



CID : 2305621969
Name : MRS.MADHURI KANURI
Age / Gender : 43 Years / Female
Consulting Dr. : -
Reg. Location : J B Nagar, Andheri East (Main Centre)

Collected : 25-Feb-2023 / 09:24
Reported : 25-Feb-2023 / 14:11

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.6	12.0-15.0 g/dL	Spectrophotometric
RBC	4.89	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.5	36-46 %	Calculated
MCV	76.6	81-101 fl	Measured
MCH	25.6	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	15.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	10080	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	31.0	20-40 %	
Absolute Lymphocytes	3124.8	1000-3000 /cmm	Calculated
Monocytes	6.9	2-10 %	
Absolute Monocytes	695.5	200-1000 /cmm	Calculated
Neutrophils	56.7	40-80 %	
Absolute Neutrophils	5715.4	2000-7000 /cmm	Calculated
Eosinophils	5.2	1-6 %	
Absolute Eosinophils	524.2	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	20.2	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	435000	150000-410000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Measured
PDW	12.9	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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Reported : 25-Feb-2023 / 18:43

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	94.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	93.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director



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Reported : 25-Feb-2023 / 12:09

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
KIDNEY FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	21.3	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.9	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.64	0.50-0.80 mg/dl	Enzymatic
eGFR, Serum	108	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	5.4	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.6	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.2	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	140	136-145 mmol/l	IMT
POTASSIUM, Serum	4.5	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	106	98-107 mmol/l	IMT

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***

Dr. Leena Salunkhe

Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist





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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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*** End Of Report ***

Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director





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Reported : 25-Feb-2023 / 16:55

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Trace	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	6-8		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+++	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ ~25 mg/dl, 2+ ~75 mg/dl, 3+ ~ 150 mg/dl, 4+ ~ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone:(1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

Reference: Pack insert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist





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Reported :

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

No significant abnormality detected.



Dr.R K BHANDARI
M.D.,D.M.R.E
CONSULTANT RADIOLOGIST



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	212.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	188.2	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	36.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	176.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	138.7	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	37.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.8	0-3.5 Ratio	Calculated

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*** End Of Report ***

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 Reported : 25-Feb-2023 / 11:42

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.6	3.5-6.5 pmol/L	CLIA
Free T4, Serum	12.9	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.831	0.55-4.78 microIU/ml	CLIA



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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*** End Of Report ***

Dr.ANUPA DIXIT
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.84	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.58	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	22.6	<34 U/L	Modified IFCC
SGPT (ALT), Serum	31.7	10-49 U/L	Modified IFCC
GAMMA GT, Serum	39.6	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	101.5	46-116 U/L	Modified IFCC

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M.B.B.S, DPB (PATH)
Pathologist

SUBURBAN DIAGNOSTICS - J B NAGAR, ANDHERI EAST

Patient Name: MADHURI KANURI
Patient ID: 2305621969

Date and Time: 25th Feb 23 9:52 AM

Age **43** **4** **9**
years months days

Gender **Female**

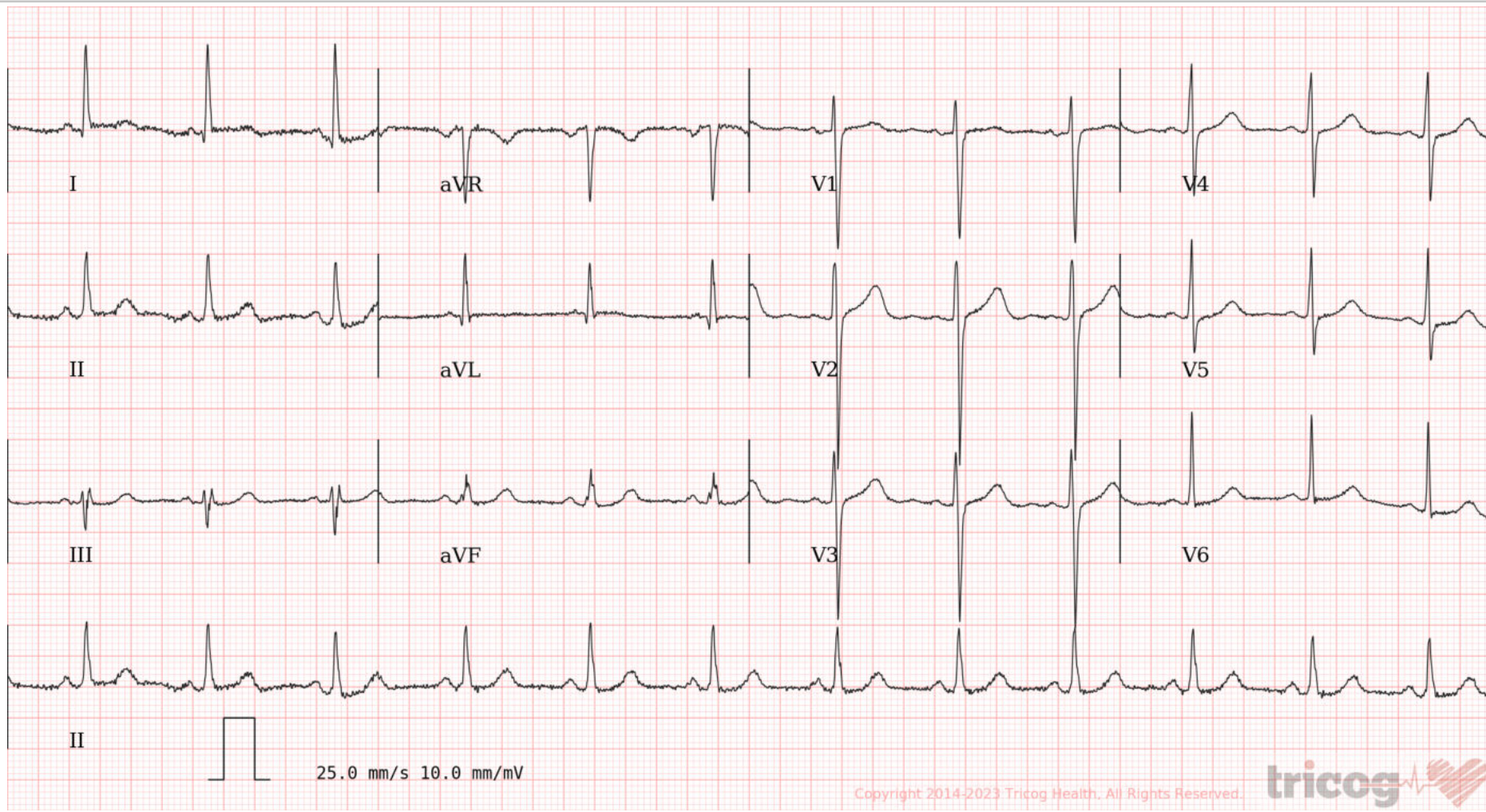
Heart Rate **76bpm**

Patient Vitals

BP: 110/80 mmHg
Weight: 67 kg
Height: 160 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 82ms
QT: 402ms
QTc: 452ms
PR: 142ms
P-R-T: 49° 19° 60°



ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

Dr Ashish Deshmukh
M.B.B.S., MD (Medicine)
59997



Madhu
7303680761

Suburban Diagnostics India Pvt Ltd
Shop No.9/10/1009, Wing -A, Bonanza Building,
Sahar Plaza, Near Kurla Hotel,
Below J B Nagar Metro Station,
Andheri -Kurla Road, Andheri East, Mumbai -400059

Date:- 25/02/23

CID: - 2570 2305821969.

Name:- Mrs. Madhuri Kanuri

Sex / Age: 43 / F.

EYE CHECK UP

Chief complaints: Using Glasses for Near vision.

Systemic Diseases: NIL

Past history: NIL

Unaided Vision: Distance

R 6/6

L 6/6

Near

RT N/5

LT N/5

Aided Vision: NIL

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____			6/6	_____			6/6
Near	_____			N/5	_____			N/5

Colour Vision: Normal / Abnormal

Remark: Both eyes Normal.

Suburban Diagnostics India Pvt Ltd
Shop No. 9, 101/102, Wing A, Sonanza Building,
Borivali, Near Koliwada Metro Station,
Andheri - Kurla Road, Andheri East, Mumbai - 400059

Patient Name : Mrs. Madhuri Kanuri **Age:** 43 Yrs **Sex :-** MALE

REF.DR:-

DATE:-25-02-2023

CIDNO.2305621969

2 D ECHO DOPPLER

Summary:

1. Normal LV size with normal LV systolic function(LVEF 60%)
2. No diastolic dysfunction.
3. No RWMA
4. No obvious valvular pathology.
5. IVC normal
6. No pericardial effusion.
7. No pulmonary hypertension. PASP= 28 mm HG

Left Ventricular assessment:

Size and thickness: normal

RWMA: None obvious

Function: Normal systolic function, no diastolic dysfunction.

LVEF (Estimated): 60%

Mass/Thrombus: Nil.

Right Ventricular assessment:

Size and thickness: Normal.

Systolic function: Normal.

Mass/Thrombus: Nil.

Atria:

Size: Appears normal.

Mass/Thrombus: Nil.

Mitral Valve:

Structure: Normal.

Cusp separation: Normal.

Regurgitation: Mild

Tricuspid Valve:

Structure: Normal.

Cusp separation: Normal.

Regurgitation: Mild

Aortic Valve:

Structure: Normal.
Cusp separation: Normal.
Regurgitation: Nil.
Aortic root: Normal.

Pulmonary Valve:

Structure: Normal.
Cusp separation: Normal.
Regurgitation: Nil.

Sub costal view:

IVC – Normal.

Supra sternal view:

Aortic arch: Normal.

Pericardium: No obvious pericardial effusion.

Dimensions & Doppler measurements:

LA	30	mm	E's		cm/s	E'L	--	cm/s	E'TV	--	cm/s
AoA	22	mm	E/E's	4		E/E'L	--		E/E'TV	--	
IVSd	10	mm	Ss		cm/s	SL	--	cm/s	STV	--	cm/s
LVIDd	46	mm	Evel	0.85	m/s	RV EDA	--	cm ²	SPAP	28	mmHg
PWd	10	mm	Avel	0.5	m/s	RV ESA	--	cm ²	DPAP	--	mmHg
LVIDs	24	mm	MVDT		ms	RV FAC	--	%	MPAP	--	mmHg
LA vol		ml	E/A	>1		LVOTd		cm	AT _{PV}	--	ms
RA vol		ml	MAPSE	N	cm	RVOTd	--	cm	PH _{A/D}	--	Wu
IVC	10	mm	TAPSE	N	cm	ARPHT	--	ms	LVEDP	--	mmHg

	Max Vel m/s	Max PG mmHg	Mean PGmmHg	VTI	Valve area cm ²
AV	1.3	6			N
PV					N
MV					N
LVOT	1.2	4			N
RVOT					N

.....End of Report.....

DR.DINESH ROHIRA
ECHO CARDIOLOGIST





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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

No significant abnormality detected.



Dr. R K Bhandari

Dr.R K BHANDARI
M.D.,D.M.R.E
CONSULTANT RADIOLOGIST