



ETERNAL HOSPITAL Sanganer

Mrs. KAMALDEEP KAUR
40008693 Dec 23 2023 10:19AM
35 Yrs/Fem OPSCR23-24/9796
EHS CONSULTANT
8828898803

Date & Time
Patient Name:
Age / Gen:
UHID:

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain: Yes

VA < R 6/6
L 6/6

✓ S/LV

Physical Examination:

Pallor : Yes/No Icterus : Yes/No
Cynosis : Yes/No Edema : Yes/No
Lymphadenopathy : Yes/No

Colour vision normal

Systemic Examination:

CVS : _____

CNS : _____

Respiratory System :

Rp

Refresh tear eye drop in BE

0 - 0 x 1 month

GI System : _____

Skin : _____

Investigation:

Follow up:

Diet Advice:

Normal

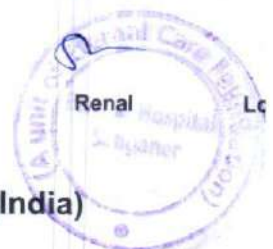
Low Fat

Diabetic

(A Unit of Eternal Care Foundation)
Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)

Phone:- 0141-3120000

www.eternalhospital.com





ETERNAL HOSPITAL



ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

| | | | |
|----------------|---------------------|-----------------|--------------------|
| Patient Name | Mr. KAMAL DEEP KAUR | Lab No | 592781 |
| UHID | 332516 | Collection Date | 23/12/2023 12:32PM |
| Age/Gender | 35 Yrs/Male | Receiving Date | 23/12/2023 12:41PM |
| IP/OP Location | O-OPD | Report Date | 23/12/2023 1:12PM |
| Referred By | Dr. EHCC Consultant | Report Status | Final |
| Mobile No. | 9773349797 | | |



BIOCHEMISTRY

| Test Name | Result | Unit | Biological Ref. Range |
|-----------|--------|------|---|
| HbA1C | 5.8 | % | <p>Sample: WHOLE BLOOD</p> <p>< 5.7% Nondiabetic 5.7-6.4% Pre-diabetic > 6.4% Indicate Diabetes</p> <p>Known Diabetic Patients < 7% Excellent Control 7 - 8% Good Control > 8% Poor Control</p> |

Method : - High - performance liquid chromatography HPLC
 Interpretation:-Monitoring long term glycemic control, testing every 3 to 4 months is generally sufficient.
 The approximate relationship between HbA1C and mean blood glucose values during the preceding 2 to 3 months.

****End Of Report****

RESULT ENTERED BY : Mr. MAHENDRA KUMAR

Dr. SURENDRA SINGH
 CONSULTANT & HOD
 MBBS|MD| PATHOLOGY

Dr. ASHISH SHARMA
 CONSULTANT & INCHARGE PATHO
 MBBS|MD| PATHOLOGY

(A Unit of Eternal Heart Care Centre & Research Institute Pvt. Ltd.)

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3A, Jagatpura Road, Near Jawahar Circle, Jaipur, Rajasthan-302017, Rajasthan (India)

Phone : +91-141-5174000, 2774000, Website : www.eternalhospital.com

CIN No. U85110RJ2007PTC023653

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ETERNAL HOSPITAL

Sanganer



ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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|----------------|---------------------|-----------------|--------------------|
| Patient Name | Mrs. KAMALDEEP KAUR | Lab No | 4018226 |
| UHID | 40008693 | Collection Date | 23/12/2023 10:41AM |
| Age/Gender | 35 Yrs/Female | Receiving Date | 23/12/2023 10:51AM |
| IP/OP Location | O-OPD | Report Date | 23/12/2023 1:59PM |
| Referred By | EHS CONSULTANT | Report Status | Final |
| Mobile No. | 9928898803 | | |

BIOCHEMISTRY

| Test Name | Result | Unit | Biological Ref. Range | Sample: Fl. |
|---|--------|-------|-----------------------|-------------|
| BLOOD GLUCOSE (FASTING) | | | | |
| BLOOD GLUCOSE (FASTING) | 92 | mg/dl | 74 - 106 | |
| Method: Hexokinase assay. | | | | |
| Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases. | | | | |

| HYROID T3 T4 TSH | | | | Sample |
|-------------------------|-------|--------|---------------|--------|
| T3 | 1.340 | ng/mL | 0.970 - 1.690 | |
| T4 | 6.42 | ug/dl | 5.53 - 11.00 | |
| TSH | 1.58 | μIU/mL | 0.40 - 4.05 | |

T3:- Method: ElectroChemiluminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4:- Method: ElectroChemiluminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T4 assay employs a competitive test principle with an antibody specifically directed against T4.

TSH - THYROID STIMULATING HORMONE :- ElectroChemiluminescence ImmunoAssay - ECLIA

Interpretation:-The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH levels.

LFT (LIVER FUNCTION TEST)

| | | | | Samp |
|--------------------|------|-------|-------------|------|
| BILIRUBIN TOTAL | 0.80 | mg/dl | 0.00 - 1.20 | |
| BILIRUBIN INDIRECT | 0.62 | mg/dl | 0.20 - 1.00 | |
| BILIRUBIN DIRECT | 0.18 | mg/dl | 0.00 - 0.40 | |
| SGOT | 29.2 | U/L | 0.0 - 40.0 | |
| SGPT | 27.0 | U/L | 0.0 - 40.0 | |

RESULT ENTERED BY : Mr. JITENDRA MARWAL


Dr. ABHINAV VERMA

MBBS|MD|INCHARGE PATHOLOGY

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BIOCHEMISTRY

| | | | |
|----------------------|------|-------|------------|
| TOTAL PROTEIN | 7.6 | g/dl | 6.6 - 8.7 |
| ALBUMIN | 5.0 | g/dl | 3.5 - 5.2 |
| GLOBULIN | 2.6 | | 1.8 - 3.6 |
| ALKALINE PHOSPHATASE | 59.5 | U/L | 42 - 98 |
| A/G RATIO | 1.9 | Ratio | 1.5 - 2.5 |
| GGTP | 14.4 | U/L | 6.0 - 38.0 |

BILIRUBIN TOTAL :- Method: DPD assay. Interpretation:-Total Bilirubin measurements are used in the diagnosis and treatment of various liver diseases, and of haemolytic and metabolic disorders in adults and newborns. Both obstruction damage to hepatocellular structure.

BILIRUBIN DIRECT :- Method: Diazo method Interpretation:-Determinations of direct bilirubin measure mainly conjugated, water soluble bilirubin.

SGOT - AST :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGOT(AST) measurements are used in the diagnosis and treatment of certain types of liver and heart disease.

SGPT - ALT :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGPT(ALT) Ratio Is Used For Differential Diagnosis In Liver Diseases.

TOTAL PROTEINS :- Method: Biuret colorimetric assay. Interpretation:-Total protein measurements are used in the diagnosis and treatment of a variety of liver and kidney diseases and bone marrow as well as metabolic and nutritional disorder.

ALBUMIN :- Method: Colorimetric (BCP) assay. Interpretation:-For Diagnosis and monitoring of liver diseases, e.g. liver cirrhosis, nutritional status.

ALKALINE PHOSPHATASE :- Method: Colorimetric assay according to IFCC. Interpretation:-Elevated serum ALT is found in hepatitis, cirrhosis, obstructive jaundice, carcinoma of the liver, and chronic alcohol abuse. ALT is only slightly elevated in patients who have an uncomplicated myocardial infarction. **GGTP-GAMMA GLUTAMYL TRANSPEPTIDASE** :- Method:

Enzymatic colorimetric assay. Interpretation:- γ -glutamyltransferase is used in the diagnosis and monitoring of hepatobiliary disease. Enzymatic activity of GGT is often the only parameter with increased values when testing for such diseases and is one of the most sensitive indicator known.

LIPID PROFILE

| | | | |
|-------------------|-------|-------|--|
| TOTAL CHOLESTEROL | 188 | | <200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High |
| HDL CHOLESTEROL | 39.1 | | High Risk :- <40 mg/dl (Male), <40 mg/dl (Female) Low Risk :- \geq 60 mg/dl (Male), \geq 60 mg/dl (Female) |
| LDL CHOLESTEROL | 127.8 | | Optimal :- <100 mg/dl Near or Above Optimal :- 100-129 mg/dl Borderline :- 130-159 mg/dl High :- 160-189 mg/dl Very High :- >190 mg/dl |
| CHOLESTERO VLDL | 41 | mg/dl | 10 - 50 |

RESULT ENTERED BY : Mr. JITENDRA MARWAL

Dr. ABHINAY VERMA

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BIOCHEMISTRY

| | | |
|---------------|-------|--|
| TRIGLYCERIDES | 202.6 | Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl |
|---------------|-------|--|

CHOLESTEROL/HDL RATIO 4.8 %

CHOLESTEROL TOTAL :- Method: CHOD-PAP enzymatic colorimetric assay.

Interpretation:-The determination of the individual total cholesterol (TC) level is used for screening purposes while for a better risk assessment it is necessary to measure additionally lipid & lipoprotein metabolic disorders.

HDL CHOLESTEROL :- Method:-Homogenous enzymatic colorimetric method.

Interpretation:-HDL-cholesterol has a protective against coronary heart disease, while reduced HDL-cholesterol concentrations, particularly in conjunction with elevated triglycerides, increase the cardiovascular disease.

LDL CHOLESTEROL :- Method: Homogenous enzymatic colorimetric assay.

Interpretation:-LDL play a key role in causing and influencing the progression of atherosclerosis and in particular coronary sclerosis. The LDL are derived form VLDL rich in TG by the action of various lipolytic enzymes and are synthesized in the liver.

CHOLESTEROL VLDL :- Method: VLDL Calculative

TRIGLYCERIDES :- Method:-GPO-PAP enzymatic colorimetric assay.

Interpretation:-High triglyceride levels also occur in various diseases of liver, kidneys and pancreas. DM, nephrosis, liver obstruction.

CHOLESTEROL/HDL RATIO :- Method: Cholesterol/HDL Ratio Calculative

| | | | |
|------------|-------|--------|---------------|
| UREA | 20.70 | mg/dl | 16.60 - 48.50 |
| BUN | 9.7 | mg/dl | 6 - 20 |
| CREATININE | 0.71 | mg/dl | 0.50 - 0.90 |
| SODIUM | 139.3 | mmol/L | 136 - 145 |
| POTASSIUM | 4.71 | mmol/L | 3.50 - 5.50 |
| CHLORIDE | 102.2 | mmol/L | 98 - 107 |
| URIC ACID | 6.0 | mg/dl | 2.6 - 6.0 |
| CALCIUM | 9.58 | mg/dl | 8.60 - 10.30 |

Sample

RESULT ENTERED BY : Mr. JITENDRA MARWAL

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BLOOD BANK INVESTIGATION

| Test Name | Result | Unit | Biological Ref. Range |
|----------------|-----------------|------|-----------------------|
| BLOOD GROUPING | "O" Rh Positive | | |

Note :

1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

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CLINICAL PATHOLOGY

| Test Name | Result | Unit | Biological Ref. Range | Sample |
|--------------------------------|-------------|------|-----------------------|--------|
| PHYSICAL EXAMINATION | | | | |
| VOLUME | 20 | ml | | |
| COLOUR | PALE YELLOW | | P YELLOW | |
| APPEARANCE | CLEAR | | CLEAR | |
| CHEMICAL EXAMINATION | | | | |
| PH | 5.0 L | | 5.5 - 7.0 | |
| SPECIFIC GRAVITY | 1.010 | | 1.016-1.022 | |
| PROTEIN | NEGATIVE | | NEGATIVE | |
| SUGAR | NEGATIVE | | NEGATIVE | |
| BILIRUBIN | NEGATIVE | | NEGATIVE | |
| BLOOD | NEGATIVE | | | |
| KETONES | NEGATIVE | | NEGATIVE | |
| NITRITE | NEGATIVE | | NEGATIVE | |
| UROBILINOGEN | NEGATIVE | | NEGATIVE | |
| LEUCOCYTE | NEGATIVE | | NEGATIVE | |
| MICROSCOPIC EXAMINATION | | | | |
| WBCS/HPF | 1-2 | /hpf | 0 - 3 | |
| RBCS/HPF | 0-0 | /hpf | 0 - 2 | |
| EPITHELIAL CELLS/HPF | 1-2 | /hpf | 0 - 1 | |
| CASTS | NIL | | NIL | |
| CRYSTALS | NIL | | NIL | |
| BACTERIA | NIL | | NIL | |
| OHTERS | NIL | | NIL | |

RESULT ENTERED BY : Mr. JITENDRA MARWAL


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HEMATOLOGY

| Test Name | Result | Unit | Biological Ref. Range |
|-------------------------------------|--------|----------------------|-----------------------|
| CBC (COMPLETE BLOOD COUNT) | | | |
| | | | Sample: WHOLE BLOC |
| HAEMOGLOBIN | 10.4 L | g/dl | 12.0 - 15.0 |
| PACKED CELL VOLUME(PCV) | 34.3 L | % | 36.0 - 46.0 |
| MCV | 84.5 | fl | 82 - 92 |
| MCH | 25.6 L | pg | 27 - 32 |
| MCHC | 30.3 L | g/dl | 32 - 36 |
| RBC COUNT | 4.06 | millions/cu.mm | 3.80 - 4.80 |
| TLC (TOTAL WBC COUNT) | 6.67 | 10 ³ / uL | 4 - 10 |
| DIFFERENTIAL LEUCOCYTE COUNT | | | |
| NEUTROPHILS | 63.8 | % | 40 - 80 |
| LYMPHOCYTE | 29.1 | % | 20 - 40 |
| EOSINOPHILS | 1.2 | % | 1 - 6 |
| MONOCYTES | 5.5 | % | 2 - 10 |
| BASOPHIL | 0.4 L | % | 1 - 2 |
| PLATELET COUNT | 1.94 | lakh/cumm | 1.500 - 4.500 |

HAEMOGLOBIN :- Method:-SLS HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.
 MCV :- Method:- Calculation bysystemex.
 MCH :- Method:- Calculation bysystemex.
 MCHC :- Method:- Calculation bysystemex.
 RBC COUNT :- Method:-Hydrodynamicfocusing.Interpretation:-Low-Anemia,High-Polycythemia.
 TLC (TOTAL WBC COUNT) :-Method:-Optical Detectorblock based on Flowcytometry.Interpretation:-High-Leucocytosis, Low-Leucopenia.
 NEUTROPHILS :- Method: Optical detectorblock based on Flowcytometry
 LYMPHOCYTS :- Method: Optical detectorblock based on Flowcytometry
 EOSINOPHILS :- Method: Optical detectorblock based on Flowcytometry
 MONOCYTES :- Method: Optical detectorblock based on Flowcytometry
 BASOPHIL :- Method: Optical detectorblock based on Flowcytometry
 PLATELET COUNT :- Method:-Hydrodynamicfocusing method.Interpretation:-Low-Thrombocytopenia, High-Thrombocytosis.
 HCT: Method:- Pulse Height Detection. Interpretation:-Low-Anemia, High-Polycythemia.
 NOTE: CH- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

ESR (ERYTHROCYTE SEDIMENTATION RATE) 30 H mm/1st hr 0 - 15

RESULT ENTERED BY : Mr. JITENDRA MARWAL

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X Ray

| Test Name | Result | Unit | Biological Ref. Range |
|-----------|--------|------|-----------------------|
|-----------|--------|------|-----------------------|

X-RAY CHEST P. A. VIEW

Both lung fields are clear.

Both CP angles are clear.

Both hemi-diaphragms are normal in shape and outlines.

Cardiac shadow is within normal limits.

Visualized bony thorax is unremarkable.

Correlate clinically & with other related investigations.

****End Of Report****

RESULT ENTERED BY : Mr. JITENDRA MARWAL

Dr. RENU JADIYA
MBBS, DNB
RADIOLOGIST

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DEPARTMENT OF CARDIOLOGY

| | | | |
|----------------|-------------------------------------|-----------------|-------------|
| UHID / IP NO | 40008693 (17539) | RISNo./Status : | 4018226/ |
| Patient Name : | Mrs. KAMALDEEP KAUR | Age/Gender : | 35 Y/F |
| Referred By : | EHS CONSULTANT | Ward/Bed No : | OPD |
| Bill Date/No : | 23/12/2023 10:19AM/ OPSCR23-24/9796 | Scan Date : | |
| Report Date : | 23/12/2023 11:34AM | Company Name: | Provisional |

REFERRAL REASON: HTN

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

| | | Normal | | Normal |
|-------|------|---------|-------|--------|
| IVSD | 10.6 | 6-12mm | LVIDS | 27.5 |
| LVIDD | 41.4 | 32-57mm | LVPWS | 17.3 |
| LVPWD | 10.6 | 6-12mm | AO | 29.9 |
| IVSS | 17.8 | mm | LA | 32.3 |
| LVEF | 60-2 | >55% | RA | - |

DOPPLER MEASUREMENTS & CALCULATIONS:

| STRUCTURE | MORPHOLOGY | VELOCITY (m/s) | | | | GRADIENT (mmHg) | REGURGITATION |
|-----------------|------------|----------------|------|------|---|-----------------|---------------|
| | | E | 1.16 | e' | - | | |
| MITRAL VALVE | NORMAL | A | 0.62 | E/e' | - | - | NIL |
| | | E | | 0.59 | | | |
| TRICUSPID VALVE | NORMAL | A | | 0.44 | | - | TRIVIAL |
| | | E | | 1.40 | | | |
| AORTIC VALVE | NORMAL | | | 1.40 | | - | NIL |
| PULMONARY VALVE | NORMAL | | | 0.65 | | - | NIL |

COMMENTS & CONCLUSION: -

- ALL CARDIAC CHAMBERS ARE NORMAL
- NO RWMA, LVEF 60%
- NORMAL LV SYSTOLIC FUNCTION
- NORMAL LV DIASTOLIC FUNCTION
- TRIVIAL TR, OTHER CARDIAC VALVES ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

IMPRESSION: - TRIVIAL TR, NORMAL BI VENTRICULAR FUNCTIONS

DR SUPRIY JAIN
MBBS, M.D., D.M. (CARDIOLOGY)
INCHARGE & SR. CONSULTANT
INTERVENTIONAL CARDIOLOGY

DR ROOPAM SHARMA
MBBS, PGDCC, FIAE
CONSULTANT & INCHARGE
EMERGENCY, PREVENTIVE CARDIOLOGY
AND WELLNESS CENTRE

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DEPARTMENT OF RADIO DIAGNOSIS

| | | | |
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| Report Date : | 23/12/2023 12:07PM | Company Name: | Mediwheel - Arcofemi Health Care Ltd. |

USG REPORT - ABDOMEN AND PELVIS

LIVER:

Is enlarged in size (17.4cm) and shows diffuse increased echotexture.

No obvious focal lesion seen. No intra hepatic biliary radical dilatation seen.

GALL BLADDER:

Adequately distended with no obvious wall thickening/pericholecystic fat stranding/fluid. No obvious calculus/polyp/mass seen within.

PANCREAS:

Appears normal in size and shows uniform echo texture. The pancreatic duct is normal. No calcifications are seen.

SPLEEN:

Appears normal in size and it shows uniform echo texture.

RIGHT KIDNEY:

The shape, size and contour of the right kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

LEFT KIDNEY:

The shape, size and contour of the left kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

URINARY BLADDER:

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen.

UTERUS:

Uterus is normal in size, shape and anteverted in position.

Endometrial thickness measures ~ 6.7 mm.

No focal lesion noted.

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|----------------|-------------------------------------|-----------------|---------------------------------------|
| UHID / IP NO | 40008693 (17539) | RISNo./Status : | 4018226/ |
| Patient Name : | Mrs. KAMALDEEP KAUR | Age/Gender : | 35 Y/F |
| Referred By : | EHS CONSULTANT | Ward/Bed No : | OPD |
| Bill Date/No : | 23/12/2023 10:19AM/ OPSCR23-24/9796 | Scan Date : | |
| Report Date : | 23/12/2023 12:07PM | Company Name: | Mediwheel - Arcofemi Health Care Ltd. |

OVARIES:

Both ovaries are normal in size and echoes.

No focal fluid collections seen.

IMPRESSION:

Hepatomegaly with grade-I fatty liver.

DR. RENU JADIYA

Consultant – Radiology

MBBS, DNB

(A Unit of Eternal Care Foundation)
Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)

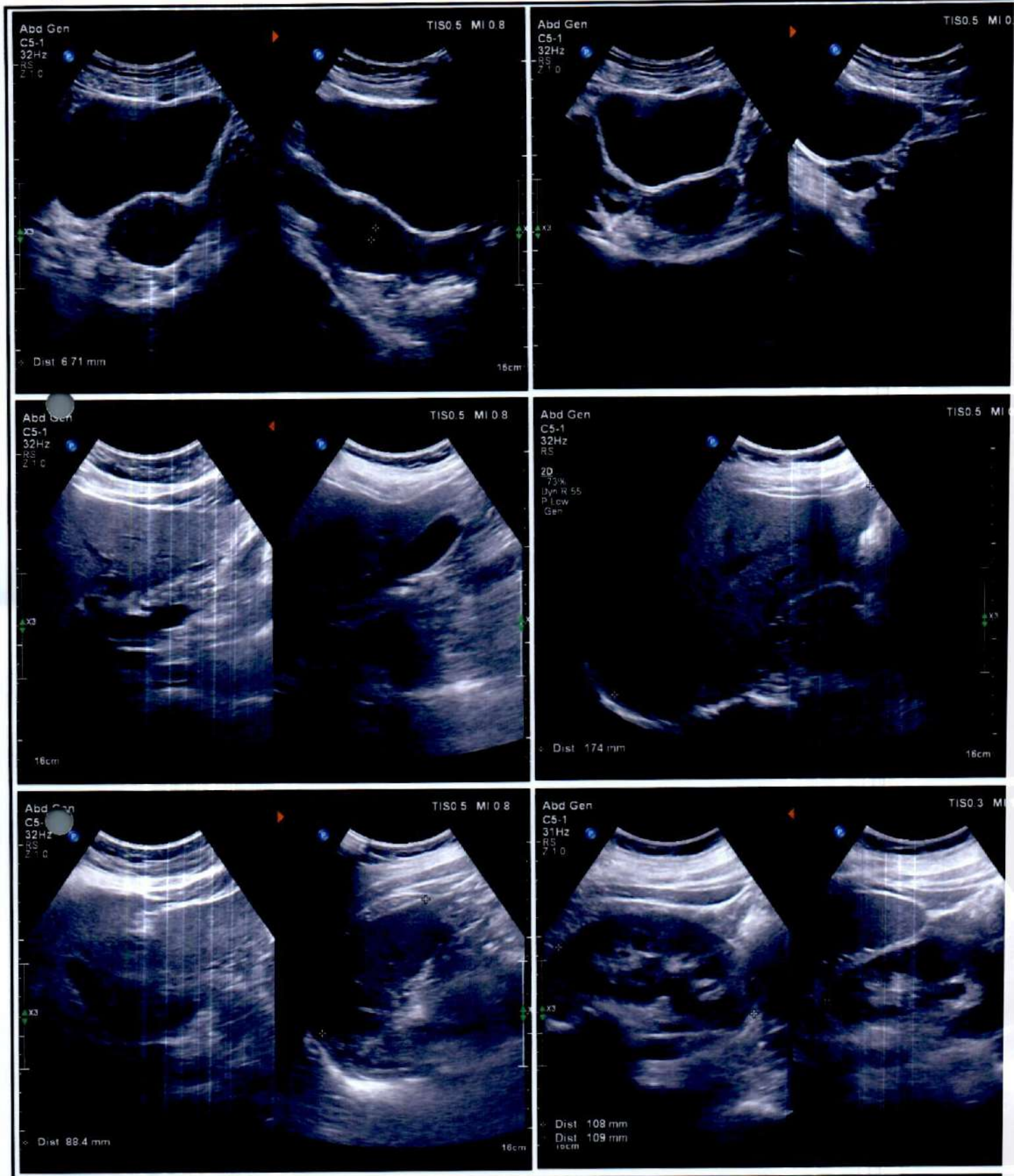
Phone:- 0141-3120000

www.eternalhospital.com

Page 2 of 2

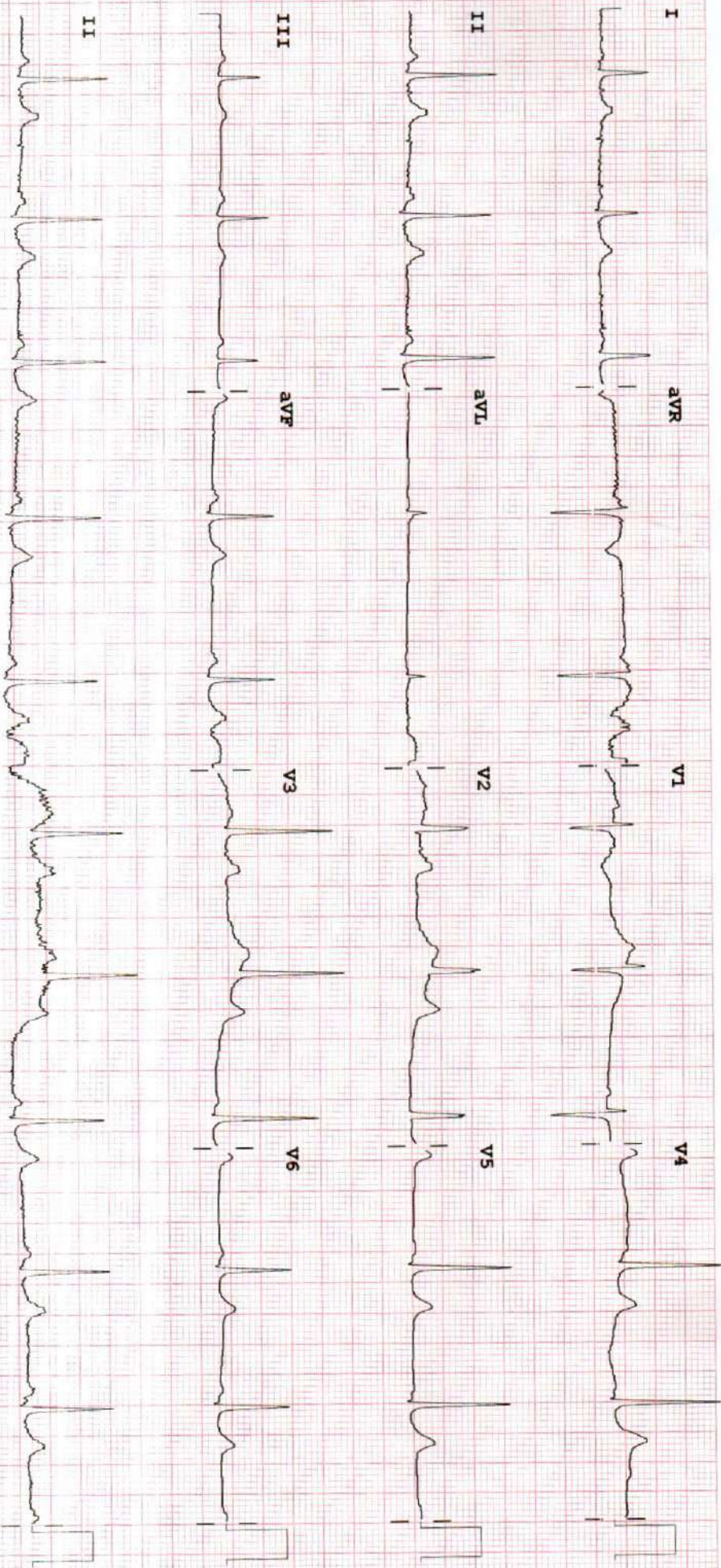
Disclaimer : This is Radiological/Pathological impression and not the final diagnosis. It should be correlated with relevant data & investigation. Not Valid for Medico-Legal purpose. Subject to Jaipur Jurisdiction only.

Images

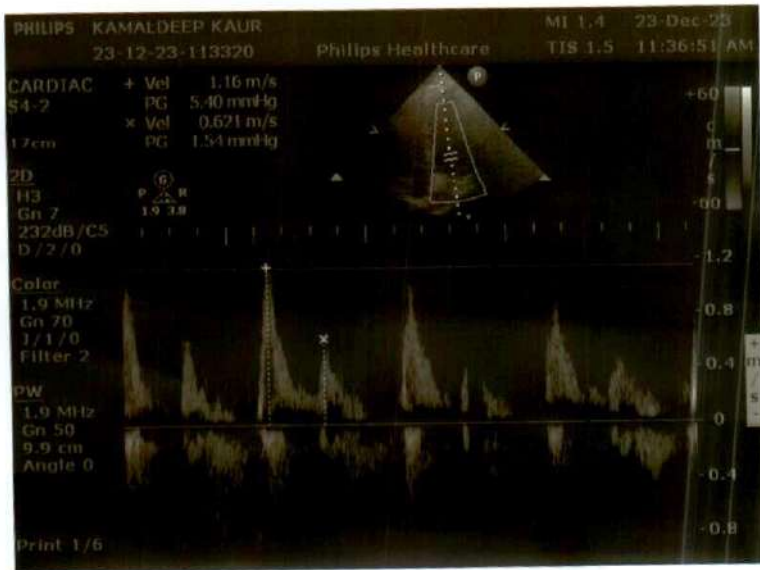
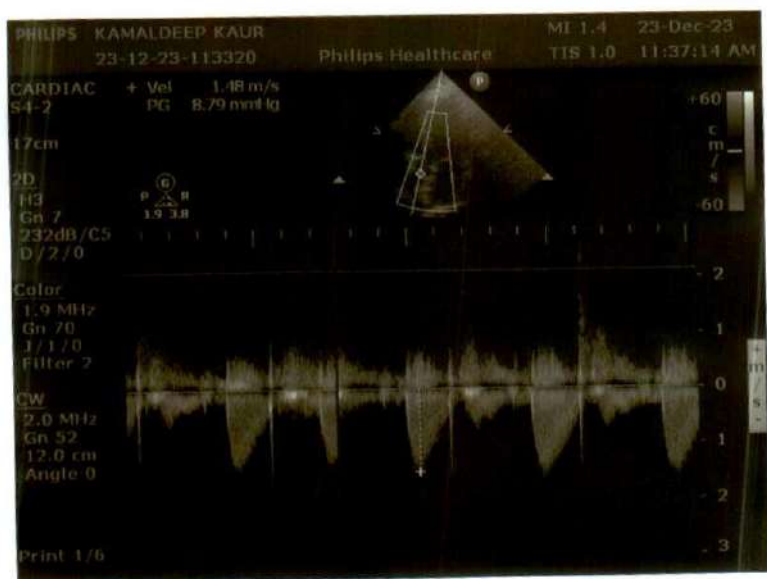


Rate 62
PR 149
QRSD 73
QT 369
QTc 375

--AXIS--
P 70
QRS 50
T 56
12 Lead; Standard Placement



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV
F 60 ~ 0.15-100 Hz 100B CL P?



CARDIAC

S4-2

28Hz

17cm

2D

H3

Gn 7

232dB/C5

D/2/0

Print 1/6



⑥
P R
19.38

PHILIPS KAMALDEEP KAUR

23-12-23-113320

Philips Healthcare

MI 1.4

23-Dec-23

TIS 0.8

11:35:38 AM

CARDIAC

S4-2

28Hz

17cm

2D

H3

Gn 7

232dB/C5

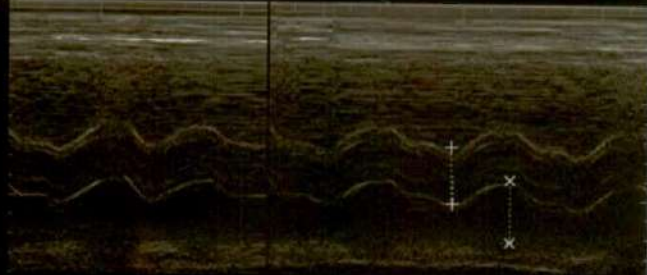
D/2/0

Print 1/6



⑥
P R
19.38

| | |
|---------------------|---------|
| + Ao root diam (MM) | 2.89 cm |
| LA/AO (MM) | 1.12 |
| X LA dimension (MM) | 3.23 cm |



PHILIPS KAMALDEEP KAUR

23-12-23-113320

Philips Healthcare

MI 1.4

23-Dec-23

TIS 0.8

11:35:16 AM

CARDIAC

S4-2

28Hz

17cm

2D

H3

Gn 7

232dB/C5

D/2/0

Print 1/6



⑥
P R
19.38

| | |
|--------------|---------|
| + IVSd (MM) | 1.06 cm |
| X LVIDd (MM) | 4.14 cm |
| o LVPWd (MM) | 1.06 cm |
| □ IVSs (MM) | 1.78 cm |
| △ LVIDs (MM) | 2.75 cm |
| X LVPWs (MM) | 1.73 cm |

