

CONCLUSION OF HEALTH CHECKUP

ECU Number : 7211	MR Number : 23219540	Patient Name : PRASANNA VIJAY
Age : 56	Sex : Female	Height : 154
Weight : 62	Ideal Weight : 52	BMI : 26.14
Date : 21/11/2023		

Dr. Manish Mittal

Internal Medicine

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.

ECU Number : 7211 MR Number : 23219540 Patient Name : PRASANNA VIJAY
Age : 56 Sex : Female Height : 154
Weight : 62 Ideal Weight : 52 BMI : 26.14
Date : 21/11/2023

Past H/O : K/C/O DISLIPIDAEMIA BUT TAKING MEDICATIONS FOR 3 MONTHS , CURRENTLY NOT TAKING MEDICATIONS.

Present H/O : NO PRESENT COMPLAINTS.

Family H/O : FATHER : DM , DIED
MOTHER : HEALTHY

Habits : NIL
Gen.Exam. : NO
B.P : 120/80
Pulse : 78
Others : SPO2 98 %
C.V.S : NAD
R.S. : NAD
Abdomen : NP
Spleen : NP
Skin : NAD
)N.S : NAD
Advice :



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Weight : 62
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BMI : 26.14

Ophthalmic Check Up :

Right

Left

Ext Exam

NIL

Vision Without Glasses

6/6+0.75 D SPH +1.5 I40

6/6-0.25 D SPH +1.00 I 155

Vision With Glasses

N.6+2.25 D SPH ADD

N.6+2.25 D SPH ADD

Final Correction

14.6

14.6

Reflex

NORMAL

Colour Vision

NORMAL

Advice

NIL

Orthopaedic Check Up :

Ortho Consultation

Ortho Advice

ENT Check Up :

Ear

Nose

Throat

Hearing Test

ENT Advice

General Surgery Check Up :

General Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice





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Gynaec Check Up :

OBSTETRIC HISTORY 2FTND S
MENSTRUAL HISTORY
PRESENT MENSTRUAL CYCLE POSTMENOPAUSAL - 2YRS
PAST MENSTRUAL CYCLE REGULAR
CHIEF COMPLAINTS
SOFT
PS Cx-(N) Vg-(N)
PV UT NS Fx CLEAR
BREAST EXAMINATION RIGHT NORMAL
BREAST EXAMINATION LEFT NORMAL
PAPSMEAR TAKEN
BMD
MAMMOGRAPHY
ADVICE FOLLOW UP WITH REPORTS





Patient Name : Mrs. PRASANNA VIJAY
 Gender / Age : Female / 56 Years 7 Months 24 Days
 MR No / Bill No. : 23219540 / 242049438
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 176043
 Request Date : 21/11/2023 08:29 AM
 Collection Date : 21/11/2023 08:34 AM
 Approval Date : 21/11/2023 12:22 PM

CBC + ESR *

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	12.4	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.10	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	38.0	%	36 - 46
Mean Corpuscular Volume (MCV)	92.7	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	30.2	pg	27 - 32
MCH Concentration (MCHC)	32.6	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	12.0	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	41.1	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	6.81	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	49	%	40 - 80
Lymphocytes	41	%	20 - 40
Eosinophils	5	%	1 - 6
Monocytes	5	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	3.28	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.80	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.30	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.38	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.05	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.3	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	244	thou/cmm	150 - 410
Remarks	This is counter generated CBC Report, smear review is not done		
ESR	20	mm/1 hr	0 - 19

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before a firm opinion is made. Recheck / repeat may be required.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. PRASANNA VIJAY	Type	: OPD
Gender / Age	: Female / 56 Years 7 Months 24 Days	Request No.	: 176043
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CBC + ESR *

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter by Fluorescent flow cytometry using a semi-conductor laser and hydrodynamic focusing in dedicated channels. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification.

R on ESL-30, comparable to Westergrens method and in accordance to ICSH reference method.

--- End of Report ---

Dr. Ameer Soni
MD (Path)

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. PRASANNA VIJAY
Gender / Age : Female / 56 Years 7 Months 24 Days
MR No / Bill No. : 23219540 / 242049438
Consultant : Dr. Manish Mittal
Location : OPD

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Request No. : 176043
Request Date : 21/11/2023 08:29 AM
Collection Date : 21/11/2023 08:34 AM
Approval Date : 21/11/2023 12:25 PM

Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	B		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontro
This method check's group both on Red blood cells and in Serum for "ABO" group.

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.

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Fasting Plasma Glucose *

Test	Result	Units	Biological Ref. Range
Fasting Plasma Glucose			
Fasting Plasma Glucose	99	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	105	mg/dL	70 - 140

By Hexokinase method on EXL Dade Dimension

--- End of Report ---

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HbA1c (Glycosylated Hb) *

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (HbA1c)	5.6	%	
estimated Average Glucose (e AG) *	114.02	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

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Complete Lipid Profile *

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	292	mg/dL	1 - 150
<i>(Done by Lipase /Glycerol kinase on Vitros 5600 < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)</i>			
Total Cholesterol	198	mg/dL	1 - 200
<i>(Done by Colorimetric - Cholesterol Oxidase, esterase, peroxidase on Vitros 5600. <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)</i>			
HDL Cholesterol	43	mg/dL	40 - 60
<i>(Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600 < 40 Low > 60 High)</i>			
Non HDL Cholesterol (calculated)	155	mg/dL	1 - 130
<i>(Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)</i>			
LDL Cholesterol	117	mg/dL	1 - 100
<i>(Done by Enzymatic (Two Step CHE/CHO/POD) on Vitros 5600 < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)</i>			
VLDL Cholesterol (calculated)	58.4	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.72		2.1 - 3.5
T. Ch./HDL Ch. Ratio	4.6		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

---- End of Report ----

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Liver Function Test (LFT) *

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.42	mg/dL	0 - 1
Bilirubin - Direct	0.09	mg/dL	0 - 0.3
Bilirubin - Indirect	0.33	mg/dL	0 - 0.7
<i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i>			
Aspartate Aminotransferase (SGOT/AST)	22	U/L	13 - 35
<i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i>			
Alanine Aminotransferase (SGPT/ALT)	28	U/L	14 - 59
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	92	U/L	53 - 141
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	23	U/L	5 - 55
<i>(Done by Multipoint Rate - L-γ²-glutamyl-p-nitroanilide on Vitros 5600)</i>			
Total Protein			
Total Proteins	7.20	gm/dL	6.4 - 8.2
Albumin	3.68	gm/dL	3.4 - 5
Globulin	3.52	gm/dL	3 - 3.2
A : G Ratio	1.05		1.1 - 1.6
<i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</i>			

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any opinion is made. Feedback is most welcome.

--- End of Report ---

Dr. Ameer Soni
MD (Path)Dr. Rakesh Vaidya
MD (Path). DCP.



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Thyroid Hormone Study *

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.05	ng/ml	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (ng/ml)</i>			
1 - 3 days	: 0.1 - 7.4		
1-11 months	: 0.1 - 2.45		
1-5 years	: 0.1 - 2.7		
6-10 years	: 0.9 - 2.4		
11-15 years	: 0.8 - 2.1		
16-20 years	: 0.8 - 2.1		
Adults (20 - 50 years)	: 0.7 - 2.0		
Adults (> 50 years)	: 0.4 - 1.8		
Pregnancy (in last 5 months)	: 1.2 - 2.5		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroxine (T4)	7.19	mcg/dL	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (mcg/dL)</i>			
1 - 3 days	: 11.8 - 22.6		
1- 2 weeks	: 9.8 - 16.6		
1 - 4 months	: 7.2 - 14.4		
4 - 12 months	: 7.8 - 16.5		
1-5 years	: 7.3 - 15.0		
5 - 10 years	: 6.4 - 13.3		
10 - 20 years	: 5.6 - 11.7		
Adults / male	: 4.6 - 10.5		
Adults / female	: 5.5 - 11.0		
Adults (> 60 years)	: 5.0 - 10.7		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroid Stimulating Hormone (US-TSH)	2.92	microIU/ml	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (microIU/ml)</i>			
Infants (1-4 days)	: 1.0 - 39		
2-20 weeks	: 1.7 - 9.1		
5 months - 20 years	: 0.7 - 6.4		
Adults (21 - 54 years)	: 0.4 - 4.2		
Adults (> 55 years)	: 0.5 - 8.9		
<i>Pregnancy :</i>			
1st trimester	: 0.3 - 4.5		
2nd trimester	: 0.5 - 4.6		
3rd trimester	: 0.8 - 5.2		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			

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--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.



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Renal Function Test (RFT) *

Test	Result	Units	Biological Ref. Range
Urea <i>(Done by Endpoint/Colorimetric - Urease on Vitros 5600)</i>	17	mg/dL	10 - 45
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.85	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate <i>(Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. eGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)</i>	More than 60		
Uric acid <i>(Done by Colorimetric - Uricase, Peroxidase on Vitros 5600)</i>	4.6	mg/dL	2.2 - 5.8

--- End of Report ---

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DEPARTMENT OF LABORATORY MEDICINE

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Approval Date : 21/11/2023 02:24 PM

Pap Smear

Test	Result	Units	Biological Ref. Range
------	--------	-------	-----------------------

Pap Smear

Pap Smear Screening Report / Cervico-Vaginal Cytology...

Cyto no : P/2071/23
Received at 12:40 pm.

Clinical Details : No complain
P/V findings : Cx.- NAD / Vg. - NAD. Cystocele +.
LMP : 2 years ago

TBS Report / Impression :

- * Satisfactory for evaluation; transformation zone components identified.
- * Postmenopausal smears, no atrophic changes.
- * Mild inflammatory cellularity (Neutrophils rich).
- * Benign cellular changes/repair.
- * No epithelial cell abnormality favouring Squamous intraepithelial lesion or frank malignancy (NILM).

Note / Method :

The material received in LBC container, cytosmear was stained by rapid pap method and reported with due consideration to The Bethesda system (Modified 2014)

--- End of Report ---

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Urine routine analysis (Auto) *

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	10	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	6.0		
Specific Gravity	>=1.030		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	1 - 5	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

---- End of Report ----

Dr. Rakesh Vaidya
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Ultra High Resolution Sonography

Multi-Detector CT Scan

Magnetic Resonance Imaging (MRI)

Mammography

Interventional Radiology

Digital Subtraction Angiography (DSA)

Foetal Echocardiography

Echocardiography

4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23219540 Report Date : 21/11/2023
Request No. : 190089526 21/11/2023 8.29 AM
Patient Name : Mrs. PRASANNA VIJAY
Gender / Age : Female / 56 Years 7 Months 24 Days

X-Ray Chest AP

Both lung fields are clear.

Both costophrenic sinuses appear clear.

Heart size is normal.

Hilar shadows show no obvious abnormality.

Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
• NOT VALID FOR MEDICO-LEGAL PURPOSES
• CLINICAL CORRELATION RECOMMENDED

**Dr. Ravij Patel, M.D (RADIO
DIAGNOSIS)**
Consultant Radiologist





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ADVANCED DIGITAL SOLUTIONS

- Computerized Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Magnetic Resonance Imaging (MRI)
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography (DSA)
- Foetal Echocardiography
- Echocardiography
- 4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23219540 Report Date : 21/11/2023
 Request No. : 190089555 21/11/2023 8.29 AM
 Patient Name : Mrs. PRASANNA VIJAY
 Gender / Age : Female / 56 Years 7 Months 24 Days

USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen

Liver is mild enlarged in size (15.7cm) and mild increased in echopattern. No mass lesion identified. The hepaticveins are clear and patent. PV patent. No dilated IHBR.

Gall bladder is minimally distended and shows no obvious abnormality. Common bile duct is not dilated.

Pancreas shows no obvious abnormality. Tail obscured. Spleen is normal size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

No ascites.

COMMENT:

- **Mild hepatomegaly with fatty liver grade-I.**
- **No other abnormality.**

Kindly correlate clinically

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

**Dr. Ravij Patel, M.D (RADIO
DIAGNOSIS)**
Consultant Radiologist





DEPARTMENT OF DIAGNOSTIC RADIOLOGY

ADVANCED DIGITAL SOLUTIONS

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 23219540 Report Date : 21/11/2023
Request No. : 190089581 21/11/2023 8.29 AM
Patient Name : **Mrs. PRASANNA VIJAY**
Gender / Age : Female / 56 Years 7 Months 24 Days

Mammography (Both Breast)

Both side mammogram has been obtained in mediolateral oblique (MLO) as well as craniocaudal (CC) projections.

Both breasts show dense fibro glandular parenchyma.
Tiny rounded opacity with lucent center is seen in mid outer quadrant of left breast.
Tiny intramammary node is seen in upper outer quadrant of right breast.
No obvious micro/cluster calcification seen. Bilateral benign specks of calcifications are seen.
No obvious skin thickening or nipple retraction seen.
Bilateral benign axillary lymph nodes seen.

IMPRESSION:

Dense breasts
Tiny rounded opacity with lucent center in mid outer quadrant of left breast-- benign calcified lesion -possibly oil cyst.
Tiny intramammary node in upper outer quadrant of right breast.

Kindly correlate clinically /Follow up with USG if clinically indicated
BIRADS: 0- needs additional imaging, 1- negative, 2- benign, 3- probably benign (require short term follow up), 4- suspicious (require further evaluation with biopsy), 5- highly suspicious for malignancy, 6- biopsy proven malignancy.

INFORMATION REGARDING MAMMOGRAMS:

- A REPORT THAT IS NEGATIVE FOR MALIGNANCY SHOULD NOT DELAY BIOPSY IF THERE IS A DOMINANT OR CLINICALLY SUSPICIOUS MASS.
- IN DENSE BREASTS, AN UNDERLYING MASS LESION MAY BE OBSCURED.
- FALSE POSITIVE DIAGNOSIS OF CANCER MAY OCCURE IN SMALL PERCENTAGE OF CASES.

Dr. Ravij Patel, M.D
Consultant Radiologist



• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

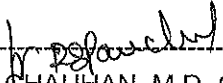
Patient No. : 23219540 Report Date : 21/11/2023
Request No. : 190089534 21/11/2023 8.29 AM
Patient Name : **Mrs. PRASANNA VIJAY**
Gender / Age : Female / 56 Years 7 Months 24 Days

Echo Color Doppler

MITRAL VALVE : NORMAL, MILD MR, NO MS
AORTIC VALVE : NORMAL, NO AR, AS
TRICUSPID VALVE : NORMAL, TRIVIAL TR, NO PAH
PULMONARY VALVE : NORMAL
LEFT ATRIUM : NORMAL
AORTA : NORMAL
LEFT VENTRICLE : NORMAL LV SIZE AND SYSTOLIC FUNCTION LVEF -- 60%, NO
RESTING REGIONAL WALL MOTION ABNORMALITY
RIGHT ATRIUM : NORMAL
RIGHT VENTRICLE : NORMAL
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NORMAL
COLOUR/DOPPLER FLOW MAPPING : MILD MR, TRIVIAL TR, NO PAH

FINAL CONCLUSION:

1. NORMAL SIZED ALL CARDIAC CHAMBERS, NO LVH
2. NORMAL LV SYSTOLIC FUNCTION, LVEF -- 60%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. GRADE I LV DIASTOLIC DYSFUNCTION
5. NORMAL RIGHT HEART SIZE AND RV PRESSURES
6. NORMAL CARDIAC VALVES, NO MITRAL // AORTIC STENOSIS
7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.



Dr. V.C. CHAUHAN, M.D., CARD.

Name Mrs. prasanna vijay -
Patient ID Ecu / 23219540

21.11.2023 08:45:16
Standard 12-Lead

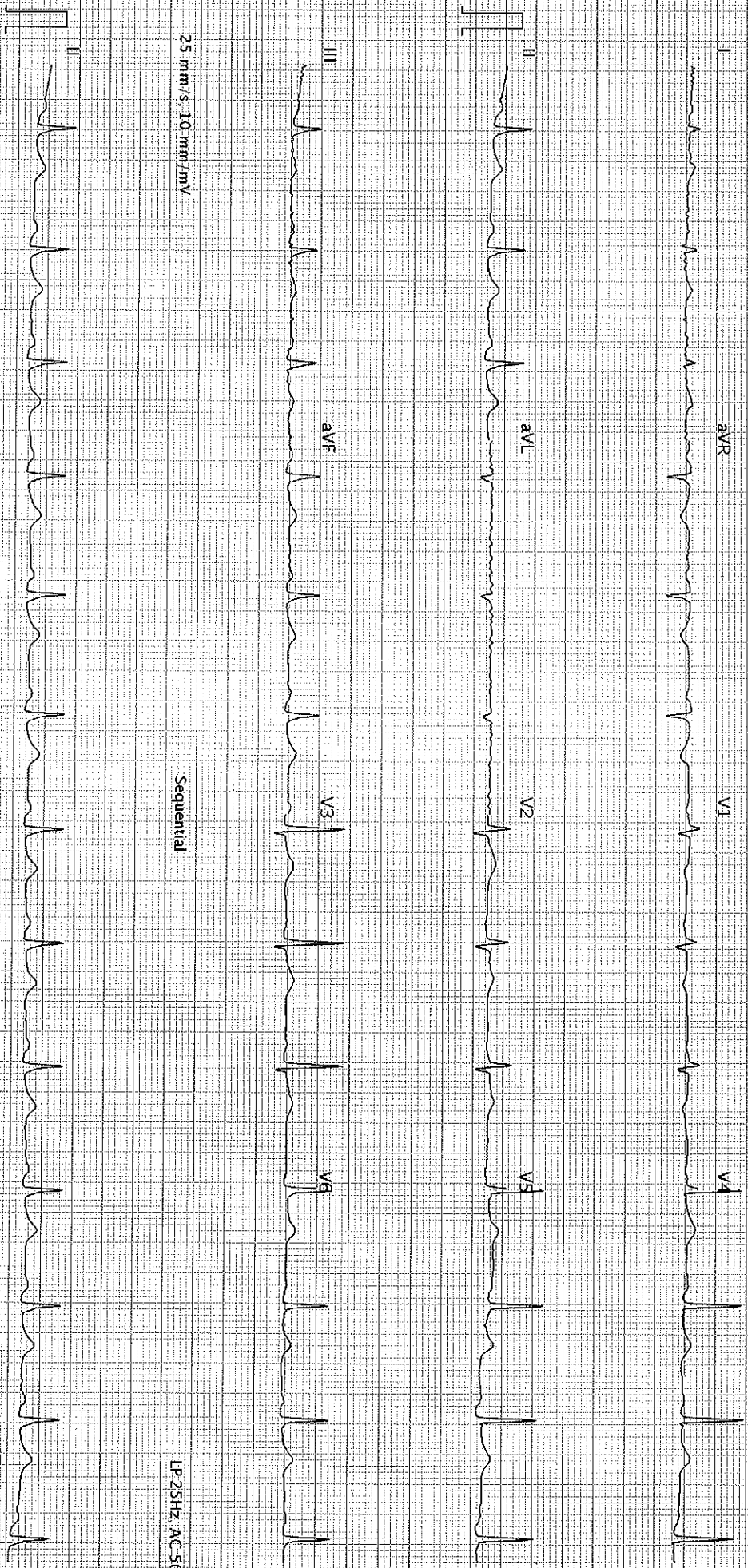
BHAJAL AMIN GENERAL HOSPITAL

Age 056Y
Gender Female
Ref. phys
Pacemaker Unknown
Remark

HR 77 bpm
RR 77.9 ms
P 90 ms
PR 150 ms
P axis 66°
QRS axis 71°
T axis 55°
QT 383 ms
QTcB 43.4 ms

Unconfirmed report

Pr



25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 50Hz

25 mm/s, 10 mm/mV

LP 25Hz, AC 50Hz

AT-102-G2-1-2-0 (1080,011030)

BHAJAL AMIN GENERAL HOSPITAL - Printed on 21.11.2023 08:45:29

SCHILLER

Part No.2.157048M

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