

### Consultant Physician Clinic

Patient Name:- Kajini

Age / Sex :- 46 yrs / female

Chief Complaints:-

→ no any problem

Drug / Food Allergy:-

- no

Past History :-

- no

Family History:-

Systemic Examination:-

- all / normal

Provisional Diagnosis:

OPR NO:

Date: 31/10/23

Weight:- 88.5 kg

Height:- 158 cm

BMI:- 35.5

Nutritional assessment:-

- Obese
- Well nourished
- Mild-moderate nourished
- Severely mal-nourished

Pulse: 93/min

BP:- 150/80

SpO2:- 99%

HR - 128/80

Investigation :-

- Fasting - TSH (3 months)

Treatment and further advices:-  
(Write in Capital Letters)

Rx

→ Tab Thyronorm (12.5) 100  
(3 months) ✓

Follow Up Date:- \_\_\_\_\_

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

Patient ID:	SUR0000351070	Patient Name:	RAGINI RANI
Age:	46 Years	Sex:	F
Accession Number:	11869	Modality:	DX
Referring Physician:	DR.SHALBY	Study:	CHEST PA
Study Date:	3-Oct-2023		

**CHEST X-RAY (PA)**

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

**IMPRESSION:**

- No significant abnormality seen.

*Thanks for referral.*

**DR. ASHUTOSH GANDHI**

DMRD (Radiodiagnosis)

G-14916

**SHALBY HOSPITAL, SURAT**

Near Navyug College, Rander Road, Adajan, Surat, Gujarat, India. | Ph.: 0261-7190000 | Email: info.surat@shalby.org

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org  
CIN: L85110GJ2004PLC044667

Patient Name: RAGINI RANI		UHID:	
Age / Sex: 46 Yrs. / Female		Study:	USG Abdomen + Pelvis
Referred By:	DR. at shalby hospital	Date: 03/10/2023	

**ULTRASOUND OF ABDOMEN AND PELVIS (TAS)**

**Liver** is normal in size shows grade II fatty changes. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R. **Portal vein** appears normal.

**Gall bladder** is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

**Pancreas** appears normal in size and echotexture.

**Spleen** appears normal in size and appearance. No focal lesion seen.

**Right kidney** it shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Left kidney** it shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Urinary bladder** minimally distended and appears normal. No evidence of any intraluminal mass or calculi.

**Uterus** appears bulky in size 62 x 46 x 63 mm, Et: 9 mm. The uterine myometrial echotexture is inhomogeneous. No focal lesion is seen. There is no evidence of any ovarian or adnexal mass lesion.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

**IMPRESSION:**

- **Bulky uterus with changes of adenomyosis.**
- **Grade II fatty liver.** ✓

Thanks for referrals.



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M-22, 23, Krishna Complex, B/s. Iris Eye Hospital, Opp. Sardar Complex, Sardar Bridge Circle, Adajan, Surat-395 009. ☎ : 84600 20402  
Prior Appointment is Preferable • Monday to Friday : 10:00 AM to 7:00 PM • Saturday - Sunday Closed

NAME	: MRS. RAGINI RANI ASHOKKUMAR SINGH	AGE	: 50 YEARS/F
REF. BY	: SHALBY HOSPITAL	DATE	: 03 Oct 2023

**INDICATIONS:** Screening  
No previous exams available.

**BILATERAL MAMMOGRAPHY**

**TECHNIQUES:** Bilateral mammograms have been obtained using a low-radiation dose film screen technique in the craniocaudal and oblique projections. Film markers are in the axillary/lateral portion of the breast.

**Overall Breast Composition:** Both breasts shows heterogeneously dense tissues obscuring underlying small masses. Few punctate calcification noted in regional distribution in lower inner quadrant of right breast.

No evidence of focal space occupying lesion noted in either breast.

No evidence of macrocalcification or microcalcification noted on either side.

No evidence of skin thickening noted.

Both axillary regions appear normal.

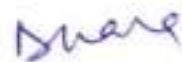
**IMPRESSION: NO SIGNIFICANT DIAGNOSTIC ABNORMALITY SEEN.**

**BIRADS I**

**Management Recommendation:** Value of screening increases by doing mammography annually after age of 40 years. Live ultrasonography can detect small masses obscured in heterogeneous dense or extreme dense breasts. It can also detect ductal lesions.

*P.S.: Though mammography is the single best method for screening breast carcinoma, it does not detect all breast cancers. False negative rate of mammography is 10%. If there is any clinical abnormality further evaluation by your doctor is essential, even if mammography is normal.*

**THANKS FOR REFERENCE.**



**Dr. DHARA SHAH**  
M.D. (Radiodiagnosis)

The science of X-ray and ultrasound depends upon interpretation of various shadows produced by both normal and abnormal structures and hence has got limitations. The report indicates only one of the various possibilities which is to be confirmed with further investigations and clinical co-relation as and when required.

Ragini

1100 Sinus Rhythm  
9110 \*\* normal ECG \*\*

*R*

Unconfirmed Report  
Reviewed by:

ID: \_\_\_\_\_ Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ years

Sex: M      cm      kg      mmHg

Medications:

Symptoms:

History:

Heart rate: 66 bpm

PR int: 126 ms

QRS dur: 88 ms

QT/QTc(E) int: 414/ 427 ms

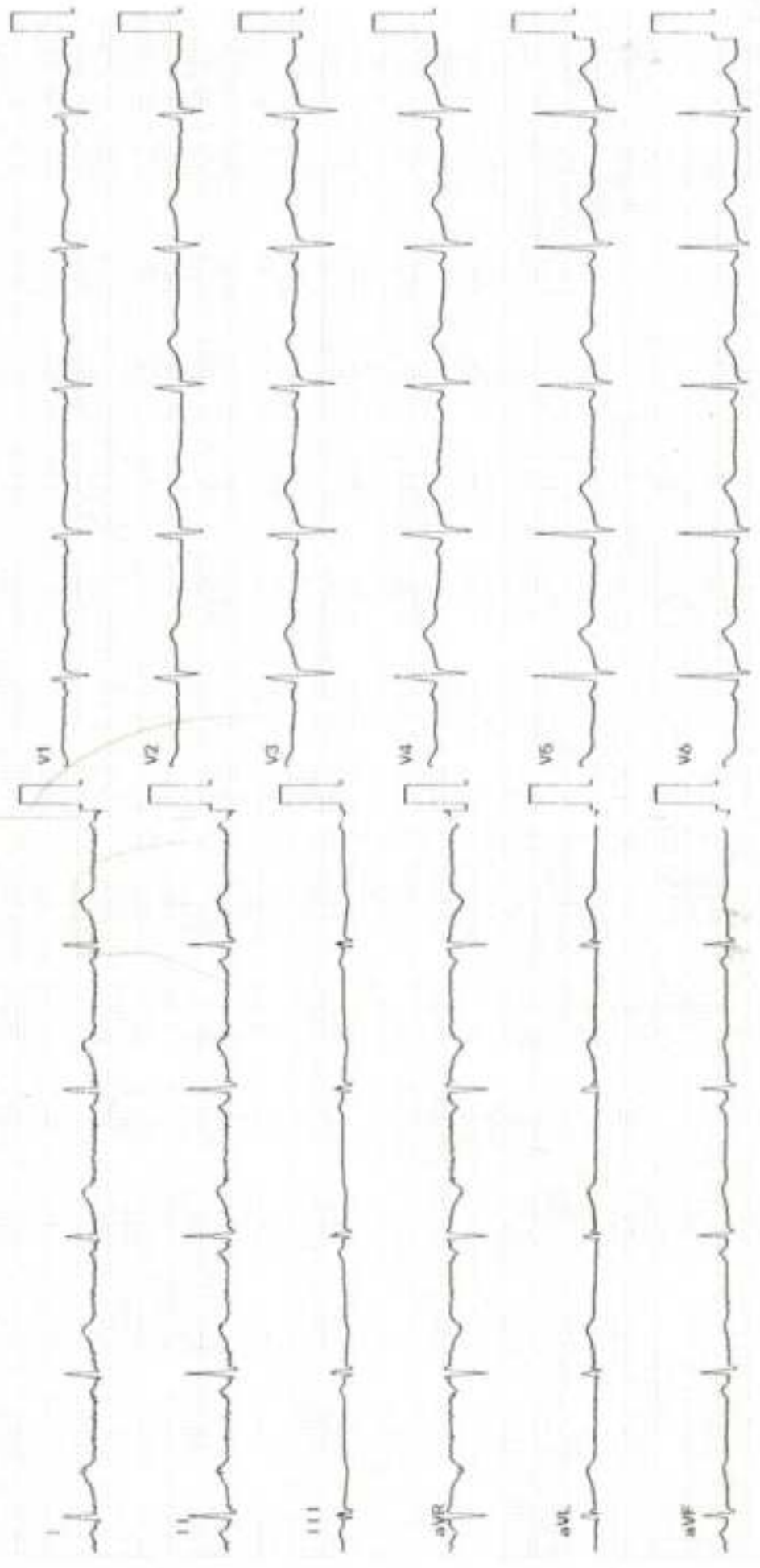
QT/QTc(T) axis: 58/ 44/ 17 °

RV5/SV1 amp: 1.01/ 0.42 mV

RV5+SV1 amp: 1.43 mV

10 mm/mV 25 mm/s Filter: H50 d 100 Hz

10 mm/mV





Pre - op

Post- op

Health Check-up

Date : 3-10-23

Patient Reg. No. : \_\_\_\_\_

Patient Name : Ragini Ravi

Age / Sex : 46/F

Address : Surat

**Complaints :**

Pain : \_\_\_\_\_

Bleeding gums : \_\_\_\_\_

Swelling : \_\_\_\_\_

Sensitivity : \_\_\_\_\_

Pus Discharge : \_\_\_\_\_

**Medical History :**

Hypertension :  DM  Acidity  Pregnancy : \_\_\_\_\_

Bleeding Disorders : \_\_\_\_\_ Asthma : \_\_\_\_\_ Allergy : \_\_\_\_\_

Past Surgical Intervention : \_\_\_\_\_

**Any Medication :**

**On Examination :**

Abscess : \_\_\_\_\_ Food lodgement : \_\_\_\_\_

Periodontitis : \_\_\_\_\_ Gingivitis : \_\_\_\_\_

Missing Teeth : \_\_\_\_\_ Mobility : \_\_\_\_\_

**Treatment Advised :**

Scaling : Sitzings 1  2  3  Deep

Restoration : \_\_\_\_\_ Perio Surgery : \_\_\_\_\_

RCT : \_\_\_\_\_ Class V Fillings : \_\_\_\_\_

Dentures : \_\_\_\_\_ Extraction : \_\_\_\_\_

Implants : \_\_\_\_\_ Partial Denture : \_\_\_\_\_

Crown & Bridge Present : \_\_\_\_\_

16

Crown / Bridge Replacement :	+6	
Advised Crown / Bridge :	-	
Advised X - Ray / O.P.G. :	-	

**Some Golden Rules :**

1. Brush your teeth twice a day.
2. Floss your teeth daily.
3. Gargle forcefully after each meal.
4. Visit your dentist twice a year.
5. Any dental treatment should be performed in an well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

Note :

Crown replacement → 6

DB

**Dr. Darshini V. Shah**  
(Consultant Dental Surgeon)





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PID : SUR0000351070 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Ragini Rani / Registered On : 03-Oct-2023 09:13 AM  
Lab ID : 310900144 Collected On : 03-Oct-2023 09:14 AM  
Gender/Age : Female / 46 Years DOB : 10-May-1977 Received On : 03-Oct-2023 09:18 AM  
Ref. By : Dr. Health Check Up . Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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**BLOOD COUNT AND INDICIES**

HAEMOGLOBIN	Colorimetric Non Cyanide	11.3 ✓	g/dL	12.0 - 15.0
RBC COUNT	Electrical Impedance	3.83	mill/cmm	3.8 - 4.8
HCT	Calculated	35.0	%	36 - 46
MCV	Calculated based on the RBC histogram	91.4	fL	83 - 101
MCH	Calculated	29.5	pg	27 - 32
MCHC	Calculated	32.3	g/dL	31.5 - 34.5
RDW	Calculated	13.9	%	11.6 - 14.0

**TOTAL LEUCOCYTE COUNT**

Total WBC Count Electrical Impedance 4750 ✓ cells/cmm 4000 - 10000

**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS	Flow Cytometry	66	%	40 - 80
LYMPHOCYTES	Flow Cytometry	28	%	20 - 40
EOSINOPHILS	Flow Cytometry	3	%	1 - 6
MONOCYTES	Flow Cytometry	3	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

**PLATELET INDICES**

PLATELET COUNT	Electrical Impedance	143000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	12.4 ✓	fL	7.5 - 12.0

**PERIPHERAL SMEAR EXAMINATION**

RBCs	Normochromic and Normocytic.
WBCs	Total and differential leucocyte counts are within normal limit
PLATELETS	Adequate in number and normal in morphology.
MALARIAL PARASITE	Malarial parasites are not seen on smear examination.
PLATELET COUNT (MANUAL )	150000 /cmm 150000 - 500000

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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*Dr Pankaj Agrawal*  
**Dr Pankaj Agrawal**  
M.B., D.C.P  
Consulting Pathologist

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

ABO Type

"A"

RH Type

POSITIVE

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ESR 1st hour * <small>Modified Westergren Method</small>	6	mm in 1 hour	0 - 20
<b>HBA1C</b> <b>HbA1c - Glycated Haemoglobin *</b> <small>Bornate Affinity Assay</small>	4.9	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemic control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

Estimated Average Glucose (eAG) (mg/dL) \* 94 mg/dL  
Calculated

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Lab ID : 310900144

Collected On : 03-Oct-2023 09:14 AM

Gender/Age : Female / 46 Years

DOB : 10-May-1977

Received On : 03-Oct-2023 09:18 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum, Urine (PP),  
Fluoride PP, Urine (F)

Parameter	Result	Unit	Biological Ref. Interval
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## PLASMA GLUCOSE LEVEL

## FASTING PLASMA GLUCOSE

Plasma Glucose (F)

92 ✓

mg/dL

74 - 106

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)

ABSENT

mg/dL

Absent

Glucose-oxidase/oxidase reaction

## POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)

111 ✓

mg/dL

Normal: 100-140 Impaired: 140  
-199 Diabetic : =>200

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)

ABSENT

mg/dL

Absent

Glucose-oxidase/oxidase reaction

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Gender/Age : Female / 46 Years DOB : 10-May-1977 Received On : 03-Oct-2023 09:18 AM  
Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>LIPID PROFILE</b>			
<b>LIPID PROFILE</b>			
<b>Cholesterol</b> <small>Cholesterol Esterase, Oxidase, Peroxidase</small>	129	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <small>Lipase/GK/GPO/POD</small>	193	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
<b>HDL CHOLESTEROL DIRECT *</b> <small>Phosphotungstic Acid/Mgc2 - Enzymatic</small>	51	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <small>Calculated</small>	78	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>S.LDL</b> <small>Calculated</small>	39	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129  Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
<b>VLDL</b> <small>Calculated</small>	39	mg/dL	6 - 38
<b>LDL/dHDL *</b> <small>Calculated</small>	0.8		2.5 - 3.5
<b>Chol/dHDL *</b> <small>Calculated</small>	2.5	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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**RENAL FUNCTION TEST**

**RENAL FUNCTION TEST**

<b>Urea Nitrogen (BUN)</b> <i>Urease, colorimetric</i>	12	mg/dL	7 - 17
<b>UREA</b> <i>Calculated</i>	26	mg/dL	15 - 36
<b>Creatinine</b> <i>Enzymatic - Creatinine amidohydrolase</i>	0.55 ✓	mg/dL	0.52 - 1.04
<b>S. URIC ACID</b> <i>Uricase/Peroxidase, Colorimetric</i>	4.3 ✓	mg/dL	2.5 - 6.2
<b>Calcium</b> <i>Arsenazo III dye</i>	8.7 ✓	mg/dL	8.4 - 10.2
<b>S. PHOSPHORUS *</b> <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.5	mg/dL	2.5 - 4.5
<b>Sodium</b> <i>Direct Ion Selective Electrode</i>	140	mmol/L	137 - 145
<b>S. POTASSIUM</b> <i>Direct Ion Selective Electrode</i>	4.41	mmol/L	3.5 - 5.1
<b>Chloride</b> <i>Direct Ion Selective Electrode</i>	106	mmol/L	98 - 107

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**THYROID PROFILE (TFT)**

<b>Total T3 *</b> <small>Chemiluminescence immunoassay (CLIA)</small>	110	ng/dL	87 - 178
<b>Total T4 *</b> <small>Chemiluminescence immunoassay (CLIA)</small>	7.93	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
<b>TSH *</b> <small>Chemiluminescence immunoassay (CLIA)</small>	<u>7.091</u> <u>6-10</u>	µIU/mL	Non Pregnant Females: 0.38-5.33 µIU/mL Pregnant Females (1st trimester): 0.05-3.70 µIU/mL Pregnant Females (2nd trimester): 0.31-4.35 µIU/mL Pregnant Females (3rd trimester): 0.41-5.18 µIU/mL

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DOB : 10-May-1977

Received On : 03-Oct-2023 09:18 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Urine

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
<b>Physical Examination</b>			
Colour *	Pale yellow		Pale yellow
Transparency	Clear		Clear
<b>Chemical Examination</b>			
Glucose	<i>Glucose-oxidase/ peroxidase reaction</i> Negative		Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i> Negative		Negative
Ketone	<i>Sodium Nitroprusside reaction</i> Negative		Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i> 1.020	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Negative		Negative
pH	<i>Double indicator principle</i> 5.0	PH value	4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i> Negative		Negative
Urobilinogen *	<i>Modified Ehrlich reaction</i> 0.2	EU/dL	Upto 1.0 mg/dL (EU/dL)
Nitrite *	<i>Diazotization reaction of nitrite with an aromatic amine</i> Negative		Negative
Leucocyte	<i>Leucocyte Esterase Test</i> Negative		Negative
<b>Microscopic Examination</b>			
Pus cells	4-5/hpf	/hpf	0-5/hpf
Red blood cells	NIL	/hpf	0-2/hpf
Epithelial cells	10-15/hpf	/hpf	NA
Crystals	NIL		Nil
Cast *	Nil		Nil
Bacteria	PRESENT		Nil
Amorphous	NIL		Nil
Yeast	NIL		Nil

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*Dr Pankaj Agrawal*  
**Dr Pankaj Agrawal**  
M.B., D.C.P  
Consulting Pathologist

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Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email: pathology.surat@shalby.in | Web: www.shalby.org

PID : SUR0000351070 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Ragini Rani / Registered On : 03-Oct-2023 09:13 AM  
Lab ID : 310900144 Collected On : 03-Oct-2023 09:14 AM  
Gender/Age : Female / 46 Years DOB : 10-May-1977 Received On : 03-Oct-2023 09:18 AM  
Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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Liver Function Test

Liver Function Test

<b>SGPT (ALTV)</b> <i>Multi Point Rate with P-5-P</i>	18	U/L	9 - 52
<b>SGOT (AST)</b> <i>Multi Point Rate with P-5-P</i>	21	U/L	14 - 36
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer</i>	66	U/L	20-50 yrs: 42 - 98 4-19 yr: 54 - 369 >=51 yr: 56 - 119
<b>GGT *</b> <i>L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic</i>	< 10	U/L	12 - 43
<b>S. PROTEIN</b> <i>Buret (Alkaline cupric sulfate), End Point</i>	6.7	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green (BCG), Colorimetric</i>	4.0	g/dL	3.5 - 5.0
<b>S. GLOBULIN</b> <i>Calculated</i>	2.7	g/dL	2.3 - 3.6
<b>A/G Ratio</b> <i>Calculated</i>	1.5	Ratio	1.0 - 2.3
<b>Bilirubin Total</b> <i>Azobilirubin-Dyphydine-Diazonium Salt</i>	0.6	mg/dL	0-1 day (premature) 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0  Adult : 0.2 - 1.3
<b>Bilirubin Unconjugated</b> <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.5	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
<b>Bilirubin Direct</b> <i>Calculated</i>	0.1	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

End of Report

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**DR. HIMANI THAKER (VYAS)**  
M.S (Gynec)  
Consultant Obstetrician & Gynecologist  
Laparoscopic Surgeon  
Infertility Specialist  
Email-ID:- thaker.himani@gmail.com  
Register No. G-31062

Age - 48 yrs

### Shalby Women's Health Clinic

Name:- *Rajini*  
Chief Complaints:-

Date: 3/10/23

Weight:-

Height:-

OPR NO:-

Nutritional Assessment:-

- Obese
- Well Nourished
- Mild-Moderate Nourished
- Severely Mal-Nourished

*Cl - ~~not~~ early menses / polymenorrhoea*

LMP:- 23/9/23

M/H:- *pain - every 20-25 days since 1 yr*

O/H :-

P/H:-  
F/H  
Examination:-

*OH - 2L  
2FND / 20<sup>th</sup> / 23<sup>rd</sup> / 2  
TL not done*

*P/H -*

Provisional Diagnosis:-

*PIA - soft  
P/S - Cp hypertrophied  
heavy  
PAP taken*

Treatment & Further Advices:-  
(Write in Capital Letters)

Investigaion Adviced:-

Adv  
flup on  
D<sub>3</sub> / D<sub>4</sub>  
+  
w/c

8

Follow Up:

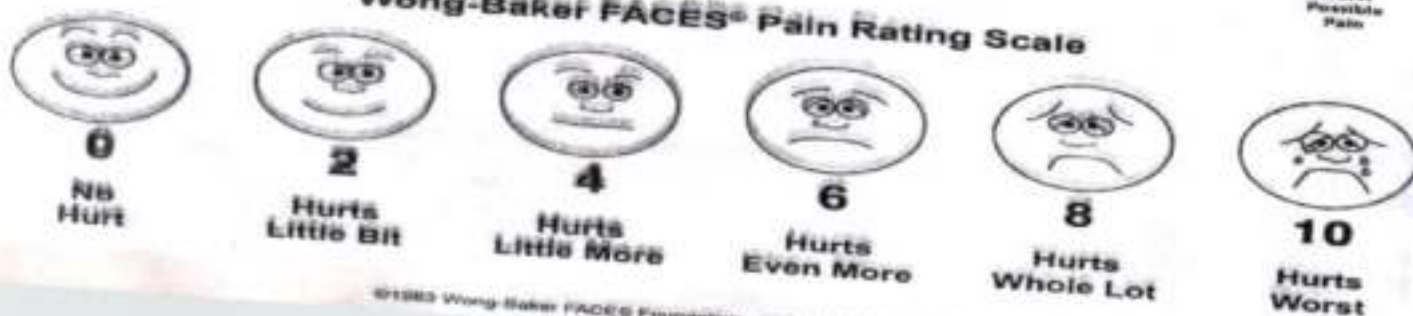
Date: \_\_\_\_\_

Incase of emergency Please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660096

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



**DR. RUJUTA SHELAT**  
Consultant Ophthalmologist  
Reg. No.:- G-48712

Name :- *Rajini Ravi*

Date:- *03/10/23*

Chief Complaints:- *medical check up*



Pain Assessment:-

Past History:-

Family History:-

Allergy:- *no drugs*

Personal History:- **Habits**:- Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

Systemic Examination:-

BP:- Pulse:- Temp:-

HT:- WT:-

Visual Acuity:- *E/R 24*  
*6/12*

PH Vision:- *6/6*  
*6/6*

NCT *12*  
*12*

*SRK +1.25/-0.5 @ 90 6/6*  
*+1.25/-0.5 @ 100 6/6 Add +1.75M*

ON Examination

Ant. Segment

Both Eye

*WMM*

## SHALBY HOSPITAL, SURAT

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CIN: L85110GJ2004PLC044667

NFME  
OCT 03 2023 11:5

VD=10  
(R)  
SPH CYL AX  
+ 1.00 +0.75 0  
+ 1.25 +0.50 1  
+ 1.00 +1.00 11  
+ 1.00 +0.75 0

Anterior Chamber

Rt. EYE

Lt. EYE

(L)  
SPH CYL AX  
+ 1.00 +0.50 175  
+ 1.25 +0.25 113  
+ 1.25 +1.25 0  
+ 1.00 +0.50 175

PD= 59  
GrandSeiko.com  
01-33006-5M1748809F

Investigation:-

Background:-

Macula:-

Diagnosis:-

Wm

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months

Signature of the Consultant

Rpm

**Patient's Name: Ragini Rani****Age: 46 yrs/ Female****Date: 03 / 10 / 2023****ECHOCARDIOGRAPHY REPORT****Valves:-****Mitral valve :Normal, No MR****Aortic valve :Normal, No AR****Tricuspid valve :Normal, No TR****Pulmonary valve:Normal, No PR****Chambers:-****Left Atrium:Normal****Right Atrium:Normal****Right Ventricle:Normal size cavity,Good RV systolic function With TAPSE:20****Left Ventricle: Normal size cardiac chambers, No Regional wall Motion abnormality.  
Normal LV systolic function  
with Ejection Fraction 60 %.  
Normal Diastolic Flow Pattern.****Septae:-****IVS: Intact. No residual VSD.****IAS :Intact.****Pericardium:Normal.****IVC:12 mm with more than 50% collapsibility.****OTHER FINDINGS :- Bilateral lung angle clear****CONCLUSION:-**

- Normal LV Systolic function
- No RWMA
- EF 60 %

**DR.SUSHIL YADAV**  
**Consultant Clinical cardiologist****Note : Normal echo study does not rule out underlying Coronary artery disease****SHALBY HOSPITAL, SURAT**

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