



**Patient Name :** MR. DEEPAK VYAS [MRN-240601636]  
**Age / Gender :** 50 Yr / M  
**Address :** INDORE, Indore GPO, Indore, MADHYA PRADESH  
**Req. Doctor:** VONE HOSPITAL  
**Regn. ID:** WALKIN.24-25-5115

**HAEMATOLOGY**

**Request Date :** 28-06-2024 08:29 AM  
**Collection Date :** 28-06-2024 08:32 AM | H-4494  
**Acceptance Date :** 28-06-2024 08:32 AM | TAT: 04:22 [HH:MM]  
**Reporting Date :** 28-06-2024 12:54 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>CBC</b>		
Haemoglobin	15.9 gm%	M 14 - 18 gm% (Age 1 - 100 )
RBC Count	<b>5.10 mill./cu.mm *</b>	M 3.8 - 4.8 mill./cu.mm (Age 1 - 100 )
Packed Cell Volume (PCV)	45.3 %	M 40 - 54 % (Age 1 - 100 )
MCV	88.9 Cu.m.	76 - 96 Cu.m. (Age 1 - 100 )
MCH	31.2 pg	27 - 32 pg (Age 1 - 100 )
MCHC	<b>35.1 % *</b>	30.5 - 34.5 % (Age 1 - 100 )
Platelet Count	314 10 <sup>3</sup> /uL	150 - 450 10 <sup>3</sup> /uL (Age 1 - 100 )
Total Leukocyte Count (TLC)	5.14 10 <sup>3</sup> /uL	4.5 - 11 10 <sup>3</sup> /uL (Age 1 - 100 )
Differential Leukocyte Count (DLC)		
Neutrophils	60 %	40 - 70 % (Age 1 - 100 )
Lymphocytes	37 %	20 - 40 % (Age 1 - 100 )
Monocytes	02 %	2 - 10 % (Age 1 - 100 )
Eosinophils	01 %	1 - 6 % (Age 1 - 100 )
Basophils	00 %	< 1 %
<b>ESR (WINTROBE METHOD)</b>	<b>18 mm/hr *</b>	M 0 - 12 mm/hr

END OF REPORT.

**DR.QUTBUDDIN CHAHWALA**  
**M.D.PATHOLOGIST**

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

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**HAEMATOLOGY**

**Request Date :** 28-06-2024 08:29 AM  
**Collection Date :** 28-06-2024 08:32 AM | H-4494  
**Acceptance Date :** 28-06-2024 08:32 AM | TAT: 04:23 [HH:MM]

**Reporting Date :** 28-06-2024 12:55 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>BLOOD GROUP</b>		
ABO GROUP	O	
RH FACTOR	Positive	

END OF REPORT.

  
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**Request Date :** 28-06-2024 08:29 AM  
**Collection Date :** 28-06-2024 08:32 AM | H-4494  
**Acceptance Date :** 28-06-2024 08:32 AM | TAT: 04:24 [HH:MM]

**Reporting Date :** 28-06-2024 12:56 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>HBA1C</b>		
Glyco Hb (HbA1C)	5.2 %	4 - 6 %
Estimated Average Glucose	102.54 mg/dL	mg/dL

Interpretation: 1.HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%  
2.Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.  
3.In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent control-6-7 %

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1/1, Residency Area, AB Road, Geeta Bhavan Square,  
Indore - 452 001, MP, INDIA. E:info@vonehospital.com  
T: +91 0731 3588888, 4238111 | M: +91 93299 22500

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### BIOCHEMISTRY

**Request Date :** 28-06-2024 08:29 AM  
**Collection Date :** 28-06-2024 08:32 AM | BIO5433  
**Acceptance Date :** 28-06-2024 08:32 AM | **TAT:** 08:32 [HH:MM]  
**Reporting Date :** 28-06-2024 05:04 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>FBS &amp; PPBS *[ Ser/Plas ]</b>		
FBS	100.5 mg/dL	70 - 110 mg/dL
PPBS	115.5 mg/dL	100 - 140 mg/dL

END OF REPORT.

DR. QUTBUDDIN CHAHWALA  
M.D. PATHOLOGIST

*Qutbuddin*  
DR. QUTBUDDIN CHAHWALA  
M.D. PATHOLOGIST

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**Request Date :** 28-06-2024 08:29 AM  
**Collection Date :** 28-06-2024 08:32 AM | BIO5433  
**Acceptance Date :** 28-06-2024 08:32 AM | TAT: 04:27 [HH:MM]

**Reporting Date :** 28-06-2024 12:59 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
URIC ACID	4.9 mg/dL	Males 3.4 - 7.2 mg/dL Females 2.5 - 6 mg/dL
BUN		
BUN	7.23 mg/dL	5 - 20 mg/dL
BUN / CREATINE RATIO	8.6:1 *	10 - 20
CREATININE	0.84 mg/dL	0.7 - 1.4 mg/dL
GGT(GAMMA GLUTAMYL TRANSFERASE)	14.90 U/L	M 11 - 60 U/L
AST/ ALT RATIO	0.9:1 U/L	< 1 U/L

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**Request Date :** 28-06-2024 08:29 AM  
**Collection Date :** 28-06-2024 08:32 AM | BIO5433  
**Acceptance Date :** 28-06-2024 08:32 AM | TAT: 04:25 [HH:MM]  
**Reporting Date :** 28-06-2024 12:57 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>LFT</b>		
SGOT	16.6 U/L	0 - 40 U/L
SGPT	17.3 U/L	M 0 - 40 U/L
TOTAL BILIRUBIN	0.92 mg/dL	0 - 1.1 mg/dL
DIRECT BILIRUBIN	<b>0.27 mg/dL *</b>	0 - 0.2 mg/dL
INDIRECT BILIRUBIN	0.65 mg/dL	0.2 - 0.8 mg/dL
TOTAL PROTEIN	6.74 mg/dL	6.6 - 8.8 mg/dL
S.ALBUMIN	4.31 mg/dL	3.5 - 5.5 mg/dL
GLOBULIN	2.43 mg/dL	2 - 3.5 mg/dL
A.G.RATIO	<b>1.77 *</b>	1.1 - 1.5
ALKALINE PHOSPHATASE	95.0 U/L	M 40 - 129 U/L CHILD 54 - 369 U/L
<b>PT INR</b>		
PT	<b>12.8 sec *</b>	13 - 15 sec
CONTROL	12.8 sec	
INR	1.0	0.8 - 1.1
HBSAG	Non Reactive	

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**Acceptance Date :** 28-06-2024 08:32 AM | TAT: 04:24 [HH:MM]  
**Reporting Date :** 28-06-2024 12:56 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>Lipid Profile</b>		
Total Cholesterol	<b>226.0 mg/dL *</b>	0 - 200 mg/dL
Tryglyceride	<b>141.5 mg/dL *</b>	150 - 200 mg/dL
HDL Cholesterol	65.6 mg/dL	35 - 79 mg/dL
VLDL (Calculated)	28.3 mg/dL	5 - 40 mg/dL
LDL	<b>132.1 mg/dL *</b>	0 - 130 mg/dL
Total Cholesterol /HDL	3.45	0 - 5
LDL/HDL	2.01	0.3 - 5

END OF REPORT.

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**Req. Doctor:** V ONE HOSPITAL  
**Regn. ID:** WALKIN.24-25-5149



**BIOCHEMISTRY**

**Request Date :** 28-06-2024 05:47 PM **Reporting Date :** 28-06-2024 06:00 PM  
**Collection Date :** 28-06-2024 05:52 PM | BIO5447 **Reporting Status :** Finalized  
**Acceptance Date :** 28-06-2024 05:52 PM | **TAT:** 00:08 [HH:MM]

Investigations	Result	Biological Reference Range
CALCIUM	10.0 mg/dL	M 8.6 - 10.2 mg/dL (Age 0 - 100 )

END OF REPORT.

**DR. QUTBUDDIN CHAHWALA**  
M.D. PATHOLOGIST

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**Regn. ID:** WALKIN.24-25-5115

**IMMUNOLOGY**

**Request Date :** 28-06-2024 08:29 AM  
**Collection Date :** 28-06-2024 08:32 AM | PATH4693  
**Acceptance Date :** 28-06-2024 08:32 AM | TAT: 06:57 [HH:MM]  
**Reporting Date :** 28-06-2024 03:29 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>Thyroid Profile</b>		
T3	0.98 ng/dL	0.58 - 1.62 ng/dL (Age 1 - 100 )
T4	9.35 ug/dl	5 - 14.5 ug/dl (Age 1 - 100 )
TSH	3.10 uIU/ml	0.35 - 5.1 uIU/ml (Age 1 - 100 )

Interpretation: Ultra sensitive-thyroidstimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, sTSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & if TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy. TSH ref range In Pregnancy Reference range (microIU/ml)

First trimester 0.24 - 2.00  
Second trimester 0.43-2.2

END OF REPORT.

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**SPECIAL TEST**

**Request Date :** 28-06-2024 08:29 AM  
**Collection Date :** 28-06-2024 08:32 AM | ST-1997  
**Acceptance Date :** 28-06-2024 08:32 AM | TAT: 06:58 [HH:MM]  
**Reporting Date :** 28-06-2024 03:30 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>VITAMIN D3</b>	32.85 ng / ml	Deficiency : <20 Insufficiency : 20-30 Sufficiency : 30-100

Interpretation: 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. Testing for 25(OH)vitamin D is recommended as it is the best indicator of D nutritional status as obtained from sunlight exposure & dietary intake. For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase. During monitoring of oral vitamin D therapy-suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 months 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.

END OF REPORT.

**DR. QUTBUDDIN CHAHWALA**  
M.D. PATHOLOGIST

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**IMMUNOLOGY**

**Request Date :** 28-06-2024 08:29 AM  
**Collection Date :** 28-06-2024 08:32 AM | PATH4693  
**Acceptance Date :** 28-06-2024 08:32 AM | TAT: 06:58 [HH:MM]

**Reporting Date :** 28-06-2024 03:30 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>VITAMIN B12</b>	312.76 pg / ml	120 - 914 pg / ml

Interpretation: Introduction : Vitamin B12, a member of the corrin family, is a cofactor for the formation of myelin, and along with folate, is required for DNA synthesis. Levels above 300 or 400 are rarely associated with B12 deficiency induced hematological or neurological disease.

Clinical Significance : Causes of Vitamin B12 deficiency can be divided into three classes: Nutritional, malabsorption syndromes and gastrointestinal causes. B12 deficiency can cause Megaloblastic anemia (MA), nerve damage and degeneration of the spinal cord. Lack of B12 even mild deficiencies damages the myelin sheath. The nerve damage caused by a lack of B12 may become permanently debilitating. The relationship between B12 and MA is not always clear that some patients with MA will have normal B12 levels; conversely, many individuals with B12 deficiency are not afflicted with MA.

Decreased in: Iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.

Increased in: Renal failure, liver disease and myeloproliferative diseases.  
Variations due to age Increases: with age.  
Temporarily Increased after Drug.  
Falsely high in Deteriorated sample.

END OF REPORT.

  
**DR. QUTBUDDIN CHAHWALA**  
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**Acceptance Date :** 28-06-2024 08:32 AM | TAT: 06:57 [HH:MM]  
**Reporting Date :** 28-06-2024 03:29 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
PSA	0.60 ng / ml	0 - 4 ng / ml (Age 0 Y - 100 Y)

Interpretation: INTERPRETATIONS:  
Useful for Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year.  
Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.  
Prostate-specific antigen (PSA) values are reported with the 95th percentile limits by decade of age. These reference limits include men with benign prostatic hyperplasia. They exclude all cases with proven cancer.  
PSA values exceeding the age-specific limits are suspicious for prostate disease, but further testing, such as prostate biopsy, is needed to diagnose prostate pathology.  
Values >0.2 ng/mL are considered evidence of biochemical recurrence of cancer in men after prostatectomy

END OF REPORT.

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**Regn. ID:** WALKIN.24-25-5115



**CLINICAL PATHOLOGY**

**Request Date :** 28-06-2024 08:29 AM  
**Collection Date :** 28-06-2024 08:32 AM | CP-1982  
**Acceptance Date :** 28-06-2024 08:32 AM | TAT: 04:26 [HH:MM]  
**Reporting Date :** 28-06-2024 12:58 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>Urine Routine</b>		
<b>PHYSICAL EXAMINATION</b>		
Quantity	30 ml	
Colour	Pale yellow	Pale Yellow
Deposit	Absent	Absent
Clarity	Clear	Clear
Reaction	Acidic	Acidic
Specific Gravity	1.015	1.001 - 1.035
<b>CHEMICAL EXAMINATION</b>		
Albumin	Absent	Absent
Sugar	Absent	Absent
Bile Salt	Absent	Absent
Bile Pigment	Absent	Absent
Keton	Absent	Absent
Blood	Trace	Absent
<b>MICROSCOPY EXAMINATION</b>		
Red Blood Cells	1-2 /hpf	Nil/hpf
Pus Cells	2-3 /hpf	2-3/hpf
Epithelial Cells	1-2 /hpf	3-4/hpf
Casts	Absent	Absent
Crystals	Absent	Absent
Bacteria	Absent	Absent

END OF REPORT.

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Report Status : Finalized

**X-RAY CHEST AP**

Mild prominent bronchovascular markings are seen.

Size and shape of heart are normal.

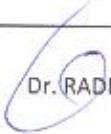
C.P. angles are clear.

Lung fields are clear.

Soft tissues and rib cage are normal.

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END OF REPORT

  
Dr. RADIOLOGIST



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**Regn. Number: WALKIN.24-25-5115**  
**Request Date : 28-06-2024**

**USG - WHOLE ABDOMEN**

Liver is normal in size (14 cm) and shape. Its echogenicity is normal. Margins are smooth and regular. The portal vein and biliary radicals are normal in calibre.

GB is well distended. Wall thickness is normal with echofree lumen. CBD is within normal limits.

Pancreas is normal in size, shape and echo pattern.

Bilateral kidneys are normal in shape, size and echotexture. Corticomedullary differentiation is maintained. No evidence of any calculus or hydronephrosis.

*Simple cyst seen at mid pole of right kidney measuring 2.8x2.5 cms.*

*Simple cyst seen at lower pole of left kidney measuring 2.5x2.0 cms.*

Rt. Kidney Length: 9.4 cm

Lt. Kidney Length: 9.8 cm

Spleen is normal in size and echopattern.

Urinary bladder is normal in shape and size. Lumen appears echofree. Wall thickness is normal. Prevoid - 300 cc. postvoid - 170 cc.

*Prostate is mildly enlarged in size and measures 25 gms.* Echotexture is homogenous. Capsule is intact.

No evidence of ascites / pleural effusion.

Visualized bowel loops are normal in course and calibre.

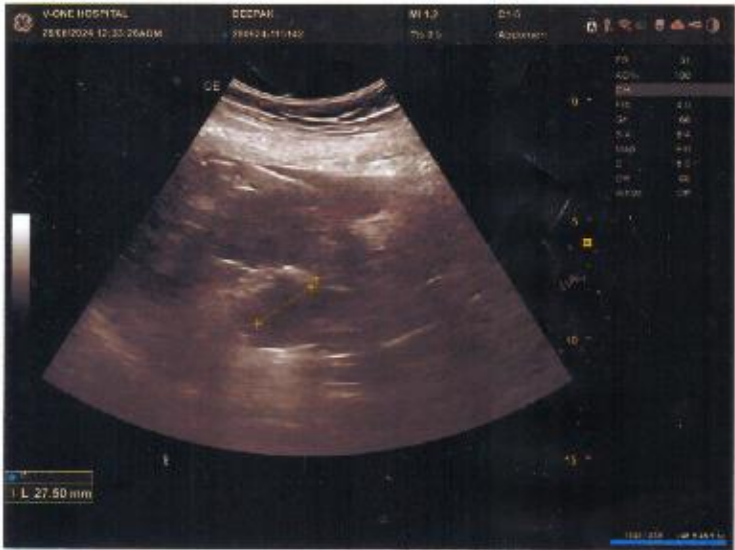
**IMPRESSION :-**

**Mild prostatomegaly with significant post void.**

  
**DR. RAVINDRA SINGH**  
Consultant Radiologist







Name **MR DEEPAK VYAS**  
 Patient ID **1234567**

**Spirometry**

Date of birth 06.09.1973  
 Age 50.8 years  
 Gender Male  
 Ethnic Asian  
 Height 168.0 cm  
 Weight 75.0 kg  
 BMI 26.6 kg/m<sup>2</sup>  
 Smoker Never smoker

Reference values  
 Interpretation International  
 Last verification 31.01.2023 10:58 ok  
 Rel. pressure 955 hPa  
 Temperature 22 °C  
 Humidity 60 %  
 Altitude 500 m  
 SPO2 99 %

**Medication**

28.06.2024 16:27:51

	Pred	LLN	ULN	Best	% Z-Score	#1	#2	#3	#4	#5	#6	#7	#8
FVC	[l]	3.99	3.15	4.83	93	3.71	93	-0.56	3.71				
FEV0.5	[l]	2.39	1.78	2.99	90	2.14	90	0.34	2.14				
FEV1	[l]	3.21	2.49	3.90	80	2.58	80	-1.44	2.58				
FEV3	[l]	3.49	2.62	4.35	91	3.17	91	0.46	3.17				
FEV6	[l]	4.24	3.43	5.05	81	3.44	81	-1.62	3.44				
FEV1/FVC	[%]	80.5	70.3	89.4	87	69.7	87	-1.74	69.7				
FEV1/SVC	[%]	80.5	70.3	89.4	--	--	--	--	--				
FEV3/FVC	[%]	94.2	89.6	98.8	91	85.5	91	-3.11	85.5				
FEV6/FVC	[%]	106.4	95.7	100.0	87	93.0	87	-2.06	93.0				
PEF	[l/s]	8.95	6.88	11.01	95	8.51	95	-0.34	8.51				
FEF25	[l/s]	7.23	4.42	10.04	85	6.17	85	-0.62	6.17				
FEF50	[l/s]	4.45	2.28	6.62	69	3.09	69	-1.03	3.09				
FEF75	[l/s]	1.05	0.48	2.18	53	0.56	53	-1.34	0.56				
FEF25-75	[l/s]	3.05	1.64	4.91	52	1.60	52	-1.76	1.60				
FET	[s]					7.79			7.79				
FVC	[l]	3.99	3.15	4.83	80	3.17	80	-1.62	3.17				
FM1	[l/s]	--	--	--	--	3.13	--	--	3.13				
FM1/FVC	[%]	--	--	--	--	98.7	--	--	98.7				
PIF	[l/s]	--	--	--	--	6.33	--	--	6.33				
FIF50	[l/s]	--	--	--	--	6.26	--	--	6.26				
FEF50/FIF50	[%]	--	--	--	--	49.3	--	--	49.3				

Session Quality: Pre: FVC - E, FEV1 - E

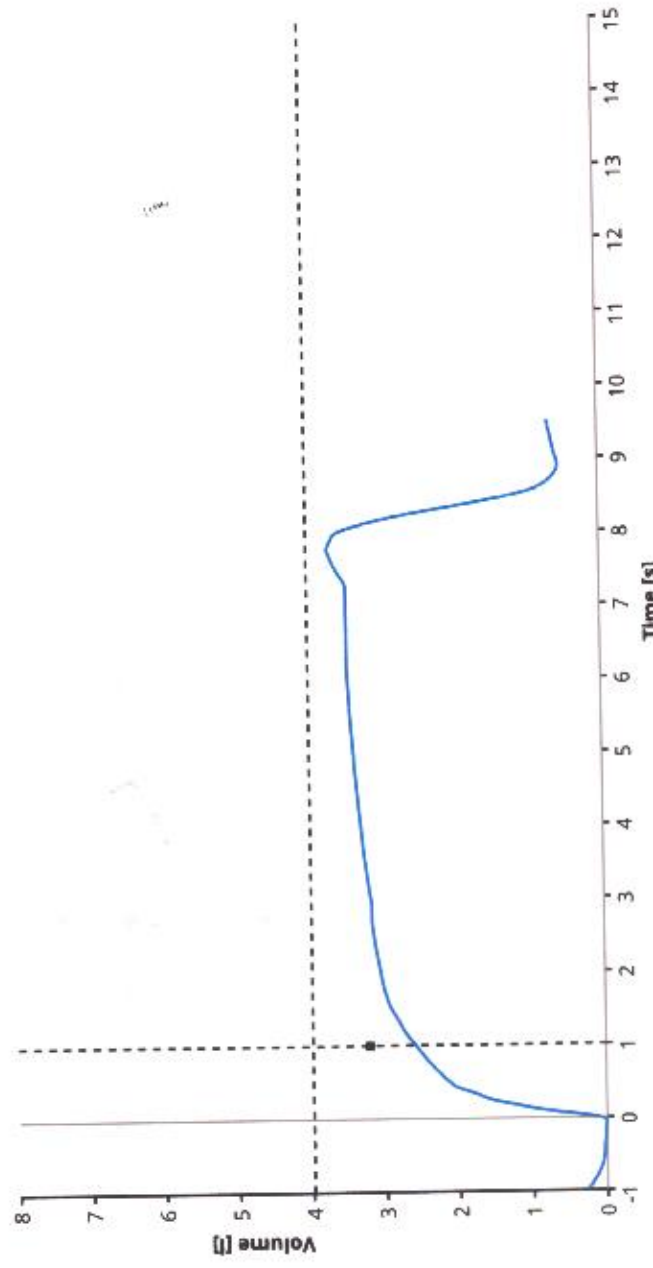
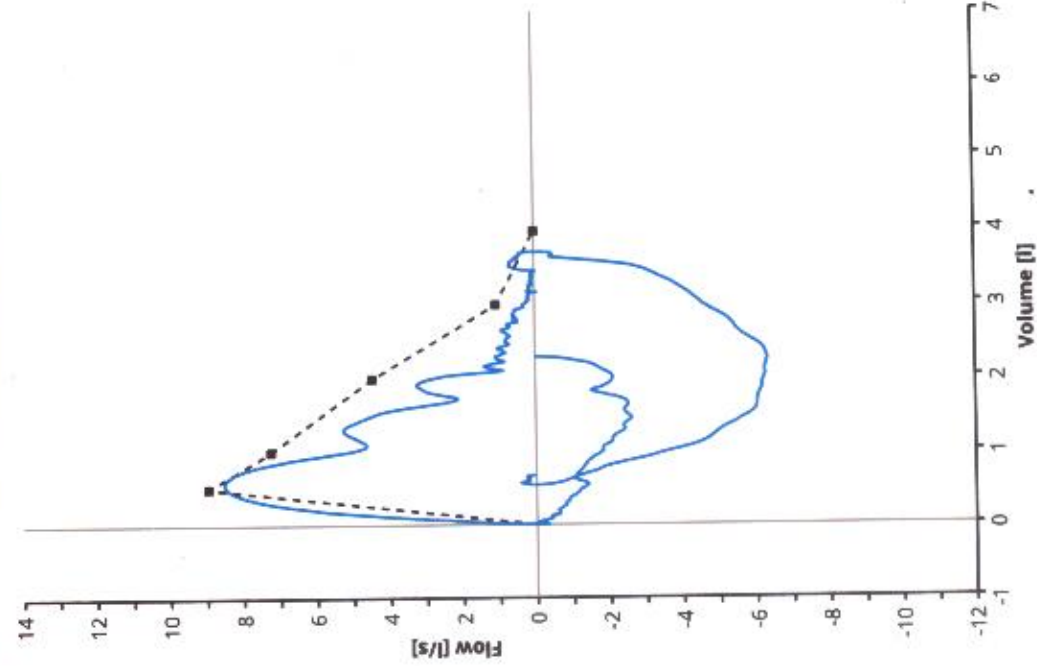
Name: **MR DEEPAK VYAS**  
 Patient ID: **1234567**

**Spirometry**

Date of birth: 06.09.1973  
 Age: 50.8 years  
 Gender: Male  
 Ethnic: Asian  
 Height: 168.0 cm  
 Weight: 75.0 kg  
 BMI: 26.6 kg/m<sup>2</sup>  
 Smoker: Never smoker

Reference values  
 Interpretation: International  
 Last verification: 31.01.2023 10:58 ok  
 Rel. pressure: 955 hPa  
 Temperature: 22 °C  
 Humidity: 60 %  
 Altitude: 500 m  
 SPO2: 99 %

Medication



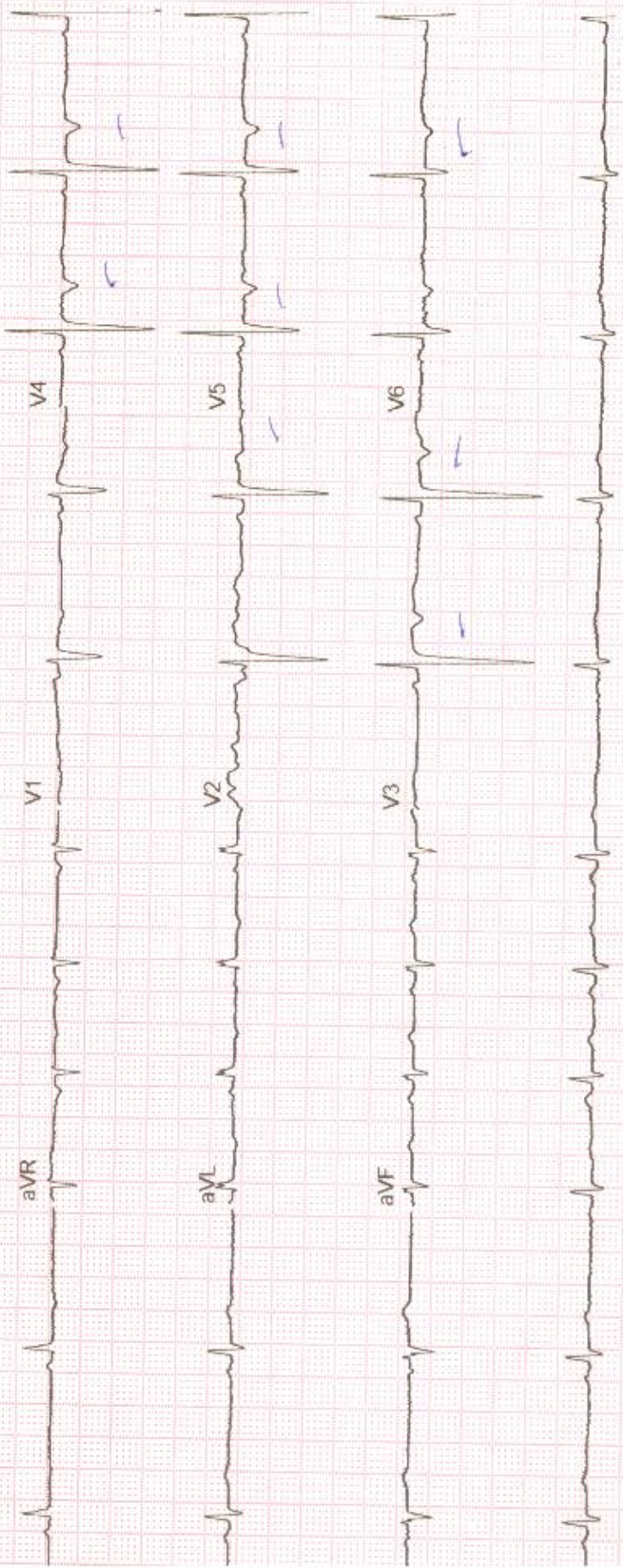
28.06.2024 16:27:51

	#1	#2	#3	#4	#5	#6	#7	#8
<b>Pred</b>	3.99	3.15	3.15	3.15	3.15	3.15	3.15	3.15
<b>LLN</b>	3.15	2.49	2.49	2.49	2.49	2.49	2.49	2.49
<b>Best</b>	3.71	2.58	2.58	2.58	2.58	2.58	2.58	2.58
<b>% Z-Score</b>	-0.56	-1.44	-1.44	-1.44	-1.44	-1.44	-1.44	-1.44
<b>FVC [l]</b>	80.5	69.7	69.7	69.7	69.7	69.7	69.7	69.7
<b>FEV1 [l]</b>	8.51	8.51	8.51	8.51	8.51	8.51	8.51	8.51
<b>FEV1/FVC [%]</b>	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60
<b>PEF [l/s]</b>	7.79	7.79	7.79	7.79	7.79	7.79	7.79	7.79
<b>FEF25-75 [l/s]</b>	3.17	3.17	3.17	3.17	3.17	3.17	3.17	3.17
<b>FIF50 [l/s]</b>	6.26	6.26	6.26	6.26	6.26	6.26	6.26	6.26
<b>PIF [l/s]</b>	6.33	6.33	6.33	6.33	6.33	6.33	6.33	6.33

Session Quality: Pre: FVC-E, FEV1-E

QRS : 92 ms  
QT / QTcBaz : 388 / 400 ms  
PR : 134 ms  
P : 90 ms  
RR / PP : 938 / 937 ms  
P / QRS / T : 17 / -2 / 90 degrees

Sinus rhythm with marked sinus arrhythmia  
T wave abnormality, consider anterolateral ischemia  
Abnormal ECG





Patient Name: MR. DEEPAK VYAS / MRN-240601636  
Age / Gender : 50 Yr / M  
Address: INDORE, Indore GPO, Indore, MADHYA PRADESH  
Req. Doctor: VONE HOSPITAL  
Regn. Number: WALKIN.24-25-5115  
Request Date : 28-06-2024

### 2D- & COLOR DOPPLER ECHO

Measuring Dimensions	Observed Values	Normal Value (For Adult)
Aortic root diameter (AOD)	31mm	20-37 mm
Aortic Valve Cusp Opening (ACS)	23mm	15-26 mm
Left atrial dimensions (LAs diam)	39mm	19-40 mm
Left ventricular ED dimensions (LVIDd)	42mm	17-56 mm
Left ventricular ES dimensions (LVIDs)	28mm	18-42 mm
Interventricular ED septal thickness (IVSd)	13mm	6-11 mm
LVPW (D) (LVPWD)	12mm	6-11 mm
LVEF	60%	55-70%

**Regional wall motion abnormalities** : No.

**IVS motion** : Normal

### CHAMBERS SIZE & SHAPE :-

Left Ventricle : **Mild concentric LVH**

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Pulmonary artery : Normal

PERICARDIUM : Normal.

IVC : Normal.



**VALVULAR ECHO :-**

**MITRAL VALVE :-**

Doppler : Morphology :- **Grade-I LVDD**  
: E vel- 0 m/sec                      A vel- 0 m/sec  
Mitral stenosis : Absent  
Mitral regurgitation : Normal

**TRISCUSPID VALVE :-**

Tricuspid Stenosis : Absent  
Tricuspid regurgitation : **Grade - I/IV TR Mild PAH (PASP:- 27mmHg + RAP)**

**PULMONARY VALVE :-**

Doppler : Morphology :-  
: PV Vmax- 0.62m/sec                      PV Max PG- 1.35mmHg.  
Pulmonary Stenosis : Absent  
Pulmonary regurgitation : Normal

**AORTIC VALVE :-**

Doppler : Morphology :-  
: AV Vmax- 1.17m/sec                      AV max PG- 5.44mmHg.  
Aortic Stenosis : Absent  
Aortic Regurgitation : Normal

**IMPRESSION :-**

- **No RWMA**
- **Mild concentric LVH**
- **Mild PAH**
- **Normal cardiac valves**
- **Normal LV function**

  
**Dr. Deepesh Kothari, MD, DM**  
Consultant Cardiologist

