




**Reg. ID** : 228977  
**Name of Patient** : MR. KRISHNA MURARI PRASAD SINGH  
**Age/Gender** : 48 years / Male  
**Refd by Dr.** : MEDIWHEEL  
**Mobile No.** : 9956140421  
**Sample Type** : EDTA

**Panel Company** : MEDIWHEEL  
**Lab Request ID** : 222480096  
**Sample Collection Date** : Sep 05, 2022, 02:38 p.m.  
**Sample Acknowledgment Date** : Sep 05, 2022, 02:38 p.m.  
**Test Reported On** : Sep 05, 2022, 03:41 p.m.

Test Description	Value	Unit	Biological Ref Interval
<b>Complete Blood Count (CBC)</b>			
Mediwheel metro full body health check up above 40 Male			
HAEMOGLOBIN (Hb)	14.7	gm/dl	13.00 - 17.00
Method : SLS			
TLC (Total Leucocyte Count )	6800	/cumm	4000.00 - 10000.00
Method : ELECTRIC IMPEDENCE			
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHIL	55	%	40.00 - 70.00
LYMPHOCYTE	40	%	20.00 - 40.00
EOSINOPHIL	02	%	1.00 - 6.00
MONOCYTE	03	%	2.00 - 10.00
BASOPHIL	0	%	0.00 - 2.00
E.S.R.	15	mm/Ist hr.	0.00 - 15.00
Method : Westergen			
R B C (Red Blood Cell Count)	4.9	Millions/cmm	4.50 - 5.50
Method : Impedence			
PCV (Hematocrit)	45	%	40.00 - 50.00
M C V (Mean Corp Volume)	91.84	fL	83.00 - 101.00
Method : CALCULATED			
M C H (Mean Corp Hb)	30	pg	27.00 - 32.00
Method : CALCULATED			
M C H C (Mean Corp Hb Conc)	32.67	%	31.50 - 34.50
Method : CALCULATED			
PLATELET COUNT	157000	/cumm	150000.00 - 410000.00
Method : Impedence			
ABSOLUTE EOSINOPHIL COUNT	136	/cumm	40.00 - 440.00
ABSOLUTE LYMPHOCYTES COUNT	2720	/cumm	1000.00 - 3000.00
ABSOLUTE NEUTROPHIL COUNT	3740	/cumm	2000.00 - 7000.00
Method : MICROSCOPY			
RDW -CV	13.9	%	11.60 - 14.00
RDW -SD	40.6	fL	39.00 - 46.00
PDW	14.2		8.3 - 25

\*\*END OF REPORT\*\*

**If tests results are alarming/unexpected,client is advised to contact the Lab immediately for possible remedial actions.**

  
**Dr. A. LALCHANDANI**  
M.D. (Pathology)






<b>Reg. ID</b> : 228977	<b>Panel Company</b> : MEDIWHEEL
<b>Name of Patient</b> : MR. KRISHNA MURARI PRASAD SINGH	<b>Lab Request ID</b> : 222480096
<b>Age/Gender</b> : 48 years / Male	<b>Sample Collection Date</b> : Sep 05, 2022, 02:38 p.m.
<b>Refd by Dr.</b> : MEDIWHEEL	<b>Sample Acknowledgment Date</b> : Sep 05, 2022, 02:38 p.m.
<b>Mobile No.</b> : 9956140421	<b>Test Reported On</b> : Sep 05, 2022, 04:19 p.m.
<b>Sample Type</b> : URINE	

Test Description	Value	Unit	Biological Ref Interval
<b><u>URINE Examination R/M*</u></b>			
Mediwheel metro full body health check up above 40 Male			
<b><u>Physical examination</u></b>			
Quantity	30ml		
Colour	Pale Yellow	.	Pale yellow
Appearance	Clear		
<b><u>Chemical Examination</u></b>			
Ph	6.0		5.0-8.0
Method : Method : Dipstick Manual			
Specific Gravity	1.015		1.005 - 1.030
Method : Method : Dipstick Manual			
Protein	Negative		Negative
Method : Method : Dipstick Manual			
Glucose	Negative		Negative
Method : Dipstick/Manual			
Bilirubin	Negative		Negative
Method : Dipstick/Manual			
Ketones	Negative		Negative
Method : Dipstick/Manual			
Nitrite	Negative		Negative
Method : Dipstick/Manual			
Urobilinogen	Normal		Normal
Method : Dipstick/Manual			
<b><u>Microscopic Examination - Method "Microscopy"</u></b>			
Pus cells	1 - 2	/hpf	0 - 4/hpf
Red Blood Cells	NIL	/hpf	Nil
Epiethelial Cells	1 - 2	/hpf	1 - 2/hpf
Crystals	Absent	.	Absent
Casts	Absent	.	Absent
Yeast	Absent	.	Absent
Bacteria	Absent	.	Absent

**Note**

Pus Cells are significant only in midstream sample. Important for interpretation in female patient as local contamination may occur.

A urine analysis alone usually doesn't provide a definite diagnosis. Depending on the reason your doctor recommended this test, you might need follow-up for unusual results. Evaluation of the urine analysis results with other tests can help your provider determine next steps. Getting standard test results from a urine analysis doesn't guarantee that you're not ill. It might be too early to detect disease or your urine could be too diluted. Tell your doctor if you still have signs and symptoms.



**Dr. A. LALCHANDANI**  
M.D. (Pathology)



---


<b>Reg. ID</b>	: 228977	<b>Panel Company</b>	: MEDIWHEEL
<b>Name of Patient</b>	: MR. KRISHNA MURARI PRASAD SINGH	<b>Lab Request ID</b>	: 222480096
<b>Age/Gender</b>	: 48 years / Male	<b>Sample Collection Date</b>	: Sep 05, 2022, 02:38 p.m.
<b>Refd by Dr.</b>	: MEDIWHEEL	<b>Sample Acknowledgment Date</b>	: Sep 05, 2022, 02:38 p.m.
<b>Mobile No.</b>	: 9956140421	<b>Test Reported On</b>	: Sep 05, 2022, 04:19 p.m.
<b>Sample Type</b>	: URINE		

---

Test Description	Value	Unit	Biological Ref Interval
------------------	-------	------	-------------------------

**\*\*END OF REPORT\*\***

**If tests results are alarming/unexpected,client is advised to contact the Lab immediately for possible remedial actions.**



**Dr. A. LALCHANDANI**  
M.D. (Pathology)



**Reg. ID** : 228977 **Panel Company** : MEDIWHEEL  
**Name of Patient** : MR. KRISHNA MURARI PRASAD SINGH **Lab Request ID** : 222480096  
**Age/Gender** : 48 years / Male **Sample Collection Date** : Sep 05, 2022, 02:38 p.m.  
**Refd by Dr.** : MEDIWHEEL **Sample Acknowledgment Date** : Sep 05, 2022, 02:38 p.m.  
**Mobile No.** : 9956140421 **Test Reported On** : Sep 05, 2022, 04:57 p.m.  
**Sample Type** : EDTA

Test Description	Value	Unit	Biological Ref Interval
<b><u>Blood Group ABO &amp; RH TYPING*</u></b>			
Mediwheel metro full body health check up above 40 Male			
BLOOD GROUP ABO	B		
RH Typing	Positive		

END OF REPORT

**Dr. A. LALCHANDANI**  
M.D. (Pathology)





**Reg. ID** : 228977 **Panel Company** : MEDIWHEEL  
**Name of Patient** : MR. KRISHNA MURARI PRASAD SINGH **Lab Request ID** : 01222480096  
**Age/Gender** : 48 years / Male **Sample Collection Date** : Sep 05, 2022, 02:38 p.m.  
**Refd by Dr.** : MEDIWHEEL **Sample Acknowledgment Date** : Sep 05, 2022, 02:38 p.m.  
**Mobile No.** : 9956140421 **Test Reported On** : Sep 05, 2022, 05:31 p.m.  
**Sample Type** : FLUORIDE-F

Test Description	Value	Unit	Biological Ref Interval
------------------	-------	------	-------------------------

**BLOOD GLUCOSE FASTING**

Mediwheel metro full body health check up above 40 Male

<b>BLOOD GLUCOSE FASTING</b>	86	mg/dl	70 - 99
------------------------------	----	-------	---------

Method : HEXOKINASE

**Comments**

Fasting Blood Sugar: 70-99 mg/dl : Non Diabetic  
100-125 mg/dl : Impaired Fasting Glucose  
>125 mg/dl : Diabetic

END OF REPORT

**Dr. A. LALCHANDANI**  
M.D. (Pathology)





**Reg. ID** : 228977 **Panel Company** : MEDIWHEEL  
**Name of Patient** : MR. KRISHNA MURARI PRASAD SINGH **Lab Request ID** : 00222480096  
**Age/Gender** : 48 years / Male **Sample Collection Date** : Sep 05, 2022, 02:38 p.m.  
**Refd by Dr.** : MEDIWHEEL **Sample Acknowledgment Date** : Sep 05, 2022, 02:39 p.m.  
**Mobile No.** : 9956140421 **Test Reported On** : Sep 05, 2022, 05:17 p.m.  
**Sample Type** : SERUM


Test Description	Value	Unit	Biological Ref Interval
<b>Thyroid Function Test (T3,T4,TSH)</b>			
Mediwheel metro full body health check up above 40 Male			
TOTAL T3	1.10	ng/mL	0.60 - 1.83
Method : CLIA			
TOTAL T4	8.75	ug/dl	5.48 - 14.28
Method : CLIA			
Thyroid Stimulating Hormone - TSH	1.03	uU/ml	0.35 - 5.50
Method : CLIA			

**COMMENTS:-**

A high TSH result often means an underactive thyroid gland caused by failure of the gland (Hypothroidism). Very rarely, a high TSH result can indicate a problem with the pituitary gland, such as a tumour, in what is known as secondary hyperthyroidism. A high TSH value can also occur in people with underactive thyroid gland who have been receiving too little thyroid hormone medication.

A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH. A low TSH result can also occur in people with an underactive thyroid gland who are receiving too much thyroid hormone medication.

END OF REPORT

  
**Dr. A. LALCHANDANI**  
M.D. (Pathology)





**Reg. ID** : 228977 **Panel Company** : MEDIWHEEL  
**Name of Patient** : MR. KRISHNA MURARI PRASAD SINGH **Lab Request ID** : 222480096  
**Age/Gender** : 48 years / Male **Sample Collection Date** : Sep 05, 2022, 02:38 p.m.  
**Refd by Dr.** : MEDIWHEEL **Sample Acknowledgment Date** : Sep 05, 2022, 02:38 p.m.  
**Mobile No.** : 9956140421 **Test Reported On** : Sep 05, 2022, 10:14 p.m.  
**Sample Type** : EDTA

**GLYCOSYLATED HAEMOGLOBIN HbA1c\***

Mediwheel metro full body health check up above 40 Male

HBA1C\* 5.6 % 4.00 - 5.70

Method : HPLC - Ion Exchange

MEAN BLOOD GLUCOSE LEVEL Mean Blood 114 mg/dL 68 - 117

Glucose Level over past 60 days period

**INTERPRETATION****According to recommendations of the American Diabetes Association (ADA)**

Group	HbA1c in %
Non-Diabetic adults 18 year	4.5 - 5.6
At risk of developing diabetes	> 5.7 to < 6.4
Diagnosing of Diabetes mellitus	>= 6.5

**Comments**

- Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have q high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
- Diabetes patients with HbA1c levels below 7%(DCCT/NGSP) meet the goal of the ADA.
- HbA1c levels below the established reference interval may indicate recent episodes of hypoglycemia, the presence of Hb variants or shortened lifetime of erythrocytes.
- HbA1c Provides an index of average blood glucose levels over the past 8 -12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

**FACTORS THAT INTERFERE WITH HbA1C Measurement-** Hemoglobin variants,elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the with renal failure) can affect the accuracy of HbA1c measurements.

**FACTORS THAT AFFECT INTERPRETATION OF HBA1C RESULTS** - Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g.,recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c

END OF REPORT

Page 7 of 14





**Reg. ID** : 228977 **Panel Company** : MEDIWHEEL  
**Name of Patient** : MR. KRISHNA MURARI PRASAD SINGH **Lab Request ID** : 222480096  
**Age/Gender** : 48 years / Male **Sample Collection Date** : Sep 05, 2022, 02:38 p.m.  
**Refd by Dr.** : MEDIWHEEL **Sample Acknowledgment Date** : Sep 05, 2022, 02:38 p.m.  
**Mobile No.** : 9956140421 **Test Reported On** : Sep 05, 2022, 10:14 p.m.  
**Sample Type** : EDTA

  
**Dr. A. LALCHANDANI**  
M.D. (Pathology)

**Value** **Unit** **Biological Ref Interval**








**Reg. ID** : 228977 **Panel Company** : MEDIWHEEL  
**Name of Patient** : MR. KRISHNA MURARI PRASAD SINGH **Lab Request ID** : 00222480096  
**Age/Gender** : 48 years / Male **Sample Collection Date** : Sep 05, 2022, 02:38 p.m.  
**Refd by Dr.** : MEDIWHEEL **Sample Acknowledgment Date** : Sep 05, 2022, 02:39 p.m.  
**Mobile No.** : 9956140421 **Test Reported On** : Sep 05, 2022, 05:31 p.m.  
**Sample Type** : SERUM

Test Description	Value	Unit	Biological Ref Interval
<b><u>Lipid-Profile*</u></b>			
Mediwheel metro full body health check up above 40 Male			
CHOLESTROL TOTAL	243.70	mg/dL	Desirable : < 200 Borderline: 200 - 239 High : > 240
Method : CHOD-POD			
T.G	211.50	mg/dL	Desirable < 150 Borderline High 150 - 199 High 200 - 499 Very High > 500
Method : ENZYMATYIC (E.P)			
HDL	47.80	mg/dL	40-60
Method : Enzymatic immunoinhibition			
V L D I	<b>42.3 ▲</b>	mg/dl	07 - 35
Method : Calculated			
LDL CHOLESTEROI	153.6	mg/dl	Desirable :- < 100 Border line: 130 - 159 High Risk : 160 - 189 Very High : > 190
Method : Calculated			
LDL / HDL CHOLESTEROL Ratio	3.21		2.5 - 3.5 High : > 3.5
Method : Calculated			
TOTAL / HDL CHOLESTEROL Ratio	5.1		Moderate Risk : 3.5 - 5.0 High Risk : > 5.0
Method : Calculated			

END OF REPORT

  
**Dr. A. LALCHANDANI**  
M.D. (Pathology)





**Reg. ID** : 228977  
**Name of Patient** : MR. KRISHNA MURARI PRASAD SINGH  
**Age/Gender** : 48 years / Male  
**Refd by Dr.** : MEDIWHEEL  
**Mobile No.** : 9956140421  
**Sample Type** : SERUM

**Panel Company** : MEDIWHEEL  
**Lab Request ID** : 00222480096  
**Sample Collection Date** : Sep 05, 2022, 02:38 p.m.  
**Sample Acknowledgment Date** : Sep 05, 2022, 02:39 p.m.  
**Test Reported On** : Sep 05, 2022, 05:32 p.m.


**Liver Function Test (LFT)\***

Mediwheel metro full body health check up above 40 Male

BILIRUBIN TOTAL	0.53	mg/dL	0.3 - 1.2
Method : DIAZO			
BIL DIRECT	0.17	mg/dL	< 0.2
Method : DIAZO			
BIL INDIRECT	<b>0.36 ▼</b>		0.4-1.1
Method : CALCULATED			
AST/SGOT	34.50	μ/L	< 50
Method : UV WITHOUT P5P			
ALT/SGPT	39.50	μ/L	< 50
Method : UV WITHOUT P5P			
ALKALINE PHOSPHATE	100.50	IU/L	30-120
Method : PNPP, AMP BUFFER			
TOTAL PROTEIN	8.02	g/dL	6.6 - 8.3
Method : BIURET			
ALBUMIN	4.17	g/DL	3.5 - 5.2
Method : BCG			
GLOBULIN	<b>3.85 ▲</b>	g/dl	2.0-3.5
Method : Calculated			
A/G RATIO	1.08		0.9-2.5
Method : Calculated			
GGT	20.70	μ/L	< 55
Method : Glutamyl carboxy nitroanilide Glycylglycine			

**\*\*END OF REPORT\*\***

**If tests results are alarming/unexpected,client is advised to contact the Lab immediately for possible remedial actions**

  
**Dr. A. LALCHANDANI**  
M.D. (Pathology)

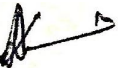




**Reg. ID** : 228977 **Panel Company** : MEDIWHEEL  
**Name of Patient** : MR. KRISHNA MURARI PRASAD SINGH **Lab Request ID** : 00222480096  
**Age/Gender** : 48 years / Male **Sample Collection Date** : Sep 05, 2022, 02:38 p.m.  
**Refd by Dr.** : MEDIWHEEL **Sample Acknowledgment Date** : Sep 05, 2022, 02:39 p.m.  
**Mobile No.** : 9956140421 **Test Reported On** : Sep 05, 2022, 05:31 p.m.  
**Sample Type** : SERUM

Test Description	Value	Unit	Biological Ref Interval
<b><u>Kidney Function Test (KFT)*</u></b>			
Mediwheel metro full body health check up above 40 Male			
Urea	25.90	mg/DL	17 - 43
Method : UREASE-UV			
Creatinine	0.99	mg/DL	0.67 - 1.17
Method : ALKALINE PICRATE KINETIC			
URIC ACID	<b>7.35 ▲</b>	mg/DL	3.5 - 7.2
Method : URICASE CALORIMETRIC			
Blood Urea Nitrogen (Bun)	12.1	mg/dl	6-20
Method : Calculated			
BUN / CREATININE Ratio	12.22	mg/dl	5-20
Method : Calculated			
SODIUM	139	mEq/l	135-145
Method : ISE DIRECT			
POTASIUM	4.2	mEq/l	3.5-5.5
Method : ISE DIRECT			
CHLORIDE	104	mEq/l	96-106
Method : ISE DIRECT			
CALCIUM	9.86	mg/dL	8.82-10.6
Method : Aresnazo III			
INORGANIC PHOSPHORUS	2.78	mg/dL	2.5-4.5
Method : Phosphomolybdate reduction			
Comments	-		

END OF REPORT

  
**Dr. A. LALCHANDANI**  
 M.D. (Pathology)

Page 11 of 14





**Reg. ID** : 228977 **Panel Company** : MEDIWHEEL  
**Name of Patient** : MR. KRISHNA MURARI PRASAD SINGH **Lab Request ID** : R222480096  
**Age/Gender** : 48 years / Male **Sample Collection Date** : Sep 05, 2022, 02:38 p.m.  
**Refd by Dr.** : MEDIWHEEL **Sample Acknowledgment Date** : Sep 05, 2022, 02:39 p.m.  
**Mobile No.** : 9956140421 **Test Reported On** : Sep 06, 2022, 01:01 p.m.  
**Sample Type** : RADIO

**X-ray Chest P.A\***

Mediwheel metro full body health check up above 40 Male


**OBSERVATIONS:**

- Trachea is central.
- Both hila are normal.
- Both the lung fields are clear. No focal lesion seen.
- Both domes of diaphragm and CP angles are normal.
- Heart and mediastinal silhouette is normal.

**IMPRESSION: Normal Study.**

**Please correlate clinically.**

END OF REPORT

  
Dr. Rahul S Jain  
MBBS, DNB  
Consultant Radiologist





**Reg. ID** : 228977 **Panel Company** : MEDIWHEEL  
**Name of Patient** : MR. KRISHNA MURARI PRASAD SINGH **Lab Request ID** : R222480096  
**Age/Gender** : 48 years / Male **Sample Collection Date** : Sep 05, 2022, 02:38 p.m.  
**Refd by Dr.** : MEDIWHEEL **Sample Acknowledgment Date** : Sep 05, 2022, 02:39 p.m.  
**Mobile No.** : 9956140421 **Test Reported On** : Sep 06, 2022, 01:02 p.m.  
**Sample Type** : RADIO

**Male Ultrasound Whole Abdomen\***

Mediwheel metro full body health check up above 40 Male

**Liver** is normal in size, outline with **diffuse increased parenchymal echotexture**. No obvious focal parenchymal lesion/biliary dilatation is seen . Hepatic veins and portal venous radicals are normal.

**Gall bladder is well distended**. No wall edema/ calculus is seen. Common bile duct is not dilated. Portal vein is normal in course and caliber.

Visualized **pancreas** is normal in size, outline and echotexture. No evidence of any focal lesion or calcification is seen. Pancreatic duct is not dilated.

**Spleen is normal in size** normal in outline and echotexture. No focal lesion/ calcification is seen.

Both **kidneys** are normal in size , outline and echotexture. corticomedullary differentiation is well maintained. No mass lesion, calculus or hydronephrosis is seen on both side.

**Urinary bladder** is well distended.


**Prostate** is normal in size. No obvious focal parenchymal lesion is seen.

No significant retroperitoneal lymphadenopathy /ascites is seen.

***Impression: Fatty liver.***

***NOTE: Normal measurements can be seen on the images provided.***

END OF REPORT

  
Dr. Rahul S Jain  
MBBS, DNB  
Consultant Radiologist





**Reg. ID** : 228977 **Panel Company** : MEDIWHEEL  
**Name of Patient** : MR. KRISHNA MURARI PRASAD SINGH **Lab Request ID** : 00222480096  
**Age/Gender** : 48 years / Male **Sample Collection Date** : Sep 05, 2022, 02:38 p.m.  
**Refd by Dr.** : MEDIWHEEL **Sample Acknowledgment Date** : Sep 05, 2022, 02:39 p.m.  
**Mobile No.** : 9956140421 **Test Reported On** : Sep 05, 2022, 05:16 p.m.  
**Sample Type** : SERUM

Test Description	Value	Unit	Biological Ref Interval
------------------	-------	------	-------------------------

**TOTAL PSA\***

Mediwheel metro full body health check up above 40 Male

TOTAL PSA	0.38	ng/ml	< 2.0
-----------	------	-------	-------

Method : ENHANCED CHEMILUMINESCENCE

**SUMMARY**

PSA is localized in the cytoplasm of prostatic ductal epithelium and in secretions of the ductal lumina. Because PSA is a secretory protein of the prostate, it can be recovered and purified both from prostatic tissue and from seminal plasma. PSA has been found to be primarily associated with prostate tissue, and elevated serum PSA has been found in patients with prostate cancer, benign prostatic hypertrophy, and inflammatory conditions.

Serum PSA alone is not suitable as a screen for prostate cancer because elevated PSA concentrations are also observed in patients with benign prostatic hypertrophy (BPH), nor is it recommended as a guide in disease staging. The combination of PSA measurement and rectal examination with ultrasonography in the event of abnormal findings may provide a better method of detecting prostate cancer than rectal examination alone. PSA determinations can be useful in detecting metastatic or persistent disease in patients following surgical or medical treatment of prostate cancer.

END OF REPORT

**Dr. A. LALCHANDANI**  
M.D. (Pathology)

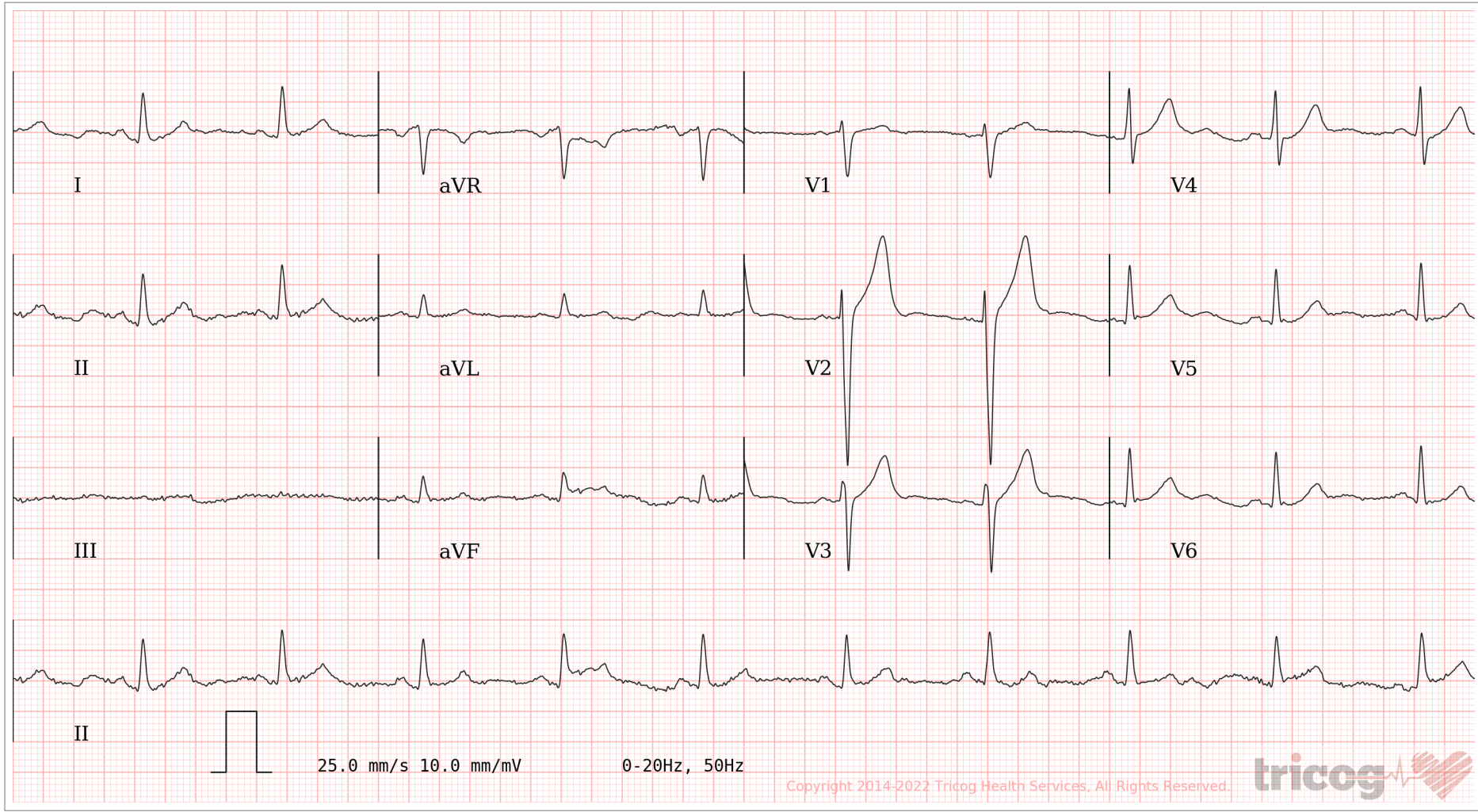
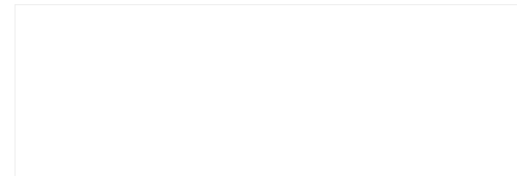


Age / Gender: 48/Male

Date and Time: 5th Sep 22 10:30 AM

Patient ID: 66666

Patient Name: Krishana murari



AR: 65.0bpm VR: 64.0bpm QRSD: 104.0ms QT: 396.0ms QTc: 409.0ms PRI: 156.0ms P-R-T: 37.0° 32.0° 31.0°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY

Dr. Mohammed Zakriya

KMC 110543





Name: Mr KRISHNA MURARI PRASAD  
Ref:

Age/Sex: 48YRS/M  
Date: 05/09/2022

### Trans thoracic Echo-Doppler Report

#### M-Mode/2-D Description:

Left Ventricle. It is normal size. There is no regional wall motion abnormality  
Global LVEF is 60%  
Left Atrium. It is normal size  
Right Atrium. It is normal size  
Right Ventricle. It is normal size. RV systolic function is normal  
Aortic Valve. Aortic cusps are normal  
Mitral Valve. It opens normally. Subvalvular apparatus appears normal  
Tricuspid valve. It appears normal  
Pulmonary Valve. It appears normal  
Main Pulmonary artery & its branches; Appear normal  
No intracardiac clot/mass/veg  
Pericardium. There is no pericardial effusion  
IAS & IVS. Intact

#### 2-D/ M-Mode Measurements (mm):

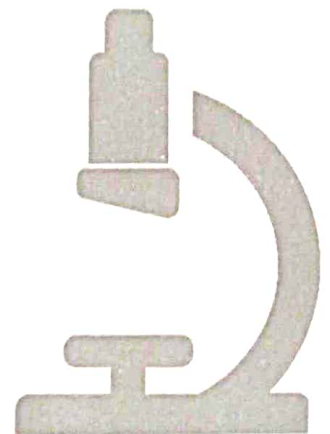
	Observed Values	Normal Values
Aortic root diameter	29	20-36 (mm/M <sup>2</sup> )
Aortic Valve Opening		15-26
Left Atrium size	34	19-40

	End Diastole	End Systole	Normal Values
Left Ventricle Size	47	29	(ED= 37-56, ES=22-40)
Interventricular Septum	09	10	(ED= 6-12)
Posterior Wall Thickness	09	10	(ED= 5-10)

LV Ejection Fraction (%)	60%	55%-80%
--------------------------	-----	---------







Doppler Velocities:

Pulmonary Valve (Cm / Sec.)	MC-3474	Aortic Valve (Cm / Sec.)	
Max Velocity	107	Max Velocity	73
Max PG	4.6	Mean Velocity	
Mean PG		Max PG	3.2
		Mean PG	
Mitral Valve (Cm / Sec.)	Mitral Valve (Cm / Sec.)	Tricuspid Valve (Cm / Sec.)	
E -80	Max Velocity	Max Velocity	
A -90	Mean Velocity	Mean Velocity	
DT -	Max PG	Max PG	18
PHT -	Mean PG	Mean PG	

Regurgitation

	MR		TR
Severity	Nil	Severity	Trace
Max Velocity		Max Velocity	
Mean Velocity		Max Gradient	
	AR		PR
Severity	Nil	Severity	Nil
ED Velocity		PADP	
PHT		Mean PAP	

*Final Interpretation*

Study done at heart rate 78 BPM

No regional wall motion abnormality. Global LVEF= 60%.

Normal cardiac chambers dimensions.

Mild MR

Trace TR (RVSP=18+ RAP).

RV systolic function is normal.

No intra cardiac clot/mass/veg./pericardial effusion.

IVC normal with >50% respiratory variation

Dr. Saurabh Bagga  
MD, DM (Cardiology)

