

# Medical Summary

Name: Mrs. Malathy  
Ref Doctor:

Date of Birth: 24/3/1975  
Sex: Female  
Customer ID:  
Date: 13/4/24

Present Complaints: K/O DM 6 months. ON ALBITA M 50 L-O-1/2  
Past Illness: hypothyroid (2012) → Thyronam 2mg, 1000

Major medical illness: *hypertension*  
Surgery: *C-section*

Accident: *W/L*  
Others:

**Personal history:**

Smoking: *Nil*  
Tobacco: *Nil*  
Alcohol:  
Menstrual history: *regular*  
Obstetric history: *C-section*

Diet: *mixed*  
Exercise:  
Personality: *well built*  
Marital status: *married*  
Children: *1 son*

**Family history:**

Tuberculosis: *NIL*  
Diabetes: *mother*  
Asthma: *NIL*  
Drug history: *NIL*  
Allergy: *NIL*

Hypertension: *father*  
Heart Disease: *NIL*  
Others:  
Present Medications: *A*

**General Examination:**

Height:  
Conjunctiva: *(N)*  
Oedema: *(N)*  
Tongue: *(N)*  
Throat:  
Weight:  
Lymphnodes: *not palpable*  
Nails: *(N)*  
Others:  
Skin: *intact*  
BP:  
Eyes: *easy spectacles*  
Genitals: *not done*  
Dental: *tooth implant (+)*

**Eye Screening:**

Vision	R/E	L/E
Distant Vision	<i>(N)</i>	<i>(N)</i>
Near Vision	<i>(N)</i>	<i>(N)</i>
Colour Vision	<i>(N)</i>	<i>(N)</i>

*with spectacles*



**Systemic Examination:**

Cardiovascular system: *S<sub>1</sub>, S<sub>2</sub> heard*  
 Peripheral Pulsations: *left*  
 Heart: *normal*  
 Respiratory system: *normal*

**Gastrointestinal Systems:**

Higher Function: <i>normal</i>	Sensory System: <i>normal</i>
Cranial Nerves: <i>normal</i>	Superficial Reflexes: <i>(+)</i>
Motor System: <i>(+)</i>	Deep Reflexes: <i>(+)</i>

**Impression:**

*→ diabetes → HbA1c 8-8.5%*  
*→ X-ray chest → patchy opacities B/L mid zone*  
*→ USG abdomen → grade II fatty changes*

**Diet:**

*→ low fat / cholesterol diet*

**Medication:**

**Advice & Follow up:**

*To refer diabetologist for medicine & titration.*

**MEDALL DIAGNOSTICS**  
 #191, Poonamallee High Road,  
 Kilpauk, Chennai - 600 010.  
 Cell : 91500 42328

DR. *HARI HARAN M.*  
 Consultant General Physician  
*152024*





(Medall Healthcare Pvt Ltd)  
**SELF REFERRAL FORM**

MED21000158 (10.5)13-04-2408-03 AM



124006475  
MS MALATHY BASHYAM 49/Y

**Customer Information**

I, give consent to Medall Healthcare Pvt Ltd to perform the My-Health Package investigation requested by me. I declare that **my age is 18 years or above 18 years** and I don't have any metal implants inside my body and don't have a pacemaker or stents. I am also aware that the blood tests are done in non-fasting (Random) Sample

Name: Mr/Ms/Mrs MALATHY BASHYAM.

Company Name \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Birth : 24 03 1975 or Age: 49 Gender:  Male  Female

Contact Number : 9380378962 Pin Code \_\_\_\_\_

Email ID : \_\_\_\_\_

**Vitals Observations (to be filled by Medall team)**

Place of service :  In store  Camp – (mention Location)

Height 158.0 Cms \_\_\_\_\_ feet \_\_\_\_\_ Inches

Waist 35 Inches \_\_\_\_\_

Hip 40 Inches \_\_\_\_\_

Weight 85.7 Kgs \_\_\_\_\_

Fat 44.9 % \_\_\_\_\_

Visceral Fat 19.0 % \_\_\_\_\_

RM 1569 Cal \_\_\_\_\_

BMI 34.1 \_\_\_\_\_

Body Age 72 Yrs \_\_\_\_\_

Systolic BP 122 mm/Hg \_\_\_\_\_

Diastolic BP 90 mm/Hg \_\_\_\_\_

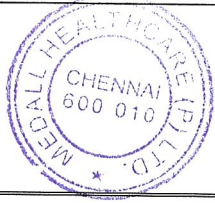
2) 179/119 mmHg

3) 150/108 mmHg Inspiration : 36 cm Expiration: 34 cm SP O2 : 98 Pulse : 96

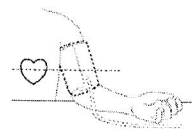
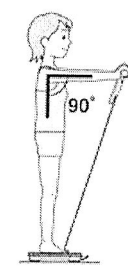
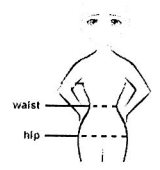
(Always Ensure that the customer is relaxed and in sitting position while doing BP check)

Date 13/4/24 Medall Employee Name & centre Name: Aditya

I have verified and agree with all the data in this sheet.  
Fill all the information without fail



Customer Signature  
Malathy



**Clinical History / Medicines Taken**

	Use Tobacco Products	Drink Alcohol
Never	<input type="checkbox"/>	<input type="checkbox"/>
Some days	<input type="checkbox"/>	<input type="checkbox"/>
Daily	<input type="checkbox"/>	<input type="checkbox"/>


Check in the appropriate box

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SID No. : 124006475  
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Type : OP  
Ref. Dr : MediWheel

Register On : 13/04/2024 7:46 AM  
Collection On : 13/04/2024 8:43 AM  
Report On : 13/04/2024 7:32 PM  
Printed On : 13/04/2024 8:00 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'B' 'Positive'		
<b>INTERPRETATION:</b> Reconfirm the Blood group and Typing before blood transfusion			
<b><u>Complete Blood Count With - ESR</u></b>			
Haemoglobin (Whole Blood - W/Spectrophotometry)	11.4	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Whole Blood - W/Derived from Impedance)	34.5	%	37 - 47
RBC Count (Whole Blood - W/Impedance Variation)	4.24	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Whole Blood - W/Derived from Impedance)	81.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Whole Blood - W/Derived from Impedance)	26.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Whole Blood - W/Derived from Impedance)	33.0	g/dL	32 - 36
RDW-CV (Whole Blood - W/Derived from Impedance)	15.9	%	11.5 - 16.0
RDW-SD (Whole Blood - W/Derived from Impedance)	45.24	fL	39 - 46
Total Leukocyte Count (TC) (Whole Blood - W/Impedance Variation)	6600	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	52.4	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	36.0	%	20 - 45

  
Dr S SIVAKUMAR Ph.D  
Consultant Microbiologist  
VERIFIED BY



  
Dr ARCHANA. K MD Ph.D  
Lab Director  
TNMC NO: 79967

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Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	3.6	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	7.7	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.3	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (Whole Blood - W/Impedance Variation & Flow Cytometry)	3.46	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (Whole Blood - W/Impedance Variation & Flow Cytometry)	2.38	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Whole Blood - W/Impedance Variation & Flow Cytometry)	0.24	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (Whole Blood - W/Impedance Variation & Flow Cytometry)	0.51	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (Whole Blood - W/Impedance Variation & Flow Cytometry)	0.02	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (Whole Blood - W/Impedance Variation)	275	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Whole Blood - W/Derived from Impedance)	8.2	fL	8.0 - 13.3
PCT (Whole Blood - W/Automated Blood cell Counter)	0.23	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Whole Blood - W/Automated - Westergren method)	40	mm/hr	< 20

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Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	184.1	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Positive(+++)	Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	299.0	mg/dL	70 - 140
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**INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Positive(++++)	Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.8	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.94	mg/dL	0.6 - 1.1
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**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	3.2	mg/dL	2.6 - 6.0
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.54	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.26	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.28	mg/dL	0.1 - 1.0
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**Dr S SIVAKUMAR Ph.D**  
 Consultant Microbiologist  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	42.6	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	50.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	41.0	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	60.3	U/L	42 - 98
Total Protein (Serum/Biuret)	7.92	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.19	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.73	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.12		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	130.4	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	79.6	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
HDL Cholesterol (Serum/Immuno-inhibition)	31.2	mg/dL	Optimal(Negative Risk Factor): $\geq$ 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	83.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: $\geq$ 190
VLDL Cholesterol (Serum/Calculated)	15.9	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	99.2	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: $\geq$ 220

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.  
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.2		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

  
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Investigation	Observed Value	Unit	Biological Reference Interval
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**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	8.8	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	205.86	mg/dL	
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**INTERPRETATION: Comments**

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.28	ng/ml	0.7 - 2.04
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**INTERPRETATION:**

**Comment :**

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

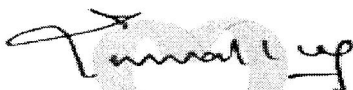
T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	11.94	µg/dl	4.2 - 12.0
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**INTERPRETATION:**

**Comment :**

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	3.700	µIU/mL	0.35 - 5.50
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Investigation

Observed Value

Unit

Biological Reference Interval

**INTERPRETATION:**

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0


(Indian Thyroid Society Guidelines)

**Comment :**

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

  
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BUN / Creatinine Ratio	8.2		6.0 - 22.0

Urine Analysis - Routine

COLOUR (Urine)	Pale yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated - Flow cytometry)	1 - 2	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry)	2 - 3	/hpf	NIL
RBCs (Urine/Automated - Flow cytometry)	NIL	/HPF	NIL
Casts (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Others (Urine)	NIL		

**INTERPRETATION:** Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

  
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-- End of Report --

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Name	Ms. MALATHY BASHYAM	Customer ID	MED210001589
Age & Gender	49Y/F	Visit Date	Apr 13 2024 7:46AM
Ref Doctor	MediWheel		

### **X-RAY CHEST (PA VIEW)**

#### **Patchy opacities changes in left upper and bilateral mid zones and hilar region.**

The cardio thoracic ratio is normal. The heart size and configuration are within normal limits.

The aortic arch is normal.

The costophrenic and cardiophrenic recesses and the domes of diaphragm are normal.

The bones and soft tissues of the chest wall show no abnormality.

**--- Suggested CT Thorax.**



Dr. Prashant Moorthy MBBS., MD  
Consultant Radiologist



Name	MS.MALATHY BASHYAM	ID	MED210001589
Age & Gender	49Y/FEMALE	Visit Date	13/04/2024
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### **X-RAY MAMMOGRAPHY OF BOTH BREASTS**

Soft tissue X-ray mammography of both breasts was performed using the Cranio-caudal and Medio-lateral oblique views.

#### **Bilateral fatty breast appearance.**

No mass or calcification is seen in either breast.

The retro-mammary space is free.

The nipples are normal with no evidence of retraction.

The skin and subcutaneous tissues are normal.

**Correlated ultrasound screening of both breasts did not reveal any abnormality.**

#### **IMPRESSION :**

- **No mammographic evidence of abnormality.**
- **BIRADS category I.**

**Dr.PRASHANT MOORTHY, MBBS., MD.,  
Consultant Radiologist**

  
**Dr. M. JAYAPRABA.  
Consultant Sonologist**



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<b>Age &amp; Gender</b>	<b>49Y/FEMALE</b>	<b>Visit Date</b>	<b>13/04/2024</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

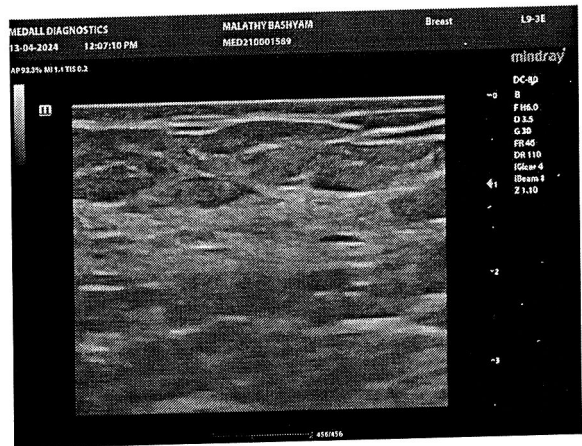
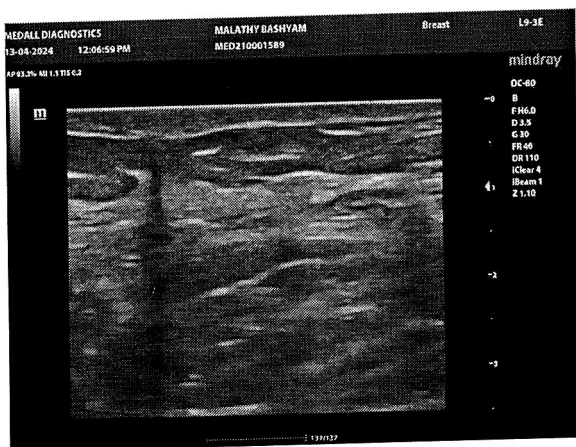
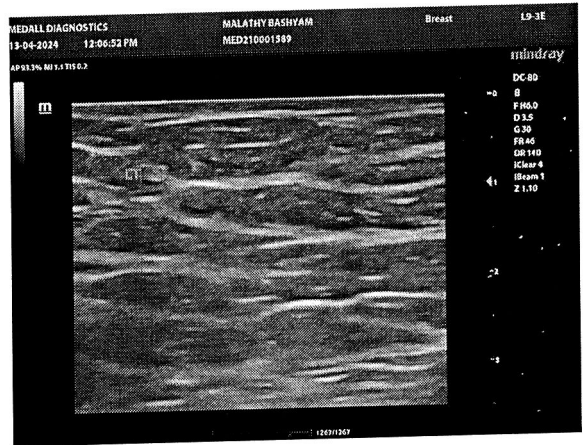
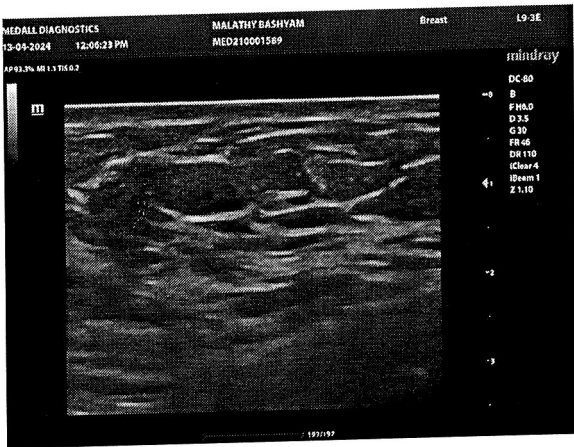
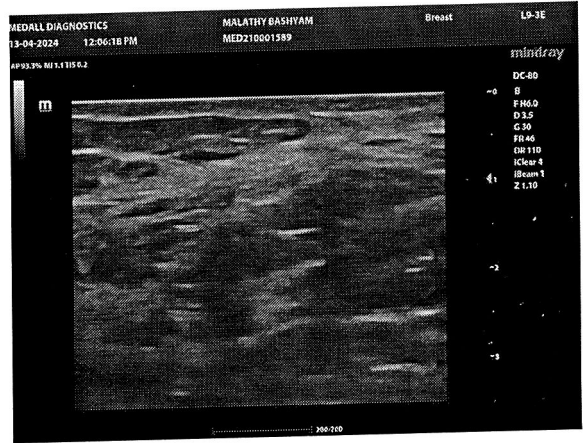
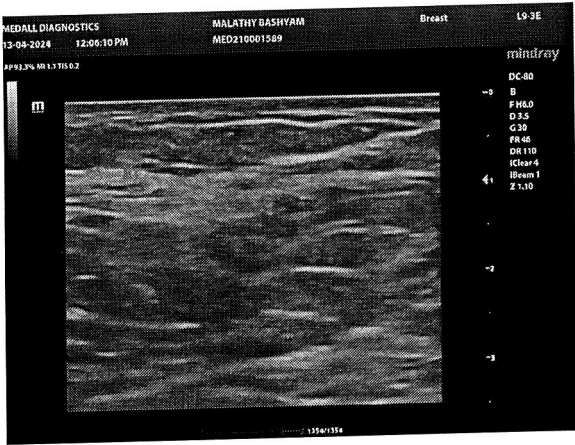
<b>BIRADS Category</b>		<b>Likely hood of cancer</b>
<b>0</b>	<b>Need additional imaging or prior examinations</b>	<b>N/A</b>
<b>1</b>	<b>Negative</b>	<b>0%</b>
<b>2</b>	<b>Benign</b>	<b>0%</b>
<b>3</b>	<b>Probably benign</b>	<b>&gt;0% - 2 %</b>
<b>4</b>	<b>Suspicious</b>	<b>4a Low suspicion for malignancy (&gt;2% to 10%)</b>  <b>4b Moderate suspicion for malignancy (&gt;10% to 50%)</b>  <b>4c High suspicion for malignancy (&gt;50% to 95%)</b>
<b>5</b>	<b>Highly suggestive of malignancy</b>	<b>95%</b>
<b>6</b>	<b>Known biopsy proven</b>	<b>N/A</b>

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<b>Age &amp; Gender</b>	<b>49Y/FEMALE</b>	<b>Visit Date</b>	<b>13/04/2024</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		



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## ULTRA SOUND SCAN

### WHOLE ABDOMEN

**Liver is normal in size and shows homogenously increased parenchymal echoes with no focal abnormality.**

There is no intra or extra hepatic biliary ductal dilatation. Portal vein and IVC are normal.

**Gall bladder** is normal sized and smooth walled. No evidence of calculi. Wall thickness is normal.

**Pancreas** shows a normal configuration and echotexture. Pancreatic duct is normal.

**Spleen** is normal in size and echotexture.

**Bilateral kidneys** are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.

**Right kidney** measures 10.7 x 4.3 cm.

**Left kidney** measures 11.1 x 5.1 cm.

Ureters are not dilated.

**Urinary bladder** is smooth walled and uniformly transonic. No intravesical mass or calculus.

**Uterus** is anteverted, and measures 6.5 x 5.5 x 3.0 cm, shows normal myometrial echoes. Endometrial thickness is 5 mm.

Bilateral ovaries are normal in size.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.





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**IMPRESSION:**

➤ **Grade II fatty liver.**

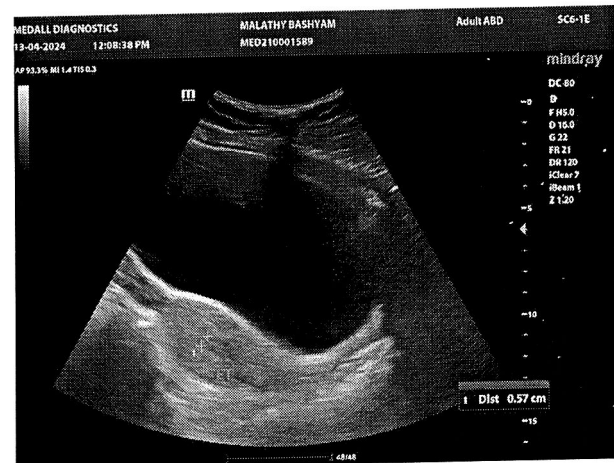
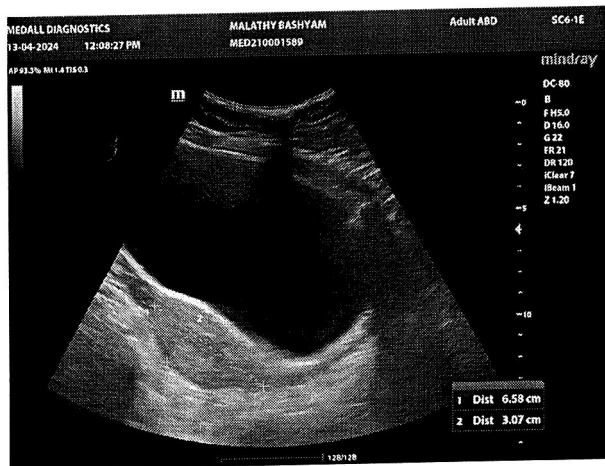
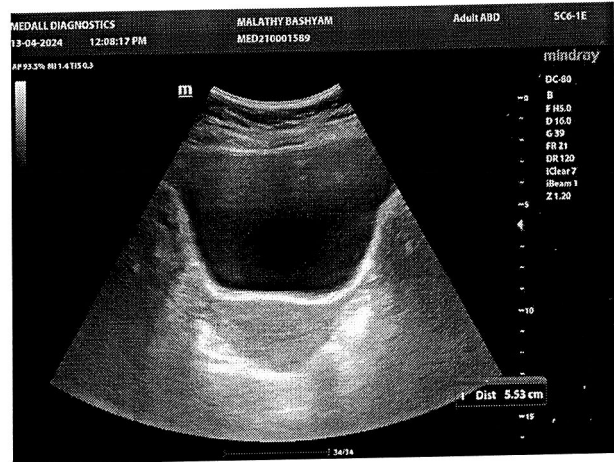
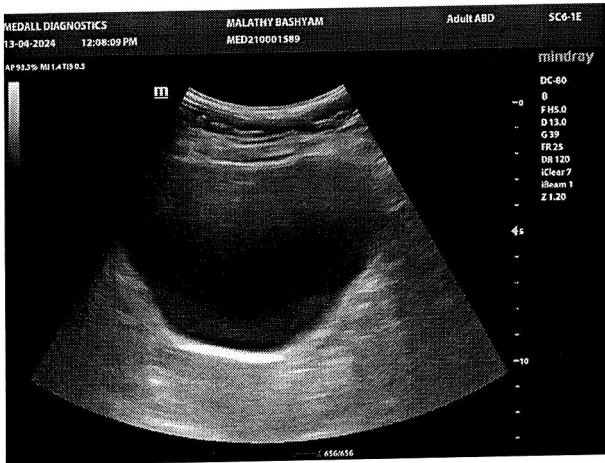
**Dr.PRASHANT MOORTHY, MBBS., MD.,**  
**Consultant Radiologist**



**Dr. M. JAYAPRABA.**  
**Consultant Sonologist**



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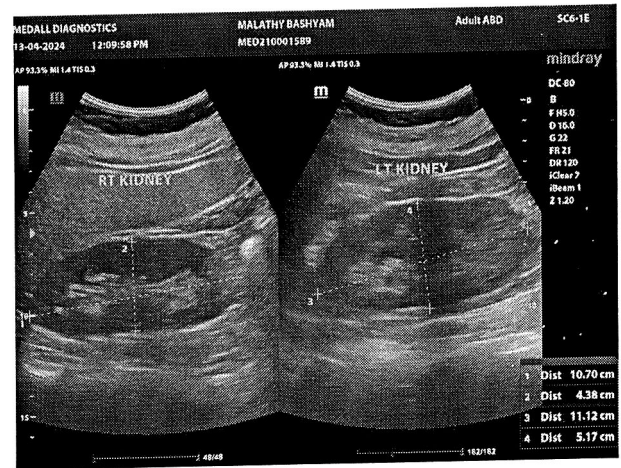
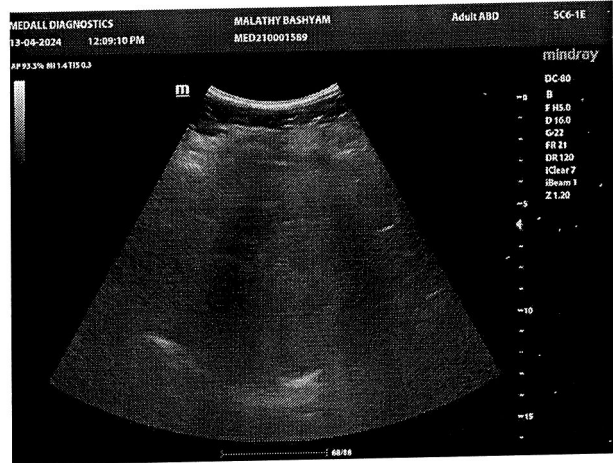
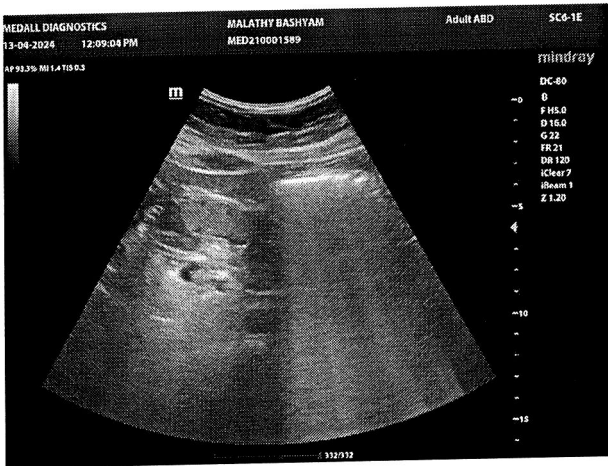


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**ECHO CARDIOGRAM REPORT**

**2D ECHO STUDY:**

- Normal LV / RV size and systolic function (EF: 67%)
- No Regional wall motion abnormality.
- No ventricular hypertrophy.
- IAS and IVS are intact.
- No e/o of clot / Aneurysm.
- Normal pericardium.

**FINAL IMPRESSION:**

- **NORMAL LV / RV SIZE AND SYSTOLIC FUNCTION. (EF: 67%)**
- **NO REGIONAL WALL MOTION ABNORMALITY.**
- **NORMAL VALVES FOR AGE.**
- **GRADE I LV DIASTOLIC DYSFUNCTION PRESENT.**
- **NORMAL COLOUR FLOW STUDIES.**

**LEFT VENTRICULAR MEASUREMENT:**

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
AO (ed)- 2.5cm(1.5cm/3.5cm)		IVS (ed) - 1.1cm	(0.6cm/1.2cm)
LA (ed)- 3.4cm(1.5cm/3.5cm)		LVPW(ed) - 1.2 cm	(0.6cm/1.1cm)
RVID(ed)- 1.1 cm(0.9cm/2.8cm)		EF 67 %	(62 %-85 %)
LVID (ed)- 4.8cm(2.6cm/5.5cm)		FS 33 %	
LVID (es)- 3.3cm			



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**MORPHOLOGICAL DATA:**

Mitral valve

Anterior mitral leaflet (AML)	: Normal
Posterior mitral leaflet (PML)	: Normal
Aortic Valve	: Normal
Tricuspid Valve	: Normal
Pulmonary Valve	: Normal
Interatrial Septum	: Intact
Interventricular Septum	: Intact
Right Ventricle	: Normal
Right Atrium	: Normal
Pulmonary Artery	: Normal
Left Ventricle	: Normal
Left Atrium	: Normal

**PERICARDIUM:**

- Normal.

**DOPPLER STUDY:**

Continuous Wave Doppler & Colour Flow Study:

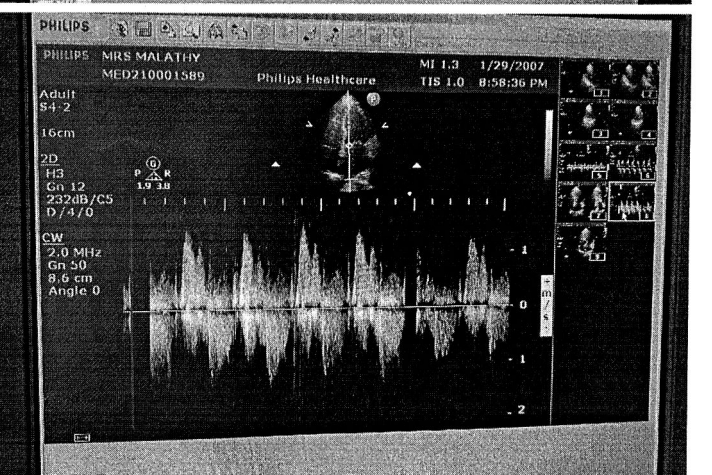
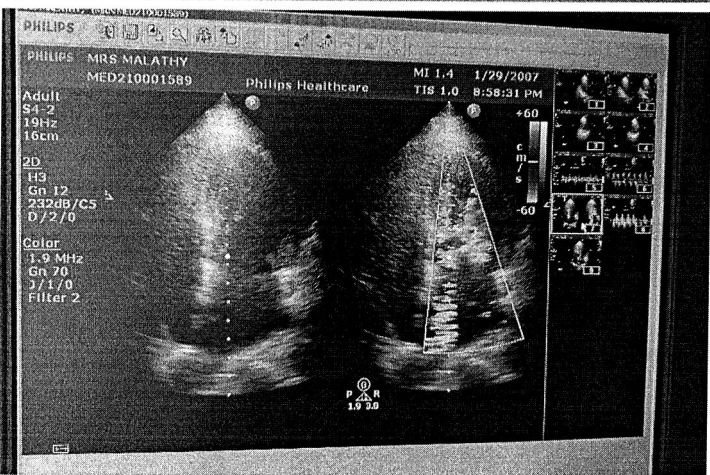
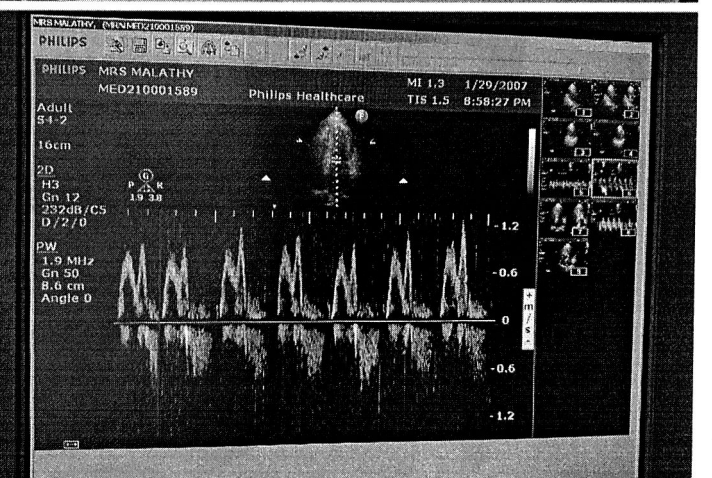
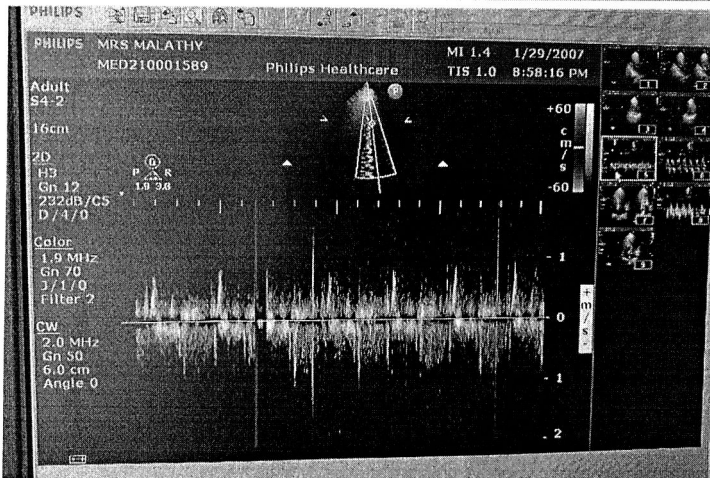
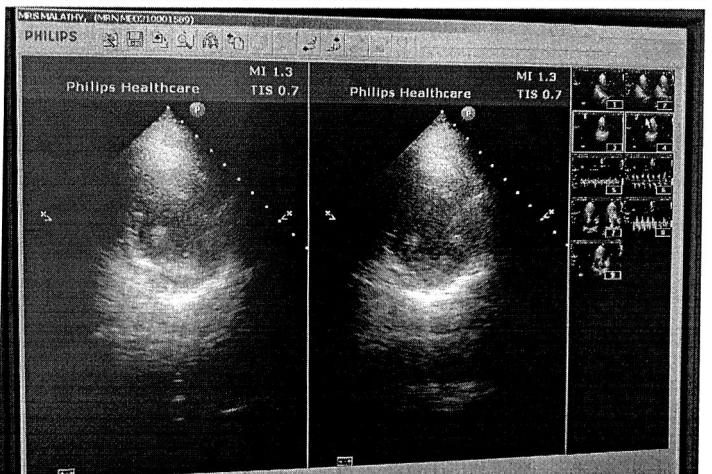
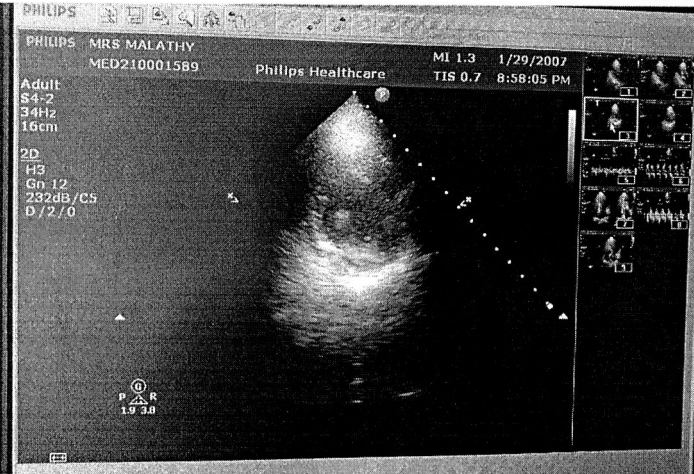
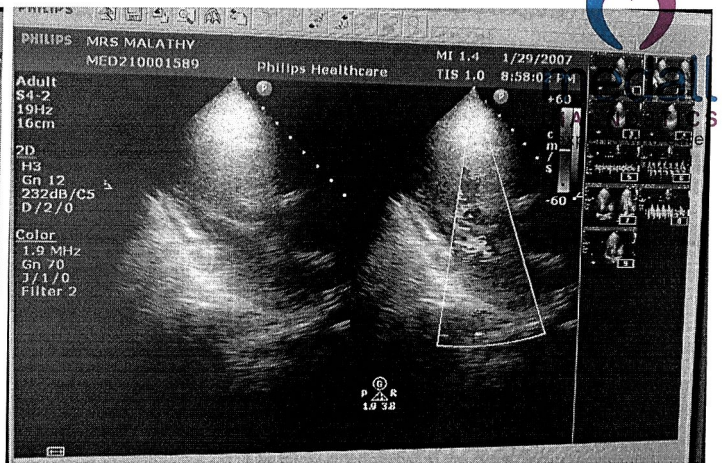
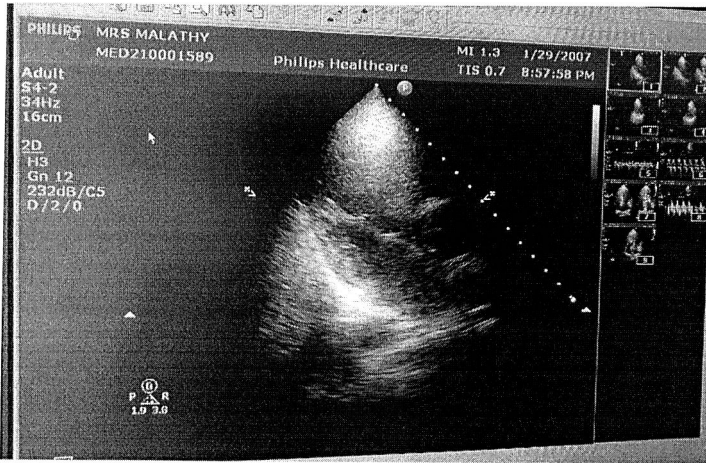
- *Grade I LV diastolic dysfunction present.*

DONE BY:VIJAYALAKSHMI.P



**DR.RADHA PRIYA.Y**  
Consultant Cardiologist





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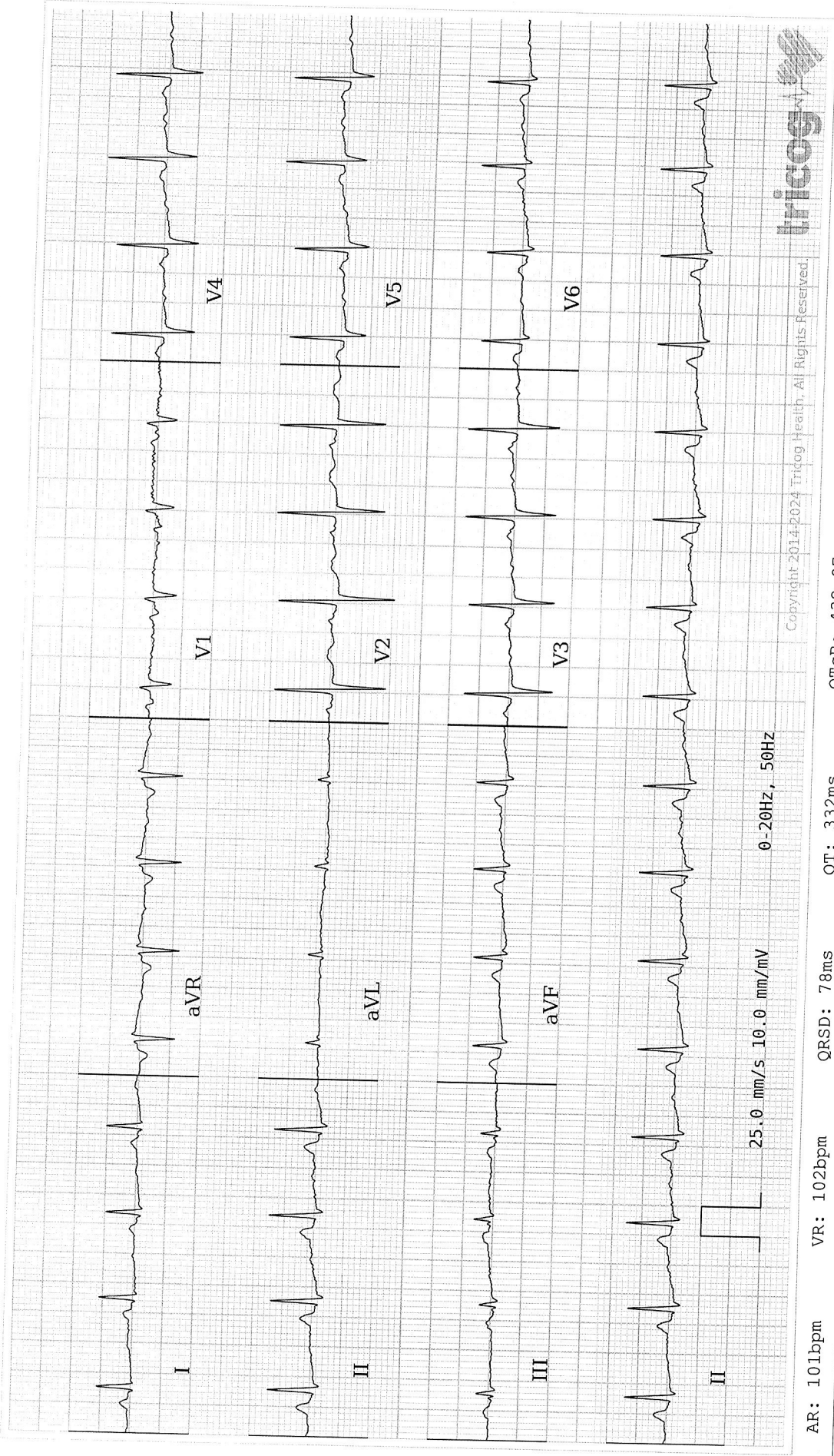
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**MEDALL DIAGNOSTIC CENTER KILPAUK**

Age / Gender: 49/Male  
Patient ID: med210001589  
Patient Name: Mrs malathy

Date and Time: 13th Apr 24 8:59 AM



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25.0 mm/s 10.0 mm/mV 0-20Hz, 50Hz

AR: 101bpm    VR: 102bpm    QRSD: 78ms    QT: 332ms    QTcB: 432.87ms    PRI: 144ms    P-R-T: 60° 49° NA

**Sinus Tachycardia, Non-specific ST/T Wave Changes. Please correlate clinically.**

REPORTED BY

*P. Sudha Parimala*  
  
 Dr. Sudha Parimala

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.