Patient Name: Mr Prasant Sagar Babu K MRN: 10200000269127 Gender/Age: MALE, 41y (27/08/1981)

Collected On: 28/01/2023 09:14 AM Received On: 28/01/2023 09:50 AM Reported On: 28/01/2023 11:53 AM

Barcode: 012301280781 Specimen: Serum Consultant: Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8095815897

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.77	mg/dL	0.66-1.25
eGFR (Calculated)	111.4	mL/min/1.73m ²	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodyamically unstable patients eGFR is not applicable for less than 18 years of age.
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease)	14	mg/dL	9.0-20.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	4.1	mg/dL	3.5-8.5
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	197	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	68	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	46	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	151.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	137	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	13.6	mg/dL	0.0-40.0

Cholesterol /HDL Ratio (Calculated)	4.3	-	0.0-5.0
Prostate Specific Antigen (PSA) (Enhanced Chemiluminesence)	0.402	ng/mL	0.0-2.5
THYROID PROFILE (T3, T4, TSH)			
Tri lodo Thyronine (T3) (Enhanced Chemiluminesence)	1.30	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminesence)	9.10	μg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminesence)	7.835 H	μlU/mL	0.4-4.049
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Colorimetric - Diazo Method)	0.54	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry)	0.10	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Calculated)	0.45	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.60	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.70	gm/dL	3.5-5.0
Serum Globulin (Calculated)	2.9	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.63	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	31	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	49	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	93	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	30	U/L	15.0-73.0

Interpretation Notes

Indirect Bilirubin result is a calculated parameter (Indirect Bilirubin = Total Bilirubin - Direct Bilirubin). Indirect bilirubin result includes the delta bilirubin fraction also. Delta Bilirubin is the bilirubin which is covalently bound to albumin. Delta Bilirubin is not expected to be present in healthy adults or neonates.

-- End of Report-

W

Mrs. Latha B S MSc, Mphil, Biochemistry Incharge, Consultant Biochemistry Dr. Anushre Prasad MBBS,MD, Biochemistry

Consultant Biochemistry

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.

(Lipid Profile, -> Auto Authorized)

(CR, -> Auto Authorized)

(LFT, -> Auto Authorized)

(Uric Acid, -> Auto Authorized)

(Blood Urea Nitrogen (Bun), -> Auto Authorized)

(Prostate Specific Antigen (Psa) -> Auto Authorized)





Patient Name: Mr Prasant Sagar Babu K MRN: 10200000269127 Gender/Age: MALE, 41y (27/08/1981)

Collected On: 28/01/2023 09:14 AM Received On: 28/01/2023 09:50 AM Reported On: 28/01/2023 10:02 AM

Barcode: 022301280437 Specimen: Whole Blood Consultant: Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8095815897

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	16.1	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.57 H	million/μl	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	48.3	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	86.8	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	28.9	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.3	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	13.6	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	368	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	6.7	10 ³ /μL	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	46.9	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	29.0	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	10.0	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	13.4 H	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.7	%	0.0-2.0

Absolute Neutrophil Count (Calculated)	3.15	x10 ³ cells/μl	2.0-7.0
Absolute Lympocyte Count (Calculated)	1.95	x10 ³ cells/μl	1.0-3.0
Absolute Monocyte Count (Calculated)	0.67	x10 ³ cells/μl	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.9 H	x10 ³ cells/μl	0.02-0.5
Absolute Basophil Count (Calculated)	0.05	-	-

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

Interpretation Notes

• Haemoglobin , RBC Count and PCV: If below reference range, indicates Anemia. Further evaluation is suggested .

RBC Indices aid in typing of anemia.

WBC Count: If below reference range, susceptibility to infection.

If above reference range- Infection*

If very high in lakhs-Leukemia

Neutrophils -If above reference range-acute infection, mostly bacterial

Lymphocytes -If above reference range-chronic infection/ viral infection

Monocytes -If above reference range- TB, Typhoid, UTI

Eosinophils -If above reference range -Allergy, cough, Common cold, Asthma & worms

Basophils - If above reference range, Leukemia, allergy

Platelets: If below reference range- bleeding disorder, Dengue, drug- induced, malignancies

* In bacterial infection with fever total WBC count increases.

Eg Tonsillitis, Sinusitis, Bronchitis, Pneumonia, Appendicitis, UTI-12000-25000 cells/cumm.

In typhoid and viral fever WBC may be normal.

DISCLAIMER: All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert.

-- End of Report-

Dr. Shalini K S

DCP, DNB, Pathology

Consultant

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.





Patient Name: Mr Prasant Sagar Babu K MRN: 10200000269127 Gender/Age: MALE, 41y (27/08/1981)

Collected On: 28/01/2023 09:14 AM Received On: 28/01/2023 09:50 AM Reported On: 28/01/2023 10:30 AM

Barcode: 012301280780 Specimen: Plasma Consultant: Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8095815897

BIOCHEMISTRY

TestResultUnitBiological Reference IntervalFasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)216 Hmg/dL70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020

-- End of Report-

Mrs. Latha B S

MSc, Mphil, Biochemistry

Incharge, Consultant Biochemistry

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

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- Kindly correlate clinically.





Patient Name: Mr Prasant Sagar Babu K MRN: 10200000269127 Gender/Age: MALE, 41y (27/08/1981)

Collected On: 28/01/2023 09:14 AM Received On: 28/01/2023 09:50 AM Reported On: 28/01/2023 10:37 AM

Barcode: 022301280436 Specimen: Whole Blood - ESR Consultant: Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8095815897

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR)	1	mm/1hr	0.0-10.0

(Westergren Method)

Interpretation Notes

ESR high - Infections, chronic disorders,, plasma cell dyscrasias.
 DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert

-- End of Report-

Dr. Sudarshan Chougule MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

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- Kindly correlate clinically.





Patient Name: Mr Prasant Sagar Babu K MRN: 10200000269127 Gender/Age: MALE, 41y (27/08/1981)

Collected On: 28/01/2023 09:14 AM Received On: 28/01/2023 09:51 AM Reported On: 28/01/2023 11:00 AM

Barcode: 032301280142 Specimen: Urine Consultant: Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8095815897

CLINICAL PATHOLOGY

Test Result Unit

Urine For Sugar (Fasting) (Enzyme Method (GOD Present +++

POD))

-- End of Report-

Dr. Sudarshan Chougule MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

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- Kindly correlate clinically.





Patient Name: Mr Prasant Sagar Babu K MRN: 10200000269127 Gender/Age: MALE, 41y (27/08/1981)

Collected On: 28/01/2023 09:14 AM Received On: 28/01/2023 09:51 AM Reported On: 28/01/2023 10:16 AM

Barcode: 032301280142 Specimen: Urine Consultant: Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8095815897

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Colour	STRAW	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (pH Indicator Method)	5.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.035	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Present +++	-	Not Present
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	Not Present
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Not Present	-	Not Present
Blood Urine (Peroxidase Reaction)	Not Present	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present
MICROSCOPIC EXAMINATION			
Pus Cells	0.8	/hpf	0-5

RBC	0.1	/hpf	0-4
Epithelial Cells	1.6	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.02	/hpf	0-1
Bacteria	66.1	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	Not Present	-	Not Present

-- End of Report-

Dr. Sudarshan Chougule MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



Final Report

DEPARTMENT OF LABORATORY MEDICINE

Patient Name: Mr Prasant Sagar Babu K MRN: 10200000269127 Gender/Age: MALE, 41y (27/08/1981)

Collected On: 28/01/2023 09:14 AM Received On: 28/01/2023 09:47 AM Reported On: 28/01/2023 10:24 AM

Barcode: 1B2301280023 Specimen: Whole Blood Consultant: Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8095815897

NARAYANA HRUDAYALAYA BLOOD CENTRE

Test Result Unit

BLOOD GROUP & RH TYPING

Blood Group (Column Agglutination Technology)

RH Typing (Column Agglutination Technology) Positive

-- End of Report-

1

Dr. Prathip Kumar B R
MBBS,MD, Immunohaematology & Blood Transfusion
Consultant

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



Patient Name: Mr Prasant Sagar Babu K MRN: 10200000269127 Gender/Age: MALE, 41y (27/08/1981)

Collected On: 28/01/2023 09:14 AM Received On: 28/01/2023 09:51 AM Reported On: 28/01/2023 11:00 AM

Barcode: 032301280142 Specimen: Urine Consultant: Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8095815897

CLINICAL PATHOLOGY

Test Result Unit

Urine For Sugar (Fasting) (Enzyme Method (GOD Present +++

POD))

-- End of Report-

Dr. Sudarshan Chougule MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.





Collected On: 28/01/2023 09:14 AM Received On: 28/01/2023 09:51 AM Reported On: 28/01/2023 10:16 AM

Barcode: 032301280142 Specimen: Urine Consultant: Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8095815897

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Colour	STRAW	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (pH Indicator Method)	5.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.035	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Present +++	-	Not Present
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	Not Present
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Not Present	-	Not Present
Blood Urine (Peroxidase Reaction)	Not Present	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present
MICROSCOPIC EXAMINATION			
Pus Cells	0.8	/hpf	0-5

RBC	0.1	/hpf	0-4
Epithelial Cells	1.6	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.02	/hpf	0-1
Bacteria	66.1	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	Not Present	-	Not Present

-- End of Report-

Dr. Sudarshan Chougule MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



Patient Name: Mr Prasant Sagar Babu K MRN: 10200000269127 Gender/Age: MALE, 41y (27/08/1981)

Collected On: 28/01/2023 09:14 AM Received On: 28/01/2023 09:49 AM Reported On: 28/01/2023 11:50 AM

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8095815897

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC NGSP Certified)	9.2 H	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	217.34	-	-

Interpretation:

- 1. HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- 2. HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- 3. Any sample with >15% should be suspected of having a haemoglobin variant.

-- End of Report-

Mrs. Latha B S MSc, Mphil, Biochemistry

Incharge, Consultant Biochemistry

Dr. Anushre Prasad MBBS,MD, Biochemistry

Consultant Biochemistry

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.





CONSULTATION SUMMARY



Patient MRN Patient Name :10200000269127

India,-560090

Consultant

Consultation Date: 28/01/2023 01:53 PM

Gender/Age/Dob Patient Phone No

Patient Address

Mr Prasant Sagar Babu K Male , 41 Years , 27/08/81 8095815897

H no- 1B, Sri Sai Residency,

Bangalore Rural, Karnataka,

Yellammanagar, Chandapura,

: Dr. Santosh K M (FAMILY MEDICINE)

Consultation Type

OP . NEW VISIT

VITALS

Blood Pressure: 138/80 mmHa

SPO2: 98 % . Room air

Height 165 cm

Weight: 76 kg

BMI: 27.92 kg/m2

BSA: 1.87 m2

CLINICAL IMPRESSION

Grade 1 fatty liver T2DM Hypothyroid Hyperlipidemia

MEDICATION ORDER

DRUG NAME

- 1) SITAGLIPTIN+METFORMIN HCL-TABLET-50MG+500MG-STALIX M
- 2) ROSUVASTATIN-TABLET-10MG-ROZULA
- 3) VITAMINE E+L CARNITINE-TABLET-400IU+150MG-TOCOWEL

PATIENT INSTRUCTION

Patient Instruction: (1-0-0-1) Tablet After Food, Qty:1, Start Date: Jan 28, 2023

Patient Instruction: (0 - 0 - 0 - 1) Tablet After Food continue till review, Qty: 1, Start Date: Jan 28, 2023

Patient Instruction:Once Daily (1-0-0-0) Tablet For 3 Months, Qty: 90, Start Date: Jan 28, 2023, End Date: Apr 27, 2023

ADVICE

Hydration atleast 4 litres per day Food Quality (as discussed in outpatient department) Exercise- atleast 30 min brisk walk daily Sleep Hygiene

FOLLOW UP DETAILS

Physical Consultation after 3 Months with below investigation results





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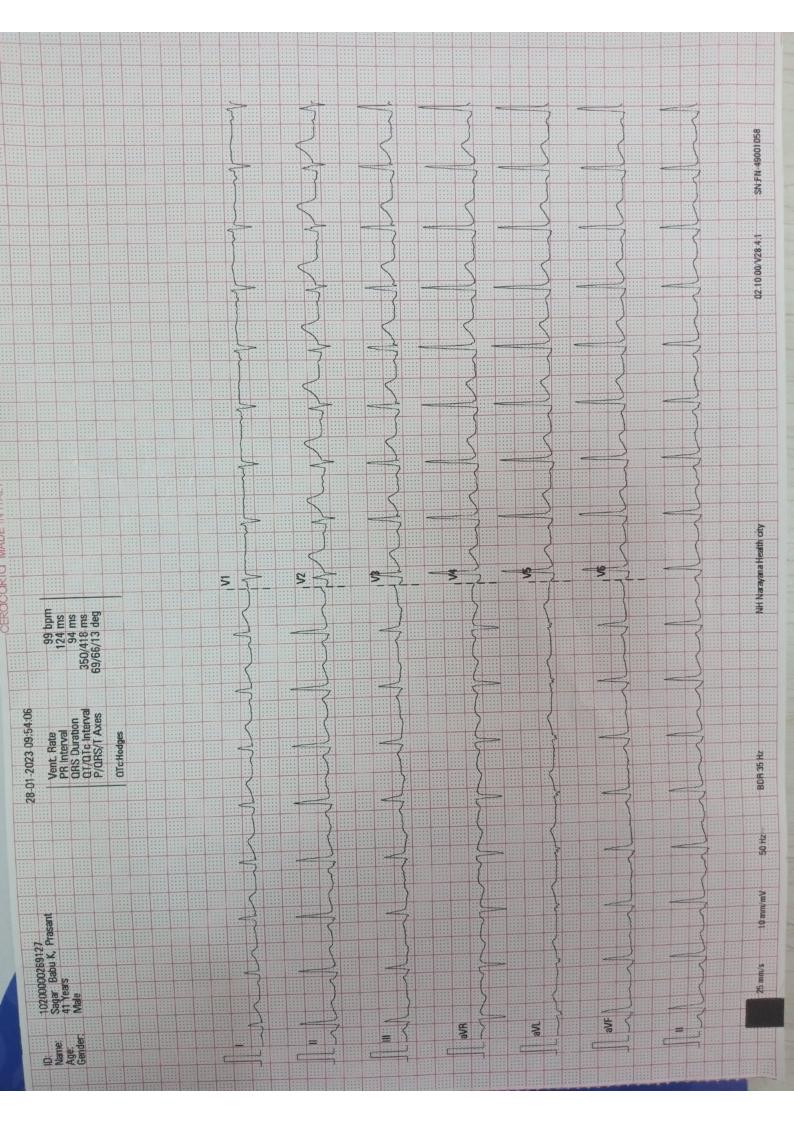
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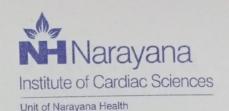
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Patient Name

: Mr. Prasant Sagar Babu K

MRN

: 10200000269127

Age

: 41 Years

Sex

: Male

Referring Doctor : EHC

Date

: 28.01.2023

ULTRASOUND ABDOMEN AND PELVIS

CLINICAL DETAILS: Health Check-up.

FINDINGS:

Liver is enlarged in size (15.3 cm) and shows diffuse increase in parenchymal echogenicity, suggestive of mild fatty infiltration. No intra or extra hepatic biliary duct dilatation. No focal lesions.

Portal vein is normal in course and caliber. Hepatic veins and their confluence draining into the IVC appear normal. CBD is not dilated.

Gallbladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity.

Spleen is enlarged in size (13.2 cm), normal in shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Retroperitoneum - Obscured by bowel gas.

Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Prostate is normal in size, measures 3.3 x 2.7 x 2.4 cm (volume - 11.6 cc).

There is no ascites.

IMPRESSION:

- Hepatomegaly with mild fatty infiltration.
- Splenomegaly.

Dr. Prateek Agarwal Resident

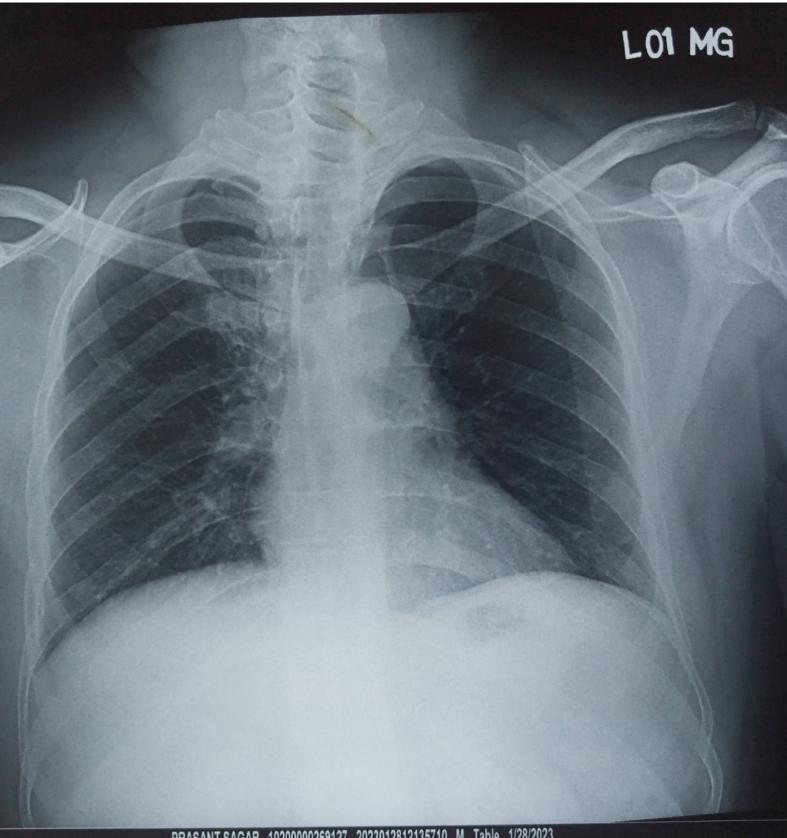
Typed by Shobha. G



Appointments

1800-309-0309 (Toll Free)

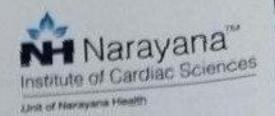
Emergencies 97384 97384



PRASANT SAGAR 10200000269127 2023012812135710 M Table 1/28/2023

NH HEALTHCITY BANGALORE

ADULT TRANS-THORACIC ECHO REPORT



PATIENT NAME GENDER/AGE LOCATION AAr Prasent Sagar Mabu K Mule, A3 Years ASPA (R-3) PATIENT MAN PROCEDURE DATE REQUESTED BY 10200000257127 28/01/2021 11:34 AM Or. Santosti K M

THE REPORT AND PARTY.

INDICATIONS

ASYMPTOMATIC

CLINICAL DIAGNOSIS

HEALTH CHECK

PREVIOUS ECHO REPORT

NO REPORTS AVAILABLE

VITAL PARAMETERS

HR (BPM):103, ST , BP (MMHG): 138/104, 502: 96%

IMPRESSION

NORMAL CHAMBER DIMENSIONS

· NO RWMA

* TR - MULD

. NORMAL PA PRESSURE

. NORMAL RV AND LY FUNCTION

. LVEF - 60%

FINDINGS

CHAMBERS LEFT ATRIUM

NORMAL SIZED

AP DIAMETER(MM): 28

RIGHT ATRIUM

NORMAL SIZED

LEST VENTRICLE

NORMAL SIZED, MILD LV DIASTOLIC DYSFUNCTION, NORMAL CV FILLING PRESSURE,

: 9

: 9

: 7

NORMAL LY FUNCTION.

LVIDD(MM)

IVSD(MM)

EDV(ML)

: 83

E/A RATIO

; 43 IV ; 28 LV

LVPWD(MM) E/E'(AVERAGE) ESV(ML) LVEF(%)

: 60

RIGHT VENTRICLE

: NORMAL SIZE AND THICKNESS WITH NORMAL FUNCTION

MINOR AXIS A4CV(MMJ: 23, TAPSE(MM): 20

. 0.7

LVOT/RVOT

: NORMAL - NO RWMA

MITRAL

: NORMAL, MR - TRIVIAL : NORMAL, PG - 7 MMHG.

AORTIC TRICUSPID

NORMAL, TR - MILD, TR PV - 2.3 M/S.

PULMONARY

NORMAL, PG - 4 MMHG.

SEPTAE

IAS : INTACT

ARTERIES AND VEINS

Page 1 of 2







MR SUDHAGAR M (10020001315600)

NORMAL SIZED, PAT - 128 MS, PASP - 27 MMHG, NORMAL PA PRESSURE. IVC - 12 MM, NORMAL SIZED & COLLAPSIBILITY > 50 %. RAP - 3 MMHG, NORMAL NORMAL

NORMAL IVC SVC & CS

NORMAL PERICARDIAL THICKNESS. NO EFFUSION PULMONARY VEINS

NO TUMOUR, THROMBUS OR VEGETATION SEEN PERICARDIUM INTRACARDIAC MASS

OTHERS

DR. SATISH C GOVIND SENIOR CONSULTANT

HIVAGARAJAN SUBRAMANIAN CARDIAC SONOGRAPHER

: 28/01/2023 01:36 PM 28/01/2023 01:33 PM PREPARED ON : 28/01/2023 01:36 PM : GUNASUNDARI V(915675) GENERATED ON PREPARED BY : GUNASUNDARI V(915675) **GENERATED BY**