

Medical Summary

Name: Mr. Durga Rao Date of Birth: 10/3/1955 Customer ID: [blank]
 Ref Doctor: [blank] Sex: Male Date: 13/4/24

Present Complaints: NIL

Past Illness: NIL

Major medical Illness: NIL
 Surgery: [blank]

Accident: [blank]
 Others: NIL

Personal history:

Smoking: NIL
 Tobacco: [blank]
 Alcohol: 0.1g/l
 Menstrual history: [blank]
 Obstetric history: NA

Diet: mixed diet
 Exercise: [blank]
 Personality: well built
 Marital status: married
 Children: 1 child

Family history:

Tuberculosis: [blank]
 Diabetes: [blank]
 Asthma: [blank]
 Drug history: NIL

Allergy: NIL

Hypertension: [blank]
 Heart Disease: [blank]
 Others: [blank]
 Present Medications: NIL

General Examination:

Height: [blank]
 Conjunctiva: [blank]
 Oedema: not
 Tongue: [blank]
 Throat: [blank]

Weight: [blank]
 Lymphnodes: not palpable
 Nails: [blank]
 Others: [blank]
 Skin: moist

BP: [blank]
 Eyes: [blank]
 Genitals: not done
 Dental: (R+) side (2) panoramic x-ray

Eye Screening:

| Vision | R/E | L/E |
|----------------|-----|-----|
| Distant Vision | 6/6 | 6/6 |
| Near Vision | 4 | 4 |
| Colour Vision | 9 | 9 |

yes with spectacles



Systemic Examination:

Cardiovascular system: *3/5c heard*
 Peripheral Pulsations: *fast*
 Heart:
 Respiratory system: *NISS (+)*

Gastrointestinal Systems:

Higher Function: *work*
 Cranial Nerves: *work*
 Motor System: *work*

Sensory System: *work*
 Superficial Reflexes: *(+)*
 Deep Reflexes: *(+)*

Impression:

T. Bilirubin → 2.03

Diet: *low fat / low cholesterol diet*

Medication:

Advice & Follow up:

to repeat LFT after 3 weeks if increase in Total Bilirubin / abdominal pain / yellowish discoloration of skin to refer gastroenterologist or hepatologist

Cell : 91500 42328
 Kilpauk, Chennai - 600 010.
 #191, Poonamallee High Road,
 MEDALL DIAGNOSTICS
 DR. HARIHARAN,
 Consultant General Physician
 MEDALL DIAGNOSTICS
 #191, Poonamallee High Road,
 Kilpauk, Chennai - 600 010.
 Cell : 91500 42328





(Medall Healthcare Pvt Ltd)
SELF REFERRAL FORM

MED21000163 10 5) 13-04-2409:27 AM
124006488
MR DURGA RAO BODEDGA 36/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 Mr Ms Mrs
D U R G A R A O B O D D E D A

Company Name: _____ Occupation: _____

Date of Birth: 10 08 19 98 or Age: 36 Gender: Male Female

Contact Number: 9474270258 Pin Code: _____

Email ID: _____

Vitals Observations (to be filled by Medall team)

Place of service: In store Camp - (mention Location) _____

Height: 170 Cms

Waist: 37 Inches

Hip: 39 Inches

Weight: 82.5 Kgs

Fat: 26.8 %

Visceral Fat: 14.0 %

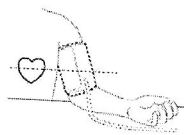
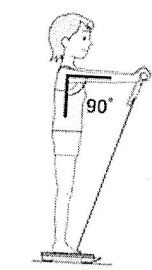
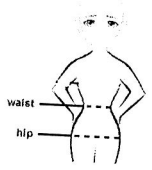
RM: 1784 Cal

BMI: 28.5

Body Age: 50 Yrs

Systolic BP: 105 mm/Hg

Diastolic BP: 67 mm/Hg



feet _____ Inches _____

Clinical History / Medicines Taken
- Nil

| | 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"/> |

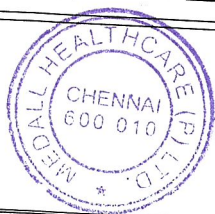
Check in the appropriate box

② 109/72 mmHg.
③ 112/74 mmHg. Inspiration: 40 cm Expiration: 38.5 cm SP O2: 98 Pulse: 61

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

Date: 14/3/24 Medall Employee Name & centre Name: Adhary

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



Customer Signature

[Handwritten Signature]

PID No. : MED210001636
 SID No. : 124006488
 Age / Sex : 36 Year(s) / Male
 Type : OP
 Ref. Dr : MediWheel

Register On : 13/04/2024 9:13 AM
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| Investigation | Observed Value | Unit | Biological Reference Interval |
|--|----------------|------|-------------------------------|
| BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination) | 'O' 'Positive' | | |

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

| | | | |
|--|-------|-------------|--------------|
| Haemoglobin (Whole Blood - W/Spectrophotometry) | 15.8 | g/dL | 13.5 - 18.0 |
| Packed Cell Volume(PCV)/Haematocrit (Whole Blood - W/Derived from Impedance) | 48.8 | % | 42 - 52 |
| RBC Count (Whole Blood - W/Impedance Variation) | 6.59 | mill/cu.mm | 4.7 - 6.0 |
| Mean Corpuscular Volume(MCV) (Whole Blood - W/Derived from Impedance) | 74.1 | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH) (Whole Blood - W/Derived from Impedance) | 24.0 | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC) (Whole Blood - W/Derived from Impedance) | 32.4 | g/dL | 32 - 36 |
| RDW-CV (Whole Blood - W/Derived from Impedance) | 15.2 | % | 11.5 - 16.0 |
| RDW-SD (Whole Blood - W/Derived from Impedance) | 39.42 | fL | 39 - 46 |
| Total Leukocyte Count (TC) (Whole Blood - W/Impedance Variation) | 11800 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 34.0 | % | 40 - 75 |
| Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry) | 56.9 | % | 20 - 45 |
| Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 1.4 | % | 01 - 06 |



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

The results pertain to sample tested.

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED, #17, RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD, GUINDY, CHENNAI, TAMIL NADU, INDIA..

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| Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry) | 7.6 | % | 01 - 10 |
| Basophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.1 | % | 00 - 02 |
| INTERPRETATION: 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) | 4.01 | 10 ³ / μ l | 1.5 - 6.6 |
| Absolute Lymphocyte Count (Whole Blood - W/Impedance Variation & Flow Cytometry) | 6.71 | 10 ³ / μ l | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (Whole Blood - W/Impedance Variation & Flow Cytometry) | 0.17 | 10 ³ / μ l | 0.04 - 0.44 |
| Absolute Monocyte Count (Whole Blood - W/Impedance Variation & Flow Cytometry) | 0.90 | 10 ³ / μ l | < 1.0 |
| Absolute Basophil count (Whole Blood - W/Impedance Variation & Flow Cytometry) | 0.01 | 10 ³ / μ l | < 0.2 |
| Platelet Count (Whole Blood - W/Impedance Variation) | 362 | 10 ³ / μ l | 150 - 450 |
| MPV (Whole Blood - W/Derived from Impedance) | 7.5 | fL | 7.9 - 13.7 |
| PCT (Whole Blood - W/Automated Blood cell Counter) | 0.27 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (Whole Blood - W/Automated - Westergren method) | 12 | mm/hr | < 15 |
| Glucose Fasting (FBS) (Plasma - F/GOD-PAP) | 82.2 | mg/dL | |

Normal: < 100
 Pre Diabetic: 100 - 125
 Diabetic: >= 126



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Investigation

Observed Value Unit

Biological Reference Interval

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) | Negative | | Negative |
| Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP) | 86.5 | mg/dL | 70 - 140 |

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) | Negative | | Negative |
| Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived) | 11.2 | mg/dL | 7.0 - 21 |
| Creatinine (Serum/Modified Jaffe) | 0.99 | mg/dL | 0.9 - 1.3 |

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) | 5.8 | mg/dL | 3.5 - 7.2 |
|--------------------------------|-----|-------|-----------|

Liver Function Test

| | | | |
|---|------|-------|-----------|
| Bilirubin(Total) (Serum/DCA with ATCS) | 2.03 | mg/dL | 0.1 - 1.2 |
|---|------|-------|-----------|

Remark: Please correlate clinically.

| | | | |
|--|------|-------|-----------|
| Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) | 0.49 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect) (Serum/Derived) | 1.54 | mg/dL | 0.1 - 1.0 |
| SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC) | 18.6 | U/L | 5 - 40 |



Dr. Archana K
Dr ARCHANA. K MD Ph.D
 Lab Director
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|--|-----------------------|-------------|---|
| SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC) | 29.1 | U/L | 5 - 41 |
| GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) | 44.8 | U/L | < 55 |
| Alkaline Phosphatase (SAP) (Serum/Modified IFCC) | 111.0 | U/L | 53 - 128 |
| Total Protein (Serum/Biuret) | 8.00 | gm/dl | 6.0 - 8.0 |
| Albumin (Serum/Bromocresol green) | 4.40 | gm/dl | 3.5 - 5.2 |
| Globulin (Serum/Derived) | 3.60 | gm/dL | 2.3 - 3.6 |
| A : G RATIO (Serum/Derived) | 1.22 | | 1.1 - 2.2 |
| <u>Lipid Profile</u> | | | |
| Cholesterol Total (Serum/CHOD-PAP with ATCS) | 136.5 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
| Triglycerides (Serum/GPO-PAP with ATCS) | 202.9 | 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.

HDL Cholesterol
(Serum/Immunoinhibition) **21.8** mg/dL
Optimal(Negative Risk Factor): >= 60
Borderline: 40 - 59
High Risk: < 40



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Investigation

Observed Value

Unit

Biological Reference Interval

LDL Cholesterol
(Serum/Calculated)

74.1

mg/dL

Optimal: < 100
Above Optimal: 100 - 129
Borderline: 130 - 159
High: 160 - 189
Very High: >= 190

VLDL Cholesterol
(Serum/Calculated)

40.6

mg/dL

< 30

Non HDL Cholesterol
(Serum/Calculated)

114.7

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)

6.3

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)

9.3

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

LDL/HDL Cholesterol Ratio
(Serum/Calculated)

3.4

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

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 %



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|----------------------|-----------------------|-------------|--------------------------------------|
|----------------------|-----------------------|-------------|--------------------------------------|

| | | | |
|---|--------|-------|--|
| Estimated Average Glucose (Whole Blood) | 108.28 | mg/dL | |
|---|--------|-------|--|

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 glyceemic 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)) | 1.12 | ng/ml | 0.7 - 2.04 |
|---|------|-------|------------|

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)) | 11.15 | µg/dl | 4.2 - 12.0 |
|---|-------|-------|------------|

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)) | 3.310 | µIU/mL | 0.35 - 5.50 |
|---|-------|--------|-------------|

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 < 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 | 11.3 | | 6.0 - 22.0 |

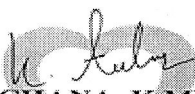
Stool Analysis - ROUTINE

| | | | |
|----------------|--------|--|--------|
| Colour (Stool) | Brown | | Brown |
| Blood (Stool) | Absent | | Absent |
| Mucus (Stool) | Absent | | Absent |

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) | 0 - 1 | /hpf | NIL |
| Epithelial Cells (Urine/Automated - Flow cytometry) | 0 - 1 | /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 | | |




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|----------------------|-----------------------|-------------|--------------------------------------|

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

| | | | |
|-----------------------------|------------|------|------------|
| Reaction (Stool) | Acidic | | Acidic |
| Consistency (Stool) | Semi Solid | | Semi Solid |
| Ova (Stool) | NIL | | NIL |
| Others (Stool) | NIL | | NIL |
| Cysts (Stool) | NIL | | NIL |
| Trophozoites (Stool) | NIL | | NIL |
| RBCs (Stool) | NIL | /hpf | Nil |
| Pus Cells (Stool) | 1 - 2 | /hpf | NIL |
| Macrophages (Stool) | NIL | | NIL |
| Epithelial Cells (Stool) | NIL | /hpf | NIL |




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APPROVED BY

-- End of Report --

The results pertain to sample tested.

Page 8 of 8

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED, #17, RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD. GUINDY. CHENNAI. TAMIL NADU. INDIA..

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| | | | |
|--------------|--------------------------|-------------|--------------------|
| Name | Mr. DURGA RAO BODDEDA | Customer ID | MED210001636 |
| Age & Gender | 36Y/M | Visit Date | Apr 13 2024 9:13AM |
| 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.**



Dr. Prashant Moorthy MBBS., MD
Consultant Radiologist



| | | | |
|--------------|----------------------|------------|--------------|
| Name | MR.DURGA RAO BODDEDA | ID | MED210001636 |
| Age & Gender | 36Y/MALE | Visit Date | 13/04/2024 |
| Ref Doctor | MediWheel | | |

ULTRASOUND 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 10.0 x 4.7 cm.

Left kidney measures 9.5 x 4.4 cm.

Ureters are not dilated.

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

Prostate is normal in size, measures 3.3 x 3.0 x 2.6 cm (Vol – 14 cc). Echotexture is homogenous.

Seminal vesicles is normal.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.



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| Age & Gender | 36Y/MALE | Visit Date | 13/04/2024 |
| Ref Doctor | MediWheel | | |

IMPRESSION:

- **Grade I fatty liver.**

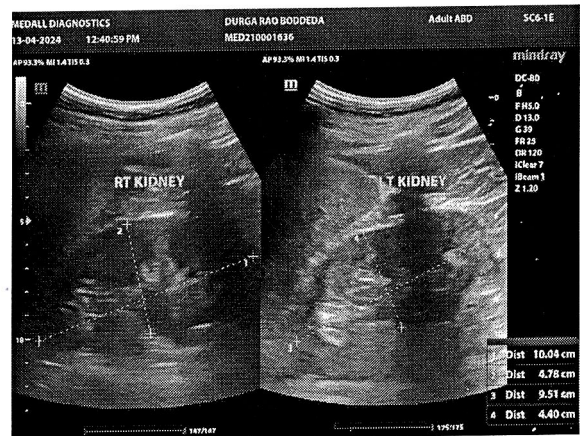
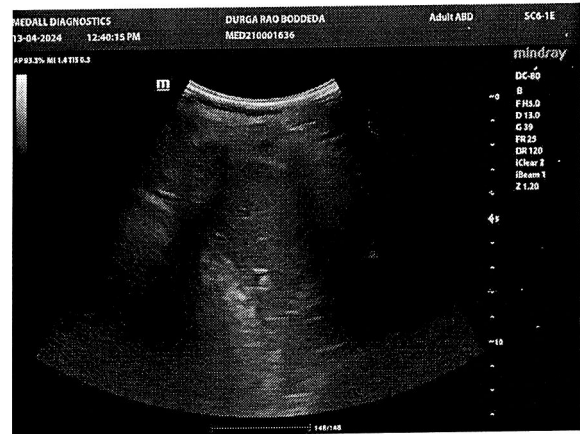
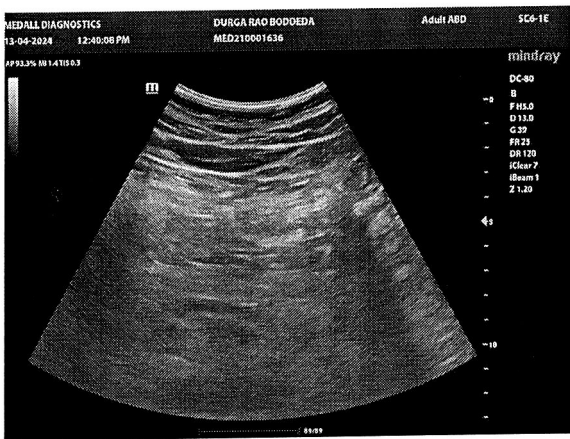
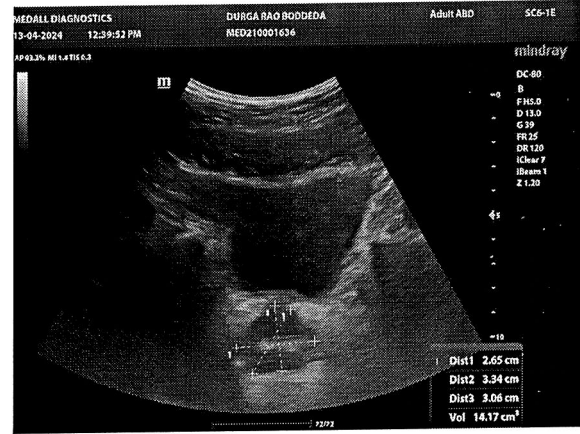
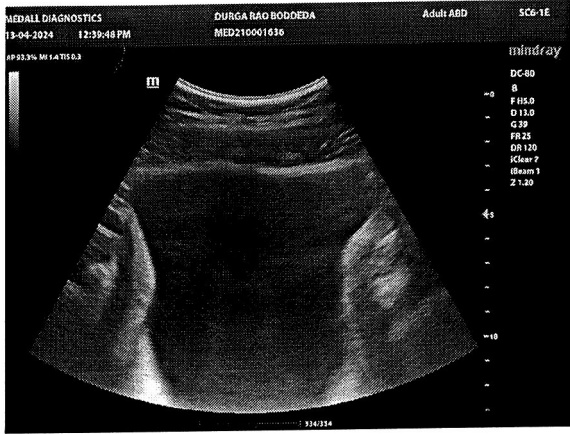
Dr.PRASHANT MOORTHY, MBBS., MD.,
Consultant Radiologist



Dr. M. JAYAPRABA.
Consultant Sonologist



| | | | |
|-------------------------|---------------------------------|-------------------|---------------------|
| Name | MR.DURGA RAO BODDEDA | ID | MED210001636 |
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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 | DIMENSIONS | NORMAL |
|-------------------------------|--------|------------------|---------------|
| AO (ed)- 2.5cm(1.5cm/3.5cm) | | IVS (ed) - 0.9cm | (0.6cm/1.2cm) |
| LA (ed)- 3.4cm(1.5cm/3.5cm) | | LVPW(ed) - 0.8cm | (0.6cm/1.1cm) |
| RVID(ed)- 0.9cm(0.9cm/2.8cm) | | EF 69 % | (62 %-85 %) |
| LVID (ed)- 4.4cm(2.6cm/5.5cm) | | FS 36 % | |
| LVID (es)- 2.9cm | | | |

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| Age & Gender | 36Y/MALE | Visit Date | 13/04/2024 |
| Ref Doctor | MediWheel | | |

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:

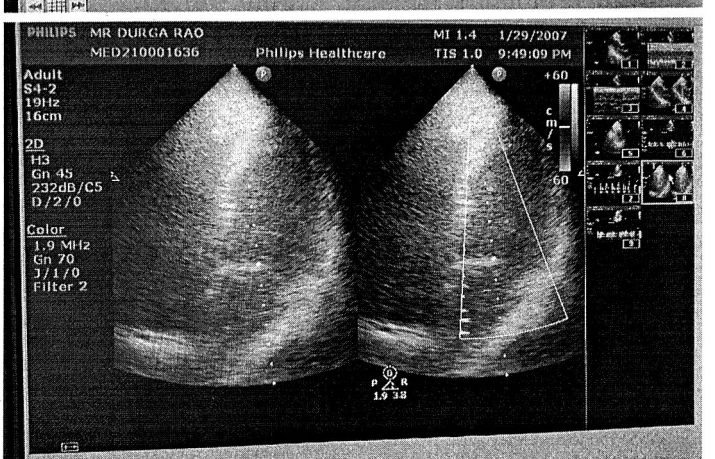
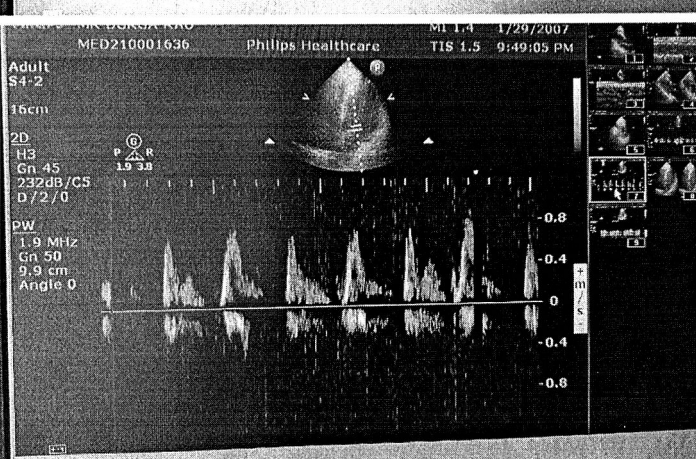
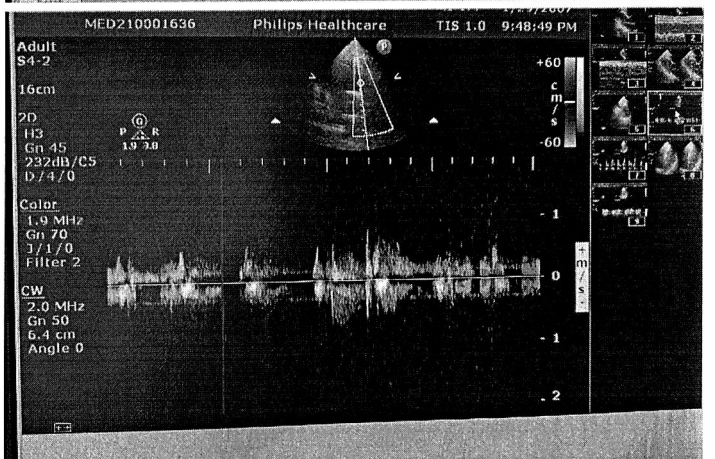
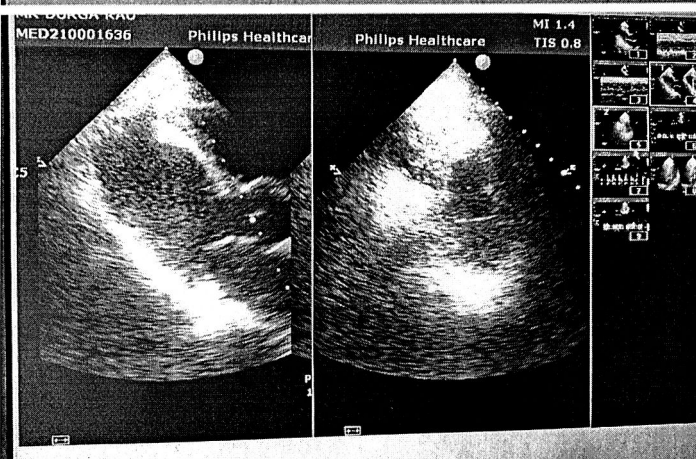
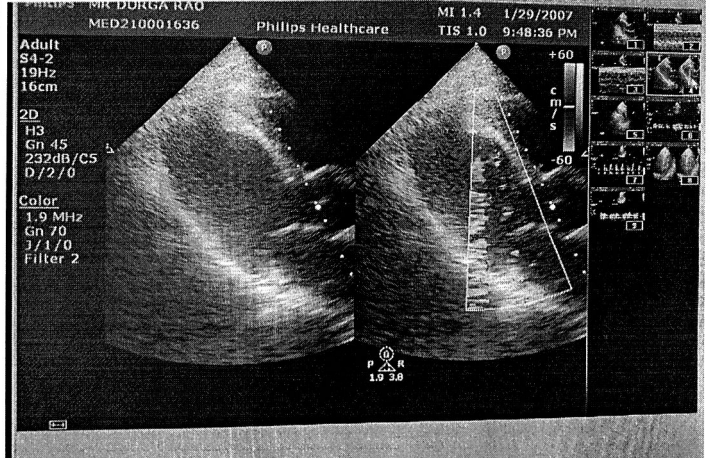
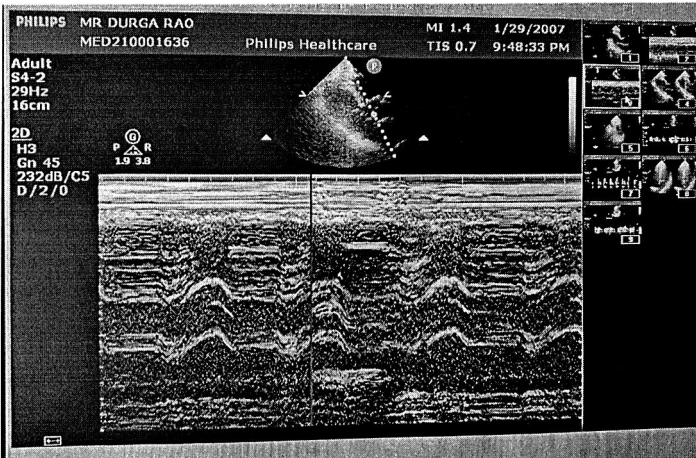
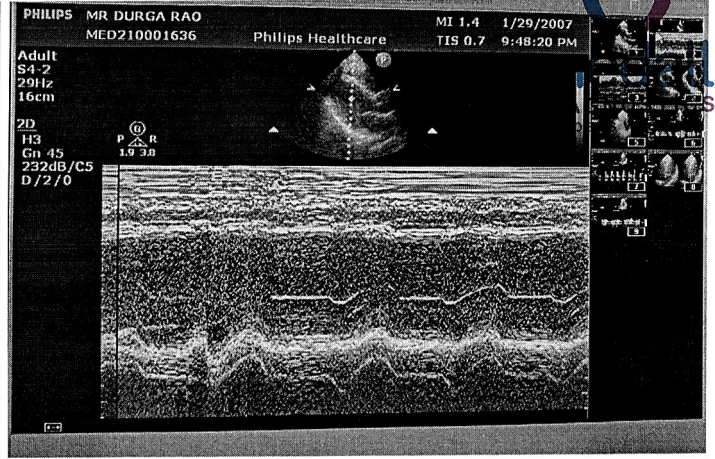
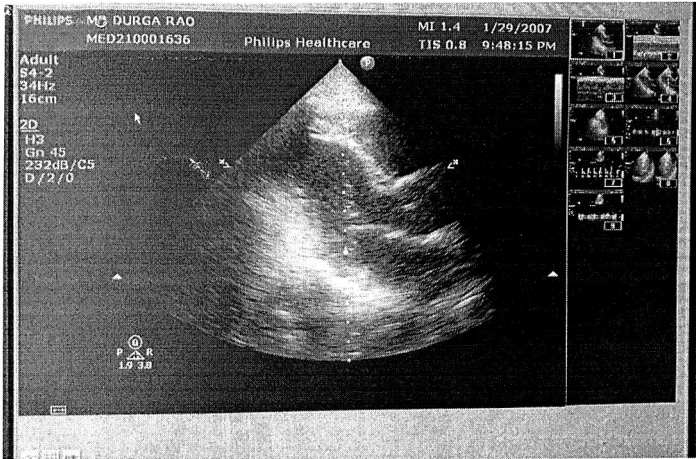
➤ *Normal colour flow studies.*

DONE BY:VIJAYALAKSHMI.P



DR.RADHA PRIYA.Y
Consultant Cardiologist



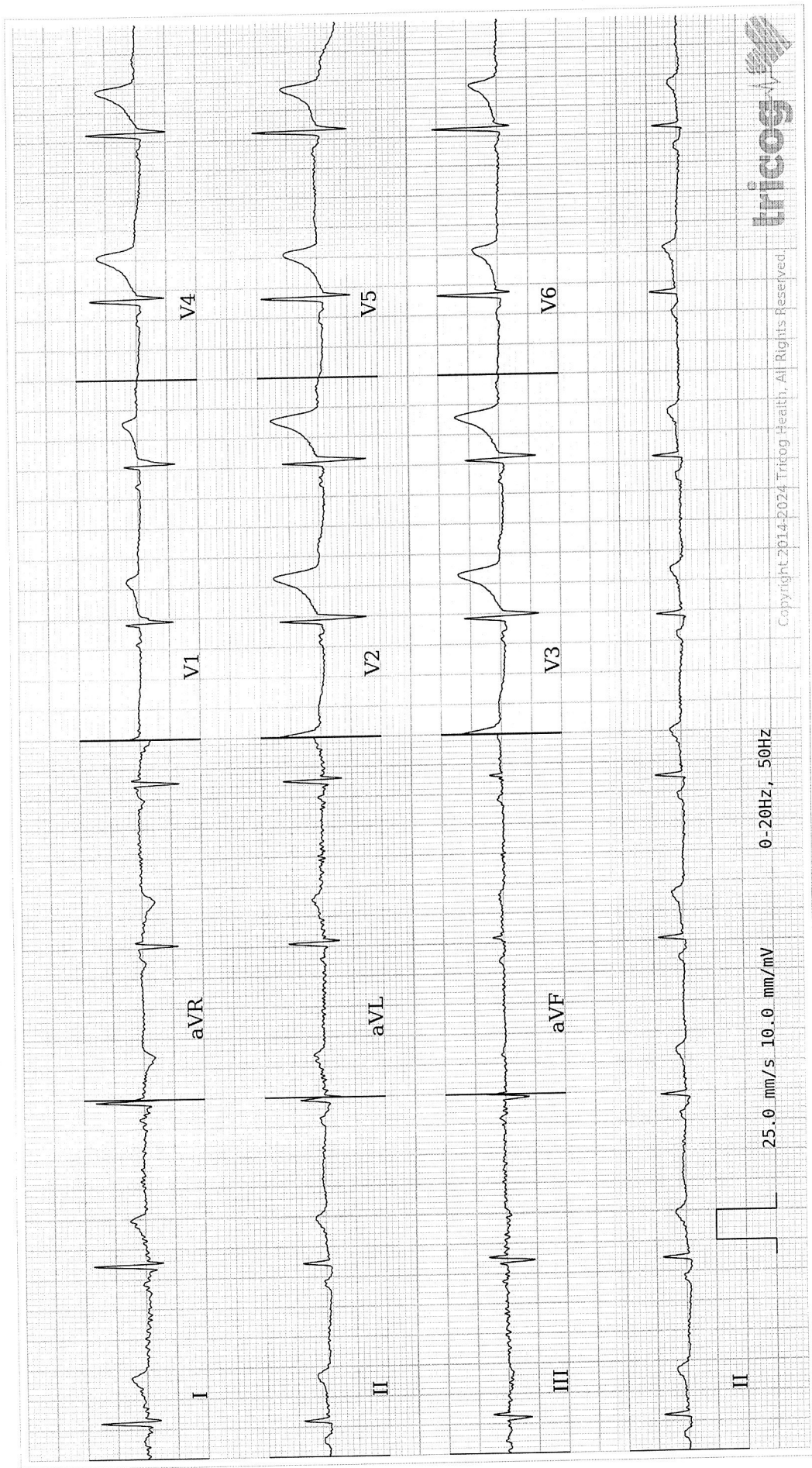


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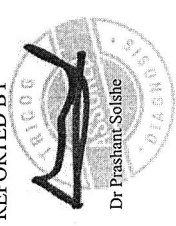


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Age / Gender: 36/Male Date and Time: 13th Apr 24 9:55 AM
Patient ID: med210001636
Patient Name: Mr Durga Rao boddeda



AR: 56bpm VR: 56bpm QRSD: 78ms QT: 410ms QTcB: 396.1ms PRI: 150ms P-R-T: 44° 19° 16°

REPORTED BY

Dr. Prashant Solishe


Sinus Bradycardia. Please correlate clinically.

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.