



# Vasavi Hospitals

LABORATORY

WE CURE WITH CARE  
(A Unit of Sree Vasavi Trust)

<b>Patient Name</b>	Mrs. KEERTHI SREERAMULA	<b>Lab No</b>	48382
<b>UHID</b>	207982	<b>Sample Date</b>	21/01/2023 8:48AM
<b>Age/Gender</b>	31 Yrs/Female	<b>Receiving Date</b>	21/01/2023 9:27AM
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	21/01/2023 1:22PM
<b>Referred By</b>	Dr. CMO	<b>Report Status</b>	Final
<b>Bill No.</b>	OPCR/23/6452	<b>Manual No.</b>	

## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>Sample: Serum</b>				
BLOOD UREA NITROGEN	12.2	mg/dl	Upto 14 years : 5 - 18 mg/dl Male (above 14 years): 8 - 24 mg/dl Female (above 14 years): 6 - 21 mg/dl Pregnant women : 5 - 12 mg/dl	
SERUM CREATININE	0.62	mg/dl	0.60 - 1.40	
FASTING BLOOD SUGAR	<b>115.7 H</b>	mg/dl	74.00 - 100.00	
<b>GLYCOSYLATED HAEMOGLOBIN (HbA1c)</b>				
HbA1c (GLYCOSYLATED Hb)	5.9	%	4.00 - 6.00	Immunoturbidimetric
MEAN BLOOD GLUCOSE	122.63	mg/dl	70.00 - 140.00	
<b>LIPID PROFILE</b>				
TOTAL CHOLESTEROL	183	mg/dl	0.00 - 200.00	
TRIGLYCERIDES	132.8	mg/dl	0.00 - 200.00	
HDL CHOLESTEROL - DIRECT	54.7	mg/dl	35.00 - 55.00	
LDL CHOLESTEROL - DIRECT	121.8	mg/dl	0.00 - 130.00	
TC/HDL	3.35			
LDL/HDL	2.23			

**Sample: Serum**

## LIVER FUNCTION TEST (LFT)

Verified By  
SHWETHA J

*Ravi Shankar*

**Ravi Shankar K**  
Bio Chemist

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TOTAL BILIRUBIN 0.79 mg/dl Adult - 0.2 - 1.3 mg/ dL

**Special condition:**  
 Premature - <2.0 mg/ dL  
 Full term - <2.0 mg/ dL  
 0-1 day - Premature-  
 1.0 - 8.0 mg/ dL  
 0-1 day - Full term -  
 2.0 - 6.0 mg/ dL  
 1 - 2 days Premature -  
 6.0 - 12.0 mg/ dL  
 1 - 2 days Full term -  
 6.0 - 10.0 mg/ dL  
 3 - 5 days Premature -  
 10.0 - 14.0 mg/ dL  
 3 - 5 days Full term -  
 4.0 - 8.0 mg/ dL

DIRECT BILIRUBIN	0.27	mg/dl	0.00 - 0.30
INDIRECT BILIRUBIN.	0.52	mg/dl	
ASPARATE AMINOTRANSFERASE (SGOT/AST)	24.3	U/L	0.00 - 40.00
ALANINE AMINOTRANSFERASE (SGPT/ALT)	27.7	U/L	0.00 - 40.00
ALKALINE PHOSPHATASE (ALP)	<b>143 H</b>	IU/L	42.00 - 98.00
TOTAL PROTEIN	6.31	g/dl	6.00 - 8.50
SERUM ALBUMIN	4.21	g/dl	3.50 - 5.20
SERUM GLOBULIN	<b>2.10 L</b>	g/dl	2.30 - 3.50
A/G RATIO	<b>2.00 H</b>	%	1.00 - 1.50
POST PRANDIAL BLOOD GLUCOSE	<b>182 H</b>	mg/dl	70.00 - 140.00
URIC ACID	5.2	mg/dl	3.20 - 6.40

--End Of Report--

*Ravi Shankar*

Verified By  
SHWETHA J

Ravi Shankar K  
Bio Chemist

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<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	21/01/2023 1:22PM
<b>Referred By</b>	Dr. CMO	<b>Report Status</b>	Final
<b>Bill No.</b>	OPCR/23/6452	<b>Manual No.</b>	

### CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>UIRNE GLUCOSE FASTING</b>				
URINE SUGAR	NIL		NEGATIVE	Sample: Urine
<b>PHYSICAL CHARACTERS</b>				
COLOUR	Pale Yellow			
APPEARANCE	Clear		Clear	
SPECIFIC GRAVITY	1.030			
PH	6.0			
<b>CHEMICAL CONSTITUENTS</b>				
ALBUMIN	Nil			
SUGAR	Nil			
BILE SALTS	Absent			
BILE PIGMENTS	Absent			
KETONE BODIES	NEGATIVE			
BLOOD	Absent			
<b>MICROSCOPY</b>				
PUS CELLS	1-2 /HPF			
R.B.C	Nil			
EPITHELIAL CELLS	3-4/HPF			
CASTS	Nil			
CRYSTALS	Nil			
BACTERIA	Absent			

--End Of Report--

Verified By  
SHWETHA J

**BADARINATH S**  
MD (PGI) KMC No 19014  
HEMATOPATHOLOGIST / PATHOLOGIST

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<b>Age/Gender</b>	31 Yrs/Female	<b>Receiving Date</b>	21/01/2023 12:36PM
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	21/01/2023 1:22PM
<b>Referred By</b>	Dr. CMO	<b>Report Status</b>	Final
<b>Bill No.</b>	OPCR/23/6452	<b>Manual No.</b>	

### CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>URINE GLUCOSE-POST PRANDIAL</b>				
URINE SUGAR	NIL		NEGATIVE	

--End Of Report--

Verified By  
SHWETHA J

**Ravi Shankar K**  
Bio Chemist

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<b>Age/Gender</b>	31 Yrs/Female	<b>Receiving Date</b>	21/01/2023 9:27AM
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	21/01/2023 11:06AM
<b>Referred By</b>	Dr. CMO	<b>Report Status</b>	Final
<b>Bill No.</b>	OPCR/23/6452	<b>Manual No.</b>	

## HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD GROUP	A			
RH TYPE	POSITIVE			
			<b>Sample: Blood</b>	
HAEMOGLOBIN	13.8	gm/dl	12.00 - 16.00	
TOTAL COUNT	7390	cells/cumm	4500.00 - 11000.00	
<b>DLC</b>				
NEUTROPHILS	61	%	35.00 - 66.00	
LYMPHOCYTES	32	%	24.00 - 44.00	
MONOCYTES	05	%	4.00 - 10.00	
EOSINOPHILS	02	%	1.00 - 6.00	
BASOPHILS	00	%	0.00 - 1.00	
R.B.C COUNT	5.07	mill/cumm	4.00 - 5.20	
PACKED CELL VOLUME (PCV)	42.5	%	36.00 - 46.00	
PLATELET COUNT	3.37	lakh/cumm	1.50 - 4.50	
M.C.V	83.8	fL	80.00 - 100.00	
M.C.H	27.3	pg	26.00 - 34.00	
M.C.H.C	32.6	%	32.00 - 36.00	
ESR (ERYTHROCYTE SEDIMENTATION RATE)	09	mm/hr	0.00 - 12.00	

--End Of Report--

Verified By  
SHWETHA J

**BADARINATH S**  
MD (PGI) KMC No 19014

**HEMATOPATHOLOGIST / PATHOLOGIST**

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<b>Age/Gender</b>	31 Yrs/Female	<b>Receiving Date</b>	21/01/2023 9:27AM
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	21/01/2023 11:04AM
<b>Referred By</b>	Dr. CMO	<b>Report Status</b>	Final
<b>Bill No.</b>	OPCR/23/6452	<b>Manual No.</b>	

## HORMONES

Test Name	Result	Unit	Biological Ref. Range	Method
<b>THYROID PROFILE (T3, T4, TSH)</b>				
TOTAL TRIIODOTHYRONINE (T3)	1.91	nmol/L	0.93 - 3.72	
TOTAL THYROXINE (T4)	139.2	nmol/L	41.00 - 163.00	
TSH (THYROID STIMULATING HORMONE)	3.15	uIU/ml	0.40 - 5.00	

--End Of Report--

Verified By  
SHWETHA J

*Ravi Shankar*  
Ravi Shankar K  
Bio Chemist

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## DEPARTMENT OF RADIOLOGY & IMAGING

<b>Patient Name</b>	Mrs. KEERTHI SREERAMULA	<b>RIS No</b>	48382
<b>UHID</b>	207982	<b>Order Date</b>	21/01/2023 8:48AM
<b>Age/Gender</b>	31 Yrs/Female	<b>Receiving Date</b>	21/01/2023 12:19PM
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	21/01/2023 12:26PM
<b>Referred By</b>	Dr. CMO	<b>Report Status</b>	Final
<b>Bill No.</b>	OPCR/23/6452	<b>Manual No.</b>	24746

WE CURE WITH CARE  
(A Unit of Sree Vasavi Trust)

**LIVER:** Liver is 14.0 cm in size, both lobes of liver are normal in size with increased echotexture. No evidence of any intrahepatic billiary dilatation noted. CBD and Portal vein normal in size and echotexture. **Ill-defined hypoechoic lesion measuring 16 x 11 x 15 mm is seen in the segment VIII of right lobe of liver.** No surrounding edema.

**GALL BLADDER:** Well distended, gall bladder wall thickness is normal. Contents are clear. No evidence of gall stones /cholecystitis.

**PANCREAS:** Head and body appears normal. Uncinate process and tail could not be assessed due to bowel gas. MPD is normal.

**SPLEEN:** Normal in size measuring 8.5 cms with normal echotexture.

**KIDNEYS:** Both Kidneys are normal in size, shape, contour & position. Cortico medullary differentiation is well maintained. No evidence of any hydronephrosis / hydroureter.

Right Kidney measures : 10.4 x 3.9 cms. Parenchymal thickness 1.7 cms.

Left Kidney measures : 10.5 x 4.8 cms. Parenchymal thickness 1.8 cms.

**URINARY BLADDER:** Well distended with clear contents. Wall thickness is normal.

**UTERUS:** Normal in size and echotexture, measuring 7.5 x 3.6 x 4.9 cms. Myometrial echoes appear normal. Endometrium appears normal, measures 8.2 mm.

**OVARIES:** Both ovaries are normal in size and echotexture.

Right ovary: 2.8 x 1.7 cms. Left ovary: 3.1 x 2.0 cms.

No obvious free fluid in the peritoneal cavity.

**IMPRESSION:**

- FATTY LIVER.

- ILL-DEFINED HYPOECHOIC LESION IN THE RIGHT LOBE OF LIVER AS DESCRIBED ABOVE - ? ADENOMA. Suggested further evaluation if clinically indicated

**\*\* Note: All abnormalities cannot be detected by Ultrasound scan due to technical limitation, obesity and other factors. Scan findings to be correlated with old reports or other investigations.**



Verified By  
Ms Hemalatha K R

Dr. KIRUTHIKA SELVARAJ  
MBBS, DMRD  
CONSULTANT RADIOLOGIST

Printed on 21/01/2023 12:26

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OPD Prescription



Reg. No 207982 Issue Date 20/01/23  
Name Mrs Keerthi Sreeganula Age/Sex 31/F  
Doctor Swathi Department  
Patient Mob. 996414889 Category

BP: Height: Weight: Pain: Pulse: Temperature: SpO2:

Allergies:  YES  NO Details: COVID 19 Positive:  YES  NO

Previous Drug Reactions:  YES  NO Details: Routine checkup.

History and complaints: Nil visual complaints.

VA (6/6) ROP (19/20 mmHg).

Past History: Anterior segment < WNL.

Fundus (media) < WNL.

Examination: Color vision < Normal. Drug orders:

Investigations:

Provisional/Final Diagnosis: Both eyes normal.

Advice: (Lifestyle / Rehab / Diet)

Nutritional Screening:  Poor  Moderate  Well

Fall Risk:  No Risk  Low  high

Follow up: Date: 20/1/24 Time: \_\_\_\_\_

Name & Signature of the Consultant with Stamp:

#15, 70th Cross, 14th Main, 1st Stage, Kumaraswamy Layout (Opp.to 15E Bus Stop), Bangalore-560078.

Appointment: 080 71 500 500 | Emergency: 080 71 500 555





ADM | **DIABETIC DIET SHEET**

NAME: Ms. Keerthi

AGE: 34yrs

SEX: M/F

Height (cms): 157

Weight (kgs): 75

IBW: 58 kg

Total Calories: 1600

**Morning:** Coffee/ Tea .....cup (with Skimmed milk without sugar) / Green Tea .....cup / Milk - 1 cup

**Breakfast: 8 am - 9 am**

Idly .....3.../ Dosa .....2.../ Roti (millets) / Pulkas .....2.../Upma/ Pongal /Rice.....cup

Brown Bread Slices.....4.../ Oats/Muslei .....cup / Vegetable Salad .....cup / Sprouts .....cup  
sambar .....cup / chutney .....6..... tsp (Restrict coconut & ground nut chutney)

**Mid morning: 11 am - 11.30 am**

Fruit.....no/Buttermilk.....glass/Lime or Tomato juice without sugar.....glass/Ragi malt - 1glass  
Soup.....glass/Sprouts .....cup/Coffee/ Tea without sugar .....cup + Marie/ oats/ Biscuits.....2...no

(MANNA)

**Lunch: 1pm - 2 pm**

Rice.....2...cup/Pulkas.....3.../ Broken Wheat.....1/2...cups/ Rice .....cup + Pulka.....2.../

Ragiball .....(1)...+Dhal/ Sambar .....cup+ Rasam .....cup+Green leafy/

Vegetable Palya .....cup+Salad.....cup+ Curds/Buttermilk .....cup + Egg white | omlette

**Evening: 4pm - 6 pm**

Coffee/ Tea without sugar .....cup + Marie Biscuits .....nos / Fruit ...../Sprouts .....cup/  
Boiled legumes.....cup

6 PM

**Dinner: 8.00 pm - 9.00 pm**

Same as Lunch or Breakfast .....

(AVOID RICE)

**Bed Time:** Milk without sugar.....125...ml/ Buttermilk.....glass

Oil.....3.....tsp

Fluids  
Water.....2...Its/day

Salt.....1.....tsp or.....5.....gms

Non Veg: Skin out chicken.....3.00.../ Fish.....3.00... (Weekly once / 15 days once). Avoid Mutton.

**Note:**

1 Glass: 200 ml Capacity

1 Teaspoon 5 gm

1 Tablespoon: 15 gms

Ragi Ball: Medium Musambi Size

1 Cup: 150gms



### **Foods to be allowed :**

- \* Wholegrain cereals, Whole gram, Pulses, Sprouts.
- \* All green leafy vegetables, Other vegetables and Fibre rich vegetables.

### **Fruits : Any one fruit can be taken per day.**

- \* Apple, Orange, Musambi, Pear, Guava, Yelakki banana (small size),
- \* 1 cup of Papaya, Water melon, Musk Melon, Pineapple, Pomegranate (1/2 cup), 5-10 nos of Grapes
- \* Jamun and Mango weekly once 1/2 slice.
- \* Source of oil should be changed every month as follows: Sunflower oil / Safflower / Groundnut oil / Rice bran oil / Mustard oil / Olive oil / Soya oil / Canola oil.
- \* Skimmed milk, Skimmed milk curds, Buttermilk.
- \* Egg White, Fish and Skin out chicken specified amounts.

### **Foods to be avoided :**

- \* Refined flour (Maida), Sweets, Sugar, Jaggery, Honey, Jam, Ice Cream.
- \* Potato, Colacasia, Tapioca, Sweet Potato, Yam.
- \* Fruits like Sapota, Seethaphal, Jack fruit and Big banana.
- \* Bakery products, Puddings, Chocolates, Jellies, Pastries, Pizza.
- \* Whole milk, Cream, Cheese and Milk Shakes.
- \* Ghee, Dalda, Butter, Khoa.
- \* Fried foods, Nuts and oil Seeds, Raisings, Dates.
- \* Carbonated drinks, Proprietary drinks and Alcohol.
- \* IFBP is present avoid Papads, Pickles, Salted nuts, Chips, Baking soda, Bread
- \* Bakery products, canned & Tinned foods.

### **Tips :**

- \* Never skip meals
- \* Eat high fibre food
- \* Exercise regularly
- \* Include vegetables, green leafy vegetables and fruits in your diet
- \* Keep on changing source of oil every month
- \* Follow the healthy guidelines while eating out
- \* Choose healthy snacks
- \* Small and frequent meals at regular intervals should be taken
- \* Use brown rice or unpolished rice instead fo white rice
- \* Chew food Properly

*Samalaks*  
**DIETICIAN**



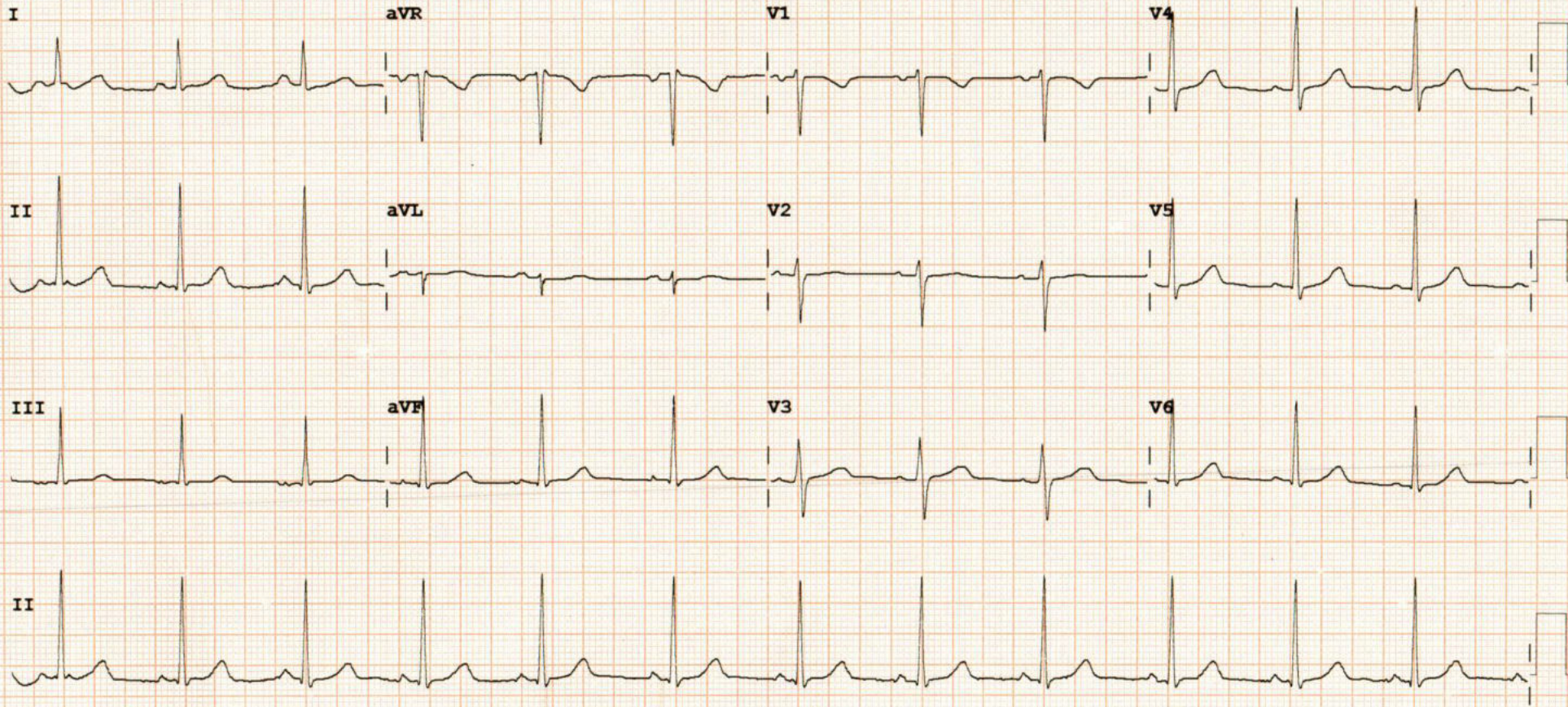
Rate 74  
PR 131  
QRSD 94  
QT 396  
QTc 440

*Normal*

--AXIS--

P 9  
QRS 64  
T 46

12 Lead; Standard Placement





<b>UHID / IP NO</b>	207982 (3394)	<b>RISN Status :</b>	48382
<b>Patient Name :</b>	Mrs. KEERTHI SREERAMULA	<b>Age/Gender :</b>	31 Y/F
<b>Referred By :</b>	Dr. CMO	<b>Ward/Bed No :</b>	OPD
<b>Bill Date/No :</b>	21/01/2023 8:48AM/ OPCR/23/6452	<b>Scan Date :</b>	
<b>Report Date :</b>	21/01/2023 11:57AM	<b>Company Name:</b>	Final

**M- MODE MEASUREMENTS**

<b>AO</b>	2.63	cm	<b>RVIDD</b>	1.20	cm
<b>LA</b>	2.70	cm	<b>IVSD</b>	0.99	cm
<b>AO/LA RATIO</b>	0.75	cm	<b>LVIDD</b>	3.97	cm
<b>AV CUP</b>	1.46	cm	<b>LVPWD</b>	1.03	cm
<b>EPSS</b>	0.9	cm	<b>IVSS</b>	1.14	cm
<b>DE</b>	1.83	cm	<b>LVIDS</b>	2.29	cm
<b>EF SLOPE</b>	0.7	cm	<b>LVPWS</b>	1.26	cm
<b>SV</b>	57.41		<b>EDV</b>	68.82	ml
<b>CO</b>			<b>ESV</b>	17.94	ml
<b>HR</b>			<b>EF</b>	74.03	%
<b>LVTMI</b>			<b>FS</b>	42.30	%
<b>OTHERS</b>			<b>LV MASS</b>	185.32	grams

**DESCRIPTIVE FINDINGS:** Technically Adequate Study. Normal Sinus rhythm during Study.

<b>LEFT VENTRICLE</b>	Normal in size
<b>LEFT ATRIUM</b>	Normal in size
<b>RIGHT VENTRICLE</b>	Normal in size
<b>RIGHT ATRIUM</b>	Normal in size
<b>WALL MOTION ANALYSIS</b>	No RWMA
<b>TRICUSPID VALVE</b>	Normal
<b>MITRAL VALVE</b>	Normal
<b>PULMONIC VALVE</b>	Normal
<b>AORTIC VALVE</b>	Normal
<b>IAS &amp; IVS</b>	Intact
<b>AORTA &amp; PA</b>	Normal In Size
<b>SYSTEMIC &amp; PULMONARY VENIS</b>	Normally Draining
<b>PERICARDIUM</b>	Normal
<b>OTHERS</b>	No Intra Cardiac Thrombus, Tumour or Vegetation



## CARDIOLOGY

<b>UHID / IP NO</b>	207982 (3394)	<b>RISNo./Status :</b>	48382/
<b>Patient Name :</b>	Mrs. KEERTHI SREERAMULA	<b>Age/Gender :</b>	31 Y/F
<b>Referred By :</b>	Dr. CMO	<b>Ward/Bed No :</b>	OPD
<b>Bill Date/No :</b>	21/01/2023 8:48AM/ OPCR/23/6452	<b>Scan Date :</b>	
<b>Report Date :</b>	21/01/2023 11:57AM	<b>Company Name:</b>	Final

### DOPPLER STUDY

VALVES	VELOCITY	GRADIENT	REGURGITATION	OTHERS
P V	0.71m/s		NO PR	
MV	E: 1.05 m/s A: 0.75 m/s		NO MR	
AV	1.41 m/s		NO AR	
TV	E: 0.60m/s A: 0.40m/s		NO TR	
OTHERS				

### SUMMARY FINDINGS:

NORMAL CARDIAC CHAMBERS & VOLUMES

NO REGIONAL WALL MOTION ABNORMALITY AT REST

NORMAL LV SYSTOLIC FUNCTION (EF-74 %)

NO CLOT / EFFUSION / VEGETATION/PAH

  
**Dr. PRANEETHS**  
CONSULTANT  
CARDIOLOGIST

**Mr. Deva Sagayam C**



Name: Keerthi <sup>Speedemula</sup> Age / Sex: 31/F Ph. No.: UHID No: 207982

**OUT PATIENT HISTORY, FINDINGS & ADVISE**

BP - 120 / 80 mmHg As/R Dr Sidhar  
 Pulse - 82 bpm  
 SpO2 - 98%  
 Height - 155 cm  
 Weight - 75 kg  
 Temp - (N)

No fresh complaints.  
 C/o cough without expectoration since 2 months.

O/E  
 OS - S & heard  
 RS - BK. NVKS.

Advice  
 → Diabetic Diet + Regular walking  
 Review with old scan reports.

Dr Sidhar

① Tab. Levocet-M 001 x 10 days  
 ② T. Esopry D 001 x 10 days (Before food)

PLEASE SIGN AFTER EACH ENTRY



Name :

Age / Sex :

Ph. No. :

UHID No :

**OUT PATIENT HISTORY, FINDINGS & ADVISE**

BP - 150/80 mmHg  
 Pulse - 85 bpm  
 RR - 18  
 Temp - 37.5  
 SpO2 - 98%  
 Hb - 15.5 g/dl  
 Hct - 48%  
 WBC - 12000  
 Platelets - 150000  
 Urine - Normal  
 ECG - Normal  
 CXR - Normal  
 Abdominal Exam - Normal  
 Neurological Exam - Normal  
 Mental Status - Alert & Oriented  
 Social History - Regular smoking  
 Family History - No known chronic diseases  
 Review of Systems - No other symptoms

PLEASE SIGN AFTER EACH ENTRY