



BHAILAL AMIN  
GENERAL HOSPITAL



### CONCLUSION OF HEALTH CHECKUP

ECU Number	: 140	MR Number	: 21319469	Patient Name	: SANHITA BISWAS
Age	: 36	Sex	: Female	Height	: 160
Weight	: 55	Ideal Weight	: 59	BMI	: 21.48
Date	: 11/11/2022				

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.



# BHAILAL AMIN GENERAL HOSPITAL



ECU Number : 140                      MR Number : 21319469                      Patient Name: SANHITA BISWAS  
Age : 36                                      Sex : Female                                      Height : 160  
Weight : 55                                      Ideal Weight : 59                                      BMI : 21.48  
Date : 11/11/2022

Past H/O : H/O HYPOTHYROIDISM, FIBROID UTERUS

Present H/O : NO MEDICAL COMPLAIN AT PRESENT

Family H/O : NO F/H/O ANY MAJOR ILLNESS

Habits : NO HABITS

Gen.Exam. : G.C.GOOD

B.P : 110/70 mm Hg

Pulse : 94/MIN REG

Others : SPO2-99%

C.V.S : CLINICALLY NAD

R.S. : CLINICALLY NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :



**BHAILAL AMIN  
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Date : 11/11/2022

**Ophthalmic Check Up :**

**Right**

**Left**

Ext Exam		NORMAL
Vision Without Glasses	6/6	6/6
Vision With Glasses	N.6	N.6
Final Correction	.	.
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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Weight : 55                                      Ideal Weight : 59                                      BMI : 21.48  
Date : 11/11/2022

**Gynaec Check Up :**

OBSTETRIC HISTORY                      G1 P1 : FT LSCS MALE - 7 YRS.  
MENSTRUAL HISTORY                      DIAGNOS AS C/O FIBROID - ON TREATMENT  
PRESENT MENSTRUAL CYCLE                      REGULAR CYCLE  
PAST MENSTRUAL CYCLE                      H/O HEAVY PERIODS FF MEDICATIONS  
CHIEF COMPLAINTS  
PA    LSCS SCAR +  
PS    NORMAL  
PV    BULKY UT FX CLEAR  
BREAST EXAMINATION RIGHT                      NORMAL  
BREAST EXAMINATION LEFT                      NORMAL  
PAPSMEAR                                      TAKEN  
BMD  
MAMMOGRAPHY  
ADVICE    REGULAR BSE / FOLLOWUP WITH REPORT

### Dietary Assesment

ECU Number : 140 MR Number : 21319469 Patient Name: SANHITA BISWAS  
Age : 36 Sex : Female Height : 160  
Weight : 55 Ideal Weight : 59 BMI : 21.48  
Date : 11/11/2022

Body Type : Normal / Underwight / Overwight  
Diet History : Vegetarian / Eggetarian / Mixed

Frequency of consuming fried food : / Day / Week or occasional

Frequency of consuming Sweets : / Day / or occasional

Frequency of consuming outside food : / Day / Week or occasional

Amount of water consumed / day : Glasses / liters

Life style assessment :

Physical activity : Active / moderate / Sedentary / Nil

Alcohol intake : Yes / No

Smoking : Yes / No

Allergic to any food : Yes / No

Are you stressed out ? : Yes / No

Do you travel a lot ? : Yes / No

General diet instructions :

Have small frequent meals.

Avoid fatty products like oil, ghee, butter, cheese.

Take salt restricted diet and avoid table salt.

Consume fibrous food regularly like whole grains, Daliya, Oats, Bajra, Flex seeds, Pulses, Fruits and Salads.

Keep changing your cooking oil every three months.

Avoid Maida, Starchy foods and Bakery products.

Consume 1-2 servings of all fruits and vegetables, For Diabetic patients avoid Mango, Chikoo, Banana, Grapes and Custurd apple

Dring 3 to 4 liters (12 - 14 glass) of water daily.

Eat Beetroots, Figs, Almond, Walnut, Dates, Leafy vegetables, roasted Channa and Jeggary (Gur) for Heamoglobin in case of diabetic patient avoid Rasins, Dates and Jeggary

Drink green Tea or black Coffee once in a day.

Do brisk walking daily.

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. SANHITA BISWAS	Type	: OPD
Gender / Age	: Female / 36 Years 5 Months 7 Days	Request No.	: 85341
MR No / Bill No.	: 21319469 / 231046383	Request Date	: 11/11/2022 08:47 AM
Consultant	: Dr. Manish Mittal	Collection Date	: 11/11/2022 10:00 AM
Location	: OPD	Approval Date	: 11/11/2022 02:07 PM

**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. 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. ESR on Ves metric 20, comparable to Westergrens method and in accordance to ICSH reference method.

---- End of Report ----

Dr. Rakesh Vaidya  
MD (Path). DCP.

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 / retest may be requested.



Patient Name : Mrs. SANHITA BISWAS  
 Gender / Age : Female / 36 Years 5 Months 7 Days  
 MR No / Bill No. : 21319469 / 231046383  
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**CBC + ESR**

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	<b>11.0</b>	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.37	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	36.6	%	36 - 46
Mean Corpuscular Volume (MCV)	83.8	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	<b>25.2</b>	pg	27 - 32
MCH Concentration (MCHC)	<b>30.1</b>	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	<b>20.5</b>	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	<b>60.7</b>	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	7.12	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	67	%	40 - 80
Lymphocytes	27	%	20 - 40
Eosinophils	2	%	1 - 6
Monocytes	4	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	4.77	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.90	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<b>0.17</b>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.27	thou/cmm	0.2 - 1
Basophils (Abs. Value)	<b>0.01</b>	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.1	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	203	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	7	mm/1 hr	0 - 12

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MR No / Bill No. : 21319469 / 231046383  
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Approval Date : 11/11/2022 02:24 PM

**Haematology**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<b>Blood Group</b>			
ABO system	O		
Rh system.	Positive		

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 Autocontrol.
- 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

Patient Name : Mrs. SANHITA BISWAS  
Gender / Age : Female / 36 Years 5 Months 7 Days  
MR No / Bill No. : 21319469 / 231046383  
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Location : OPD

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Approval Date : 11/11/2022 01:41 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	80	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	<b>141</b>	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

----- End of Report -----

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## Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	15	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.77	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 (By Uricase / Catalase method on RXL Siemens)	4.5	mg/dL	2.2 - 5.8

--- End of Report ---

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**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<b>HbA1c (Glycosylated Hb)</b>			
Glycosylated Heamoglobin (HbA1c)	4.8	%	
estimated Average Glucose (e AG) *	91.06	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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**Pap Smear**

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

Pap Smear

Pap Smear Screening Report / Cervico-Vaginal Cytology...

Cyto No : P/1955/22  
 Received at 12:50 pm.

Clinical Details : No complain  
 P/V findings : Cx. / Vg. - NAD.  
 On Hormonal Rx.  
 LMP : 23/10/2022

TBS Report / Impression :

- \* Satisfactory for evaluation; transformation zone components identified.
- \* No significant inflammatory cellularity.
- \* 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 Papanicolaou system (Modified 2014)

---- End of Report ----

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 Consultant : Dr. Manish Mittal Collection Date : 11/11/2022 10:00 AM  
 Location : OPD Approval Date : 11/11/2022 01:42 PM

**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	0.37	mg/dL	0 - 1
Bilirubin - Direct	0.09	mg/dL	0 - 0.3
Bilirubin - Indirect	0.28	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	35	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	58	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	65	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	23	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
<b>Total Protein</b>			
Total Proteins	7.42	gm/dL	6.4 - 8.2
Albumin	3.86	gm/dL	3.4 - 5
Globulin	3.56	gm/dL	3 - 3.2
A : G Ratio	1.08		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

---- End of Report ----

Dr. Rakesh Vaidya  
MD (Path). DCP.



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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides (By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	98	mg/dL	1 - 150
Total Cholesterol (By enzymatic colorimetric method on RXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	163	mg/dL	1 - 200
HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)	43	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	120	mg/dL	1 - 130
LDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	<b>103</b>	mg/dL	1 - 100
VLDL Cholesterol (calculated)	19.6	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.4		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	3.79		3.5 - 5

---- End of Report ----

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## Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.04	ng/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.</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)	7.70	mcg/dL	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.</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)	2.82	microIU/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.</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		
Pregnancy :			
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>			

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 requested.

--- End of Report ---

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**Urine routine analysis (Auto)**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<b>Physical Examination</b>			
Quantity	50	mL	
Colour	Pale Yellow		
Appearance	Clear		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	6.5		
Specific Gravity	<=1.005		
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
Bile Salt	Absent		Absent
Leucocytes	Negative		Negative
Bile Pigments	Absent		Absent
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	0.0 - 1.0	/hpf	0 - 2
Leucocytes	0.0 - 1.0	/hpf	0 - 5
Epithelial Cells	1.0 - 5.0	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

--- End of Report ---

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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 21319469      Report Date : 11/11/2022  
Request No. : 190041157      11/11/2022 8.47 AM  
Patient Name : Mrs. SANHITA BISWAS  
Gender / Age : Female / 36 Years 5 Months 7 Days

**ADVANCED DIGITAL SOLUTIONS**

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

**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

*Priyanka Patel*  
**Dr. Priyanka Patel, MD**  
Consultant Radiologist



H-2015-0297

MC-3004

E-2021-0037



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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

**ADVANCED DIGITAL SOLUTIONS**

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 21319469      Report Date : 11/11/2022  
Request No. : 190041173      11/11/2022 8.47 AM  
Patient Name : **Mrs. SANHITA BISWAS**  
Gender / Age : Female / 36 Years 5 Months 7 Days

**USG : Abdomen (Excluding Pelvis) Or Upper Abdomen**

Liver is normal in size and 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 measures 4 mm in diameter.

Pancreas shows no obvious abnormality. Tail obscured. Spleen is normal in 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.

Urinary bladder is well distended and appears normal.

**Minimal free fluid is seen POD.**

**COMMENT:**

No significant abnormality seen in upper abdomen.

*Kindly correlate clinically*

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

*Hasani*

**Dr.Perna C Hasani, MD**  
Consultant Radiologist





**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

**ADVANCED DIGITAL SOLUTIONS**

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 21319469      Report Date : 11/11/2022  
 Request No. : 190041174      11/11/2022 9.59 AM  
 Patient Name : Mrs. SANHITA BISWAS  
 Gender / Age : Female / 36 Years 5 Months 7 Days

**USG : Screening for Pelvis**

Liver is normal in size and 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 measures 4 mm in diameter.

Pancreas shows no obvious abnormality. Tail obscured. Spleen is normal in 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.

**Uterus is enlarged in size and echo pattern. Endometrium thickness is about 5 mm. Two fibroids are seen in uterus measures 54x42 mm---submucosal and 18x13 mm intramural at fundus.**

Uterine length : 105 mm.  
 A.P. : 53 mm.

Both ovaries reveal small follicles.  
 Right ovary measures 27 mm x 15 mm. in size.  
 Left ovary measures 15 mm x 10 mm. in size.

Urinary bladder is well distended and appears normal.

**Minimal free fluid is seen POD.**

**COMMENT:**

**Bulky uterus with submucosal and intramural fibroids as described.  
 Minimal free fluid in POD.**

*Kindly correlate clinically*

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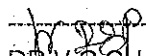
Patient No. : 21319469      Report Date : 11/11/2022  
Request No. : 190041189      11/11/2022 8.47 AM  
Patient Name : **Mrs. SANHITA BISWAS**  
Gender / Age : Female / 36 Years 5 Months 7 Days

**Echo Color Doppler**

MITRAL VALVE : NORMAL, NO MS, NO MR  
AORTIC VALVE : TRILEAFLET, NO AS, NO AR  
TRICUSPID VALVE : NORMAL, NO TR, NO PAH  
PULMONARY VALVE : NORMAL, NO PR, NO PS  
LEFT ATRIUM : NORMAL SIZE  
AORTA : NORMAL  
LEFT VENTRICLE : NORMAL LVEF – 65%, NO RWMA AT REST  
RIGHT ATRIUM : NORMAL SIZE  
RIGHT VENTRICLE : NORMAL SIZE  
I.V.S. : INTACT  
I.A.S. : INTACT  
PULMONARY ARTERY : NORMAL  
PERICARDIUM : NO EFFUSION  
COLOUR/DOPPLER FLOW MAPPING : NO MR // AR // TR, NO PAH

**FINAL CONCLUSION:**

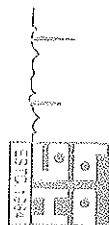
1. NORMAL SIZED ALL CARDIAC CHAMBERS, NO LVH
2. NORMAL LV SYSTOLIC FUNCTION LVEF – 65%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. NORMAL ALL CARDIAC VALVES STRUCTURALLY AND FUNCTION
5. NO MITRAL / AORTIC STENOSIS, INTACT IAS // IVS
6. NORMAL RIGHT HEART SIZE AND RV PRESSURES
7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.

  
DR. V.C. CHAUHAN, M.D.  
INTERVENTIONAL CARDIOLOGIST

ECU/21319469  
36 Years

11-Nov-22

10:28:55 AM MRS. SANHITA BISWAS  
Female

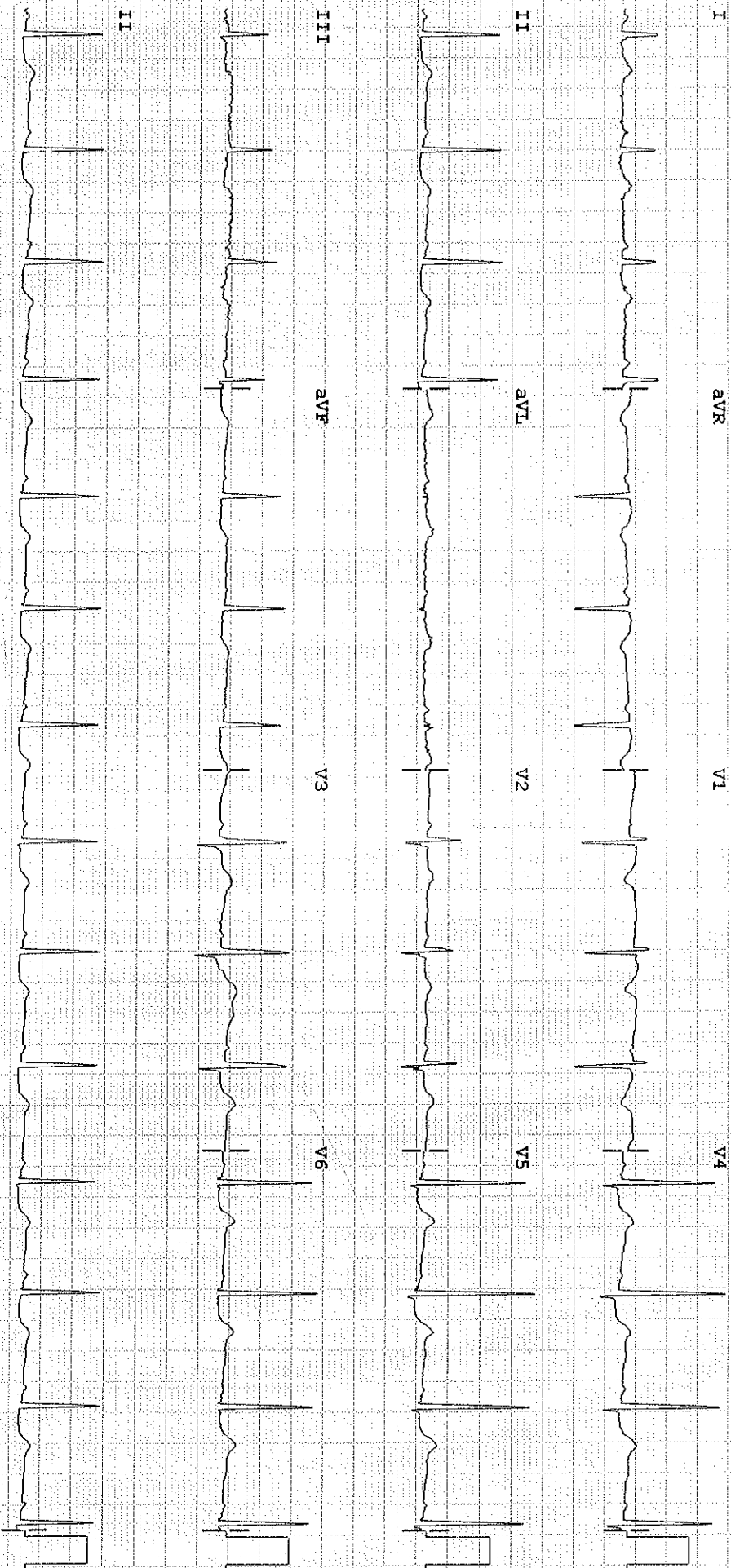


**SANHITA AMIN GENERAL HOSPITAL**  
AN NABH, NABL & ISO ACCREDITED HOSPITAL

Doctor DR. M. MITTAL

Rate 80  
PR 112  
QRSD 90  
QT 356  
QTc 411

--AXIS--  
P -1  
QRS 57  
T -20



Dev:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 mm/mV

F 50~ 0.5-150 Hz W

PH08

P?