

Patient Name : Mr.ATUL SOPANRAO RAUT	Collected : 29/Jun/2023 10:02AM
Age/Gender : 42 Y 8 M 4 D/M	Received : 29/Jun/2023 04:11PM
UHID/MR No : CPIM.0000111174	Reported : 29/Jun/2023 05:16PM
Visit ID : CPIMOPV146059	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE41094	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

RBCs ARE MICROCYTIC HYPOCHROMIC + . ANISOCYTOSIS +.
 TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
 PLATELETS ARE ADEQUATE.
 NO HEMOPARASITES SEEN



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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	15.1	g/dL	13-17	Spectrophotometer
PCV	44.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.59	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	79.6	fL	83-101	Calculated
MCH	27.1	pg	27-32	Calculated
MCHC	34	g/dL	31.5-34.5	Calculated
R.D.W	17.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,300	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	40.3	%	40-80	Electrical Impedence
LYMPHOCYTES	49.5	%	20-40	Electrical Impedence
EOSINOPHILS	2.4	%	1-6	Electrical Impedence
MONOCYTES	7.5	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3344.9	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	4108.5	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	199.2	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	622.5	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	24.9	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	202000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR

RBCs ARE MICROCYTIC HYPOCHROMIC + . ANISOCYTOSIS +.
 TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
 PLATELETS ARE ADEQUATE.
 NO HEMOPARASITES SEEN



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Age/Gender : 42 Y 8 M 4 D/M	Received : 29/Jun/2023 04:11PM
UHID/MR No : CPIM.0000111174	Reported : 29/Jun/2023 05:24PM
Visit ID : CPIMOPV146059	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Age/Gender : 42 Y 8 M 4 D/M	Received : 29/Jun/2023 04:16PM
UHID/MR No : CPIM.0000111174	Reported : 29/Jun/2023 04:46PM
Visit ID : CPIMOPV146059	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes



Patient Name : Mr.ATUL SOPANRAO RAUT	Collected : 29/Jun/2023 01:31PM
Age/Gender : 42 Y 8 M 4 D/M	Received : 29/Jun/2023 06:18PM
UHID/MR No : CPIM.0000111174	Reported : 29/Jun/2023 06:34PM
Visit ID : CPIMOPV146059	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE41094	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	137	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mr.ATUL SOPANRAO RAUT	Collected : 29/Jun/2023 10:02AM
Age/Gender : 42 Y 8 M 4 D/M	Received : 29/Jun/2023 04:06PM
UHID/MR No : CPIM.0000111174	Reported : 29/Jun/2023 04:57PM
Visit ID : CPIMOPV146059	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE41094	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	6.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	134	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



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UHID/MR No : CPIM.0000111174	Reported : 29/Jun/2023 05:26PM
Visit ID : CPIMOPV146059	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	177	mg/dL	<200	CHO-POD
TRIGLYCERIDES	114	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	140	mg/dL	<130	Calculated
LDL CHOLESTEROL	117.48	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.82	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.84		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.57	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24.48	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.2	U/L	<50	IFCC
ALKALINE PHOSPHATASE	49.87	U/L	30-120	IFCC
PROTEIN, TOTAL	6.91	g/dL	6.6-8.3	Biuret
ALBUMIN	4.02	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.89	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.78	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	25.67	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.59	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.04	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.39	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.48	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105.27	mmol/L	101–109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.31	U/L	<55	IFCC



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UHID/MR No : CPIM.0000111174	Reported : 29/Jun/2023 05:28PM
Visit ID : CPIMOPV146059	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	0.9	ng/mL	0.64-1.52	CMIA
Thyroxine (T4, TOTAL)	7.32	µg/dL	4.87-11.72	CMIA
Thyroid Stimulating Hormone (TSH)	2.140	µIU/mL	0.35-4.94	CMIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.720	ng/mL	<4	CMIA



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Visit ID : CPIMOPV146059	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE41094	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE ++++		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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UHID/MR No : CPIM.0000111174	Reported : 29/Jun/2023 04:39PM
Visit ID : CPIMOPV146059	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE +++		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	POSITIVE (++++)		NEGATIVE	Dipstick

*** End Of Report ***


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist


 Dr. Sanjay Ingle
 M.B.B.S, MD(Pathology)
 Consultant Pathologist



Patient Name : Mr. ATUL SOPANRAO RAUT

Age/Gender : 42 Y/M

UHID/MR No. : CPIM.0000111174

OP Visit No : CPIMOPV146059

Sample Collected on :

Reported on : 29-06-2023 19:24

LRN# : RAD2034145

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE41094

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Observation:-

Both lung fields are clear.

Both C-P angles are clear.

Cardiac size appear normal.

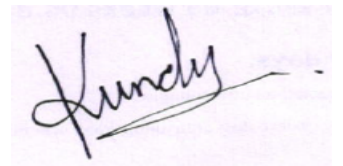
Hila and pulmonary vessels are within normal limits.

Both the domes of diaphragm are normal.

Thoracic cage and soft tissues are within normal limits.

Impression

Study is within normal limits.



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)
Radiology

Patient Name	: Mr. ATUL SOPANRAO RAUT	Age/Gender	: 42 Y/M
UHID/MR No.	: CPIM.0000111174	OP Visit No	: CPIMOPV146059
Sample Collected on	:	Reported on	: 29-06-2023 12:50
LRN#	: RAD2034145	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE41094		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and **bright** echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

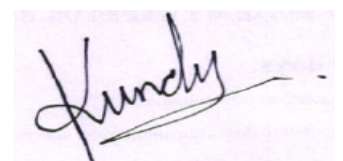
Prostate is normal in size and echo texture. No evidence of necrosis/calcification seen.

IMPRESSION:-

GRADE I FATTY LIVER.

(The sonography findings should always be considered in correlation with the clinical and other investigation

finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. KUNDAN MEHTA
MBBS, DMRE (RADIOLOGY)



Patient Name : Mr. ATUL SOPANRAO RAUT

Age/Gender : 42 Y/M

Radiology

Name: Mr. ATUL SOPANRAO RAUT
Age/Gender: 42 Y/M
Address: SATARA
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SUPRIYA GAWARE

MR No: CPIM.0000111174
Visit ID: CPIMOPV146059
Visit Date: 29-06-2023 10:00
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. ATUL SOPANRAO RAUT
Age/Gender: 42 Y/M
Address: SATARA
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SAMEER KUMAR SABAT

MR No: CPIM.0000111174
Visit ID: CPIMOPV146059
Visit Date: 29-06-2023 10:00
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. ATUL SOPANRAO RAUT
Age/Gender: 42 Y/M
Address: SATARA
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000111174
Visit ID: CPIMOPV146059
Visit Date: 29-06-2023 10:00
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Referred By: SELF

Doctor's Signature

Name: Mr. ATUL SOPANRAO RAUT
Age/Gender: 42 Y/M
Address: SATARA
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: PIMPRI_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000111174
Visit ID: CPIMOPV146059
Visit Date: 29-06-2023 10:00
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
29-06-2023 15:15	88 Beats/min	130/90 mmHg	18 Rate/min	98 F	167 cms	68.9 Kgs	%	%	Years	24.71	cms	cms	cms		AHLL10439

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Vitals

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Patient Name : Mr. ATUL SOPANRAO RAUT Age : 42 Y/M
UHID : CPIM.0000111174 OP Visit No : CPIMOPV146059
Conducted By: : Conducted Date : 29-06-2023 12:58
Referred By : SELF

2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

<i>Patient's Name: MR. ATUL RAUT</i>	<i>Age/Sex: 42/ M</i>
<i>Ref: ARCOFENI</i>	<i>Date: 29/06/2023</i>

2 DIMENSIONAL ECHOCARDIOGRAPHY:

1. All cardiac chambers are normal in dimensions
2. No LV regional wall motion abnormalities at rest
3. LVEF = 60 %
4. Good RV function
5. All cardiac valves structurally normal
6. IAS / IVS intact
7. No clots / vegetation/ pericardial effusion seen on TTE
8. Great arteries are normally related & appear normal
9. IVC is normal in size & collapsing well with respiration

DOPPLER STUDIES (CONTINUOUS WAVE, PULSED WAVE, COLOR DOPPLER):

1. Normal transvalvular pressure gradients, No AR/MR, Mild TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension (RVSP = 17 mmHg)
4. No intracardiac or extracardiac shunt noted

DIMENSIONS (M-MODE) :

Left Atrium	32.0 mm	Aortic Root	27.0 mm
IVS (d)	09.0 mm	IVS (s)	14.0 mm
LVID (d)	42.0 mm	LVID (s)	26.0 mm
LVPW(d)	09.0 mm	LVPW(s)	14.0 mm

IMPRESSION :
NORMAL CARDIAC CHAMBER DIMENSIONS
GOOD BIVENTRICULAR FUNCTION

Patient Name : Mr. ATUL SOPANRAO RAUT
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Age : 42 Y/M
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Conducted Date : 29-06-2023 12:58

LVEF = 60%
NO LV DIASTOLIC DYSFUNCTION
STRUCTURALLY NORMAL CARDIAC VALVES, MILD TR
NO PULMONARY HYPERTENSION
IAS/IVS INTACT
NO CLOT/VEGETATION/PERICARDIAL EFFUSION

DR. RAJENDRA V. CHAVAN
MD (MEDICINE), DM (CARDIOLOGY)
CONSULTANT CARDIOLOGIST

Patient Name : Mr. ATUL SOPANRAO RAUT
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