

23667), Package Code-  
 healthcheckup.nam  
 KG-1000000  
 23 December 2022 a.m.  
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ORIAL HOSP

## CHECK LIST

NAME	DI. BOSMITA ROY CHOWDHURY	✓	PATHOLOGY/PP - 504
OP	2222550		ECG/PFT
AGE	35/7		ECHO/TMT
DATE	27/12/2022		USG / CXR
PACKAGE			URINE / STOOL
REFERRED BY			MAMMO/ PAP
HT	158 cm		EYE/ DENTAL
WT	60 kg		GP CONSULTATION
BP	100/70 mm/hg		DIETITION
PULSE	73 bpm		CARDIOLOGIST
WAIST	92 cm / 36 in		GYNECOLOGIST
HIP	109 cm		DENTAL
RESPIRATORY RATE	18		
CHEST (INHALE)	99 cm		
CHEST (EXHALE)	96 cm		
ABDOMEN	85 cm		

SpO2 - 99%



बैंक ऑफ बड़ोदा  
Bank of Baroda

नाम : डेबस्मिता रॉय चौधुरी  
Name : DEBOSMITA ROY CHOWDHURY  
अकाउंट नं. : ४.९९९९८९  
E. C. No. 169181

अकाउंट धारिका



अकाउंट धारिका

Debosmita Roy Chowdhury  
22/12/22



**LABORATORY INVESTIGATION REPORT**

<b>Patient Name</b> : Mrs. DEBOSMITA ROY CHOWDHURY	<b>Age/Sex</b> : 35 Year(s)/Female
<b>UHID</b> : NMHK.2223550	<b>Order Date</b> : 24/12/2022 10:59
<b>Episode</b> : OP	<b>Mobile No</b> : 8697302190
<b>Ref. Doctor</b> : NMH	<b>DOB</b> : 03/07/1987
<b>Address</b> : 21/2, CHANDI CHARAN GHOSH RD. , BEHALA Kolkata, West Bengal , 700008	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

**Hematology**

INVESTIGATION	RESULTS	Units	BIOLOGICAL REF RANGE
Sample No : 07H0094492	Collection Date : 24/12/22 11:13	Ack Date : 24/12/2022 11:39	Report Date : 25/12/22 10:48

**COMPLETE HAEMOGRAM ( CBC )**

**SAMPLE : EDTA BLOOD**

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	13.0	gm/dl	12 - 15
RBC COUNT <i>Electrical Impedance Method</i>	4.42	x10 <sup>6</sup> /ul	3.8 - 4.8
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	6.9	10 <sup>3</sup> /cmm	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	290	10 <sup>3</sup> /cmm	150 - 410
PCV <i>RBC pulse ht. detection method</i>	40	%	36 - 46
MCV <i>calculated</i>	90	fl	83 - 101
MCH <i>Calculated</i>	29	pg	27 - 32
MCHC <i>Calculated</i>	33	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	<b>40 ▲</b>	%	0 - 12
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS <i>Microscopy</i>	70	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	26	%	20 - 40
MONOCYTES <i>Microscopy</i>	02	%	2 - 10



### LABORATORY INVESTIGATION REPORT

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EOSINOPHILS	02	%	1 - 6
Microscopy			
BASOPHILS	00	%	0 - 2
Microscopy			

#### **PERIPHERAL BLOOD SMEAR**

RBC	Predominantly normocytic normochromic
WBC	Within normal limit
PLATELET	Adequate

End of Report

**Dr. MAINAK CHAKRABORTY**  
MBBS, MD(PATH)  
(CONSULTANT PATHOLOGIST)

Checked By



**LABORATORY INVESTIGATION REPORT**

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**Biochemistry**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0094492	Collection Date : 24/12/22 11:13	Ack Date : 24/12/2022 12:48	Report Date : 24/12/22 16:35

**GLYCOSYLATED HAEMOGLOBIN (HBA1C)**

**SAMPLE : EDTA BLOOD**

HBA1C 5.6

*Interpretation & Remark:*

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
- HbA1c has been endorsed by clinical groups & American Diabetes Association guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low HbA1c in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (Specially severe iron deficiency anaemia & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- Interference of Haemoglobinopathies 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 and HbC trait).
- For known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control :

Excellent Control - 6 - 7 %,  
Fair to Good Control - 7 - 8 %,  
Unsatisfactory Control - 8 - 10 %  
Poor Control - > 10 % .

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

**SERUM CREATININE**

**SAMPLE : SERUM**

SERUM CREATININE 0.7 mg/dl 0.5 - 0.9

Method - Jaffe Gen2 Compensated

**LIVER FUNCTION TEST ( LFT )**

**SAMPLE : SERUM**

TOTAL BILIRUBIN 0.6 mg/dl 0 - 1.1

Method - Diazo Method

DIRECT BILIRUBIN 0.2 mg/dl 0 - 0.2

Method - Diazo Method



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INDIRECT BILIRUBIN	0.4	mg/dl	0.2 - 0.9
<i>Method - Calculated</i>			
SGPT (ALT)	34	U/L	0 - 34
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	22	U/L	0 - 31
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	<b>160 ▲</b>	U/L	53 - 128
<i>Method - IFCC</i>			
TOTAL PROTEIN	7.2	g/dl	6.4 - 8.2
<i>Method - Biuret</i>			
ALBUMIN	4.4	gm/dl	3.5 - 5.2
<i>Method - Bromocresol Green</i>			
GLOBULIN	2.8	g/dl	2 - 3.5
<i>Method - Calculated</i>			
ALBUMIN:GLOBULIN	1.6	-	1.1 - 2.5
<i>Method - Calculated</i>			
GGT	<b>100 ▲</b>	U/L	5 - 36
<i>Method - Enzymatic colorimetric assay</i>			
<b>BLOOD UREA NITROGEN</b>			
SAMPLE:-	Serum		
BLOOD UREA NITROGEN	7.9	mg/dl	6 - 20
<i>Method - Calculated</i>			
<b>LIPID PROFILE</b>			
<b>SAMPLE : SERUM</b>			
TOTAL CHOLESTEROL	171	mg/dl	Desirable <200   Borderline 200-239   High >=240
<i>Method - CHOD-PAP</i>			
HDL CHOLESTEROL	50	mg/dl	40 - 60
<i>Method - Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	97	mg/dl	Optimal < 100   Borderline 130



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Method - Homogenous Enzymatic Colorimetric

VLDL	<b>31.20 ▲</b>	mg/dl	0 - 30
Method - CALCULATED			
CHOLESTEROL-HDL RATIO	3.42	-	
LDL-HDL RATIO	1.94	-	
TRIGLYCERIDES	156	mg/dl	Desirable <150   Borderline 150 - 200   High >200

Method - Enzymatic Colorimetric

**URIC ACID**

**SAMPLE : SERUM**

URIC ACID	4.2	mg/dl	2.4 - 5.7
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Method - Enzymatic Colorimetric

**SAMPLE : SERUM**

RESULT	11.3
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Sample No : 07H0094492A    Collection Date : 24/12/22 11:13    Ack Date : 24/12/2022 12:44    Report Date : 24/12/22 16:35

**BLOOD SUGAR(F)**

**SAMPLE : PLASMA**

BLOOD SUGAR FASTING	87	mg/dl	70 - 109
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Method - Hexokinase

Sample No : 07H0094544A    Collection Date : 24/12/22 15:34    Ack Date : 24/12/2022 16:55    Report Date : 25/12/22 11:00

**BLOOD SUGAR(PP)**

**SAMPLE : PLASMA**

BLOOD SUGAR PP	98	mg/dl	70 - 140
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Method - Hexokinase

End of Report

**Dr.S. Chatterjee**  
 MD, MBBS, FAACC  
 (CONSULTANT BIOCHEMIST)

**BLOOD GROUPING & Rh TYPING****SAMPLE : EDTA BLOOD**

BLOOD GROUP ' O '

Method - Agglutinationforward &amp; Reverse

RH TYPE POSITIVE

**THYROID FUNCTION TEST****SAMPLE : SERUM**

T3	1.42	ng/ml	0.60 - 1.80
Method - ECLIA			
T4	9.5	ug/dL	5.40 - 11.70
Method - ECLIA			
TSH	4.18	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5
Method - ECLIA			

**Interpretations:**

1. For diagnostic purposes, the result should always be assessed in conjunction with the patient's medical history, clinical examinations and other findings.
2. The assay is unaffected by icterus (Bilirubin < 701  $\mu$ mol/L or < 41 mg/dL), hemolysis (Hb < 0.621 mmol/L or < 1 g/dL), lipemia (Intralipid < 1500 mg/dL), biotin (<102 nmol/L or < 25 ng/ml), IgG < 2 g/dL and IgM < 0.5 g/dL)
3. There is no high dose hook effect at TSH concentrations upto 1000  $\mu$ mol/ml.
4. TSH values may be transiently altered because of non thyroidal illness like several infections, liver disease, renal and heart failure, several burns, trauma and surgery etc. Drugs that decrease TSH values e.g. L-dopa, Glucocorticoid drugs that increase TSH values e.g. Iodine, Lithium, Amiodarone.
5. The assay is unaffected by icterus (bilirubin < 633  $\mu$ mol/L or < 37 mg/dl), hemolysis (Hb < 1.4 mmol/L or < 2.3 g/dl), lipemia (triglycerides < 28.5 mmol/L or 2500 mg/dl) and biotin (< 409 nmol or < 100 ng/ml).
6. The assay is unaffected by icterus (bilirubin < 599  $\mu$ mol/L or < 35 mg/dl), hemolysis (Hb < 1.2 mmol/L or < 2.0 g/dl), lipemia (Intralipid < 1800 mg/dl) and biotin (< 123 nmol or < 30 ng/ml).



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End of Report

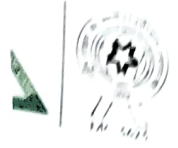


**Dr.S. Chatterjee**  
MD, MBBS, FAACC  
(CONSULTANT BIOCHEMIST)



**Dr.MAINAK CHAKRABORTY**  
MBBS, MD(PATH)  
(CONSULTANT PATHOLOGIST)

Checked By



## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mrs. DEBOSMITA ROY CHOWDHURY

**UHID** : NMHK.2223550

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**Ref. Doctor** : NMH

**Age/Sex** : 35 Year(s) / Female

**Order Date** : 24/12/2022 10:59

**Address** : 21/2, CHANDI CHARAN GHOSH RD. , BEHALA  
Kolkata, West Bengal ,700008

**Mobile No** : 8697302190

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**Facility** : NARAYAN MEMORIAL HOSPITAL

### Clinical Pathology

#### INVESTIGATION

#### RESULTS

Sample No : 07H0094492

Collection Date : 24/12/22 11:13

Ack Date : 24/12/2022 14:57

#### UNITS

#### BIOLOGICAL REF RANGE

Report Date : 25/12/22 10:48

#### URINE FOR R/E

#### SAMPLE : URINE

#### PHYSICAL EXAMINATION

VOLUME	40		
COLOUR	STRAW	ml	
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.015		
REACTION(pH)	ACIDIC (6.0)		1.010 - 1.030

#### CHEMICAL EXAMINATION

SUGAR	ABSENT		
ALBUMIN.	ABSENT		ABSENT
BLOOD	ABSENT		ABSENT
KETONE	ABSENT		ABSENT
BILE SALT	ABSENT		ABSENT
BILE PIGMENTS	ABSENT		ABSENT

#### MICROSCOPIC EXAMINATION

PUS CELLS	1-2 / HPF		<5/HPF
EPITHELIAL CELLS	4-6 / HPF		<20/HPF
RBC	NIL		
CAST	ABSENT		ABSENT
CRYSTAL	ABSENT		ABSENT
OTHERS	MICRO-ORGANISM - PRESENT		

Please correlate clinically.

#### URINE FOR SUGAR FASTING<sup>a</sup>

#### SAMPLE : URINE

RESULT ABSENT

**LABORATORY INVESTIGATION REPORT**

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,Kolkata,West Bengal ,700008

**Age/Sex** : 35 Year(s) / Female  
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**DOB** : 03/07/1987  
**Facility** : NARAYAN MEMORIAL HOSPITAL

**URINE FOR SUGAR PP**

**SAMPLE : URINE**

RESULT

ABSENT

End of Report

**Dr.S. Chatterjee**  
MD, MBBS, FAACC  
(CONSULTANT BIOCHEMIST)

**Dr.MAINAK CHAKRABORTY**  
MBBS, MD(PATH)  
(CONSULTANT PATHOLOGIST)

Checked By



**DIAGNOSTICS REPORT**

Patient Name	: Mrs. DEBOSMITA ROY CHOWDHURY	Order Date	: 24/12/2022 10:59
Age/Sex	: 35 Year(s)/Female	Report Date	: 24/12/2022 14:10
UHID	: NMHK.2223550	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 21/2, CHANDI CHARAN GHOSH RD., BEHALA, Kolkata, West Bengal, 700008	Mobile	: 8697302190

**CHEST X-RAY REPORT OF PA VIEW**

Lung fields are clear. No focal parenchymal opacity is seen.

No appreciable pleural thickening / calcification is noted.

Costo-phrenic angles are normal.

Cardiac shadow appears normal.

Bilateral hilar shadows are normal.

No obvious bony abnormality is seen.

**Dr. Sayani Mahal, MD Radiology**  
(AIIMS), PDCC (AIIMS)

RegNo: 74369



## DIAGNOSTICS REPORT

Patient Name	Mrs. DEBOSMITA ROY CHOWDHURY	Order Date	: 24/12/2022 10:59
Age Sex	35 Year(s)/Female	Report Date	: 24/12/2022 10:07
UHID	NMHK.2223550	IP No	:
Ref. Doctor	NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 21/2, CHANDI CHARAN GHOSH RD., BEHALA, Kolkata, West Bengal, 700008	Mobile	: 8697302190

### USG REPORT OF WHOLE ABDOMEN (SCREENING)

**LIVER** : Liver is normal in size (13.4 cm) and parenchymal echotexture. Intrahepatic biliary radicles are not dilated.No focal mass lesion is seen.

**PORTA :PV** : Normal. PV measures 0.5 cm.

**CD** : Normal.

**GALL BLADDER** : Gall bladder is normal in size, contour, outline and position. No calculus is seen. Wall thickness is normal.

**PANCREAS** : Visualised head of pancreas is normal in size and parenchymal echogenicity. Pancreatic duct is not dilated.

**SPLEEN** :Spleen is not enlarged and parenchyma shows normal homogeneous pattern. Spleen measures : 9.7 cm.

**KIDNEYS** :Both kidneys are normal in size, shape, outline, position and parenchymal echogenicity. Cortico medullary differentiation maintained. No evidence of any calculus/mass / hydronephrosis is seen.

Right kidney measures : 9.6 cm x 3.8 cm & Left kidney measures : 10.1 cm x 4.6 cm.

**URINARY BLADDER** : Urinary bladder is normal in contour, outline and distension. No vesical lesion is seen.



## DIAGNOSTICS REPORT

Patient Name	Mrs. DEBOSMITA ROY CHOWDHURY	Order Date	24/12/2022 10:59
Age Sex	35 Year(s)/Female	Report Date	24/12/2022 18:07
UHID	NMHK 2223550	IP No	
Ref. Doctor	NMH	Facility	NARAYAN MEMORIAL HOSPITAL
Address	21/2, CHANDI CHARAN GHOSH RD., BEHALA, Kolkata, West Bengal, 700008	Mobile	8697302190

**UTERUS :** Anteverted normal in size, shape, outline, position and parenchymal echogenicity. Endometrial thickness 0.8 cm. Cavity is empty. Uterus measures 6.4 cm x 5.2 cm x 3.2 cm.

**OVARIES :** Both ovaries are normal in size, shape and echopattern.  
Right ovary : measures 1.7 cm x 1.1 cm x 2.1cm. Volume - 2.3 cc  
Left ovary : measures 1.8 cm x 1.4 cm x 1.9 cm. Volume - 2.8 cc

**PERITONEUM :** No free fluid is noted.

**RETROPERITONEUM :** IVC and aorta appear normal. No lymphadenopathy is seen.

**IMPRESSION :** No abnormality detected.

Dr. Sayani Mahal, MD Radiology  
(AIIMS), PDCC (AIIMS)

RegNo. 74369



## DIAGNOSTICS REPORT

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BEHALA, Kolkata, West Bengal,  
700008

Order Date : 24/12/2022 10:59  
Report Date : 24/12/2022 14:36  
IP No :  
Facility : NARAYAN MEMORIAL  
HOSPITAL  
Mobile : 8697302190

### ELECTROCARDIOGRAM REPORT (ECG)

HR : 67 bpm  
Rhythm : Sinus  
P wave : Normal  
PR Interval : 168 msec  
QRS axis : Normal (31 Degree)  
QRS duration : 68 msec  
QRS configuration : Normal  
T wave : Non specific changes  
ST segment : Non specific changes  
QTc : 417 msec  
QT : 392 msec

#### IMPRESSION:

- Sinus rhythm. Normal QRS axis.  
- Non specific ST-T changes.  
Clinical correlation please.

**Dr. MUNNA DAS, MD**  
**(MEDICINE), DM (CARDIOLOGY)**

Consultant Cardiologist

RegNo: 55696

DEBOSMITA ROYCHOWDHURI

HR 67/min

Axis: P 64°

SINUS RHYTHM  
OTHERWISE NORMAL ECG

2223550

Intervals: RR 894 ms

QRS 31°

6.02

35 years Female

P 102 ms

T 24°

UNCONFIRMED REPORT

..... kg

PR 168 ms

P (II) 0.15 mV

QRS 68 ms

S (V1) -0.91 mV

QT 392 ms

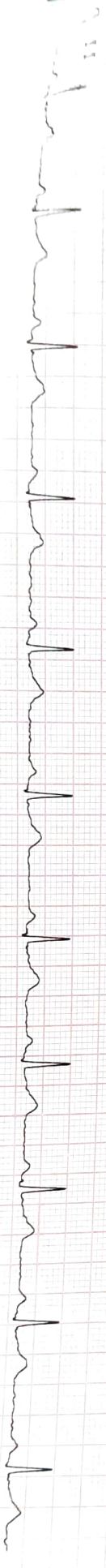
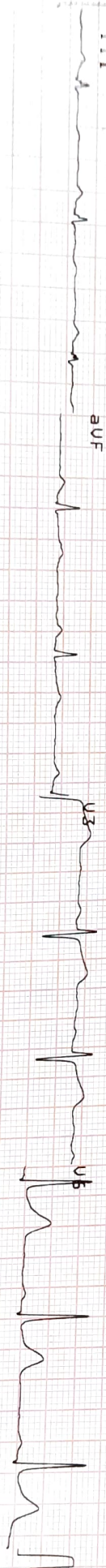
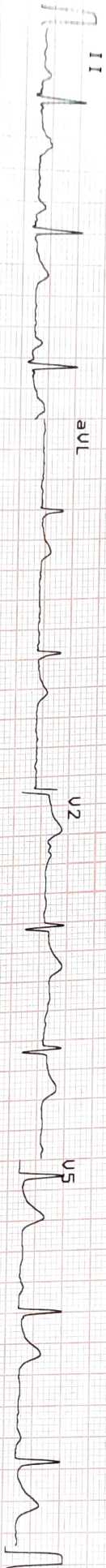
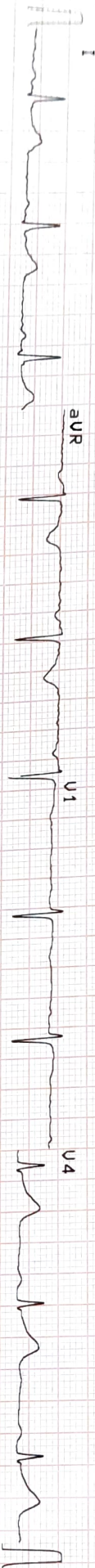
R (V5) 0.86 mV

QTc 417 ms  
(Bazett)

Sokol. 2.37 mV

10 mm/mV

10 mm/mV



FS0

SSF SBS

24.12.2022

12:38:23

NARAYAN MEMORIAL  
HOSPITAL, BEHALA

RT-102-1





### DIAGNOSTICS REPORT

Patient Name : Mrs. DEBOSMITA ROY CHOWDHURY  
Age/Sex : 35 Year (S)/Female  
IP No : NMHK 2223550  
Ref. Doctor : NMH

Order Date : 24/12/2022 10:59  
Report Date : 24/12/2022 16:46  
IP No :  
Facility : NARAYAN MEMORIAL HOSPITAL

Mobile : 8697302190

Address : 21/2, CHANDI CHARAN GHOSH RD.,  
BEHALA, Kolkata, West Bengal,  
700008

### ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 64 %).
- \* Good RV systolic function (TAPSE = 20 mm).
- \* Normal valve morphology.
- \* Normal LV diastolic function.
- \* No pericardial effusion.
- \* No pulmonary arterial hypertension.
- \* IVC normal diameter & > 50% respiratory variation.
- \* No thrombus, mass, vegetation seen.

*S Roy*

Dr. SAMRAT ROY, MBBS, MRCP (UK)

RegNo: 26344