

LETTER OF APPROVAL / RECOMMENDATION

To.

The Coordinator, Mediwheel (Arcofemi Healthcare Limited) Helpline number: 011- 41195959

Dear Sir / Madam.

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS		
NAME	MR. KUMAR DALIP		
EC NO.	74894		
DESIGNATION	HEAD CASHIER "E"_II		
PLACE OF WORK	KHOJKIPUR		
BIRTHDATE	18-03-1973		
PROPOSED DATE OF HEALTH CHECKUP	23-03-2024		
BOOKING REFERENCE NO.	23M74894100100086E		

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from 14-03-2024 till 31-03-2024 The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a cashless facility as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofem) Healthcare Limited))



SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years)
	and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



गहनान पत्र खोने, चोरी या खराव होने पर धारक इसके लिए जिमोदाए होगा.

पष्ट्यान पत्र खोषे की सूचना तुरला पुलिस एवं पूर्ण कार्यालय या प्रैंक की नजदीकी शासा को हैं.

मिलने पर निम्नलिखित की शीटाएँ :

वेंक ऑक वंदीता कापिरिट सैंटर 26, G-इनोंब, बांद्रा-सूली कॉम्प्लेवस, बांद्रा (पूर्व), मुंबई - 400 051, भारत. फोन : 5698 5007

रस्त गर Blood Group: B+

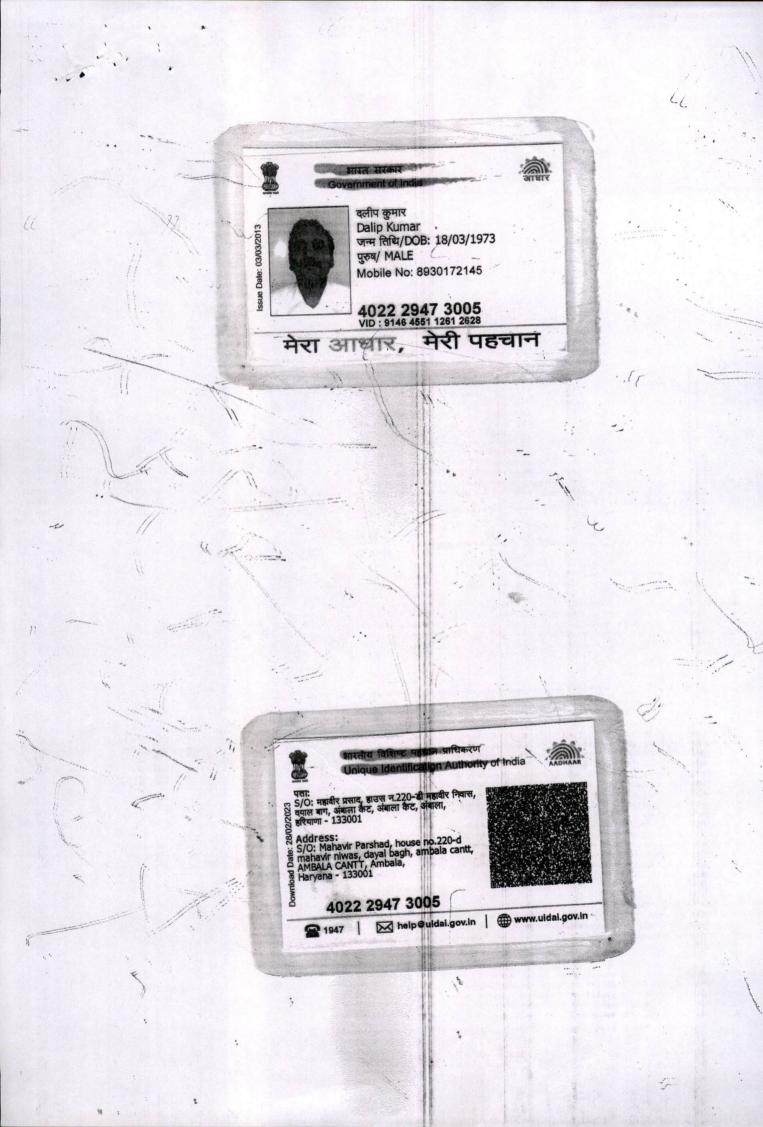
पहचान चिन्ह् Identification Marks :

A black mole on right cheek.

Holder will be held responsible against loss, that or damage.

Loss must be reported immediately to police and parent nearest bank office.

If found, please return to: Bank of Baroda Corporate Centre C-26, G-Block, Bandra-Kurla Complex, Bandra (East) Mumbai - 400 051, India Phone : 5698 5007





Patient Name

: Mr. DALIP KUMAR

Age / Gender

: 51 / Male

Referred By

: Dr. Aniket Saini

Req.No
Patient Type

: 2436938 : OPD UHID

: 42108

IPNO

Requisitions

: 23/03/2024

Reported on

: 23/03/2024

HAEMATOLOGY

COMPLETE HAEMOGRAM (CBC ESR)

Specimen Type: Whole Blood (EDTA)		В	BIOLOGICAL	
TEST NAME	RESULT	UNITS R	EF. INTERVAL	METHOD
Haemoglobin	14.8	g/dl	13.0 - 17.5	Cyanide-Free Colorimetry
Total Leucocyte Count	6000	cells/cu.mm	4000 - 10000	Impedance Variation
DIFFERENTIAL COUNT				
Neutrophils.	72	%	40.0 - 80.0	Flow Cytometry
Lymphocytes.	20	%	20.0 - 40.0	Flow Cytometry
Monocytes	06	%	2.0 - 10.0	Flow Cytometry
Eosinophils.	02	%	1.0 - 6.0	Flow Cytometry
Basophils	00	%	0.0 - 1.0	Flow Cytometry
Platelet Count	198	1000/cumm	150 - 450	Electrical Impedance
RED BLOOD CELL COUNT	4.93	millions/cum m	4.5 - 5.5	Electrical Impedance
PACKED CELL VOLUME	43.2	%	40 - 50	Calculated
MEAN CORPUSCULAR VOLUME	87.6	fL	76 - 100	Measured
MEAN CORPUSCULAR HAEMOGLOBIN	30.0	pg	27 - 32	Calculated
MEAN CORPUSCULAR Hb CONC	34.3	g/dl	32 - 36	Calculated
E.S.R.	16 mm	mm at the end of 1st hr	0 - 15	Westergren

-*** End of Report ****

Please Correlate With Clinical Findings

Dr SEEMILY KAHMEI
MD PATHOLOGY

Lab Technician

Dr. SEEWILY KAHMEI

Dr. VISHAL SALHOTRA

MD (Pathology)
Page 1 of 1

Sultanpur Chowk, Nr. Dhulkot Barrier, Ambala Chandigarh Expy, Ambala, Haryana 134003 Ph.: 74320 00000, 74969 79727

the health care providers



Patient Name

: Mr. DALIP KUMAR

: 51 / Male

Age / Gender Referred By

: Dr. Aniket Saini

Req.No

: 2436938

Patient Type

OPD

UHID

: 42108

IPNO

Requisitions

23/03/2024

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23/03/2024

CLINICAL PATHOLOGY

URINE ROUTINE MICROSCOPY

Specimen Type: Urine			BIOLOGICAL	
TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
PHYSICAL EXAMINATION				
Sample Volume	20	ml		
colour	Pale Yellov	W	Pale Yellow	
Appearance	Clear		Clear	
Specific	1.030			Ion Exchange
Reaction.	Acidic		Acidic	
pH -Urine	5.0			Double Indicator
Blood	Negative		Negative	
Albumin.	NIL		Absent	Acid/Base
				Exchange
Glucose	NIL		Absent	Oxidase/Peroxid
Urine Ketone	Negative			ase Legals Test
Bile Salt	NIL		NIL	Logaio Tool
Bile Pigment	NIL		NIL	Diazo/Fouchets
3				Test
Urobilinogen	NIL		NIL	Ehrlich Reaction
Leucocyte	Negative		Negative	Granulocyte
				Esterases

-*** End of Report ****

Please Correlate With Clinical Findings

Dr SEEMILY KAHMEI MD PATHOLOGY

Lab Technician 2360 SEEMILY KAHMEI MD (Pathology)

Dr. VISHAL SALHOTRA MD (Pathology)

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Sultanpur Chowk, Nr. Dhulkot Barrier, Ambala Chandigarh Expy, Ambala, Haryana 134003 Ph.: 74320 00000, 74969 79727

the health care providers

Patient Name

: Mr. DALIP KUMAR

UHID

: 42108

Age / Gender

51 / Male

IPNO

42100

Referred By

: Dr. Aniket Saini

Requisitions

23/03/2024

Req.No

2436938

Reported on

: 23/03/2024

Patient Type

. OPD

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION

PUS CELLS - URINE

2-3

Red blood cells

Nil

NIL

Epithelial Cells - Urine

1-2

4---5/HPF

Casts

NIL

NIL

NIL

Microscopic

Crystals.

1411

NIL

Microscopic

Interpretation:-

Albumin:

1+(30mg/dl)

2+(100ma/dl)

3+(300mg/dl)

4+(>2000mg/dl)

Glucose:

1+(100mg/dl)

2+(250mg/dl)

4+(1000mg/dl)

3+(500mg/dl)

-*** End of Report ****

Please Correlate With Clinical Findings

Dr SEEMRYKAHMEI

Lab Technicia DASEE OLOGAMEI 2360 MD (Pathology)

Walkot Van

Dr. VISHAL SALHOTRA
MD (Pathology)
Page 2 of 2

Sultanpur Chowk, Nr. Dhulkot Barrier, Ambala Chandigarh Expy, Ambala, Haryana 134003 Ph.: 74320 00000, 74969 79727

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Patient Name

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/ 10.14 A

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Reported on

23/03/2024

/ 3.18

SEROLOGY

BLOOD GROUP and RH TYPE

UNITS

Specimen Type

WHOLE BLOOD

RESULT

BIOLOGICAL

REFERENCE INTERVAL

MET

TEST NAME Blood Group

" O " RH POSITIVE

Hema

-**** End of Report ****

Please Correlate With Clinical Findings

Lab Technician

248 (Bathology)

Dr. VISHAL SALHOTRA → MD (Pathology)

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Patient Name

: Mr. DALIP KUMAR

: 51 / Male

Age / Gender Referred By

Patient Type

: Dr. Aniket Saini

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: 42108

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Requisitions

23/03/2024

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23/03/2024

BIOCHEMISTRY

BLOOD SUGAR FASTING AND PP

Specimen Type: Serum			BIOLOGICAL	
TEST NAME	RESULT	UNITS	REF. INTERVA	L METHOD
FASTING PP				
Plasma glucose (Fasting)	142.4	mg/dl	70 - 110	GOD-POD
Plasma Glucose(POST Prandial)	202.53	mg/dl	90 - 140	Hexokinase GOD-POD Hexokinase

-*** End of Report ****

Please Correlate With Clinical Findings

Lab Technician

D (Pathology)

Dr. VISHAL SALHOTRA MD (Pathology)
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Sultanpur Chowk, Nr. Dhulkot Barrier, Ambala Chandigarh Expy, Ambala, Haryana 134003 Ph.: 74320 00000, 74969 79727

health care providers



Patient Name

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UHID

: 42108

Age / Gender

: 51 / Male

IPNO

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: Dr. Aniket Saini

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23/03/2024

Req.No

: 2436938

Reported on

23/03/2024

Patient Type

. OPD

BIOCHEMISTRY

HBA1C

Specimen Type: WHOLE BLOOD

BIOLOGICAL

TEST NAME

RESULT

UNITS

%

REF. INTERVAL METHOD

Glycosylated Haemoglobin

8.7

4.2 - 5.7

HPLC

(HbA1c)

Estimated Average Glucose (eAG)

202.99

mg/dL

Calculated

Interpretation for HbA1c% as per American Diabetes Association (ADA)

Non diabetic adults: <5.7 At risk (Prediabetes): 5.7-6.4 Diagonsing Diabetes: >=6.5

Therapeutic goals for glycemic control: Age > 19 years, Goal of therapy: <7.0

Age <19 years, Goal of therapy: <7.5

-*** End of Report ****

Please Correlate With Clinical Findings

Dr SEEMILY KAHMEI MD PATHOLOGY,

Lab Technicia 236 19 60 MILY KAHMEI MD (Pathology)

Dr. VISHAL SALHOTRA MD (Pathology) Page 1 of 1

Sultanpur Chowk, Nr. Dhulkot Barrier, Ambala Chandigarh Expy, Ambala, Haryana 134003 Ph.: 74320 00000, 74969 79727

health care providers



Patient Name

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: 51 / Male

IPNO

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: Dr. Aniket Saini

Requisitions

23/03/2024

Req.No

: 2436938

Reported on

23/03/2024

Patient Type

: OPD

IMMUNOLOGY

THYROID PROFILE

Specimen Type: Serum			BIOLOGICAL	
TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
Tri-iodothyronine (T3)	0.880	ng/mL	0.69 - 2.15	CLIA
Thyroxine (T4)	65.5	ng/mL	52 - 127	CLIA
Thyroid Stimulating Hormone (TSH)	2.89	μIU/mL	0.3 - 4.5	CLIA

Interpretation:

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pitutary-hypothala- mus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. Certain conditions like pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids may cause false thyroid values.

Reference ranges of TSH in pregnancy

1st Trimester = 0.1-2.5

2ed Trimester = 0.2-3.0

3rd Trimester = 0.3-3.0

TSH levels are subject to circadian variation peaking early morning and a low level in the evening. The time of the day has influence on the measured serum TSH concentrations.

-**** End of Report ****

Please Correlate With Clinical Findings

Lab Technician

BASEEMILY KAHMEI MD (Pathology)

Dr. VISHAL SALHOTRA MD (Pathology)

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Sultanpur Chowk, Nr. Dhulkot Barrier, Ambala Chandigarh Expy, Ambala, Haryana 134003 Ph.: 74320 00000, 74969 79727

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Patient Name

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Age / Gender

: 51 / Male

Referred By

: Dr. Aniket Saini

Req.No Patient Type : 2436938

: OPD

UHID

42108

IPNO

Requisitions

23/03/2024

Reported on

23/03/2024

BIOCHEMISTRY

LIPID PROFILE

Specimen Type: Serum			BIOLOGICAL	
TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
LIPID PROFILE				
SERUM CHOLESTROL	148.1	mg/dl	0 - 200	Cholestrol
				Oxidase -
Serum Triglycerides	79.9	m a /d]	IIn to 150	Peroxidase
Serum Highyceriaes	79.9	mg/dl	Up to 150	GPO -Trinder
HDL Cholesterol	46.5	mg/dl	0 - >50	Oxidase -
				Peroxidase
LDL Cholesterol	85.6	mg/dl	0 - >100	Calculated
VLDL Cholesterol	16.0	mg/dL	0 - < 30	Calculated
Recommended out points for linid profile				

Recommended cut points for lipid profile Category : Acceptable : Borderline : High Cholestrol: <200: 200-239: >=240 Triglycerdes: <150 : 150-199 : 200-499 LDL cholestrol:<100:100-129:160-189

-*** End of Report ****

Please Correlate With Clinical Findings

Dr SEEMILY KAHMEI

Lab Technician

D PATHOLOGY (Pathology)

Dr. VISHAL SALHOTRA MD (Pathology) Page 1 of 1

Sultanpur Chowk, Nr. Dhulkot Barrier, Ambala Chandigarh Expy, Ambala, Haryana 134003 Ph.: 74320 00000, 74969 79727

health care providers



Patient Name

: Mr. DALIP KUMAR

UHID

42108

Age / Gender

: 51 / Male

IPNO

Referred By

: Dr. Aniket Saini

Requisitions

23/03/2024

Req.No

: 2436938

Patient Type

: OPD

Reported on

23/03/2024

BIOCHEMISTRY

KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

Specimen Type: Serum			BIOLOGICAL	
TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
<u>Urea Creatinine</u>				
Serum Urea	24.8	mg/dl	13 - 45	UreaseGLDH
Serum Creatinine	1.05	mg/dL	0.6 - 1.4	Modified
				JAFFEs
Serum Uric Acid	4.53	mg/dl	3.5 - 7.2	Uricase Trinder, End Point (Toos)
Serum Sodium	138.5	meq/l	135 - 155	ISE Indirect
Serum Potassium	3.65	meq/l	3.5 - 5.6	ISE Indirect

^{*}Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings.

-*** End of Report ****

Please Correlate With Clinical Findings

Dr SEEMILY KAHMEI MD PATHOLOGY

Lab Technician

2068 EMILY KAHMEI MD (Pathology)

Dr. VISHAL SALHOTRA MD (Pathology)

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health care providers



Patient Name

: Mr. DALIP KUMAR

: 51 / Male

Age / Gender Referred By

: Dr. Aniket Saini

Req.No **Patient Type** : 2436938

UHID

42108

IPNO

Requisitions

23/03/2024

Reported on

23/03/2024

BIOCHEMISTRY

LFT(LIVER FUNCTION TEST)

Specimen Type: Serum	9		BIOLOGICAL	
TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
TOTAL BILIRUBIN	0.91	mg/dL	0.1 - 1.2	Diazotized Sulphanilic Acid
DIRECT BILIRUBIN	0.41	mg/dL	0.00 - 0.20	Diazotized Sulphanilic Acid
INDIRECT BILIRUBIN	0.50	mg/dL	0.0 - 0.9	Calculated
SGOT (AST)	33.6	IU/L	0 - 35	IFCC WPP AMP
SGPT (ALT)	44.6	IU/L	5 - 40	IFCC WPP AMP
Alkaline Phosphatase	90.7	IU/L	50 - 136	Modified IFCC
Total Protein	6.44	g/dl	6.4-8.2	Biuret Endpoint
Albumin - Serum	4.26	g/DL	3.2 - 5.0	Photometric Column test BCG Dye
Globulin	2.18	gms%	2.3 - 4.5	Calculated

^{*}Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings.

-*** End of Report ****

Please Correlate With Clinical Findings

Dr SEEMILY KAHMEI

MD PAGE LOGY

Lab Technician

609 SEEMILY KAHMEI MD (Pathology)

Dr. VISHAL SALHOTRA MD (Pathology)

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Sultanpur Chowk, Nr. Dhulkot Barrier, Ambala Chandigarh Expy, Ambala, Haryana 134003 Ph.: 74320 00000, 74969 79727

health care providers



Patient Name

: Mr. DALIP KUMAR

UHID

42108

Age / Gender

: 51 / Male

IPNO

Referred By

Dr. Aniket Saini

Requisitions

23/03/2024

Reg.No

: 2436938

Reported on

23/03/2024

Patient Type

OPD

IMMUNOLOGY

PSA (PROSTATE SPECIFIC ANTIGEN TOTAL)

Specimen Type: Serum

RESULT

UNITS

BIOLOGICAL

REF. INTERVAL METHOD

TEST NAME

PROSTATE SPECIFIC ANTIGEN(PSA)

0.382

ng/mL

0 - 4.00

CLIA

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the epithelial cells lining the prostatic ducts and acini. PSA is used as a tumor marker for the early detection of prostate cancer.

PSA value results cannot be interpreted as absolute evidence of the presence or absence of malignant disease. The PSA value should be used in conjunction with information from clinical evaluation and other diagnostic procedures. PSA levels can be elevated in patients with prostatitis, Benign Prostatic Hyperplasia, urethral or prostatic trauma, Cystoscopy. Frostate biopsy can cause substantial elevation of PSA levels. Ejaculation and DRE have been reported to increase PSA levels but studies havr shown the effects to be variable or insignificant.

-*** End of Report ****

Please Correlate With Clinical Findings

Dr SEEMILY KAHME! MD PAPHOLOGY,

Lab Technician

DE SEEMILY KAHMEI MD (Pathology)

Dr. VISHAL SALHOTRA MD (Pathology) Page 1 of 1

Sultanpur Chowk, Nr. Dhulkot Barrier, Ambala Chandigarh Expy, Ambala, Haryana 134003 Ph. :74320 00000, 74969 79727

health care providers



NAME : MR. DALIP KUMAR AGE / SEX : 51 YRS /M REF. BY : DR. ANIKET SAINI REG.DATE : 23/03/2024

UHID : 42108/OPD

USG WHOLE ABDOMEN

LIVER:

Normal in size and shows raised echogenicity with normal outline. No focal lesion is seen.

Intrahepatic biliary radicals are normal. Portal vein is normal.

GALL BLADDER:

is partially distended. Wall thickness is normal. No mass/calculus seen in its lumen.

CBD is normal in caliber

PANCREAS:

Normal in size and echotexture

SPLEEN:

Normal in size and echotexture. No focal lesion is seen.

KIDNEYS:

Both kidneys are normal in size, shape and echotexture. No mass lesion is seen.

Cortical thickness and corticomedullary differentiations are maintained on both sides.

No hydronephrosis/calculus is seen.

URINARY BLADDER:

Nearly empty.

PROSTATE:

Visualized prostate appears prominent in size & measures ~22cc.

No free fluid is seen in abdomen.

IMPRESSION:

· Grade I fatty liver.

Please correlate clinically & with other investigations.

DR JASPREE CADIO-DIACNOSIS

MABR. MULRADIO-DIACNOSIS

DR. JASPREET SINGH

MBBS, M.D. & DNB, EDIR, FVIR

INTERVENTIONAL RADIOLOGIST

PMC 44907

THIS REPORT IS NOT VALID FOR MEDICOLEGAL PURPOSES
Thanks for the Referral, With Regards

STELLET & . UALITY OF
NABH
ACCREDITED

Patient Name	: DALIP KUMAR	Gender	: Male
Age	: 51 Y	Date	: Mar 23, 2024
Referring Doctor	:.	Patient II	v : 4210 8

X-RAY CHEST

VIEWS

PA View of Chest

CLINICAL HISTORY

FINDINGS

- The heart is normal in size and contour.
- The aorta is normal.
- The mediastinum, hila and pulmonary vasculature are also normal.
- Trachea is central. Tracheo-bronchial tree is normal.
- No focal lung lesion is seen.
- No pneumothorax is seen.
- The costophrenic sulci and hemidiaphragms are preserved.
- Bony thoracic cage is normal. Both domes of diaphragm are normally placed. No soft tissue abnormality seen.

IMPRESSION

No gross chest abnormality is seen.

RECOMMENDATION

Kindly correlate with other clinical parameters.

Dr. Bikramjit Sahu **DNB** (Radiodiagnosis) **Reg -** Reg. No. 54997



COLOR DOPPLER ECHO CARDIOGRAPHY REPORT

NAME:MR.DALIP KUMAR

AGE:51Y/M

MR.NO.-42108

REFD.BY:DR.ANIKET

DATED:23/03/2024

On 2D examination MITRAL VALVE

AML- Thin, no anterior mitral leaflet

Flutter, There is no prolapse of AML

PML - Thin, no prolapse moves posteriorly during

Diastole

Mitral Annular Calcification present,

No Subvalvular Pathology.

TRICUSPID VALVE

Thin. Opening well, no prolapse

AORTIC VALVE

Normal, Opening well Morphology - Tricuspid

PULMONARY VALVE

Thin. Opens well. Pulmonary Artery not dilated.

LEFT VENTRICLE

There is no left ventricular hypertrophy. There is no regional wall motion abnormality.

LEFT ATRIUM

Normal in size

RIGHT ATRIUM

Normal in size

RIGHT VENTRICLE

Normal in size

PERICARDIUM

Visual LVEF

Normal

MEASUREMENTS

(NORMAL VALUES)

IVI-IVIODE	400000	[0.6 - 1.2cm]
Inter Vent. Septum Thickness (D)	10mm	
INTER VENT. SEPTUM THICKNESS (S)	15mm	[0.9 - 1.8cm]
INTER VENT. SEPTOM THIORIZED (5)	52mm	[3.7 - 5.6cm]
Left Ventricular ED Dimension		[2.2 - 4.0 cm]
Left Ventricular ES Dimension	34mm	
LV Destarior Wall Thickness (D)	10mm	[0.6 - 1.2cm]
LV Posterior Wall Thickness (D)	16 mm	[0.9 - 1.8cm]
LV Posterior Wall Thickness (S)	G 100 KIRWAN 200	[2.0 - 3.7 cm]
Aortic Root Diameter	26mm	
	30mm	[1.9 - 4.0 cm]
Left Atrial Diameter		[54 – 76%]
Ejection Fraction	60%	[04 10 70]
Visual I VEE	60%	

Sultanpur Chowk, Nr. Dhulkot Barrier, Ambala Chandigarh Expy, Ambala, Haryana 134003 Ph.: 74320 00000, 74969 79727



ON INTERROGATING WITH PULSE & CONTINUOUS WAVE DOPPLER IT WAS

MITRAL DIASTOLIC FLOW: E Vel	. 0.8m/sec , A Vel. 0.5m/sec	
MITTAL BIXOTOLIS	E>A	
Aortic Forward Velocity:	1.10 m/sec	
Pulmonary Forward velocity :	0.70 m/sec	

NO MITRAL REGURGITATION.
NO AORTIC REGURGITATION.
TRACE TRICUSPID REGURGITATION
NO PULMONARY REGURGITATION PRESENT

ON COLOR FLOW IMAGING THERE WAS ->

NO MITRAL REGURGITATION.
NO AORTIC REGURGITATION.
TRACE TRICUSPID REGURGITATION
NO PULMONARY REGURGITATION PRESENT

COMMENTS

No clot seen. No vegetation on any valve. No intra cardiac mass. IAS IVS intact NO Pericardial Effusion

FINAL IMPRESSION: -

- NO LVH.
- NO RWMA.
- NORMAL LV SYSTOLIC FUNCTION.
- EJECTION FRACTION =60%.
- NO AORTIC REGURGITATION
- NO MITRAL REGURGITATION
- TRACE TRICUSPID REGURGITATION
- NORMAL LV DIASTOLIC FUNCTION

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