



Balaji Medical Centre

An ISO 9001:2015 Accredited Organization
info@balajimedicalcentre.com, dr@balajimedicalcentre.com



CHENNAI : No.5 (3/2), Jagadeeswaran Street, T.Nagar, Chennai-600 017. INDIA ☎: 044-24364651 / 52 / 53
No.38, Manikodi Srinivasan Nagar Main Road, Rajiv Gandhi Salai, Perungudi, Chennai-600 096. INDIA ☎: 044-29865513 / 14
TUTICORIN : Plot No.51, Door No.20/10, Roche Colony, South Beach Road, Tuticorin - 628 001.INDIA ☎: 0461-2332719 / 20
KOCHI : No.66/2345A, Veekshnam Road, Ernakulam, Kochi-682018 . INDIA ☎: 0484-2395006 / 07 / 08
VIZAG : Door No.39-11- 63/4-1, Murali Nagar, Visakhapatnam, Andhra Pradesh-530 007. INDIA ☎: 0891-2710299 / 399
MANGALORE : Shop No.5, Door No.1-65/31, Kulur-Kavoor Airport Road, Vivek Nagar, Panjimogaru, Mangalore-575 013.INDIA ☎: 0824-2972719 / 20.

REG. NO: MA23030000245

DATE: 25/03/2023

MEDICAL FITNESS CERTIFICATE

This is to certify that I have examined **Mr. KISHORKUMAR G (32/M)**

Who is found to be Medically **FIT**.

He is not found to be suffering from any contagious Disease or Ailment.

Dietary Counseling was provided from our end.

He is **FIT** to perform his duty.

Dr. VIDYA KUMARI

Reg.No. 10306

DGS Approval No. KA/MG/08/2022

“HEALTHIER MARINERS TOWARDS A WEALTHIER NATION”



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PHYSICAL EXAMINATION

Date Of Exam : 25/03/2023 Reg. No:MA23030000245
Name : Mr. KISHORKUMAR G (32/male)
Type Of Exam : Physical
Reference : Apollo Health and Lifestyle Limited

The doctor has examined this client at Balaji Medical Centre Mangalore for updated Physical examination and found the following.

Temperature	:	36.5C
Blood Pressure	:	120/80mmHg
Pulse	:	70/mt
Respiration Rate	:	15/mt
Waist (cm)	:	80Cms
Height	:	163Cms
Weight	:	72.0Kgs
BMI	:	27.1kg/m ²

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Name: Mr. KISHORKUMAR G

Date: 25/03/2023

Reg. No :MA23030000245

Ref : Dr. A.H. Balaji

OPHTHALMIC REPORT

	RIGHT	LEFT
Distant:	6/6	6/6
Near:	N/5	N/5
Colour:	Normal	Normal
Anterior Segment:	Normal	Normal
Intra Ocular Pressure:	Normal	Normal
Fundus:	Normal	Normal


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LABORATORY REPORT

DATE : 25/03/2023 REG. NO : MA23030000245
NAME : Mr. KISHORKUMAR G
AGE : 32YRS SEX : Male
REF BY : DR.A.H.BALAJI

COMPLETE BLOOD COUNT (CBC)

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
ERYTHROCYTE (RBC) COUNT	5.3	mill/cu.mm	4.7-6.0
HAEMOGLOBIN (Hb)	16.2	gm/dl	13.5-18
PCV (PACKED CELL VOLUME)	48.9	%	42-52
MCV (MEAN CORPUSCULAR VOLUME)	87.0	fl	78-100
MCH (MEAN CORPUSCULAR HAEMOGLOBIN)	30.2	pg	27-31
MCHC (MEAN CORPUSCULAR Hb CONCN.)	35.7	g/dl	32-36
RDW (RED CELL DISTRIBUTION WIDTH)	12.6	%	11.5-14.0
TOTAL LEUCOCYTES (WBC) COUNT	8900	Cells /cu.mm	4000-10500
ABSOLUTE NEUTROPHILS COUNT	5100	/c.mm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT	3000	/c.mm	1000-3000
ABSOLUTE MONOCYTE COUNT	540	/c.mm	200-1000
ABSOLUTE EOSINOPHIL COUNT	170	/c.mm	20-500
ABSOLUTE BASOPHIL COUNT	70	/c.mm	20-100
NEUTROPHILS	63.0	%	40-80
LYMPHOCYTES	28.0	%	20-40
MONOCYTES	5.0	%	2-10
EOSINOPHILS	3.0	%	1-6
BASOPHILS	1.0	%	0-2
PLATELET COUNT	2.4	10 ³ /μl	150-450
MPV (MEAN PLATELET VOLUME)	6.7	fl	6-9.5
PCT (PLATELET HAEMATOCRIT)	0.2	%	0.2-0.5
PDW (PLATELET DISTRIBUTION WIDTH)	15.8	%	9-17

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DATE : 25/03/2023 REG. NO :MA23030000245
NAME : Mr. KISHORKUMAR G
AGE : 32YRS SEX : male
REF BY : DR.A.H.BALAJI

ROUTINE EXAMINATION URINE

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
<u>GENERAL EXAMINATION:</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	CLEAR		CLEAR
REACTION (pH)	5.5		4.5 - 8
SPECIFIC GRAVITY	1.020		1.010 - 1.030
<u>CHEMICAL EXAMINATION (AUTOMATED DIPSTICK METHOD):</u>			
URINE PROTEIN(ALBUMIN)	ABSENT		ABSENT
URINE GLUCOSE(SUGAR)	ABSENT		ABSENT
URINE KETONES(ACETONE)	ABSENT		ABSENT
BILE SALTS	ABSENT		ABSENT
BILE PIGMENTS	ABSENT		ABSENT
UROBILINOGEN	NORMAL		NORMAL
NITRITE	NEGATIVE		NEGATIVE
<u>MICROSCOPIC EXAMINATION</u>			
RED BLOOD CELLS	NIL	/hpf	0 - 2
PUS CELLS (WBCs)	1-2	/hpf	0 - 5
EPITHELIAL CELLS	0-1	/hpf	0 - 5
CRYSTALS	ABSENT	/hpf	ABSENT
CAST	ABSENT	/hpf	ABSENT
AMORPHOUS DEPOSITS	ABSENT	/hpf	ABSENT
BACTERIA	ABSENT	/hpf	ABSENT

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Date : 25/03/2023 Reg. No : MA23030000245
Name : Mr. KISHORKUMAR G
Age : 32Yrs Sex : male
_Ref By : DR.A.H.BALAJI

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
ESR – Erythrocyte Sedimentation Rate (EDTA Whole Blood, Automated-Capillary photometry aggregation/ Manual – Westergrens method)	05	mm/hr	0-15

Method: Automated Westergren

Interpretation;

1. It indicates presence and intensity of an inflammatory process, never diagnosis of a specific disease, Chance are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation and hypothyroidism.

Remark: ESR Performed using capillary photometric aggregation (for automated analysis) & westergrens (for manual testing).


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Name : Mr. KISHORKUMAR G
Age : 32Yrs Sex : Male
Ref By : DR.A.H.BALAJI

BIOCHEMISTRY

<u>Investigation</u>	<u>Observed value</u>	<u>unit</u>	<u>biological reference interval</u>
HbA1C-Glycated Haemoglobin (HPLC)	4.9	%	non-diabetic: <= 5.6 pre-diabetic: 5.7-6.4 Diabetic : >= 6.5
Estimated Average glucose (e AG)	93.93	mg/dl	

INTERPRETATION & REMARK:

- HbA1c is used for monitoring diabetic control. it reflects the estimated average glucose. (eAG)
 - HbA1c has been endorsed by clinical group & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
 - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 - Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. clinical correlation suggested.
 - To estimate the eAG from the HbA1C value, the following equation is used:
 $eAG(mg/dl) = 28.7 * A1c - 46.7$
 - Interference of hemoglobinopathies in HbA1c estimation.
 - for HbF >25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring Diabetic status.
 - Heterozygous state detected (D10/turbo is corrected for HbS & HbC trait)
 - In known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control. Excellent control-6 to 7%, fair to good control -7 to 8%, unsatisfactory control -8 to 10% and poor control -More than 10%
- NOTE: Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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SES Approval No. TV/MG/08/2022

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Name : Mr. KISHORKUMAR G
Age : 32Yrs Sex : Male
Reference : Apollo Health and Lifestyle Limited
Ref By : DR. A.H. BALAJI

<u>Tests</u>	<u>Value/Results</u>	<u>Units</u>	<u>Reference Interval</u>
<u>BIO-CHEMISTRY</u>			
Blood Sugar (F)	: 101	mg/dl	70-110
Blood Sugar (PPBS)	: 134	mg/dl	120-140
Urea	: 19	mg/dl	15-40
Uric acid	: 5.0	g/dl	3.5-5.0
Creatinine	: 0.9	mg/dl	0.2-1.2


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Reference : APOLLO HEALTH AND LIFESTYLE LIMITED
Ref By : DR.A.H. BALAJI

Test Name	Result	Units	Ref.Interval
LIPID SCREEN, SERUM (Spectrophotometry)			
Cholesterol	173.00	mg/dL	(<200.00)
Triglycerides	146.00	mg/dL	(<150.00)
HDL Cholesterol	33.7	mg/dL	(<40.00)
LDL Cholesterol, Calculated	89.7	mg/dL	(<100.00)
VLDL Cholesterol, Calculated	29.2	mg/dL	(<30.00)

Note:

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total cholesterol, Triglycerides, HDL & LDL Cholesterol.
- ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is <400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is >400 mg/dL.

INTERPRETATION	TOTAL CHOLESTEROL in mg/dL	Triglyceride in mg/dL	LDL CHOLESTEROL in mg/dL
Optimal	< 200	<150	<100
Above Optimal	-	-	100-129
Boderline High	200-239	150-199	130-159
High	>=240	200-499	160-189
Very High	-	>=500	>=190

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LIVER FUNCTION TEST

TEST	PATIENT'S VALUES	UNITS	NORMAL RANGE	
			FROM	TO
Serum Bilirubin (Total)	0.6	mg/dl	0.1	1.2
Serum Bilirubin (Direct)	0.1	mg/dl	-	<0.3
Serum Bilirubin (Indirect)	0.5	mg/dl	0.1	1
S. Alkaline Phosphatas	78.0	U/L	-	<150
Serum Gamma G.T.	24.0	U/L	4	40
Serum G. P. T.	34.0	U/L	10	40
Serum G. O. T.	28.0	U/L	10	42
Serum Total Proteins	7.5	gm/dl	6.0	7.8
Albumin	4.3	gm/dl	3.5	5.0
Globulin	3.2	gm/dl	2.6	3.5
Albumin: Globulin Ratio	1.3	-	-	-


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Test Name	Result	Units	Ref.Range
THYROID PROFILE,TOTAL,SERUM (CLIA)			
T3,Total	108.0	ng/dl	(70-204)
T4,Total	9.08	ug/dL	(5.0-12.5)
TSH	2.40	uIU/ml	(0.45-4.5)

Reference Range for pregnancy:

TSH	REFERENCE RANGE IN Uiu/mL
Pregnancy	
1 st Trimester	0.30-4.50
2 nd Trimester	0.50-4.60
3 rd Trimester	0.80-5.20

Note:1 TSH levels are subject to circadian variation,reaching peak levels between 2-4.a.m.and at a Minimum between 6-10pm.The variation is of the order of 50%,hence time of the day has Influence on the measured serum TSH concentrations.

- 2 Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- 3 Physiological rise in Total T3 /T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic-Pituitary hypothyroidism
- Inappropriate TSH secretion
- Non thyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

Dr. VIDYA KUMARI

Reg.No. 10306

DGS Approval No. KA/MG/08/2022

“HEALTHIER MARINERS TOWARDS A WEALTHIER NATION”



Balaji Medical Centre

An ISO 9001:2015 Accredited Organization
info@balajimedicalcentre.com, dr@balajimedicalcentre.com



CHENNAI : No.5 (3/2), Jagadeeswaran Street, T.Nagar, Chennai-600 017. INDIA ☎: 044-24364651 / 52 / 53
No.38, Manikodi Srinivasan Nagar Main Road, Rajiv Gandhi Salai, Perungudi, Chennai-600 096. INDIA ☎: 044-29865513 / 14
TUTICORIN : Plot No.51, Door No.20/10, Roche Colony, South Beach Road, Tuticorin - 628 001.INDIA ☎: 0461-2332719 / 20
KOCHI : No.66/2345A, Veeekshnam Road, Ernakulam, Kochi-682018 . INDIA ☎: 0484-2395006 / 07 / 08
VIZAG : Door No.39-11- 63/4-1, Murali Nagar, Visakhapatnam, Andhra Pradesh-530 007. INDIA ☎: 0891-2710299 / 399
MANGALORE : Shop No.5, Door No.1-65/31, Kulur-Kavoor Airport Road, Vivek Nagar, Panjimogaru, Mangalore-575 013.INDIA ☎: 0824-2972719 / 20.

LABORATORY REPORT

Reg. No : MA23030000245 Date: 25/03/2023

Name : Mr. KISHORKUMAR G
Sex: Male

Age : 32Yrs

Reference : Apollo Health and Lifestyle Limited

Ref By : DR. A.H. BALAJI

HAEMATOLOGY

Blood Group & Rh Type : "O" POSITIVE

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DIGITAL RADIOGRAPH – CHEST PA- VIEW

Date : 25/03/2023 Reg. No : MA23030000245
Name : Mr. KISHORKUMAR G
Age : 32yrs
Sex : Male
Ref By : DR.A.H.BALAJI

The cardio mediastinal silhouette is normal.

The lungs are well inflated. No focal mass lesion, lobar collapse or consolidation is seen.

No pleural effusion is detected.

The soft tissues and bones appear unremarkable.

Conclusion:

- Normal chest radiograph.


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ECG REPORT

Date : 25/03/2023 Reg. No :MA23030000245
Name : Mr. KISHORKUMAR G
Age : 32yrs
Sex : male
Ref By : DR. A. H. BALAJI
Impression : Normal Sinus Rhythm.

Dr. VIDYA KUMARI
Reg.No. 10306
DGS Approval No. KA/MG/08/2022

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NAME : Mr. KISHORKUMAR G

AGE : 32YRS /M

STUDY DATE : 25/03/2023

REG.NO : MA23030000245

PNDT. REG. NO : 06/2018-19

REF. BY : APOLLO

USG COMPLETE ABDOMEN

LIVER:

Is Normal in size. Hepatic Parenchyma is intrinsically normal.
No focal lesion seen in liver.
IHBR and CBD are normal in caliber. Portal vein is normal

Gall Bladder:

Is well distended and is normal. No calculus seen. No abnormal wall thickening.

Pancreas:

The head, tail and body of the pancreas are normal. No dilatation of pancreatic duct.

Spleen:

Is normal in size. No focal parenchymal lesions.

RT. Kidneys measures 9.4x4.7cms, normal in size.

Cortico medullary differentiation is maintained.
No calculus noted. Pelvicalyceal system is normal.

LT. Kidneys measures 9.2x4.1cms, normal in size.

Cortico medullary differentiation is maintained.
No calculus noted. Pelvicalyceal system is normal.

Urinary Bladder:

Is well distended and normal. No abnormal wall thickening.
No intraluminal echoes/calculus.

Prostate:

Normal in size and measures 2.8x2.0x2.1cms (Volume~14.0cc).
Seminal vesicles are normal.
No free fluid in abdomen.
No evidence of any significant lymphadenopathy seen.

Impression:

- Normal Study of Liver, Gall bladder ,Spleen, Pancreas, Right kidney, Left kidney, Urinary bladder and Prostate.

Dr. VIDYA KUMARI

Reg.No. 10306

DGS Approval No. KAMG/08/2023

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भारत सरकार
GOVERNMENT OF INDIA



ಕಿಶೋರ್ ಕುಮಾರ್ ಜಿ
Kishorkumar G
ಜನ್ಮ ದಿನಾಂಕ / DOB : 22/04/1990
ಪುರುಷ / MALE



4708 8430 7272

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

1947 1800 300 1947
help@uidai.gov.in www.uidai.gov.in P.O. Box No.1947, Bengaluru-560 001



560096
S/O Ganadhara B, #12, 5th
Main Road,
Srikantheshwaramagar,
Mahakshmi Layout, Bangalore
North, Bangalore, Karnataka,
560096
ವಿಳಾಸ:
S/O ಗಣಾಧರ ಬಿ, #12, 5ನೇ
ಮುಖ್ಯ ರಸ್ತೆ, ಶ್ರೀಕಂಠೇಶ್ವರವರ್ಗ,
ಮಹಾಕ್ಷಮಿ ಲೇಔಟ್, ಬೆಂಗಳೂರು
ಉತ್ತರ, ಬೆಂಗಳೂರು, ಕರ್ನಾಟಕ,
560096

भारतीय पहचान प्रमाणिका
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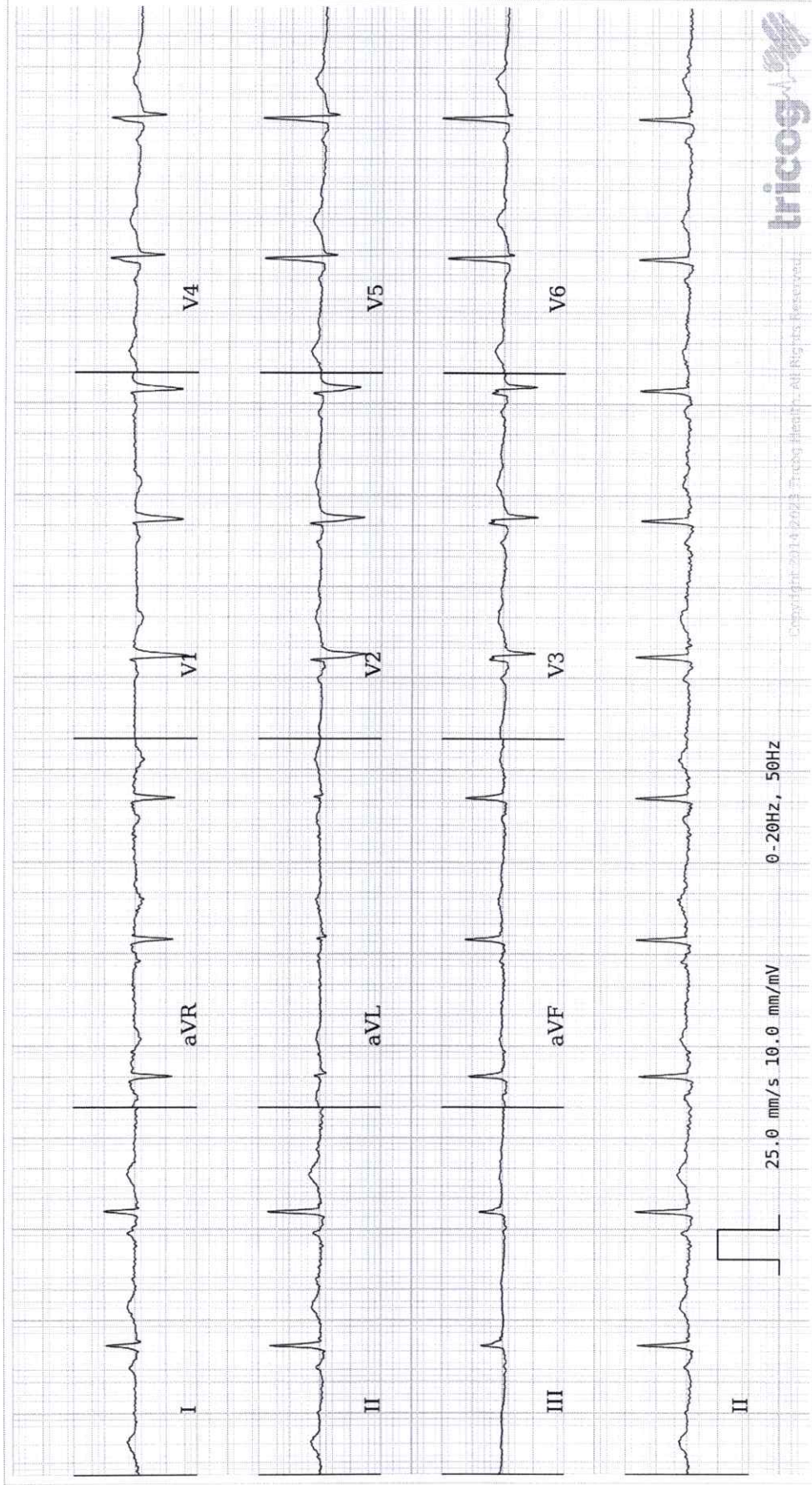
Kishorkumar G



Balaji Medical Centre Mangalore

Age / Gender: 32/Male
Patient ID: MA23030000245

Date and Time: 25th Mar 23 11:44 AM



AR: 67bpm VR: 67bpm QRSd: 78ms QT: 40.4ms QTc: 42.6ms PRI: 152ms P-R-T: 31° 62° 43°

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

REPORTED BY



Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

Balaji Medical Centre Mangalore

Address: shree Heights building ,Shop no 5, Door no 1-65/31,Kulur-Kavoor,Airport Road Vivek Nagar Panjimogaru, Mangaluru 575013 Karnataka India

Echocardiography Report

PATIENT NAME	AGE	HEIGHT	WEIGHT	BSA	DATE TIME
G. KISHORKUMAR	32 yrs	163 cm	72 kg	27.10 kg/m ²	2023/03/25 16:10
PATIENT ID	GENDER	REFERRING PHYSICIAN	REPORTED BY		
MA23030000245	Male	DR. VIDYA KUMARI	DR. JEEVARATHINAM. N		

PROCEDURE

An ECHO exam was performed including 2D, M-mode, Spectral, Color-flow.

SUMMARY

- Normal chamber size and shape
- Normal LV systolic function, EF-64%
- No regional wall motion abnormality
- Normal LV diastolic filling pattern
- Normal valves
- Low probability of PAH

LEFT VENTRICLE

Measurement	Value	Reference	Measurement	Value	Reference
Systolic Function			Dimensions		
LVEF MOD BP (%)	64.90	(72-52)	LVIDd (cm)	4.27	(4.2-5.8)
SV MOD BP (ml)	48.73	(21-61)	LVIDd Index (cm/m ²)	2.40	(2.2-3.0)
SI MOD BP (ml/m ²)	27.38	(42-66)	LVIDs (cm)	2.89	(2.5-4.0)
LVEDV MOD BP (ml)	75.08	(62-150)	LVIDs Index (cm/m ²)	1.62	(1.3-2.1)
LVEDVInd MOD BP (ml/m ²)	42.18	(34-74)	IVSd (cm)	1.04	(0.6-1.0)
LVESV MOD BP (ml)	26.35	(21-61)	LVPWd (cm)	0.88	(0.6-1.0)
LVESVInd MOD BP (ml/m ²)	14.80	(11-31)	LVd Mass (g)	133.16	(88-224)
Diastolic Function			LVd Mass Index (g/m ²)	74.81	(49-115)
MV E Vel (m/s)	0.53	(0.6-0.8)	RWT (-)	0.41	(0.24-0.42)
MV A Vel (m/s)	0.37	(0.2-0.35)	LV Area		
MV E/A Ratio (-)	1.43	(>=0.8)	LV FAC A4C (%)	50.24	(>25)
			LVAd A4C (cm ²)	27.07	(-)
			LVAs A4C (cm ²)	13.47	(-)
			LV FAC A2C (%)	51.13	(-)
			LVAd A2C (cm ²)	19.83	(-)
			LVAs A2C (cm ²)	9.69	(-)

LEFT ATRIUM

Measurement	Value	Reference	Measurement	Value	Reference
LA Diam (cm)	3.18	(2.0-4.0)	LAESV MOD BP (ml)	36.19	(38-46)
LA/Ao (-)	1.23	(<1.3)	LAESVInd MOD BP (ml/m ²)	20.33	(16-34)

RIGHT ATRIUM

Measurement	Value	Reference
RAAs A4C (cm ²)	9.95	(<=18)
RALs A4C (cm)	3.98	(-)

AORTIC VALVE & AORTA

Measurement	Value	Reference
AV Outflow		
AV Vmax (m/s)	0.70	(<2.6)
AV maxPG (mmHg)	1.96	(<30)
LVOT/ Aorta		
Ao Diam (cm)	2.59	(<3.7)
Ao/LA	0.94	(-)

OBSERVATIONS :

Left Ventricle	LV geometry - Normal LV Systolic function - Normal
LV Regional Wall Motion	All Left ventricular segments contract normally.
Left Atrium	The left atrium is normal in size and function.
Right Ventricle	The right ventricle is normal in size and function.
Right Atrium	The right atrium is normal in size and function.
Aortic Valve	The aortic valve is trileaflet, and appears structurally normal. No aortic stenosis or regurgitation.
Mitral Valve	The mitral valve is normal.
Tricuspid Valve	The tricuspid valve appears structurally normal.
Pulmonic Valve	The pulmonic valve is normal.
Heart Failure	No evidence of Heart Failure with Preserved Ejection Fraction

Disclaimer: This report is generated based on the review of Echocardiography images transmitted and does not consider the patient's current symptoms or medical history. The quality or accuracy of the report is dependent on the quality and accuracy of the Echo images transmitted. The report is not meant or valid for any medico legal purposes



Reported By:
DR. JEEVARATHINAM. N
Clinical Cardiologist

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