



भारत सरकार

Government of India



आधार

Rekha Rani

DOB : 10/07/1973

Female



9263 7280 1244



9263 7280 1244

मेरा आधार, मेरी पहचान



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Issue Date: 23/12/2014



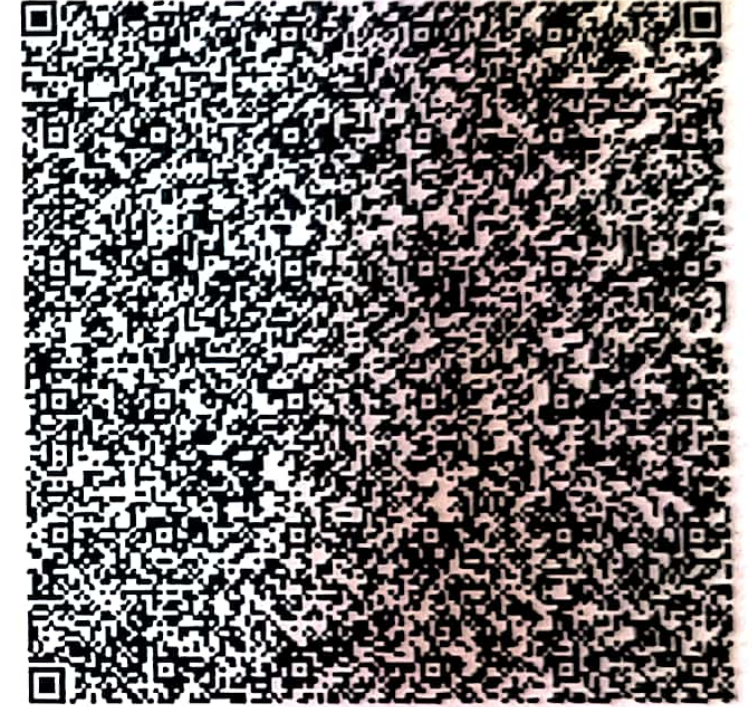
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



Address: H.NO-11/1292, AIRPORT ROAD,
BH.T.P RAI SHOP, NEAR MAHILA
ASHRAM, Bhuj City, Kachchh, Gujarat,
370001

Print Date: 30/07/2022



9263 7280 1244



1947



help@uidai.gov.in



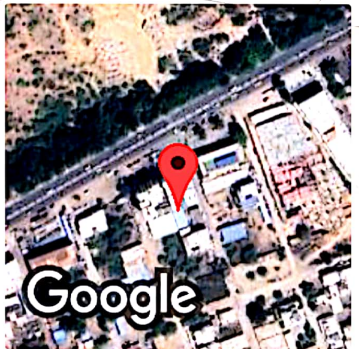
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 **GPS Map Camera**



Google

Bhuj, Gujarat, India
20, Jadavji Nagar, Bhuj, Gujarat 370020, India
Lat 23.235029°
Long 69.650534°
12/08/23 03:03 PM GMT +05:30



LAB DIVISION

Patient ID	1223669		Collected On	12/08/2023 16:31:08
Patient Name	Mrs. REKHA RANI		Received On	12/08/2023 16:31:10
Gender / Age	Female / 50 Yrs		Released On	12/08/2023 18:01:30
Refd. By			Printed On	15/08/2023 17:50:59
Client	. Apollo Health & Lifestyle Ltd			

Investigation	Value	Unit	Biological Ref. Range
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BIOCHEMISTRY

Glucose (Random) GOD-PAP	111	mg/dL	70 - 140
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- * Random glucose in plasma measures the glucose levels regardless of the last meal/intake.
- * Random testing is useful because glucose levels in healthy individuals do not vary widely throughout the day.
- * A random plasma glucose - > / = 200 mg/ dL denotes diabetes.
- > / = 110 but < 199 mg/ dL suggest fasting plasma glucose levels and proceed.

Ref : American Diabetes Association.



Dr. Vishal Bhuvra
MBBS, MD Pathologist, HAM

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LAB DIVISION

Patient ID	1223669		Collected On	12/08/2023 15:07:52
Patient Name	Mrs. REKHA RANI		Received On	12/08/2023 15:07:53
Gender / Age	Female / 50 Yrs		Released On	12/08/2023 18:01:30
Refd. By			Printed On	15/08/2023 17:51:01
Client	. Apollo Health & Lifestyle Ltd			

Investigation	Value	Unit	Biological Ref. Range
COMPLETE BLOOD COUNT			
Hemoglobin <small>Cynmeth Photometric Measurement</small>	11.6	gm/dL	11.5 - 15.0
Erythrocyte RBC Count <small>Electrical Impedance</small>	4.44	millions/cu.mm	3.80 - 4.80
Total Leukocyte Count (TLC) <small>Electrical Impedance</small>	7.1	X10 ³ /uL	4.0 - 11.0
Platelet Count <small>Electrical Impedance</small>	290	x10 ³ /uL	150 - 450
HCT <small>Electrical Impedance</small>	36.1	%	36.0 - 46.0
Mean Cell Volume (MCV) <small>Electrical Impedance</small>	81.3	fL	80.0 - 100.0
Mean Cell Haemoglobin (MCH) <small>Electrical Impedance</small>	26.2	pg	27.0 - 32.0
Mean Corpuscular Hb Conc. (MCHC) <small>Electrical Impedance</small>	32.3	gm/dL	32.0 - 35.0
Red Cell Distribution Width (RDW-CV) <small>Electrical Impedance</small>	13.9	%	11.5 - 14.5
Differential Leukocyte Count (DLC)			
Neutrophils <small>VCS</small>	56	%	40 - 80
Lymphocytes <small>VCS</small>	35	%	20 - 40
Eosinophils <small>VCS</small>	04	%	01 - 06
Monocytes <small>VCS</small>	05	%	02 - 08
Basophils <small>VCS</small>	00	%	00 - 02



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LAB DIVISION

Patient ID	1223669		Collected On	12/08/2023 15:07:52
Patient Name	Mrs. REKHA RANI		Received On	12/08/2023 15:07:53
Gender / Age	Female / 50 Yrs		Released On	12/08/2023 18:01:30
Refd. By			Printed On	15/08/2023 17:51:05
Client	. Apollo Health & Lifestyle Ltd			

Investigation	Value	Unit	Biological Ref. Range
Erythrocyte Sedimentation Rate (ESR) <small>Westergren's</small>	26	mm in 1hr	00 - 20

- * Test conducted on EDTA whole blood at 37 degree Celsius.
- * ESR is an index of the presence of the active diseases of many types.
- * Increased- in most infections, anaemias, injection of foreign proteins, auto-immune disorders, conditions accompanied by hyperglobunemia and hypercholesterolaemia.
- * A rising ESR suggests a progressive disease.
- * Decreased- in polycythemia, congestive heart failure.
- * ESR is a useful but nonspecific marker of underlying inflammation. C-Reactive Protein(CRP) is the recommended test in a acute inflammatory conditions.



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Patient ID	1223669		Collected On	12/08/2023 15:07:52
Patient Name	Mrs. REKHA RANI		Received On	12/08/2023 15:07:53
Gender / Age	Female / 50 Yrs		Released On	12/08/2023 18:01:30
Refd. By			Printed On	15/08/2023 17:51:07
Client	. Apollo Health & Lifestyle Ltd			

Investigation	Value	Unit	Biological Ref. Range
Glycosylated Hb HPLC	5.8	%	
Average Plasma Glucose	120		

Interpretation :

HbA1c %

<=5.6	Normal
5.7-6.4	At Risk for Diabetes
>=6.5	Diabetes

Estimated Average Glucose (eAG) is a new way to understand how well you are managing your diabetes. Using eAG may help you get a better idea of how well you are taking care of your diabetes. And that can help you and your health care provider know what changes you may need to make to be as healthy as possible .

HbA1c %	5	5.5	6	6.5	7	7.5	8	8.5	9	10	11	12
(eAG) mg/dL	97	111	126	140	154	169	183	197	212	240	269	298

The HbA1c goal for people with diabetes is less than 7 percent. A 3 to 6 monthly monitoring is recommended in diabetics. People with diabetes should get the test done more often if their blood sugar stays too high or if their healthcare provider makes any change in the treatment plan. HbA1c concentration represents the integrated values for blood glucose over the preceding 6 -10 wks and is not affected by daily glucose fluctuation, exercise & recent food intake. It is a more useful tool for clinical management of *Diabetes mellitus* through routine monitoring & assesses compliance with therapeutic regimen.



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Patient Name	Mrs. REKHA RANI		Received On	12/08/2023 15:07:53
Gender / Age	Female / 50 Yrs		Released On	12/08/2023 18:01:30
Refd. By			Printed On	15/08/2023 17:51:09
Client	. Apollo Health & Lifestyle Ltd			

Investigation	Value	Unit	Biological Ref. Range
Blood group Gel Technique	"AB" Positive		

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB. The test is performed by both forward as well as reverse grouping methods.

The report is of sample received. It is presumed that the sample belongs to the patient. In case of any discrepancy related to this report, contact lab.



Dr. Vishal Bhuva
MBBS, MD Pathologist, HAM

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Patient ID	1223669		Collected On	12/08/2023 15:07:52
Patient Name	Mrs. REKHA RANI		Received On	12/08/2023 15:07:53
Gender / Age	Female / 50 Yrs		Released On	12/08/2023 18:01:30
Refd. By			Printed On	15/08/2023 17:51:10
Client	. Apollo Health & Lifestyle Ltd			

Investigation	Value	Unit	Biological Ref. Range
Liver Function Test			
Billirubin – Total <small>Diazonium Salt</small>	0.27	mg/dL	0.20 - 1.30
Billirubin – Direct <small>Diazo Reaction</small>	0.12	mg/dL	0.00 - 0.50
Bilirubin, Indirect <small>Calculated</small>	0.15	mg/dL	0.00 - 0.70
Gultamic Oxaloacetic Transaminase (SGOT, AST) <small>ifcc</small>	16	U/L	10 - 31
Gultamic Pyruvic Transaminase (SGPT, ALT) <small>IFCC</small>	24	U/L	0 - 31
ALP (Alkaline Phosphatase) <small>IFCC</small>	86	U/L	40 - 150
Total Protien <small>Biuret method</small>	6.3	g/dL	6.6 - 8.7
Albumin <small>Bromcresol Green</small>	3.8	g/dL	3.5 - 5.2
Globulin <small>Calculated</small>	2.5	g/dL	2.3 - 3.5
A:G (Albumin:Globulin) Ratio <small>Calculated</small>	1.52		1.20 - 2.00

These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Some tests are associated with functionality (e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract (gamma-glutamyl transferase and alkaline phosphatase). Conditions with elevated levels of ALT and AST include hepatitis A, B, C, paracetamol toxicity etc. Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are also carried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medications are not adversely impacting the person's liver. Reference ranges vary between laboratories

Note : The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation



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Patient ID	1223669		Collected On	12/08/2023 15:07:52
Patient Name	Mrs. REKHA RANI		Received On	12/08/2023 15:07:53
Gender / Age	Female / 50 Yrs		Released On	12/08/2023 18:01:30
Refd. By			Printed On	15/08/2023 17:51:14
Client	. Apollo Health & Lifestyle Ltd			

Investigation	Value	Unit	Biological Ref. Range
<u>Kidney Function Test</u>			
Urea, Serum <small>Urease</small>	18	mg/dL	13 - 43
Creatinine <small>Modified jaffe's</small>	0.85	mg/dL	0.60 - 1.30
Uric Acid, Serum <small>enzymatic</small>	5.70	mg/dL	2.60 - 6.00
Calcium <small>Arsenazo III</small>	8.70	mg/dl	8.40 - 10.20
Phosphorus <small>UV PHOTOMETRIC</small>	3.40	mg/dL	2.60 - 4.50

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is awaste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. Inblood, it is a marker of GFR .in urine, it can remove the need for 24-hour collections for many analytes or be used as a qualityassurance tool to assess the accuracy of a 24-hour collection Higher levels may be a sign that the kidneys are not workingproperly. As kidney disease progresses, the level of creatinine and urea in the blood increases. Certain drugs are nephrotoxicence KFT is done before and after initiation of treatment with these drugs.Low serum creatinine values are rare; they almost always reflect low muscle mass.Apart from renal failure Blood Urea can increase in dehydration and GI bleed.Reference ranges vary between laboratories.

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Patient Name	Mrs. REKHA RANI		Received On	12/08/2023 15:07:53
Gender / Age	Female / 50 Yrs		Released On	12/08/2023 18:01:30
Refd. By			Printed On	15/08/2023 17:51:17
Client	. Apollo Health & Lifestyle Ltd			

Investigation	Value	Unit	Biological Ref. Range
Lipid Profile			
Cholesterol TOTAL CHOD-PAP	179	mg/dL	Desirable < 200 Borderline 200 - 239 High Risk >= 240
Triglycerides Glycerol Phosphate Oxidase	211	mg/dL	Normal <150 Borderline 150-199 High 200 -499 Very High >=500
DIRECT HDL Accelerator Selective Detergent	58	mg/dL	Major risk factor for heart disease < 40 Negative risk factor for heart disease =>60
VLDL Cholesterol Calculated	42	mg/dL	0 - 30
LDL Calculated	79	mg/dL	Recommended <130 Moderate Risk 130-159 High Risk >160
Total / HDL Cholesterol Ratio	3.1		Low Risk 3.3-4.4 Average Risk 4.4-7.1 Moderate Risk 7.1-11.0 High Risk >11.0
Non HDL Cholesterol Calculated	121.0	mg/dL	Adult Optimal <130 Above Optimal 130 -159 Borderline High 160-189 High 190 -219 Very High >=220

NOTE :- NON-FASTING SAMPLE.

Lipid profile is a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks cardiovascular disease, certain forms of pancreatitis. Hypertriglyceridemia is indicative of insulin resistance when present with low high-density lipoprotein (HDL) and elevated low-density lipoprotein (LDL), while elevated triglyceride is a clinical risk factor for coronary artery disease (CAD), especially when low HDL is present. Very high levels of triglycerides are defined by serum levels of 500mg/dL or greater and can be concerning for development of pancreatitis. Reference range



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LAB DIVISION

Patient ID	1223669	Collected On	12/08/2023 15:07:52
Patient Name	Mrs. REKHA RANI	Received On	12/08/2023 15:07:53
Gender / Age	Female / 50 Yrs	Released On	12/08/2023 18:01:30
Refd. By		Printed On	15/08/2023 17:51:25
Client	. Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
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between laboratories.



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LAB DIVISION

Patient ID	1223669		Collected On	12/08/2023 15:07:52
Patient Name	Mrs. REKHA RANI		Received On	12/08/2023 15:07:53
Gender / Age	Female / 50 Yrs		Released On	12/08/2023 18:01:30
Refd. By			Printed On	15/08/2023 17:51:26
Client	. Apollo Health & Lifestyle Ltd			

Investigation	Value	Unit	Biological Ref. Range
Thyroid Function Test			
Triiodothyronine (T3) Chemiluminescent Microparticle Immunoassay (CMIA)	1.30	ng/dl	0.69 - 2.15
Thyroxine (T4) Chemiluminescent Microparticle Immunoassay (CMIA)	70.48	ng/mL	52.00 - 127.00
Thyroid Stimulating Hormone (TSH) Chemiluminescent Microparticle Immunoassay (CMIA)	2.35	uIU/ml	0.30 - 4.50
			Euthyroid 0.25 - 5.00 Hyperthyroid < 0.15 Hypothyroid > 7.00

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism. Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Raised	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy, Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermittent 14 therapy or T4 overdose •Drug interference Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion'
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease). Multinodular goitre, Toxic nodule •Transient thyroiditis: Postpartum, Silent (Lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in T3 level can be upto 25%.



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Patient Name	Mrs. REKHA RANI		Received On	12/08/2023 15:07:53
Gender / Age	Female / 50 Yrs		Released On	12/08/2023 18:19:48
Refd. By			Printed On	15/08/2023 17:51:29
Client	. Apollo Health & Lifestyle Ltd			

Investigation	Value	Unit	Biological Ref. Range
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Urine Examination (Routine)

Physical Examination

Volume	25	mL	
Colour	PALE YELLOW		
Appearance	Turbid		Clear
pH	5.0		Acidic
Specific Gravity	1.030		1.001-1.035

Chemical Examination

Urine Protein	Nil		Nil
Urine Glucose	Nil		Nil
Ketone	Negative		Negative
Nitrite	Negative		Negative
Blood	+		Nil
Urobilinogen	Not Increased		Not Increased
Bilirubin	Nil		Nil
Leukocyte esterase	Trace		NIL

Microscopic Examination.

Red Blood Cells	4-5	/hpf	Nil
Pus Cells (WBC)	8-10	/hpf	NIL
Epithelial Cells	10-12	/hpf	Nil
Casts	Wbc, epithelial (occasional)		Nil
Crystals	Nil		Nil
Bacteria	Present (occasional)		Nil
Yeast Cell	Nil		Nil
Mucous	Present		Nil
Trichomonas	Nil		Nil
Amorphous Material	Present		Nil

*** End of Report ***



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Apollo

SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

MER- MEDICAL EXAMINATION REPORT

Date of Examination	12/08/2023		
NAME	Rekha Rani		
AGE	50	Gender	Female
HEIGHT(cm)	159 cm	WEIGHT (kg)	44.4 kgs.
B.P.	126/82		
ECG	Normal		
X Ray	Normal		
Vision Checkup	Color Vision: Normal		
	Far Vision Ratio : 6/6		
	Near Vision Ratio : N/G		
Present Ailments	- Nil		
Details of Past ailments (If Any)	- Nil		
Comments / Advice : She /He is Physically Fit	Fit		
BMI: - 27.3 ENT: Normal Dental Examination Normal			


Dr. Ninad J. Gor
M.B.B.S.
Reg. No. : G-64033

Signature with Stamp of Medical Examiner



SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Rekha Rani on 12/08/2023

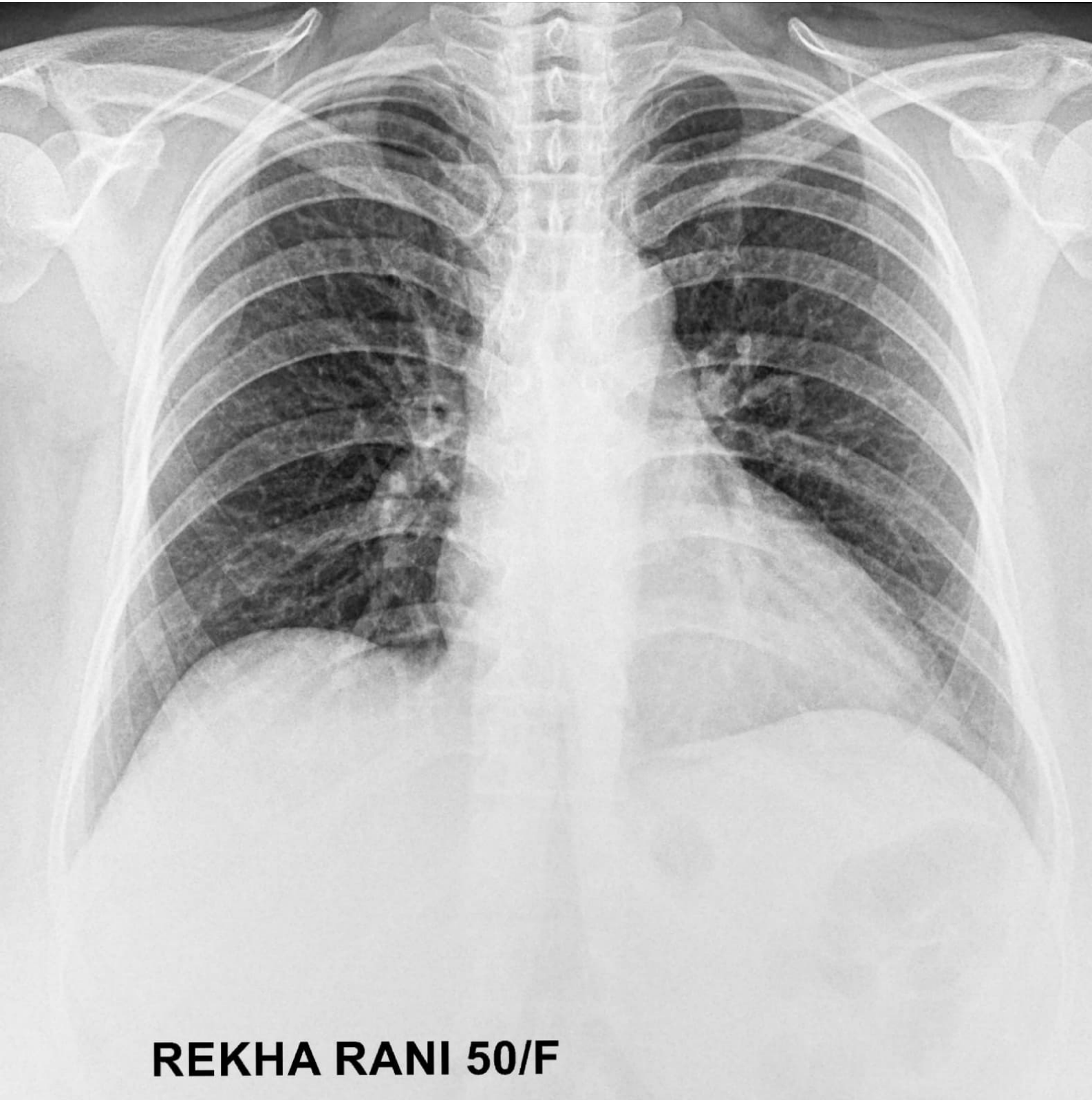
After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none">Medically Fit	<input type="checkbox"/>
<ul style="list-style-type: none">Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1..... 2..... 3..... However, the employee should follow the advice/medication that has been communicated to him/her. Review after _____	<input type="checkbox"/>
<ul style="list-style-type: none">Currently Unfit. Review after _____ recommended	<input type="checkbox"/>
<ul style="list-style-type: none">Unfit	<input type="checkbox"/>

Dr. Ninad J. Gor

Dr. _____ M.B.B.S.
Medical Officer. Reg. No. : G-64033
The Apollo Clinic, (Location) _____

This certificate is not meant for medico-legal purposes



REKHA RANI 50/F



SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

Patient Name : ., REKHA RANI
MR No : 12082301
Modality : DX
Gender : F
Age: 50YY
Date :12/08/2023
Referred By : ROHA HEALTH CARE

X RAY CHEST (PA)

Both the lung fields do not reveal any parenchymal abnormality.

Both CP angles are clear.

Cardiac size is within normal limits.

Both domes of the diaphragm appear normal.

Bony thoracic cage appears normal.

CONCLUSION:

NO SIGNIFICANT ABNORMALITY DETECTED.

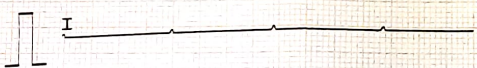
ADV: Clinical correlation and further investigation.Thanks for ref...

A handwritten signature in black ink, appearing to read "BShah", is written over a white background.

**Dr.BHAVEN SHAH
M.D
RADIOLOGIST**

KRICBHUI

25mm/s 10mm/mV



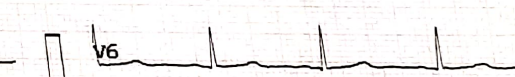
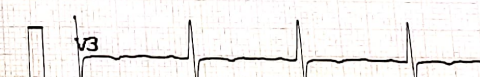
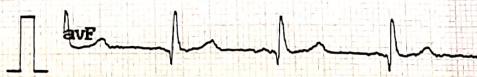
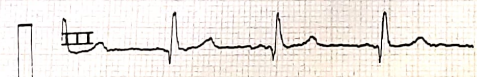
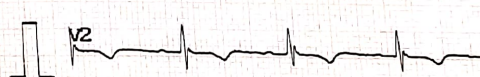
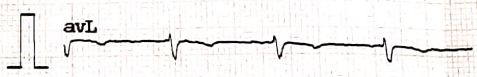
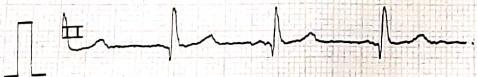
25mm/s 10mm/mV



25mm/s 10mm/mV



25mm/s 10mm/mV

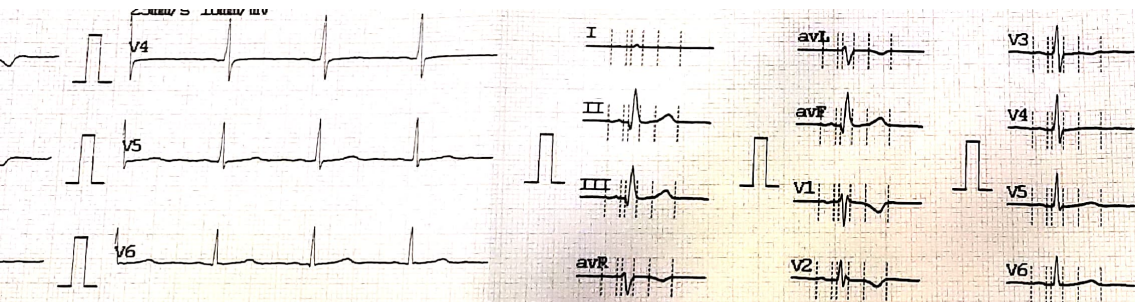


AC50Hz + DFT

AC50Hz + DFT

AC50Hz + DFT

AC50Hz + DFT



ACSOHz + DFT

Date : 2000-01-03 00:11:42
 ID : 0000007
 Name : P. Lecha Rami
 Sex :
 Age :
 Weight : 96.6 kgs.
 Ht : 159 cms

HR (bpm) : 77
 PR (ms) : 156
 P (ms) : 118
 QRS (ms) : 90
 T (ms) : 178
 QT/QTc (ms) : 388/441
 P/ORS/T : 86.2/87.4/89.1
 R(V5)/S(V1) (mV) : 0.677/0.500
 R(V5)+S(V1) (mV) : 1.177

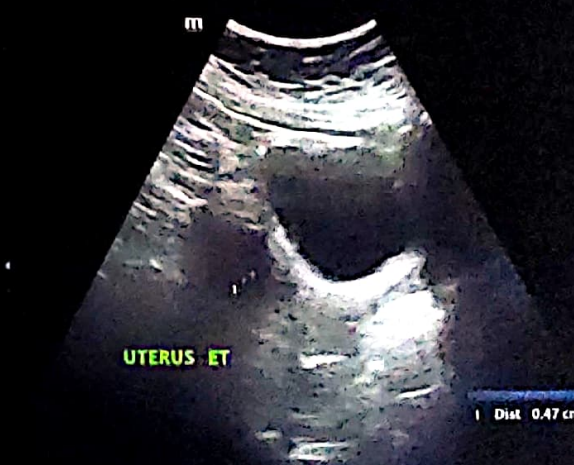
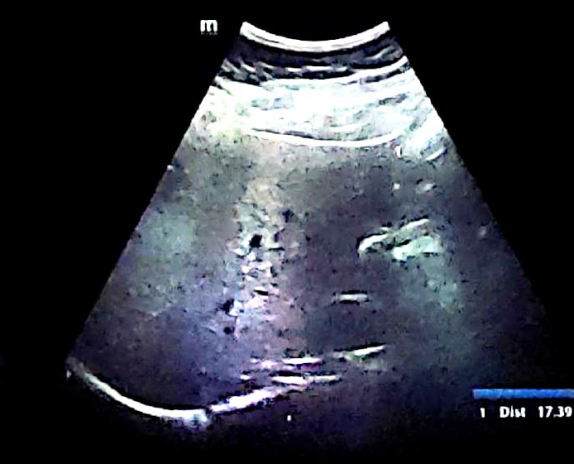
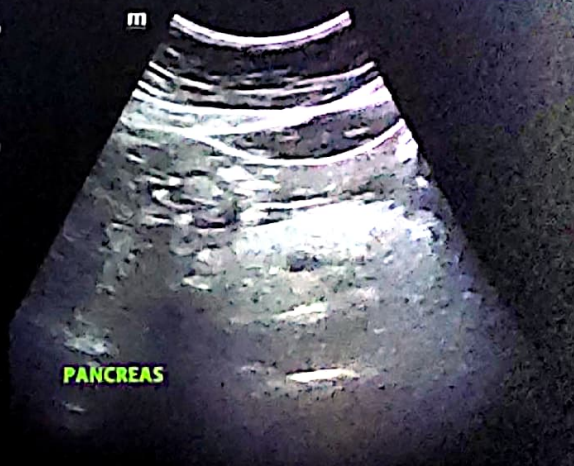
<<Conclusion>>
 Cardiac electric axis normal
 No Completeness Right Bundle branch blo

<<Report need physician confirm>>

KUTCH RADIOLOGY AND IMAGING CENTRE- BHUJ

12 Aug 2023 Study : ABD
Name : REKHA RANI 050Y / F

Ref by : ROHA HELTU CARE





KUTCH

RADIOLOGY & IMAGING CENTRE

(A Division of KRIC Radio Diagnostic Pvt. Ltd.)

• Email : kric2008@gmail.com • Website : www.kric.in

Dr. Kripalsinh Jadeja

M.B., D.M.R.E.

Consultant Radiologist

Dr. Bhaven Shah

M.D.

Consultant Radiologist

Patient Name : REKHA RANI
MR No : D92594
Modality : US
Gender : F
Age: 50YY
Date : 12/08/2023
Referred By : ROHA.HEALTH.CARE

USG ABDOMEN & PELVIS.

LIVER : Appears enlarged in size and measures 17 cm and show hyperechoic echotexture. No e/o focal lesion seen. No evidence of dilated IHBR. PV and CBD appear normal in calibre.

GALL BLADDER : Appears normal. No evidence of stone or cholecystitis seen.

PANCREAS: Appears normal in size and echotexture. No focal mass lesion or changes of pancreatitis seen.

SPLEEN : Appears normal in size and echotexture. No evidence of focal or diffuse lesion.

BOTH KIDNEYS : Appear normal in size and echotexture with preservation of corticomedullary differentiation. No evidence of calculus, hydronephrosis or mass lesion involving Either kidney.

RK: 10 x 4 cm LK: 10.2 x 4.7 cm

URINARY BLADDER : appears normal. No intrinsic lesion seen.

UTERUS: Appears normal in size and measures 7.4 x 3.4 cm and show normal echotexture. Endometrial thickness is 4.7 mm.

Both adnexa appear normal. No e/o adnexal mass lesion. No e/o free fluid seen in POD.

No evidence of ascites or paraaortic lymphadenopathy.

CONCLUSION:

* Mild changes of fatty liver Grade I with Mild Hepatomegaly.

* NORMAL SONOGRAPHY STUDY OF GB, PANCREAS, SPLEEN, BOTH KIDNEYS, U.BLADDER, UTERUS AND BOTH ADENEXA.

ADV: Clinical correlation and further investigation. Thanks for ref...

Dr. KRIPALSINH JADEJA
M.B., D.M.R.E
RADIOLOGIST

KRICBHJ



SWAMINARAYAN HOSPITAL

NCD CLINIC & COUNSELLING CENTER

Dr. Jagdish Dhanji Halai

MBBS, D. CARDIOLOGY & DIABETOLOGY

NAME : REKHA RANI

FEMALE/50Y

DATE : 12.08.2023


REF BY: ROHA

2D ECHO AND COLOUR DOPPLER STUDY

FINAL IMPRESSION:

- NORMAL LV SYSTOLIC FUNCTION WITH NORMAL LV SIZE.
- LVEF : 67.00 %, NO RWMA AT REST.
- NO PAH, NORMAL RA/RV.
- NO MR, TRIVIAL TR. NO MS NO AS.
- NORMAL RV FUNCTION.
- NORMAL LV COMPLAINE.
- NO ASD, NO VSD, NO PDA. NO PE. NO E/O PTE
- IVC : NORMAL.

NOTE :


Dr. Jagdish Dhanji Halai
MBBS, D. Cardiology & Diabetology
DR. JAGDISH DHANJI HALAI
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CLINICAL CARDIOLOGIST

नाम नोधामा माटे Appointment : 74074 98098

Education is Foundation For Prevention, Prevention is better than cure

स्वतःस्फुर्णा : स्वाद आजादीनो - Swata:Sfurna : The taste of Freedom



SWAMINARAYAN HOSPITAL

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NAME : REKHA RANI

FEMALE/50 Y

DATE : 12.08.2023

REF BY: ROHA

2D ECHO AND COLOUR DOPPLER STUDY

MITRAL VALVE	: NORMAL.
AORTIC VALVE	: NORMA.
PULMONARY VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
AORTA	: ROOT: 18.00 MM AND AORTA ST JUNCTION: 21.00 MM. NORMAL ARCH AND WHOLE AORTA FROM ORIGINE TO BIFURCATION
LA	: 25 MM
LV- D/LV-S	: 42/26 MM.
LVEF	: 67 %, NO RWMA AT REST.
IVS	: INTACT, IVS: 10.00 MM.
IAS	: INTACT, PW: 10.00 MM.
AOVP	: 1.74 M/SEC. PVP: 0.80 M/SEC.
RA AND RV	: NORMAL, PA: NORMAL.
RVSP	: TR JET + RA MEAN PRESSURE: 26 MM HG TAPSE: 20.60 MM
COLOR DOPPLER STUDY	: NO MR, TRIVIAL TR, PR : NO , TRIVIAL AR. NO AS, NO MS, NO TS, NO PS. ALL VLVES ARE NORMAL WITH NORMAL HEMODYNAMIC.
MVIS	: VE/VA > 1, NO PERICARDIAL EFFUSION. . NO VSR, NO SCAR, NO CLOT, NO VEGETATION. NO THROMBUS IN LV/LVA.

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