



011-41195959

Hi **Manipal Hospital**,

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

Hospital Package Name : Mediwheel Full Body Health Checkup Male Above 40
Patient Package Name : Mediwheel Full Body Health Checkup Male Above 40
Hospital Address : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links
Contact Details : 8800663811
Appointment Date : 21-03-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:30am

Member Information

Booked Member Name	Age	Gender
Rajan gupta	70 year	Male

We request you to facilitate the employee on priority.

Thanks,

Mediwheel Team

Please Download Mediwheel App



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भारत सरकार

Government of India



राजन गुप्ता
Rajan Gupta
जन्म तिथि / DOB : 07/10/1953
पुरुष / Male



7943 0387 0255

मेरा आधार, मेरी पहचान

Rajan Gupta



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

S/O स्व. दुर्गा प्रसाद गुप्ता, मकान
संख्या.-९२अ, पिपरा, देवघर,
झारखण्ड, 814113

Address:

S/O Late Durga Prasad Gupta,
House No.-92A, Pipra, Deoghar,
Jharkhand, 814113

7943 0387 0255



1947



help@uidai.gov.in



www.uidai.gov.in

**OUTPATIENT RECORD**

Hospital No: MH011790209	Visit No: O18000072179
Name: MR RAJAN GUPTA	Age/Sex: 70 Yrs/Male
Doctor Name: DR PRIYANKA THUKRAL	Specialty: DENTAL MEDICINE MGD
Date: 21/03/2024 09:55AM	

Clinical examination:
O/E St++
Ca++
Generalized attrition
Missing irt 15,16,17,25,26,27,47,44,47
Root caries irt 48

Advice:
Scaling followed by full mouth rehabilitation

DR PRIYANKA THUKRAL



LABORATORY REPORT

Name : MR RAJAN GUPTA
Registration No : MH011790209
Patient Episode : H18000001961
Referred By : HEALTH CHECK MGD
Receiving Date : 21 Mar 2024 08:58

Age : 70 Yr(s) Sex : Male
Lab No : 202403003127
Collection Date : 21 Mar 2024 08:58
Reporting Date : 21 Mar 2024 15:42

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Serum LIPID PROFILE			
Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	162	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	65	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	28 #	mg/dl	[35-65]
VLDL- CHOLESTEROL (Calculated)	13	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	124.0 #	mg/dl	[<120.0]
Above optimal-100-129			Near/ Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	5.8		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	4.4		<3 Optimal 3-4 Borderline >6 High Risk

Note:
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

-----END OF REPORT-----

Alka

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR RAJAN GUPTA

Registration No : MH011790209

Patient Episode : H18000001961

Referred By : HEALTH CHECK MGD

Receiving Date : 21 Mar 2024 13:38

Age : 70 Yr(s) Sex : Male

Lab No : 202403003129

Collection Date : 21 Mar 2024 13:38

Reporting Date : 22 Mar 2024 09:19

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS 137.0 mg/dl [80.0-140.0]

Method: Hexokinase

Note:

Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption, post exercise

-----END OF REPORT-----

Page 2 of 2

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name	: MR RAJAN GUPTA	Age	: 70 Yr(s) Sex :Male
Registration No	: MH011790209	Lab No	: 202403003127
Patient Episode	: H18000001961	Collection Date	: 21 Mar 2024 08:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 21 Mar 2024 15:42
Receiving Date	: 21 Mar 2024 08:58		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	5.8		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	4.4		<3 Optimal 3-4 Borderline >6 High Risk

Note:

Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

KIDNEY PROFILE

Specimen: Serum			
UREA	24.9	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	11.6	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
CREATININE, SERUM	1.10	mg/dl	[0.70-1.20]
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	6.0	mg/dl	[4.0-8.5]
<i>Method:uricase PAP</i>			
SODIUM, SERUM	137.00	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	5.10	mmol/L	[3.60-5.10]
SERUM CHLORIDE	106.0	mmol/L	[101.0-111.0]
<i>Method: ISE Indirect</i>			



LABORATORY REPORT

Name : MR RAJAN GUPTA

Registration No : MH011790209

Patient Episode : H18000001961

Referred By : HEALTH CHECK MGD

Receiving Date : 21 Mar 2024 13:50

Age : 70 Yr(s) Sex : Male

Lab No : 202403003127

Collection Date : 21 Mar 2024 13:50

Reporting Date : 21 Mar 2024 18:27

CLINICAL PATHOLOGY

STOOL COMPLETE ANALYSIS

Specimen-Stool

Macroscopic Description

Colour
Consistency
Blood
Mucus
Occult Blood

BROWN
Semi Solid
Absent
Absent
NEGATIVE

Microscopic Description

Ova
Cyst
Fat Globules
Pus Cells
RBC

Absent
Absent
Absent
NIL
NIL



LABORATORY REPORT

Name	: MR RAJAN GUPTA	Age	: 70 Yr(s) Sex :Male
Registration No	: MH011790209	Lab No	: 202403003127
Patient Episode	: H18000001961	Collection Date	: 21 Mar 2024 10:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 21 Mar 2024 18:03
Receiving Date	: 21 Mar 2024 10:58		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction [pH]	6.5	(4.6-8.0)
Specific Gravity	1.015	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	+	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



LABORATORY REPORT

Name : MR RAJAN GUPTA
Registration No : MH011790209
Patient Episode : H18000001961
Referred By : HEALTH CHECK MGD
Receiving Date : 21 Mar 2024 08:58

Age : 70 Yr(s) Sex : Male
Lab No : 202403003127
Collection Date : 21 Mar 2024 08:58
Reporting Date : 21 Mar 2024 14:42

HAEMATOTOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	5.28	millions/cumm	[4.50-5.50]
HEMOGLOBIN	15.6	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	46.9	%	[40.0-50.0]
MCV (DERIVED)	88.8	fL	[83.0-101.0]
MCH (CALCULATED)	29.5	pg	[25.0-32.0]
MCHC (CALCULATED)	33.3	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.6	%	[11.6-14.0]
Platelet count	181	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	13.70	fL	
WBC COUNT (TC) (IMPEDENCE)	7.26	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	54.0	%	[40.0-80.0]
Lymphocytes	28.0	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	10.0 #	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	20.0 #	mm/1sthour	[0.0-



Name	: MR RAJAN GUPTA	Age	: 70 Yr(s) Sex :Male
Registration No	: MH011790209	Lab No	: 202403003127
Patient Episode	: H18000001961	Collection Date	: 21 Mar 2024 08:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 21 Mar 2024 15:42
Receiving Date	: 21 Mar 2024 08:58		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type	: Serum		
PROSTATE SPECIFIC ANTIGEN (PSA-Total)	: 0.910	ng/mL	[<6.500]

Method :ELFA

- Note :1.This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age
 damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.
 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
 3. PSA levels may appear consistently elevated / depressed due to the interference by hetero antibodies & nonspecific protein binding
 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massag indwelling catheterization, and ultrasonography and needle biopsy of prostate is not recomme as they falsely elevate levels
 5. PSA values regardless of levels should not be interpreted as absolute evidence of the pre or absence of disease. All values should be correlated with clinical findings and results of other investigations
 6. Sites of Non - prostatic PSA production are breast epithelium, salivary glands, peri - urethral & anal glands, cells of male urethra && breast mil
 7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity

Recommended Testing Intervals

- * Pre-operatively (Baseline)
- * 2-4 days post-operatively
- * Prior to discharge from hospital
- * Monthly follow-up if levels are high or show a rising trend



Name : MR RAJAN GUPTA
 Registration No : MH011790209
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 Receiving Date : 21 Mar 2024 08:58

Age : 70 Yr(s) Sex : Male
 Lab No : 202403003127
 Collection Date : 21 Mar 2024 08:58
 Reporting Date : 21 Mar 2024 15:42

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			
			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	1.240	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	8.900	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	3.920	µIU/mL	[0.250-5.000]

NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect. In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low. The TSH assay aids in diagnosing thyroid or hypophysial disorders. The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism. The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.



LABORATORY REPORT

Name	: MR RAJAN GUPTA	Age	: 70 Yr(s) Sex :Male
Registration No	: MH011790209	Lab No	: 202403003128
Patient Episode	: H18000001961	Collection Date	: 21 Mar 2024 08:57
Referred By	: HEALTH CHECK MGD	Reporting Date	: 21 Mar 2024 15:43
Receiving Date	: 21 Mar 2024 08:57		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	134.0 #	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR RAJAN GUPTA
 Registration No : MH011790209
 Patient Episode : H18000001961
 Referred By : HEALTH CHECK MGD
 Receiving Date : 21 Mar 2024 08:58

Age : 70 Yr(s) Sex :Male
 Lab No : 202403003127
 Collection Date : 21 Mar 2024 08:58
 Reporting Date : 21 Mar 2024 15:42

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	46.00	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	341.0 #	IU/L	[32.0-91.0]
GGT	28.0	U/L	[7.0-50.0]

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

-----END OF REPORT-----

Alka

Dr. Alka Dixit Vats
 Consultant Pathologist



LABORATORY REPORT

Name : MR RAJAN GUPTA
Registration No : MH011790209
Patient Episode : H18000001961
Referred By : HEALTH CHECK MGD
Receiving Date : 21 Mar 2024 08:58

Age : 70 Yr(s) Sex : Male
Lab No : 202403003127
Collection Date : 21 Mar 2024 08:58
Reporting Date : 21 Mar 2024 15:42

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	67.7	ml/min/1.73sq.m	[>60.0]
Technical Note eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.			
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.95	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.46 #	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.49	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	8.40	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	5.00	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.40	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.50		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	38.00	U/L	[0.00-40.00]



RADIOLOGY REPORT

NAME	MR Rajan GUPTA	STUDY DATE	21/03/2024 10:37AM
AGE / SEX	70 y / M	HOSPITAL NO.	MH011790209
ACCESSION NO.	R7094210	MODALITY	US
REPORTED ON	21/03/2024 12:09PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears enlarged in size (measures 155 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade II fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 89 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10.6 mm.

COMMON BILE DUCT: Appears normal in size and measures 4.4 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size and shape but show raised renal cortical echotexture. Cortico-medullary differentiation is partially maintained. Rest normal.

Right Kidney: measures 106 x 42 mm.

Left Kidney: measures 95 x 45 mm . A simple anechoic cortical cyst measuring 12 x 9 mm is seen at upper pole.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PROSTATE: is enlarged in size with median lobe enlargement (measures 48 x 47 x 44 mm with volume ~ 52 cc) but normal in echotexture. Prostatic parenchymal calcification is seen.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade II fatty infiltration in liver.

-Bilateral raised renal cortical echotexture with partially maintained Cortico-medullary differentiation (ADV:RFT correlation)

-Prostatomegaly with median lobe enlargement.

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

*****End Of Report*****

**RADIOLOGY REPORT**

NAME	MR Rajan GUPTA	STUDY DATE	21/03/2024 9:23AM
AGE / SEX	70 y / M	HOSPITAL NO.	MH011790209
ACCESSION NO.	R7094209	MODALITY	CR
REPORTED ON	21/03/2024 4:10PM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Normal.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
HEART: Normal.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Normal.
THORACIC SPINE: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

No significant abnormality seen.

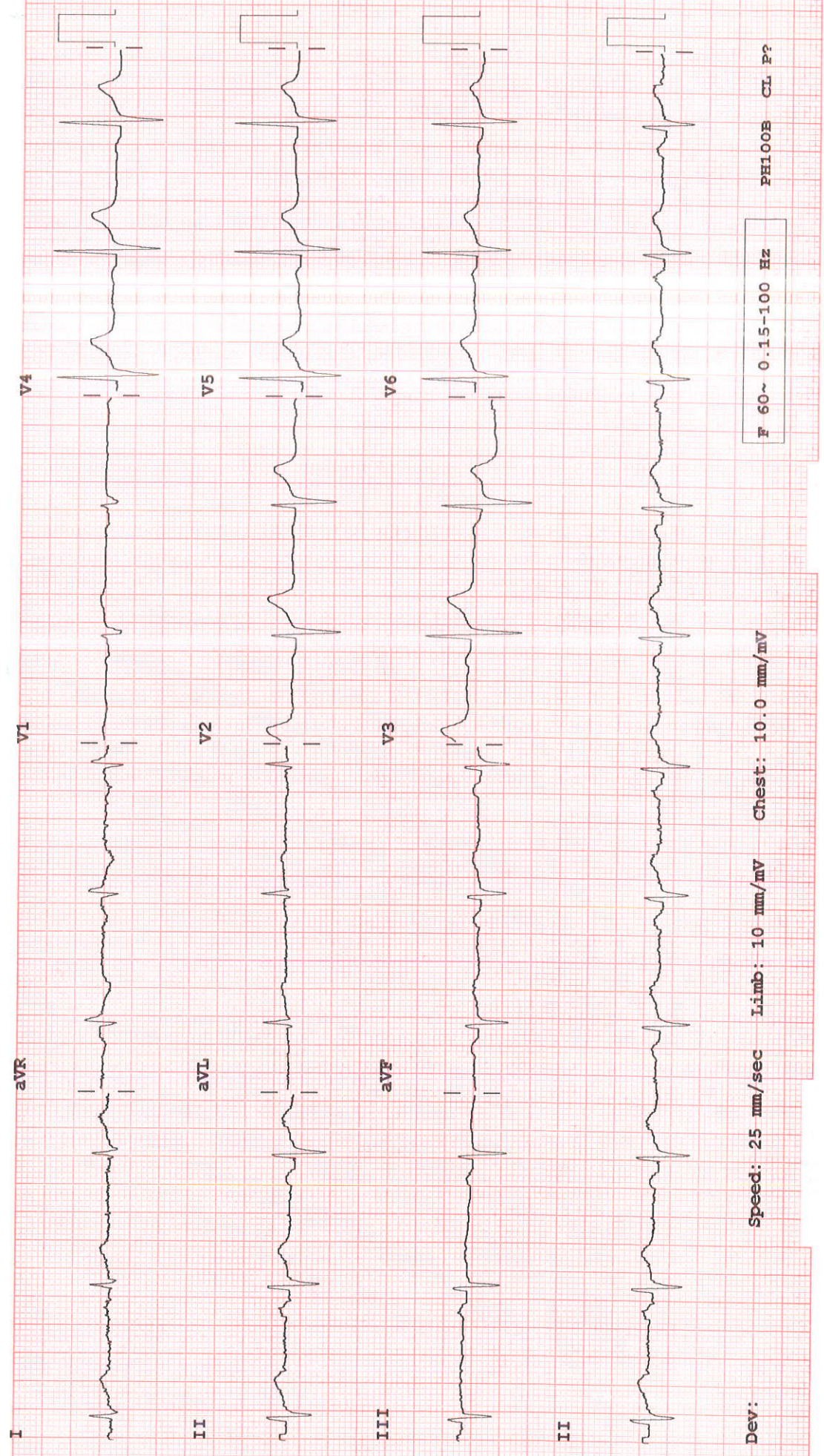
Please correlate clinically

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

*****End Of Report*****

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



PH100B CL P?

F 60~ 0.15-100 Hz

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

Dev:

**HEALTH CHECK RECORD**

Hospital No: MH011790209	Visit No: H18000001961
Name: MR RAJAN GUPTA	Age/Sex: 70 Yrs/Male
Doctor Name: DR.SHISHIR NARAIN	Specialty: HC SERVICE MGD
Date: 21/03/2024 12:42PM	

OPD Notes :

PRESENT OPHTHALMIC COMPLAINS - HEALTH CHECK UP
SYSTEMIC/ OPHTHALMIC HISTORY - H/O HTN SINCE 15 Yrs
NO FAMILY H/O GLAUCOMA

EXAMINATION DETAILS	RIGHT EYE	LEFT EYE
VISION	6/6	6/6
CONJ	NORMAL	NORMAL
CORNEA	CLEAR	CLEAR
ANTERIOR CHAMBER/ IRIS	N	N
LENS	PCIOL	
OCULAR MOVEMENTS	FULL	FULL
NCT	14	14
A) VITREOUS		
B) OPTIC DISC	C:D 0.5	C:D 0.6
C) MACULAR AREA	FOVEAL REFLEX PRESENT	FOVEAL REFLEX PRESENT

POWER OF GLASS

Right eye: plano / +0.50 Dcyl x 160 degree 6/6

Left eye: plano / +0.50Dcyl x170 degree 6/6

NEAR ADD : BE +2.50DS PH N6

DIAGNOSIS: DRY EYES

ADVISE / TREATMENT

E/D NISOL 4 TIMES DAILY BE

REVIEW AFTER 6 MONTHS

*Narain**Aravind***DR.SHISHIR NARAIN**

Reg. No.: 9538



INVESTIGATION REPORT

Patient Name	MR RAJAN GUPTA	Location	Ghaziabad
Age/Sex	70Year(s)/male	Visit No	: V00000000001-GHZB
MRN No	MH011790209	Order Date	:21/03/2024
Ref. Doctor	Dr. ABHISHEK SINGH	Report Date	:21/03/2024

EchocardiographyFinal Interpretation

1. No RWMA, LVEF=55%.
2. Normal CCD.
3. Grade I LV diastolic dysfunction.
4. Trace MR, No AR.
5. No TR, Normal PASP.
6. No intracardiac clot/mass/pericardial pathology.
7. IVC normal

Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal. Trace MR.
- **Tricuspid Valve:** It appears normal.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

- LV is normal size with normal contractility.

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

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