

Mr. Ravi Rai 32 YIF

10/02/24

Ht - 174cm

Wt - 84kg

BP - 130/70

P - 94b14

CBC - 14.3 | 4.25 | 8.94 | 153 | 10

HBA1C - 5.6

RBS - 91.0

KFT - 10, 1.02, 4.11

Lipid - 153.0 | 101.0 | 43.0 | 89.80

LFT - 29 | 36 | 69 U/L

ECHO - NO RWMA

USS - Abd → 0. wmk

Ad
CET Abd

As Regd HELL CLUP

CD measure on chest
on exercise
Pain on Rt hypochondrium on > 10
NO H10 Smoking

R
- Carb vlog-D 217 h
x 10 d
- SyP ALG10VD 10d 1-07
x 5d
- Cap med & m 00 x 30dy
- Cap Liqur D3 once a week
x 4 weeks

Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2011
Apollo Clinic, Raipur



Dr. Sweety Lath

BDS (Cosmetic Dental Surgeon)



Dr. Vivek Lath

Chief Dental Consultant
BDS, MDS, Diplomate (WCOI, Japan)
Professor, MCDRC - Durg
Reg. No. CGDC/14/PG/45

- Consult for : Digital Dentistry • Fixed Teeth • RCT • Dental Implants • Gums Diseases • Dentures • Cosmetic Filling • Tooth Jewellery
- Digital OPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

Mrs. Ravi Rai
32/M.

9/2/2024

Chk pt clo sensitivity in v/c teeth area

chk - stain + cal +

Adv. oral prophylaxis

be - Elseuz tooth paste.

Sweety



Apollo Clinic

LICENSEE : SAMRIDHI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Raipur (C.G.)

Email : raipur1@apolloclinic.com

Online appointments: www.askapollo.com | Online reports: <https://phr.apolloclinic.com>

0771 4033341/42

+91 9691826363

www.apolloclinic.co

NAME OF PATIENT: MR. RAVI RAI

AGE: 32YRS / MALE

REFERRED BY: BOB

DATE: 09/02/2024.

CHEST X - RAY PA VIEW

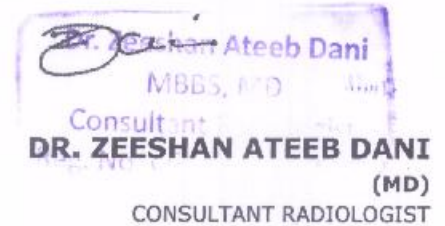
FINDINGS:

- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY SEEN.**

Advised: Clinical correlation and further evaluation if clinically indicated.



This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. This report is not for medico-legal purposes.

PATIENT NAME:- MR. RAVI RAI
REF BY :- BOB

AGE/SEX: 32 YRS/M
DATE:- 10.02.2024

USG ABDOMEN

Liver : Liver is normal in size cm, smooth in outline with echotexture. IHBR's are not dilated. CBD is not dilated. Portal vein and hepatic veins are normal.

Gall bladder : Distended & normal.

Pancreas & Paraaortic Region : Normal.

Spleen : Is normal size measures cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	10.30X4.61cm	10.15X5.28cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil

Urinary bladder.- Distended & normal

Prostate: is normal in size measures weight gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

USG abdomen within normal limit.

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant
DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.

LICENSEE : SAMRIDDI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com

+91 96918 26363

0771 4033341

MR RAVI RAI
Male 32 Years

HR : 90 bpm
P : 106 ms
PR : 148 ms
QRS : 88 ms
QT/QTc : 328/402 ms
P/QRS/T : 63.5/33 °
RV5/SVI : 0.678/0.679 mV

Sinus rhythm
Normal ECG

Report Confirmed by:



Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2011
Apollo Clinic, Raipur



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 90 CA

RT 9108 D V143 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Ravi Ravi

Date 9/02/24

Sex/Age M/37 year

MR No

Employee Id

EXTERNAL EXAMINATION		
SQUINT		NO
NYSTAGMUS		
COLOUR VISION		NORMAL
FUNDUS:(RE):-	<u>WNL</u>	(LE):- <u>WNL</u>
INDIVIDUAL COLOUR IDENTIFICATION		<u>Good</u>
DISTANT VISION:(RE):-	<u>6/6</u>	(LE):- <u>6/6</u>
NEAR VISION:(RE):-	<u>N6</u>	(LE):- <u>N6</u>
NIGHT BLINDNESS		<u>NAD</u>
	SPH	CYL
RIGHT		
LEFT		
REMARKS :-		



Dr. Vikas Mishra
MBBS, MS(Ophthalmologist)
Reg. No. CGMC 624/2006



Patient Name : Mr. RAVI RAI
UHID/ MR No : 9047
Visit Date : 09/02/2024
Sample Collected On : 09/02/2024 12:49PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 09/02/2024 03:58PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	14.3	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.25	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	42.90	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	100.9	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	33.6	pg	26 - 34
MCHC (Mean Corpuscular Hb Conc.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	14.4	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	8.94	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	64	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	25	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	05	%	1-6%
Monocytes	06	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path



DR DHANANJAY RAMCHANDRA PRASA
M.D. PATHOLOGY

Patient Name : Mr. RAVI RAI
UHID/ MR No : 9047
Visit Date : 09/02/2024
Sample Collected On : 09/02/2024 12:49PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y Male
OP Visit No : OPD-UNIT-II-1
Reported On : 09/02/2024 03:58PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	153	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 10

Blood Group (ABO Typing)

Blood Group (ABO Typing) : A
RhD factor (Rh Typing) : NEGATIVE

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path



Patient Name : Mr. RAVI RAI
UHID/ MR No : 9047
Visit Date : 09/02/2024
Sample Collected On : 09/02/2024 12:49PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 09/02/2024 03:58PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.6	%	Non-diabetic: <=5.6, Pre-Diabetic 5.7-6.4, Diabetic: >=6.5

- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
 3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflam
- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
 3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
 5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
 6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state dete

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
 path



Page 4 of 6

DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Apollo Clinic

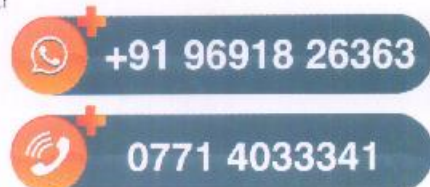
*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

LICENSEE : SAMRIDDHI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com



Patient Name : Mr. RAVI RAI
UHID/ MR No : 9047
Visit Date : 09/02/2024
Sample Collected On : 09/02/2024 12:49PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 09/02/2024 03:58PM

BIO CHEMISTRY

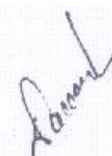
Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Random	91.0	mg/dl	70.0-140.0
Method: REAGENT GRADE WATER			

KFT - RENAL PROFILE - SERUM

BUN-Blood Urea Nitrogen	10	mg/dl	7 - 20
METHOD: Spectrophotometric			
Creatinine	1.02	mg/dl	0.6-1.4
METHOD: Spectrophotometric			
Uric Acid	4.11	mg/dL	2.6 - 7.2
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path



Page 1 of 6

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Apollo Clinic

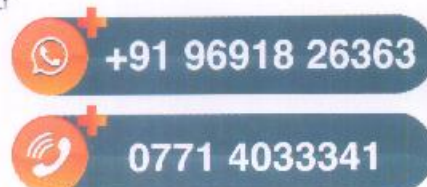
*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

LICENSEE : SAMRIDDI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com



Patient Name : Mr. RAVI RAI
UHID/ MR No : 9047
Visit Date : 09/02/2024
Sample Collected On : 09/02/2024 12:49PM
Ref. Doctor : SELF
Sponsor Name :

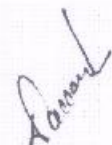
Age/Gender : 32 Y. Male
OP Visit No : OPD-UNIT-II-4
Reported On : 09/02/2024 03:58PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	153.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	101.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	43.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	89.80	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High >=190
Method: Spectrophotometric VLDL Cholesterol	20.20	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.56		3.5-5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path



Page 2 of 6

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Apollo Clinic

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

LICENSEE : SAMRIDDHI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com



+91 96918 26363



0771 4033341

Patient Name : Mr. RAVI RAI
UHID/ MR No : 9047
Visit Date : 09/02/2024
Sample Collected On : 09/02/2024 12:49PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y. Male
OP Visit No : OPD-UNIT-II-1
Reported On : 09/02/2024 03:58PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.6	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.40	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	29	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	36	U/L	0 - 41
ALKALINE PHOSPHATASE	69	U/L	25-147
Total Proteins Method: Spectrophotometric	6.7	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.5	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.2	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	2.0	%	1.1 - 2.2

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
path



Page 3 of 6

DR DHANANJAY RAMCHANDRA PRASA
M.D. PATHOLOGY

Apollo Clinic

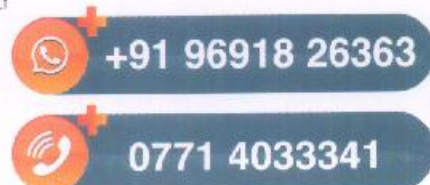
*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

LICENSEE : SAMRIDDI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com



Patient Name : Mr. RAVI RAI
UHID/ MR No : 9047
Visit Date : 09/02/2024
Sample Collected On : 09/02/2024 12:49PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y Male
OP Visit No : OPD-UNIT-II-1
Reported On : 09/02/2024 03:58PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	20ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.000		1.001 - 1.030
Reaction (pH)	6.0		
Chemical Examination			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
Microscopic Examination			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	1 - 2	/hpf	0 - 5
Epithelial Cell	Occasional	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
 path



DR DHANANJAY RAMCHANDRA PRASA
 M.D. PATHOLOGY

Page 1 of 2

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Apollo Clinic

LICENSEE : SAMRIDDHI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com



Patient Name : Mr.RAVI RAI	Collected : 09/Feb/2024 02:31PM
Age/Gender : 32 Y 0 M 0 D /M	Received : 09/Feb/2024 02:52PM
UHID/MR No : DSUS.0000006348	Reported : 09/Feb/2024 03:30PM
Visit ID : DSUSOPV7397	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.13	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	8.50	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	4.440	µIU/mL	0.35-5.5	CLIA

Comment:

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

1. TSH is a glycoprotein hormone secreted by the anterior pituitary, TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adcnoma; TSHoma/Thyrotropinoma

*** End Of Report ***

Page 1 of 1



Apollo Clinic

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

LICENSEE: SAMRIDDI PAROGYAM PVT. LTD.

DR. MANNA KIJUR

M.B.B.S, M.D (Pathology)

Apollo Clinic, Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Consultant Pathologist


Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online: apolloclinic@askapollo.com | Online reports: https://phr.apolloclinic.com

SIN No. IM06939321



+91 96115 33363



0771 4033341

ECHOCARDIOGRAPHY REPORT

NAME : MR. RAVI RAI	Age/Sex: 32Yrs/male	ECG : SINUS RHYTHM
OPD/ IPD : OPD	STUDY DATE: 10/02/2024	REGN. NO. : FRAI.00000
Ref.By Dr : BOB		

M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	2.7	2.0 – 3.7	IVS Thickness	ED = 1.1 ES = 1.4	0.6 – 1.1
AorticValve Opening	1.9	1.5 – 2.6	PW Thickness	ED = 1.0 ES = 1.3	0.6 – 1.1
LA Dimension	3.3	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.4	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.8	2.2 – 4.0	TAPSE	----	1.6 – 2.6
LV EJECTION FRACTION	> 60%		(NORMAL VALUE: 55 – 60%)		

2D ECHO, COLOR FLOW & DOPPLER ASSESSMENT

Left Ventricle : LV Size & contractility is Normal, NO RWMA, Calculated EF IS > 60%

Left Atrium : LA Size Is Normal

Right Ventricle : Normal

Right Atrium : Normal

IAS/IVS : Intact

Pericardium : Normal, there is no Pericardial Effusion.

Mitral Valve : E>A , Normal

Tricuspid Valve : Normal

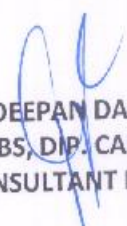
Aortic Valve : Normal

Pulmonary Valve : Pulmonary valve appears normal in morphology.

Systemic venous : IVC normal in size with normal Inspiratory collapse.

FINAL IMPRESSION : NO RWMA AT REST.
NORMAL LV SYSTOLIC FUNCTION.
NORMAL CARDIAC CHEMBER AND NORMAL VALVES.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.




DR. DEEPAN DAS
 MBBS, DIP. CARDIOLOGY
 CONSULTANT DEPT. OF NIC

Apollo Clinic

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

LICENSEE : SAMRIDDI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com



