



DEPARTMENT OF HAEMATOLOGY						
Emp/Auth/TPA ID : 179398						
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED			
Visit ID	: CKONOPV591032	Status	: Final Report			
UHID/MR No	: CMAN.0000028878	Reported	: 15/Jul/2023 11:37AM			
Age/Gender	: 32 Y 10 M 1 D/F	Received	: 15/Jul/2023 10:53AM			
Patient Name	: Mrs.SMITA	Collected	: 15/Jul/2023 09:48AM			

ARCOFEMI - MEDIWHEEL - FULL BOD	(HEALTH ANNUAL	PLUS CHECK -	FEMALE - 2D ECHO - F	AN INDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

Spectroph	hotometer
Electronic Calculatio	c pulse &
B Electrical	Impedence
Calculate	d
Calculate	d
.5 Calculate	d
4 Calculate	d
000 Electrical	Impedance
Electrical	Impedanc
00 Electrical	Impedanc
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Modified	Westergre
)	

RBC :Normocytic Normochromic,

WBC :Few Reactive Lymphocytes.

PLATELETS : Adequate on the smear

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744 APOLLO CLINICS NETWORK Address: The Apollo Medical Centre,2-20/6/A, Kothaguda X Roads, Kondapur, Hyderabad, Telangana, India - 500032



Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | JP Nagar | Kundahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)





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SIN No:BED230165242

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Test Name	Result	Unit	Bio. Ref. Range	

BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD-EDTA	
BLOOD GROUP TYPE	В	Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE	Forward & Reverse Grouping with Slide/Tube Agglutination

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UHID/MR No	: CMAN.0000028878	Reported	: 15/Jul/2023 03:54PM			
Age/Gender	: 32 Y 10 M 1 D/F	Received	: 15/Jul/2023 03:38PM			
Patient Name	: Mrs.SMITA	Collected	: 15/Jul/2023 01:15PM			

Test Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE, FASTING, NAF PLASMA 84 mg/dL 70-100 GOD - POD	GLUCOSE, FASTING , NAF PLASMA	84	ma/dl	70-100	GOD - POD
	GLUCUGL, FASTING, NAF FLASMA	04	mg/uL	70-100	GOD - FOD

Comment:		
As per American Diabetes Guidelines		
Fasting Glucose Values in mg/d L	Interpretation	
<100 mg/dL	Normal	
100-125 mg/dL	Prediabetes	
≥126 mg/dL	Diabetes	

GLUCOSE, POST PRANDIAL (PP), 2	84	mg/dL	70-140	GOD - POD	
HOURS , NAF PLASMA					

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach

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Gu	1900	200	7788
	www.apo	lloclinic	.com

SIN No:PLF02000380,PLP1349632

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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324Test NameResultUnitBio. Ref. RangeMethod

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.3	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	105	mg/dL	Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 - 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6-7
· FAIR TO GOOD CONTROL	7 - 8
· UNSATISFACTORY CONTROL	8 - 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- 1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



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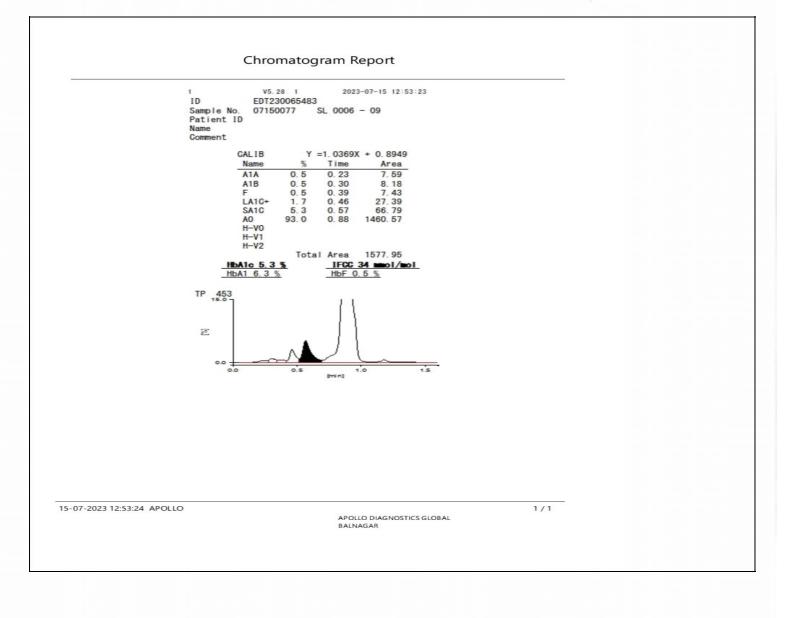






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Tes	st Name	Result	Unit	Bio. Ref. Range	Method



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SIN No:EDT230065483

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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324					
Test Name	Result	Unit	Bio. Ref. Range	Method	

LIPID PROFILE, SERUM					
TOTAL CHOLESTEROL	149	mg/dL	<200	CHE/CHO/POD	
TRIGLYCERIDES	76	mg/dL	<150	Enzymatic	
HDL CHOLESTEROL	66	mg/dL	>40	CHE/CHO/POD	
NON-HDL CHOLESTEROL	83	mg/dL	<130	Calculated	
LDL CHOLESTEROL	67.8	mg/dL	<100	Calculated	
VLDL CHOLESTEROL	15.2	mg/dL	<30	Calculated	
CHOL / HDL RATIO	2.26		0-4.97	Calculated	

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	\geq 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	\geq 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



SIN No:SE04424440

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LIVER FUNCTION TEST (LFT), SERUM				
BILIRUBIN, TOTAL	0.30	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	39	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	35.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	72.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.00	g/dL	6.3-8.2	Biuret
ALBUMIN	4.00	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method	

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT), SERUM						
CREATININE	Creatinine amidohydrolase					
UREA	14.90	mg/dL	15-36	Urease		
BLOOD UREA NITROGEN	7.0	mg/dL	8.0 - 23.0	Calculated		
URIC ACID	4.70	mg/dL	2.5-6.2	Uricase		
CALCIUM	9.40	mg/dL	8.4 - 10.2	Arsenazo-III		
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.5-4.5	PMA Phenol		
SODIUM	138	mmol/L	135-145	Direct ISE		
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE		
CHLORIDE	102	mmol/L	98 - 107	Direct ISE		

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Test Name



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GAMMA GLUTAMYL TRANSPEPTIDASE	48.00	U/L	12-43	Glyclyclycine	
(GGT), SERUM				Nitoranalide	

Unit

Result

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Method

DEPARTMENT OF IMMUNOLOGY ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324				
Emp/Auth/TPA ID	: 179398			
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Visit ID	: CKONOPV591032	Status	: Final Report	
UHID/MR No	: CMAN.0000028878	Reported	: 15/Jul/2023 03:27PM	
Age/Gender	: 32 Y 10 M 1 D/F	Received	: 15/Jul/2023 01:31PM	
Patient Name	: Mrs.SMITA	Collected	: 15/Jul/2023 09:48AM	

Unit

Bio. Ref. Range

Result

TUVDOID	 	 	

Test Name

THINOID FROME TOTAL (13, 14, 130), SERVIN					
TRI-IODOTHYRONINE (T3, TOTAL)	1.03	ng/mL	0.7-2.04	CLIA	
THYROXINE (T4, TOTAL)	9.59	µg/dL	6.09-12.23	CLIA	
THYROID STIMULATING HORMONE (TSH)	2.891	µIU/mL	0.34-5.60	CLIA	

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active. Note:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0





SIN No:SE04424440

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DEPARTMENT OF CLINICAL PATHOLOGY				
Emp/Auth/TPA ID	: 179398			
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Visit ID	: CKONOPV591032	Status	: Final Report	
UHID/MR No	: CMAN.0000028878	Reported	: 15/Jul/2023 12:17PM	
Age/Gender	: 32 Y 10 M 1 D/F	Received	: 15/Jul/2023 11:56AM	
Patient Name	: Mrs.SMITA	Collected	: 15/Jul/2023 09:48AM	

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324					
Test Name	Result	Unit	Bio. Ref. Range	Method	

COMPLETE URINE EXAMINATION (C	UE), URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
рН	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRLICH REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOPY			
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY





SIN No:UR2148562

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DEPARTMENT OF CLINICAL PATHOLOGY							
Emp/Auth/TPA ID : 179398							
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED				
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324									
Test Name	Result	Unit	Bio. Ref. Range	Method					

URINE GLUCOSE(FASTING)

NEGATIVE

NEGATIVE

Dipstick

*** End Of Report ***

Result/s to Follow: PERIPHERAL SMEAR, GLUCOSE (POST PRANDIAL) - URINE

Dr.Sukumar Sannidhi MD(Path) **Consultant Pathologist**

APO NV Dr E.Maruthi Prasad MSc, PhD(Biochemistry)

Consultant Biochemist

Page 13 of 13



SIN No:UF009032

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Patient Name	: Mrs. SMITA	Age/Gender	: 32 Y/F
UHID/MR No.	: CMAN.0000028878	OP Visit No	: CKONOPV591032
Sample Collected on	:	Reported on	: 17-07-2023 14:27
LRN#	: RAD2048761	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 179398		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen .

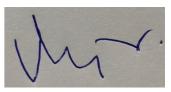
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. VIJAYA KUMAR M MBBS, DMRD Consultant Radiologist



Patient Name :	Mrs. SMITA	Age/Gender	: 32 Y/F
UHID/MR No.	CMAN.0000028878	OP Visit No	: CKONOPV591032
Sample Collected on :		Reported on	: 17-07-2023 12:17
LRN# :]	RAD2048761	Specimen	:
Ref Doctor : S	SELF		
Emp/Auth/TPA ID :	179398		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and mild increased in echotexture. No focal lesion is seen. PV and CBD normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder is distended normal. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney measures 99 x 40 mm. Left kidney measures 99 x 40 mm.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears normal in size measures 62 x 52 x 34mm,It shows normal shape & echo pattern.Endometrial echo-complex appears normal and measures 7 mm.No intra/extra uterine gestational sac seen.

Ovaries Multiple small follicles are noted in periphery of the ovaries, with central echogenic stroma suggestive of ?polycystic ovaries, However DF seen in left ovary measuring 12 x 11 mm. Right ovary measures 36 x 21 x 29mm, Volume--12cc.

IMPRESSION:-



Patient Name

: Mrs. SMITA

Age/Gender

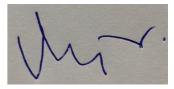
: 32 Y/F

**MILD FATTY CHANGES IN LIVER.

**MULTIPLE SMALL FOLLICLES ARE NOTED IN PERIPHERY OT THE OVARIES,WITH CENTRAL ECHOGENIC STROMA S/O? POLYCYSTIC OVARIES, HOWEVER DF SEEN IN LEFT OVARY MEASURING 12 X 11 MM.

Suggest - clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. VIJAYA KUMAR M MBBS, DMRD Consultant Radiologist Customer Pending Tests X-RAY,URINE POST PRANDIAL,PAP SMAER





Patient Name UHID Reported By: Referred By : Mrs. SMITA : CMAN.0000028878 : Dr. VENKATA RAYUDU NEKKANTI : SELF

Age OP Visit No Conducted Date : 32 Y/F : CKONOPV591032 : 15-07-2023 13:40

ECG REPORT

Observation :-

- 1. Normal Sinus Rhythm.
- 2. Heart rate is 69 beats per minutes.
- 3. No pathological Q wave or S-T,T changes seen.
- 4. Normal P,Q,R,S,T waves and axis.
- 5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

WITH IN NORMAL LIMITS.

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

Dr. VENKATA RAYUDU NEKKANTI

Apollo Health and Lifestyle Limited

Hae

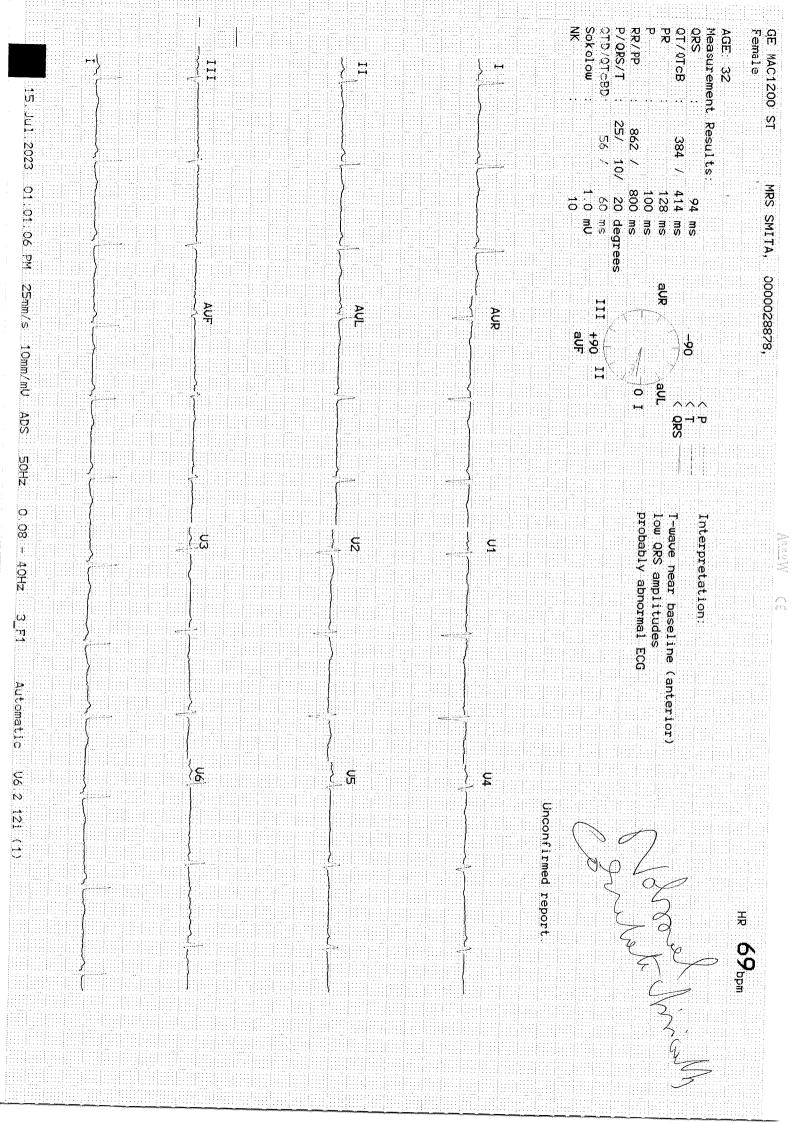
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		· · · ·	a Angewere V.V.		'A											
· · · · · · · · · · · · · · · · · · ·		-2023	Data	Vitals:	Sponsor:	Department: Rate Plan:	Doctor:	Location:	Age/Gender:	Name:						
		(Beats/min) (mn11g) (Rate/min) (17) 69 100/70 Rate/min F Beats/min mm ¹ 1g	Pulse		AR			ІАН	: <u>32</u> Ү/Г				۰.	i	·	
		(៣៣11g) 100/70 ៣៣ ¹ ខ្មែ	8.9		OFEMI	KONDAPUR		DERABA	, L	Mrs. SMITA						
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			ist Hip cum (cmc)				SELF	1	15-07-2023 09:09	CMAN.00						
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			Waist & Hip													
		AHLL09485	User													
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Patient Name UHID Conducted By: Referred By	: Mfs. SMITA : Cman.0000028878 : dr. venkata rayudu nekkanti : SELF	Age OP Visit No Conducted Date	: 32 Y/F : CKONOPV591032 : 15-07-2023 16:57	
	2D-ECHO WITH COLOUR DOPPLI	ER		
Dimensions:				
Ao (cd)	2.53 CM			
LA (cs)	2.72 CM			
LVID (ed)	4.13 CM			
LVID (es)	2.77 CM			
IVS (Ed)	0.8 CM			
LVPW (Ed)	0.7 CM			
EF	65.00%			Ì
%FD	38.00%			1
MITRAL VALVE :	NORMAL			1
AML	NORMAL			1
PML	NORMAL			
AORTIC VALVE	NORMAL			
TRICUSPID VALVE	NORMAL			
RIGHT VENTRICLE	NORMAL			
INTER ATRIAL SEPT	JM INTACT			
INTER VENTRICULA	R SEPTUM INTACT			
AORTA	NORMAL			
RIGHT ATRIUM	NORMAL			***
LEFT ATRIUM	NORMAL			
Pulmonary Valve	NORMAL			
PERICARDIUM	NORMAL			
LEFT VENTRICLE:				

NO REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES

NORMAL FLOW

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IMPRESSION:-

NORMAL STUDY.



Dr. VENKATA RAYUDU NEKKANTI

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Cardiology

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Name m.s. Smita	Date 15 7-23
Age 224	UHID No. JAA78
□ Male / Female	Ref. Physician
Ref. Diagnosis	Dr. Venkta Payudu

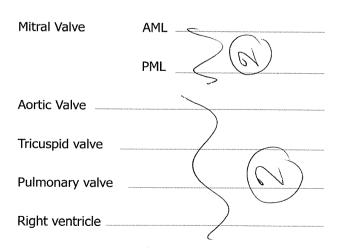
Echocardiogram Report

Echogenicity Poor Adequate Good

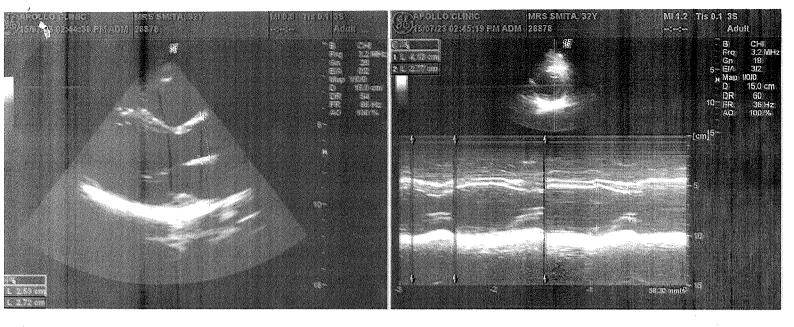
Ht. _____ Wt. ____ BSA ____

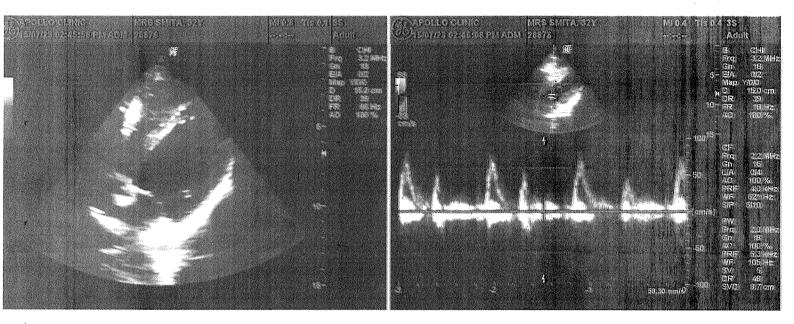
DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) $2 \cdot 53$ cm	(1.5cm / m2)	IVS (Ed) C C	(0.6 - 1.2 cm)
LA (es) $2^{1}7^{2}$ cm	(1.5cm / m2)	LVPW (Ed)	(0.6 - 1.1 cm)
RVID (ed) cm	(0.9 cm / m2)	EF	(0.62 - 0.85)
LVID (ed) <u>4.13</u> cm	(2.6 - 3.4 cm / m2)	% FD	(2.8% - 42%)
LVID (es) 2 · 77			

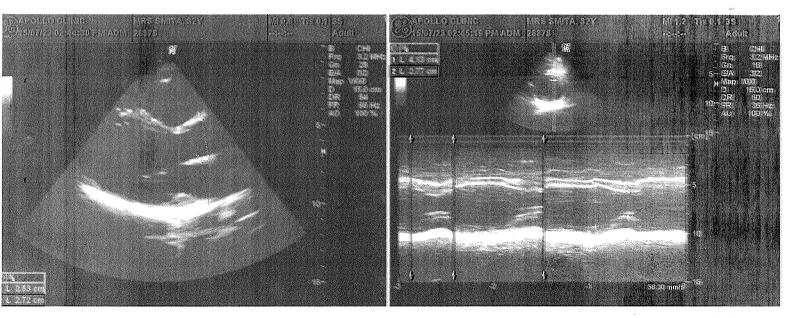
MORPHOLOGICAL DATA

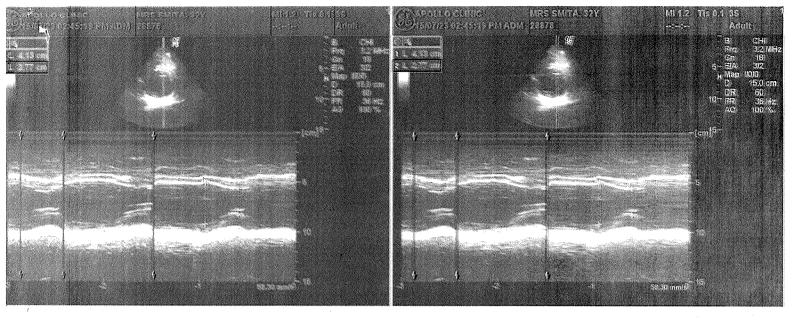


Interatrial septum	Solat
Interventricular septum	$\leq \mathcal{Y}_{\mathcal{V}}$
Pulmonary artery	·
Aorta	
Right atrium	\rightarrow (\sim)-
Left atrium	













GLASS PRESCRIPTION

1710720.DATE:

59674. UHID:

PATIENT NAME: mrs. Smitc 99 W9 F4024 AGE/GENDER: D/F

	UAVA	SPH	CYL	AXIS	ADD	BCVA
OD .	6/60 6/6	7.25	0.00	20	~	Pe
OS	6/60 6/6	2.25				N

COLOR VISION:

Re N. .

INSTRUCTIONS:



TO BOOK AN APPOINTMENT

118:(6(0) ...(0) 0) 7/7/88:1

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