

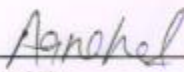
Name	: Mr. JAGDISH PRASAD	MR No	: UH038325
Age/Gender	: 53 Y/M	Visit ID	: OP050227
Admitting Doctor	:	Sample Collected on	: 22-06-2024 09:10
Lab ID No	: LAB067161	Sample Received on	:
		Report Released on	: 22-06-2024 12:10

Laboratory Report

Hematology

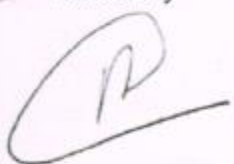
<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: EDTA			
CBC WITH ESR			
HAEMOGLOBIN	13.6	gm/dL	13 - 18
TOTAL LEUCOCYTE COUNT	7,900	cell/cum	4000 - 11000
D.L.C = POLYMORPHS	52	%	40 - 75
LYMPHOCYTES	40	%	20 - 45
EOSINOPHILS	05	%	01 - 06
MONOCYTES	03	%	0 - 08
BASOPHILS	00	%	0 - 01
E.S.R (WINTROBE)	12 *	mm/1st	0 - 9
RED BLOOD CELLS	4.9	Millions	3.5 - 5.5
PLATELET COUNT	1.4 *	lakh/cum	1.5 - 4.5
P.C.V	41.5	%	35 - 50
M.C.V	84.2	fl	80 - 96
M.C.H	23.8 *	pg	27 - 32
M.C.H.C	33.0	%	32 - 36

End of the report


Checked By
Lab Technician

Verified By

UMKAL Hospital Pvt. Ltd
A-520, Sushant Lok-I, Gurugram- 122 002
Ph.: 0124-4 666 555 Mobile : 88600 77501
Emergency Ph No.: 0124 4100000


DR. PRIYAVART MEHARWAL
MBBS, MD
Pathologist

Name	: Mr. JAGDISH PRASAD	MR No	: UH038325
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Laboratory Report

Biochemistry

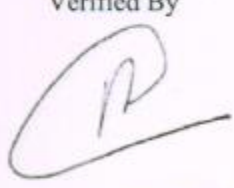
<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Serum			
KFT			
BLOOD UREA	33.0	mg/dl	10 - 50
SERUM CREATININE	0.98	mg/dl	0.6 - 1.2
SERUM URIC ACID	7.2 *	mg/dl	3.5 - 7.0
SERUM SODIUM	139.0	mEq/l	135 - 155
SERUM POTASSIUM	4.0	mEq/l	3.5 - 5.5
SERUM CALCIUM	8.9	mg/dl	8.6 - 10.6
Sample Type: Serum			
LFT 1513			
S.G.O.T	40.0	U/L	upto - 40
S.G.P.T	43.8	U/L	upto - 45
S. BILIRUBIN (TOTAL)	0.52	mg/dl	0.1 - 1.2
S. BILIRUBIN (DIRECT)	0.29	mg/dl	upto - 0.30
ALKALINE PHOSPHATASE	160.0	U/L	60 - 170
TOTAL PROTEINS	6.6	g/dl	6.5 - 8.0
ALBUMIN	4.0	g/dl	3.5 - 5.5
GLOBUMIN	2.6	g/dl	2.3 - 3.5
A:G RATIO	1.5:1		1.5 - 2.5
Sample Type: Serum			
G.G.T.P. 1533			
G.G.T.P.	18.3	U/ML	upto - 47

Anshel
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Lab Technician

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Laboratory Report

Sample Type: Serum

SERUM LIPID PROFILE 1514

CHOLESTEROL	204.0 *	mg/dl	150 - 200
SERUM TRIGLYCERIDES	425.0 *	mg/dl	70 - 170
HDL CHOLESTEROL	46.3	mg/dl	30 - 88
LDL CHOLESTEROL	72.7	mg/dl	upto - 150
VLDL CHOLESTEROL	85.0 *	mg/dl	20 - 45
TOTAL CHOLESTEROL/HDL	4.4	ref.cut	upto - 4.96
LDL/HDL RATIO	1.5	ref.cut.	upto - 4.96

Hematology

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
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Sample Type: Whole Blood

BLOOD GROUP (ABO & RH TYPING)	"A" POSITIVE
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End of the report

Agneel
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Lab Technician

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DR. PRIYAVART MEHARWAL

Name	: Mr. JAGDISH PRASAD	MR No	: UH038325
Age/Gender	: 53 Y/M	Visit ID	: OP050227
Admitting Doctor	:	Sample Collected on	: 22-06-2024 09:10
Lab ID No	: LAB067161	Sample Received on	:
		Report Released on	: 22-06-2024 12:45

Laboratory Report

Biochemistry

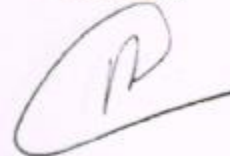
<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Urine			
URINE SUGAR FASTING	NIL		
Sample Type: Urine			
URINE SUGAR PP			
Urine Sugar PP	NIL		

CLINICAL PATHOLOGY

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Urine			
URINE ROUTINE & MICROSCOPIC 1383			
COLOUR	P.YELLOW		
APPEARANCE	CLEAR		
SPEC.GRAVITY	1.020		
REACTION	6.0		
ALBUMINE	NIL		
SUGAR	NIL		
KETONE BODIES	NIL		
BLOOD	NIL		
LEUKOCYTES	NIL		
NITRITE	NIL		
UROBILINOGEN	NIL		
MICROSCOPIC EXAM	.		

Agnel
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Lab Technician

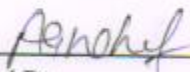
Verified By



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Lab ID No	: LAB067161	Sample Received on	:
		Report Released on	: 22-06-2024 12:45


PUS CELLS	2-3	/HPF	0 - 05
RBC CELLS	NIL	/HPF	0 - 02
EP CELLS	1-2	/HPF	0 - 05
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NIL		
OTHER	NIL		

End of the report


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Lab Technician

Verified By

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DR. PRIYAVART MEHARWAL
MBBS, MD
Pathologist

Name	: Mr. JAGDISH PRASAD	MR No	: UH038325
Age/Gender	: 53 Y/M	Visit ID	: OP050227
Admitting Doctor	:	Sample Collected on	: 22-06-2024 09:10
Lab ID No	: LAB067161	Sample Received on	:
		Report Released on	: 22-06-2024 14:52

Laboratory Report

Biochemistry

T3, T4, TSH

Tests	Results	Biological Reference Range	Units
Triiodothyronine, Total (T3) (Serum,CMIA)	1.31	1.30 - 3.10	nmol/mL
Thyroxine, Total (T4) (Serum,CMIA)	85.2	59 - 154	nmol/mL
TSH Ultra Sensitive (Serum,CMIA)	4.21	0.27 - 4.8	μIU/mL

Comment

T3 or 3,5,3-triiodothyronine is a hormone synthesized and secreted from the thyroid gland, and formed by peripheral deiodination of thyroxine (T4). The determination of it in serum is essential in assessing thyroid functions. T3 is secreted by thyroid glands and circulates in the blood stream; mostly bound to the plasma protein, thyroxin binding globulin (TBG) and prealbumin and albumin.

T4 or Thyroxine or 3,5,3,5-tetraiodothyronine is a hormone synthesized and secreted by the thyroid gland and plays an important role in regulating metabolism. In the peripheral tissues it act as a prohormone which is further metabolized to another most active thyroid hormone, tri-iodothyronine (T3) and other inactive metabolites such as reverse T3.

TSH or Thyroid-stimulating hormone is a hormone synthesized and secreted by Pituitary gland. TSH is glycoprotein with two non-covalently bound alpha and beta subunits. The beta subunit of TSH is unique, which results in the specific biochemical and immunological properties of this hormone. The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism.

HBA1C 1510

Test Name	Value	Unit	Bio Ref.Interval
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A. K. K. K.

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Name	: Mr. JAGDISH PRASAD	MR No	: UH038325
Age/Gender	: 53 Y/M	Visit ID	: OP050227
Admitting Doctor	:	Sample Collected on	: 22-06-2024 09:10
Lab ID No	: LAB067161	Sample Received on	:
		Report Released on	: 22-06-2024 14:52

HbA1c (Glycated Haemoglobin) 5.4 % 4.0 - 6.2

REMARKS-

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

The American Diabetes Association(ADA) recommendations are summarized as below:

<u>Ref Range for HBA1c (In %):</u>	<u>HbA1c goals in treatment of diabetes:</u>
Non diabetic Adults (Age >=18 years) < 5.7	Ages 0-6 years: 7.6% - 8.4%
At risk (Pre-Diabetic) : 5.7- 6.4	Ages 6-12 years: <8%
Diagnosing Diabetes: >= 6.5	Ages 13-19 years: <7.5%
	Adults: <7%

SPECIAL TEST

VITAMIN D3 HYDROXY 1552

Test Name	Value	Unit	Bio Ref.Interval
<u>VITAMIN D,25 HYDROXY</u>	39.9	ng/mL	30 - 70

Interpretation :

1. Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol(vitamin D3) which is synthesized in skin from 7- dehydrocholesterol in response to sunlight exposure & Ergocalciferol(vitamin D2) present mainly in dietary sources. Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin D in liver.

2. Testing for 25(OH)vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake. For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with

Aradhana
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Lab Technician

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DR. PRIYAVART MEHARWAL

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Age/Gender	: 53 Y/M	Visit ID	: OP050227
Admitting Doctor	:	Sample Collected on	: 22-06-2024 09:10
Lab ID No	: LAB067161	Sample Received on	:
		Report Released on	: 22-06-2024 14:52

serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.

3. During monitoring of oral vitamin D therapy- suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 mths of treatment. However, the required dosage of vitamin D supplements & time to achieve sufficient vitamin D levels show significant seasonal (especially winter) & individual variability depending on age, body fat, sun exposure, physical activity, genetic factors (especially variable vitamin D receptor responses), associated liver or renal disease, malabsorption syndromes and calcium or magnesium deficiency influencing the vitamin D metabolism. Vitamin D toxicity is known but very rare. kindly correlate clinically, repeat with fresh sample if indicated.

4. For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D and serum PTH. An inverse relationship exists between PTH and 25(OH)D levels, Parathyroid hormone levels start to rise at 25(OH)D levels below 31 ng/mL & usually decrease after the correction of vitamin D insufficiency. Thus, restoration of PTH and 25(OH)D levels to normalcy after adequate vitamin D replacement therapy is a useful monitoring strategy.

Reference Range in ng/mL	Level
<10	Deficiency (Severe)
10-19.99	Deficiency (Mild to Moderate)
20-29.99	Insufficiency
30-70	Optimum Level
>100	Toxicity Possible

End of the report

A. Anand
Checked By
Lab Technician

Verified By



Name	: Mr. JAGDISH PRASAD	MR No	: UH038325
Age/Gender	: 53 Y/M	Visit ID	: OP050227
Admitting Doctor	:	Sample Collected on	: 22-06-2024 09:10
Lab ID No	: LAB067165	Sample Received on	:
		Report Released on	: 22-06-2024 12:59

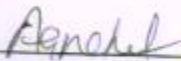
Laboratory Report

Hematology

PERIPHERAL BLOOD SMEAR

SMEAR SHOWS NORMOCYTIC NORMOCHROMIC PICTURE OF RBC'S WITH MILD ANISOPOIKILOCYTOSIS.
WBC'S SERIES SHOWS NORMAL IN COUNT AND MORPHOLOGY.
PLATELETS ARE ADEQUATE.
NO HEMOPARASITES SEEN.

End of the report



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Lab Technician

Verified By



DR. PRIYAVART MEHARWAL
MBBS, MD
Pathologist

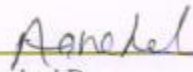
Name	: Mr. JAGDISH PRASAD	MR No	: UH038325
Age/Gender	: 53 Y/M	Visit ID	: OP050227
Admitting Doctor	:	Sample Collected on	: 22-06-2024 09:10
Lab ID No	: LAB067161	Sample Received on	:
		Report Released on	: 22-06-2024 13:20

Laboratory Report


Biochemistry

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Serum			
BLOOD SUGAR - FASTING			
BLOOD SUGAR FASTING	100.0	mg/dl	70 - 110
Sample Type: Serum			
BLOOD SUGAR - PP 1465			
BLOOD SUGAR PP 1465	119.2	mg/dl	70 - 140

End of the report


Checked By
Lab Technician

Verified By



DR. PRIYAVART MEHARWAL
MBBS, MD
Pathologist

UMKAL Hospital Pvt. Ltd

A-520, Sushant Lok-I, Gurugram- 122 002
Ph.: 0124-4 666 555 Mobile : 88600 77501
Emergency Ph No.: 0124 4100000

Mr. JAGDISH PRASAD

Patient Id : UMKAL Hospital

A-520 Sushant Lok-I, Gurugram, Haryana
122022



10142560

53 Years/Male

Referred By : -

Collected
Analysed

Reported

Status

: 22 Jun 2024 02:12 PM

: 22 Jun 2024 03:02 PM

: 22 Jun 2024 03:02 PM

: Final

DEPARTMENT OF IMMUNOASSAY

Test Name	Value	Unit	Bio Ref.Interval
Prostate Specific Antigen (Total) PSA (Serum,CMIA)	0.41	ng/ml	0.0-4.0

INTERPRETATION

Prostate-specific antigen (PSA), a glycoprotein is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. PSA exists in serum in multiple forms: complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex), unbound (free PSA), and enveloped by alpha-2-macroglobulin (not detected by immunoassays). When total PSA concentration is <2.0 ng/ml, the probability of prostate cancer in asymptomatic men is low, further testing and free PSA may provide little additional information. When total PSA concentration is >10.0 ng/mL, the probability of cancer is high and prostate biopsy is generally recommended. The total PSA range of 4.0 to 10.0 ng/ml has been described as a diagnostic "gray zone," in which the free:total PSA ratio helps to determine the relative risk of prostate cancer. Therefore, some urologists recommend using the free:total ratio to help select which men should undergo biopsy. However even a negative result of prostate biopsy does not rule-out prostate cancer. Up to 20% of men with negative biopsy results have subsequently been found to have cancer. Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer. Based on free:total PSA ratio: the percent probability of finding prostate cancer on a needle biopsy by age in years:

Free PSA as a percent of Total PSA	Probability of carcinoma prostate when Total PSA is 4.1 - 10.0 ng / ml
>= 26	8 %
20 - 25	16 %
15 - 20	20 %
10 - 15	28 %
0 - 10	56 %

Comments:-

False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy. PSA total and free levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies and nonspecific protein binding. Results obtained with different assay kits cannot be used interchangeably. All results should be correlated with clinical findings and results of other investigations.

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Dr. Shweta, MD Pathology
Consultant Pathologist

Mr. JAGDISH PRASAD

Patient Id : -
Panel : Umkal Hospital
A-520 Sushant Lok-I, Gurugram, Haryana
122022



10142560

53 Years/Male

Referred By : -

Collected
Analysed
Reported
Status

: Final

DEPARTMENT OF IMMUNOASSAY

Test Name	Value	Unit	Bio Ref.Interval
Vitamin B12 Level (Serum,CMIA)	276.0	pg/mL	187-883

Interpretation:

Vitamin B-12 is an important vitamin for several bodily processes, including nerve function and the production of DNA and red blood cells. A person whose vitamin B-12 levels are outside of the normal range may require treatment. The results can help doctors to determine if abnormal vitamin B-12 levels are causing symptoms.

Signs and symptoms of deficiency may include: confusion, dementia, depression, difficulty maintaining balance, a racing heart, numbness and tingling in the hands and feet, poor memory, a sore mouth or tongue, weakness, loss of appetite.

The results may be:

- **Normal.** The normal range for vitamin B-12 in the blood is between 187 and 883 (pg/mL). People at the lower end of this range may require follow-up testing, especially if they have symptoms.
- **Low.** Levels of vitamin B-12 suggests a vitamin B-12 deficiency, pernicious anaemia, or an overactive thyroid. People with low vitamin B-12 levels may experience neurological symptoms, permanent nerve damage, memory loss, temporary infertility in women, as fatigue, constipation, and weight loss.
- **High.** An abnormally high vitamin B-12 can be a sign of Chronic renal failure, Protein malnutrition, Congestive heart failure, diabetes, or certain forms of leukaemia.

*** End Of Report ***

UMKAL Hospital Pvt. Ltd

A-520, Sushant Lok-I, Gurugram- 122 002
Ph.: 0124-4 666 555 Mobile : 88600 77501
Dr. Santosh Kumar, PhD Microbiology
Sr. Consultant Microbiologist
Emergency Ph No.: 0124 4100000




Dr. Shweta, MD Pathology
Consultant Pathologist

NAME - Jagdish Prasad

AGE - 53 /F DATE : 22.6 .2024

ADDRESS - Apollo

CN EXAMINATION

Height : 162 cm, Weight : 72 kg, Pulse : 77 min, BP: 135 / 85 mmhg.

SYSTEMS

- a) Respiratory - Normal vesicular breath sounds
- No adventitious sound
- b) Cardio Vascular - S1 S2 normal, No murmur
- c) Central Nervous - Normal
- d) Abdomen - Soft
- Liver/Spleen - Not palpable
- e) Locomotor - Normal

ECG: Normal

**X-Ray : Haziness is noted in Right Para Cardiac Region .
Right hilum appear prominent.**

**USG: Fatty Liver Grade I.
Right Renal Calculus.**

BIOCHEMICAL ANNLYSIS:

E.S.R	12*
HEMOGLOBIN	13.6*
M.C.H	23.8*
CHOLESTEROL	204.0*
SERUM TRYGLYCERIDES	425.0*

REMARKS : Medically FIT/UNFIT ✓

M. Prasad
GENERAL PHISICIAN

22/06/24

Jagdish Prasad | 53yr/male

Pt came for regular annual health check-up.

CLC :- No fever complaints.

Pain history :- Not significant.

Respiratory history :- Mixed Aired

ECG low R-wave
Progressive. (N) heart.

Family history :- Not significant

Allergic history :- Not significant.

DR :- Pt is conscious & oriented.

PLA :- Soft & non-tender.

Resp :- All equal air way.

CVS :- (N) S.D.G.

UMKAL Hospital Pvt. Ltd
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CVT :- No.



Jagdish Prasad
HM

22.6.24

V 6/6p
6/6p

NVC N-6P
N-6I

Wedge N-6
N-6

Colour Xs WM
WM

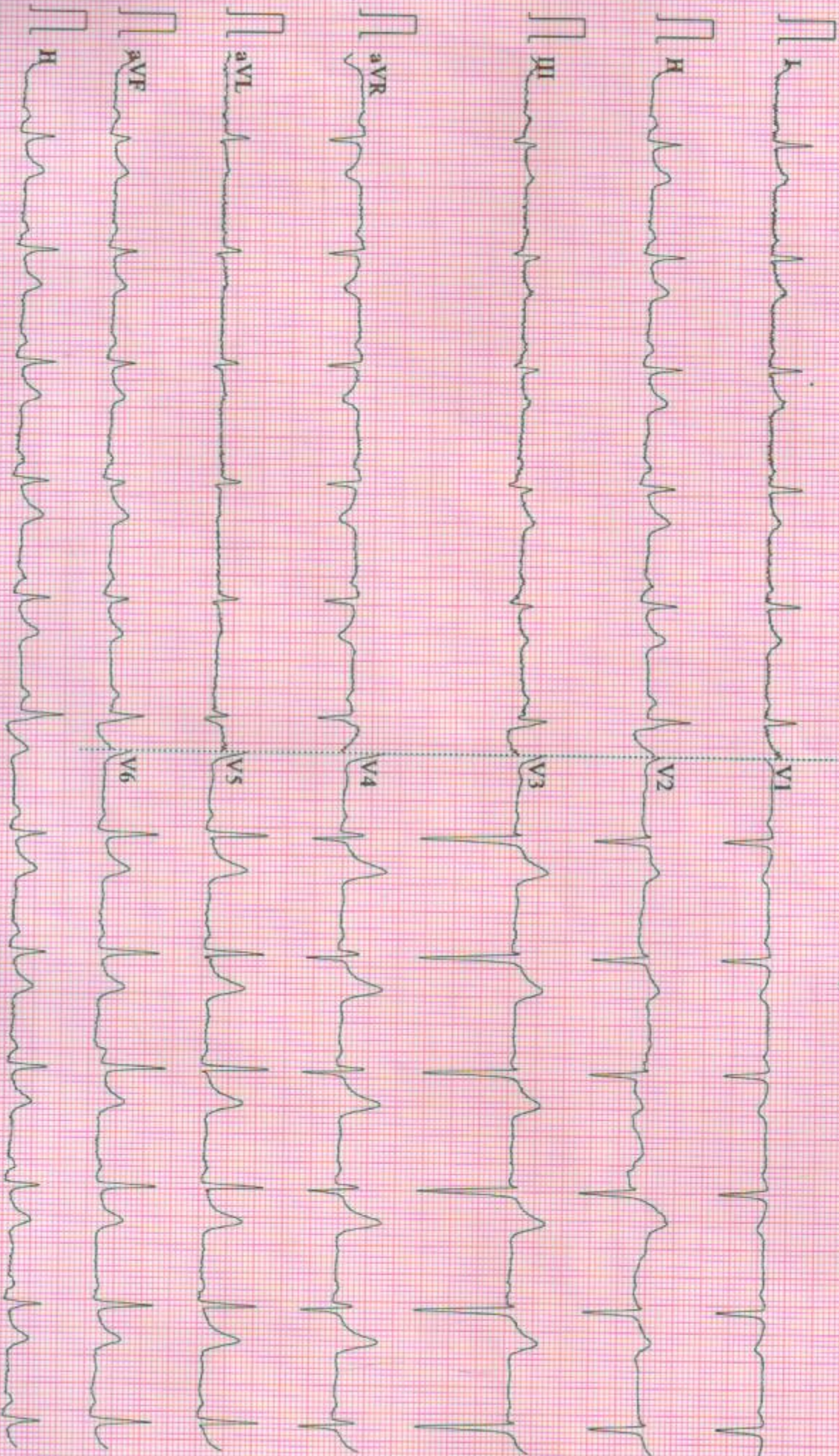


HR : 71 bpm
 P : 108 ms
 PR : 157 ms
 QRS : 97 ms
 QT/QTcBz : 376/411 ms
 P/QRS/T : 66/40/57 °
 RV5/SV1 : 1.069/0.845 mV

Diagnosis Information:

Sinus Rhythm
 QS Wave in lead V1
 Poor r Wave Progression (V2, V3)
 Slight ST Elevation (V4, V5)

Report Confirmed by:



Name : Mr. JAGDISH PRASAD
Age/Gender : 53 Y/M
Admitting Doctor :

MR No : UH038325
Visit ID : OP050227
Order Date : 22-06-2024 09:08
Report Date : 22-06-2024 16:36

Radiology Report**X-Ray****CHEST X-RAY PA VIEW****Finding -**

Haziness is noted in right para cardiac region.

Trachea appears in the midline.

Right hilum appear prominent.

Cardiac size appears normal.

Both CP angle and cardiophrenic angle appears normal.

Diaphragm appears normal on both sides.

Visualized rib cage appears normal.

Please correlate clinically

DR ARUSHI BHARTIYA
CONSULTANT RADIOLOGIST

Technician

Verified By

UMKAL Hospital Pvt. Ltd

A-520, Sushant Lok-I, Gurugram- 122 002

Ph.: 0124-4 666 555 Mobile : 88600 77501

Emergency Ph No.: 0124 4100000



Name	: Mr. JAGDISH PRASAD	MR No	: UH038325
Age/Gender	: 53 Y/M	Visit ID	: OP050227
Admitting Doctor	:	Order Date	: 22-06-2024 17:06
		Report Date	: 22-06-2024 17:06

Radiology Report

Ultrasound

ULTRASOUND WHOLE ABDOMEN

Gaseous Abdomen

- Liver :** Liver is normal in size measuring 146 mm with **fatty liver Grade I**.
No focal lesion seen.No intrahepatic biliary radicle dilatation seen.
- Gall Bladder:** The Gall Bladder is well distended. No echoreflective calculi seen.
Gall Bladder wall thickness normal. CBD and Portal vein are normal.
- Pancreas :-** The pancreas is normal in size , shape and echotexture.
No Peripancreatic collection seen.
- Kidneys :** **Right kidney:-** is normal in size ,shape & position.
Echotexture of sinus & cortex normal. No calyceal dilatation seen.
A calculus of size approx 6 mm is noted at lower calyx.
Corticomedullary differentiation maintained.
Left kidney:- is normal in size ,shape & position.
Echotexture of sinus & cortex normal. No calyceal dilatation seen.
No calculus/mass lesion seen.Corticomedullary differentiation maintained
- Spleen :** The Spleen is normal size ,shape and echotexture.
- U Bladder :** Urinary bladder is well distended and shows normal wall thickness.No calculus/mass lesion seen.
- PROSTATE :** Is normal in size and echotexture.
No free fluid seen. No collection seen.
- IMPRESSION :** **Fatty liver Grade I.**
Right renal calculus.

Please correlate clinically.

DR ARUSHI BHARTIYA
CONSULTANT RADIOLOGIST

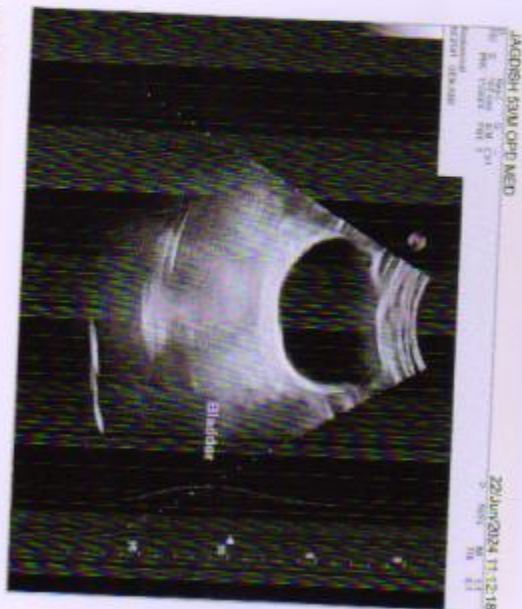
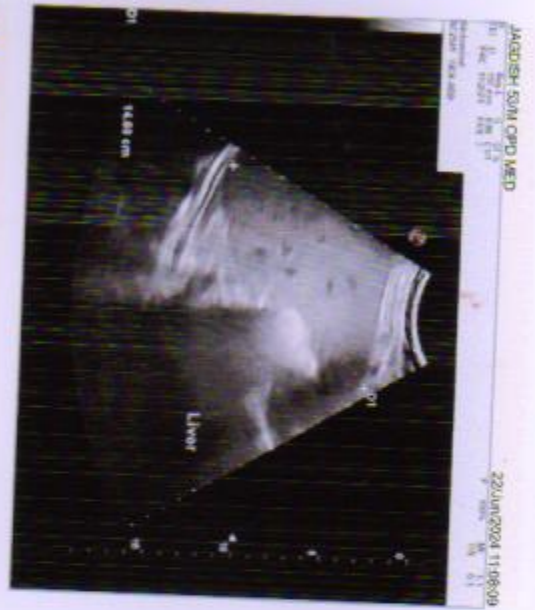
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UMKAL Hospital Pvt. Ltd

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TRANSTHORACIC ECHOCARDIOGRAPHY

Name: Mr. Jagdish Prasad	MR No: UH038325
Age / Sex: 53Y/M	LAB No. : OP050227
Referred by: Medical	Date: 22/06/2024, Time: 02:10pm
Reason: To evaluate cardiac status	

Echocardiography done on Digital Mylab X7 with AI Technology.

	VALUES	NORMAL RANGE		VALUES	NORMAL RANGE
AORTA	29	17-40mm	IVS (ed)	9.1	06-11mm
			(es)	10.6	
LT. ATRIUM	33	17-40mm	PW (ed)	8.4	06-11mm
			(es)	10.5	
RT. VENTRICLE	27	15-30mm	EF	60%	50-80%
LT. VENTRICLE (ed)	49	35-55mm	FS		28-42%
(es)	36				

MORPHOLOGICAL DATA:-

MITRAL VALVE:- Normal

AORTIC VALVE:- Normal

TRICUSPID VALVE:- Normal

PUL. VALVE:- Normal

RT. VENTRICLE:- Normal

LT. VENTRICLE:- Normal

VENT. SEPTUM:- Normal

PUL. ARTERY. Normal

AORTA:- Normal

RT. ATRIUM:- Normal

LT. ATRIUM:- Normal

MR. JAGDISH PRASAD 53YRS/M/MED/OP050227

2D ECHOCARDIOGRAPHY AND COLOR DOPPLER FINDINGS:-

Normal LV size and function with estimated LVEF of 60%. No Regional Wall Motion Abnormality. Right Atrium & Left Atrium is normal. Right Ventricle is normal. Grade I left ventricular diastolic dysfunction present. Trivial Tricuspid Regurgitation with calculated RVSP of 21mmHg+RAP. Mild Mitral Regurgitation, Trivial Aortic Regurgitation. Trivial Pulmonary Regurgitation. No LA/LV clot or pericardial effusion.

COLOR FLOW MAPPING: -

Mild Mitral Regurgitation.
Trivial Aortic Regurgitation.
Trivial Pulmonary Regurgitation .
Trivial Tricuspid Regurgitation with calculated RVSP of 21mmHg+RAP.

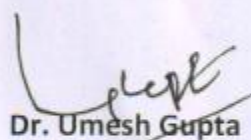
DOPPLER STUDIES: -

MV E: 0.52m/sec, A: 0.73m/sec.
AV: 0.99m/sec.
TV: Normal
PV: Normal.

IMPRESSION: -

Heart Rate 69 bpm .

1. Normal LV size and function with estimated LVEF of 60%.
2. No Regional Wall Motion Abnormality.
3. RA, LA, RV are normal.
4. Grade I left ventricular diastolic dysfunction present.
5. Trivial Tricuspid Regurgitation with calculated RVSP of 21mmHg+RAP.
6. Mild Mitral Regurgitation.
7. Trivial Aortic regurgitation.
8. Trivial Pulmonary Regurgitation .
9. No LA/LV clot or pericardial effusion.


Dr. Umesh Gupta
MD, DM (Cardiology)
MACCP, FICA (USA)
Chief Cardiologist

