



Name : _____

Date : _____

Age : _____ Sex : _____

16/3/24

(Dr. Rizwan)

d/o dry mouth...

A Adv. Ext. S. / 8

16/03/2024:-



SIB Dr. Vinod :-



Name : Selvgithaben - 16/3/24

Date : 16/3/24

No 90

Mitral.

S/P Valve Replacement 1 1/2 year back →

- Age : 47 Sex : F
- 1. Aspirin 1 & 1/2 tablets daily
 - 2. Ecosprin 150 OD
 - 3. Lasilactone 1/2
 - 4. Protomet-XL 25 1/2

No to any drug allergy

adv:-

Collect PT, INR

→ 1.9

Diabetic diet as advised

Fat free diet

02

P-
BP- 140/80
SpO₂ - 98%

Check @

→ Tas. Torvram 10 mg OD (30)

→ Continue same cardiac medicines @ 10



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Sahajiben - J. Vahay UHID Number: - 024-3343

Consultant Name: - Dr. Vivek Chavhan Date: - 16/3/24 Start Time: - 12-45 Age: - 42 (Years)

Sex: - F (M/F)

Height: - 160 cms, Weight: - 53 kgs. Temp. —, Pulse: - 92 (Per minute), SPO2 99%

B.P. :- 140/80 (mm of Hg), RBS:- — First Visit / Follow Up
Visit: first visit

Nursing Staff Name & Signature: - Renuka Patel End Time: - 1:55 Pm

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:-

Family History:-

Psychosocial Assessment:-

Nutritional Screening:-

Immunization Status:-

To be filled by Clinician) Start Time:- _____

Clinical Findings:-

Diagnosis:-

Investigations and Advice:-



**SARDAR
PATEL HOSPITAL
& HEART INSTITUTE**

Name: Sanjita

Date: 16/3/24

Age: 48 Sex: F

NO complain

LMP - ~~200~~ Feb/24

CIH - P₂L₂ / FTND.

Acly

CT

DR. HIMALI PATEL
(M.S. OBGY)
GYNECOLOGIST & GYNAEC ONCO SURGEON
REG NO :- G-25002



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Sangitaaben - J. Vasani UHID Number: - 3347

Consultant Name: Dr. Kaplesh Date: - 16/3/24 Start Time: - _____ Age: 48 (Years)

Sex: F (M/F) Vadodaniya

Height: - 160 cms, Weight: - 83 kgs. Temp. 99, Pulse: - _____ (Per minute), SPO2 _____

B.P. :- _____ (mm of Hg), RBS:- _____ First Visit / Follow Up

Visit. (Per.)

Nursing Staff Name & Signature: - Sudha End Time:- _____

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:- NO

Family History:- _____

Nutritional Screening:- _____

Psychosocial Assessment:- _____

Immunization Status:- _____

To be filled by Clinician) Start Time:- _____

Clinical Findings:-

came for health checkup
(57) AIA - 50%
Dr. Kaplesh
(LAPAROSCOPIC SURGEON)
RETIRED

Diagnosis:- _____

Investigations and Advice:-

USE advised
noted

Patient Name:	SANGITABEN J VASAVA	Age /Sex:	48YRS/F
Patient ID:	OP-024-3343	Date :	16/03/2024
Referred By:	HEALTH CHEKUP	Modality:	X-RAY

X-RAY CHEST PA.

- Both Lung fields appear normal
No evidence of any collapse / consolidation.
- Both Hila appear normal.
No evidence of any enlarged Hilar lymphnodes.
- Both CP angle clear.
- Cardiac size appear normal.
- Both hemi diaphragm appears normal
- Bony cage appear normal.
- Sternotomy sutures are noted.
- Device and Artifact is noted.mitral valve replacement noted.

IMPRESSION:

No significant abnormality detected. .



Dr. HANSA RATHWA
MD (Radio Diagnosis)

Disclaimer-It is of medical imaging based on the available clinical data., so this report cannot be utilized for any medico legal purpose/ certifications. All modern machines/procedures have their own limitations. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests.

Patient Name:	SANGITABEN J VASAVA	Age / Sex:	48YRS/F
Patient ID:	OP-024-3343	Date:	16/03/2024
Referred By:	HEALTH CHEKUP	USG:	ABD

Suboptimal scan due to obesity and bowel gas..

USG ABDOMEN & PELVIS

Liver is normal in size 163 and shows increased echotexture. No focal solid/ cystic mass lesion detected in the liver. CBD and intrahepatic biliary radicles show no dilatation.

G.B. : well distended & normal. No stone or inflammation seen.

HEAD AND BODY OF PANCREAS : reveals normal echotexture. No mass, calcification or pancreatitis.

Tail of pancreas : Obscure by bowel gas.

SPLEEN : Normal in size, 85 mm & reveals normal echotexture. No other focal mass seen.

BOTH KIDNEY : RK: 84 X 44 mm. , LK : 98 X 49 mm.

Both kidneys are normal size with normal cortical thickness.

No focal solid or cystic mass seen. No calculus. No hydronephrosis seen.

C.M differentiation is preserved. No parenchymal abnormality seen.

U. BLADDER : Well distended & normal.No mass or filling defect seen.

UTERUS: Anteverted, Normal in size.

No adnexal mass.


BOWEL LOOPS : Peristaltic bowel loops seen in lower abdomen. Bowel loops are normal calibre (Visualized).

No free fluid seen. No enlarged lymphnodes seen.

IMPRESSION:

Fatty changes in liver (Grade I)

Suggest clinical correlation.


Dr. HANSA RATHWA
MD (Radio Diagnosis)

Disclaimer-It is of medical imaging based on the available clinical data., so this report cannot be utilized for any medico legal purpose/ certifications. All modern machines/procedures have their own limitations. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests.



LABORATORY REPORT



Name : Mrs SANGITABEN J VASAVA Sex/Age : Female / 48 Years Case ID : 40308000768
 Ref. By : Mediwheel Full Body Health Checkup Dis. At : Pt. ID :
 Bill. Loc. : Health packages Pt. Loc :
 Reg Date and Time : 16-Mar-2024 10:02 Sample Type : Whole Blood EDTA, Plasma Fluoride F, Plasma Fluoride PP Mobile No. :
 Sample Date and Time : 16-Mar-2024 10:02 Sample Coll. By : non Ref Id1 :
 Report Date and Time : 16-Mar-2024 14:20 Acc. Remarks : Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin <i>Photometric Method</i>	L 11.4	G%	12.0 - 15.0
RBC (Electrical Impedance)	H 4.92	millions/cum	3.80 - 4.80
PCV(Calc)	36.90	%	36.00 - 46.00
MCV (RBC histogram)	L 75.0	fL	83.00 - 101.00
MCH (Calc)	L 23.1	pg	27.00 - 32.00
MCHC (Calc)	L 30.9	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.20	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT

Total WBC Count	7030	/ μ L	4000.00 - 10000.00
Neutrophil	57	%	40.00 - 70.00
Lymphocyte	34	%	20.00 - 40.00
Eosinophil	03	%	1.00 - 6.00
Monocytes	06	%	2.00 - 10.00
Basophil	00	%	0.00 - 2.00
Neutrophil <i>Calculated</i>	4007	/ μ L	2000.00 - 7000.00
Lymphocyte <i>Calculated</i>	2390	/ μ L	1000.00 - 3000.00
Eosinophil <i>Calculated</i>	211	/ μ L	20.00 - 500.00
Monocyte <i>Calculated</i>	422	/ μ L	200.00 - 1000.00
Basophil <i>Calculated</i>	0	/ μ L	0.00 - 100.00

PLATELET COUNT

Platelet Count	350000	/ μ L	150000.00 - 410000.00
MPV	9.30	fL	6.5 - 12

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shweta Patel

Consultant Pathologist

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LABORATORY REPORT



Name : Mrs SANGITABEN J VASAVA	Sex/Age : Female / 48 Years	Case ID : 40308000768
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 16-Mar-2024 10:02	Sample Type : Whole Blood EDTA, Plasma Fluoride F, Plasma Fluoride PP	Mobile No. :
Sample Date and Time : 16-Mar-2024 10:02	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 16-Mar-2024 14:20	Acc. Remarks :	Ref Id2 :

PDW	H 15.8	8 - 13
ESR <i>Westergren Method</i>	H 32	mm after 1hr 3 - 20

Method:
 TLC-SF cube technology(Flow Cytometry+ fluorescence),
 DC by microscopy,
 Platelet count by electrical impedance+/-SF cube technology

BIOCHEMICAL INVESTIGATIONS

Plasma Glucose - F <i>Photometric, Hexokinase</i>	H 110.60	mg/dL	70 - 100	FUS: NIL
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	H 149.86	mg/dL	70 - 140	PPUS: Trace

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shweta Patel
 Consultant Pathologist
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LABORATORY REPORT



Name : Mrs SANGITABEN J VASAVA	Sex/Age : Female / 48 Years	Case ID : 40308000768
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 16-Mar-2024 10:02	Sample Type : Serum	Mobile No. :
Sample Date and Time : 16-Mar-2024 10:02	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 16-Mar-2024 11:34	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	15.7	mg/dL	7.00 - 18.70	
Uric Acid <i>Uricase-Peroxidase method</i>	4.30	mg/dL	2.6 - 6.2	
Creatinine <i>Jaffe compensated</i>	L 0.54	mg/dL	0.55 - 1.02	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Shweta Patel

Dr. Shweta Patel

Consultant Pathologist

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LABORATORY REPORT



Name : Mrs SANGITABEN J VASAVA	Sex/Age : Female / 48 Years	Case ID : 40308000768
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 16-Mar-2024 10:02	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 16-Mar-2024 10:02	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 16-Mar-2024 11:33	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C <i>Immunoturbidimetric</i>	5.7	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	116.89	mg/dL	Not available	

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shweta Patel

Consultant Pathologist

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LABORATORY REPORT

Name : Mrs SANGITABEN J VASAVA	Sex/Age : Female / 48 Years	Case ID : 40308000768
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 16-Mar-2024 10:02	Sample Type : Serum	Mobile No. :
Sample Date and Time : 16-Mar-2024 10:02	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 16-Mar-2024 11:32	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	H 249.74	mg/dL	110 - 200	
HDL Cholesterol	H 61.8	mg/dL	40 - 60	
Triglyceride <i>GPO-POD</i>	91.60	mg/dL	40 - 200	
VLDL <i>Calculated</i>	18.32	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	4.04		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	H 169.62	mg/dL	0.00 - 100.00	

NEW ATP III GUIDELINES (MAY 2001). MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240		High 200-499
High 160-189			

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Shweta Patel

Dr. Shweta Patel
Consultant Pathologist

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LABORATORY REPORT



Name : Mrs SANGITABEN J VASAVA	Sex/Age : Female / 48 Years	Case ID : 40308000768
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 16-Mar-2024 10:02	Sample Type : Serum	Mobile No. :
Sample Date and Time : 16-Mar-2024 10:02	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 16-Mar-2024 11:31	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Liver Function Test				
S.G.P.T. <i>IFCC</i>	16.55	U/L	0 - 59	
S.G.O.T. <i>IFCC</i>	21.46	U/L	15 - 37	
Alkaline Phosphatase <i>Modified IFCC method</i>	94.55	U/L	40 - 150	
Proteins (Total) <i>Biuret</i>	8.09	g/dL	6.4 - 8.2	
Albumin <i>Bromo Cresol Green</i>	4.56	g/dL	3.4 - 5.0	
Globulin <i>Calculated</i>	3.53	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.3		1.0 - 2.1	
Bilirubin Total <i>Diazotized Sulfanilic Acid Method</i>	0.36	mg/dL	0.2 - 1.0	
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	0.13	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.23	mg/dL	0 - 0.8	

Note: (LL-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

Shweta Patel
Dr. Shweta Patel

Consultant Pathologist

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LABORATORY REPORT



Name : Mrs SANGITABEN J VASAVA	Sex/Age : Female / 48 Years	Case ID : 40308000768
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 16-Mar-2024 10:02	Sample Type : Serum	Mobile No. :
Sample Date and Time : 16-Mar-2024 10:02	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 16-Mar-2024 11:19	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Thyroid Function Test				
Triiodothyronine (T3) ECLIA	1.41	ng/mL	0.70 - 2.04	
Thyroxine (T4) ECLIA	H 12.33	µg/dL	5.5 - 11.0	
TSH ECLIA	1.290	µIU/mL	0.40 - 4.20	

INTERPRETATIONS

Useful for Monitoring patients on thyroid replacement therapy. Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine therapy, for Prediction of thyrotropin-releasing hormone-stimulated TSH response, as An aid in the diagnosis of primary hyperthyroidism, for Differential diagnosis of hypothyroidism. The ability to quantitate circulating levels of thyroid-stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. Concentrations of 5.1 mIU/ml to 7.0 mIU/ml are considered borderline hypothyroid

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in Pregnancy

First trimester
Second trimester
Third trimester

Reference range (microu/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh A-Abnormal)

Dr. Shweta Patel

Consultant Pathologist

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LABORATORY REPORT



Name : Mrs SANGITABEN J VASAVA	Sex/Age : Female / 48 Years	Case ID : 40308000768
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 16-Mar-2024 10:02	Sample Type : Spot Urine	Mobile No. :
Sample Date and Time : 16-Mar-2024 10:02	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 16-Mar-2024 11:19	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour : Pale yellow
 Transparency : Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.025		1.003 - 1.035	
pH	6.5		4.6 - 8	
Leucocytes (ESTERASE)	Trace		Negative	
Protein	Negative		Negative	
Glucose	Negative		Negative	
Ketone Bodies Urine	Negative		Negative	
Urobilinogen	Negative		Negative	
Bilirubin	Negative		Negative	
Blood	Negative		Negative	
Nitrite	Negative		Negative	

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	1-2	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	10-12	/HPF	Present(+)
Bacteria	Nil	/μL	Nil
Yeast	Nil	/μL	Nil
Cast	Nil	/HPF	Nil
Crystals	Nil	/HPF	Nil

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shweta Patel
 Consultant Pathologist

Printed On : 16-Mar-2024 14:25



LABORATORY REPORT



Name : Mrs SANGITABEN J VASAVA Sex/Age : Female / 48 Years Case ID : 40308000768
 Ref. By : Mediwheel Full Body Health Checkup Dis. At : Pt. ID :
 Bill. Loc. : Health packages Pt. Loc. :
 Reg Date and Time : 16-Mar-2024 10:02 Sample Type : Spot Urine Mobile No. :
 Sample Date and Time : 16-Mar-2024 10:02 Sample Coll. By : non Ref Id1 :
 Report Date and Time : 16-Mar-2024 11:19 Acc. Remarks : Ref Id2 :

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

Pending Services
 Blood Group & RH
 Stool Examination

----- End Of Report -----

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shweta Patel
 Consultant Pathologist

Printed On : 16-Mar-2024 14:25



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Somjitaben J Vasava UHID Number: - 024-3343

Consultant Name: Dr. Shaeya Shah Date: 16-3-24 Start Time: - _____ Age: - 48 (Years)

Sex: - F (M/F)

Height: - 160 cms, Weight: - 83 kgs. Temp. 37, Pulse: - _____ (Per minute), SPO2 _____

B.P. :- _____ (mm of Hg), RBS:- _____ First Visit / Follow Up
Visit. First visit

Nursing Staff Name & Signature: - _____ End Time: - _____

Past History: - (TICK MARK) Routine check-up.
Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Valve replacement Sp done.

Other:-

Family History:-

Psychosocial Assessment:-

Nutritional Screening: P T.25 / 0.75 X 99

Immunization Status: ST 0 T.25 / 0.50 X 99

To be filled by Clinician) Start Time: - _____

Clinical Findings:-

BE ABGML

F WML

Diagnosis:-

Investigations and Advice:-



SARDAR PATEL HOSPITAL
& HEART INSTITUTE

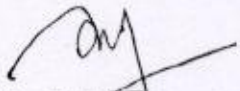
Patient Name : Mrs. Sangitaben J Vasava
Registration No : 101-024-3343-000
Sex : Female
Patient Arrived At : 16-Mar-2024 09:00:00 AM
Test Name : ECHO STUDY

DOB : 16-Mar-1976
Age : 48 Yrs/
Result Verified At : 16-Mar-2024 12:55

2D ECHO CARDIOGRAPHY REPORT

- S/P MV REPLACEMENT
- Metallic Prosthetic mitral valve insitu , functioning normally. Peak & Mean gradients are 8/4 mmHg, opening and closing clicks present, No rocking movement of valve seen. Trivial intravalvular MR, No paravalvular leak. No e/o valve dehiscense
- LA is mildly dilated (42mm)
- Borderline LVH+
- Normal LV Systolic function at Rest, LVEF = 55-60 %
- No RWMA at Rest.
- AV – Trivial AR, No AS
- TV – Normal , No TS/ Trivial TR PV – No PS / Mild PR
- No pulmonary Hypertension, RVSP = 29 mmHg
- IAS / IVS Intact ,jerky IVS
- No e/o obvious Clot / Vegetation /effusion
- IVC normal diameter and collapse > 50 % with respiration

IMPRESSION : S/P MVR ;NORMALLY FUNCTIONING PROSTHESIS, NORMAL LV FUNCTION


Dr. Milan Mehta
D.Card (Mumbai)
Non-Invasive cardiology

Soorya M.
Echo technologist

Dr. Jayvirsinh Atodariya
MD, DM, CARDIOLOGY
Consultant: Interventional Cardiology

48 Years

16-Mar-24 12:37:14 PM

Sardar Patel Hospital

Emergency

Rate 95
 RR 632
 PR 108
 QRS 91
 QT 359
 QTc 452

· Sinus rhythm.....normal P axis, V-rate 50- 99
 · Short PR interval.....
 · LAE, consider biatrial enlargement.....PR <110ms
 · Probable left ventricular hypertrophy.....P>80ms <-.15mV V1&>.25mV limb lds
multiple LVH criteria

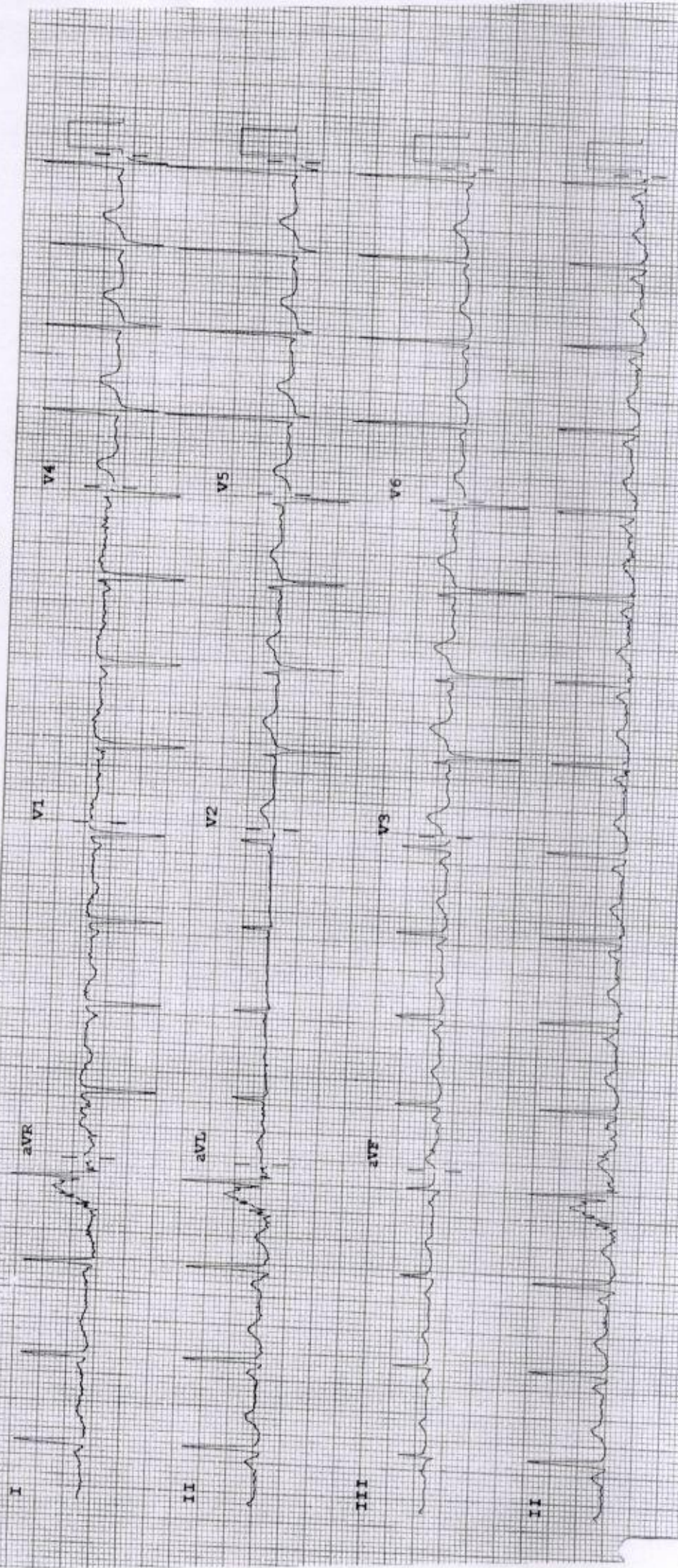
--AXIS--

P 55
 QRS 42
 T 67

12 Lead; Standard Placement

- ABNORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec
 Limb: 10 mm/mV
 Chest: 10.0 mm/mV

F 50-0.50-100 Hz W

100B CL

P?

for PHILIPS

REORDER M2425