

Name : Ms. ANBU MALAR S L  
PID No. : MED111034317  
SID No. : 922018269  
Age / Sex : 28 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 26/03/2022 8:05 AM  
Collection On : 26/03/2022 10:36 AM  
Report On : 29/03/2022 3:47 PM  
Printed On : 29/03/2022 6:09 PM




Investigation Observed Value Unit Biological Reference Interval


## HAEMATOLOGY

### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	12.6	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	39.1	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.67	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	84.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	27.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.3	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.0	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	<b>38.22</b>	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	5700	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	43.0	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	42.6	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	<b>8.8</b>	%	01 - 06

  
Dr. Arjun C.P  
MBBS, MD Pathology  
Reg. No. KMC 89655

VERIFIED BY

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

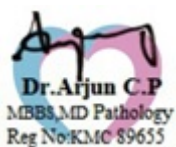
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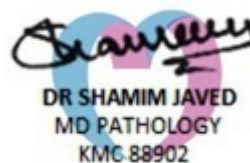
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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	5.4	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.2	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.45	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.43	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	<b>0.50</b>	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.31	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.01	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	191	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.2	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	<b>0.18</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	<b>22</b>	mm/hr	< 20



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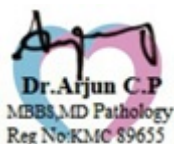


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	200	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	62	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

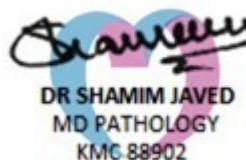
**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	47	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	140.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	12.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	153.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.  
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.



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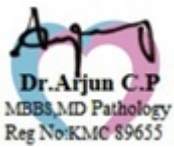
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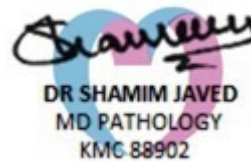
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.3		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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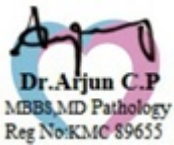
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.9	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

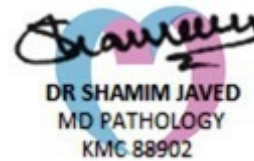
Estimated Average Glucose 122.63 mg/dL  
(Whole Blood)

**INTERPRETATION: Comments**

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.  
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.  
Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.



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## IMMUNOASSAY

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/CMIA)	1.35	ng/mL	0.7 - 2.04
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#### **INTERPRETATION:**

##### **Comment :**

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Thyroxine) - Total (Serum/CMIA)	11.10	µg/dL	4.2 - 12.0
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#### **INTERPRETATION:**

##### **Comment :**

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Microparticle Immunoassay(CMIA))	3.03	µIU/mL	0.35 - 5.50
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#### **INTERPRETATION:**

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

##### **Comment :**

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902  
APPROVED BY

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## CLINICAL PATHOLOGY


### PHYSICAL EXAMINATION

Colour (Urine)	Pale yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	20	mL	

### CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.020		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative

  
Dr RAVIKUMAR R  
MBBS, MD BIOCHEMISTRY  
CONSULTANT BIOCHEMIST  
Reg No : 78771  
**VERIFIED BY**

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902  
**APPROVED BY**




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Leukocytes (Urine)	Negative	leuco/uL	Negative
<b><u>MICROSCOPY(URINE DEPOSITS)</u></b>			
Pus Cells (Urine/Flow cytometry)	2-4	/hpf	3-5
Epithelial Cells (Urine)	1-2	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	NIL
Others (Urine)	Nil		Nil
Casts (Urine/Flow cytometry)	Nil	/hpf	0 - 1
Crystals (Urine)	Nil		NIL

  
Dr RAVIKUMAR R  
MBBS, MD BIOCHEMISTRY  
CONSULTANT BIOCHEMIST  
Reg No : 78771  
VERIFIED BY

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902  
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## BIOCHEMISTRY

BUN / Creatinine Ratio	13		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	79	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose Fasting - Urine (Urine - F)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	103	mg/dL	70 - 140
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### **INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.


Glucose Postprandial - Urine (Urine - PP)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	8	mg/dL	7.0 - 21
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Creatinine (Serum/Jaffe Kinetic)	0.6	mg/dL	0.6 - 1.1
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**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	2.8	mg/dL	2.6 - 6.0
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Dr. Arjun C.P  
MBBS, MD Pathology  
Reg No:KMC 89655

VERIFIED BY

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

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**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING (EDTA Blood <i>Agglutination</i> )	'B' 'Negative'		
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**Remark:** Suggested gel card method for confirmation.



DR .VANITHA.R.SWAMY MD  
Consultant Pathologist  
Reg No : 99049  
VERIFIED BY



DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902  
APPROVED BY

-- End of Report --



बैंक ऑफ़ बड़ौदा  
Bank of Baroda

नाम : अन्बु मलर एस एल

Name : ANBU MALAR S L

क.कू.सं

E.C. No. : 176404

जारीकर्ता प्राधिकारी  
Issuing Authority



Anbu Malar S.L.

धारक के हस्ताक्षर  
Signature of Holder

Customer Name	Anbu Malar S.L.	Customer ID	111034317
Age & Gender	28 Female.	Visit Date	26/03/2022

Eye Screening



With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	N6	N6
Distance Vision	6/6	6/6
Colour Vision	normal	normal

Observation / Comments: normal

*Ravi*

Dr. RAVI V. HALAKATTI  
M.S. (OPHTH)  
EYE SURGEON  
Regd. No. 11801



Ms. ANBU MALAR  
ID: 111034317

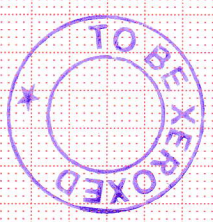
Vital Signs™ 226 166 05

26.03.2022 8:28:45  
CLUMAX DIAGNOSTICS  
JAYANAGAR  
BANGALORE

28 Years

Female

QRS	80 ms
QT / QTcBaz	414 / 423 ms
PR	138 ms
P	112 ms
RR / PP	948 / 952 ms
P / QRS / T	41 / 81 / 31 degrees

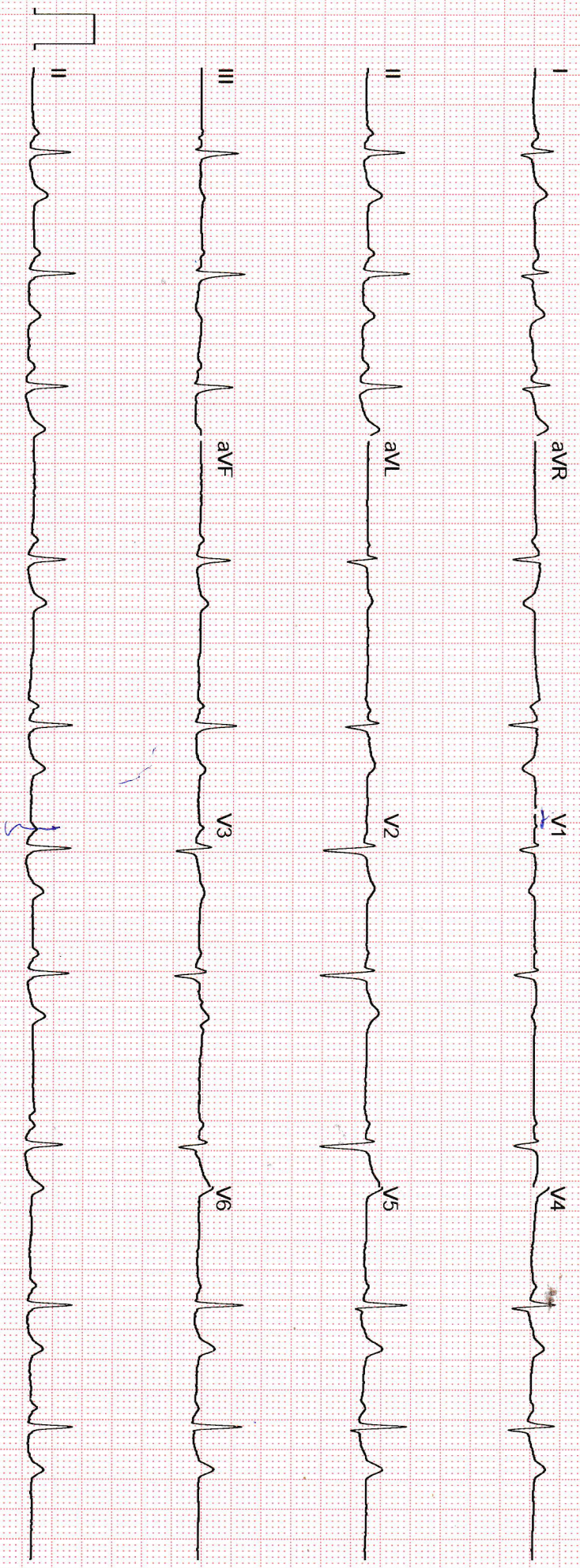


Technician: koms  
Ordering Ph: MEDIWHEEL  
Referring Ph: MEDIWHEEL  
Attending Ph:

(Needs Clinical Correlation  
for further Management)

Dr. SRIDHAR .L  
MD (Med), DM(Cardio), FICG  
Interventional Cardiologist  
K.M.C. Ho., 22248

Handwritten notes: *HR 103bpm*, *WHL*, *Im +70°*, *Spnd*, *Park*



GE MAC2000 1 1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2 5x3\_25\_R1 1/1

Unconfirmed

63 bpm  
--/-- mmHg



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**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

**Impression: Essentially normal study.**



DR. H.K. ANAND

DR. SHWETHA S

DR. PRAJNA SHENOY

DR. MAHESH M S

CONSULTANT RADIOLOGISTS



Name	MS.ANBU MALAR S L	ID	MED111034317
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### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size and has uniform echopattern.  
No evidence of focal lesion or intrahepatic biliary ductal dilatation.  
Hepatic and portal vein radicals are normal.

**GALL BLADDER** is contracted and shows multiple hyperechogenic foci within  
CBD is of normal calibre.

**PANCREAS** has normal shape, size and uniform echopattern.  
No evidence of ductal dilatation or calcification.

**SPLEEN** show normal shape, size and echopattern.

No demonstrable Para -aortic lymphadenopathy.

**KIDNEYS** move well with respiration and have normal shape, size and echopattern.  
Cortico- medullary differentiations are well madeout.  
No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.0	1.6
Left Kidney	10.0	1.5

**URINARY BLADDER** show normal shape and wall thickness.  
It has clear contents. No evidence of diverticula.

**UTERUS** is anteverted and bulky in size.  
It has uniform myometrial echopattern.  
Endometrial echo is of normal thickness – 5.5mms.

Uterus measures as follows:

LS: 9.3cms      AP: 3.4cms      TS: 5.4cms.

..2





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& Gender	28Y/FEMALE	Visit Date	26/03/2022
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:2:

**OVARIES** are normal in size and show polycystic morphology

Ovaries measures as follows:

Right ovary: 3.1 x 1.8 x 2.6cms, vol-7.7cc

Left ovary: 3.3 x 2.0 x 2.7cms, vol-9.4cc.

POD & adnexa are free.

No evidence of ascites.

**Impression:**

- *Contracted gall bladder with multiple hyperechogenic foci - ? sequelae of chronic calculus cholecystitis*
- *Bulky uterus*
- *Bilateral polycystic ovaries.*

**\*\* Note: No previous reports available for comparison.**

**CONSULTANT RADIOLOGISTS:**

DR. H. K. ANAND

DR. PRAJNA SHENOY

DR. MAHESH. M. S

DR. RADHA KRISHNA. A.

DR. HIMA BINDU.P

Ms/pu



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<b>Age &amp; Gender</b>	<b>28Y/FEMALE</b>	<b>Visit Date</b>	<b>26/03/2022</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

### 2D ECHOCARDIOGRAPHIC STUDY

#### M mode measurement:

AORTA	:	3.10	cms
LEFT ATRIUM	:	3.10	cms
AVS	:	1.43	cms
LEFT VENTRICLE (DIASTOLE)	:	3.96	cms
(SYSTOLE)	:	2.45	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.22	cms
(SYSTOLE)	:	1.55	cms
POSTERIOR WALL (DIASTOLE)	:	1.10	cms
(SYSTOLE)	:	1.84	cms
EDV	:	68	ml
ESV	:	21	ml
FRACTIONAL SHORTENING	:	38	%
EJECTION FRACTION	:	68	%
EPSS	:		cms
RVID	:	1.84	cms

#### DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' -1.23m/s 'A' -0.79m/s	TRIVIAL MR
AORTIC VALVE	:1.39 m/s	NO AR
TRICUSPID VALVE	: 'E' -0.68m/s 'A' - m/s	NO TR
PULMONARY VALVE	:0.84m/s	NO PR



Name	MS.ANBU MALAR S L	ID	MED111034317
Age & Gender	28Y/FEMALE	Visit Date	26/03/2022
Ref Doctor	MediWheel		

:2:

**2D ECHOCARDIOGRAPHY FINDINGS:**

Left Ventricle : Normal size, Normal systolic function.  
No regional wall motion abnormalities

Left Atrium : Normal

Right Ventricle : Normal

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapse.

Aortic valve : Normal, Trileaflet

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No Pericardial effusion.

**IMPRESSION :**

- TRIVIAL MITRAL REGURGITATION
- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 68 %
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

DR.SRIDHAR.L MD,DM,FICC.  
CONSULTANT CARDIOLOGIST

Ls/ml Dr. SRIDHAR .L

MD,(Med), DM(Cardio), FICC /  
Interventional Cardiologist

K.M.C. No.: 32248





To be filled by Customer

Name: Mr/Ms/Mrs **A N B U M A L A R**

Gender:  Male  Female Age: **28** years DOB:  /  /

Mobile: **7010452609** Pincode:

Email:

Bar code

Vitals

To be filled by Technician

Height: **160** cms

Waist: **35** in.

Hip: **35** in.

Weight: **63.7** kg

Fat: **30.5** %

Visc. Fat: **9.0** %

RM: **1466** cal

BMI: **24.9** kg/m<sup>2</sup>

Body Age: **40** years

Sys. BP: **105** mmHg

Dia. BP: **76** mmHg

To be filled by Customer

Medical History

Have you been previously diagnosed with?

Diabetes (Sugar)  Yes  No

Hypertension (BP)  Yes  No

Cardiovascular Disease (Heart)  Yes  No

Asthma/Allergies (Dust, Pollen, Food, Animals, etc.)  Yes  No

Neurological Problems (Nerve)  Yes  No

Are you currently taking medications for?

Diabetes (Sugar)  Yes  No

Hypertension (BP)  Yes  No

Cardiovascular Disease (Heart)  Yes  No

Liver Disease  Yes  No

Cancer  Yes  No

Tuberculosis (TB)  Yes  No

Family History

Is there a history of below diseases in your family?

Diabetes (Sugar)  Yes  No

Hypertension (BP)  Yes  No

Cardiovascular Disease (Heart)  Yes  No

Cancer  Yes  No

Lifestyle

Do you exercise regularly?  Yes  No

Do you consume alcohol more than 2 times a week?  Yes  No

Do you smoke/chew tobacco?  Yes  No

Are you vegetarian?  Yes  No

General

Do you see a doctor at least once in 6 months?  Yes  No

Do you undergo a health checkup every year?  Yes  No

How would you rate your overall Health?  Excellent  Good  Normal  Poor  Very Poor

Women's Health

Is there a family history of Breast Cancer?  Yes  No

Is there a family history of Endometrial (Uterus) Cancer?  Yes  No

Is there a family history of Ovarian Cancer?  Yes  No

Do you have irregular periods?  Yes  No

Do you have heavy bleeding during periods?  Yes  No

Do you have scanty periods?  Yes  No

Have you attained Menopause?  Yes  No

Do you have children?  Yes  No

Was it a normal delivery?  Yes  No

Did you have diabetes/hypertension during delivery?  Yes  No

Signature: