

CONCLUSION OF HEALTH CHECKUP

| | | |
|-------------------|----------------------|------------------------------------|
| ECU Number : 9291 | MR Number : 23228293 | Patient Name: NISHA PRASHANT SADHU |
| Age : 30 | Sex : Female | Height : 156 |
| Weight : 61 | Ideal Weight : 56 | BMI : 25.07 |
| Date : 12/02/2024 | | |

Impaired thyroid
test

Endocrinologist opinion



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.

ECU Number : 9291 MR Number : 23228293 Patient Name: NISHA PRASHANT SADHU
Age : 30 Sex : Female Height : 156
Weight : 61 Ideal Weight : 56 BMI : 25.07
Date : 12/02/2024

Past H/O : NO P/H/O ANY MAJOR ILLNESS.

Present H/O : NO MEDICAL COMPLAINTS AT PRESENT.

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

Habits : NO
Gen.Exam. : G.C. GOOD
B.P : 116/78 mm Hg
Pulse : 86/MIN REG.
Others : SPO2 : 99 %
C.V.S : NAD
R.S. : NAD
Abdomen : NP
Spleen : NP
Skin : NAD
C.N.S : NAD
Advice :

ECU Number : 9291
Age : 30
Weight : 61
Date : 12/02/2024

MR Number : 23228293
Sex : Female
Ideal Weight : 56

Patient Name: NISHA PRASHANT SADHU
Height : 156
BMI : 25.07

Ophthalmic Check Up :

Right

Left

Ext Exam

NIL

Vision Without Glasses

6/6 N.5

6/6 N.5

Vision With Glasses

N.A

N.A

Final Correction

NORMAL

NORMAL

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

ECU Number : 9291

Age : 30

Weight : 61

Date : 12/02/2024

MR Number : 23228293

Sex : Female

Ideal Weight : 56

Patient Name: NISHA PRASHANT SADHU

Height : 156

BMI : 25.07

Gynaec Check Up :

| | |
|--------------------------|------------------------|
| OBSTETRIC HISTORY | 2 FT LSCS |
| MENSTRUAL HISTORY | LACTATOMAL AMENORRHOEA |
| PRESENT MENSTRUAL CYCLE | - |
| PAST MENSTRUAL CYCLE | - |
| CHIEF COMPLAINTS | NIL |
| PA | SOFT |
| PS | Cx - (N) Vg - (N) |
| PV | UT NS Fx CLEAR |
| BREAST EXAMINATION RIGHT | NORMAL ; LACTATING |
| BREAST EXAMINATION LEFT | NORMAL |
| PAPSMEAR | TAKEN |
| BMD | |
| MAMMOGRAPHY | |
| ADVICE | FOLLOWUP WITH REPORTS |

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. NISHA PRASHANT SADHU Type : OPD
Gender / Age : Female / 30 Years 6 Months 12 Days Request No. : 199242
MR No / Bill No. : 23228293 / 242082007 Request Date : 12/02/2024 08:54 AM
Consultant : Dr. Manish Mittal Collection Date : 12/02/2024 09:11 AM
Location : OPD Approval Date : 12/02/2024 05:57 PM

Pap Smear

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

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

Cyto No : P/371/24
Received at 2:15 pm

Clinical Details : No complain
P/V findings : Cx. / Vg. - NAD
LMP : 4 months ago

TBS Report / Impression :

- * Satisfactory for evaluation; transformation zone components identified.
- * Mild inflammatory cellularity (Neutrophils rich).
- * 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 Bethesda system (Modified 2014)

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.

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 Gender / Age : Female / 30 Years 6 Months 12 Days
 MR No / Bill No. : 23228293 / 242082007
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 199242
 Request Date : 12/02/2024 08:54 AM
 Collection Date : 12/02/2024 09:11 AM
 Approval Date : 12/02/2024 02:56 PM

CBC + ESR

| Test | Result | Units | Biological Ref. Range |
|--------------------------------------|--|----------|---|
| Haemoglobin. | | | |
| Haemoglobin | 12.8 | gm/dL | 12 - 15 |
| Red Blood Cell Count (T-RBC) | 4.51 | mill/cmm | 3.8 - 4.8 |
| Hematocrit (HCT) | 40.2 | % | 36 - 46 |
| Mean Corpuscular Volume (MCV) | 89.1 | fl | 83 - 101 |
| Mean Corpuscular Haemoglobin (MCH) | 28.4 | pg | 27 - 32 |
| MCH Concentration (MCHC) | 31.8 | % | 31.5 - 34.5 |
| Red Cell Distribution Width (RDW-CV) | 11.5 | % | 11.6 - 14 |
| Red Cell Distribution Width (RDW-SD) | 36.6 | fl | 39 - 46 |
| Total Leucocyte Count (TLC) | | | |
| Total Leucocyte Count (TLC) | 6.77 | thou/cmm | 4 - 10 |
| Differential Leucocyte Count | | | |
| Polymorphs | 45 | % | 40 - 80 |
| Lymphocytes | 47 | % | 20 - 40 |
| Eosinophils | 02 | % | 1 - 6 |
| Monocytes | 06 | % | 2 - 10 |
| Basophils | 00 | % | 0 - 2 |
| Polymorphs (Abs. Value) | 3.05 | thou/cmm | 2 - 7 |
| Lymphocytes (Abs. Value) | 3.18 | thou/cmm | 1 - 3 |
| Eosinophils (Abs. Value) | 0.08 | thou/cmm | 0.2 - 0.5 |
| Monocytes (Abs. Value) | 0.43 | thou/cmm | 0.2 - 1 |
| Basophils (Abs. Value) | 0.03 | thou/cmm | 0.02 - 0.1 |
| Immature Granulocytes | 0.1 | % | 1 - 3 : Borderline > 3 : Significant |
| Platelet Count | | | |
| Platelet Count | 306 | thou/cmm | 150 - 410 |
| Remarks | This is counter generated CBC Report, smear review is not done | | |
| ESR | 13 | mm/1 hr | 0 - 12 |

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DEPARTMENT OF LABORATORY MEDICINE

| | | | |
|------------------|--------------------------------------|-----------------|-----------------------|
| Patient Name | : Mrs. NISHA PRASHANT SADHU | Type | : OPD |
| Gender / Age | : Female / 30 Years 6 Months 12 Days | Request No. | : 199242 |
| MR No / Bill No. | : 23228293 / 242082007 | Request Date | : 12/02/2024 08:54 AM |
| Consultant | : Dr. Manish Mittal | Collection Date | : 12/02/2024 09:11 AM |
| Location | : OPD | Approval Date | : 12/02/2024 02:56 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 by Fluorescent flow cytometry using a semi-conductor laser and hydrodynamic focusing in dedicated channels. 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 ESL-30, comparable to Westergrens method and in accordance to ICSH reference method.

---- End of Report ----

Dr. Ameer Soni
MD (Path)

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Consultant : Dr. Manish Mittal
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Approval Date : 12/02/2024 03:23 PM

Fasting Plasma Glucose

| Test | Result | Units | Biological Ref. Range |
|------------------------------------|--------|-------|-----------------------|
| <i>Fasting Plasma Glucose</i> | | | |
| Fasting Plasma Glucose | 96 | mg/dL | 70 - 110 |
| Post Prandial 2 Hr. Plasma Glucose | 97 | mg/dL | 70 - 140 |

By Hexokinase method on EXL Dade Dimension

---- End of Report ----

Dr. Ameer Soni
MD (Path)

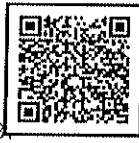
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Approval Date : 12/02/2024 03:23 PM

Haematology

| <u>Test</u> | <u>Result</u> | <u>Units</u> | <u>Biological Ref. Range</u> |
|--------------------|---------------|--------------|------------------------------|
| Blood Group | | | |
| 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 checks group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

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 Collection Date : 12/02/2024 09:11 AM
 Approval Date : 12/02/2024 04:42 PM

HbA1c (Glycosylated Hb)

| Test | Result | Units | Biological Ref. Range |
|------------------------------------|--------|-------|-----------------------|
| HbA1c (Glycosylated Hb) | | | |
| Glycosylated Hemoglobin (HbA1c) | 5.1 | % | |
| estimated Average Glucose (e AG) * | 99.67 | 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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MD (Path). DCP.

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Complete Lipid Profile

| Test | Result | Units | Biological Ref. Range |
|--|--------|-------|-----------------------|
| Complete Lipid Profile | | | |
| Appearance | Clear | | |
| Triglycerides (Done by Lipase /Glycerol kinase on Vitros 5600 < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High) | 26 | mg/dL | 1 - 150 |
| Total Cholesterol (Done by Colorimetric - Cholesterol Oxidase, esterase, peroxidase on Vitros 5600. <200 mg/dL - Desirable 200-239 mg/dL - Borderline High 239 mg/dL - High) | 121 | mg/dL | 1 - 200 |
| HDL Cholesterol (Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600 < 40 Low > 60 High) | 42 | mg/dL | 40 - 60 |
| Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High) | 79 | mg/dL | 1 - 130 |
| LDL Cholesterol (Done by Enzymatic (Two Step CHE/CHO/POD) on Vitros 5600 < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High) | 74 | mg/dL | 1 - 100 |
| VLDL Cholesterol (calculated) | 5.2 | mg/dL | 12 - 30 |
| LDL Ch. / HDL Ch. Ratio | 1.76 | | 2.1 - 3.5 |
| T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :) | 2.88 | | 3.5 - 5 |

---- End of Report ----

Dr. Ameer Soni
MD (Path)



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Approval Date : 12/02/2024 03:24 PM

Liver Function Test (LFT)

| Test | Result | Units | Biological Ref. Range |
|--|-----------|-------|-----------------------|
| Bilirubin | | | |
| Bilirubin - Total | 0.71 | mg/dL | 0 - 1 |
| Bilirubin - Direct | 0.28 | mg/dL | 0 - 0.3 |
| Bilirubin - Indirect | 0.43 | mg/dL | 0 - 0.7 |
| <i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i> | | | |
| Aspartate Aminotransferase (SGOT/AST) | 62 | U/L | 13 - 35 |
| <i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i> | | | |
| Alanine Aminotransferase (SGPT/ALT) | 82 | U/L | 14 - 59 |
| <i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i> | | | |
| Alkaline Phosphatase | 59 | U/L | 42 - 98 |
| <i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i> | | | |
| Gamma Glutamyl Transferase (GGT) | 23 | U/L | 5 - 55 |
| <i>(Done by Multipoint Rate - L-γ⁵-glutamyl-p-nitroanilide on Vitros 5600)</i> | | | |
| Total Protein | | | |
| Total Proteins | 7.23 | gm/dL | 6.4 - 8.2 |
| Albumin | 4.00 | gm/dL | 3.4 - 5 |
| Globulin | 3.23 | gm/dL | 3 - 3.2 |
| A : G Ratio | 1.24 | | 1.1 - 1.6 |
| <i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</i> | | | |

---- End of Report ----

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DEPARTMENT OF LABORATORY MEDICINE

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Renal Function Test (RFT)

| Test | Result | Units | Biological Ref. Range |
|--|--------------|-------|-----------------------|
| Urea <i>(Done by Endpoint/Colorimetric - Urease on Vitros 5600)</i> | 15 | mg/dL | 10 - 45 |
| BUN | 7.01 | mg/dL | 5 - 21 |
| Creatinine <i>(By Modified Kinetic Jaffe Technique)</i> | 0.35 | mg/dL | 0.6 - 1.1 |
| Estimate Glomerular Filtration rate <i>(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)</i> | More than 60 | | |
| Uric acid <i>(Done by Colorimetric - Uricase, Peroxidase on Vitros 5600)</i> | 3.9 | mg/dL | 2.2 - 5.8 |

--- End of Report ---

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 Approval Date : 12/02/2024 03:40 PM

Thyroid Hormone Study

| Test | Result | Units | Biological Ref. Range |
|--|---------------|------------|-----------------------|
| Triiodothyronine (T3) | 2.76 | ng/ml | |
| <i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</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) | 20.80 R/C | mcg/dL | |
| <i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</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) | 0.010 | microIU/ml | |
| <i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</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 | | |
| <i>Pregnancy :</i> | | | |
| 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> | | | |

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--- End of Report ---

Dr. Ameet Soni
MD (Path)



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Urine routine analysis (Auto)

| Test | Result | Units | Biological Ref. Range |
|---|-------------|-------|-----------------------|
| Physical Examination | | | |
| Quantity | 30 | mL | |
| Colour | Pale Yellow | | |
| Appearance | Clear | | |
| Chemical Examination (By Reagent strip method) | | | |
| pH | 5.5 | | |
| Specific Gravity | 1.021 | | |
| 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 |
| Leucocytes | Negative | | Negative |
| Nitrite | Negative | | Negative |
| Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex Urine sedimentation analyzer UF4000) | | | |
| Red Blood Cells | 1 - 5 | /hpf | 0 - 2 |
| Leucocytes | 1 - 5 | /hpf | 0 - 5 |
| Epithelial Cells | 1 - 5 | /hpf | 0 - 5 |
| Casts | Nil | /lpf | Nil |
| Crystals | Nil | /hpf | Nil |
| Mucus | Absent | /hpf | Absent |
| Organism | Absent | | |

---- End of Report ----

Dr. Ameer Soni
MD (Path)



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- Magnetic Resonance Imaging (MRI)
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography (DSA)
- Foetal Echocardiography
- Echocardiography
- 4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23228293 Report Date : 12/02/2024
 Request No. : 190102417 12/02/2024 8.54 AM
 Patient Name : Mrs. NISHA PRASHANT SADHU
 Gender / Age : Female / 30 Years 6 Months 12 Days

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

Dr. Priyanka Patel, MD.
 Consultant Radiologist





- Computerized Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Magnetic Resonance Imaging (MRI)
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography (DSA)
- Foetal Echocardiography
- Echocardiography
- 4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23228293 Report Date : 12/02/2024
 Request No. : 190102415 12/02/2024 8.54 AM
 Patient Name : Mrs. NISHA PRASHANT SADHU
 Gender / Age : Female / 30 Years 6 Months 12 Days

USG : Abdomen (Excluding Pelvis) Or Upper Abdomen

Liver is normal in size and echo pattern. 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 size and echo pattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

No ascites.

COMMENT:

- **No obvious abnormality seen.**

Kindly correlate clinically

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

Dr. Priyanka Patel, MD.

Consultant Radiologist

📍 Bhailal Amin Marg, Gorwa, Vadodara, Gujarat - 390 003

🌐 www.baghospital.com



Patient No. : 23228293 Report Date : 12/02/2024
Request No. : 190102468 12/02/2024 8.54 AM
Patient Name : Mrs. NISHA PRASHANT SADHU
Gender / Age : Female / 30 Years 6 Months 12 Days

Echo Doppler Screening

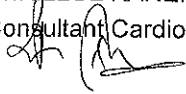
MITRAL VALVE : NORMAL, NO MR , NO MS
AORTIC VALVE : TRILEAFLET, NORMAL, NO AR , NO AS
TRICUSPID VALVE : NORMAL, TRACE TR, NO PAH
PULMONARY VALVE : NORMAL
LEFT ATRIUM : NORMAL
AORTA : NORMAL
LEFT VENTRICLE : NORMAL, NO REGIONAL WALL MOTION ABNORMALITY,
LVEF=60%
RIGHT ATRIUM : NORMAL
RIGHT VENTRICLE : NORMAL
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NORMAL

COLOUR/DOPPLER : NORMAL LV DIASTOLIC FUNCTION
FLOW MAPPING : Trace TR, NO MR , NO PAH , NO AR

FINAL CONCLUSION:

1. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS
2. NO REGIONAL WALL MOTION ABNORMALITY AT REST
3. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
4. NORMAL VALVES
5. NORMAL LV DIASTOLIC FUNCTION
6. TRACE TR, NO PULMONARY HYPERTENSION , (IVC COLLAPSING)
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr.KILLOL KANERIA MD, DM
Consultant Cardiologist



Name Mrs. Mishra P Sadhu
Patient ID Ecu/23228293

12-02-2024 11:44:01
Standard 12-Lead

BHAILAL AMIN GENERAL HOSPITAL

Age 030Y
Gender Female

Ref. phys.

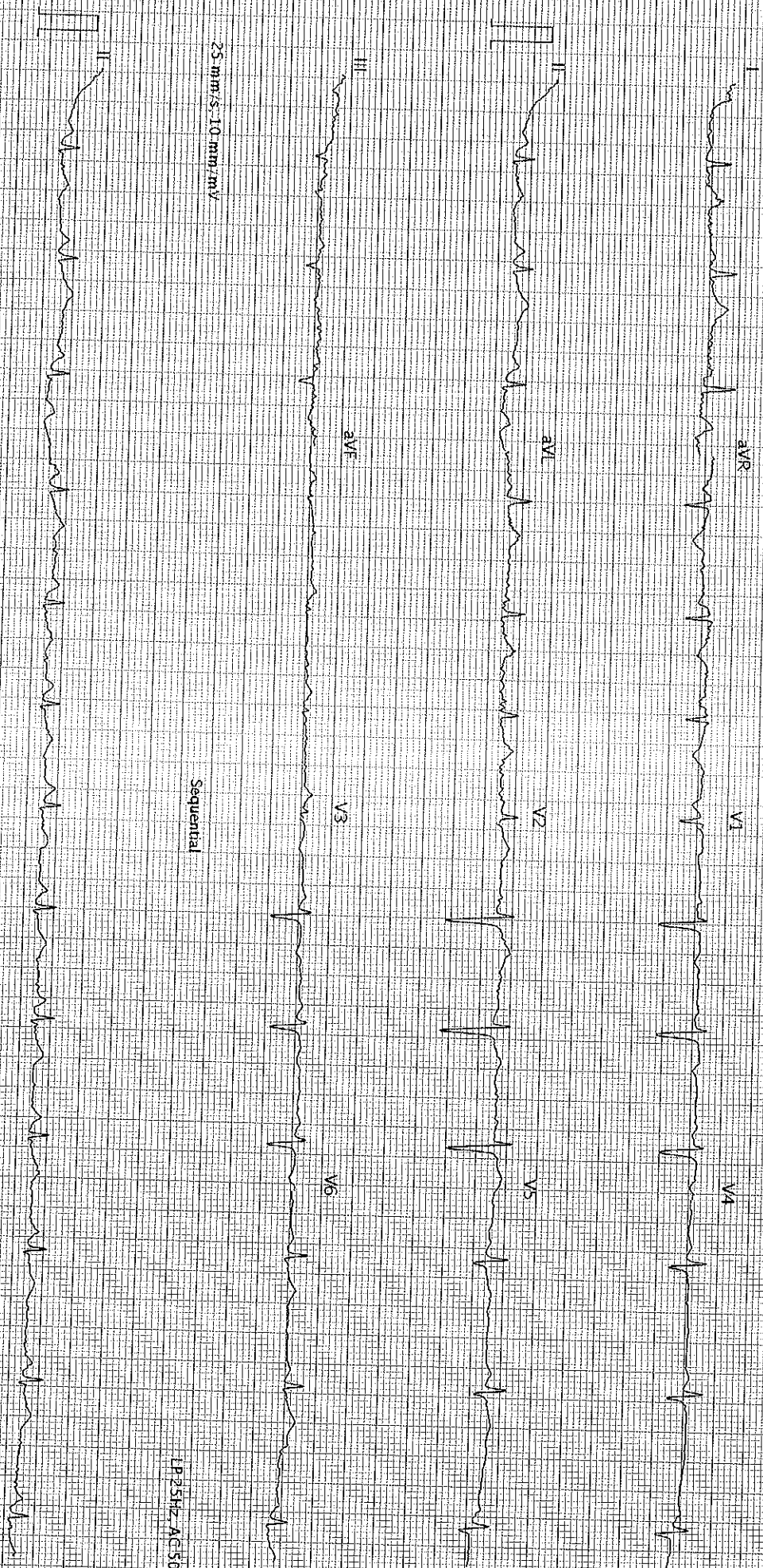
Pacemaker Unknown

Remark

HR 80 bpm
RR 746 ms
P 118 ms
PR 146 ms
P axis 51°
QRS axis 7°
QT 328 ms
QTcB 380 ms

Unconfirmed report

MR
DR



25 mm/s - 10 mm/mV

Sequential

LP 25HZ AC 50HZ

25 mm/s - 10 mm/mV

AI-102 G2 I 2.0 (I080 O11030)

SCHILLER

BHAILAL AMIN GENERAL HOSPITAL Printed on 12-02-2024 11:44:14

LP 25HZ AC 50HZ