

Age : 25yrs

Sex : Female

Ref By : DR. A. H. BALAJI

Impression : Normal Sinus Rhythm.

*Deeksha*

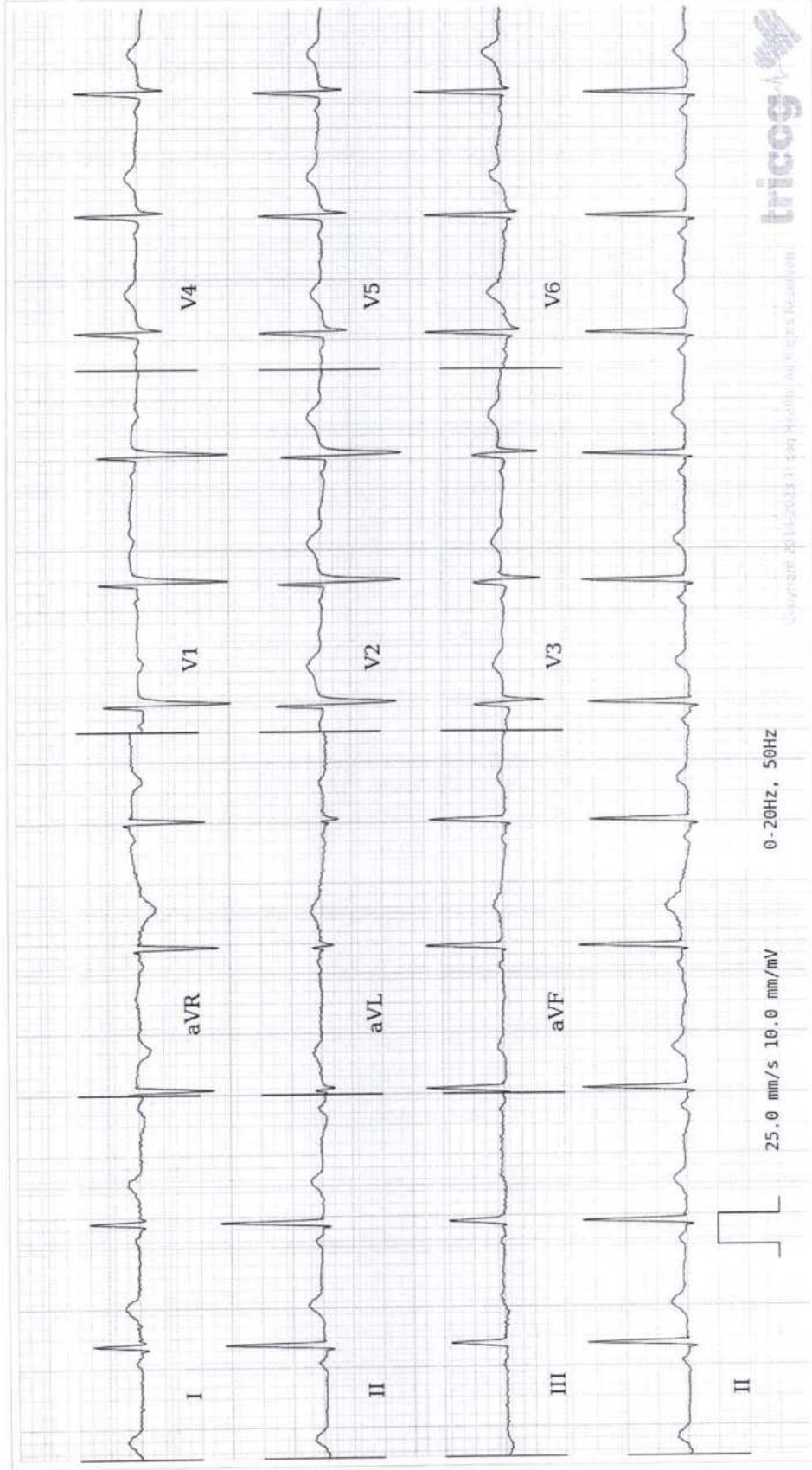
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**“HEALTHIER MARINERS TOWARDS A WEALTHIER NATION”**



Balaji Medical Centre Mangalore

Age / Gender: 25/Female  
Date and Time: 23rd Sep 23 11:31 AM  
Patient ID: MA23090000278



AR: 72bpm VR: 72bpm QRSD: 88ms QT: 416ms QTcB: 455ms PRI: 120ms P-R-T: 53° 64° 23°

ECG Within Normal Limits: Sinus Rhythm, Sinus Arrhythmia Seen. Please correlate clinically.

REPORTED BY  
Dr. Abhishek Tikmani  
39412

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. SWATHI **AGE/SEX** : 25YRS /FEMALE

**STUDY DATE** : 23/09/2023 **PATIENT ID** : MA23090000278

**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 8.5x4.2cms.  
Left Kidney measured 8.0x4.0cms.  
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.**

  
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Unique Identification Authority of India  
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 2008/99011/00726

To  
ಸ್ವಾತಿ  
Swathi  
Rajappade -  
Sulkeri  
Navara  
Sulkeri  
Belthangady Dakshina Kannada  
Karnataka 574109  
9449471553  
06/11/2013  
68996986  
MN669969864FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

**5922 5156 9234**

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ  
Government of India



ಸ್ವಾತಿ  
Swathi  
ತಂದೆ : ಸಂಜೀವ ಪೂಜಾರಿ  
Father : Sanjeeva Poojary  
ಜನ್ಮ ದಿನಾಂಕ / DOB : 29/04/1998  
ಸ್ತ್ರೀ / Female



**5922 5156 9234**

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



# 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

<b>PATIENT NAME</b> SWATHI	<b>AGE</b> 25 yrs	<b>HEIGHT</b> 158 cm	<b>WEIGHT</b> 48 kg	<b>BSA</b> 1.46 m <sup>2</sup>	<b>DATE   TIME</b> 2023/09/23   17:05
<b>PATIENT ID</b> MA23090000278	<b>GENDER</b> Female	<b>REFERRING PHYSICIAN</b> DR.DEEKSHA.V.SHETTY	<b>REPORTED BY</b> 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- 59%  
No regional wall motion abnormality  
Normal LV diastolic function (TDI absent)  
sub optimal echo

### LEFT VENTRICLE

Measurement	Value	Reference	Measurement	Value	Reference
<b>Systolic Function</b>			<b>Dimensions</b>		
LVEF MOD A4C (%)	59.91	( 74-54 )	LVIDd (cm)	3.59	( 3.8-5.2 )
%FS (%)	40.11	( >25 )	LVIDd Index (cm/m <sup>2</sup> )	2.46	( 2.3-3.1 )
SV MOD A4C (ml)	25.51	( 57-117 )	LVIDs (cm)	2.15	( 2.2-3.5 )
SI MOD A4C (ml/m <sup>2</sup> )	17.47	( 38-66 )	LVIDs Index (cm/m <sup>2</sup> )	1.47	( 1.3-2.1 )
LVEDV MOD A4C (ml)	42.58	( 46-106 )	IVSd (cm)	0.92	( 0.6-0.9 )
LVESV MOD A4C (ml)	17.07	( 14-42 )	LVPWd (cm)	1.11	( 0.6-0.9 )
LVEDVInd MOD A4C (ml/m <sup>2</sup> )	29.16	( 29-61 )	LVd Mass (g)	109.79	( 67-162 )
LVESVInd MOD A4C (ml/m <sup>2</sup> )	11.69	( 8-24 )	LVd Mass Index (g/m <sup>2</sup> )	75.20	( 43-95 )
<b>Diastolic Function</b>			RWT	0.62	( 0.22-0.42 )
MV E Vel (m/s)	0.72	( 0.6-0.8 )	<b>LV Area</b>		
MV A Vel (m/s)	0.42	( 0.2-0.35 )	LV FAC A4C (%)	49.44	( >25 )
MV E/A Ratio	1.71	( >=0.8 )	LVAd A4C (cm <sup>2</sup> )	18.81	( - )
			LVAAs A4C (cm <sup>2</sup> )	9.51	( - )

### LEFT ATRIUM

Measurement	Value	Reference	Measurement	Value	Reference
LA Diam (cm)	2.66	( 2.7-3.8 )	LAESV MOD A4C (ml)	22.12	( - )
LA/Ao	1.18	( <1.3 )	LAESVInd MOD A4C (ml/m <sup>2</sup> )	15.15	( 16-34 )

### RIGHT ATRIUM

Measurement	Value	Reference	Measurement	Value	Reference
RAAs A4C (cm <sup>2</sup> )	10.09	( <=18 )	<b>IVC (M-Mode)</b>		
RALs A4C (cm)	3.80	( - )	IVC Collaps Index (%)	42.75	( >50% )
			IVC Diam Ins (cm)	0.75	( - )
			IVC Diam Exp (cm)	1.31	( <2 )
			RAP(MM) (mmHg)	8.00	( 0-5 )

### AORTIC VALVE & AORTA

Measurement	Value	Reference
<b>LVOT/ Aorta</b>		
Ao Diam (cm)	2.26	(<3.7)
Ao/LA	0.92	(-)

### PULMONARY VALVE AND PULMONARY ARTERY

Measurement	Value	Reference
<b>Pulmonary Outflow</b>		
PV Vmax (m/s)	0.77	(-)
PV maxPG (mmHg)	2.37	(<36)



## OBSERVATIONS :

<b>Left Ventricle</b>	Size - Left ventricle normal in size LV geometry - Normal LV geometry Systolic function - LV systolic function - normal Diastolic function - LV diastolic function - normal
<b>Left Atrium</b>	Size - Normal left atrium size
<b>Right Atrium</b>	Size - Normal right atrium size
<b>Right Ventricle</b>	Size - Normal right ventricular size
<b>Aortic Valve</b>	Structure and function - Thickened aortic NCC Cusp
<b>Mitral Valve</b>	Structure and function - Normal mitral valve
<b>Tricuspid Valve</b>	Structure and function - Normal tricuspid valve
<b>Pulmonic Valve</b>	Structure and function - Normal pulmonic valve
<b>Aorta</b>	Size - Normal aorta
<b>Pulmonary Hypertension</b>	Probability - Low probability of pulmonary hypertension
<b>Heart Failure</b>	HF Category - No evidence of heart failure with preserved ejection fraction

**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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