



# Balaji Medical Centre

An ISO 9001:2015 Accredited Organization  
info@balajimedicalcentre.com, dr@balajimedicalcentre.com



- CHENNAI** : No.5 (3/2), Jagadeeswaran Street,T.Nagar,Chennai-600 017. INDIA ☎: 044-24364651 / 52 / 53  
No.38, Manikodi Srinivasan Nagar Main Road, Rajiv Gandhi Salai, Perungudi, Chennai-600 096. INDIA ☎: 044-29865513 / 14
- TUTICORIN** : Plot No.51, Door No.20/10, Roche Colony, South Beach Road,Tuticorin - 628 001.INDIA ☎: 0461-2332719 / 20
- CUDDALORE** : No.26, Dowfath Nagar, Semmandalam, Cuddalore - 607001.INDIA ☎: 04142-202150,203150
- KOCHI** : No.66/2345A, Veekshnam Road, Ernakulam,Kochi-682018 . INDIA ☎: 0484-2395006 / 07 / 08
- VIZAG** : Door No.39-11- 63/4-1, Murali Nagar, Visakhapatnam,Andhra Pradesh-530 007. INDIA ☎: 0891-2710299 / 399
- MANGALORE** : Shop No.5, Door No.1-65/31, Kulur-Kavoor Airport Road, Vivek Nagar, Panjimogaru, Mangalore-575 013.INDIA ☎: 0824-2972719 / 20.
- KAKINADA** : 76-17-15/1,RR Nagar,Road No.2, Kakinada, Andhra Pradesh -533003.INDIA ☎: 0884-2345555, 0884-3500132.

REG. NO: MA24010000302

DATE: 27/01/2024

## MEDICAL FITNESS CERTIFICATE

This is to certify that I have examined MR. HEJEEBU VENKATA RAMA SUDHAKAR (59/M)

Upon his annual pre check-up at our clinic today was subjected to all the necessary investigations as per your request.

Upon medical examination he is found to have his Fasting Blood sugar and PPBS and HbA1C is higher than the normal limits.

Advised to consult physician for the same.

Dietary Counseling was provided from our end

Known case of Diabetes since 10 years on treatment and under control.

Known case of Hypothyroidism since 6 years on treatment and under control.

*Deeksha*  
Dr. DEEKSHA V. SHETTY  
Reg.No. 32158  
DGS Approval No. KAMG/09/2023

**“HEALTHIER MARINERS TOWARDS A WEALTHIER NATION”**



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## PHYSICAL EXAMINATION

Date Of Exam : 27/01/2024 Reg. No:MA24010000302

Name : MR. HEJEEBU VENKATA RAMA SUDHAKAR (59/Male)

Type Of Exam : Physical

Reference : Apollo Health and Lifestyle Limited

The doctor has examined this client at Balaji Medical Centre Mangalore for updated Physical examination and found the following.

Temperature	:	36.2C
Blood Pressure	:	110/70mmHg
Pulse	:	86/min
Respiration Rate	:	16/min
Waist (cm)	:	88Cms
Height	:	167Cms
Weight	:	62.1Kgs
BMI	:	22.3kg/m <sup>2</sup>

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**Name: MR. HEJEEBU VENKATA RAMA SUDHAKAR**

**Date: 27/01/2024**

**Reg. No : MA24010000302**

**Reference: Apollo Health and Lifestyle Limited**

## OPHTHALMIC REPORT

	RIGHT	LEFT
Distant: (Unaided)	6/9	6/60
Distant: (Aided)	6/6	6/6
Near: (Unaided)	N/18	N/18
Near: (Aided)	N/5	N/5
Colour:	Normal	Normal
Anterior Segment:	Normal	Normal
Intra Ocular Pressure:	Normal	Normal
Fundus:	Normal	Normal

  
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## LABORATORY REPORT

DATE : 27/01/2024 REG. NO : MA24010000302

NAME : MR. HEJEEBU VENKATA RAMA SUDHAKAR

AGE : 59YRS SEX : MALE

Reference : Apollo Health and Lifestyle Limited

### COMPLETE BLOOD COUNT (CBC)

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
ERYTHROCYTE (RBC) COUNT	6.0	mill/cu.mm	4.7-6.0
HAEMOGLOBIN (Hb)	15.1	gm/dl	13.5-18
PCV (PACKED CELL VOLUME)	45.3	%	42-52
MCV (MEAN CORPUSCULAR VOLUME)	77.3	fl	78-100
MCH (MEAN CORPUSCULAR HAEMOGLOBIN )	27.1	pg	27-31
MCHC (MEAN CORPUSCULAR Hb CONC.N.)	34.9	g/dl	32-36
RDW (RED CELL DISTRIBUTION WIDTH)	13.9	%	11.5-14.0
TOTAL LEUCOCYTES (WBC) COUNT	5580	Cells /cu.mm	4000-10500
ABSOLUTE NEUTROPHILS COUNT	3770	/c.mm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT	1200	/c.mm	1000-3000
ABSOLUTE MONOCYTE COUNT	450	/c.mm	200-1000
ABSOLUTE EOSINOPHIL COUNT	110	/c.mm	20-500
ABSOLUTE BASOPHIL COUNT	90	/c.mm	20-100
NEUTROPHILS	68.0	%	40-80
LYMPHOCYTES	21.0	%	20-40
MONOCYTES	8.0	%	2-10
EOSINOPHILS	2.0	%	1-6
BASOPHILS	1.0	%	0-2
PLATELET COUNT	1.3	10 <sup>3</sup> /μl	1.50-4.50
MPV (MEAN PLATELET VOLUME)	8.6	fl	6-9.5
PCT (PLATELET HAEMATOCRIT)	0.2	%	0.2-0.5
PDW (PLATELET DISTRIBUTION WIDTH)	16.7	%	9-17

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 NAME : MR. HEJEEBU VENKATA RAMA SUDHAKAR  
 AGE : 59YRS SEX : MALE  
 Reference : Apollo Health and Lifestyle Limited

### ROUTINE EXAMINATION URINE

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b><u>GENERAL EXAMINATION:</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	CLEAR		CLEAR
REACTION (pH)	6.0		4.5 - 8
SPECIFIC GRAVITY	1.020		1.010 - 1.030
<b><u>CHEMICAL EXAMINATION (AUTOMATED DIPSTICK METHOD):</u></b>			
URINE PROTEIN(ALBUMIN)	ABSENT		ABSENT
URINE GLUCOSE(SUGAR)	ABSENT		ABSENT
URINE KETONES(ACETONE)	ABSENT		ABSENT
BILE SALTS	ABSENT		ABSENT
BILE PIGMENTS	ABSENT		ABSENT
UROBILINOGEN	NORMAL		NORMAL
NITRITE	NEGATIVE		NEGATIVE
<b><u>MICROSCOPIC EXAMINATION</u></b>			
RED BLOOD CELLS	NIL	/hpf	0 - 2
PUS CELLS (WBCs)	1-2	/hpf	0 - 5
EPITHELIAL CELLS	0-1	/hpf	0 - 5
CRYSTALS	ABSENT	/hpf	ABSENT
CAST	ABSENT	/hpf	ABSENT
AMORPHOUS DEPOSITS	ABSENT	/hpf	ABSENT
BACTERIA	ABSENT	/hpf	ABSENT

*Hejebu*  
**DR. SHASHA, V. SHETTY**  
 Reg.No. 32158  
 DGS Approval No. KA/MG/09/2023



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## LABORATORY REPORT

Date : 27/01/2024 Reg. No :MA24010000302

Name : MR. HEJEEBU VENKATA RAMA SUDHAKAR

Age : 59Yrs Sex : Male

Reference : Apollo Health and Lifestyle Limited

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
ESR – Erythrocyte Sedimentation Rate (EDTA Whole Blood, Automated-Capillary photometry aggregation/ Manual – Westergrens method)	03	mm/hr	0-15

**Method:** Automated Westergren

**Interpretation;**

1. It indicates presence and intensity of an inflammatory process, never diagnosis of a specific disease, Chance are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation and hypothyroidism.

  
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**Remark:** ESR Performed using capillary photometric aggregation (for automated analysis) & westergrens (for manual testing).

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Age : 59Yrs Sex : Male

Reference : Apollo Health and Lifestyle Limited

## BIOCHEMISTRY

<u>Investigation</u>	<u>Observed value</u>	<u>unit</u>	<u>biological reference interval</u>
HbA1C-Glycated Haemoglobin (HPLC)	7.2	%	non-diabetic: <= 5.6 pre-diabetic: 5.7-6.4 Diabetic : >= 6.5
Estimated Average glucose (eAG)	159.94	mg/dl	

### INTERPRETATION & REMARK:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose. (eAG)
- HbA1c has been endorsed by clinical group & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1C are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used:  
 $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of haemoglobinopathies in HbA1c estimation.
  - for HbF >25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c
  - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring Diabetic status.
  - Heterozygous state detected (D10/turbo is corrected for HbS & HbC trait)
- In known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control. Excellent control-6 to 7%, fair to good control -7 to 8%, unsatisfactory control -8 to 10% and poor control -More than 10%

NOTE: Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

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*Allecha*  
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Approved by: 20/01/2023



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Name : MR. HEJEEBU VENKATA RAMA SUDHAKAR

Age : 59yrs Sex : Male

Reference : APOLLO HEALTH AND LIFESTYLE LIMITED

Test Name	Result	Units	Ref.Interval
<b>LIPID SCREEN, SERUM (Spectrophotometry)</b>			
Cholesterol	163.00	mg/dL	(<200.00)
Triglycerides	121.00	mg/dL	(<150.00)
HDL Cholesterol	36.0	mg/dL	(<40.00)
LDL Cholesterol,Calculated	93.5	mg/dL	(<100.00)
VLDL Cholesterol, Calculated	24.2	mg/dL	(<30.00)

### Note:

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total cholesterol, Triglycerides, HDL & LDL Cholesterol.
- ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is <400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is >400 mg/dL.

INTERPRETATION	TOTAL CHOLESTEROL in mg/dL	Triglyceride in mg/dL	LDL CHOLESTEROL in mg/dL
Optimal	< 200	<150	<100
Above Optimal	-	-	100-129
Boderline High	200-239	150-199	130-159
High	>=240	200-499	160-189
Very High	-	>=500	>=190

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Age : 59 yrs Sex : Male

Reference : Apollo Health and Lifestyle Limited

### LIVER FUNCTION TEST

TEST	PATIENT'S VALUES	UNITS	NORMAL RANGE	
			FROM	TO
Serum Bilirubin (Total)	0.6	mg/dl	0.1	1.2
Serum Bilirubin (Direct)	0.1	mg/dl	-	<0.3
Serum Bilirubin (Indirect)	0.5	mg/dl	0.1	1
S. Alkaline Phosphatase	68.0	U/L	-	<150
Serum Gamma G.T.	18.0	U/L	4	40
Serum G. P. T.	23.0	U/L	10	40
Serum G. O. T.	22.0	U/L	10	42
Serum Total Proteins	7.2	gm/dl	6.0	7.8
Albumin	4.2	gm/dl	3.5	5.0
Globulin	3.0	gm/dl	2.6	3.5
Albumin: Globulin Ratio	1.4	-	-	-

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info@balajimedicalcentre.com, dr@balajimedicalcentre.com



**CHENNAI** : No.5 (3/2), Jagadeeswaran Street,T.Nagar,Chennai-600 017. INDIA ☎ : 044-24364651 / 52 / 53  
No.38, Manikodi Srinivasan Nagar Main Road, Rajiv Gandhi Salai, Perungudi, Chennai-600 096. INDIA ☎ : 044-29865513 / 14  
**TUTICORIN** : Plot No.51, Door No.20/10, Roche Colony, South Beach Road,Tuticorin - 628 001,INDIA ☎ : 0461-2332719 / 20  
**CUDDALORE** : No.26, Dowfath Nagar, Semmandalam, Cuddalore - 607001,INDIA ☎ : 04142-202150,203150  
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**MANGALORE** : Shop No.5, Door No.1-65/31, Kulur-Kavoor Airport Road, Vivek Nagar, Panjimogaru, Mangalore-575 013,INDIA ☎ : 0824-2972719 / 20.  
**KAKINADA** : 70-17-15/1,RR Nagar,Road No.2, Kakinada, Andhra Pradesh -533003,INDIA ☎ : 0884-2345555, 0884-3500132.

## LABORATORY REPORT

Date : 27/01/2024 Reg. No : MA24010000302  
Name : MR. HEJEEBU VENKATA RAMA SUDHAKAR  
Age : 59Yrs Sex : Male  
Reference : Apollo Health and Lifestyle Limited

<u>Tests</u>	<u>Value/Results</u>	<u>Units</u>	<u>Reference Interval</u>
<b><u>BIO-CHEMISTRY</u></b>			
Blood Sugar (F)	: <b>253</b>	mg/dl	70-110
Blood Sugar (PPBS)	: <b>310</b>	mg/dl	120-140

  
Dr. DEEKSHA. V. SHETTY  
Reg.No. 32158  
DGS Approval No. KAMG/09/2023

“HEALTHIER MARINERS TOWARDS A WEALTHIER NATION”



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## LABORATORY REPORT

Reg. No : MA24010000302

Name : MR. HEJEEBU VENKATA RAMA SUDHAKAR (59/Male)

Reference : Apollo Health and Lifestyle Limited

Reported On : 27/01/2024

<u>TEST</u>	<u>Value/Results</u>	<u>Units</u>	<u>REFERENCE INTERVAL</u>
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### RENAL FUNCTION TEST

Urea	:	25	mg/dL	15-40
Creatinine	:	1.0	mg/dL	0.2-1.2
BUN	:	11	mg/dL	6-21
Blood Uric Acid	:	5.5	mg/dL	4.7-6.1

*Deeksha*

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## LABORATORY REPORT

Reg. No : MA24010000302 Date: 27/01/2024

Name : MR. HEJEEBU VENKATA RAMA SUDHAKAR

Age : 59Yrs Sex: Male

Reference : Apollo Health and Lifestyle Limited

### HAEMATOLOGY

Blood Group & Rh Type : "B" POSITIVE

  
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## LABORATORY REPORT

Reg. No : MA24010000302 Date : 27/01/2024

Name : MR. HEJEEBU VENKATA RAMA SUDHAKAR

Age : 59yrs Sex : Male

Reference : Apollo Health and Lifestyle Limited

Test Name	Result	Units	Ref.Range
<b>THYROID PROFILE,TOTAL,SERUM (CLIA)</b>			
T3,Total	165.0	ng/dl	(70-204)
T4,Total	9.30	ug/dL	(5.0-12.5)
TSH	2.5	uIU/ml	(0.45-4.5)

### Reference Range for pregnancy:

TSH	REFERENCE RANGE IN Uiu/mL
<b>Pregnancy</b>	
1 <sup>st</sup> Trimester	0.30-4.50
2 <sup>nd</sup> Trimester	0.50-4.60
3 <sup>rd</sup> Trimester	0.80-5.20

**Note:**1 TSH levels are subject to circadian variation, reaching peak levels between 2-4 a.m. and at a minimum between 6-10 p.m. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

2 Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

3 Physiological rise in Total T3 /T4 levels is seen in pregnancy and in patients on steroid therapy.

### Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic-Pituitary hypothyroidism
- Inappropriate TSH secretion
- Non thyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

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## LABORATORY REPORT

Reg. No : MA24010000302

Name : MR. HEJEEBU VENKATA RAMA SUDHAKAR (59/Male)

Reference : Apollo Health and Lifestyle Limited

Reported On : 27/01/2024

### IMMUNOLOGY

PSA (Prostate Specific Antigen) : 2µg/l

*Deeksha*  
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## LABORATORY REPORT

Reg No : MA24010000302  
Name : MR. HEJEEBU VENKATA RAMA SUDHAKAR Date : 27/01/2024  
Age : 59yrs Sex : Male  
Reference : Apollo Health and Lifestyle Limited.

### PERIPHERAL SMEAR EXAMINATION

RED BLOOD CELL MORPHOLOGY : NORMAL  
W B C MORPHOLOGY : NORMAL  
PLATELET MORPHOLOGY : NORMAL

*Deeksha*

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## DENTAL CERTIFICATE

LAST NAME	FIRST NAME	DATE OF BIRTH	CDC NO./PP. NO
	MR. HEJEEBU VENKATA RAMA SUDHAKAR	14/08/1964	806018093994

Please tick box if treatment pending or recommended

Please provide details of any dental/orthodontic work that is recommended or anticipated in the next 2 years.

-----NIL-----

Please tick box if no treatment pending or recommended

NAME OF DENTIST	QUALIFICATION OF DENTIST	SIGNATURE & STAMP	DATE
DR. S. NARESH	BDS	 Dr. S. Naresh BDS Reg. No.: 11291	27/01/2024

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## DIGITAL RADIOGRAPH – CHEST PA- VIEW

Date : 27/01/2024 Reg. No : MA24010000302

Name : MR. HEJEEBU VENKATA RAMA SUDHAKAR

Age : 59yrs

Sex : Male

Reference : Apollo Health and Lifestyle Limited

The cardio mediastinal silhouette is normal.

The lungs are well inflated. No focal mass lesion, lobar collapse or consolidation is seen.

No pleural effusion is detected.

The soft tissues and bones appear unremarkable.

### Conclusion:

- Normal chest radiograph.

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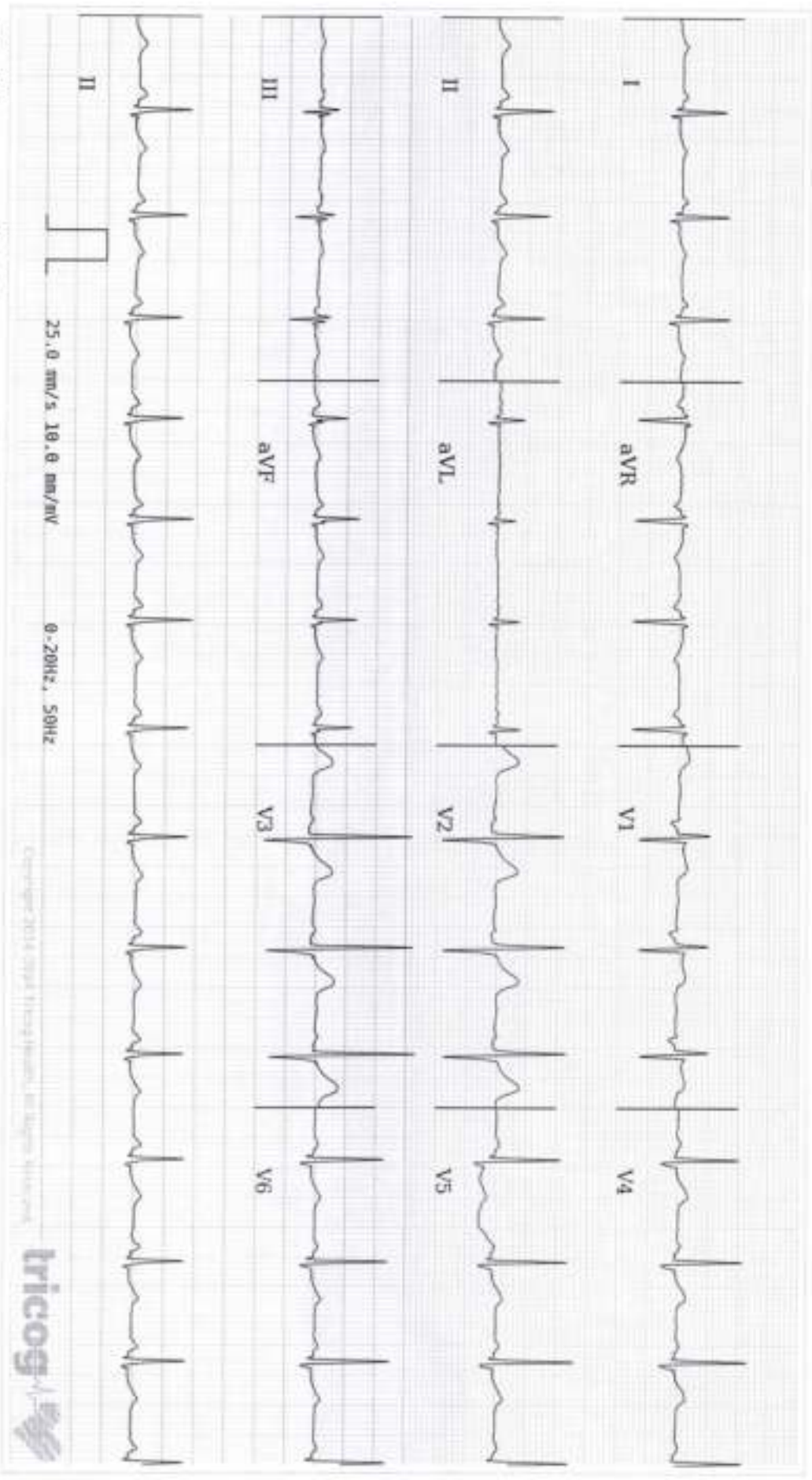
## ECG REPORT

Date : 27/01/2024 Reg. No :MA24010000305  
Name : MR. HEJEEBU VENKATA RAMA SUDHAKAR  
Age : 59yrs  
Sex : Male  
Reference : Apollo Health and Lifestyle Limited  
Impression : Normal Sinus Rhythm.

*Deeksha*

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AR: 87bpm VR: 87bpm QRSD: 80ms QT: 362ms QTcB: 435ms PRI: 124ms P-R-T: 59° 35° 69°

25.0 mm/s 10.0 mm/mV 0-20Hz, 50Hz

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

REPORTED BY



Dr. Maheshkumar Chidambaram

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



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**NAME** : MR. HEJEEBU VENKATA RAMA SUDHAKAR **AGE** : 59YRS /M  
**STUDY DATE** : 27/01/2024 **REG.NO** : MA24010000302  
**PNDT. REG. NO** : 06/2018-19 **REF. BY** : APOLLO

## USG COMPLETE ABDOMEN

### LIVER:

Is Normal in size. Hepatic Parenchyma is intrinsically normal.  
No focal lesion seen in liver.  
IHBR and CBD are normal in caliber. Portal vein is normal

### Gall Bladder:

Is well distended and is normal. No calculus seen. No abnormal wall thickening.

### Pancreas:

The head, tail and body of the pancreas are normal. No dilatation of pancreatic duct.

### Spleen:

Is normal in size. No focal parenchymal lesions.

**RT** Kidneys measures 9.3x4.1cms, normal in size.  
Cortico medullary differentiation is maintained.  
No calculus noted. Pelvicalyceal system is normal.

**LT** Kidneys measures 9.5x4.6cms, normal in size.  
Cortico medullary differentiation is maintained.  
No calculus noted. Pelvicalyceal system is normal.

### Urinary Bladder:

Is well distended and normal. No abnormal wall thickening.  
No intraluminal echoes/calculus.

### Prostate:

Normal in size and measures 3.4x2.5x3.0cms (Volume~13.33cc).  
Seminal vesicles are normal.  
No free fluid in abdomen.  
No evidence of any significant lymphadenopathy seen.

*Deeksha*

Dr DEEKSHA. V. SHETTY

Reg.No. 32158

Approval No. KAMG/09/2023

### Impression:

- Normal Study of Liver, Gall bladder ,Spleen, Pancreas, Right kidney, Left kidney, Urinary bladder and Prostate.

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GOVERNMENT OF INDIA

హేజీబు వెంకట రామ సుధాకర్

Hejeebu Venkata Rama Sudhakar



పుట్టిన సంవత్సరం/Year of Birth: 1964

పురుషుడు / Male



8060 1809 3994

ఆధార్ - సామాన్య వి హాక్యు

# Balaji Medical Centre Mangalore

Address: shree Heights building ,Shop no 5, Door no 1-65/31,Kulur-Kavoor,Airport Road Vivek Nagar Panjimogaru, Mangaluru 575013 Karnataka India

## Echocardiography Report

<b>PATIENT NAME</b> HEJEEBU VENKATA RAMA SUDHAKAR	<b>AGE</b> 59 yrs	<b>HEIGHT</b> 167 cm	<b>WEIGHT</b> 62 kg	<b>BSA</b> 1.70 m <sup>2</sup>	<b>DATE   TIME</b> 2024/01/27   15:32
<b>PATIENT ID</b> MA24010000302	<b>GENDER</b> Male	<b>REFERRING PHYSICIAN</b> DR.DEEKSHA.V.SHETTY	<b>REPORTED BY</b> DR. JEEVARATHINAM. N		

### PROCEDURE

An ECHO exam was performed including 2D, M-mode, Spectral, Color-flow.

### SUMMARY

Normal chamber size and shape  
Normal left ventricular systolic function. Ejection fraction - 63%  
No regional wall motion abnormality  
Impaired left ventricular diastolic function  
Normal valves  
No intracardiac clot/vegetation/pericardial effusion

### LEFT VENTRICLE

Measurement	Value	Reference	Measurement	Value	Reference
<b>Systolic Function</b>			<b>Dimensions</b>		
LVEF MOD A4C (%)	63.29	( 72-52 )	LVIDd (cm)	3.87	( 4.2-5.8 )
%FS (%)	53.49	( >25 )	LVIDd Index (cm/m <sup>2</sup> )	2.28	( 2.2-3.0 )
SV MOD A4C (ml)	34.21	( 72-144 )	LVIDs (cm)	1.80	( 2.5-4.0 )
SI MOD A4C (ml/m <sup>2</sup> )	20.12	( 42-66 )	LVIDs Index (cm/m <sup>2</sup> )	1.06	( 1.3-2.1 )
LVEDV MOD A4C (ml)	54.05	( 62-150 )	IVSd (cm)	0.95	( 0.6-1.0 )
LVESV MOD A4C (ml)	19.84	( 21-61 )	LVPWd (cm)	0.80	( 0.6-1.0 )
LVEDVInd MOD A4C (ml/m <sup>2</sup> )	31.79	( 34-74 )	LVd Mass (g)	100.06	( 88-224 )
LVESVInd MOD A4C (ml/m <sup>2</sup> )	11.67	( 11-31 )	LVd Mass Index (g/m <sup>2</sup> )	58.86	( 49-115 )
<b>Diastolic Function</b>			RWT	0.41	( 0.24-0.42 )
MV E Vel (m/s)	0.48	( 0.6-0.8 )	<b>LV Area</b>		
MV A Vel (m/s)	0.64	( 0.2-0.35 )	LV FAC A4C (%)	50.47	( >25 )
MV E/A Ratio	0.75	( >=0.8 )	LVAd A4C (cm <sup>2</sup> )	20.29	( - )
			LVAAs A4C (cm <sup>2</sup> )	10.05	( - )

### LEFT ATRIUM

Measurement	Value	Reference	Measurement	Value	Reference
LA Diam (cm)	3.14	( 2.0-4.0 )	LAESV MOD BP (ml)	28.92	( 38-46 )
LA/Ao	1.01	( <1.3 )	LAESVInd MOD BP (ml/m <sup>2</sup> )	17.01	( 16-34 )

### RIGHT ATRIUM

Measurement	Value	Reference
RAAs A4C (cm <sup>2</sup> )	10.40	( <=18 )
RALs A4C (cm)	3.66	( - )

### AORTIC VALVE & AORTA

Measurement	Value	Reference
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**AV Outflow**

AV Vmax (m/s)	0.92	(<2.6)
AV maxPG (mmHg)	3.39	(<30)

**LVOT/ Aorta**

Ao Diam (cm)	3.11	(<3.7)
Ao/LA	0.72	(-)

**PULMONARY VALVE AND PULMONARY ARTERY**

Measurement	Value	Reference
<b>Pulmonary Outflow</b>		
PV Vmax (m/s)	0.96	(<1.9)
PV maxPG (mmHg)	3.69	(<36)

**OBSERVATIONS :**

<b>Left Ventricle</b>	Size - Left ventricle normal in size LV geometry - Normal LV geometry Systolic function - LV systolic function - normal Regional wall motion - No regional wall motion abnormality Diastolic function - LV diastolic function - impaired
<b>Left Atrium</b>	Size - Normal left atrium size
<b>Right Atrium</b>	Size - Normal right atrium size
<b>Right Ventricle</b>	Size - Normal right ventricular size Systolic function - Right ventricular systolic function - normal
<b>Aortic Valve</b>	Structure and function - Normal trileaflet aortic valve Regurgitation - No aortic regurgitation
<b>Mitral Valve</b>	Structure and function - Normal mitral valve Regurgitation - No mitral regurgitation
<b>Tricuspid Valve</b>	Structure and function - Normal tricuspid valve Regurgitation - No tricuspid regurgitation
<b>Pulmonic Valve</b>	Structure and function - Normal pulmonic valve Regurgitation - Trivial pulmonic regurgitation
<b>Pericardium</b>	Effusion - No pericardial effusion
<b>Pulmonary Artery</b>	Size - Normal pulmonary artery size
<b>Inter Ventricular Septum</b>	IVS - Intact interventricular septum
<b>Inter Atrial Septum</b>	IAS - Intact , thinned at fossa ovalis
<b>Pulmonary Hypertension</b>	Probability - Low probability of pulmonary hypertension
<b>Heart Failure</b>	HF Category - No evidence of heart failure with preserved ejection fraction

**Disclaimer:** This report is generated based on the review of Echocardiography images transmitted and does not consider the patient's current symptoms or medical history. The quality or accuracy of the report is dependent on the quality and accuracy of the Echo images transmitted. The report is not meant or valid for any medico legal purposes



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