


भारत सरकार  
Government of India

आधार

Issue Date : 30/04/2013



योगेश कुमार मीणा  
Yogesh Kumar Meena  
जन्म तिथि / DOB : 22/07/1983  
पुरुष / Male

**3227 4445 6340**

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान अधिकरण  
Unique Identification Authority of India

आधार

Print Date : 14/08/2021

पता: शम्भु लाल मीना, 95-ए, मोहन कॉलोनी,  
राम नगर विस्तार सोडाला, जयपुर, राजस्थान,  
302019

Address: Shambhu Lal Meena, 95-A,  
Mohan Colony, Ram Nagar Extn. Sodala,  
Jaipur, Rajasthan, 302019



**3227 4445 6340**

1947 help@uidai.gov.in www.uidai.gov.in

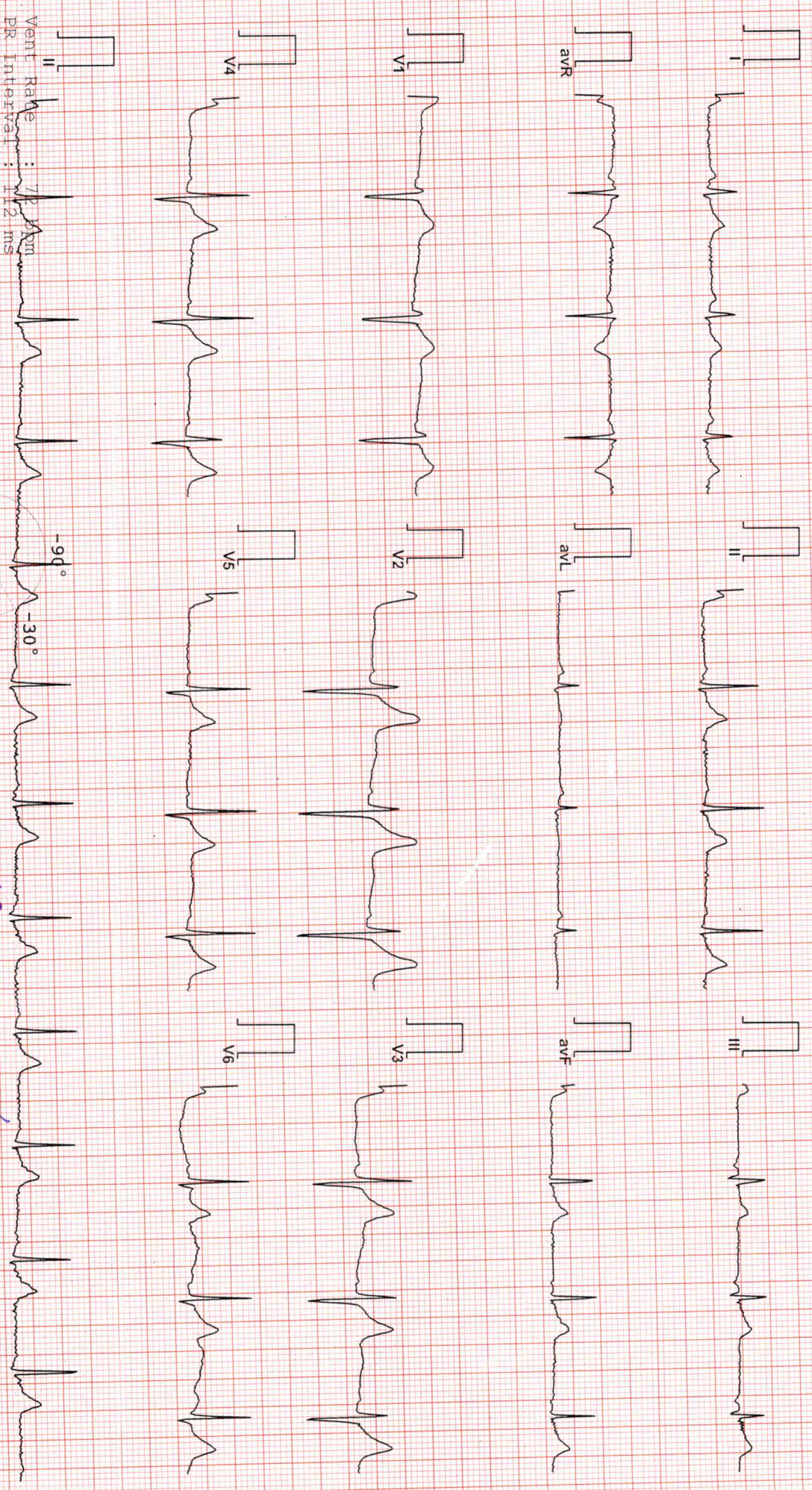
*D. Piyush Goyal*  
M.B.B.S., D.M.R.D.  
RMC Reg. No.-017996

**DR. GOYALS PATH LAB & IMAGING CENTER**

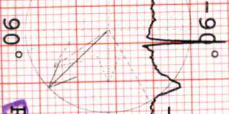
102223262 / MR YOGESH KUMAR MEENA / 40 Yrs / M/ Non Smoker

Heart Rate : 72 bpm / Tested On : 23-Sep-23 10:15:52 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s / Refd By: BOB

**EKG**



Vent Rate : 72 bpm  
PR Interval : 112 ms  
QRS Duration : 98 ms  
QT/QTc Int : 364/385 ms  
P-QRS-T axis : 0.00 • 46.00 • 56.00



**Yogesh Kumar Mohanka**  
Axis : 0.00 • 46.00 • 56.00  
BR 46.00  
RMCND 35703  
ESCORIS  
MRBS, DR. CARDIOLOGIST (RCGP-UK)

**Reported By:**

Allergens ECG (Piscos)(PISZ18210312)

# Dr. Goyal's

## Path Lab & Imaging Centre



B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019

Tele: 0141-2293346, 4049787, 9887049787

Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 23/09/2023 09:20:30

**NAME :- Mr. YOGESH KUMAR MEENA**

Sex / Age :- Male 40 Yrs 2 Mon 4 Days

Company :- MediWHEEL

Patient ID :-12233129

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 23/09/2023 09:54:16

Final Authentication : 23/09/2023 13:50:55

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGE BELOW 40MALE

**GLYCOSYLATED HEMOGLOBIN (HbA1C)**

5.7

%

Method:- HPLC

Non-diabetic: < 5.7  
Pre-diabetics: 5.7-6.4  
Diabetics: = 6.5 or higher  
ADA Target: 7.0  
Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

#### Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycosylated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

#### Ref by ADA 2020

**MEAN PLASMA GLUCOSE**

117

mg/dL

Method:- Calculated Parameter

Non Diabetic < 100 mg/dL  
Prediabetic 100- 125 mg/dL  
Diabetic 126 mg/dL or Higher

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Technologist

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**Dr. Chandrika Gupta**  
MBBS.MD ( Path )  
RMC NO. 21021/008037

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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	13.8	g/dL	13.0 - 17.0
<b>TOTAL LEUCOCYTE COUNT</b>	5.45	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	43.9	%	40.0 - 80.0
LYMPHOCYTE	<b>48.5</b> H	%	20.0 - 40.0
EOSINOPHIL	4.0	%	1.0 - 6.0
MONOCYTE	3.5	%	2.0 - 10.0
BASOPHIL	0.1	%	0.0 - 2.0
NEUT#	2.39	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.65	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.21	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.19	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.01	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	<b>4.42</b> L	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	43.30	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	97.9	fL	83.0 - 101.0
MEAN CORP HB (MCH)	31.2	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.8	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	<b>145</b> L	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	13.8	%	11.6 - 14.0
MENTZER INDEX	22.15		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

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Technologist

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Sex / Age :- Male 40 Yrs 2 Mon 4 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 23/09/2023 09:54:16

Final Authentication : 23/09/2023 13:50:55

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b>	12	mm/hr.	00 - 13

**(ESR) Methodology** : Measurement of ESR by cells aggregation.

**Instrument Name** : Independent form Hematocrit value by Automated Analyzer (Roller-20)

**Interpretation** : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction)

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR"  $\times > 100$  value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC). **Methodology** : FLC, DLC Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and or connective tissue disease.

MCH, MCV, MCHC, MENTZER INDEX are calculated. **Instrument Name**: Sysmex 6 part fully automatic analyzer XN-L, Japan

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**NAME :- Mr. YOGESH KUMAR MEENA** Ref. By Dr:- BOB  
 Sex / Age :- Male 40 Yrs 2 Mon 4 Days Lab/Hosp :-  
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 23/09/2023 09:54:16 Final Authentication : 23/09/2023 12:38:13

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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#### LIPID PROFILE

<b>TOTAL CHOLESTEROL</b> Method:- Enzymatic Endpoint Method	<b>201.85</b> H	mg/dl	Desirable <200 Borderline 200-239 High > 240
<b>TRIGLYCERIDES</b> Method:- GPO-PAP	116.68	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
<b>DIRECT HDL CHOLESTEROL</b> Method:- Direct clearance Method	30.83	mg/dl	Low < 40 High > 60
<b>DIRECT LDL CHOLESTEROL</b> Method:- Direct clearance Method	<b>151.57</b> H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
<b>VLDL CHOLESTEROL</b> Method:- Calculated	23.34	mg/dl	0.00 - 80.00
<b>T.CHOLESTEROL/HDL CHOLESTEROL RATIO</b> Method:- Calculated	<b>6.55</b> H		0.00 - 4.90
<b>LDL / HDL CHOLESTEROL RATIO</b> Method:- Calculated	<b>4.92</b> H		0.00 - 3.50
<b>TOTAL LIPID</b> Method:- CALCULATED	592.32	mg/dl	400.00 - 1000.00

**TOTAL CHOLESTEROL InstrumentName:**Radox Rx Imola **Interpretation:** Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.

**TRIGLYCERIDES InstrumentName:**Radox Rx Imola **Interpretation :** Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.

**DIRECT HDLCHOLESTEROL InstrumentName:**Radox Rx Imola **Interpretation:** An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.

**DIRECT LDL-CHOLESTEROL InstrumentName:**Radox Rx Imola **Interpretation:** Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.  
**TOTAL LIPID AND VLDL ARE CALCULATED**

SURENDRAKHANGA

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Sex / Age :- Male 40 Yrs 2 Mon 4 Days

Company :- MediWheel

Patient ID :-12233129

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 23/09/2023 09:54:16

Final Authentication : 23/09/2023 12:38:13

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.60	mg/dl	Up to - 1.0 Cord blood <2 Premature < 6 days <16 Full-term < 6 days= 12 1month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.17	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.43	mg/dl	0.30-0.70
SGOT Method:- IFCC	<b>44.1 H</b>	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	<b>61.3 H</b>	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	111.60	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	<b>53.80 H</b>	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.91	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.66	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.25	gm/dl	2.20 - 3.50
A/G RATIO	2.07		1.30 - 2.50

**Total Bilirubin** Methodology: Colorimetric method InstrumentName: Randox Rx Imola Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in rhesus incompatible babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

**AST Aspartate Aminotransferase** Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

**ALT Alanine Aminotransferase** Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

**Alkaline Phosphatase** Methodology: AMP Buffer InstrumentName: Randox Rx Imola Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

**TOTAL PROTEIN** Methodology: Biuret Reagent InstrumentName: Randox Rx Imola Interpretation: Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

**ALBUMIN (ALB)** Methodology: Bromocresol Green InstrumentName: Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

**Instrument Name** Randox Rx Imola Interpretation: Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal)

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Sex / Age :- Male 40 Yrs 2 Mon 4 Days  
Company :- MediWheel

Patient ID :-12233129  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 23/09/2023 09:54:16

Final Authentication : 23/09/2023 11:44:26

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.330	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	8.670	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.600	μIU/mL	0.350 - 5.500

**Interpretation:** Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

**Interpretation:** The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

**Interpretation:** TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

#### INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

SURESHSAINI  
Technologist

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Sex / Age :- Male 40 Yrs 2 Mon 4 Days

Company :- MediWheel

Patient ID :-12233129

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 23/09/2023 09:54:16

Final Authentication : 23/09/2023 11:33:09

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	5.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.025		1.010 - 1.030
PROTEIN Method:- Reagent Strip (Sulphosalicylic acid test)	NIL		NIL
GLUCOSE Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)	NIL		NIL
BILIRUBIN Method:- Reagent Strip (Azo-coupling reaction)	NEGATIVE		NEGATIVE
UROBILINOGEN Method:- Reagent Strip (Modified ehrlich reaction)	NORMAL		NORMAL
KETONES Method:- Reagent Strip (Sodium Nitropruside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
<b><u>MICROSCOPY EXAMINATION</u></b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	1-2	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

VIJENDRAMEENA  
Technologist

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Lab/Hosp :-



Sample Type :- EDTA, URINE, URINE-PP

Sample Collected Time 23/09/2023 09:54:16

Final Authentication : 23/09/2023 14:45:17

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"O" POSITIVE		
<b>BLOOD GROUP ABO Methodology :</b> Haemagglutination reaction <b>Kit Name :</b> Monoclonal agglutinating antibodies (Span clone).			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil

AJAYSINGH, VIJENDRAMEENA  
**Technologist**

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Sample Type :- PLAIN/SERUM

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Final Authentication : 23/09/2023 12:38:13

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	8.6	mg/dl	0.0 - 23.0

\*\*\* End of Report \*\*\*

SURENDRAKHANGA

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Final Authentication : 23/09/2023 14:50:41

BOB PACKAGE BELOW 40MALE

### X RAY CHEST PA VIEW:

**Bronchovascular marking are prominent.**  
Otherwise lung fields are clear.  
Trachea is in midline.  
Both the hilar shadows are normal.  
Both the C.P. angles is clear.  
Both the domes of diaphragm are normally placed.  
Bony cage and soft tissue shadows are normal.  
Heart shadows appear normal.

(Please correlate clinically and with relevant further investigations.)

\*\*\* End of Report \*\*\*

Page No: 1 of 1

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( D.M.R.D.) ANITASHARMA

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Transcript by.

# Dr. Goyal's

## Path Lab & Imaging Centre

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Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 23/09/2023 09:20:30  
**NAME :- Mr. YOGESH KUMAR MEENA**  
Sex /Age :- Male 40 Yrs 2 Mon 4 Days  
Company :- MediWheel

Patient ID :- 12233129  
Ref. By Doctor :- BOB  
Lab/Hosp :-

Final Authentication : 23/09/2023 10:53:59

BOB PACKAGE BELOW 40MALE

### USG WHOLE ABDOMEN

**Liver** is of normal size. Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

**Gall bladder** is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

**Pancreas** is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

**Spleen** is of normal size and shape. Echotexture is normal. No focal lesion is seen.

**Kidneys** are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

**Urinary bladder** is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

**Prostate** is normal in size with normal echo-texture and outline.  
No significant free fluid is seen in peritoneal cavity.

### IMPRESSION:

\* Normal study

- Needs clinical correlation for further evaluation.

\*\*\* End of Report \*\*\*

Page No: 1 of 1

ANITASHARMA

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BOB PACKAGE BELOW 40MALE  
 2D ECHO OPTION TMT (ADULT/CHILD)

### 2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

#### FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

#### M.MODE EXAMINATION:

AO	26	mm	LA	29	Mm	IVS-D	7	mm
IVS-S	14	mm	LVID	41	Mm	LVSD	26	mm
LVPW-D	9	mm	LVPW-S	17	Mm	RV		mm
RVWT		mm	EDV		MI	LVVS		ml
LVEF	68 %		RWMA			ABSENT		

#### CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM	NORMAL		

#### COLOUR DOPPLER:

MITRAL VALVE					
E VELOCITY	0.96	m/sec	PEAK GRADIENT		Mm/hg
A VELOCITY	0.60	m/sec	MEAN GRADIENT		Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY		Cm2
MITRAL REGURGITATION		ABSENT			
AORTIC VALVE					
PEAK VELOCITY	1.15	m/sec	PEAK GRADIENT		mm/hg
AR VMAX		m/sec	MEAN GRADIENT		mm/hg
AORTIC REGURGITATION		ABSENT			
TRICUSPID VALVE					
PEAK VELOCITY	0.45	m/sec	PEAK GRADIENT		mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT		mm/hg
VM <sub>max</sub> VELOCITY					
TRICUSPID REGURGITATION		ABSENT			
PULMONARY VALVE					
PEAK VELOCITY	0.89	M/sec.	PEAK GRADIENT		Mm/hg
MEAN VELOCITY			MEAN GRADIENT		Mm/hg
PULMONARY REGURGITATION		ABSENT			

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### Impression--

1. Normal LV size & contractility
2. No RWMA, LVEF 68 %.
3. Normal cardiac chamber.
4. Normal valve
5. No clot, no vegetation, no pericardial effusion.

  
(Cardiologist)

\*\*\* End of Report \*\*\*



