Patient : MRS JYOTSNA SOLANKI F/62 Y 11-May-24
Ref By : Dr ARCOFEMI HEALTHCARE LTD No : 9

COMPLETE BLOOD COUNT WITH ESR

Test	Value	Normal Range	Units
HAEMOGLOBIN	**11.4**	11.5 - 14.5	gms/dl
R.B.C. COUNT	4.48	3.50 - 5.50	millions/cumm
PCV	**35.1**	37.0 - 47.0	%
MCV	78.4	76.0 - 96.0	u3
MCH	25.5	25.0 - 32.0	pg
MCHC	32.5	30.0 - 35.0	%
RDW	**16.0**	11.5 - 14.5	%
W.B.C. COUNT	7,250	4,000-11,000	cells/cmm
Differential Count :			
Neutrophils	48	45 - 70	%
Lymphocytes	44	20 - 45	%
Eosinophils	02	1 - 6	%
Monocytes	06	1 - 10	%
Basophils	00	0 - 1	%
PLATELET COUNT	228,000	150,000 - 450,000	cells/cmm
PLATELETS ON SMEAR	Adequate		
R.B.C. MORPHOLOGY	Normocytic Normochromic		
W.B.C. MORPHOLOGY	Normal		
E.S.R (Westergren)	**45**	0 - 20	mm / hr

CBC done on Fully Automated Erba H560 Cell Counter.

Sangvikar

Dr Ashwini Sangvikar

M.D. Pathology

Patient : MRS JYOTSNA SOLANKI **F/62 Y** **11-May-24**
Ref By : Dr ARCOFEMI HEALTHCARE LTD **No : 9**

BLOOD SUGAR

Test	Value	Normal Range	Units
FASTING BLOOD SUGAR	90	70-110	mg/dl
Urine Sugar	No Sample		
Urine Ketones	No Sample		
POST PRANDIAL BLOOD SUGAR	105	70-140	mg/dl
Urine Sugar (2 hrs)	No Sample		
Urine Ketones (2 Hrs)	No Sample		

METHOD : Glucose Oxidase Peroxidase (GOD/POD)

American Diabetes Association (ADA 2013) Blood Glucose Level Criteria :

FASTING GLUCOSE LEVEL
Normal glucose tolerance : < 100 mg %
Impaired Fasting Glucose : 100 - 125 mg %
Provisional diagnosis for:>/=126 mg % (on two different occasions)
diabetes mellitus

POST LUNCH GLUCOSE LEVEL
Normal glucose tolerance : <140 mg %
Impaired Glucose Tolerance : 140 - 199 mg %
Provisional diagnosis for: >/= 200 mg % (on two different occasions)
diabetes mellitus

URINE SUGAR INTERPRETATION : (Approx.)
Trace : 0.1 g/dl
+ : 0.25 g/dl
++ : 0.5 g/dl
+++ : 1.0 g/dl
++++ : >2.0 g/dl

Dr Ashwini Sangvikar
M.D. Pathology

Registration No : 1410524101

Patient Name	: **MRS. JYOTSNA SOLANKI**	Registered On	: 11-May-2024 02:50 PM
Age/Gender	: 42 Years / Female	Sample Collected On	: 11-May-2024 02:58 PM
Referral	: SELF	Sample Reported On	: 11-May-2024 04:23 PM
Source	:	Sample ID	
Center Name	: Radwave Diagnostics LLP		

Glycosylated Hemoglobin - GHb

Parameter	Value(s)	Unit	Ref Range
HbA1c			
HbA1C- Glycated Haemoglobin	6.0 *	%	Non-diabetic: <6 Excellent control: 6-7 Indicates Persistant glycemia over previous 6-8 weeks : >7
Estimated Average Glucose (eAG)	125.50	mg/dL	
Method	HPLC		

Limitations

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2012, for diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is 4% to 5.7%. Patients with HbA1c value between 5.7% to 6.5% are considered Pre-diabetic.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases,chronic anaemia(especially severe iron deficiency &haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7*A1c-46.7
6. Interference of Haemoglobinopathies in HbA1c estimation.

A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
C. Heterozygous state detected is corrected for HbS and HbC trait.
Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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Patient : MRS JYOTSNA SOLANKI **F/62 Y** **11-May-24**
Ref By : Dr ARCOFEMI HEALTHCARE LTD **No : 9**

LIVER FUNCTION TEST

Test	Value	Normal Range	Units
S.G.O.T	20.3	0.0-40.0	IU/L
S.G.P.T	14.9	0.0-40.0	IU/L
Bilirubin (Total)	0.90	0.0-1.20	mg/dl
Bilirubin (Direct)	0.23	0.0-0.40	mg/dl
Bilirubin (Indirect)	0.7	0.1-1.0	mg/dl
Total Proteins	6.7	6.0-8.5	gm/dl
Albumin	3.8	3.2-5.3	gm/dl
Globulin	2.9	2.3-3.5	gm/dl
A/G Ratio	1.3	1.0-2.0	
Alkaline Phosphatase	334	50-306	U/L
GAMMA GT	28	5-55	U/L

Dr Ashwini Sangvikar
M.D. Pathology

Patient : MRS JYOTSNA SOLANKI **F/62 Y** **11-May-24**
Ref By : Dr ARCOFEMI HEALTHCARE LTD **No : 9**

LIPID PROFILE

Test	Value	Normal Range	Units
Total Cholesterol	193	130-200	mg/dl
Triglycerides	98	25-150	mg/dl
HDL Cholesterol	80	35-80	mg/dl
VLDL Cholesterol	20	5-30	mg/dl
LDL Cholesterol	93	80-100	mg/dl
TC/HDL Ratio	2.4	0.0-4.5	
LDL/HDL Ratio	1.2	0.0-3.5	

NOTE: Various cholesterol levels recommended for adults by NCEP (National Cholesterol Education Programme) May-2001.

CHOLESTEROL:
Desirable < 200 mg/dl
Borderline High 200-239 mg/dl
High >/= 240 mg/dl

TRIGLYCERIDES:
Desirable < 150 mg/dl
Borderline High 150-199 mg/dl
High 200-499 mg/dl

HDL CHOLESTEROL:
Desirable >40 mg/dl
Low(High risk) <40 mg/dl

LDL CHOLESTEROL:
Optimal< 100 mg/dl
Near Optimal 100-129 mg/dl
Borderline High 130-159 mg/dl
High 160-189 mg/dl
Very High > 189 mg/dl

Dr Ashwini Sangvikar
M.D. Pathology

Patient : MRS JYOTSNA SOLANKI F/62 Y 11-May-24
Ref By : Dr ARCOFEMI HEALTHCARE LTD No : 9

RENAL FUNCTION TEST

Test	* Value	Normal Range	Units
BUN	13.2	5.0-23.0	mg/dl
Urea	28.4	13.0-43.0	mg/dl
Creatinine	0.7	0.5-1.3	mg/dl
Total Proteins	6.7	6.0-8.5	gm/dl
Albumin	3.8	3.2-5.3	gm/dl
Globulin	2.9	2.3-3.5	gm/dl
A/G Ratio	1.3	1.0-2.0	
Calcium	8.0	8.0-11.0	mg/dl
Phosphorus	6.3	2.5-4.5	mg/dl
Uric Acid	4.3	2.5-6.0	mg/dl
Sodium	144.4	133.0-148.0	mEq/L
Potassium	4.7	3.5-5.3	mEq/L
Chloride	106.9	96.0-107.0	mEq/L

Dr Ashwini Sangvikar
M.D. Pathology

Registration No. : 110524101

Patient Name	: **MRS. JYOTSNA SOLANKI**	Registered On	: 11-May-2024 02:50 PM
Age/Gender	: 42 Years / Female	Sample Collected On	: 11-May-2024 02:58 PM
Referral	: SELF	Sample Reported On	: 11-May-2024 04:22 PM
Source	:	Sample ID	
Center Name	: Radwave Diagnostics LLP		

Thyroid Function Test - TFT

Parameter	Value(s)	Unit	Ref Range
Triiodothyronine (T3)	125.62	ng/dl	80-190
Thyroxine (T4)	9.78	ug/dl	4.5-14.5
TSH (Thyroid Stimulating Hormone)	3.17	uIU/mL	03 Days :- 1.10 - 17.0 70 Days :- 0.60 - 10.0 14 Months :- 0.40 - 7.00 5 Years :- 0.40 - 6.00 14 Years :- 0.30 - 5.00 Adult :- 0.35 - 5.50

Method: CLIA

Interpretation :

TSH results between 5 to 15 uIU/mL show considerable physiologic & seasonal variation
For differential diagnosis of primary, secondary, and tertiary hypothyroidism. Also useful in screening for hyperthyroidism.
This assay allows adjustment of exogenous thyroxine dosage in hypothyroid patients and in patients on suppressive thyroxine therapy for thyroid neoplasia

Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6 10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration.
4. Values <0.05 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

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Patient Name	: MRS. JYOTSNA SOLANKI	Registered On	: 11-May-2024 02:50 PM
Age/Gender	: 42 Years / Female	Sample Collected On	: 11-May-2024 02:58 PM
Referral	: SELF	Sample Reported On	: 11-May-2024 04:22 PM
Source	:	Sample ID	
Center Name	: Radwave Diagnostics LLP		

25 - Hydroxy Vitamin D

Parameter	Value(s)	Unit	Ref Range
25-Hydroxy Vitamin D	24.7	ng/ml	Deficiency : < 10 Insufficiency : 20 - <30 Sufficiency : 30 - 100 Toxicity : > 100

Method: CLIA

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 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 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.

Associated Test Profile :

- 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.
- As a holistic & scientific approach for diagnosis and optimal treatment for vitamin D deficiency, Vitamin D plus profile (25 Hydroxy(OH) Vit D and PTH) is suggested.

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Registration No : 2405241101

Patient Name	: **MRS. JYOTSNA SOLANKI**	Registered On	: 11-May-2024 02:50 PM
Age/Gender	: 42 Years / Female	Sample Collected On	: 11-May-2024 02:58 PM
Referral	: SELF	Sample Reported On	: 11-May-2024 04:51 PM
Source	:	Sample ID	
Center Name	: Radwave Diagnostics LLP		

Vitamin B12

Parameter	Value(s)	Unit	Ref Range
Vitamin B12	208.44	pg/ml	Normal: 75 - 807 Indeterminate Range: 75 - 807 Deficiency: < 75

Method: CLIA.

Interpretation

Vitamin B 12 deficiency frequently causes macrocytic anemia,glossitis,peripheral neuropathy,weakness,hyperreflexia,ataxia,loss of proprioception,poor coordination,and affective behavioral changes. Many patients have the neurologic defects without macrocytic anemia.
Serum methylmalonic acid (MMA) and homocysteine levels are also elevated in Vit B 12 deficiency states.

Limitations:
1.The evaluation of macrocytic anemia requires measurement of both vitamin B12 and Folate levels: ideally they should be measured simultaneously.
2.Specimen collection soon after blood transfusion can falsely increase Vit B12 levels.
3. Patient taking Vit B12 supplementation may have misleading results.
4. A normal serum concentration of B12 does not rule out tissue deficiency of Vit B12. The most sensitive test at the cellular level is the assay for MMA.
5 If Clinical symptoms suggest deficiency, measurement of MMA and Homocysteine should be considered, even if serum B12 concentrations are normal.

NOTE
1] Concentration of vitamin B12 <180 pg/ml may cause megaloblastic anemia and/or peripheral neuropathies.
2] Vitamin B12 concentration <150 pg/ml are considered evidence of vitamin B12 deficiency.
3] Vitamin B12 concentrations between 150 pg/ml and 400 pg/ml are considered borderline.
4] Follow-up testing of vitamin B12 deficiency is recommended by measuring methylmalonic acid (MMA) / homocysteine / antibodies to intrinsic factor, if the patient is symptomatic.
5] Patients taking vitamin B12 supplementation may have misleading results.
6] Many other interfering factors affect vitamin B12 level.
-Elevated level is observed due to Estrogens or vitamin C / Vitamin A ingestion, hepatocellular injury, uremia.
-Decreased level is observed in low vitamin B12 diet (a strict vegetarian diet), pregnancy, smoking, hemodialysis.

Reference : Mayo clinic Interpretive Handbook, Mediline plus medical encyclopedia.

END OF REPORT

This sample is processed at THE LAB PLUS , Dignostics & Health Care,NABL Accredited

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Patient : MRS JYOTSNA SOLANKI F/62 Y 11-May-24
Ref By : Dr ARCOFEMI HEALTHCARE LTD No : 9

BLOOD GROUP

Test	Value
BLOOD GROUP	"A" Positive.

Method: Slide & Tube Agglutination

Dr Ashwini Sangvikar
M.D. Pathology

Patient : MRS JYOTSNA SOLANKI	**F/62 Y**	**11-May-24**
Ref By : Dr ARCOFEMI HEALTHCARE LTD		**No : 9**

Urine Routine

Test	Value
Physical Examination:	
Quantity	30 ml
Colour	Pale Yellow
Appearance	Slightly Hazy
Reaction (pH)	Acidic(5.5)
Specific Gravity	1.005
Chemical Examination:	
Proteins	Absent
Glucose	Absent
Ketone Bodies	Absent
Occult Blood	Absent
Bile Salts	Absent
Bile Pigments	Absent
Urobilinogen	Normal
Microscopic Examination:	
Pus Cells	1 - 2 / hpf
Red Blood Cells	Absent
Epithelial Cells	1 - 2 / hpf
Casts	Absent
Crystals	Absent
Bacteria	Absent
Yeast Cells	Absent
Amorphous Deposits	Absent
Mucus	Absent
Other	----

Sangvikar

Dr Ashwini Sangvikar

M.D. Pathology

11/5/24

Jyotsana Solanki 62yrs

No complaints

Single.

Pasthro - 12/0/0 Hypothyroidism on
100 ug thyronorm.

℞

ct. Syp. Calcimax. 5
multivitamin

- Cap. Wellwoman 50+
x 3 mts

Dr. Sanika Pendulkar
Reg. No. 2004/02/1318

RADWAVE DIAGNOSTICS LLP MUMBAI

Pulse Diagnostic Centre (Radiowave Diagnostic Pvt. Ltd) Borivali

PATIENT NAME	: MRS JYOTSNA SOLANKI
AGE/ SEX	: 62 YRS / FEMALE
REF.CLINICIAN	: APOLLO-ARCOFEMI HEALTHCARE LTD
DATE	: 11/05/2024

X-RAY CHEST (P A VIEW)

- Both lung fields are clear.
- Both CP angle are normal.
- Cardiac and aortic shadows are normal.
- No obvious hilar or mediastinal lesion is seen.
- Bony thorax appears normal. No evidence of fracture seen.

CONCLUSION: X-Ray findings show...

- **No significant abnormality of note.**

Please correlate clinically.
Thanks for the referral,

Dr. Tilak Manilal Dedhia
M.B.B.S; M.D; D.N.B (Radio-diagnosis)
Consultant Radiologist.

Patient Name: Mrs. Jyotsna R Solanki **F / 62yrs**

Ref. by: Apollo- Arcofemi Healthcare Ltd **DATE:** 11/05/2024

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is mildly enlarged in size (15.1 cm), shape and has smooth margins. The hepatic parenchyma shows homogeneous bright echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It measures 9 mm in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualized common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 8.4 cm and is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
8.9 x 3.3 cm	8.8 x 3.8 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

.....Continue On Page 2

Patient Name: Mrs. Jyotsna R Solanki **F** / 62yrs

Ref. by: Apollo- Arcofemi Healthcare Ltd **DATE:** 11/05/2024

PELVIS: The uterus is anteverted. It measures 4.5 x 4.1 x 3.6 cm in the longitudinal, antero-posterior and transverse dimensions, respectively. The uterine margins are smooth and do not reveal any contour abnormalities. Few small subcm sized intramural uterine fibroids are seen. The endometrial echo is in the midline and measures 4 mm.

Bilateral ovaries are not seen – post menopausal status.

No adnexal mass is seen.

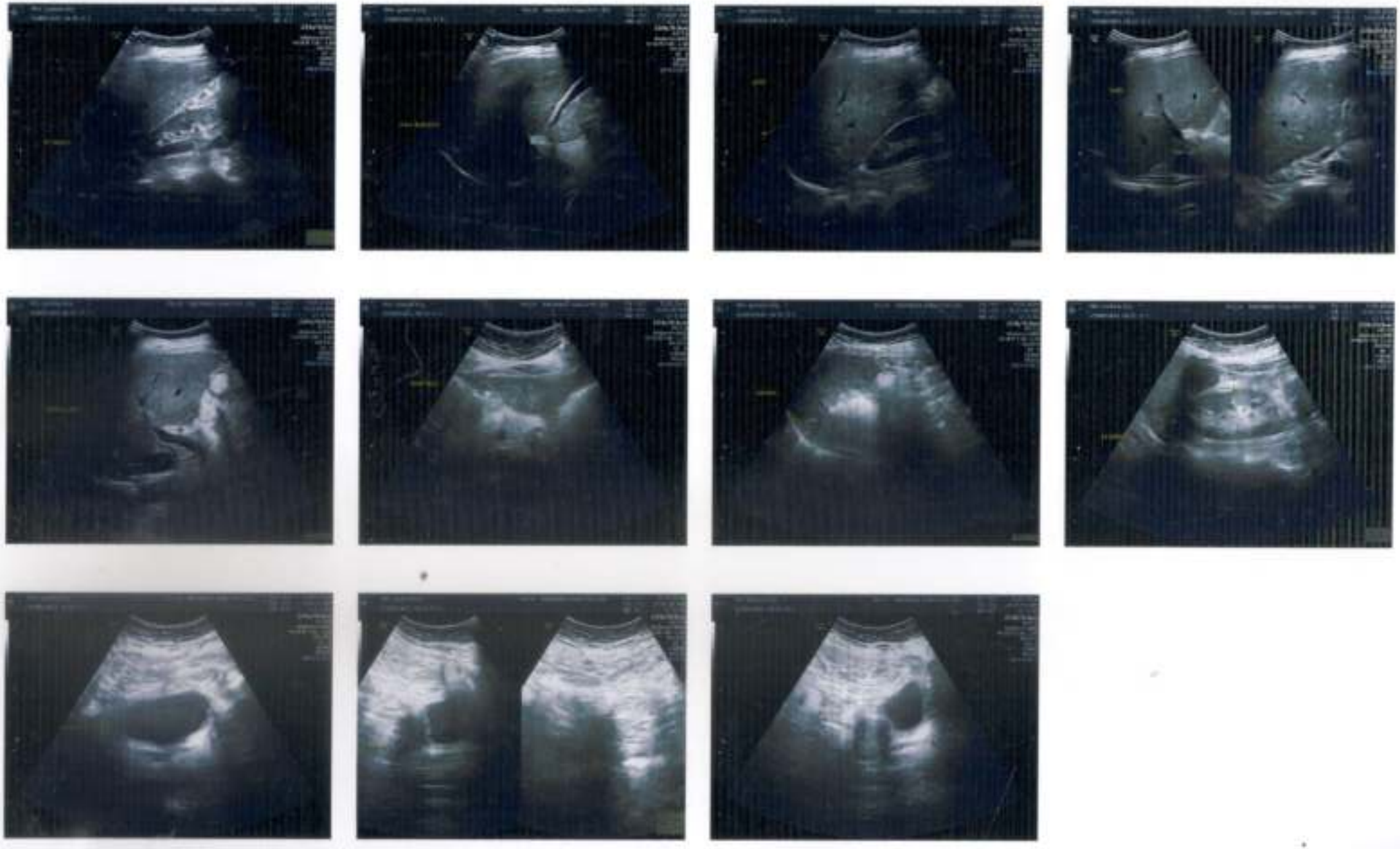
There is no free fluid in the cul-de-sac. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

- Mild hepatomegaly with grade I fatty liver.
- Few small uterine fibroids.
- No other significant abnormality is seen.

Thanks for the reference.
With regards,

Dr. Tilak Dedhia
Consultant Radiologist



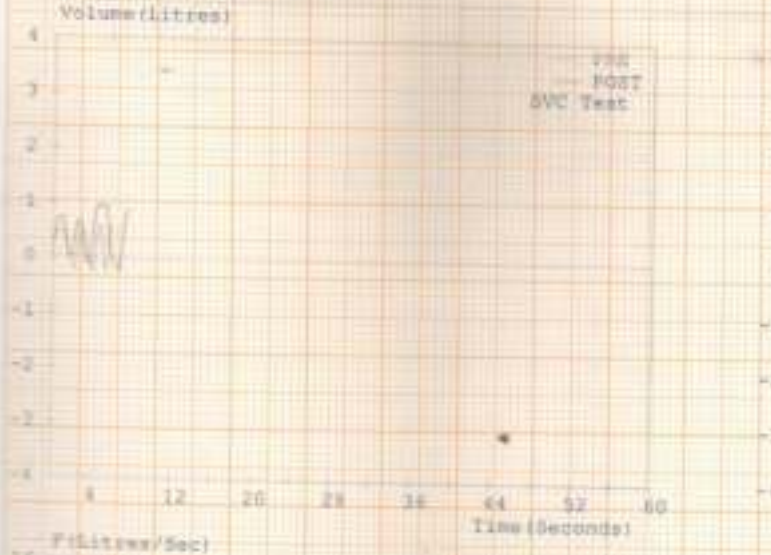
RECORDERS & MEDICARE SYSTEMS

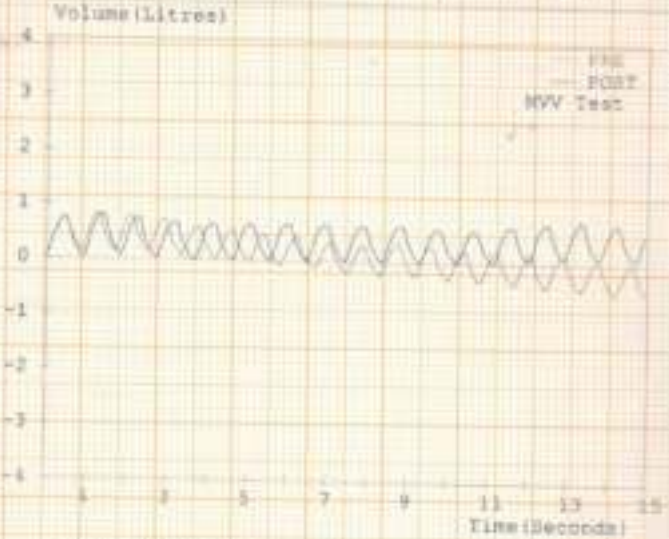
Plot # 196,Industrial Area,Phase-1, Panchkula, Haryana INDIA - 134113

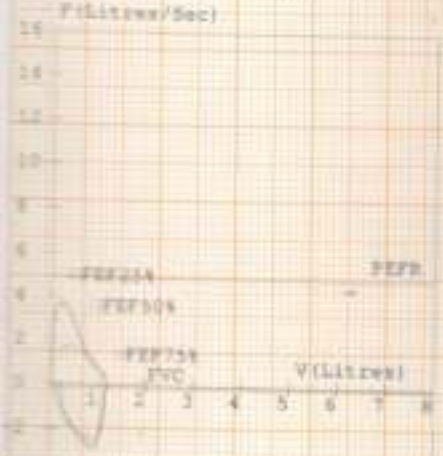
Patient: MISS JYOTSNA SOLANKI
Refd By: APOLLO AAYUV TECHNOLOGIES
Pred Eqns: RECORDERS
Date : 11-May-2024 01:30 PM

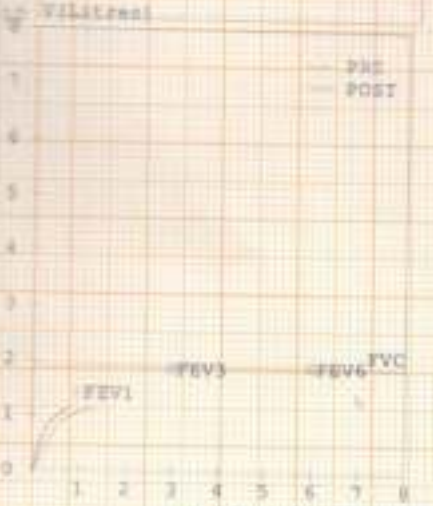
Age : 62 Yrs
Height : 149 Cms
Weight : 68 Kgs
ID : 143

Gender : Female
Smoker : No
Eth. Corr: 100
Temp :









Spirometry Results

Parameter		Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L)	01.90	01.17	062	01.15	061	-02
FEV1	(L)	01.61	01.08	067	01.15	072	+06
FEV1/FVC	(%)	74.21	92.31	124	100.00	135	+08
FEF25-75	(L/s)	01.65	01.59	096	01.95	118	+40
PEFR	(L/s)	04.92	01.69	034	03.71	075	+120
FIVC	(L)	-----	01.14	---	00.97	---	-15
FEV.5	(L)	-----	00.79	---	00.98	---	+24
FEV3	(L)	01.84	01.17	064	01.15	062	-02
FIFR	(L/s)	-----	02.42	---	02.78	---	+15
FEF75-85	(L/s)	-----	00.61	---	00.88	---	+44
FEF.2-1.2	(L/s)	03.30	00.79	024	01.34	041	+70
FEF 25%	(L/s)	05.00	01.64	033	03.61	072	+120
FEF 50%	(L/s)	03.61	01.58	044	02.23	062	+41
FEF 75%	(L/s)	01.39	00.85	061	01.09	078	+28
FEV.5/FVC	(%)	-----	67.52	---	85.22	---	+26
FEV3/FVC	(%)	96.64	100.00	103	100.00	103	
FET	(Sec)	-----	01.40	---	00.80	---	
ExplTime	(Sec)	-----	00.29	---	00.06	---	
Lung Age	(Yrs)	062	078	123	079	118	01
FEV6	(L)	01.90					
FIF 25%	(L/s)	-----	02.36	---	01.03	---	-56
FIF 50%	(L/s)	-----	02.16	---	02.76	---	+28
FIF 75%	(L/s)	-----	01.70	---	02.37	---	+39
SVC	(L)	00.71	00.85	120	01.20	169	+41
ERV	(L)	00.87	00.06	007	00.11	013	+87
IRV	(L)	-----	00.12	---	00.29	---	+142
VE	(L/min)	-----	24.00	---	25.26	---	+05
Rf	(1/min)	-----	33.33	---	31.58	---	-05
Ti	(sec)	-----	01.00	---	00.90	---	-10
Te	(sec)	-----	00.80	---	01.00	---	+25
VT	(L)	-----	00.72	---	00.80	---	+11
VT/Ti		-----	00.72	---	00.89	---	+24
Ti/Ttot		-----	00.56	---	00.47	---	-16
IC	(L)	-----	00.84	---	01.09	---	+30
MVV	(L/min)	078	042	054	064	082	+53
MRf	(1/min)	-----	72.12	---	66.11	---	-08
MVT	(L)	-----	00.59	---	00.67	---	+14

Pre Medication Report Indicates
Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70
Moderate Restriction as (FEV1/FVC)%Pred >95 and FVC%Pred <68
Post Medication Report Indicates
Moderate Restriction as (FEV1/FVC)%Pred >95 and FVC%Pred <68

RADWAVE DIAGNOSTICS PVT. LTD. MUMBAI

DR.JIGNESH PATEL

12 LEAD ECG REPORT

PULSE RADWAVE
DIAGNOSTIC
UNIT OF RADWAVE DIAGNOSTIC LLP

11/05/24

Name: Miss Jyotsna R. Solanki 62/F Apollo - Arcofemi Healthcare Ltd

▶ Pathology ▶ Digital X - ray ▶ Sonography ▶ 3D - 4D Sonography ▶ Color Doppler ▶ ECG
▶ 2D Echo ▶ EEG ▶ EMG ▶ NCV ▶ PFT ▶ Mammography ▶ FNAC ▶ USG Guided Procedures
▶ X-Ray Special investigations ▶ Holter Monitor ▶ Sleep Study & Others.

2024-05-11 14:18:05

6 Channel + 1 Rhythm Report

Hosp:

Prescribed by:

ID :
Name:JYOTSNA
Age :62 years
Sex :Female
H :0 cm / W :0 kg

Heart Rate: 86 bpm
PR/RR Int.:126/698 ms
QRS Dur: 90 ms
QT/QTc: 382/459 ms
P-R-T axes: 68 32 44
SV1/RV5/R+S:0.77/1.12/1.89mV

** Analysis Result ** (To be finally confirmed by physician)
Normal Sinus Rhythm
Normal Axis
ICRBBB(Incomplete Right Bundle Branch Block)
[Normal ECG]

ELECTROCARDIOGRAM

Please Photocopy ECG As Tracings Fades After Some Time

Name: MRS Jyotsna Solanki

Date: 11/5/2021 Time : _____ Age / Sex : 62 IF

Heart Rate:

Rhythm:

Axis:

Voltage:

P Wave:

PR Interval:

Qrs Interval & Complex:

ST Segment:

T Wave:

QT Interval:

QTC:

Impression: Within normal limits Corelate Clinically

Dr. DIVYEN KOTHIA
Interventional Cardiologist
MBBS, MD (Med.), DM (Cardio)

Signature of Physician _____

NAME:	MS. JYOTSNA R SOLANKI	DATE:	14/05/2024
R-NO:	E - 01	AGE:	62YRS
REF.BY DR:	APOLLO - ARCOFEMI HEALTHCARE LTD	SEX :	FEMALE

2D-ECHOCARDIOGRAPHY REPORT

No diastolic dysfunction by PWD at present.

No concentric left ventricular hypertrophy seen.

All cardiac valves show normal structure and physiological function.

No significant stenosis nor regurgitation seen.

No regional wall motion abnormality seen at rest at present.

All cardiac chambers are normal in size.

IAS / IVS : No defect visualized.

Visual LVEF = 60 perCent.

No e/o thrombus/ pericardial effusion.

Mild TR jet. PASP by TR jet measured to 32 mm Hg.

MS. JYOTSNA R SOLANKI

M-MODE STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	09	mm	Mitral Valve E velocity	0.7	m/s
IVSs	13	mm	Mitral Valve A velocity	0.9	m/s
LVIDd	40	mm	E/A Ratio		
LVIDs	23	mm	Mitral Regurgitation	Absent	
LVPWd	06	mm			
LVPWs	13	mm			
2D STUDY					
		mm	AORTIC VALVE		
Ao	22	mm	AVmax	1.30	m/s
		mm	Aortic Regurgitation	absent	
LA	31	mm			
RV		mm			
RA		mm	PULMONARY VALVE		
FS	30	%	PVmax	1.00	m/s
EF	60	%	Regurgitation	Absent	
Mitral annulus	normal	mm			
			TR jet ve		m/s
			PASP	32	

Note: 2 D Echo has a poor sensitivity in cases of angina pectoris. Negative echo findings does not rule out coronary artery disease
Adv: Please correlate clinically. CAG/Further cardiac evaluation as indicated.
TDI for diastolic dysfunction

Dr. Priyam Bhatjiwale
M.D. Cert. in 2 D Echo &
Doppler Studies