

Patient Name : Mrs.ROHINI MAHADEO BUNDELE	Collected : 23/Sep/2023 12:54PM
Age/Gender : 30 Y 1 M 28 D/F	Received : 23/Sep/2023 08:23PM
UHID/MR No : CPIM.0000113195	Reported : 23/Sep/2023 09:18PM
Visit ID : CPIMOPV150012	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE46284	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBC MICROCYTIC HYPOCHROMIC +  
WBC EOSINOPHILIA  
PLATELETS ARE ADEQUATE ON SMEAR  
NO HEMOPARASITES SEEN



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**HEMOGRAM , WHOLE BLOOD EDTA**

<b>HAEMOGLOBIN</b>	12.4	g/dL	12-15	Spectrophotometer
PCV	37.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.77	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	<b>78.3</b>	fL	83-101	Calculated
MCH	<b>26</b>	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	<b>15</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,300	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	<b>39.5</b>	%	40-80	Electrical Impedence
LYMPHOCYTES	39.5	%	20-40	Electrical Impedence
EOSINOPHILS	<b>12.3</b>	%	1-6	Electrical Impedence
MONOCYTES	7.3	%	2-10	Electrical Impedence
BASOPHILS	1.4	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	2093.5	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2093.5	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	<b>651.9</b>	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	386.9	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	74.2	Cells/cu.mm	0-100	Electrical Impedence

**PLATELET COUNT**

PLATELET COUNT	242000	cells/cu.mm	150000-410000	Electrical impedence
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**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-20	Modified Westergren
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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GLUCOSE, FASTING , NAF PLASMA	82	mg/dL	70-100	HEXOKINASE
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**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	70	mg/dL	70-140	HEXOKINASE
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**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.

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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	97	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- 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.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	174	mg/dL	<200	CHO-POD
TRIGLYCERIDES	80	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	123	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>106.54</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.1	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.39		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	0.44	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.35	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11.65	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.5	U/L	<35	IFCC
ALKALINE PHOSPHATASE	43.57	U/L	30-120	IFCC
PROTEIN, TOTAL	7.58	g/dL	6.6-8.3	Biuret
ALBUMIN	4.11	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.47	g/dL	2.0-3.5	Calculated
A/G RATIO	1.18		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.

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

CREATININE	<b>0.46</b>	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	<b>11.73</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>5.5</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	2.70	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.43	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.91	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.02	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103.32	mmol/L	101-109	ISE (Indirect)



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	8.17	U/L	<38	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 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)	1.04	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.66	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.550	µIU/mL	0.35-4.94	CMIA

Comment:

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

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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**DEPARTMENT OF CLINICAL PATHOLOGY**

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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		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	2 - 3	/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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URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

\*\*\* End Of Report \*\*\*



**DR. MANISH T. AKARE**  
M.B.B.S, MD(Path.)  
Consultant Pathologist



**DR. Sanjay Ingle**  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist



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**UHID/MR No.** : CPIM.0000113195

**OP Visit No** : CPIMOPV150012

**Sample Collected on** :

**Reported on** : 23-09-2023 19:25

**LRN#** : RAD2106563

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE46284

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**DEPARTMENT OF RADIOLOGY**

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**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. KIRAN PRALHAD SUDHARE**  
MBBS, DMRD  
Radiology

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<b>LRN#</b>	: RAD2106563	<b>Specimen</b>	:
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**DEPARTMENT OF RADIOLOGY**

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**ULTRASOUND - WHOLE ABDOMEN**

**Liver** appears normal in size and 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.

**Uterus** appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 11 mm. No intra/extra uterine gestational sac seen.

**Both ovaries** appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

**IMPRESSION:-**

**No significant abnormality detected.**

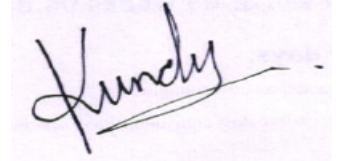
**Suggest – clinical correlation.**



**Patient Name** : Mrs. ROHINI MAHADEO BUNDELE

**Age/Gender** : 30 Y/F

(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)  
Radiology

Name: Mrs. ROHINI MAHADEO BUNDELE  
Age/Gender: 30 Y/F  
Address: RADHIKA RESIDENCY PHUGEWADI PUNE  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Miss. SNEHA NAIR

MR No: CPIM.0000113195  
Visit ID: CPIMOPV150012  
Visit Date: 23-09-2023 09:10  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

Name: Mrs. ROHINI MAHADEO BUNDELE  
Age/Gender: 30 Y/F  
Address: RADHIKA RESIDENCY PHUGEWADI PUNE  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. SUPRIYA GAWARE

MR No: CPIM.0000113195  
Visit ID: CPIMOPV150012  
Visit Date: 23-09-2023 09:10  
Discharge Date:  
Referred By: SELF

**Doctor's Signature**

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Age/Gender: 30 Y/F  
Address: RADHIKA RESIDENCY PHUGEWADI PUNE  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. PRADNYA AJAYKUMAR VASUDEV

MR No: CPIM.0000113195  
Visit ID: CPIMOPV150012  
Visit Date: 23-09-2023 09:10  
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: Mrs. ROHINI MAHADEO BUNDELE  
Age/Gender: 30 Y/F  
Address: RADHIKA RESIDENCY PHUGEWADI PUNE  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. PRIYA JAGANNATH MAKODE

MR No: CPIM.0000113195  
Visit ID: CPIMOPV150012  
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**HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

**SYSTEMIC REVIEW**

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**SYSTEMIC EXAMINATION**

**IMPRESSION**

**RECOMMENDATION**

**Doctor's Signature**

Name: Mrs. ROHINI MAHADEO BUNDELE  
Age/Gender: 30 Y/F  
Address: RADHIKA RESIDENCY PHUGEWADI PUNE  
Location: PUNE, MAHARASHTRA  
Doctor:  
Department: GENERAL  
Rate Plan: PIMPRI\_06042023  
Sponsor: ARCOFEMI HEALTHCARE LIMITED  
Consulting Doctor: Dr. ANAM ABDUL AZIZ INAMDAR

MR No: CPIM.0000113195  
Visit ID: CPIMOPV150012  
Visit Date: 23-09-2023 09:10  
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## **HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS**

### **SYSTEMIC REVIEW**

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### **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
23-09-2023 16:23	68 Beats/min	100/70 mmHg	20 Rate/min	97 F	157 cms	43 Kgs	%	%	Years	17.44	cms	cms	cms		AHLL10439

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
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Established Patient: No

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Established Patient: No

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23-09-2023 16:23	68 Beats/min	100/70 mmHg	20 Rate/min	97 F	157 cms	43 Kgs	%	%	Years	17.44	cms	cms	cms		AHLL10439

Patient Name : Mrs. ROHINI MAHADEO BUNDELE Age : 30 Y/F  
UHID : CPIM.0000113195 OP Visit No : CPIMOPV150012  
Conducted By: : Conducted Date : 23-09-2023 13:57  
Referred By : SELF

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**2 D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**

<b><i>Patient's Name: MRS. ROHINI BUNDELE</i></b>	<b><i>Age/Sex: 30/ F</i></b>
<b><i>Ref: ARCOFEMI</i></b>	<b><i>Date: 23/09/2023</i></b>

**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, Trivial MR/TR
2. No LV diastolic dysfunction
3. No pulmonary hypertension
4. No intracardiac or extracardiac shunt noted

**DIMENSIONS (M-MODE) :**

<b>Left Atrium</b>	30.0 mm	<b>Aortic Root</b>	28.0 mm
<b>IVS (d)</b>	08.0 mm	<b>IVS (s)</b>	12.0 mm
<b>LVID (d)</b>	38.0 mm	<b>LVID (s)</b>	20.0 mm
<b>LVPW(d)</b>	08.0 mm	<b>LVPW(s)</b>	12.0 mm

**IMPRESSION :**  
**NORMAL CARDIAC CHAMBER DIMENSIONS**  
**GOOD BIVENTRICULAR FUNCTION**

Patient Name : Mrs. ROHINI MAHADEO BUNDELE Age : 30 Y/F  
UHID : CPIM.0000113195 OP Visit No : CPIMOPV150012  
Conducted By: : Conducted Date : 23-09-2023 13:57  
Referred By : SELF

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

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

Patient Name : Mrs. ROHINI MAHADEO BUNDELE  
UHID : CPIM.0000113195  
Conducted By: :  
Referred By : SELF

Age : 30 Y/F  
OP Visit No : CPIMOPV150012  
Conducted Date :

Patient Name : Mrs. ROHINI MAHADEO BUNDELE  
UHID : CPIM.0000113195  
Conducted By :  
Referred By : SELF

Age : 30 Y/F  
OP Visit No : CPIMOPV150012  
Conducted Date :

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