

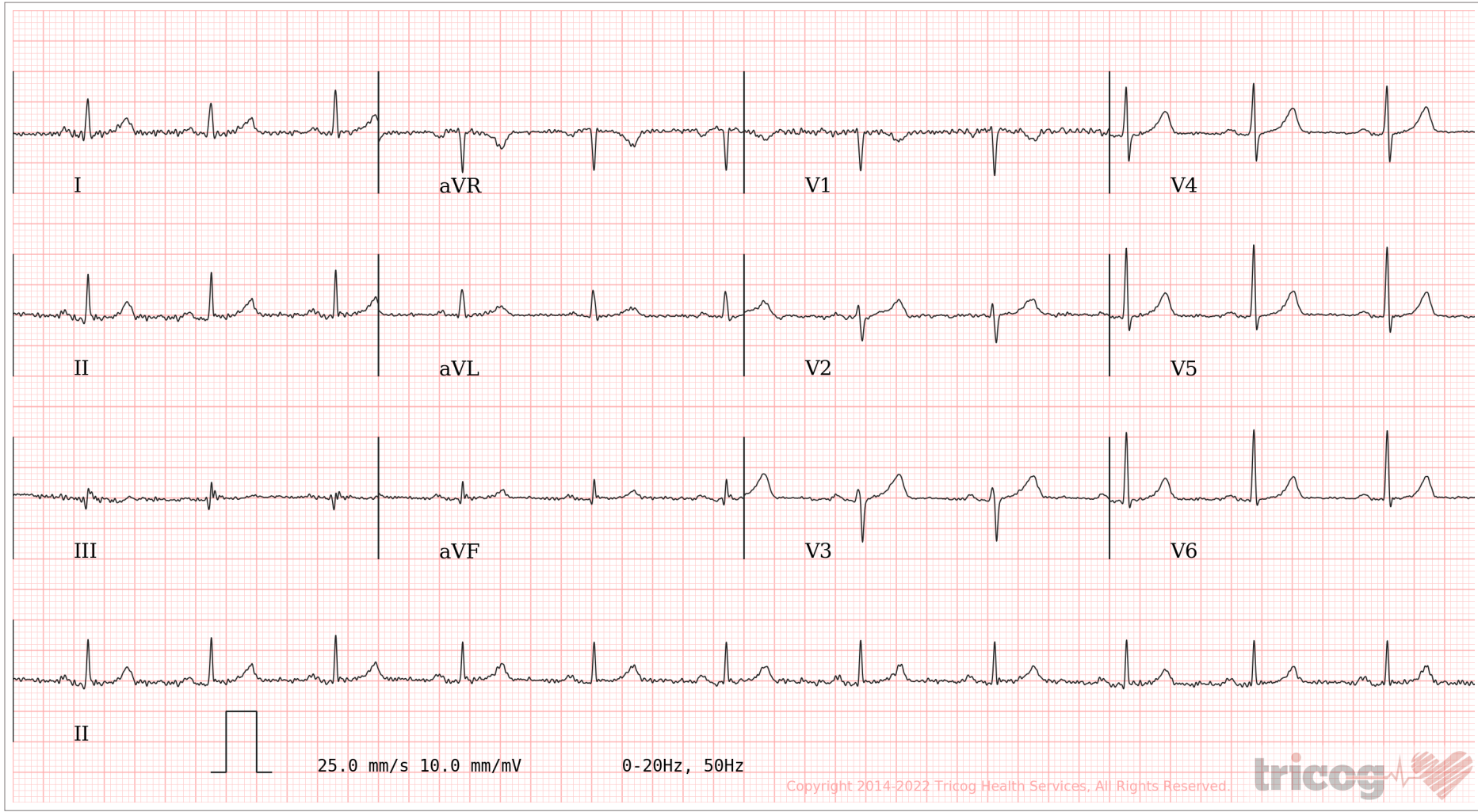


Age / Gender: 48/Female

Date and Time: 6th Jan 22 11:07 AM

Patient ID: CVAR0095722122

Patient Name: Mrs.RADHIKA DEVI-PKG10000237



AR: 70 bpm    VR: 70 bpm    QRSD: 62 ms    QT: 374 ms    QTc: 403 ms    PRI: 156 ms    P-R-T: 25° 25° 25°

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

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

REPORTED BY

Dr Nandhini V



Since 1991



## CHANDAN DIAGNOSTIC CENTRE

Name of Company: Mediwheel

Name of Executive: Radhika Devi

Date of Birth: 18/09/1973

Sex: female

Height: 148 cm

Weight: 61 kg

BMI (Body Mass Index): 27.8

Chest (Expiration / Inspiration) 94/98 cm

Abdomen: 87 cm

Blood Pressure: 138/76

Pulse: 76 Bpm

RR: 18

Ident Mark: note on hand

Any Allergies: no

Vertigo: no

Any Medications: (i) Tab metformane - Diabetic - 107 RS.

Any Surgical History: no

Habits of alcoholism/smoking/tobacco: no

Chief Complaints if any: no

Lab Investigation Reports: Reports A/H.

Eye Check up vision & Color vision: Normal - 2 Power glass - 54 BT

Left eye: Normal

Right eye: Normal

Near vision: Normal





Since 1991



## CHANDAN DIAGNOSTIC CENTRE

Far vision : *Normal*  
 Dental check up : *normal*  
 ENT Check up : *normal*  
 Eye Checkup : *normal*

### Final impression

Certified that I examined *Rachipadani* .....S/o or D/o .....  
 is presently in good health and free from any cardio-respiratory/communicable  
 ailment, he/she is fit / Unfit to join any organization.

### Client Signature :-

*राधिका*

**Dr. R.C. ROY**  
 MBBS., MD. (Radio Diagnosis)  
 Reg. No.-26918

.....  
Signature of Medical Examiner

Name & Qualification ..... *Dr. R.C. Roy, MBBS MD* .....

Date..... *08/10/22* ..... Place..... *Varanasi* .....



**आयकर विभाग**  
**INCOME TAX DEPARTMENT**

**भारत सरकार**  
**GOVT. OF INDIA**

**RADHIKA DEVI**

**SURYAVANSH PANDEY**

**18/09/1973**  
 Permanent Account Number  
**BXSPD9446B**

राधिका देवी  
 Signature

19012014

**भारत सरकार**  
**GOVERNMENT OF INDIA**

राधिका देवी  
**Radhika Devi**  
 जन्म तिथि/ DOB: 18/09/1973  
 महिला / FEMALE

3890 0801 4803

**आम आदमी का अधिकार**

3890 0801 4803

Chandan Diagnostic Center  
 St. Shivaji Nagar, Mahmoodpur, Ghatij  
 Varanasi-221010 (U.P.)  
 Phone No.: 0522-2223232

**राष्ट्रीय विशिष्ट पहचान प्राधिकरण**  
**UNIQUE IDENTIFICATION AUTHORITY OF INDIA**

**पता:**  
 अर्धोगिनी: नागेन्द्र दुबे,  
 मणेशपुर, रोहतास,  
 बिहार - 821104

**Address:**  
 W/O: Nagendra Dubey, Ganeshpur,  
 Rohas,  
 Bihar - 821104

3890 0801 4803

**Aadhaar-Aam Admi ka Adhikar**

राधिका



LAKE ATHABASCA CANADA

Latitude

25.305421°

Longitude

82.979075°

LOCAL 09:45:56

GMT 04:15:56

THURSDAY 01.06.2022

ALTITUDE 15 METER



# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795,0542-2223232  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.RADHIKA DEVI-PKG10000237	Registered On	: 06/Jan/2022 09:14:06
Age/Gender	: 48 Y 0 M 0 D /F	Collected	: 06/Jan/2022 10:19:56
UHID/MR NO	: CVAR.0000025379	Received	: 06/Jan/2022 10:30:11
Visit ID	: CVAR0095722122	Reported	: 06/Jan/2022 13:48:41
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) \* , Blood

Blood Group	B
Rh ( Anti-D)	POSITIVE

#### COMPLETE BLOOD COUNT (CBC) \* , Blood

Haemoglobin	<b>12.00</b>	g/dl	Male- 13.5-17.5 g/dl Female-12.0-15.5 g/dl	
TLC (WBC)	6,300	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils )	68.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	28.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	<b>2.00</b>	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	20.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	< 20	
PCV (HCT)	<b>38.90</b>	cc %	40-54	
<b>Platelet count</b>				
Platelet Count	1.70	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	4.43	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	87.90	fl	80-100	CALCULATED PARAMETER
MCH	<b>27.20</b>	pg	28-35	CALCULATED PARAMETER
MCHC	30.90	%	30-38	CALCULATED PARAMETER
RDW	12.20	%	11-16	ELECTRONIC IMPEDANCE
PLT	40.30	fL	35-60	ELECTRONIC IMPEDANCE
Neutrophils Count	4,284.00	/cu mm	3000-7000	
Eosinophils Count (AEC)	126.00	/cu mm	40-440	



Dr.S.N. Sinha  
Dr.S.N. Sinha (MD Path)





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UHID/MR NO	: CVAR.0000025379	Received	: 06/Jan/2022 14:29:47
Visit ID	: CVAR0095722122	Reported	: 06/Jan/2022 15:33:55
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLUCOSE FASTING , Plasma

Glucose Fasting	<b>155.60</b>	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### Glucose PP

Sample: Plasma After Meal

<b>293.40</b>	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.



*S.N. Sinha*  
Dr.S.N. Sinha (MD Path)





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Age/Gender	: 48 Y 0 M 0 D /F	Collected	: 06/Jan/2022 10:19:56
UHID/MR NO	: CVAR.0000025379	Received	: 07/Jan/2022 10:50:03
Visit ID	: CVAR0095722122	Reported	: 07/Jan/2022 12:17:50
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.80	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	51.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	148	mg/dl		

#### Interpretation:

##### NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

\*\*Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.







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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Clinical Implications:

\*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

\*With optimal control, the HbA 1c moves toward normal levels.


\*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy c. Alcohol toxicity d. Lead toxicity

\*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

\*Pregnancy d. chronic renal failure. Interfering Factors:

\*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.



  
Dr. Anupam Singh  
M.B.B.S, M.D. (Pathology)





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UHID/MR NO	: CVAR.0000025379	Received	: 06/Jan/2022 10:30:11
Visit ID	: CVAR0095722122	Reported	: 06/Jan/2022 14:12:46
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN (Blood Urea Nitrogen) *</b> <i>Sample:Serum</i>	7.40	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> <i>Sample:Serum</i>	0.80	mg/dl	0.5-1.2	MODIFIED JAFFES
<b>e-GFR (Estimated Glomerular Filtration Rate)</b> <i>Sample:Serum</i>	102.00	ml/min/1.73m <sup>2</sup>	90-120 Normal - 60-89 Near Normal	CALCULATED
<b>Uric Acid</b> <i>Sample:Serum</i>	4.90	mg/dl	2.5-6.0	URICASE
<b>L.F.T.(WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	18.10	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	17.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	35.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.00	gm/dl	6.2-8.0	BIRUET
Albumin	4.20	gm/dl	3.8-5.4	B.C.G.
Globulin	2.80	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.50		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	136.10	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.50	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) * , Serum</b>				
Cholesterol (Total)	<b>284.00</b>	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	62.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	124	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	<b>98.00</b>	mg/dl	10-33	CALCULATED
Triglycerides	490.00	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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200-499 High  
>500 Very High



S.N. Sinha

Dr.S.N. Sinha (MD Path)





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Visit ID	: CVAR0095722122	Reported	: 06/Jan/2022 14:31:57
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### URINE EXAMINATION, ROUTINE \* , Urine

Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 6.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	ABSENT	gms%
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#### Interpretation:

(+)	< 0.5
(++)	0.5-1.0
(+++)	1-2
(++++)	> 2





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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### SUGAR, PP STAGE \* , Urine

Sugar, PP Stage ABSENT

#### Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%



S.N. Sinha

Dr.S.N. Sinha (MD Path)





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UHID/MR NO	: CVAR.0000025379	Received	: 07/Jan/2022 10:31:28
Visit ID	: CVAR0095722122	Reported	: 07/Jan/2022 11:17:51
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL \*\*, Serum

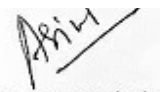
T3, Total (tri-iodothyronine)	125.63	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.35	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.37	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.



  
Dr. Anupam Singh  
M.B.B.S, M.D.(Pathology)





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## DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### X-RAY DIGITAL CHEST PA \*

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### DIGITAL CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

**IMPRESSION : N O R M A L S K I A G R A M**



Dr Raveesh Chandra Roy (MD-Radio)





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UHID/MR NO	: CVAR.0000025379	Received	: N/A
Visit ID	: CVAR0095722122	Reported	: 06/Jan/2022 10:03:21
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

- The liver measures 12.3 cm in mid clavicular line. It is normal in shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- Gall bladder is well distended and is normal.
- Portal vein measures 10 mm in caliber. CBD measures 3.1 mm in caliber.
- Pancreas is normal in size, shape and echogenicity.
- Spleen is normal in size ( 8.9 cm in its long axis), shape and echogenicity.
- Right kidney measures : 9.1 x 3.6 cm. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated.
- Left kidney measures : 8.9 x 4.6 cm. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated.
- Urinary bladder is normal in shape, outline and distension. Lumen is anechoic and no wall thickening seen. Prevoid urine volume 263 cc.
- Uterus is anteverted. Size 53 x 29 x 22 mm/18 cc. No focal myometrial lesion seen. Endometrium thickness 3 mm.
- Bilateral ovaries are normal in size, shape and echogenicity.
- No free fluid is seen in the abdomen/pelvis.

**IMPRESSION: No significant abnormality seen.**

**Please correlate clinically.**

**\*\*\* End Of Report \*\*\***

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, TREAD MILL TEST, PAP SMEAR FOR CYTOLOGICAL EXAMINATION



Dr Raveesh Chandra Roy (MD-Radio)

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Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Conduction Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*  
365 Days Open \*Facilities Available at Select Location







# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795,0542-2223232  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.RADHIKA DEVI-PKG1000237	Registered On	: 06/Jan/2022 10:38:40
Age/Gender	: 48 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000025379	Received	: N/A
Visit ID	: CVAR0095822122	Reported	: 06/Jan/2022 10:58:20
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF CARDIOLOGY

### 2D ECHO \*

#### 2D ECHO & COLOUR DOPPLER REPORT

##### AORTIC VALVES STUDY

Ao DIAMETER	2.3 Cms.
LA DIAMETER	2.6 Cms.
CUSP OPENING	1.3 Cms.

##### LEFT VENTRICLE

IVSd	0.9cms
LVIDd	3.9cms
LVPWd	0.8cms
IVSs	1.2cms
LVIDs	2.5cms
LVPWs	1.2cms
EDV	67 ml
ESV	23 ml

EJECTION FRACTION	:	64 %	( 60 ± 7 % )
SHORTENING FRACTION	:	34 %	( 30 ± 5% )

##### RIGHT VENTRICLE

RVIDd : 2.7 cm.

##### DIMENSIONAL IMAGING

MITRAL VALVE	:	NORMAL
AORTIC VALVE	:	NORMAL
PULMONARY VALVE	:	NORMAL
TRICUSPID VALVE	:	NORMAL
INTER VENTRICULAR SEPTUM:		NORMAL
INTERATRIAL SEPTUM	:	NORMAL
INTRACARDIAC CLOT / VEGETATION / MYXOMA :		ABSENT
LEFT ATRIUM	:	NORMAL
LEFT VENTRICLE	:	NORMAL
RIGHT VENTRICLE	:	NORMAL
RIGHT ATRIUM	:	NORMAL
PERICARDIUM	:	NORMAL





# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235447795,0542-2223232  
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Patient Name	: Mrs.RADHIKA DEVI-PKG10000237	Registered On	: 06/Jan/2022 10:38:40
Age/Gender	: 48 Y 0 M 0 D /F	Collected	: N/A
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## DEPARTMENT OF CARDIOLOGY

OTHER : NORMAL

### COLOUR FLOW MAPPING

	VELOCITY m/s	PRESSURE GRADIENT mm/Hg	REGURGITATION
MITRAL FLOW	E: NORMAL A:		TRACE
AORTIC FLOW		NORMAL	MILD
PULMONARY FLOW		NORMAL	ABSENT
TRICUSPID FLOW		NORMAL	TRACE

### SUMMARY OF FINDINGS AND ECHOCARDIOGRAPHY DIAGNOSIS

- LV IS NORMAL IN SIZE AND EJECTION FRACTION. NO LVH. NO RWMA
- OTHER PARAMETERS WITHIN NORMAL RANGE
- IAS AND IVS ARE INTACT, NO SHUNT AT GREAT VESSEL
- NO THROMBUS /CLOT/ EFFUSION

### FINAL IMPRESSION

- NO RESTING RWMA
- GOOD BIVENTRICULAR SYSTOLIC FUNCTION WITH LVEF 64%
- NO LVH WITH GRADE I DIASTOLIC DYSFUNCTION
- NO CHAMBER DILATATION WITH TRACE MR AND TR, MILD AR
- NO CLOT/ VEGETATION/ PAH/ EFFUSION

\*\*\* End Of Report \*\*\*



Dr. Ganesh Shankar (MBBS PGDCC)

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