



BHAILAL AMIN  
GENERAL HOSPITAL

ESTD. 1964



### CONCLUSION OF HEALTH CHECKUP

ECU Number : 2526	MR Number : 21040570	Patient Name : ARNIMA VEERAKUMAR
Age : 33	Sex : Female	Height : 156
Weight : 75	Ideal Weight : 56	BMI : 30.82
Date : 25/03/2023		

Dr. Manish Mittal

Internal Medicine

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.



ECU Number : 2526                      MR Number : 21040570                      Patient Name: ARNIMA VEERAKUMAR  
Age : 33                                      Sex : Female                                      Height : 156  
Weight : 75                                      Ideal Weight : 56                                      BMI : 30.82  
Date : 25/03/2023

Past H/O : H/O RHEUMATOID ARTHRITIS ON AYURVEDA MEDICATION SINCE 2019

Present H/O : NO MEDICAL COMPLAIN AT PRESENT

Family H/O : FATHER: AND MOTHER:- DIABETES AND HYPERTENSION

Habits : NO HABITS  
Gen.Exam. : G.C.GOOD  
B.P : 110/80 mm Hg  
Pulse : 78/MIN REG  
Others : SPO2-97%  
C.V.S : NAD  
R.S. : NAD  
Abdomen : NP  
Spleen : NP  
Skin : NAD  
C.N.S : NAD  
Advice :



ECU Number : 2526  
Age : 33  
Weight : 75  
Date : 25/03/2023

MR Number : 21040570  
Sex : Female  
Ideal Weight : 56

Patient Name: ARNIMA VEERAKUMAR  
Height : 156  
BMI : 30.82

Ophthalmic Check Up :	Right	Left
Ext Exam		NIL
Vision Without Glasses	6/6 N.5	6/6 N.5
Vision With Glasses	SAME AS PATIENT S OWN	NA
Final Correction	NA	NA
Fundus	NORMAL	
Colour Vision	NORMAL	
Advice	NIL	

**Orthopaedic Check Up :**

Ortho Consultation

Ortho Advice

**ENT Check Up :**

Ear

Nose

Throat

Hearing Test

ENT Advice

**General Surgery Check Up :**

General Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice



Patient Name : Ms. ARNIMA VEERAKUMAR Type : OPD  
 Gender / Age : Female / 34 Years 8 Months 25 Days Request No. : 115231  
 MR No / Bill No. : 21040570 / 231074830 Request Date : 25/03/2023 08:14 AM  
 Consultant : Dr. Manish Mittal Collection Date : 25/03/2023 08:22 AM  
 Location : OPD Approval Date : 25/03/2023 02:37 PM

**CBC + ESR**

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	13.0	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.72	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	38.9	%	36 - 46
Mean Corpuscular Volume (MCV)	<b>82.4</b>	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	27.5	pg	27 - 32
MCH Concentration (MCHC)	33.4	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	12.9	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	39.3	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	6.48	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	69	%	40 - 80
Lymphocytes	22	%	20 - 40
Eosinophils	3	%	1 - 6
Monocytes	6	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	4.47	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.41	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<b>0.19</b>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.35	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.06	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.0	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	332	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	7	mm/1 hr	0 - 12

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.



Patient Name	: Ms. ARNIMA VEERAKUMAR	Type	: OPD
Gender / Age	: Female / 34 Years 8 Months 25 Days	Request No.	: 115231
MR No / Bill No.	: 21040570 / 231074830	Request Date	: 25/03/2023 08:14 AM
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**CBC + ESR**

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.  
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser + Smear verification. ESR on Ves metic 20, comparable to Westergrens method and in accordance to ICSH reference method.

---- End of Report ----

Dr. Rakesh Vaidya  
MD (Path). DCP.

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BHAILAL AMIN  
GENERAL HOSPITAL

DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Ms. ARNIMA VEERAKUMAR  
Gender / Age : Female / 34 Years 8 Months 25 Days  
MR No / Bill No. : 21040570 / 231074830  
Consultant : Dr. Manish Mittal  
Location : OPD

Type : OPD  
Request No. : 115231  
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**Haematology**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<b>Blood Group</b>			
ABO system	B		
Rh system	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontrol.
- This method check`s group both on Red blood cells and in Serum for "ABO" group.

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DEPARTMENT OF LABORATORY MEDICINE

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Consultant : Dr. Manish Mittal  
Location : OPD

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**Fasting Plasma Glucose**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	102	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	105	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

---- End of Report ----

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**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<b>HbA1c (Glycosylated Hb)</b>			
Glycosylated Heamoglobin (HbA1c)	5.2	%	
estimated Average Glucose (e AG)*	102.54	mg/dL	

*(Method:**By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.**\* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.***Guidelines for Interpretation:***Indicated Glycemic control of previous 2-3 months*

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

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## Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	11	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.82	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate (Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)	More than 60		
Uric acid (By Uricase / Catalase method on RXL Siemens)	4.6	mg/dL	2.2 - 5.8

--- End of Report ---

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**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	0.50	mg/dL	0 - 1
Bilirubin - Direct	0.10	mg/dL	0 - 0.3
Bilirubin - Indirect	0.4	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	21	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	28	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	<b>116</b>	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	24	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
<b>Total Protein</b>			
Total Proteins	7.71	gm/dL	6.4 - 8.2
Albumin	4.15	gm/dL	3.4 - 5
Globulin	3.56	gm/dL	3 - 3.2
A : G Ratio	1.17		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

---- End of Report ----

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## Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
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Triiodothyronine (T3)	1.57	ng/ml	
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(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (ng/ml)

1 - 3 days : 0.1 - 7.4  
 1-11 months : 0.1 - 2.45  
 1-5 years : 0.1 - 2.7  
 6-10 years : 0.9 - 2.4  
 11-15 years : 0.8 - 2.1  
 16-20 years : 0.8 - 2.1  
 Adults (20 - 50 years) : 0.7 - 2.0  
 Adults (> 50 years) : 0.4 - 1.8  
 Pregnancy (in last 5 months) : 1.2 - 2.5

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

Thyroxine (T4)	11.13	mcg/dL	
----------------	-------	--------	--

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (mcg/dL)

1 - 3 days : 11.8 - 22.6  
 1-2 weeks : 9.8 - 16.6  
 1 - 4 months : 7.2 - 14.4  
 4 - 12 months : 7.8 - 16.5  
 1-5 years : 7.3 - 15.0  
 5 - 10 years : 6.4 - 13.3  
 10 - 20 years : 5.6 - 11.7  
 Adults / male : 4.6 - 10.5  
 Adults / female : 5.5 - 11.0  
 Adults (> 60 years) : 5.0 - 10.7

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

Thyroid Stimulating Hormone (US-TSH)	1.97	microIU/ml	
--------------------------------------	------	------------	--

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (microIU/ml)

Infants (1-4 days) : 1.0 - 39  
 2-20 weeks : 1.7 - 9.1  
 5 months - 20 years : 0.7 - 6.4  
 Adults (21 - 54 years) : 0.4 - 4.2  
 Adults (> 55 years) : 0.5 - 8.9  
 Pregnancy :  
 1st trimester : 0.3 - 4.5  
 2nd trimester : 0.5 - 4.6  
 3rd trimester : 0.8 - 5.2

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

--- End of Report ---

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MD (Path). DCP.



Patient Name : Ms. ARNIMA VEERAKUMAR Type : OPD  
 Gender / Age : Female / 34 Years 8 Months 25 Days Request No. : 115231  
 MR No / Bill No. : 21040570 / 231074830 Request Date : 25/03/2023 08:14 AM  
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 Location : OPD Approval Date : 25/03/2023 01:51 PM

**Urine routine analysis (Auto)**

Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Turbid (Slight)		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	7.0		
Specific Gravity	1.020		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Bile Salt	Absent		Absent
Leucocytes	1+		Negative
Bile Pigments	Absent		Absent
Nitrite	Negative		Negative
<b>Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)</b>			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	10 - 20	/hpf	0 - 5
Epithelial Cells	10 - 20	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Bacteria ++		

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

---- End of Report ----

Dr. Rakesh Vaidya  
MD (Path). DCP.



Patient Name : Ms. ARNIMA VEERAKUMAR Type : OPD  
 Gender / Age : Female / 34 Years 8 Months 25 Days Request No. : 115231  
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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides	63	mg/dL	1 - 150
<i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension)</i>			
<i>&lt; 150 Normal</i>			
<i>150-199 Borderline High</i>			
<i>200-499 High</i>			
<i>&gt; 499 Very High</i>			
Total Cholesterol	180	mg/dL	1 - 200
<i>(By enzymatic colorimetric method on RXL Dade Dimension)</i>			
<i>&lt; 200 mg/dL - Desirable</i>			
<i>200-239 mg/dL - Borderline High</i>			
<i>&gt; 239 mg/dL - High</i>			
HDL Cholesterol	43	mg/dL	40 - 60
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
<i>&lt; 40 Low</i>			
<i>&gt; 60 High</i>			
Non HDL Cholesterol (calculated)	137	mg/dL	1 - 130
<i>(Non- HDL Cholesterol)</i>			
<i>&lt; 130 Desirable</i>			
<i>139-159 Borderline High</i>			
<i>160-189 High</i>			
<i>&gt; 191 Very High</i>			
LDL Cholesterol	<b>134</b>	mg/dL	1 - 100
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
<i>&lt; 100 Optimal</i>			
<i>100-129 Near / above optimal</i>			
<i>130-159 Borderline High</i>			
<i>160-189 High</i>			
<i>&gt; 189 Very High</i>			
VLDL Cholesterol (calculated)	12.6	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	3.12		2.1 - 3.5
T. Ch./HDL Ch. Ratio	4.19		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

--- End of Report ---

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Multi-Detector CT Scan

Mammography

Interventional Radiology

Digital Subtraction Angiography

Foetal Echocardiography

Echocardiography

Patient No. : 21040570      Report Date : 25/03/2023  
Request No. : 190058324      25/03/2023 8.14 AM  
Patient Name : Ms. ARNIMA VEERAKUMAR  
Gender / Age : Female / 34 Years 8 Months 25 Days

**X-Ray Chest AP**

Both lung fields are clear.  
Both costophrenic sinuses appear clear.  
Heart size is normal.  
Hilar shadows show no obvious abnormality.  
Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
• NOT VALID FOR MEDICO-LEGAL PURPOSES  
• CLINICAL CORRELATION RECOMMENDED

*Prerna C Hasani*

**Dr. Prerna C Hasani, MD**  
Consultant Radiologist





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- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 21040570      Report Date : 25/03/2023  
Request No. : 190058302      25/03/2023 8.14 AM  
Patient Name : Ms. ARNIMA VEERAKUMAR  
Gender / Age : Female / 34 Years 8 Months 25 Days

**USG : Abdomen (Excluding Pelvis) Or Upper Abdomen**

**Liver is normal in size and echopattern. No mass lesion identified. The hepaticveins are clear and patent. PV patent. No dilated IHBR.**

Gall bladder is well distended and shows no obvious abnormality. Common bile duct measures 4 mm in diameter.

Pancreas shows no obvious abnormality. Tail obscured.  
Spleen is normal size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

Uterus is anteverted, normal in size and echo pattern. Endometrium thickness is about 5 mm. No obvious mass lesion seen.

Uterine length :            95 mm.  
A.P.                            :        39 mm.

Both ovaries reveal small follicles.  
Right ovary measures 21mm x 15mm. in size.  
Left ovary measures 23mm x 16mm. in size.

Urinary bladder is well distended and appears normal.

No ascites.

**COMMENT:**

**No obvious abnormality seen.**

*Kindly correlate clinically*

*Hasani*

**Dr.Perna C Hasani, MD**  
Consultant Radiologist



• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
 • NOT VALID FOR MEDICO-LEGAL PURPOSES  
 • CLINICAL CORRELATION RECOMMENDED



H-2015-0297

MC-3004

E-2021-0037

SAFE 01

Patient No. : 21040570      Report Date : 25/03/2023  
Request No. : 190058360      25/03/2023 8.14 AM  
Patient Name : Ms. ARNIMA VEERAKUMAR  
Gender / Age : Female / 34 Years 8 Months 25 Days

**Echo Color Doppler**

MITRAL VALVE : NORMAL  
AORTIC VALVE : TRILEAFLET, NORMAL  
TRICUSPID VALVE : NORMAL, NO TR,  
PULMONARY VALVE : NORMAL  
LEFT ATRIUM : NORMAL  
AORTA : NORMAL  
LEFT VENTRICLE : NORMAL, NO REGIONAL WALL MOTION ABNORMALITY,  
LVEF=60%  
RIGHT ATRIUM : NORMAL  
RIGHT VENTRICLE : NORMAL  
I.V.S. : INTACT  
I.A.S. : INTACT  
PULMONARY ARTERY : NORMAL  
PERICARDIUM : NORMAL  
  
COLOUR/DOPPLER FLOW MAPPING : NO LV diastolic dysfunction  
NO AR, MR, TR, NO PAH

**FINAL CONCLUSION:**

1. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS
2. NO REGIONAL WALL MOTION ABNORMALITY AT REST
3. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
4. NORMAL VALVES
5. NO LV DIASTOLIC DYSFUNCTION
6. NO AR, MR, TR, NO PULMONARY HYPERTENSION , ( IVC COLLAPSING )
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

 Dr. KILLOL KANERIA MD, DM  
Consultant Cardiologist



Name: Arjuna veerakumar -  
Patient ID: 21040570

25.03.2023 08:15:28  
Standard 12-lead

Date of birth: 01-07-1988  
Gender: Female  
Height:   
Weight:   
Ethnicity: Undefined  
Pacemaker: Unknown

HR: 57 bpm  
P axis: 48°  
QRS axis: 46°  
T axis: 46°

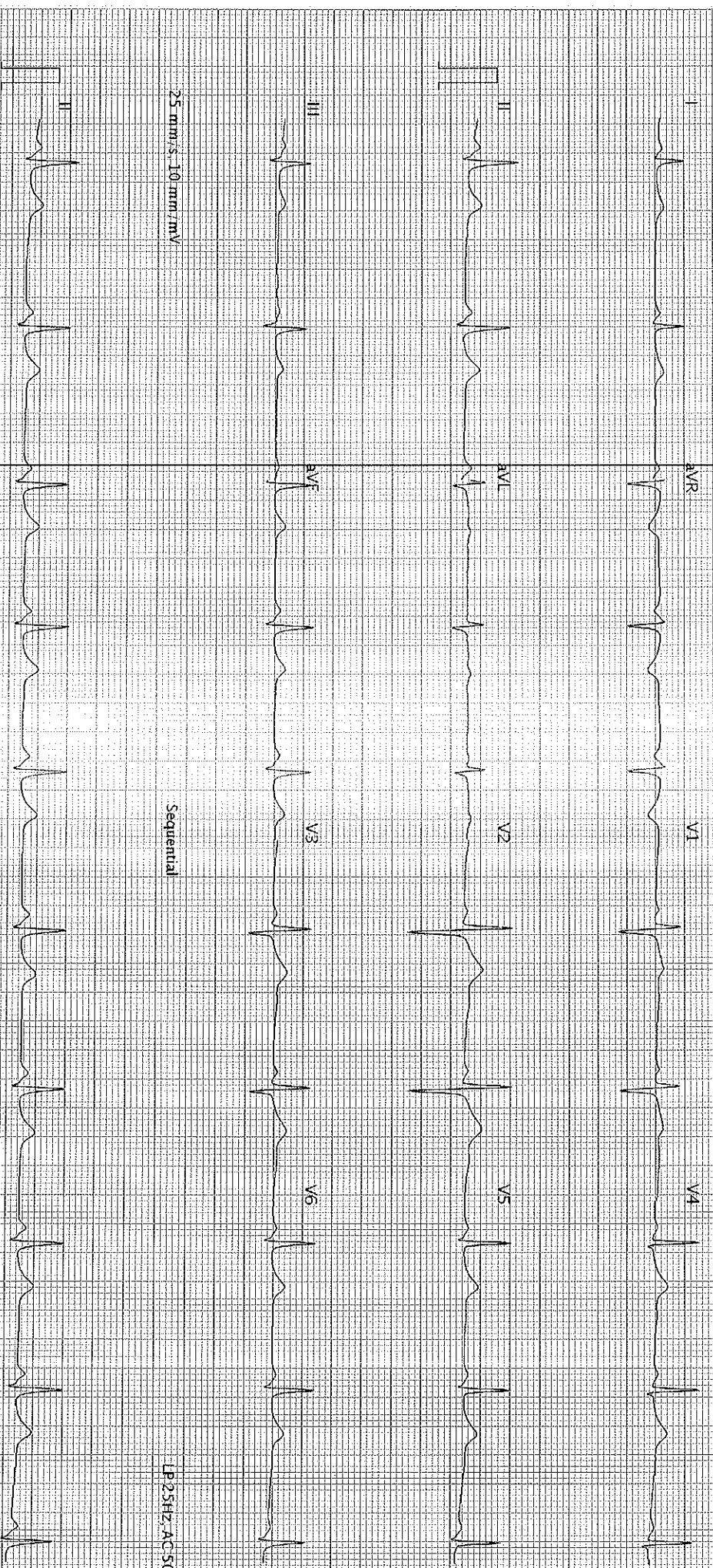
RR: 105.3 ms  
P: 105 ms  
PR: 124 ms  
QR: 83 ms  
QS: 423 ms  
QTcB: 412 ms

Indication:  
Remark:

Abnormal

Sinus rhythm  
Normal electrical axis  
QRS(T) contour abnormality  
consistent with old inferior myocardial infarction  
Abnormal ECG  
Unconfirmed report

*Per*



25 mm/s, 10 mm/mV

Sequential

LP25HZ, AC 50HZ

25 mm/s, 10 mm/mV

CP25HZ, AC 50HZ

AT-102-G2-12-0 (1080-011030)

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Page 1 of 1  
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