



CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mr.PRAVEEN GUPTA-PKG10000236	Registered On	: 25/Sep/2021 11:07:24
Age/Gender	: 47 Y 0 M 0 D /M	Collected	: 25/Sep/2021 11:59:22
UHID/MR NO	: CVAR.0000022314	Received	: 25/Sep/2021 12:05:48
Visit ID	: CVAR0063952122	Reported	: 25/Sep/2021 15:04:20
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE 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	16.30	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	6,400	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE

DLC

Polymorphs (Neutrophils)	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	36.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE

ESR

Observed	10.00	Mm for 1st hr.
Corrected	6.00	Mm for 1st hr. < 9
PCV (HCT)	47.40	cc % 40-54

Platelet count

Platelet Count	1.70	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	17.00	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

RBC Count

RBC Count	5.55	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
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Blood Indices (MCV, MCH, MCHC)				
MCV	85.40	fl	80-100	CALCULATED PARAMETER
MCH	31.10	pg	28-35	CALCULATED PARAMETER
MCHC	36.40	%	30-38	CALCULATED PARAMETER
RDW-CV	13.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,840.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	128.00	/cu mm	40-440	



S.N. Sinha

Dr.S.N. Sinha (MD Path)





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose Fasting Sample: Plasma	221.70	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

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.



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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	7.10	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	54.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	157	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

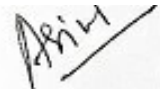
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Clinical Implications:

- *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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BUN (Blood Urea Nitrogen) * <i>Sample:Serum</i>	11.70	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample:Serum</i>	0.80	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) <i>Sample:Serum</i>	102.00	ml/min/1.73m ²	90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid <i>Sample:Serum</i>	6.70	mg/dl	3.4-7.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	49.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	58.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	31.30	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.80	gm/dl	6.2-8.0	BIRUET
Albumin	4.00	gm/dl	3.8-5.4	B.C.G.
Globulin	2.80	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.43		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	109.50	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.20	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.60	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.60	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	229.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	37.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	104	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	87.68	mg/dl	10-33	CALCULATED
Triglycerides	438.40	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP





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200-499 High
>500 Very High



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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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URINE EXAMINATION, ROUTINE * , Urine

Color	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	PRESENT (++)	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-2/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			



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UHID/MR NO	: CVAR.0000022314	Received	: 26/Sep/2021 15:00:56
Visit ID	: CVAR0063952122	Reported	: 26/Sep/2021 15:01:33
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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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STOOL, ROUTINE EXAMINATION * , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Basic (8.0)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Others	ABSENT



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SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage	PRESENT	gms%
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Interpretation:

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



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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total ** <i>Sample:Serum</i>	0.530	ng/mL	< 2.0	CLIA

Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

THYROID PROFILE - TOTAL **, Serum

T3, Total (tri-iodothyronine)	132.65	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.36	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.35	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.





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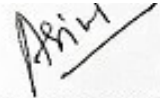
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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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- 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 MALE 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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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

- The liver is normal in size (16.3 cm). Mild diffuse increase in echogenicity. , 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 (11.9 mm) and CBD (3.5 mm) are not dilated.
- Pancreas is normal in size, shape and echogenicity.
- Spleen is normal in size (10.5 cm), shape and echogenicity.
- Right kidney is normal in size, shape and echogenicity. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated.
- Right kidney measures : 9.0 x 4.7 cm
- Left kidney is normal in size, shape and echogenicity. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated.
- Left kidney measures : 10.1 x 5.0 cm
- Urinary bladder is partially filled (32 cc).
- The prostate is normal in size (39 x 28 x 30mm/ 18 cc), shape and echopattern.
- No free fluid is seen in the abdomen/pelvis.

IMPRESSION :

- Fatty liver grade I
- Rest of the abdominal organs are normal

Please correlate clinically

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG, TREAD MILL TEST



Ray

Dr Raveesh Chandra Roy (MD-Radio)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

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 Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *

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Page 14 of 14



Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection
1800-419-0002

Mar. 2018

CHANDAN DIAGNOSTIC CENTRE

Name of Company: MediWheel.
Name of Executive: Praveen Gupta.
Date of Birth: 30-06-1974
Sex: Male
Height: 178 cm
Weight: 80 kg.
BMI (Body Mass Index): 25.2.
Chest (Expiration / Inspiration): 92/98 cm
Abdomen: 92 cm
Blood Pressure: 124/86
Pulse: 86 BPM.
RR: 19 resp/min
Ident Mark: Mole on forearm near the elbow.
Any Allergies: No
Vertigo: Normal.
Any Medications: (i) Diabetics - Tab Metformin (OD) - 2 Yrs.
Dr. Not Conf.
Any Surgical History: NO
Habits of alcoholism/smoking/tobacco: No
Chief Complaints if any: NO
Lab Investigation Reports: Yes Attached.
Eye Check up vision & Color vision: Normal. \bar{c} Power glan since 4y
Left eye: Normal Power - Rt = +1.50 D
Right eye: Normal Lt = +1.50 D.
Near vision: Normal \bar{c} Power glan



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 *Baveen* S/o or D/o *2*
 is presently in good health and free from any cardio-respiratory/com...
 ailment, he/she is fit / Unfit to join any organization.

Chandan Diagnostic Center
 99, Shivaji Nagar, Mahmooorganj
 Varanasi-221010 (U.P.)
 Phone No.: 0542-2223232

Client Signature :-

Signature of Medical Examiner

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

Qualification

Date *28/09/21* Place *Varanasi*





भारतीय विशिष्ट पहचान प्राधिकरण
भारत सरकार
Unique Identification Authority of India
Government of India



E-Aadhaar Letter

नामांकन क्रमांक/Enrolment No.: 2078/11670/01597

PRAVEEN GUPTA (प्रवीण गुप्ता)

सूचना

S/O Ramjee Prasad, , Vikas Nagar Colony Barbaspur
Industrial Estate, Chandpur, Varanasi,
Uttar Pradesh - 221106

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

आपका आधार क्रमांक/ Your Aadhaar No.:

9905 2065 3805

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.



आधार-आम आदमी का अधिकार

1947
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help@uidai.gov.in

www
www.uidai.gov.in

- आधार देश भर में मान्य है.
- आधार के लिए आपको एक ही बार नामांकन दर्ज करवाने की आवश्यकता है.
- कृपया अपना नवीनतम मोबाइल नंबर तथा ई-मेल पता दर्ज कराएं. इससे आपको विभिन्न सुविधाएं प्राप्त करने में सहायित होगी.

- Aadhaar is valid throughout the country.
- You need to enrol only once for Aadhaar.
- Please update your mobile number and e-mail address. This will help you to avail various services in future.

Chandan Diagnostic Center
99, Shivaji Nagar, Mahmoorganj
Varanasi-221010 (U.P.)
Phone No.:0542-2223232
Dr. R.C. ROY
MBBS, MD. (Radio Diagnostics)
No.-2691
Digitally signed by Sandeep Bhardwaj
Date: 2015.01.04 15:23:24 IST



भारत सरकार
GOVERNMENT OF INDIA



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



प्रवीण गुप्ता
PRAVEEN GUPTA
जन्म तिथि/ DOB: 30/06/1974
पुरुष / MALE



पता:

S/O रामजी प्रसाद, ,
विकास नगर कॉलोनी
बर्बसपुर इंडस्ट्रियल एस्टेट,
चांदपुर, वाराणसी,
उत्तर प्रदेश - 221106

Address:

S/O Ramjee Prasad, , Vikas Nagar
Colony Barbaspur Industrial Estate,
Chandpur, Varanasi,
Uttar Pradesh - 221106

9905 2065 3805

9905 2065 3805

आधार-आम आदमी का अधिकार

Aadhaar-Aam Admi ka Adhikar

(Handwritten signature)



Changan Diagnostic Center
 49, Shivaji Nagar, Mahmoodganj
 Varanasi-221010 (U.P.)
 Phone No.: 0542-227272

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

Handwritten signature in blue ink.

Handwritten signature in purple ink.



P- 93, Shivaji Nagar Colony, Mahmoorganj,
Varanasi, Uttar Pradesh 221010, India

Latitude

Longitude

25.305415°

82.979124°

LOCAL 11:48:14

SATURDAY 09.25.2021

GMT 06:18:14

ALTITUDE 19 METER



CHANDAN DIAGNOSTIC CENTRE

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



Patient Name	: Mr.PRAVEEN GUPTA-PKG10000236	Registered On	: 25/Sep/2021 12:11:56
Age/Gender	: 47 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000022314	Received	: N/A
Visit ID	: CVAR0063982122	Reported	: 25/Sep/2021 12:19:12
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	2.9 Cms.
LA DIAMETER	3.3 Cms.
CUSP OPENING	1.4 Cms.

LEFT VENTRICLE

IVSd	1.0 cms
LVIDd	4.8 cms
LVPWd	1.0 cms
IVSs	1.4 cms
LVIDs	3.2 cms
LVPWs	1.5 cms
EDV	110ml
ESV	41 ml

EJECTION FRACTION	:	62 %	(60 ± 7 %)
SHORTENING FRACTION	:	34 %	(30 ± 5%)

RIGHT VENTRICLE

RVIDd : 2.9 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
OTHER	:	NORMAL





CHANDAN DIAGNOSTIC CENTRE

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



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DEPARTMENT OF CARDIOLOGY

COLOUR FLOW MAPPING

	VELOCITY m/s	PRESSURE GRADIENT mm/Hg	REGURGITATION
MITRAL FLOW	E: NORMAL A:		TRACE
AORTIC FLOW		NORMAL	ABSENT
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 62%
- NO LVH WITH NORMAL DIASTOLIC FUNCTION
- NO CHAMBER DILATATION WITH TRACE MR AND TR
- NO CLOT/ VEGETATION/ PAH/ EFFUSION

*** End Of Report ***



Dr. Ganesh Shankar (MBBS PGDCC)

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365 Days Open *Facilities Available at Select Location



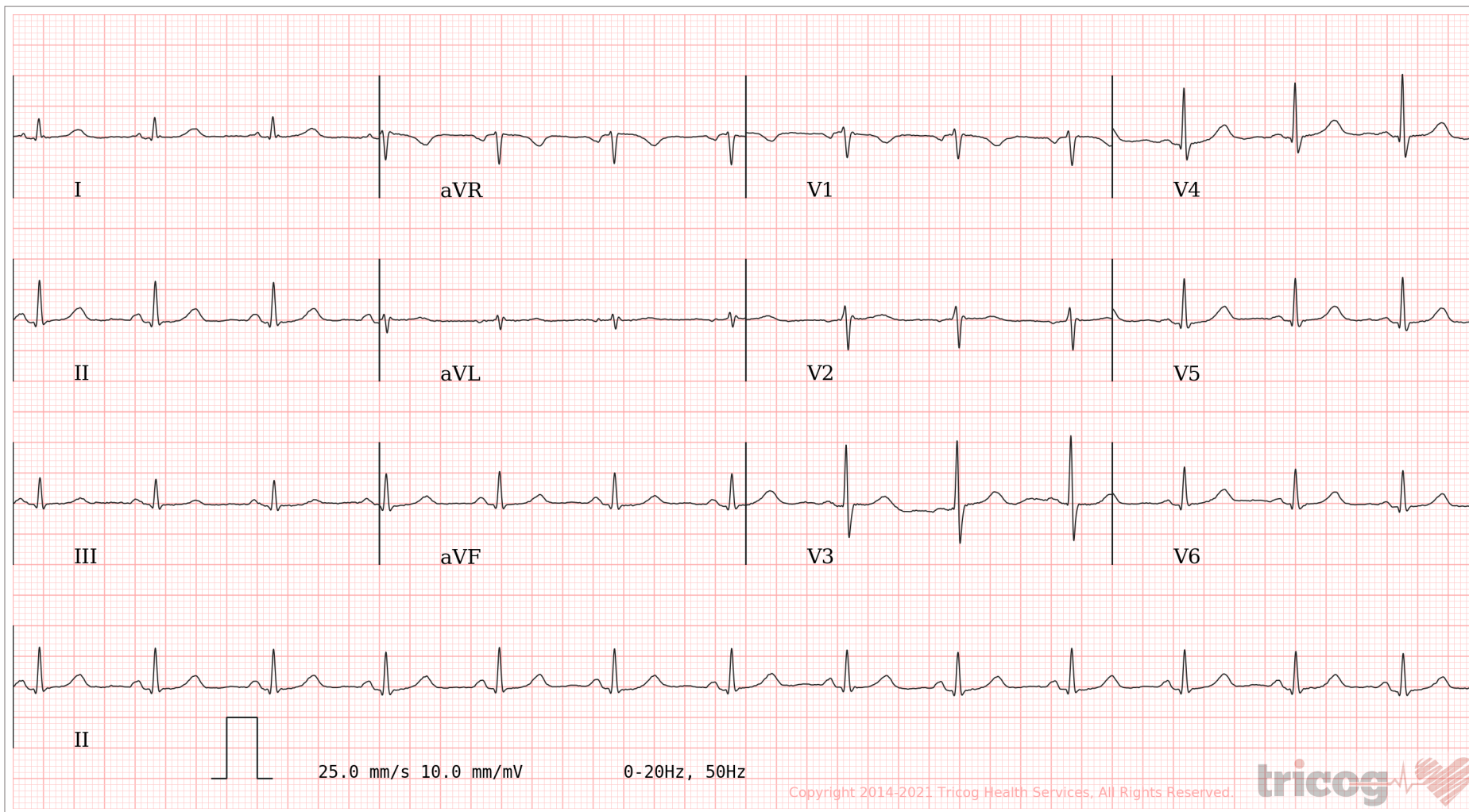
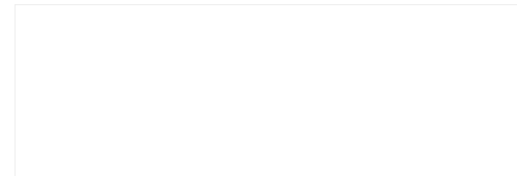


Age / Gender: 47/Male

Date and Time: 25th Sep 21 10:59 AM

Patient ID: CVAR0063952122

Patient Name: Mr.PRAVEEN GUPTA-PKG10000236



AR: 81 bpm VR: 81 bpm QRSD: 76 ms QT: 378 ms QTc: 439 ms PRI: 130 ms P-R-T: 66° 66° 56°

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

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr Jamila Tambawala