

24x7 Helpline - 7835999444 , 7835999555

Name : Mr.ATTRI SUNIL KUMAR
Age/Gender : 32 Y(s) /Male
Reg No : 0404231562
Lab ID No : KP0215974
Sample ID : 220185207
Sample Type : Serum



Location : FELIX HOSPITAL
Registered On : 04-04-2023 16:52
Collected On : 04-04-2023 16:52
Reported On : 04-04-2023 18:08
Referred By : FELIX HOSPITAL
Client Name : FELIX HOSPITAL
Reference No :

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
G.G.T.P.	: 52.00	U/L	0 - 55

Method : Kinetic IFCC

**** End Of The Report ****



Sherry Khanna

Dr.Sherry Khanna
D.N.B. (Pathology)
Head-Lab Operations.
DMC Reg.No-25315

24x7 Helpline - 7835999444 , 7835999555

Patient Name : Mr. ATTRI SUNIL KUMAR [UHIDNO:FHP27064004042023]
Age / Gender : 32 Yr / Male
Address : VILL-MEEMKA TASIL JAVER GB NAGAR , Gautam Buddha Nagar, UTTAR PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA
Reg. ID : OPD.23-24-1263

BIOCHEMISTRY

Request Date : 04-04-2023 08:40 AM
Collection Date : 04-04-2023 11:40 AM [BI12873]
Acceptance Date : 04-04-2023 11:40 AM | TAT: 01:44 [HH:MM]
Reporting Date : 04-04-2023 01:24 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
BLOOD SUGAR POST PRONDIAL (BSPP) *[Sodium fluoride(grey top)] <i>Performed On: VITROS 250</i>		113.0 mg/dL	80.00 - 140.00 mg/dL (Age <= 100)

Please correlate clinically

END OF REPORT.

Vaishali

Prepared By
PIYUSH SHUKLA

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

24x7 Helpline - 7835999444 , 7835999555

Patient Name : Mrs. SEEMA CHOUDHARY [UHIDNO:FHP27064104042023]
Age / Gender : 30 Yr / Female
Address : VILL-MEEMKA TASIL JAVER GB NAGAR, Gautam Buddha Nagar,
UTTAR PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA

UHIDNO:FHP270641040420

Reg. ID :OPD.23-24-1264

BIOCHEMISTRY

Request Date : 04-04-2023 08:42 AM
Collection Date : 04-04-2023 11:59 AM[BI12876]
Acceptance Date : 04-04-2023 11:59 AM | TAT: 01:31
[HH:MM]

Reporting Date : 04-04-2023 01:30 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
BLOOD SUGAR POST PRONDIAL (BSPP) *[Sodium fluoride(grey top)] <i>Performed On: VITROS 250</i>		100.0 mg/dL	80.00 - 140.00 mg/dL (Age <= 100)

Please correlate clinically

END OF REPORT.

Vasishth

Prepared By
PIYUSH SHUKLA

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

24x7 Helpline - 7835999444 , 7835999555

Name : Mrs.SEEMA CHOUDHARY
Age/Gender : 30 Y(s) /Female
Reg No : 0404231563
Lab ID No : KP0215975
Sample ID : 220185208
Sample Type : Serum



Location : FELIX HOSPITAL
Registered On : 04-04-2023 16:52
Collected On : 04-04-2023 16:52
Reported On : 04-04-2023 18:08
Referred By : FELIX HOSPITAL
Client Name : FELIX HOSPITAL
Reference No :

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
G.G.T.P.	: 20.00	U/L	0 - 38

Method : Kinetic IFCC

**** End Of The Report ****



Sherry Khanna

Dr.Sherry Khanna
D.N.B. (Pathology)
Head-Lab Operations.
DMC Reg.No-25315

24x7 Helpline - 7835999444 , 7835999555

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UTTAR PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA

UHIDNO:FHP270640040420
Reg. ID :OPD.23-24-1263

HAEMATOLOGY

Request Date : 04-04-2023 08:40 AM
Collection Date : 04-04-2023 09:07 AM[HA10072]
Acceptance Date : 04-04-2023 09:07 AM | TAT: 04:50
[HH:MM]

Reporting Date : 04-04-2023 01:57 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
Blood Group (RH Type) *[EDTA tube(purple top)]			
Blood Group	Forward Grouping Method	B	
Rh Type	Forward Grouping Method	POSITIVE	

END OF REPORT.

Handwritten Signature

Prepared By
ABHISHEK RATHI

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

24x7 Helpline - 7835999444 , 7835999555

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Reg. ID :OPD.23-24-1263

BIOCHEMISTRY

Request Date : 04-04-2023 08:40 AM
Collection Date : 04-04-2023 09:07 AM[B112825]
Acceptance Date : 04-04-2023 09:07 AM | TAT: 01:15
[HH:MM]

Reporting Date : 04-04-2023 10:22 AM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
BLOOD SUGAR FASTING (BSF) * Sodium fluoride(grey top)] <i>Performed On: VITROS 250</i>		85.0 mg/dL	74.00 - 110.00 mg/dL (Age <= 100)

Please correlate clinically

END OF REPORT.

Varshada

Prepared By
PIYUSH SHUKLA

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

24x7 Helpline - 7835999444 , 7835999555

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 UTTAR PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA


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Reg. ID : OPD.23-24-1263

BIOCHEMISTRY

Request Date : 04-04-2023 08:40 AM
Collection Date : 04-04-2023 09:07 AM[B112824]
Acceptance Date : 04-04-2023 09:07 AM | TAT: 01:34
 [HH:MM]

Reporting Date : 04-04-2023 10:41 AM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
LIPID PROFILE *[Plain tube (red top)]			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		204.00 mg/dL *	Normal <200, Borderline High 200 - 239, High > 240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		247.00 mg/dL *	Normal : < 150 Borderline High: 150 - 199 High: 200 - 499 Very High :> 500
HDL -CHOLESTEROL PTA/ MgCl2-enzymatic*		41.00 mg/dL	40.00 - 60.00 mg/dL
LDL(Low density lipid) Calculated		113.60 mg/dL	100.00 - 160.00 mg/dL
VLDL(Very low density lipid) Calculated		49.40 mg/dL *	15.00 - 40.00 mg/dL
CHOL/HDL Ratio Calculated		4.98	3.00 - 5.00
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.



Prepared By
PIYUSH SHUKLA

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

24x7 Helpline - 7835999444 , 7835999555

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BIOCHEMISTRY

Request Date : 04-04-2023 08:40 AM
Collection Date : 04-04-2023 09:07 AM[BI12824]
Acceptance Date : 04-04-2023 09:07 AM | TAT: 01:35
 [HH:MM]

Reporting Date : 04-04-2023 10:42 AM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
KIDNEY FUNCTION TEST(KFT) *[Plain tube (red top)]			
UREA (UREASE METHOD)*		19.9 mg/dL	M 13.00 - 43.00 mg/dL
S.CREATININE (ENZYMATIC)*		0.70 mg/dL	M 0.66 - 1.25 mg/dL
S.URIC ACID (URICASE, COLORIMETRY)*		5.30 mg/dL	M 3.50 - 8.50 mg/dL
S.CALCIUM (ARSENazo DYE)*		9.20 mg/dL	8.40 - 10.20 mg/dL
S. SODIUM (DIRECT I.S.E.)*		142.0 mmol/L	137.00 - 145.00 mmol/L
S. POTASSIUM (DIRECT I.S.E.)*		4.90 mmol/L	3.50 - 5.10 mmol/L
S. PHOSPHORUS (PMA PHENOL)*		3.50 mg/dL	2.50 - 4.50 mg/dL
S. CHLORIDE (DIRECT I.S.E)		102.0 mmol/L	98.00 - 107.00 mmol/L (Age 0 - 100)
<i>Performed On: VITROS 250</i>			
LIVER FUNCTION TEST *[Plain tube (red top)]			
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*		0.70 mg/dL	Adult 0.20 - 1.30 mg/dL
CONJUGATED(D.Bilirubin) (CALCULATED)		0.30 mg/dL	Adult 0.00 - 0.30 mg/dL
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)		0.40 mg/dL	Adult 0.00 - 1.10 mg/dL
S.G.O.T (AST) (KINETIC LEUCO DYE)*		34.0 IU/L	M 17.00 - 59.00 IU/L
S.G.P.T (ALT) (KINETIC LDH/NADH)*		58.0 IU/L *	M 0.00 - 52.00 IU/L
ALKALINE PHOSPHATASE (pNPP/AMP)*		91.0 IU/L	M 38.00 - 126.00 IU/L (Age 18 Y - 100 Y)
TOTAL PROTEIN (BIURET)*		7.70 gm/dL	6.30 - 8.20 gm/dL
ALBUMIN (BROMOCRESOL GREEN)*		4.20 gm/dL	3.50 - 5.00 gm/dL
GLOBULIN (CALCULATED)*		3.50 gm/dL	2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		1.20	1.00 - 2.10
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.

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UTTAR PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA


UHIDNO:FHP270640040420

Reg. ID : OPD.23-24-1263

HAEMATOLOGY

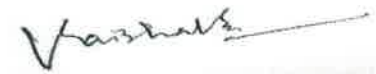
Request Date : 04-04-2023 08:40 AM
Collection Date : 04-04-2023 09:07 AM[HA10072]
Acceptance Date : 04-04-2023 09:07 AM | TAT: 02:42
[HH:MM]

Reporting Date : 04-04-2023 11:49 AM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
HAEMOGRAM (CBC & ESR)			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		15.00 gm/dL	M 13.00 - 17.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		5820 /cumm	M 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		49.40 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		37.60 %	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		6.20 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		6.80 % *	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.00 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		4.68 millions/cumm	M 4.50 - 6.50 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		43.30 %	M 40.00 - 54.00 % (Age 13 Y - 100 Y)
MCV(Calculated)*		92.60 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		32.0 Picogram	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
MCHC(Calculated)*		34.60 % *	31.50 - 34.50 % (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		2.45 Lakh/cumm	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		20 mm/hr *	M 0 - 10 F 5 - 20

Performed On: PENTRA ES60 (Horiba), 5-Part differential cell counter

END OF REPORT.



Prepared By
ABHISHEK RATHI

VAIBHAV TIWARI
MBBS, MD
PATHOLOGY

24X7 Emergency • Ambulance • Pharmacy • Lab • Blood Bank

This is not for Medico Legal purpose

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Patient Name : Mr. ATTRI SUNIL KUMAR [UHIDNO:FHP27064004042023]
Age / Gender : 32 Yr / Male
Address : VILL-MEEMKA TASIL JAVER GB NAGAR , Gautam Buddha Nagar, UTTAR PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA


UHIDNO:FHP270640040420

Reg. ID : OPD.23-24-1263

IMMUNOLOGY

Request Date : 04-04-2023 08:40 AM
Collection Date : 04-04-2023 09:07 AM[IMMU23542]
Acceptance Date : 04-04-2023 09:07 AM | TAT: 04:27 [HH:MM]

Reporting Date : 04-04-2023 01:34 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
THYROID PROFILE TOTAL(T3,T4,TSH) *[Plain tube (red top)]	CLIA		
Total T3		1.93 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100)
Total T4		131.78 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100)
TSH		2.639 µIU/mL	0.38 - 5.33 µIU/mL (Age 0 - 100)
<i>Performed On: ACCESS 2 (BECKMAN COULTER)</i>			
<p>1. A circadian variation in serum TSH in healthy subjects is well documented. TSH level is reaching peak levels between 2-4 am 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 value of TSH.</p> <p>2. TSH levels between 6.3 and 15.0 may represent subclinical or compensated hypothyroidism or show considerable physiological & seasonal variation, suggest clinical correlation or repeat testing with fresh sample.</p> <p>3. TSH levels may be transiently altered because of non-thyroid illness, like severe infection, renal disease, liver disease, heart disease, severe burns, trauma, surgery etc. Few drugs also altered the TSH values.</p> <p>4. A high TSH result often means an underactive thyroid gland caused by failure of the gland (hypothyroidism). A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH.</p> <p>5. Resistance to thyroid hormone (RTH) and central hyperthyroidism (TSH-oma) are rare conditions associated with elevated TSH, T4 and T3 levels.</p>			
<i>Performed on: ACCESS 2 (BECKMAN COULTER)</i>			

END OF REPORT.



Prepared By
POOJA

Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

24x7 Helpline - 7835999444 , 7835999555

Patient Name : Mr. ATTRI SUNIL KUMAR [UHIDNO:FHP27064004042023]
Age / Gender : 32 Yr / Male
Address : VILL-MEEMKA TASIL JAVER GB NAGAR , Gautam Buddha Nagar,
 UTTAR PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA

UHIDNO:FHP270640040420

Reg. ID :OPD.23-24-1263

BIOCHEMISTRY

Request Date : 04-04-2023 08:40 AM
Collection Date : 04-04-2023 09:07 AM[BI12824]
Acceptance Date : 04-04-2023 09:07 AM | TAT: 03:20
 [HH:MM]

Reporting Date : 04-04-2023 12:27 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference								
GLYCOSYLATED HAEMOGLOBIN (Hb A1c) *[edta tube(purple top)] (Method:HPLC Assay) <u>Ref Range for HBA1c</u> Non Diabetic:< 5.7 % Pre-Diabetic: 5.7 - 6.5 % Diabetic: > 6.5 %		5.90 % *									
<p><i>Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are <18 years of age.</i></p> <p><u>HbA1c goals in treatment of diabetes:</u> Ages 0-6 years: 7.6% - 8.4% Ages 6-12 years: <8% Ages 13-19 years: <7.5% Adults: <7%</p> <p><i>Comments:</i> 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.</p> <p><i>(Note: If a person has anemia, hemolysis, or heavy bleeding, HbA1c test results may be falsely low. If someone is iron-deficient, the HbA1c level may be increased. If a person has had a recent blood transfusion, the HbA1c may be inaccurate and may not accurately reflect glucose control for 2 to 3 months.)</i></p> <p><i>ADA criteria for correlation between HbA1c & Mean plasma glucose levels:</i></p> <table border="0"> <tr> <td>HbA1c(%):</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> </table> <p>Mean Plasma Glucose: 126 154 183 212 240 269 298 (mg/dL)</p> <p>Please correlate clinically</p>				HbA1c(%):	6	7	8	9	10	11	12
HbA1c(%):	6	7	8	9	10	11	12				

END OF REPORT.

24x7 Helpline - 7835999444 , 7835999555

Patient Name : Mr. ATTRI SUNIL KUMAR [UHIDNO:FHP27064004042023] UHIDNO:FHP270640040420
Age / Gender : 32 Yr / Male
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Requesting Doctor: Dr. ANSHUMALA SINHA **Reg. ID :**OPD.23-24-1263

CLINICAL PATHOLOGY

Request Date : 04-04-2023 08:40 AM **Reporting Date :** 04-04-2023 12:14 PM
Collection Date : 04-04-2023 09:07 AM[CLP100] **Reporting Status :** Finalized
Acceptance Date : 04-04-2023 09:07 AM | **TAT:** 03:07 [HH:MM]

Investigations	Method	Result	Biological Reference
URINE ROUTINE AUTOMATED *[Random Urine]			
VOLUME		40 ML	>10
COLOUR		PALE YELLOW	PALE YELLOW
APPEARANCE		CLEAR	CLEAR
SPECIFIC GRAVITY (pKA CHANGE)		1.025	1.005 - 1.030
pH (DOUBLE INDICATOR)		6.0	5.00 - 8.50
URINE PROTEIN (PROTEIN ERROR/ 3% SULPHOSALICYLIC ACID)		NIL	NIL
GLUCOSE (GOD-POD/ BENEDICTS)		NIL	NIL
MICROSCOPIC EXAMINATION			
PUS CELLS		1-2 /HPF	0.0-3.0
RBC		NIL /HPF	NIL
CASTS		ABSENT	ABSENT
CRYSTALS		ABSENT	ABSENT
EPITHELIAL CELLS		1-2 /HPF	M 0.00 - 3.00 /HPF
BACTERIA		ABSENT	ABSENT
OTHER		ABSENT	

Please correlate clinically

END OF REPORT.



Prepared By
POOJA

Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

24x7 Helpline - 7835999444 , 7835999555

Patient Name: Mr. ATTRI SUNIL KUMAR /
Age / Gender: UHIDNO:FHP27064004042023
32 Yr /Male
Address: VILL-MEEMKA TASIL JAVER GB NAGAR , Gautam Buddha
Nagar, UTTAR PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA



Reg. No.: OPD.23-24-1263

Request Date : 04-04-2023 08:40 AM

Reporting Date : 04-04-2023 03:01 PM
Report Status : Finalized

X-RAY CHEST PA VIEW WITH COMPUTED RADIOGRAPHY

No focal lesion seen in the lung parenchyma.

Costophrenic angles and domes of the diaphragm are normal.

Both hila are normal. Pulmonary vasculature is normal.

Cardiac size and configuration is normal.

Trachea is central; no mediastinal shift is seen.

Bony thorax and soft tissues of the chest wall are normal.

IMPRESSION: No abnormality detected.

Advise: Clinical correlation.

END OF REPORT

Dr. PRIYANKA GUPTA
MBBS, MD (Radio Diagnosis)
P.D.C.C Breast Imaging (AIIMS)
P.D.C.C Gastro Radiology (AIIMS)
Consultant Interventional Radiology

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Report Status : Finalized

ULTRASOUND WHOLE ABDOMEN MALE

Liver is normal in size, shape and shows homogenous echopattern. No focal lesion is seen. Intrahepatic biliary radicles and venous channels appear normal.
Gall bladder is distended and shows smooth walls and the lumen is echofree. CBD is not dilated.
Pancreas is normal in size, shape and echotexture.
Spleen is normal in size (103 mm) and echotexture.

Both kidneys are normal in size, shape and echopattern. Cortico-medullary differentiation and parenchymal thickness is well maintained. No evidence of any pelvicalyceal separation is seen. Right kidney measures 103 x 43 mm. Left kidney measures 105 x 42 mm.

No evidence of any significant retroperitoneal lymphadenopathy is seen.
No evidence of fluid in peritoneal cavity.

Urinary bladder is partially distended (*Grossly Unremarkable*).

Prostate is normal in size, measuring ~ 32 x 28 x 32 mm (volume ~ 15.6 cc) shape and echotexture.

IMPRESSION: No significant abnormality detected.

Advice: Clinical Correlation.

END OF REPORT

Dr. ARTI GROVER MEHTA
MBBS, DMRD, DNB
SR. CONSULTANT RADIOLOGIST

24x7 Helpline - 7835999444 , 7835999555

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 Nagar, UTTAR PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA



Reg. No.: OPD.23-24-1263

Request Date : 04-04-2023 08:40 AM

Reporting Date : 04-04-2023 11:06 AM

Report Status : Finalized

ECHO COLOUR DOPPLER

INDICATIONS		SOB	
IMAGE QUALITY	GOOD	VIEWS	PLAX,PSAX,AP4CH,AP2CH

MEASUREMENTS	ABSOLUTE VALUE				NORMAL VALUE	DOPPLER	ABSOLUTE VALUE	NORMAL VALUE
Aortic Root Diameter (mm)	26				23-34	Mitral E velocity	0.70m/sec	0.6-1.3 m/s
Aortic valve excursion (mm)	18				>16	Mitral A velocity	0.50m/sec	0.2-0.7 m/s
Left Atrial Dimension (mm)	39				25-40	Mitral E/A ratio	1.41	1-2
Left Ventricular ED Dimension (mm)	51				39-53	Mitral DT	132msec	160-240 msec
Left Ventricular ES Dimension (mm)	30				23-36	TAPSE	27mm	≥16 mm
Interventricular Septal Thickness (mm)	ED	10	ES	12	6-11	Peak Aortic velocity	1.24m/sec	1.0-1.7 m/s
Left Ventricular PW Thickness (mm)	ED	11	ES	12	6-11	Peak LVOT velocity	-	0.7-1.1 m/s
EPSS (mm)	3 mm				<5	MV P ½ Time	-	msec
FS% (mm)	35 %				27-45%	Aortic P ½ Time	-	>500 msec
LV Ejection Fraction (mm)	65 % ± 3%				>55%	Peak Pulmonary Velocity	0.71m/sec	0.5-1.3 m/s

RWMA: No RWMA

PA PRESSURE: Not raised

COLOR FLOW MAPPING:

Trivial TR & MR

24x7 Helpline - 7835999444 , 7835999555

FINDINGS:

- No RWMA
- No LVDD
- Trivial TR & MR
- No LVH
- Normal LV size and systolic function
- Normal RV Size and systolic function
- No Clot/vegetation/pericardial effusion
- IVC is not dilated and greater than 50% collapsible.

IMPRESSION:

NORMAL ECHO STUDY.

END OF REPORT

DR. ROHIT RAI
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SEC 137 NOIDA

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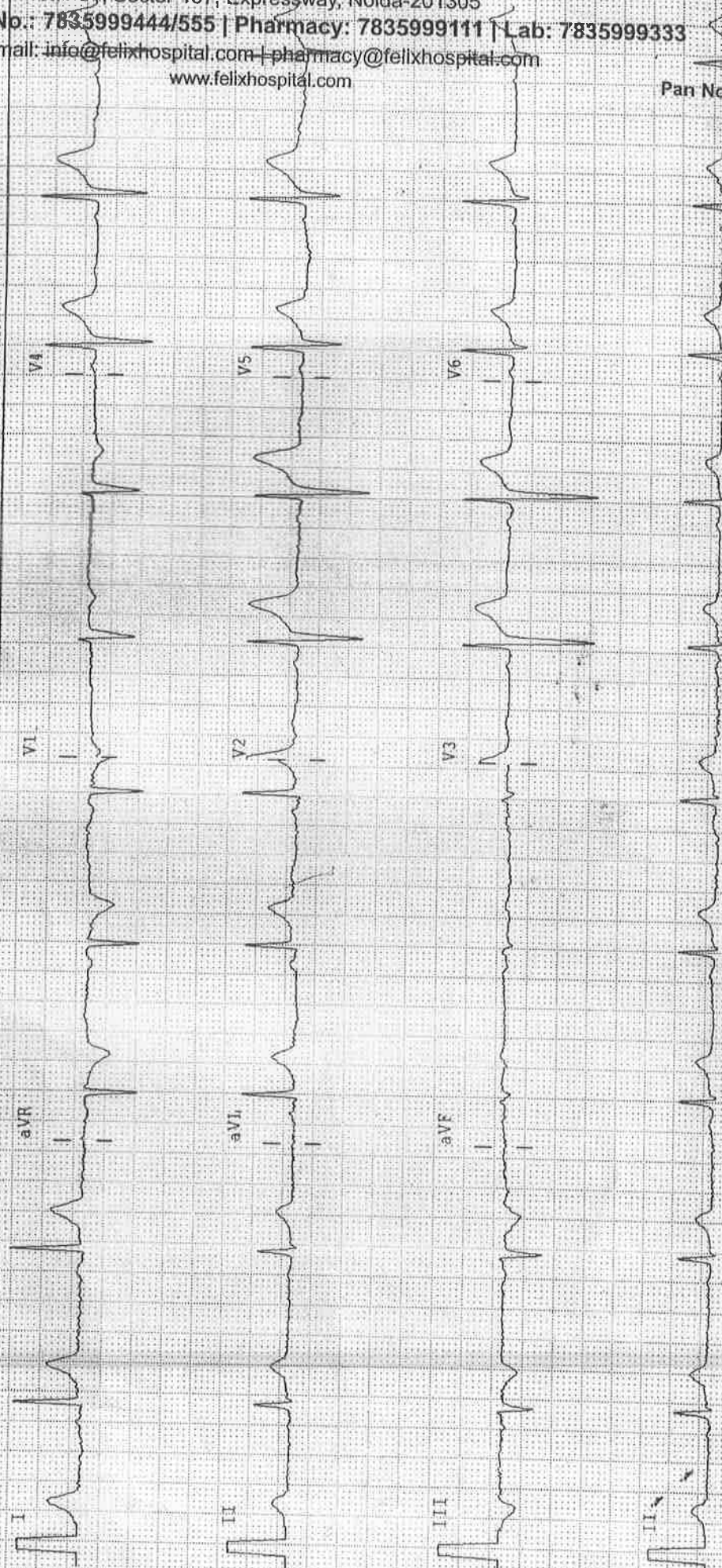
REF.

I2 SL: REPORT FORMAT: 3&+1L SQ

RATE: 61 bpm SINUS RHYTHM
 P-R: 976 ms INFERIOR T WAVE ABNORMALITY IS NONSPECIFIC
 P-R: 132 ms
 QRS: 96 ms
 QT: 386 ms
 QTc: 388 ms

-AXIS -

P - 06°
 QRS - 00°
 T - 00°



25mm/Sec 10mm/mV Notch: ON BLC: ON 0.05-35Hz ALLENGERS PISCES 10121 (VER 1.9) CLINICALLY CORRELATE THE FINDINGS