



# 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  
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, Kullur-Kavoor Airport Road, Vivek Nagar, Panjimogaru, Mangalore-575 013.INDIA ☎: 0824-2972719 / 20.

REG. NO: MA23030000246

DATE: 25/03/2023

## MEDICAL FITNESS CERTIFICATE

This is to certify that I have examined **Ms. ARPITHA V (30/F)**

Who is found to be Medically **FIT**.

She is not found to be suffering from any contagious Disease or Ailment.

Dietary Counseling was provided from our end.

She is **FIT** to perform her duty.

  
Dr. VIDYA KUMARI  
Reg.No. 10306  
DGS Approval No. KAMG/08/2022

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



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## PHYSICAL EXAMINATION

Date Of Exam : 25/03/2023 Reg. No:MA23030000246  
Name : Ms. ARPITHA V (30/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 : 36.5C  
Blood Pressure : 100/70mmHg  
Pulse : 71/mt  
Respiration Rate : 15/mt  
Waist (cm) : 80Cms  
Height : 158Cms  
Weight : 61.6Kgs  
BMI : 24.7kg/m<sup>2</sup>

  
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**Name: Ms. ARPITHA V**

**Date: 25/03/2023**

**Reg. No :MA23030000246**

**Ref : Dr. A.H. Balaji**

## OPHTHALMIC REPORT

	RIGHT	LEFT
Distant:	6/6	6/9
Near:	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 : 25/03/2023 REG. NO : MA23030000246

NAME : Ms. ARPITHA V

AGE : 30YRS SEX : Female

REF BY : DR.A.H.BALAJI

### COMPLETE BLOOD COUNT (CBC)

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
ERYTHROCYTE (RBC) COUNT	4.8	mill/cu.mm	4.7-6.0
HAEMOGLOBIN (Hb)	12.6	gm/dl	13.5-18
PCV (PACKED CELL VOLUME)	37.8	%	42-52
MCV (MEAN CORPUSCULAR VOLUME)	79.3	fl	78-100
MCH (MEAN CORPUSCULAR HAEMOGLOBIN )	28.6	pg	27-31
MCHC (MEAN CORPUSCULAR Hb CONC.N.)	34.2	g/dl	32-36
RDW (RED CELL DISTRIBUTION WIDTH)	12.3	%	11.5-14.0
TOTAL LEUCOCYTES (WBC) COUNT	6300	Cells /cu.mm	4000-10500
ABSOLUTE NEUTROPHILS COUNT	3700	/c.mm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT	1900	/c.mm	1000-3000
ABSOLUTE MONOCYTE COUNT	490	/c.mm	200-1000
ABSOLUTE EOSINOPHIL COUNT	160	/c.mm	20-500
ABSOLUTE BASOPHIL COUNT	50	/c.mm	20-100
NEUTROPHILS	57.0	%	40-80
LYMPHOCYTES	35.0	%	20-40
MONOCYTES	4.0	%	2-10
EOSINOPHILS	3.0	%	1-6
BASOPHILS	1.0	%	0-2
PLATELET COUNT	2.8	10 <sup>3</sup> /μl	1.50-4.50
MPV (MEAN PLATELET VOLUME)	6.7	fl	8-9.5
PCT (PLATELET HAEMATOCRIT)	0.2	%	0.2-0.5
PDW (PLATELET DISTRIBUTION WIDTH)	15.8	%	9-17

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## LABORATORY REPORT

DATE : 25/03/2023 REG. NO :MA23030000246  
NAME : Ms. ARPITHA V  
AGE : 30YRS SEX : Female  
REF BY : DR.A.H.BALAJI

### 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)	5.5		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)	2-4	/hpf	0 - 5
EPITHELIAL CELLS	2-3	/hpf	0 - 5
CRYSTALS	ABSENT	/hpf	ABSENT
CAST	ABSENT	/hpf	ABSENT
AMORPHOUS DEPOSITS	ABSENT	/hpf	ABSENT
BACTERIA	ABSENT	/hpf	ABSENT

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## LABORATORY REPORT

Date : 25/03/2023 Reg. No : MA23030000246  
Name : Ms. ARPITHA V  
Age : 30Yrs Sex : Female  
\_Ref By : DR.A.H.BALAJI

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
ESR – Erythrocyte Sedimentation Rate (EDTA Whole Blood, Automated-Capillary photometry aggregation/ Manual – Westergrens method)	05	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.

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

  
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## LABORATORY REPORT

Date : 25/03/2023 Reg. No : MA23030000246

Name : Ms. ARPITHA V

Age : 30Yrs Sex : Female

Ref By : DR.A.H.BALAJI

## BIOCHEMISTRY

<u>Investigation</u>	<u>Observed value</u>	<u>unit</u>	<u>biological reference interval</u>
HbA1C-Glycated Haemoglobin (HPLC)	4.6	%	non-diabetic: <= 5.6 pre-diabetic: 5.7-6.4 Diabetic : >= 6.5
Estimated Average glucose (e AG)	85.32	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 hemoglobinopathies.

*[Signature]*  
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## LABORATORY REPORT

Date : 25/03/2023 Reg. No : MA2303000246  
Name : Ms. ARPITHA V  
Age : 30Yrs Sex : Male  
Reference : Apollo Health and Lifestyle Limited  
Ref By : DR. A.H. BALAJI

<u>Tests</u>	<u>Value/Results</u>	<u>Units</u>	<u>Reference Interval</u>
<b><u>BIO-CHEMISTRY</u></b>			
Blood Sugar (F)	: 99	mg/dl	70-110
Blood Sugar (PPBS)	: 127	mg/dl	120-140
Urea	: 16	mg/dl	15-40
Uric acid	: 4.9	g/dl	3.5-5.0
Creatinine	: 0.7	mg/dl	0.2-1.2

  
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Date : 25/03/2023 Reg. No : MA23030000246  
Name : Ms. ARPITHA V  
Age : 30yrs Sex : Female  
Reference : APOLLO HEALTH AND LIFESTYLE LIMITED  
Ref By : DR.A.H. BALAJI

Test Name	Result	Units	Ref.Interval
<b>LIPID SCREEN, SERUM (Spectrophotometry)</b>			
Cholesterol	193.00	mg/dL	(<200.00)
Triglycerides	135.00	mg/dL	(<150.00)
HDL Cholesterol	32.7	mg/dL	(<40.00)
LDL Cholesterol, Calculated	85.3	mg/dL	(<100.00)
VLDL Cholesterol, Calculated	27.0	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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Name : Ms. ARPITHA V

Age : 30 yrs Sex : Female

Reference : Apollo Health and Lifestyle Limited

Ref By : DR. A.H. BALAJI

### 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 Phosphatas	71.0	U/L	-	<150
Serum Gamma G.T.	19.0	U/L	4	40
Serum G. P. T.	25.0	U/L	10	40
Serum G. O. T.	22.0	U/L	10	42
Serum Total Proteins	6.9	gm/dl	6.0	7.8
Albumin	4.1	gm/dl	3.5	5.0
Globulin	2.8	gm/dl	2.6	3.5
Albumin: Globulin Ratio	1.4	-	-	-

  
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 Name : Ms. ARPITHA V  
 Age : 30yrs Sex : Female  
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Test Name	Result	Units	Ref.Range
<b>THYROID PROFILE,TOTAL,SERUM (CLIA)</b>			
T3>Total	108.0	ng/dl	(70-204)
T4>Total	9.08	ug/dL	(5.0-12.5)
TSH	2.40	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 6-10pm.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

**Dr. VIDYA KUMARI**  
Reg.No. 10306

DGS Approval No. KA/MG/08/2022

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



# Balaji Medical Centre

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**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  
**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.

## LABORATORY REPORT

Reg. No : MA23030000246 Date: 25/03/2023

Name : Ms. ARPITHA V  
Sex: Female

Age : 30Yrs

Reference : Apollo Health and Lifestyle Limited

Ref By : DR. A.H. BALAJI

### HAEMATOLOGY

Blood Group & Rh Type : "O" POSITIVE

  
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## DIGITAL RADIOGRAPH – CHEST PA- VIEW

Date : 25/03/2023 Reg. No : MA23030000246  
Name : Ms. ARPITHA V  
Age : 30yrs  
Sex : Female  
Ref By : DR.A.H.BALAJI

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.

  
Dr. VIDYA KUMARI  
Reg.No. 10306  
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## ECG REPORT

Date : 25/03/2023 Reg. No :MA23030000246

Name : Ms. ARPITHA V

Age : 30yrs

Sex : Female

Ref By : DR. A. H. BALAJI

Impression : Normal Sinus Rhythm.

  
Dr. VIDYA KUMARI  
Reg.No. 10306  
DGS Approval No. KA/MG/08/2022



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**NAME** : Ms. ARPITHA V **AGE** : 30YRS /F  
**STUDY DATE** : 25/03/2023 **ID.NO** : MA23030000246  
**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 9.2x3.7cms, normal in size.  
Cortico medullary differentiation is maintained.  
No calculus noted. Pelvicalyceal system is normal.

**LT**, Kidneys measures 9.5x3.8cms, 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.

No free fluid in abdomen.

No evidence of any significant lymphadenopathy seen.

### Impression:

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

  
**Dr. VIDYA KUMARI**  
Reg.No. 10306  
DGS Approval No. KAMG/08/2022

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**ಭಾರತ ಸರ್ಕಾರ**  
**GOVERNMENT OF INDIA**





ಅರ್ಪಿತಾ ವಿ  
Arpitha V  
ತಂದೆ : ವೆಂಕಟೇಶ್  
Father : Venkatesh  
ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1992  
ಸ್ತ್ರೀ / Female



9290 5603 6903

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

**ಭಾರತ ಸರ್ಕಾರ**  
**GOVERNMENT OF INDIA**

**UNIQUE IDENTIFICATION AUTHORITY OF INDIA**

Address: D/O Venkatesh,  
#14/A, 1st Main Road, Sri  
Lakshmi Ranganath  
Enterprises, Nanjundeswar  
Nagar, Nandini Layout,  
Bangalore North, Nandini Layout,  
Bangalore, Karnataka, 560096

ದಿವಾನ್: D/O ವೆಂಕಟೇಶ್, #14/ಎ,  
ಗನೇಶ್ ಮುಖ್ಯ ರಸ್ತೆ, ಶ್ರೀ ಲಕ್ಷ್ಮಿ ರಂಗನಾಥ್  
ಎಂಪ್ರೈಸೀಸ್, ನಂಜುಂದೇಶ್ವರ್ ನಗರ,  
ನಂದಿನಿ ಲೇಔಟ್, ನಂದಿನಿ ಲೇಔಟ್  
ನಂದಿನಿ ಬಡಾವಣೆ, ಬೆಂಗಳೂರು  
ಬೆಂಗಳೂರು, 560096

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1800 180 1947  
P.O. Box No. 1947,  
Bangalore-560 001

Arpitha

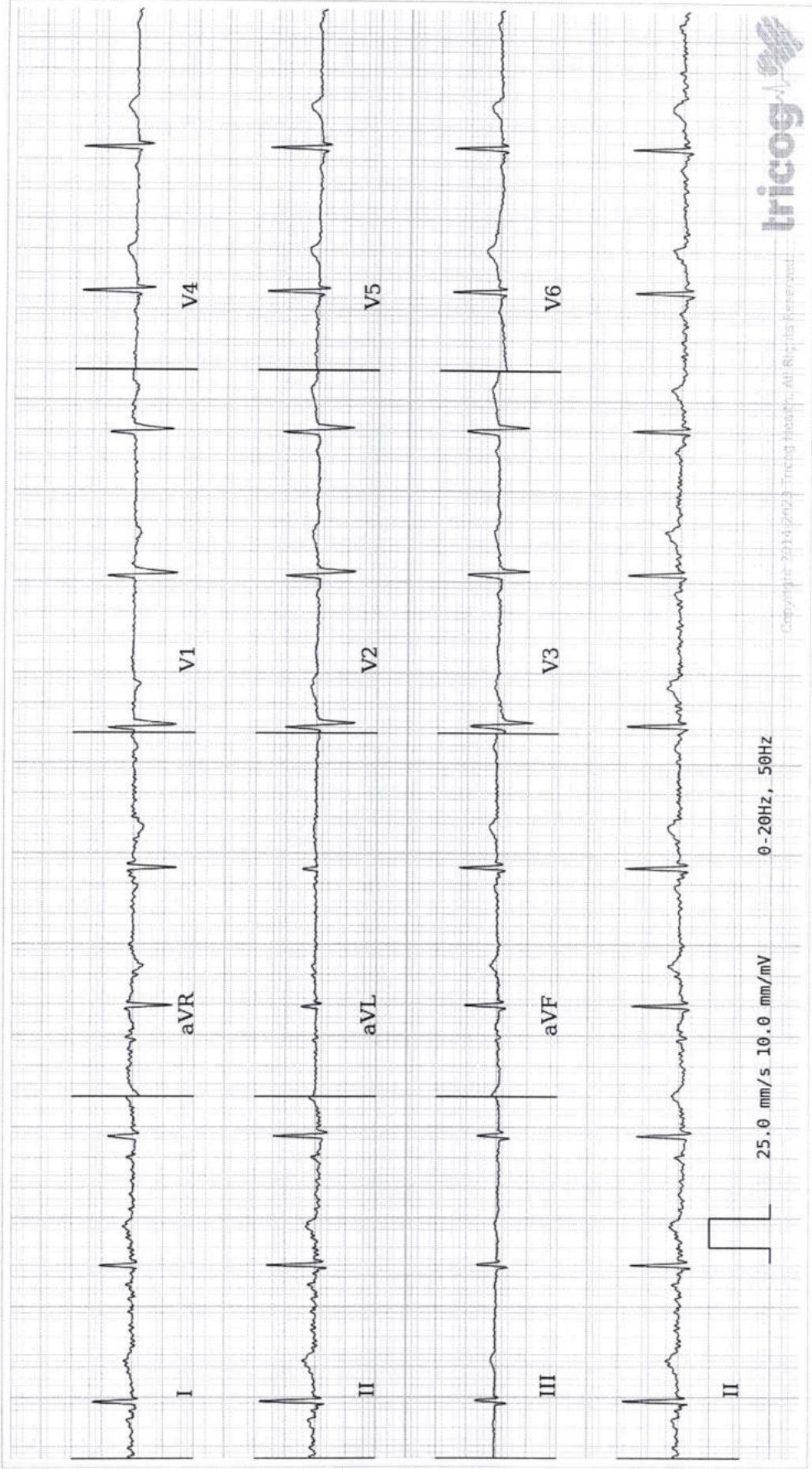




Balaji Medical Centre Mangalore

Age / Gender: 30/Female  
Patient ID: MA23030000246

Date and Time: 25th Mar 23 12:11 PM



AR: 65bpm    VR: 65bpm    QRSD: 74ms    QT: 394ms    QTc: 409ms    PRI: 142ms    P-R-T: 37° 45° 42°

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

REPORTED BY  
  
Dr. Adithya R  
KMC129110

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.

# 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> V. ARPITHA	<b>AGE</b> 30 yrs	<b>HEIGHT</b> 158 cm	<b>WEIGHT</b> 62 kg	<b>BSA</b> 24.84 kg/m <sup>2</sup>	<b>DATE   TIME</b> 2023/03/25   16:47
<b>PATIENT ID</b> MA23030000246	<b>GENDER</b> Female	<b>REFERRING PHYSICIAN</b> DR. VIDYA KUMARI	<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 LV systolic function. EF-65%
- No regional wall motion abnormality
- Normal LV diastolic filling pattern
- Normal valves
- Low probability of pulmonary hypertension

### LEFT VENTRICLE

Measurement	Value	Reference	Measurement	Value	Reference
<b>Systolic Function</b>			<b>Dimensions</b>		
LVEF MOD A4C (%)	65.42	( 74-54 )	LVIDd (cm)	3.80	( 3.8-5.2 )
%FS (%)	30.53	( >25 )	LVIDd Index (cm/m <sup>2</sup> )	2.33	( 2.3-3.1 )
SV MOD A4C (ml)	47.29	( 57-117 )	LVIDs (cm)	2.64	( 2.2-3.5 )
SI MOD A4C (ml/m <sup>2</sup> )	29.01	( 38-66 )	LVIDs Index (cm/m <sup>2</sup> )	1.62	( 1.3-2.1 )
LVEDV MOD A4C (ml)	72.29	( 46-106 )	IVSd (cm)	0.72	( 0.6-0.9 )
LVESV MOD A4C (ml)	25.00	( 14-42 )	LVPWd (cm)	0.90	( 0.6-0.9 )
LVEDVInd MOD A4C (ml/m <sup>2</sup> )	44.35	( 29-61 )	LVd Mass (g)	87.42	( 67-162 )
LVESVInd MOD A4C (ml/m <sup>2</sup> )	15.34	( 8-24 )	LVd Mass Index (g/m <sup>2</sup> )	53.63	( 43-95 )
<b>Diastolic Function</b>			<b>LV Area</b>		
MV E Vel (m/s)	0.55	( 0.6-0.8 )	LV FAC A4C (%)	54.62	( >25 )
MV A Vel (m/s)	0.38	( 0.2-0.35 )	LVAd A4C (cm <sup>2</sup> )	25.19	( - )
MV E/A Ratio (-)	1.45	( >=0.8 )	LVAs A4C (cm <sup>2</sup> )	11.43	( - )

### LEFT ATRIUM

Measurement	Value	Reference	Measurement	Value	Reference
LA Diam (cm)	2.59	( 2.7-3.8 )	LAESV MOD A4C (ml)	17.02	( - )
LA/Ao (-)	0.92	( <1.3 )	LAESVInd MOD A4C (ml/m <sup>2</sup> )	10.44	( 16-34 )

### RIGHT ATRIUM

Measurement	Value	Reference
RAAs A4C (cm <sup>2</sup> )	7.51	( <=18 )
RALs A4C (cm)	3.37	( - )

### AORTIC VALVE & AORTA

Measurement	Value	Reference
<b>AV Outflow</b>		

AV Vmax (m/s)	0.79	(<2.6)
AV maxPG (mmHg)	2.50	(<30)
<b>LVOT/ Aorta</b>		
Ao Diam (cm)	2.82	(<3.7)
Ao/LA	0.95	(-)

#### TRICUSPID VALVE

Measurement	Value	Reference
TR Vmax (m/s)	1.04	(<2.8)
TR maxPG (mmHg)	4.33	(<35)

#### PULMONARY VALVE AND PULMONARY ARTERY

Measurement	Value	Reference
<b>Pulmonary Outflow</b>		
PV Vmax (m/s)	0.93	(-)
PV maxPG (mmHg)	3.46	(<36)

## OBSERVATIONS :

<b>Left Ventricle</b>	LV geometry - Normal LV Systolic function - Normal
<b>LV Regional Wall Motion</b>	All Left ventricular segments contract normally.
<b>Left Atrium</b>	No LA enlargement
<b>Right Ventricle</b>	The right ventricle is normal in size and function.
<b>Right Atrium</b>	The right atrium is normal in size and function.
<b>Aortic Valve</b>	The aortic valve is trileaflet, and appears structurally normal. No aortic stenosis or regurgitation.
<b>Mitral Valve</b>	The mitral valve is normal.
<b>Tricuspid Valve</b>	The tricuspid valve appears structurally normal.
<b>Pulmonic Valve</b>	The pulmonic valve is normal.
<b>Pulmonary Hypertension</b>	No pulmonary hypertension
<b>Heart Failure</b>	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



**Reported By:**  
DR. JEEVARATHINAM. N  
Clinical Cardiologist

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