

## CONCLUSION OF HEALTH CHECKUP

ECU Number : 7544	MR Number : 23220770	Patient Name: LEELABEN MOHANBHAI
Age : 51	Sex : Female	Height : 162
Weight : 68.3	Ideal Weight : 60	BMI : 26.02
Date : 09/12/2023		

Fatty Liver I

↓

Fibrosis

By Iygl modification

SUS TMT

  
Dr. Manish Mittal

Internal Medicine

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.

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Age : 51

Weight : 68.3

Date : 09/12/2023

MR Number : 23220770

Sex : Female

Ideal Weight : 60

Patient Name: LEELABEN MOHANBHAI

Height : 162

BMI : 26.02

Past H/O : NO P/H/O ANY MAJOR ILLNESS

Present H/O : NO ANY PRESENT COMPLAINTS.

Family H/O : FATHER : DM

Habits : NO HABITS

Gen.Exam. : G.C.GOOD

B.P : 110/70

Pulse : 72

Others : SPO2 98 %

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :



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ESTD. 1964



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Weight : 68.3  
Date : 09/12/2023

MR Number : 23220770  
Sex : Female  
Ideal Weight : 60

Patient Name: LEELABEN MOHANBHAI  
Height : 162  
BMI : 26.02

Ophthalmic Check Up :	Right	Left
Ext Exam		NIL
Vision Without Glasses	NA	NA
Vision With Glasses	6/6	6/6
Final Correction	N.5	N.5
fundus	NORMAL	
Colour Vision	NORMAL	
Advice	NIL	

#### Orthopaedic Check Up :

Ortho Consultation

Ortho Advice

#### ENT Check Up :

Ear

Nose

Throat

Hearing Test

ENT Advice

#### General Surgery Check Up :

General Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice



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ECU Number : 7544

MR Number : 23220770

Patient Name : LEELABEN MOHANBHAI

Age : 51

Sex : Female

Height : 162

Weight : 68.3

Ideal Weight : 60

BMI : 26.02

Date : 09/12/2023

## Gynaec Check Up :

OBSTETRIC HISTORY	2FTND
MENSTRUAL HISTORY	
PRESENT MENSTRUAL CYCLE	
PAST MENSTRUAL CYCLE	REGULAR
CHIEF COMPLAINTS	NIL
A	SOFT
PS	VAULT (N) ) Vg:- SENILE VAGINITIS
PV	NO MASS FELT
BREAST EXAMINATION RIGHT	NORMAL
BREAST EXAMINATION LEFT	NORMAL
PAPSMEAR	TAKEN
BMD	
MAMMOGRAPHY	
ADVICE	FOLLOW UP WITH REPORTS





Patient Name : Mrs. LEELABEN MOHANBHAI VALAND  
Gender / Age : Female / 51 Years 6 Months 9 Days  
MR No / Bill No. : 23220770 / 242057904  
Consultant : Dr. Manish Mittal  
Location : OPD

Type : OPD  
Request No. : 180731  
Request Date : 09/12/2023 08:14 AM  
Collection Date : 09/12/2023 08:21 AM  
Approval Date : 09/12/2023 02:36 PM

**CBC + ESR**

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	12.1	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.57	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	39.3	%	36 - 46
Mean Corpuscular Volume (MCV)	86.0	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	<b>26.5</b>	pg	27 - 32
MCH Concentration (MCHC)	<b>30.8</b>	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	12.4	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	<b>38.8</b>	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	9.68	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	64	%	40 - 80
Lymphocytes	28	%	20 - 40
Eosinophils	03	%	1 - 6
Monocytes	05	%	2 - 10
Basophils	00	%	0 - 2
Polymorphs (Abs. Value)	6.26	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.79	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.21	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.37	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.05	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.3	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	331	thou/cmm	150 - 410
Remarks	This is counter generated CBC Report, smear review is not done		
ESR	12	mm/1 hr	0 - 19

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / repeat may be suggested.

365 Days / 24 Hours Laboratory Services

Home Collection Facility Available  
(Mon To Sat 8:00 am to 5:00 pm)



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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. LEELABEN MOHANBHAI VALAND  
Gender / Age : Female / 51 Years 6 Months 9 Days  
MR No / Bill No. : 23220770 / 242057904  
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**CBC + ESR**

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.  
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter by Fluorescent flow cytometry using a semi-conductor laser and hydrodynamic focusing in dedicated channels. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification.

ⓂR on ESL-30, comparable to Westergrens method and in accordance to ICSH reference method.

---- End of Report ----

Dr. Ameer Soni  
MD (Path)

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 Collection Date : 09/12/2023 08:21 AM  
 Approval Date : 09/12/2023 12:40 PM

**Haematology**

Test	Result	Units	Biological Ref. Range
<b>Blood Group</b>			
ABO system	A		
Rh system	Negative / Du Negative		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontro
- This method check`s group both on Red blood cells and in Serum for "ABO" group.

--- End of Report ---

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DEPARTMENT OF LABORATORY MEDICINE

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Approval Date : 09/12/2023 01:07 PM

**Fasting Plasma Glucose**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	83	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	96	mg/dL	70 - 140

By Hexokinase method on EXL Dade Dimension

---- End of Report ----

Dr. Rakesh Vaidya  
MD (Path). DCP.

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**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<b>HbA1c (Glycosylated Hb)</b>			
Glycosylated Hemoglobin (HbA1c)	5.0	%	
estimated Average Glucose (e AG) *	96.8	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

\* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

--- End of Report ---

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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides (Done by Lipase /Glycerol kinase on Vitros 5600 < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	126	mg/dL	1 - 150
Total Cholesterol (Done by Colorimetric - Cholesterol Oxidase, esterase, peroxidase on Vitros 5600. <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	172	mg/dL	1 - 200
HDL Cholesterol (Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600 < 40 Low > 60 High)	44	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	128	mg/dL	1 - 130
LDL Cholesterol (Done by Enzymatic (Two Step CHE/CHO/POD) on Vitros 5600 < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	<b>112</b>	mg/dL	1 - 100
VLDL Cholesterol (calculated)	25.2	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.55		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	3.91		3.5 - 5

--- End of Report ---

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**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	0.24	mg/dL	0 - 1
Bilirubin - Direct	0.07	mg/dL	0 - 0.3
Bilirubin - Indirect	0.17	mg/dL	0 - 0.7
<i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i>			
Aspartate Aminotransferase (SGOT/AST)	14	U/L	13 - 35
<i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i>			
Alanine Aminotransferase (SGPT/ALT)	16	U/L	14 - 59
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	115	U/L	53 - 141
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	27	U/L	5 - 55
<i>(Done by Multipoint Rate - L-γ-glutamyl-p-nitroanilide on Vitros 5600)</i>			
<b>Total Protein</b>			
Total Proteins	7.38	gm/dL	6.4 - 8.2
Albumin	3.73	gm/dL	3.4 - 5
Globulin	3.65	gm/dL	3 - 3.2
A : G Ratio	<b>1.02</b>		1.1 - 1.6
<i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</i>			

---- End of Report ----

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## Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (Done by Endpoint/Colorimetric - Urease on Vitros 5600)	28	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.68	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate (Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. eGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)	More than 60		
Uric acid (Done by Colorimetric - Uricase, Peroxidase on Vitros 5600)	4.5	mg/dL	2.2 - 5.8

--- End of Report ---

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## Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.09	ng/ml	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (ng/ml)</i>			
1 - 3 days	: 0.1 - 7.4		
1-11 months	: 0.1 - 2.45		
1-5 years	: 0.1 - 2.7		
6-10 years	: 0.9 - 2.4		
11-15 years	: 0.8 - 2.1		
16-20 years	: 0.8 - 2.1		
Adults (20 - 50 years)	: 0.7 - 2.0		
Adults (> 50 years)	: 0.4 - 1.8		
Pregnancy (in last 5 months)	: 1.2 - 2.5		
<i>( Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			
Thyroxine (T4)	6.80	mcg/dL	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (mcg/dL)</i>			
1 - 3 days	: 11.8 - 22.6		
1 - 2 weeks	: 9.8 - 16.6		
1 - 4 months	: 7.2 - 14.4		
4 - 12 months	: 7.8 - 16.5		
1-5 years	: 7.3 - 15.0		
5 - 10 years	: 6.4 - 13.3		
10 - 20 years	: 5.6 - 11.7		
Adults / male	: 4.6 - 10.5		
Adults / female	: 5.5 - 11.0		
Adults (> 60 years)	: 5.0 - 10.7		
<i>( Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			
Thyroid Stimulating Hormone (US-TSH)	1.99	microIU/ml	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (microIU/ml)</i>			
Infants (1-4 days)	: 1.0 - 39		
2-20 weeks	: 1.7 - 9.1		
5 months - 20 years	: 0.7 - 6.4		
Adults (21 - 54 years)	: 0.4 - 4.2		
Adults (> 55 years)	: 0.5 - 8.9		
<i>Pregnancy :</i>			
1st trimester	: 0.3 - 4.5		
2nd trimester	: 0.5 - 4.6		
3rd trimester	: 0.8 - 5.2		
<i>( Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			

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— End of Report —

Dr. Rakesh Vaidya  
MD (Path). DCP.

Dr. Ameer Soni  
MD (Path)



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 Location : OPD

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 Approval Date : 09/12/2023 01:38 PM

**Pap Smear**

Test	Result	Units	Biological Ref. Range
------	--------	-------	-----------------------

Pap Smear

Pap Smear Screening Report...

Cyto No : 2307/23  
 Received at 12.20 pm.

Clinical Details : H/O Hysterectomy 20 years before.  
 P/V findings : Vault - Senile vaginitis.

TBS Report / Impression :

- \* Satisfactory for evaluation.
- \* Benign cellular changes, mild atrophic changes with repair.
- \* Mild inflammatory cellularity (Neutrophils rich).
- \* No epithelial cell abnormality favouring squamous intraepithelial lesion or frank malignancy ( NILM ).

**Note / Method :**

The material received in LBC container, cytosmear was stained by rapid pap method and reported with due consideration to The Bethesda system (Modified 2014)

---- End of Report ----

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 Approval Date : 09/12/2023 10:53 AM

**Urine routine analysis (Auto)**

Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Clear		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	5.5		
Specific Gravity	1.010		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
<b>Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex Urine sedimentation analyzer UF4000)</b>			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	0 - 1	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

--- End of Report ---

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- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 23220770      Report Date : 09/12/2023  
Request No. : 190091960      09/12/2023 8.14 AM  
Patient Name : Mrs. LEELABEN MOHANBHAI VALAND  
Gender / Age : Female / 51 Years 6 Months 9 Days

**X-Ray Chest AP**

Both lung fields are clear.  
Both costophrenic sinuses appear clear.  
Heart size is normal.  
Hilar shadows show no obvious abnormality.  
Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
• NOT VALID FOR MEDICO-LEGAL PURPOSES  
• CLINICAL CORRELATION RECOMMENDED

**Dr. Sharad Rungta, M.D DNB**  
Consultant Radiologist



**SAFE 01**





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- Echocardiography

Patient No. : 23220770      Report Date : 09/12/2023  
Request No. : 190091957      09/12/2023 8.14 AM  
Patient Name : Mrs. LEELABEN MOHANBHAI VALAND  
Gender / Age : Female / 51 Years 6 Months 9 Days

**USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen**

**Liver is mild enlarged in size (16cm) and increased in echopattern.** No mass lesion identified. The hepatic veins are clear and patent. PV patent. No dilated IHBR.

Gall bladder is well distended and shows no obvious abnormality. Common bile duct is not dilated.

Pancreas shows no obvious abnormality. Tail obscured. Spleen is normal size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

No ascites.

**COMMENT:**

- **Mild Hepatomegaly with Grade I Fatty liver.**

*Kindly correlate clinically*

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
 • NOT VALID FOR MEDICO-LEGAL PURPOSES  
 • CLINICAL CORRELATION RECOMMENDED

**Dr. Ravij Patel, M.D (RADIO  
DIAGNOSIS)**  
Consultant Radiologist



SPARE OR



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- Foetal Echocardiography
- Echocardiography

Patient No. : 23220770      Report Date : 09/12/2023  
Request No. : 190092018      09/12/2023 8.14 AM  
Patient Name : Mrs. LEELABEN MOHANBHAI VALAND  
Gender / Age : Female / 51 Years 6 Months 9 Days

**Mammography (Both Breast)**

Both side mammogram has been obtained in mediolateral oblique (MLO) as well as craniocaudal (CC) projections.  
Both breasts show scattered fibro glandular parenchyma (type b).  
No obvious focal mass seen on either side.  
No obvious micro/cluster calcification seen. Bilateral benign specks of calcifications are seen.  
No obvious skin thickening or nipple retraction seen.  
No enlarged axillary lymph nodes seen.

**IMPRESSION:**

No obvious focal mass in breasts.  
BI-RADS category 2.  
Kindly correlate clinically /Follow up

**BIRADS: 0- needs additional imaging, 1- negative, 2- benign, 3- probably benign (require short term follow up), 4- suspicious (require further evaluation with biopsy), 5- highly suspicious for malignancy, 6- biopsy proven malignancy.**

**INFORMATION REGARDING MAMMOGRAMS:**

- A REPORT THAT IS NEGATIVE FOR MALIGNANCY SHOULD NOT DELAY BIOPSY IF THERE IS A DOMINANT OR CLINICALLY SUSPICIOUS MASS.
- IN DENSE BREASTS, AN UNDERLYING MASS LESION MAY BE OBSCURED.
- FALSE POSITIVE DIAGNOSIS OF CANCER MAY OCCURE IN SMALL PERCENTAGE OF CASES.

**Dr. Sharad Rungta, M.D DNB**

Consultant Radiologist



H-2015-0297      MC-3004      E-2021-0037      GUJARAT SAHAKAR UCCHAITI

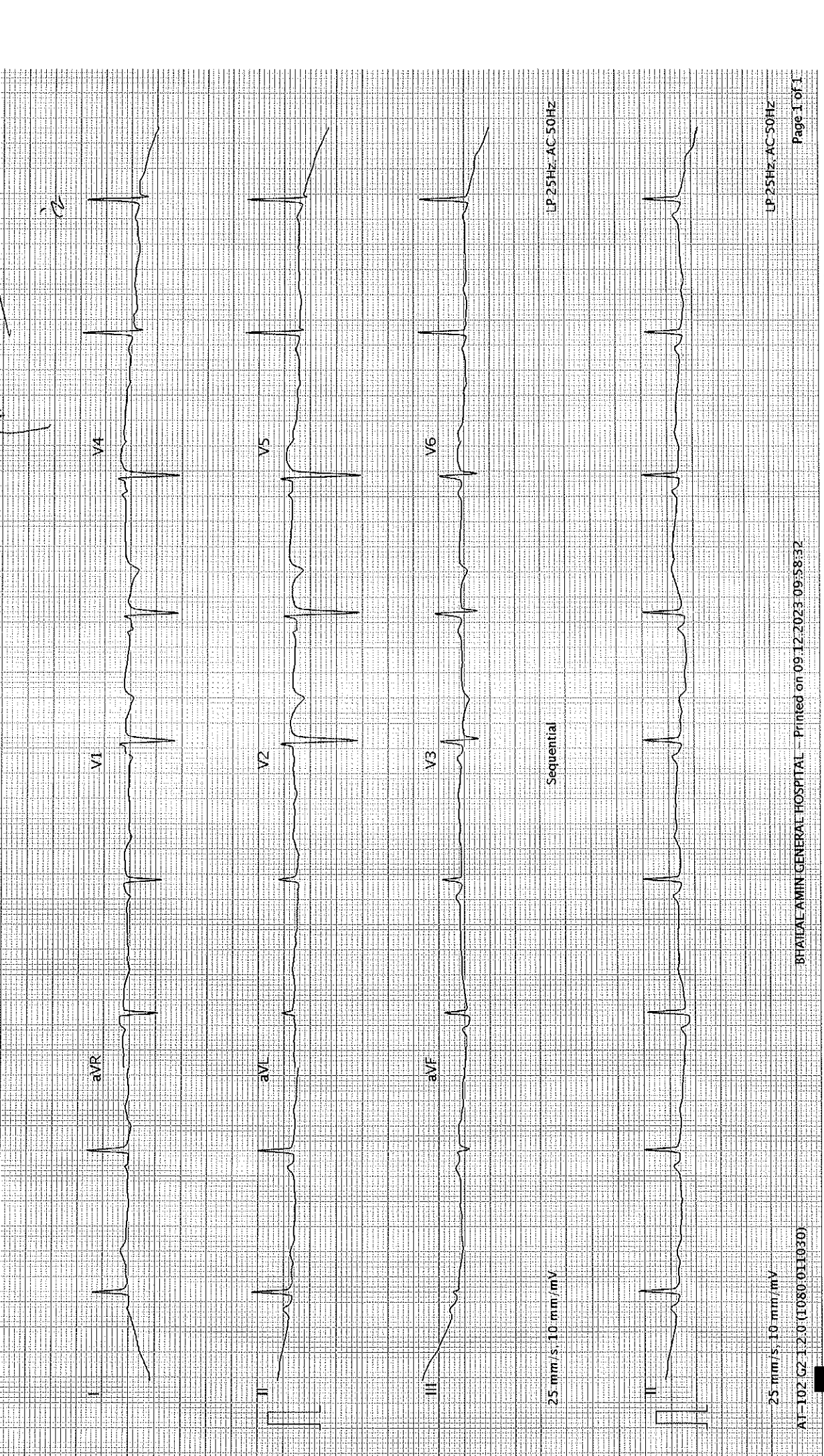
• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
 • NOT VALID FOR MEDICO-LEGAL PURPOSES  
 • CLINICAL CORRELATION RECOMMENDED

Name: Leelaben m. valand - Patient ID: Ecu/23220770 Standard 12-Lead

Age: 051Y Gender: Female Ref. phys: HR: 55 bpm RR: 1099 ms  
 P: 116 ms PR: 147 ms Unconfirmed report  
 P axis: 49° QRS: 81 ms  
 QRS axis: 31° QT: 456 ms  
 T axis: 0° QTcB: 435 ms

Pacemaker: Unknown Remark:

*fm*  
*T U x V1-V3*  
*ia*



Patient No. : 23220770      Report Date : 09/12/2023  
Request No. : 190091972      09/12/2023 8.14 AM  
Patient Name : **Mrs. LEELABEN MOHANBHAI VALAND**  
Gender / Age : Female / 51 Years 6 Months 9 Days

**Echo Color Doppler**

MITRAL VALVE : NORMAL, MILD MR, NO MS  
AORTIC VALVE : NORMAL, NO AR, NO AS  
TRICUSPID VALVE : NORMAL, MILD TR, NO PAH, TR MAX = 22mmHg  
PULMONARY VALVE : NORMAL  
LEFT ATRIUM : NORMAL  
AORTA : NORMAL  
LEFT VENTRICLE : NORMAL LV SIZE AND SYSTOLIC FUNCTION LVEF -- 64%, NO  
RESTING REGIONAL WALL MOTION ABNORMALITY  
RIGHT ATRIUM : NORMAL  
RIGHT VENTRICLE : NORMAL  
I.V.S. : INTACT  
I.A.S. : BULGING TO RA  
PULMONARY ARTERY : NORMAL  
PERICARDIUM : NORMAL  
COLOUR/DOPPLER FLOW MAPPING : MILD MR, NO AR, MILD TR, NO PAH

**FINAL CONCLUSION:**

1. NORMAL SIZED ALL CARDIAC CHAMBERS, NO LVH
2. NORMAL LV SYSTOLIC FUNCTION, LVEF -- 64%
3. NO REGIONAL WALL MOTION ABNORMALITY
4. NORMAL DIASTOLIC FUNCTION
5. NORMAL RIGHT HEART SIZE AND RV PRESSURES
6. NORMAL CARDIAC VALVES, NO MITRAL // AORTIC STENOSIS
7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.

  
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Dr. KILLLOL KANERIA, D.M.,CARD.