

**HEALTH CHECK-UP**

NAME - Poonam Verma      AGE - 44/f      DATE - 05.04.2024

ADDRESS - APOLLO .

**ON EXAMINATION;**

Height - 152 cm      Weight 70 kg      Pulse 67 mint

BP – 120/80mmHg

**SYSTEMS**

- a) Respiratory      - Normal vesicular breath sounds  
                             - No adventitious sound
- b) Cardio Vascular      - S1 S2 normal, No murmur
- c) Central Nervous      - Normal
- d) Abdomen      - Soft  
                             Liver/Spleen – Not palpable
- e) Locomotor      - Normal

**CHEST X RAY - Haziness is noted in B/l lower zone.  
Bronchovascular markings appear prominent in perihilar region.  
Both hila appear prominent.**

**ECG- Normal**

**ECHO – (Occasional ventricular ectopics)**

**USG BREASTS - Normal**

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**USG- Fatty liver Grade 1.**  
**Minimal right sided pleural effusion**  
**Bulky uterus with an ill defined hypoechoic lesion in posterior myometrium.**  
**ADV – TVS for further evaluation.**

**BIOCHEMICAL ANALYSIS;**

HAEMOGLOBIN	9.6
ESR	22
PCV	33.0
MCV	72.4
MCH	21.3
MCHC	29.4
SGPT	53.0
S. BILIRUBIN (TOTAL)	1.25
S. BILIRUBIN (DIRECT)	0.40
ALKALINE PHOSPHATASE	214.0

(Advice: Regular Exercise)

Low fat diet

*Anuj Goyal*

GENERAL PHYSICIAN

DR. ANUJ GOYAL  
MBBS, MD (Internal Medicine)  
Regn. No-DMC/2003/784  
Umkal Hospital

Review in OPD SOS.

Poonam Verma

5-4-24

4742 hf

V T 6/9  
6/12 P

V T 6/6 P  
6/6 P

NV T N-12  
N-6

NV e gl T N-6  
Colonys T N-6  
WM  
WM.



Handwritten signature and circular stamp of UMKAL Hospital Pvt. Ltd.

stulgu,

Pooran Desai / 44 yrs / Female

Pt. came for regular annual health check-up,

ECG = Normal

CLC :- Headache x 1 Day.

Past History :- KID's Allergic Rhinitis & Br. Asthma  
x 2-25 yrs.

Personal History :- Mixed Diet  
No addiction.

Family History :- ~~None~~ Father has allergic rhinitis.

Allergic History :- Allergic to dust.

Obs. History :- LMP = 24/02/24.  
Regular cycle.

O/E :- Pt. is conscious & oriented w.r.t time, place & person.

PIA :- Soft & non-tender.

Resp :- B/L equal air entry.

CNS :-  $\odot$  S. & D.

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CNS :- NAD.

Prejal

14/24.



Poonam Ashwini Verma Age 44/F

Marnied since 2008

GPA - 2012 | LSCS  
32 1 2014 | both

No H/O Contraception

M/H - Regular  
Delayed this month

UPT - Negative

Medical Hx - Nothing significant

Surgical Hx - Cholelithiasis  
2015

Hx - Allergic Rhinitis

Repeat UPT - 1 week  
Serum HCG -

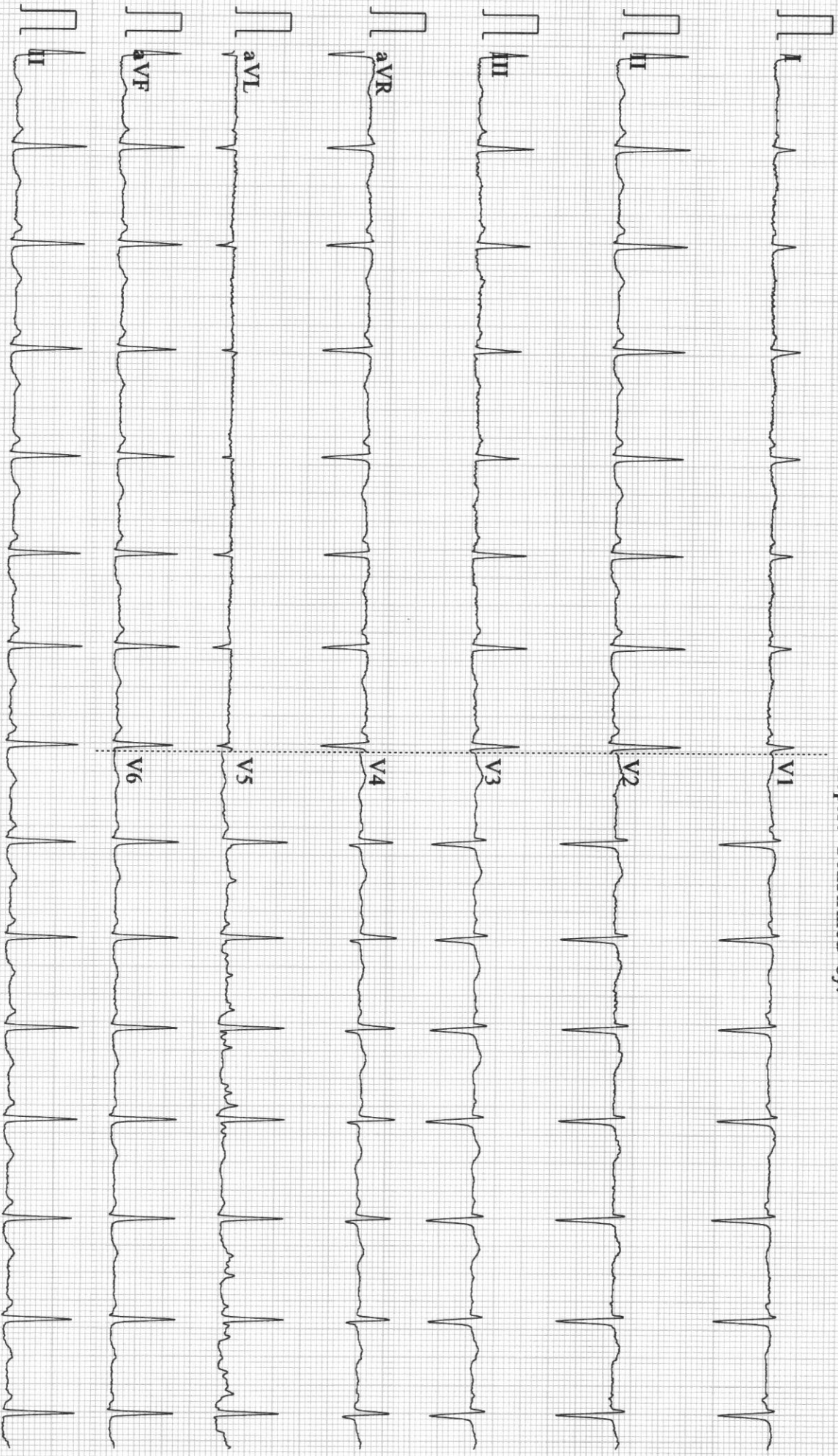
*[Signature]*

Poonam Verma  
Female  
Req. No. :      Years

HR : 87 bpm  
P : 96 ms  
PR : 130 ms  
QRS : 83 ms  
QT/QTc/Bz : 378/455 ms  
P/QRS/T : 62/70/58 °  
RV5/SV1 : 1.118/0.966 mV

Diagnosis Information:  
Sinus Arrhythmia  
Low T Wave(V5, V6)

Report Confirmed by:



0.67~25Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r V2.22 SEMIP V1.92 UMKAL HOSPITAL

897

Name	: Ms. POONAM VERMA	MR No	: UH037427
Age/Gender	: 44 Y/F	Visit ID	: OP048523
Admitting Doctor	:	Sample Collected on	: 05-04-2024 09:00
Lab ID No	: LAB065511	Sample Received on	:
		Report Released on	: 05-04-2024 13:00

## Laboratory Report

### Hematology

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: EDTA			
<b>BLOOD GROUP (ABO &amp; RH TYPING)</b>	"O" POSITIVE		
Sample Type: EDTA			
<b>CBC WITH ESR</b>			
HAEMOGLOBIN	9.6 *	gm/dL	13 - 18
TOTAL LEUCOCYTE COUNT	7,600	cell/cum	4000 - 11000
D.L.C = POLYMORPHS	60	%	40 - 75
LYMPHOCYTES	32	%	20 - 45
EOSINOPHILS	05	%	01 - 06
MONOCYTES	03	%	0 - 08
BASOPHILS	00	%	0 - 01
E.S.R (WINTROBE)	22 *	mm/1st	0 - 9
RED BLOOD CELLS	4.5	Millions	3.5 - 5.5
PLATELET COUNT	2.8	lakh/cum	1.5 - 4.5
P.C.V	33.0 *	%	35 - 50
M.C.V	72.4 *	fl	80 - 96
M.C.H	21.3 *	pg	27 - 32
M.C.H.C	29.4 *	%	32 - 36

\*\*\*End of the report\*\*\*

*Rallam*

Checked By  
Lab Technician

Verified By

*CP*

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DR. PRIYAVART MEHARWAL  
MBBS, MD  
Pathologist

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## Laboratory Report

### Biochemistry

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Serum			
<b>KFT</b>			
BLOOD UREA	28.0	mg/dl	10 - 50
SERUM CREATININE	0.98	mg/dl	0.6 - 1.2
SERUM URIC ACID	5.7	mg/dl	3.5 - 7.0
SERUM SODIUM	138.0	mEq/l	135 - 155
SERUM POTASSIUM	4.4	mEq/l	3.5 - 5.5
SERUM CALCIUM	8.6	mg/dl	8.6 - 10.6
Sample Type: Serum			
<b>G.G.T.P. 1533</b>			
G.G.T.P.	19.4	U/ML	upto - 47
Sample Type: Serum			
<b>SERUM LIPID PROFILE 1514</b>			
CHOLESTEROL	162.0	mg/dl	150 - 200
SERUM TRIGLYCERIDES	100.2	mg/dl	70 - 170
HDL CHOLESTEROL	51.3	mg/dl	30 - 88
LDL CHOLESTEROL	90.7	mg/dl	upto - 150
VLDL CHOLESTEROL	20.0	mg/dl	20 - 45
TOTAL CHOLESTEROL/HDL	3.1	ref.cut	upto - 4.96
LDL/HDL RATIO	1.7	ref.cut.	upto - 4.96

Sample Type: Serum

*Pallavi*

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Lab Technician

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*CP*

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**LFT 1513**

S.G.O.T	38.6	U/L	upto - 40
S.G.P.T	<b>53.0 *</b>	U/L	upto - 45
S. BILIRUBIN (TOTAL)	<b>1.25 *</b>	mg/dl	0.1 - 1.2
S. BILIRUBIN (DIRECT)	<b>0.40 *</b>	mg/dl	upto - 0.30
ALKALINE PHOSPHATASE	<b>214.0 *</b>	U/L	60 - 170
TOTAL PROTEINS	7.1	g/dl	6.5 - 8.0
ALBUMIN	4.1	g/dl	3.5 - 5.5
GLOBUMIN	3.1	g/dl	2.3 - 3.5
A:G RATIO	1.3:1		1.5 - 2.5

\*\*\*End of the report\*\*\*



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Lab ID No	: LAB065511	Sample Received on	:
		Report Released on	: 05-04-2024 13:14

## Laboratory Report

### Biochemistry

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Urine			
URINE SUGAR FASTING	NIL		

### CLINICAL PATHOLOGY

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Urine			
URINE ROUTINE & MICROSCOPIC 1383			
COLOUR	P. YELLOW		
APPEARANCE	CLEAR		
SPEC. GRAVITY	1.020		
REACTION	6.0		
ALBUMINE	NIL		
SUGAR	NIL		
KETONE BODIES	NIL		
BLOOD	NIL		
LEUKOCYTES	NIL		
NITRITE	NIL		
UROBILINOGEN	NIL		
MICROSCOPIC EXAM			
PUS CELLS	1-2	/HPF	0 - 05
RBC CELLS	NIL	/HPF	0 - 02
EP CELLS	2-3	/HPF	0 - 05
CASTS	NIL		

*Pallavi*

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Lab Technician

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Age/Gender	: 44 Y/F	Visit ID	: OP048523
Admitting Doctor	:	Sample Collected on	: 05-04-2024 09:00
Lab ID No	: LAB065511	Sample Received on	:
		Report Released on	: 05-04-2024 13:14

CRYSTALS	NIL
BACTERIA	NIL
OTHER	NIL

\*\*\*End of the report\*\*\*

*Pallavi*

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Age/Gender	: 44 Y/F	Visit ID	: OP048523
Admitting Doctor	:	Sample Collected on	: 05-04-2024 09:00
Lab ID No	: LAB065512	Sample Received on	:
		Report Released on	: 05-04-2024 13:00

## Laboratory Report

### Biochemistry

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Urine			
<b>PREGNANCY TEST 1508</b>			
PREGNANCY TEST	NEGATIVE		

\*\*\*End of the report\*\*\*

*Pallavi*

Checked By  
Lab Technician

Verified By

*CP*

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MBBS, MD  
Pathologist

Name	: Ms. POONAM VERMA	MR No	: UH037427
Age/Gender	: 44 Y/F	Visit ID	: OP048523
Admitting Doctor	:	Sample Collected on	: 05-04-2024 09:00
Lab ID No	: LAB065511	Sample Received on	:
		Report Released on	: 05-04-2024 14:00

## Laboratory Report

### Biochemistry

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Urine <b>URINE SUGAR PP</b> Urine Sugar PP	NIL		
Sample Type: Serum <b>BLOOD SUGAR - FASTING</b> BLOOD SUGAR FASTING	104.5	mg/dl	70 - 110
Sample Type: Serum <b>BLOOD SUGAR - PP 1465</b> BLOOD SUGAR PP 1465	122.0	mg/dl	70 - 140

\*\*\*End of the report\*\*\*

*Pallavi*

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Lab Technician

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*P*

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Pathologist

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## Laboratory Report

### Biochemistry

HBA1C 1510

Test Name	Value	Unit	Bio Ref.Interval
HbA1c (Glycated Haemoglobin)	5.6	%	4.0 - 6.2

#### REMARKS-

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

The American Diabetes Association(ADA) recommendations are summarized as below:

Ref Range for HBA1c ( In % ):

Non diabetic Adults ( Age  $\geq$ 18 years ) < 5.7

At risk (Pre-Diabetic) : 5.7- 6.4

Diagnosing Diabetes:  $\geq$  6.5

HbA1c goals in treatment of diabetes:

Ages 0-6 years: 7.6% - 8.4%

Ages 6-12 years: <8%

Ages 13-19 years: <7.5%

Adults: <7%

\*\*\*End of the report\*\*\*

*Pallani*

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Lab Technician

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*PR*

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Emergency Ph No.: 0124 4100000

DR. PRIYAVART MEHARWAL

MBBS, MD

Pathologist

Ms. POONAM VERMA



10094870

44 Years/Female



Panel : Umkal Hospital, Patient Id  
A-520 Sushant Lok-1, Gurugram, Haryana Collected  
122022

Referred By : -

Analysed  
Reported  
Status



: 012404050251  
: 05 Apr 2024 02:11 PM  
: 05 Apr 2024 03:06 PM  
: 05 Apr 2024 03:06 PM  
: Final

**DEPARTMENT OF IMMUNOASSAY**

Test Name	Value	Unit	Bio Ref.Interval
<b>TFT (Thyroid Function Test) Total</b>			
Triiodothyronine, Total (T3) (Serum,CMIA)	97	ng/dL	70-204
Thyroxine, Total (T4) (Serum,CMIA)	8.11	ug/dL	5.5-11.0
TSH Ultra,Sensitive (Serum,CMIA)	2.98	µU/ml	0.35-5.5

**Comment**

**T<sub>3</sub> or 3,5,3 triiodothyronine** is a hormone synthesized and secreted from the thyroid gland, and formed by peripheral deiodination of thyroxine (T<sub>4</sub>). The determination of it in serum is essential in assessing thyroid functions. T<sub>3</sub> is secreted by thyroid glands and circulates in the blood stream; mostly bound to the plasma protein, thyroxin binding globulin (TBG) and prealbumin and albumin.

**T<sub>4</sub> or Thyroxine or 3,5,3,5-tetraiodothyronine** is a hormone synthesized and secreted by the thyroid gland and plays an important role in regulating metabolism. In the peripheral tissues it act as a prohormone which is further metabolized to another most active thyroid hormone, triiodothyronine (T<sub>3</sub>) and other inactive metabolites such as reverse T<sub>3</sub>.

**TSH or Thyroid-stimulating hormone** is a hormone synthesized and secreted by Pituitary gland. TSH is glycoprotein with two non-covalently bound alpha and beta subunits. The beta subunit of TSH is unique, which results in the specific biochemical and immunological properties of this hormone. The ability to quantitate circulating levels of 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.

**Reference Ranges for T3, T4 and TSH (Age Wise and During Pregnancy):**

Age	Total T4 ( µg/dl)
0 - 6 days	11.8 - 22.6
1w - 2w	9.9 - 16.6
1 - 4 months	7.2 - 14.4
4 months - 1 years	7.8 - 16.5
1 - 5 years	7.3 - 15.0
5 - 10 years	6.4 - 13.3
10 - 15 years	5.6 - 11.7
15 - 60 years (Male)	4.6 - 10.5
15 - 60 years (Female)	5.5 - 11.0
>60 years	5.0 - 10.7

Age	Total T3 (ng/dl)
0 - 3 days	100 - 740
4 days - 11 months	105 - 245
4 - 5 years	105 - 269
6 - 10 years	94 - 241
11 - 15 years	82 - 213
16 - 20 years	80 - 210
20 - 50 years	70 - 204
50 - 90 years	40 - 181

Age	TSH (µIU/ml)
0 - 4 days	1 - 39.0
5 days - 90 days	1.7 - 9.1
91 days - 20 years	0.7 - 6.4
21 - 54 years	0.35 - 5.5
>54 years	0.5 - 8.9

Pregnancy Trimester	TSH (µIU/ml)
First Trimester	0.10 - 2.5
Second Trimester	0.20 - 3.0
Third Trimester	0.30 - 3.0

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

UMKAL Hospital Pvt. Ltd

A-520, Sushant Lok-I, Gurugram- 122 002

Dr. Richa Chopra, MD Pathology  
Chief Consultant Pathologist  
100000

Dr. Santosh Kumar, PhD Microbiology  
Sr. Consultant Microbiologist



Dr. Rahul Goyal, MD Pathology  
Consultant Pathologist

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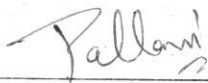
## Laboratory Report

### Hematology

#### PERIPHERAL BLOOD SMEAR

SMEAR SHOWS NORMOCYTIC NORMOCHROMIC PICTURE OF RBC'S WITH MILD ANISOPOIKILOCYTOSIS.  
WBC'S SERIES SHOWS NORMAL IN COUNT AND MORPHOLOGY.  
PLATELETS ARE ADEQUATE.  
NO HEMOPARASITES SEEN.

\*\*\*End of the report\*\*\*



Checked By  
Lab Technician

Verified By



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Admitting Doctor	:	Order Date	: 05-04-2024 09:23
		Report Date	: 05-04-2024 10:57

## Radiology Report

### Ultrasound

#### ULTRASOUND WHOLE ABDOMEN

- Liver :** Liver is normal in size measuring 134 mm with fatty liver Grade I.  
No focal lesion seen.No intrahepatic biliary radicle dilatation seen.
- Gall Bladder:** **The Gall Bladder is not visualised due to past history of cholecystectomy.**
- Pancreas :-** The pancreas is normal in size , shape and echotexture.  
No Peripancreatic collection seen.
- Kidneys :** are normal in size ,shape & position.  
Echotexture of sinus & cortex normal. No calyceal dilatation seen.  
No calculus/mass lesion seen.Corticomedullary differentiation maintained.
- Spleen :** The Spleen is normal size ,shape and echotexture.
- U Bladder :** Urinary bladder is well distended and shows normal wall thickness.No calculus/mass lesion seen.
- Uterus : -** Anteverted, **bulky in size** . Endometrial cavity normal.  
**An ill defined hypoechoic lesion of size approx 10x14.0 mm is noted in posterior myometrium.**
- Ovaries** Both the ovaries are normal in size, shape & echotexture. Dominant follicle of size 17x16.0 mm is noted in left ovary.  
**Minimal right sided pleural effusion is seen.**

**IMPRESSION : Fatty liver Grade I.**  
**Minimal right sided pleural effusion**  
**Bulky uterus with an ill defined hypoechoic lesion in posterior myometrium.**

**ADV: TVS for further evaluation.**

**Please correlate clinically.**

**DR ARUSHI BHARTIYA**

**CONSULTANT RADIOLOGIST**

POONAM 44/F OPD MED

05/Apr/2024 10:25:16

Res-L G 50%  
TEI D 127 mm XM CV1  
PRC 110220 PRS 3

Abdominal  
AC2541 GEN ABD



POONAM 44/F OPD MED

05/Apr/2024 10:25:52

Res-L G 50%  
TEI D 127 mm XM CV1  
PRC 110220 PRS 3

Abdominal  
AC2541 GEN ABD



POONAM 44/F OPD MED

05/Apr/2024 10:26:39

Res-L G 50%  
TEI D 127 mm XM CV1  
PRC 110220 PRS 3

Abdominal  
AC2541 GEN ABD



POONAM 44/F OPD MED

05/Apr/2024 10:27:49

Res-L G 50%  
TEI D 127 mm XM CV1  
PRC 110220 PRS 3

Abdominal  
AC2541 GEN ABD

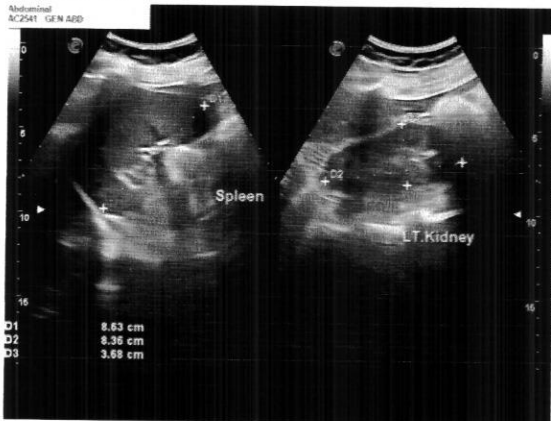


POONAM 44/F OPD MED

05/Apr/2024 10:28:55

Res-L G 50%  
TEI D 127 mm XM CV1  
PRC 110220 PRS 3

Abdominal  
AC2541 GEN ABD

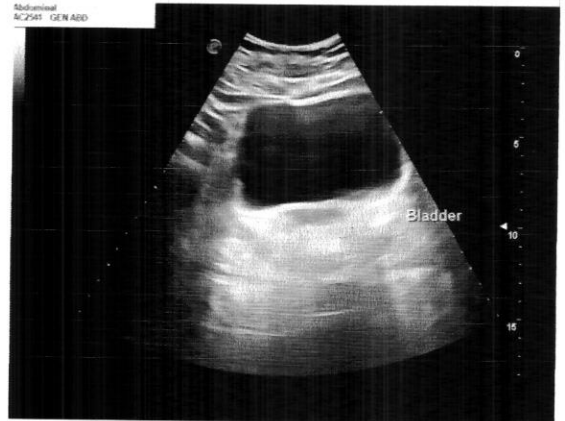


POONAM 44/F OPD MED

05/Apr/2024 10:30:46

Res-L G 50%  
TEI D 127 mm XM CV1  
PRC 110220 PRS 3

Abdominal  
AC2541 GEN ABD



POONAM 44/F OPD MED

05/Apr/2024 10:33:02

Res-L G 50%  
TEI D 128 mm XM CV1  
PRC 110220 PRS 3

Abdominal  
AC2541 GEN ABD

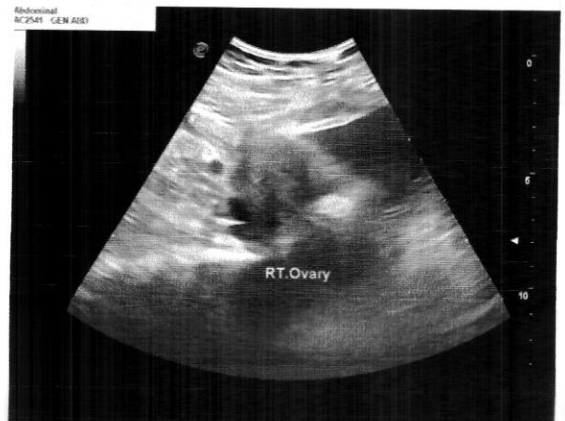


POONAM 44/F OPD MED

05/Apr/2024 10:33:31

Res-L G 50%  
TEI D 128 mm XM CV1  
PRC 110220 PRS 3

Abdominal  
AC2541 GEN ABD



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		Report Date	: 05-04-2024 11:05

## Radiology Report

### Ultrasound

### USG BREASTS

#### FINDINGS:

Both breasts show normal parenchyma.

No focal lesion is seen in either breasts.

Both axilla are clear.

*Clinical correlation for further evaluation.*

**DR ARUSHI BHARTIYA**  
**CONSULTANT RADIOLOGIST**

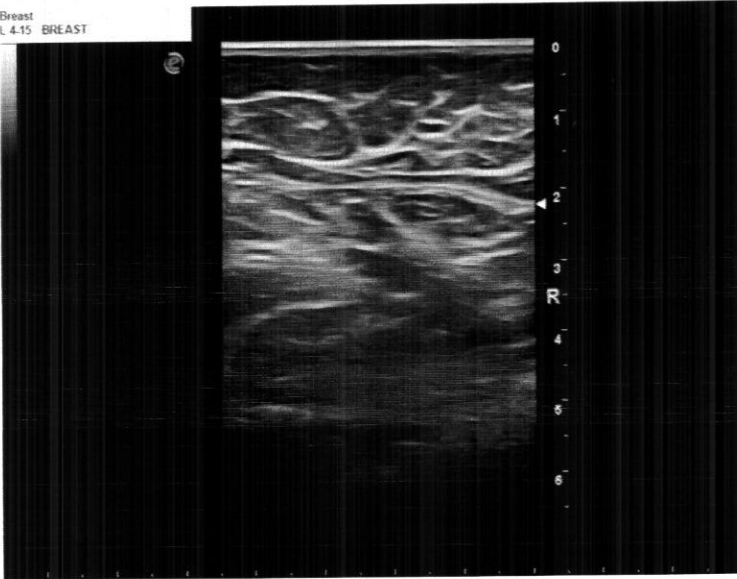
POONAM O-PD MED 44/F, F

05/Apr/2024 10:41:58

B Gen-L G 39%  
TEI D 67 mm X/M +6/2  
PRC 8/1/1/2 PRS 2

P 100% MI 1.4  
TIS 0.1

Breast  
L 4-15 BREAST



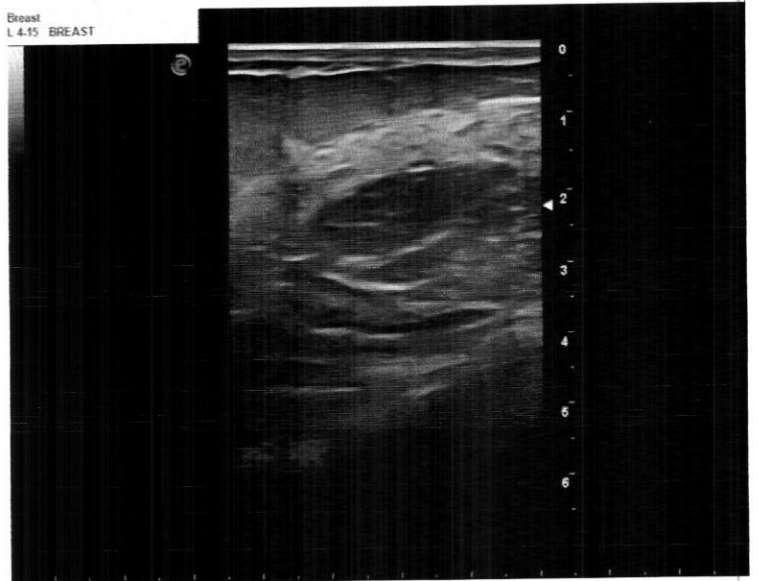
POONAM O-PD MED 44/F, F

05/Apr/2024 10:42:13

B Gen-L G 39%  
TEI D 67 mm X/M +6/2  
PRC 8/1/1/2 PRS 2

P 100% MI 1.4  
TIS 0.1

Breast  
L 4-15 BREAST



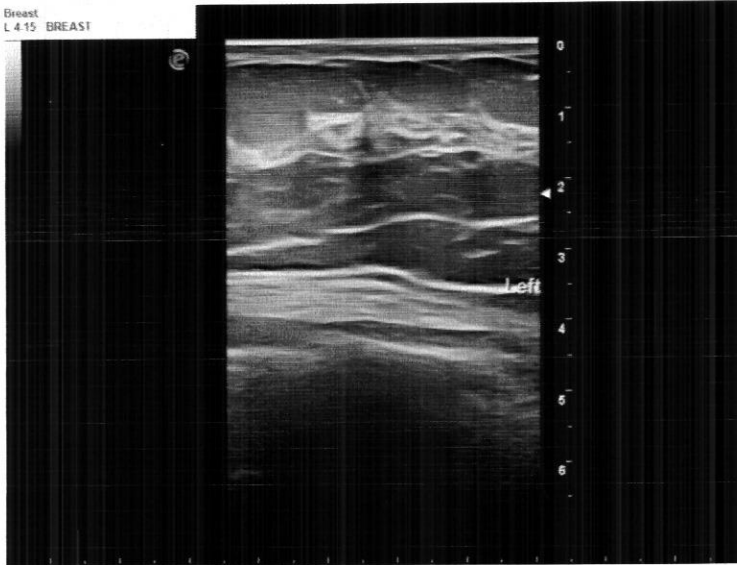
POONAM O-PD MED 44/F, F

05/Apr/2024 10:44:16

B Gen-L G 45%  
TEI D 67 mm X/M +6/2  
PRC 8/1/1/2 PRS 2

P 100% MI 1.4  
TIS 0.1

Breast  
L 4-15 BREAST



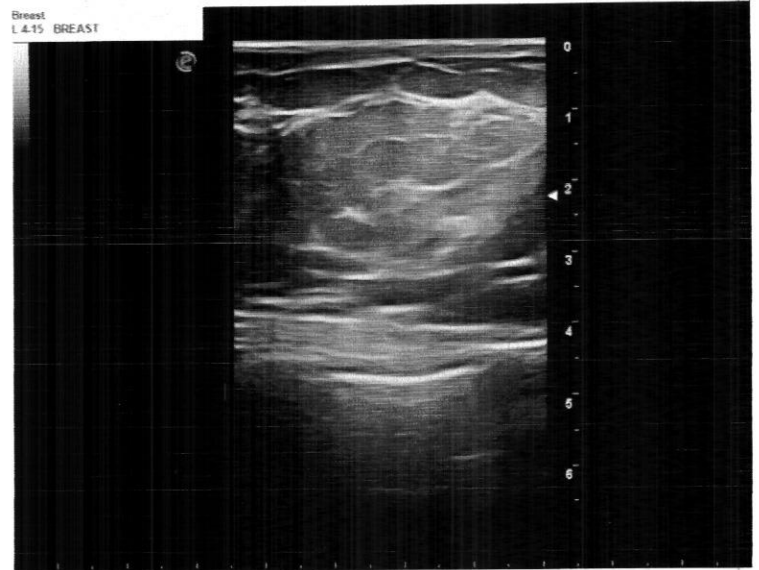
POONAM O-PD MED 44/F, F

05/Apr/2024 10:44:36

B Gen-L G 45%  
TEI D 67 mm X/M +6/2  
PRC 8/1/1/2 PRS 2

P 100% MI 1.4  
TIS 0.1

Breast  
L 4-15 BREAST



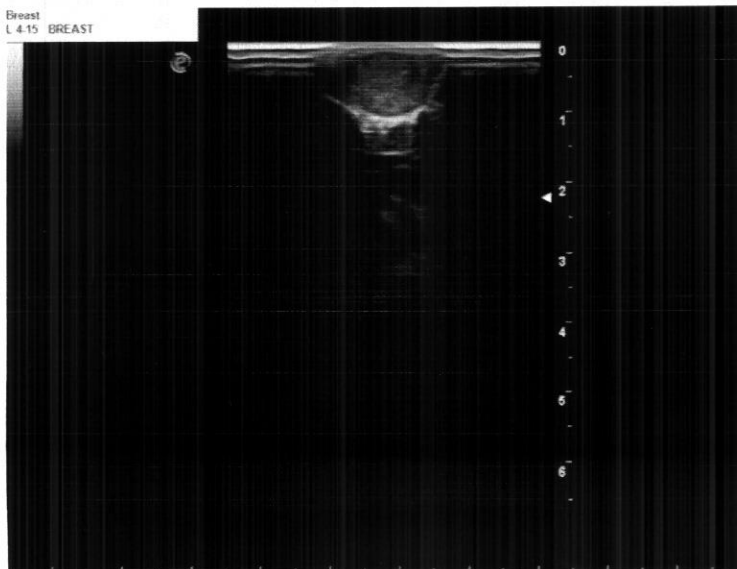
POONAM O-PD MED 44/F, F

05/Apr/2024 10:44:58

B Gen-L G 45%  
TEI D 67 mm X/M +6/2  
PRC 8/1/1/2 PRS 2

P 100% MI 1.4  
TIS 0.1

Breast  
L 4-15 BREAST



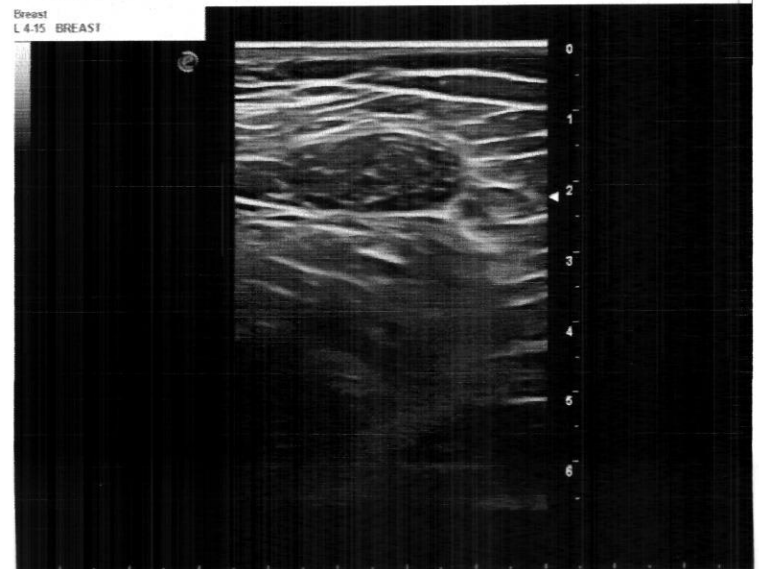
POONAM O-PD MED 44/F, F

05/Apr/2024 10:45:14

B Gen-L G 45%  
TEI D 67 mm X/M +6/2  
PRC 8/1/1/2 PRS 2

P 100% MI 1.4  
TIS 0.1

Breast  
L 4-15 BREAST



POONAM 44/F OPD MED

05/Apr/2024 10:34:19

TEI D 132 mm X.M C:1/1  
PRC 112/2/0 PRS 1

P 100% SR 1.0  
TS 0.1

Abdominal  
AC2541 GEN ABD



POONAM 44/F OPD MED

05/Apr/2024 10:34:37

TEI D 132 mm X.M C:1/1  
PRC 112/2/0 PRS 1

P 100% SR 1.0  
TS 0.1

Abdominal  
AC2541 GEN ABD



POONAM 44/F OPD MED

05/Apr/2024 10:35:13

TEI D 95 mm X.M C:1/1  
PRC 112/2/0 PRS 1

P 100% SR 1.0  
TS 0.1

Abdominal  
AC2541 GEN ABD



Name : Ms. POONAM VERMA  
Age/Gender : 44 Y/F  
Admitting Doctor :

MR No : UH037427  
Visit ID : OP048523  
Order Date : 05-04-2024 09:23  
Report Date : 05-04-2024 12:44

## Radiology Report

### X-Ray

#### CHEST X-RAY PA VIEW

#### Finding -

Haziness is noted in B/L lower zone.

Bronchovascular markings appear prominent in perihilar region.

Trachea appears in the midline.

Both hila appear prominent.

Cardiac size appears normal.

Both CP angle and cardiophrenic angle appears normal.

Diaphragm appears normal on both sides.

Visualized rib cage appears normal.

*Please correlate clinically*

**DR ARUSHI BHARTIYA**  
**CONSULTANT RADIOLOGIST**

**TRANSTHORACIC ECHOCARDIOGRAPHY**

Name: Mrs. Poonam Verma  
Age / Sex: 44Y/F  
Referred by: Medical  
Reason: To evaluate cardiac status

MR No: UH037427  
LAB No. : OP048523  
Date: 05/04/2024, Time: 01:10pm

**Echocardiography done on Digital Mylab X7 with AI Technology.**

	VALUES	NORMAL RANGE		VALUES	NORMAL RANGE
AORTA	27	17-40mm	IVS (ed)	9.1	06-11mm
			(es)	10.6	
LT. ATRIUM	30	17-40mm	PW (ed)	8.9	06-11mm
			(es)	10.4	
RT. VENTRICLE	27	15-30mm	EF	53%	50-80%
LT. VENTRICLE (ed)	40	35-55mm	FS		28-42%
(es)	29				

MORPHOLOGICAL DATA:-

MITRAL VALVE:- Normal

AORTIC VALVE:- Normal

TRICUSPID VALVE:- Normal

PUL. VALVE:- Normal

RT. VENTRICLE:- Normal

LT. VENTRICLE:- Normal

VENT. SEPTUM:- Normal

PUL. ARTERY. Normal

AORTA:- Normal

RT. ATRIUM:- Normal

LT. ATRIUM:- Normal

MRS. POONAM VERMA 44YRS/F/OPD/OP048523

**2D ECHOCARDIOGRAPHY AND COLOR DOPPLER FINDINGS:-**

Normal LV size and function with estimated LVEF of 53%. No Regional Wall Motion Abnormality. Right Atrium & Left Atrium is normal. Right Ventricle is normal. Trivial Tricuspid Regurgitation with calculated RVSP of 23mmHg+RAP. Trivial Mitral Regurgitation, No Aortic Regurgitation. No LA/LV clot or pericardial effusion.

**COLOR FLOW MAPPING: -**


Trivial Mitral Regurgitation.  
No Aortic Regurgitation.  
Trivial Tricuspid Regurgitation with calculated RVSP of 23mmHg+RAP.

**DOPPLER STUDIES: -**

MV E: 0.96m/sec, A: 0.71m/sec.  
AV: 1.24m/sec.  
TV: Normal  
PV: Normal.

**IMPRESSION: -**

1. Heart Rate 86 bpm . (**Occasional ventricular ectopics**)
2. Normal LV size and function with estimated LVEF of 53%.
3. No Regional Wall Motion Abnormality.
4. RA, LA, RV are normal.
5. Trivial Tricuspid Regurgitation with calculated RVSP of 23mmHg+RAP.
6. Trivial Mitral Regurgitation.
7. No Aortic regurgitation.
8. No LA/LV clot or pericardial effusion.

  
**Dr. Umesh Gupta**  
MD, DM (Cardiology)  
MACCP, FICA (USA)  
Chief Cardiologist



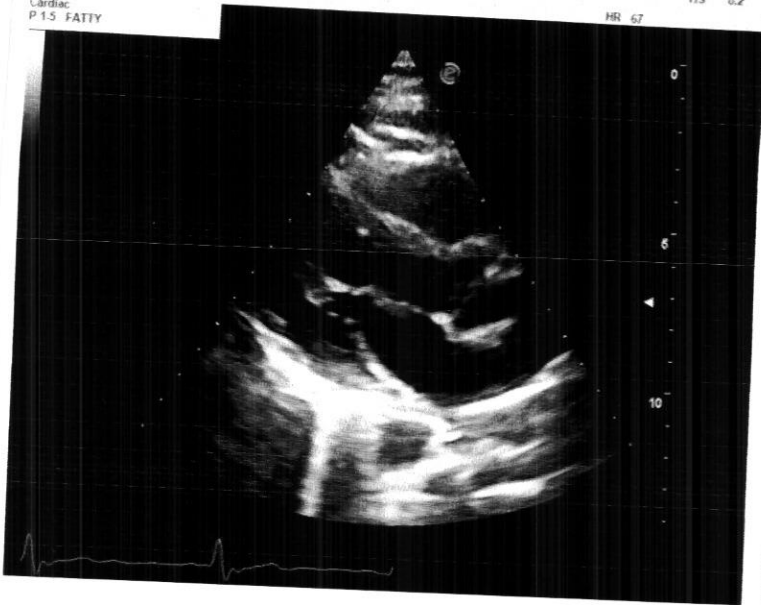
POONAM VERMA 44YRS/F/MED

B Pen-M AG  
TEI D 145 mm X/M C1-  
PRC 6/12/8 PRS 3

05/Apr/2024 12:55:18

P 100% MI 0.9  
TIS 0.2

Cardiac  
P 1.5 FATTY



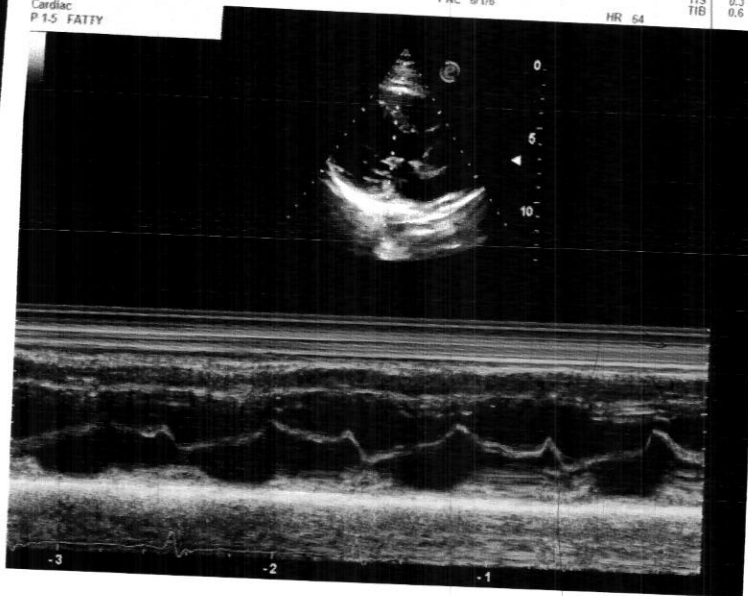
POONAM VERMA 44YRS/F/MED

B Pen-M AG - 35 %  
TEI D 145 mm X/M C1-  
PRC 6/12/8 PRS 3

05/Apr/2024 12:55:18

P 100% MI 0.9  
TIS 0.3  
TIB 0.6

Cardiac  
P 1.5 FATTY



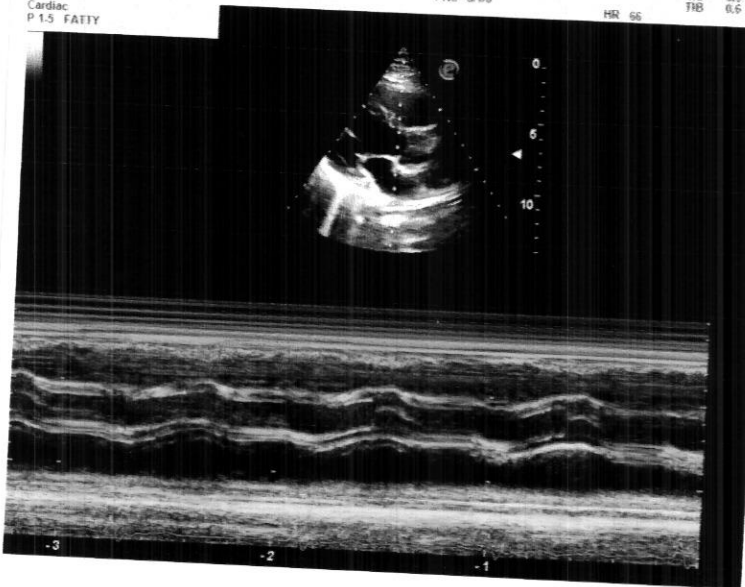
POONAM VERMA 44YRS/F/MED

B Pen-M AG - 20 %  
TEI D 145 mm X/M C1-  
PRC 6/12/8 PRS 3

05/Apr/2024 12:56:32

P 100% MI 0.9  
TIS 0.3  
TIB 0.6

Cardiac  
P 1.5 FATTY



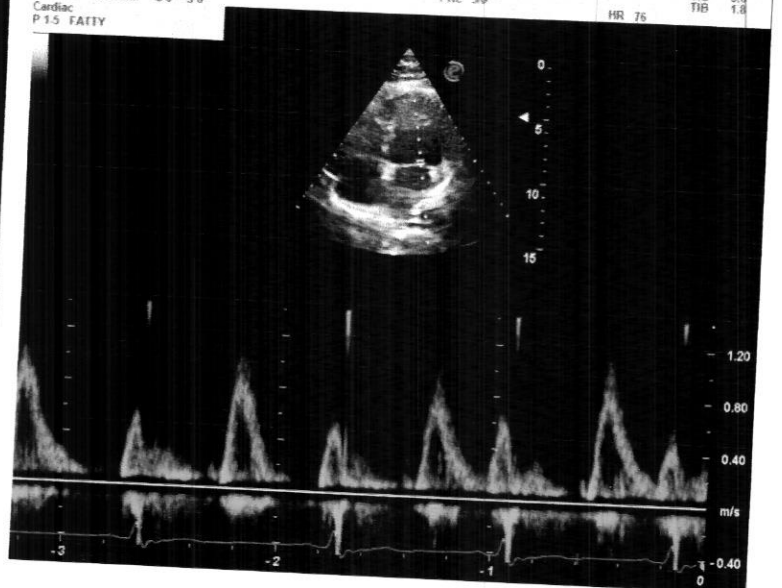
POONAM VERMA 44YRS/F/MED

B Pen-M G 45 %  
TEI D 160 mm X/M C1-  
PRC 6/12/8 PRS 3  
SV 3.07mm 0° S 0°

05/Apr/2024 13:04:10

P 100% MI 0.5  
TIS 0.5  
TIB 1.8

Cardiac  
P 1.5 FATTY



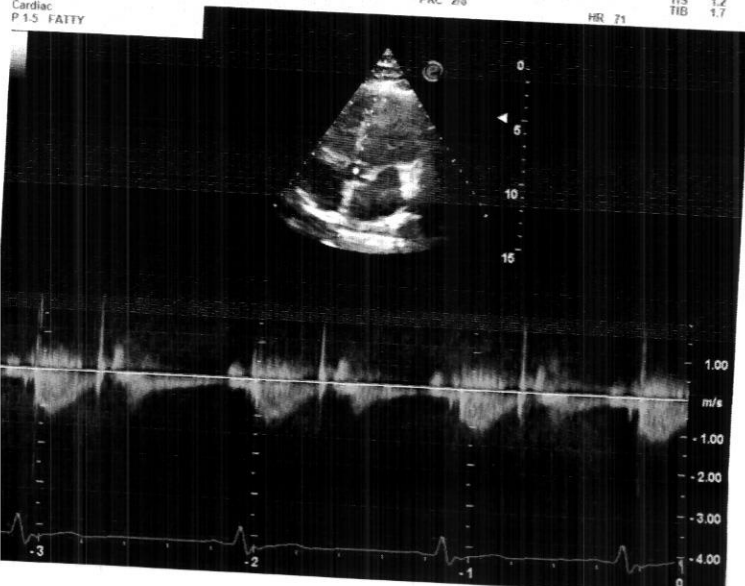
POONAM VERMA 44YRS/F/MED

B Pen-M G 40 %  
TEI D 160 mm X/M C1-  
PRC 6/12/8 PRS 3

05/Apr/2024 13:04:57

P 100% MI 0.0  
TIS 1.2  
TIB 1.7

Cardiac  
P 1.5 FATTY



POONAM VERMA 44YRS/F/MED

B Pen-M AG  
TEI D 145 mm X/M C1-  
PRC 6/12/8 PRS 3

05/Apr/2024 13:14:21

P 100% MI 1.0  
TIS 0.3

Cardiac  
P 1.5 FATTY

