

Medical Summary

Name:	4	Ms.	B	havana.
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Date of Birth: 2 11 1994, Customer, ID:

Ref Doctor:

Sex: female.

Date: 13/4/10200

Present Complaints:

Past Illness:

Major medical Illness: Surgery:

Personal history:

Smoking: Tobacco:

Alcohol: Obstetric history:

Menstrual history: Peregular merenny.

Diet: mizer dut

Exercise:

Personality: Aury but Marital status: madural,

Children:

Family history:

Tuberclosis:

Diabetes: Asthma:

Drug history:

Hypertension: Jahren Heart Disease:

Others:

Allergy: MIL ~

Present Medications:

General Examination:

Height: Conjunctiva

Oedema:

Tongue: Throat:

Lymphnodes: not palpelos.

Genitals:

Eye Screening:

Vision	R/E	L/E
Distant Vision	(N)	
Near Vision		(A)
Colour Vision	(5)	(8)
COLOUI VISION		



Systemic Examination:

Cardiovascular system:

Peripheral Pulsations:

Heart:

Respiratory system: NV35 (+)

Gastrointestinal Systems:

Higher Function: いん

Cranial Nerves: N NL Motor System: NWL

Sensory System:

Superficial Reflexes:

Deep Reflexes:

Impression:

USh oldows of lyt ovalas Simple cyst

Diet:

Medication:

Advice & Follow up: 1 menormbye Kontinous / puolonged percents / con sufar a crypance gust for further evaluation.

MEDALL DIAGNOSTICS

#191, Poonsmallee High Road, Kilpauk, Chennal - 600 010.

DR. HARI 44 RAN M Consultant General Physician



(Medall Healthcare Pvt Ltd)

SELF REFERRAL FORM

Stick the Barcode here

I, give consent to Me	edall Healthcare Pvt Ltd to perform	Customer Infor	mation		
is to years or above	edall Healthcare Pvt Ltd to perform 18 years and I don't have any met	tal implants inside	ackage investiga mv body and d	ation requested by me. I de	eclare that my
aware that the blood	tests are done in non-fasting (Rand	dom) Sample	ing body and a	on thave a pacemaker or	stents. i am ais
Name: Mr/Ms/Mrs	BHAVA	NA	P		
Name. with wishing					
Company Name	Bank of Ban	roda.	0.000	NA 2 2 2 2 2 2	
8		ioun,	Occupatio 1	Manager	
Date of Birth :	02119 DD/MM/YY	94	or Age: 2	9 Gender: Male	Female
Contact Number	904341	7 20	Pin Code	6011	02
Email ID	: 6 h a van	ath	at s	mynan	ne
	Vitals Observati		by Madall to		
Place of service :	1 1	— (mention Loc		im)	
Height	158.	Cms		feet	Inches
Waist	35.	Inches			Tilles
Hip	39.	Inches walst -	\		
Weight	60.9	Kgs		Clinical History / Med	dicines Taken
Fat	36.8%				
Visceral Fat	5 . 5 %		1 90,		
RM	1 2 5 6 Cal				
ВМІ	24.4	,			
Body Age	4 & Yrs				
Systolic BP	1 1 2 mm/Hg		- Lange of the Control of the Contro	Use Tobacco Products	Drink Alchohol
Diastolic BP	mm/Hg	-		Never Some days Daily Check in the appropriate box	
	Inspiration:3	cm Expira	tion:34 c	cm SP O2 :	ulso : 100
vays Ensure that the custon	ner is relaxed and in sitting position while d		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	51 02 ·	nse
Date 13 4 24			amo:	enuge,	7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
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ave verified and agr all the information	ee with all the data in this shee without fail	et. CHENNA	Cus	stomer Signature	

PID No. : MED210001617

: 124006483

Register On

: 13/04/2024 8:45 AM Collection On : 13/04/2024 10:38 AM

SID No. Age / Sex

: 29 Year(s) / Female

Report On

: 13/04/2024 5:12 PM

Type Ref. Dr

: OP

: MediWheel

Printed On

13/04/2024 7:24 PM



		2		
Investigation		Observed Value	d <u>Unit</u>	<u>Biological</u>
TYPING	ROUPING AND Rh	'A' 'Positiv	ve'	Reference Interval
(EDTA Blood	Agglutination)			
INTERPRET	TATION: Reconfirm the Blood group	n and Tumin - 1	C	
<u>Complete B</u>	lood Count With - ESR	p and Typing be	Fore blood transfusion	
Haemoglobi (Whole Blood -	W/Spectrophotometry)	13.2	g/dL	12.5 - 16.0
Packed Cell (Whole Blood -	Volume(PCV)/Haematocrit W/Derived from Impedance)	38.9	%	37 - 47
RBC Count (Whole Blood -	W/Impedance Variation)	4.10	mill/cu.mm	4.2 - 5.4
Mean Corpus (Whole Blood - V	cular Volume(MCV) W/Derived from Impedance)	94.8	fL	78 - 100
Mean Corpus (Whole Blood - V	cular Haemoglobin(MCH) N/Derived from Impedance)	32.2	pg	27 - 32
Mean Corpuso concentration(cular Haemoglobin	34.0	g/dL	32 - 36
RDW-CV (Whole Blood - W	!/Derived from Impedance)	13.1	%	11.5 - 16.0
RDW-SD (Whole Blood - W	Derived from Impedance)	43.47	fL	39 - 46
Total Leukocyt (Whole Blood - W	e Count (TC) Umpedance Variation)	5400	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impe Cytometry)	dance Variation & Flow	61.8	%	40 - 75
Lymphocytes (EDTA Blood/Imped Cytometry)	dance Variation & Flow	28.0	%	20 - 45









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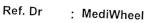
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Type



Investigation	Observed Value	<u>Unit</u>	Biological
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	<u>value</u> 2.2	%	Reference Interval
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	7.4	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.6	%	00 - 02
INTERPRETATION: Tests done on Automated For	ivo Dout 11		
INTERPRETATION: Tests done on Automated Franksolute Neutrophil count (Whole Blood - W/Impedance Variation & Flow Cytometry)	3.34	iter. All abnormal res	sults are reviewed and confirmed microscopically. 1.5 - 6.6
Absolute Lymphocyte Count Whole Blood - W/Impedance Variation & Flow Cytometry)	1.51	10^3 / μ1	1.5 - 3.5
Absolute Eosinophil Count (AEC) Whole Blood - W/Impedance Variation & Flow Sytometry)	0.12	10^3 / μΙ	0.04 - 0.44
Absolute Monocyte Count Whole Blood - W/Impedance Variation & Flow (vtometry)	0.40	10^3 / μ1	< 1.0
bsolute Basophil count Whole Blood - W/Impedance Variation & Flow wtometry)	0.03	10^3 / μ1	< 0.2
latelet Count Vhole Blood - W/ <i>Impedance Variation)</i>	294	10^3 / μ1	150 - 450
PV /hole Blood - W/Derived from Impedance)	8.7	fL	8.0 - 13.3
CT Thole Blood - W/Automated Blood cell unter)	0.26	%	0.18 - 0.28
SR (Erythrocyte Sedimentation Rate) hole Blood - W/Automated - Westergren whod)	14	mm/hr	< 20







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

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Type

Investigation

: OP

Glucose Fasting (FBS)

(Plasma - F/GOD-PAP)

Report On **Printed On**

13/04/2024 7:24 PM

Unit

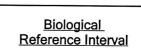
mg/dL

Ref. Dr

Age / Sex

: MediWheel

: 29 Year(s) / Female



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) Negative Negative (Urine - F/GOD - POD). Glucose Postprandial (PPBS) 133.2 mg/dL 70 - 140(Plasma - PP/GOD-PAP)

Observed

<u>Value</u>

90.4

INTERPRETATION:

Uric Acid

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)	Negative	Ç	Negative
Blood Urea Nitrogen (BUN) (Scrum/Urease UV / derived)	8.2	mg/dL	7.0 - 21
Creatinine (Serum/ <i>Modified Jaffe</i>)	0.71	mg/dL	0.6 - 1.1

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

Uric Acid (Serum/Enzymatic)	2.9	mg/dL	2.6 - 6.0
Liver Function Test			
Bilirubin(Total) (Serum/ <i>DCA with ATCS</i>)	1.07	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.31	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.76	mg/dL	0.1 - 1.0









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Collection On : 13/04/2024 10:38 AM

Age / Sex : 29 Year(s) / Female

Report On : 13/04/2024 5:12 PM

Type : OP Printed On 13/04/2024 7:24 PM Ref. Dr : MediWheel



Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
SGOT/AST (Aspartate Aminotransferase) (Serum/ <i>Modified IFCC</i>)	15.4	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/ <i>Modified IFCC</i>)	27.9	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	44.1	Ú/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	86.2	U/L	42 - 98
Total Protein (Serum/Biuret)	6.68	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.20	gm/dl	3.5 - 5.2
Globulin (Scrum/Derived)	2.48	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.69		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	240.3	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	60.8	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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: OP

: 29 Year(s) / Female Report On

Printed On

Ref. Dr : MediWheel

Age / Sex

Type

Register On : 13/04/2024 8:45 AM Collection On : 13/04/2024 10:38 AM

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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
HDL Cholesterol (Serum/Immunoinhibition)	27.2	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	200.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	12.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	213.1	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 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)	8.8
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.2
LDL/HDL Cholesterol Ratio (Serum/Calculated)	7.4

Optimal: < 3.3Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0

Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0

> Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0







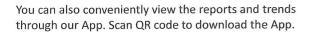


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Name

SID No.

Type

; Ms. BHAVANA P

PID No.

: MED210001617

: 124006483

: OP

Age / Sex : 29 Year(s) / Female

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/HPLC)	5.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

Estimated Average Glucose

108.28

mg/dL

(Whole Blood)

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 HbAlC 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 HbAlc.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total

1.35

ng/ml

0.7 - 2.04

(Serum/Chemiluminescent Immunometric Assay (CLIA))

INTERPRETATION:

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

10.85

μg/dl

4.2 - 12.0

(Serum/Chemiluminescent Immunometric Assay

(CLIA))

INTERPRETATION:

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))

2.020

μIU/mL

0.35 - 5.50







K MD Ph.D DrARG Lab Director TNMC NO: 79967

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> **Biological** Unit <u>Observed</u> Reference Interval **Value**

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)

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

Consultant Microbiologist **VERIFIED BY**





MD Ph.D

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Type : OP : MediWheel Ref. Dr

Others

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BUN / Creatinine Ratio	11.5		6.0 - 22.0

Urine Analysis - Routine			
COLOUR	Pale Yellow		Yellow to Amber
(Urine) APPEARANCE	Clear		Clear
(Urine) Protein	Negative		Negative
(Urine/ <i>Protein error of indicator</i>) Glucose	Negative		Negative
(Urine/GOD - POD) Pus Cells	0 - 1	/hpf	NIL
(Urine/Automated - Flow cytometry)	3 - 5	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	NIL	/HPF	NIL
RBCs (Urine/Automated – Flow cytometry)			NIL
Casts (Urine/Automated – Flow cytometry)	NIL	/hpf	
Crystals (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL

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

NIL





MD Ph.D Lab Director TNMC NO: 79967

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-- End of Report --

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Age & Gender	29Y/FEMALE	Visit Date	13/04/2024
Ref Doctor	MediWheel		

ULTRA SOUND SCAN

WHOLE ABDOMEN

Liver is normal in size and shows uniform echotexture 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 calveal dilatation.

Right kidney measures 9.3 x 4.0 cm.

Left kidney measures 9.7 x 4.4 cm.

Ureters are not dilated.

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

Uterus is retroverted, and measures 6.0 x 4.6 cm, shows normal myometrial echoes. Endometrial thickness is 6 mm.

Right ovary measures 3.3 x 1.7 cm.

No significant mass or cyst is seen in the right ovary.

Left ovary measures 3.4×1.9 cm and shows 2.1×1.5 cm of size well defined thick walled anechoic cyst.

Parametria are free.

Iliac fossae are normal.





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There is no free or loculated peritoneal fluid.

IMPRESSION:

> Left simple ovarian cyst.

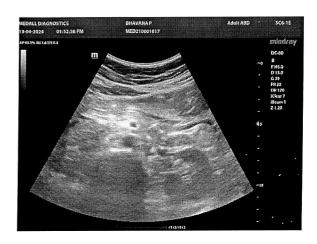
Dr.PRASHANT MOORTHY, MBBS., MD., Consultant Radiologist Dr. M. JAYAPRABA. Consultant Sonologist



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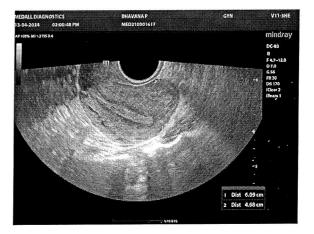














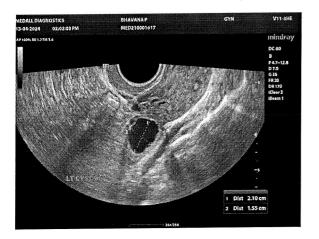


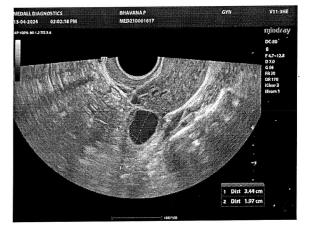
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Ago & Condon		ID	MED210001617
Age & Gender	29Y/FEMALE	Visit Date	13/04/2024
Ref Doctor	MediWheel		10/01/2024

ECHO CARDIOGRAM REPORT

2D ECHO STUDY:

- Normal chamber dimensions.
- Normal LV / RV size and systolic function (EF: 69%)
- 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: 69%)
- NO REGIONAL WALL MOTION ABNORMALITY.
- NORMAL VALVES FOR AGE.
- NORMAL DIASTOLIC COMPLIANCE.
- NORMAL COLOUR FLOW STUDIES.

LEFT VENTRICULAR MEASUREMENT:

DIMENSIONS	NORMAL
IVS (ed) - 0.9cm	(0.6cm/1.2cm)
LVPW(ed) - 0.8cm	(0.6cm/1.1cm)
EF 69 %	(62 %-85 %)
FS 36 %	· · · · · · · · · · · · · · · · · · ·
	IVS (ed) - 0.9cm LVPW(ed) - 0.8cm EF 69 %





Name	MS.BHAVANA P		
Age & Gender		ID	MED210001617
	29Y/FEMALE	Visit Date	13/04/2024
Ref Doctor	MediWheel		10/04/2024

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

* A * * . .

Left Ventricle : Normal

Left Atrium : Normal

PERICARDIUM:

Normal.

DOPPLER STUDY:

Continuous Wave Doppler & Colour Flow Study:

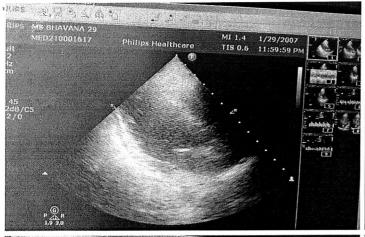
> Normal colour flow studies.

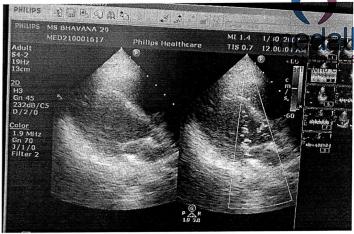
DONE BY:VIJAYALAKSHMI.P

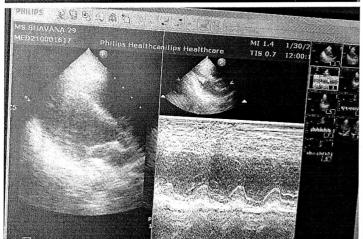
DR.RADHA PRIYA.Y Consultant Cardiologist

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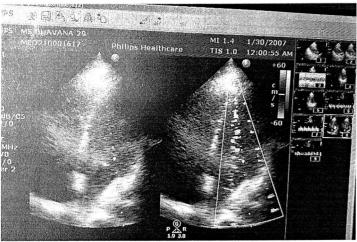




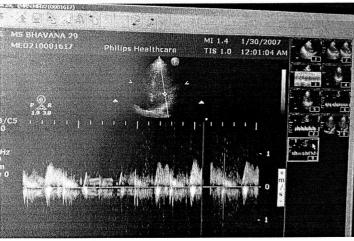


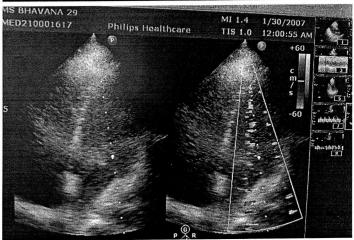












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MEDALL DIAGNOSTIC CENTER KILPAUK

Date and Time: 13th Apr 24 12:01 PM

trices /

Age / Gender: 29/Female

Patient ID: med210001617

Patient Name: Mrs bhavana

75 9/ V4V3 V2V1 aVF aVR aVLĦ



P-R-T: 53° 60° 44°

PRI: 132ms

QTcB: 404.77ms

QT: 320ms

QRSD: 78ms

VR: 96bpm

AR: 95bpm

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0-20Hz, 50Hz

25.0 mm/s 10.0 mm/mV

ECG Within Normal Limits: Sinus Rhythm. Baseline wandering. Please correlate clinically.



Name	Ms. BHAVANA P	Customer ID	MED210001617
Age & Gender	29Y/F	Visit Date	Apr 13 2024 8:42AM
Ref Doctor	MediWheel		

X-RAY CHEST (PA VIEW)

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

The aortic arch is normal.

The lung fields show normal broncho-vascular markings.

Both the pulmonary hila are normal in size.

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

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

IMPRESSION:

• No significant abnormality detected.



