





NABH

NABL

No.1



Patient name:	Mrs. SHRUTHI C	Date :	13/04/24	
Age:	36 years GENDER: FEMALE	Patient ID:	24000423	
Ref by:	DR.CMO	OP/IP:	HEALTH CHECK	

**2D- ECHOCARDIOGRAPHY** 

(c.m)		(c.m)		(cm/sec)				
AO	÷ 2.5	(2.5-3.7)	LVIDD: 4.0	(3.5-5.5)	MV EV : 92.2	AV: 65.5	MR:	NORMAL
LA	: 2.9	(1.9-4.0)	LVIDS: 2.7	(2.4-4.2)	AV : 126		AR:	NORMAL
RA	: 2.4	(<4.4)	IVSD : 0.7	(0.6-1.1)	PV: 93.6		PR:	NORMAL
RV	: 2.2	(<3.5)	IVSS : 0.9	(0.9-1.2)	TV EV :	AV :	TR:	NORMAL
TAPSE: 1.8 (>1.6)		LVPWD: 1.0	(0.6-1.1)	Diastolic Functio	on : NO LVDD			
		3	LVPWS: 0.9	(0.9-1.2)				
	e:		EF: 60%					

**DESCRIPTIVE FINDINGS** 

Left Ventricle	: NORMAL				
Right Ventricle	: NORMAL	"No.			
Left Atrium	: NORMAL	an 1913 4 48 -			18.1
Right Atrium	: NORMAL	Sur Continue		- ,	
Wall motion analys	sis: NO RWMA	067 - 0a.			
Mitral Valve	: NORMAL	100			
Aortic Valve	:NORMAL				
Tricuspid Valve	: NORMAL				
Pulmonary Valve	: NORMAL				
IAS	: INTACT				
IVS	: INTACT		70-0		
Pericardium	: NORMAL				
Other Findings	: IVC NORMAL				
IMPRECCION					

#### **IMPRESSION:**

NORMAL CHAMBER DIMENSIONS

NORMAL LV SYSTOLIC FUNCTION EF: 60%

NORMAL LV DIASTOLIC FUNCTION

NO PULMONARY HYPERTENSION

NO REGIONAL WALL MOTION ABNORMALITIES

NO CLOTS/ PERICARDIAL EFFUSION / VEGETATION

DR.RAHUL PATIL **CONSULTANT CARDIOLOGIST** 



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#### **DEPARTMENT OF RADIODIAGNOSIS**

Name	Shruthi G	Date	13/04/24
Age	36 years	Hospital ID	UHJA24000423
Sex	Female	Ref.	Health check

# **RADIOGRAPH OF THE CHEST (PA – VIEW)**

### **FINDINGS**:

Bilateral lung fields are normal.

Bilateral costo-phrenic angles are normal.

Cardia and mediastinal contours are normal.

The bony thorax is grossly normal.

## **IMPRESSION:**

No radiographic abnormality.

Dr. Elluru Santosh Kumar Consultant Radiologist



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### **Disclaimer for Radiology Scans and Procedures :**

- 1) Radiology results should be correlated and interpreted by qualified medical professionals only. In case of any clarification, the referring doctors or patients can contact the reception/respective department/doctor.
- 2) Radiology results are affected by patient body habitus, food consumption, bowel contents, hydration status, foreign bodies and artifacts.
- 3) Small renal/ureteric stones, some of the pathologies of bowel, peritoneum and retroperitoneum may not be detected on ultrasound study.
- 4) Antenatal ultrasound: Maternal body variables, gestational age, fetal position at the time of the scan affects the scanning. Patient should come for review scan if and when recommended. Chromosomal anomalies cannot be diagnosed on ultrasound only. If ultrasound markers indicate high risk for chromosomal anomalies, further evaluation including karyotyping may be needed.
- 5) Duplicate reports can be provided only upto 30 days from the date of scan/procedure.
- 6) X-ray is a screening modality and not a diagnostic test. It should be correlated clinically and complemented by other requisite imaging modalities and lab tests. X-ray cannot detect soft tissue injuries (like tendon/ ligament injuries) and small renal/ ureteric stones.
- 7) All disputes relating to the reports are subject to jurisdiction of courts at Bengaluru city only.