

Name : Mrs. RAHMAT JAHAN FARIDI  
PID No. : MED122401524  
SID No. : 522400738  
Age / Sex : 40 Year(s) / Female  
Ref. Dr : MediWheel  
Source : MediWheel

Register On : 13/01/2024 10:32 AM  
Collection On : 13/01/2024 1:02 PM  
Report On : 13/01/2024 6:20 PM  
Printed On : 16/01/2024 1:35 PM  
Type : OP


## REPORT

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
----------------------	-----------------------	-------------	--------------------------------------

### IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'O' 'Positive'		
--	----------------	--	--

**INTERPRETATION:** Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.



Dr. Arjun C.P  
MBBS, MD Pathology  
Reg No:KMC 89655

Name : Mrs. RAHMAT JAHAN FARIDI  
PID No. : MED122401524  
SID No. : 522400738  
Age / Sex : 40 Year(s) / Female  
Ref. Dr : MediWheel  
Source : MediWheel

Register On : 13/01/2024 10:32 AM  
Collection On : 13/01/2024 1:02 PM  
Report On : 13/01/2024 6:20 PM  
Printed On : 16/01/2024 1:35 PM  
Type : OP

## REPORT

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
----------------------	-----------------------	-------------	--------------------------------------

### HAEMATOLOGY

#### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/ Spectrophotometry)	12.2	g/dL	12.5 - 16.0
Packed Cell Volume (PCV)/Haematocrit (EDTA Blood)	36.9	%	37 - 47
RBC Count (EDTA Blood)	4.21	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	87.6	fL	78 - 100
Mean Corpuscular Haemoglobin (MCH) (EDTA Blood)	29.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.2	g/dL	32 - 36
RDW-CV	14.6	%	11.5 - 16.0
RDW-SD	44.76	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	11700	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	70.1	%	40 - 75
Lymphocytes (Blood)	21.4	%	20 - 45
Eosinophils (Blood)	2.3	%	01 - 06
Monocytes (Blood)	5.4	%	01 - 10
Basophils (Blood)	0.8	%	00 - 02

**INTERPRETATION:** Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

  
Dr Anusha.K.S  
Sr.Consultant Pathologist  
Reg No : 100674

Name : Mrs. RAHMAT JAHAN FARIDI  
PID No. : MED122401524  
SID No. : 522400738  
Age / Sex : 40 Year(s) / Female  
Ref. Dr : MediWheel  
Source : MediWheel

Register On : 13/01/2024 10:32 AM  
Collection On : 13/01/2024 1:02 PM  
Report On : 13/01/2024 6:20 PM  
Printed On : 16/01/2024 1:35 PM  
Type : OP

## REPORT

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Absolute Neutrophil count (EDTA Blood)	8.20	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.50	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.27	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.63	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood )	0.09	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood)	215	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood)	14.8	fL	8.0 - 13.3
PCT(Automated Blood cell Counter)	0.32	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	44	mm/hr	< 20

  
Dr Anusha.K.S  
Sr.Consultant Pathologist  
Reg No : 100674

Name : Mrs. RAHMAT JAHAN FARIDI  
PID No. : MED122401524  
SID No. : 522400738  
Age / Sex : 40 Year(s) / Female  
Ref. Dr : MediWheel  
Source : MediWheel

Register On : 13/01/2024 10:32 AM  
Collection On : 13/01/2024 1:02 PM  
Report On : 13/01/2024 6:20 PM  
Printed On : 16/01/2024 1:35 PM  
Type : OP

## REPORT

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
----------------------	-----------------------	-------------	--------------------------------------

### BIOCHEMISTRY

BUN / Creatinine Ratio	14.0		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/ GOD-PAP)	115.13	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/ GOD - POD)	Negative		Negative
--	----------	--	----------

Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	239.02	mg/dL	70 - 140
--	--------	-------	----------

### **INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
---	----------	--	----------


Blood Urea Nitrogen (BUN) (Serum/ Urease UV / derived)	7.6	mg/dL	7.0 - 21
---	-----	-------	----------

Creatinine (Serum/Modified Jaffe)	0.54	mg/dL	0.6 - 1.1
-----------------------------------	------	-------	-----------

**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	6.05	mg/dL	2.6 - 6.0
-----------------------------	------	-------	-----------

### Liver Function Test




DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

Name : Mrs. RAHMAT JAHAN FARIDI  
PID No. : MED122401524  
SID No. : 522400738  
Age / Sex : 40 Year(s) / Female  
Ref. Dr : MediWheel  
Source : MediWheel

Register On : 13/01/2024 10:32 AM  
Collection On : 13/01/2024 1:02 PM  
Report On : 13/01/2024 6:20 PM  
Printed On : 16/01/2024 1:35 PM  
Type : OP

## REPORT

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Bilirubin(Total) (Serum/DCA with ATCS)	0.49	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.19	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.30	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	20.38	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	23.57	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	28.77	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	89.8	U/L	42 - 98
Total Protein (Serum/Biuret)	7.25	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.53	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.72	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.67		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	<b>208.36</b>	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

Name : Mrs. RAHMAT JAHAN FARIDI  
PID No. : MED122401524  
SID No. : 522400738  
Age / Sex : 40 Year(s) / Female  
Ref. Dr : MediWheel  
Source : MediWheel

Register On : 13/01/2024 10:32 AM  
Collection On : 13/01/2024 1:02 PM  
Report On : 13/01/2024 6:20 PM  
Printed On : 16/01/2024 1:35 PM  
Type : OP

## REPORT

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
----------------------	-----------------------	-------------	--------------------------------------

Triglycerides (Serum/GPO-PAP with ATCS)	238.44	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
---	--------	-------	---

**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the usual circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immuno-inhibition)	38.22	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
---	-------	-------	--

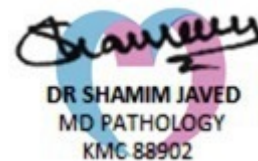
LDL Cholesterol (Serum/Calculated)	122.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
------------------------------------	-------	-------	---

VLDL Cholesterol (Serum/Calculated)	47.7	mg/dL	< 30
-------------------------------------	------	-------	------

Non HDL Cholesterol (Serum/Calculated)	170.1	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220
--	-------	-------	--

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.5		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
--	-----	--	--



Name : Mrs. RAHMAT JAHAN FARIDI  
PID No. : MED122401524  
SID No. : 522400738  
Age / Sex : 40 Year(s) / Female  
Ref. Dr : MediWheel  
Source : MediWheel

Register On : 13/01/2024 10:32 AM  
Collection On : 13/01/2024 1:02 PM  
Report On : 13/01/2024 6:20 PM  
Printed On : 16/01/2024 1:35 PM  
Type : OP

## REPORT

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	6.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

### Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	6.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
--------------------------	-----	---	---

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood) 136.98 mg/dL

#### **INTERPRETATION: Comments**

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values. Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.



DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

Name : Mrs. RAHMAT JAHAN FARIDI  
PID No. : MED122401524  
SID No. : 522400738  
Age / Sex : 40 Year(s) / Female  
Ref. Dr : MediWheel  
Source : MediWheel

Register On : 13/01/2024 10:32 AM  
Collection On : 13/01/2024 1:02 PM  
Report On : 13/01/2024 6:20 PM  
Printed On : 16/01/2024 1:35 PM  
Type : OP

## REPORT

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
----------------------	-----------------------	-------------	--------------------------------------

### IMMUNOASSAY

#### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.21	ng/ml	0.7 - 2.04
---	------	-------	------------

#### **INTERPRETATION:**

##### **Comment :**

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/ECLIA)	8.89	µg/dl	4.2 - 12.0
-------------------------------------	------	-------	------------

#### **INTERPRETATION:**

##### **Comment :**

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/ECLIA)	2.69	µIU/mL	0.35 - 5.50
---	------	--------	-------------

#### **INTERPRETATION:**

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

##### **Comment :**

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

  
Dr Anusha.K.S  
Sr.Consultant Pathologist  
Reg No : 100674



Name : Mrs. RAHMAT JAHAN FARIDI  
PID No. : MED122401524  
SID No. : 522400738  
Age / Sex : 40 Year(s) / Female  
Ref. Dr : MediWheel  
Source : MediWheel

Register On : 13/01/2024 10:32 AM  
Collection On : 13/01/2024 1:02 PM  
Report On : 13/01/2024 6:20 PM  
Printed On : 16/01/2024 1:35 PM  
Type : OP

## REPORT

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
----------------------	-----------------------	-------------	--------------------------------------

### CLINICAL PATHOLOGY

#### URINE ROUTINE

#### PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	25		

#### CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	7.0		4.5 - 8.0
Specific Gravity (Urine)	1.005		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	<b>Positive(++)</b>		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

#### MICROSCOPIC EXAMINATION (URINE COMPLETE)

Pus Cells (Urine)	<b>0-2</b>	/hpf	NIL
Epithelial Cells (Urine)	<b>0-2</b>	/hpf	NIL


  
Dr Anusha.K.S  
Sr.Consultant Pathologist  
Reg No : 100674

Name : Mrs. RAHMAT JAHAN FARIDI  
PID No. : MED122401524  
SID No. : 522400738  
Age / Sex : 40 Year(s) / Female  
Ref. Dr : MediWheel  
Source : MediWheel

Register On : 13/01/2024 10:32 AM  
Collection On : 13/01/2024 1:02 PM  
Report On : 13/01/2024 6:20 PM  
Printed On : 16/01/2024 1:35 PM  
Type : OP

## REPORT

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
RBCs (Urine)	5-10	/HPF	NIL
Others (Urine)	NIL		
<b>INTERPRETATION:</b> Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.			
Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL

  
Dr Anusha.K.S  
Sr.Consultant Pathologist  
Reg No : 100674

-- End of Report --

Name	MRS.RAHMAT JAHAN FARIDI	ID	MED122401524
Age & Gender	40Y/FEMALE	Visit Date	13 Jan 2024
Ref Doctor Name	MediWheel		

**X-ray mammogram (mediolateral oblique & craniocaudal views) followed by Sonomammography.**

**BILATERAL MAMMOGRAPHY**

Breast composition Type D (The breasts are extremely dense, which lowers the sensitivity of mammography).

No evidence of cluster microcalcification.

Subcutaneous fat deposition is within normal limits.

**Bilateral axillary subcentimeter lymphnodes with preserved fatty hilum.**

**BILATERAL SONOMAMMOGRAPHY**

**An irregular heterogeneously hypoechoic lesion with microlobulation and spiculated margins measuring about 2.2 x 1.8 cm is seen in the periareolar region of left breast 12 to 1 o' clock position.**

**Tiny hyperechoic foci are seen within lesion suspicious of microcalcifications.**

**An oval shaped lymphnode measuring 6.6 mm in short axis is seen in left axilla, shows preserved hilar fat.**

Rest of the both breasts show normal echopattern.

No evidence of focal solid / cystic areas in right breast.

No evidence of ductal dilatation.

**IMPRESSION:**

**An irregular heterogeneously hypoechoic lesion with speculations and suspicious microcalcifications in the periareolar region of left breast at 12-1 o ' clock position - suspicious of malignancy- BIRADS -IV**

*Suggested biopsy / contrast enhanced MRI.*

**ASSESSMENT: BI-RADS CATEGORY - 4**

**BI-RADS CLASSIFICATION**

**CATEGORY RESULT**

Name	MRS.RAHMAT JAHAN FARIDI	ID	MED122401524
Age & Gender	40Y/FEMALE	Visit Date	13 Jan 2024
Ref Doctor Name	MediWheel		

4 Suspicious. Biopsy should be considered.

**DR. SHWETHA S**  
**CONSULTANT RADIOLOGIST**  
Sw/Sp

Name	MRS.RAHMAT JAHAN FARIDI	ID	MED122401524
Age & Gender	40Y/FEMALE	Visit Date	13 Jan 2024
Ref Doctor Name	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size and shows increased echotexture. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

**GALL BLADDER** - Post-cholecystectomy status.  
CBD is not dilated.

**PANCREAS** has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

**SPLEEN** show normal shape, size and echopattern.

#### **BOTH KIDNEYS**

**Right kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

**Left kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	12.8	1.6
Left Kidney	12.7	2.2

**URINARY BLADDER** show normal shape and wall thickness. It has clear contents. No evidence of diverticula.

**UTERUS** is anteverted mildly enlarged in size. It has uniform myometrial echopattern. Endometrial echo is of normal thickness - 8.5 mm.  
Uterus measures LS: 9.9cms      AP: 4.2cms      TS: 3.7cms.

**OVARIES** are normal in size, shape and echotexture

POD & adnexa are free.  
No evidence of ascites.

#### **IMPRESSION:**

- **Grade I fatty liver.**
- **Mild bulky uterus.**

**DR. SHWETHA S**  
**CONSULTANT RADIOLOGIST**

Name	MRS.RAHMAT JAHAN FARIDI	ID	MED122401524
Age & Gender	40Y/FEMALE	Visit Date	13 Jan 2024
Ref Doctor Name	MediWheel		

Sw/Sp

Name	MRS.RAHMAT JAHAN FARIDI	ID	MED122401524
Age & Gender	40Y/FEMALE	Visit Date	13 Jan 2024
Ref Doctor Name	MediWheel		

## 2D ECHOCARDIOGRAPHIC STUDY

### M-mode measurement:

AORTA	:	2.62	cms.
LEFT ATRIUM	:	2.57	cms.
AVS	:	1.47	cms.
<b>LEFT VENTRICLE</b>			
(DIASTOLE)	:	3.76	cms.
(SYSTOLE)	:	2.52	cms.
<b>VENTRICULAR SEPTUM</b>	:		
(DIASTOLE)	:	0.87	cms.
(SYSTOLE)	:	1.19	cms.
<b>POSTERIOR WALL</b>	:		
(DIASTOLE)	:	1.09	cms.
(SYSTOLE)	:	1.54	cms.
EDV	:	60	ml.
ESV	:	22	ml.
FRACTIONAL SHORTENING	:	32	%
EJECTION FRACTION	:	60	%
EPSS	:	***	cms.
RVID	:	1.80	cms.

### DOPPLER MEASUREMENTS:

MITRAL VALVE:	E - 0.8 m/s	A - 0.6 m/s	<b>MILD MR.PASP 15 mmHg</b>
AORTIC VALVE:	1.1 m/s		NO AR.
TRICUSPID VALVE:	E - 0.4 m/s	A - 0.3 m/s	NO TR.
PULMONARY VALVE:	0.8 m/s		NO PR.

Name	MRS.RAHMAT JAHAN FARIDI	ID	MED122401524
Age & Gender	40Y/FEMALE	Visit Date	13 Jan 2024
Ref Doctor Name	MediWheel		

## **2D ECHOCARDIOGRAPHY FINDINGS:**

Left Ventricle : Normal size, Normal systolic function.  
: No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral Valve : Normal. No mitral valve prolapsed.

Aortic Valve : Normal. Trileaflet.

Tricuspid Valve : Normal.

Pulmonary Valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

## **IMPRESSION:**

- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

**DR. YASHODA RAVI**  
**CONSULTANT CARDIOLOGIST**



Name	MRS.RAHMAT JAHAN FARIDI	ID	MED122401524
Age & Gender	40Y/FEMALE	Visit Date	13 Jan 2024
Ref Doctor Name	MediWheel		

Name	Mrs. RAHMAT JAHAN FARIDI	Customer ID	MED122401524
Age & Gender	40Y/F	Visit Date	Jan 13 2024 10:32AM
Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

**Impression: Essentially normal study.**



**DR. TRISHUL SHETTY**  
**CONSULTANT RADIOLOGIST**



Rahmat Jahan  
ID: 122401524

Vital Signs™ 226 166 05

Female

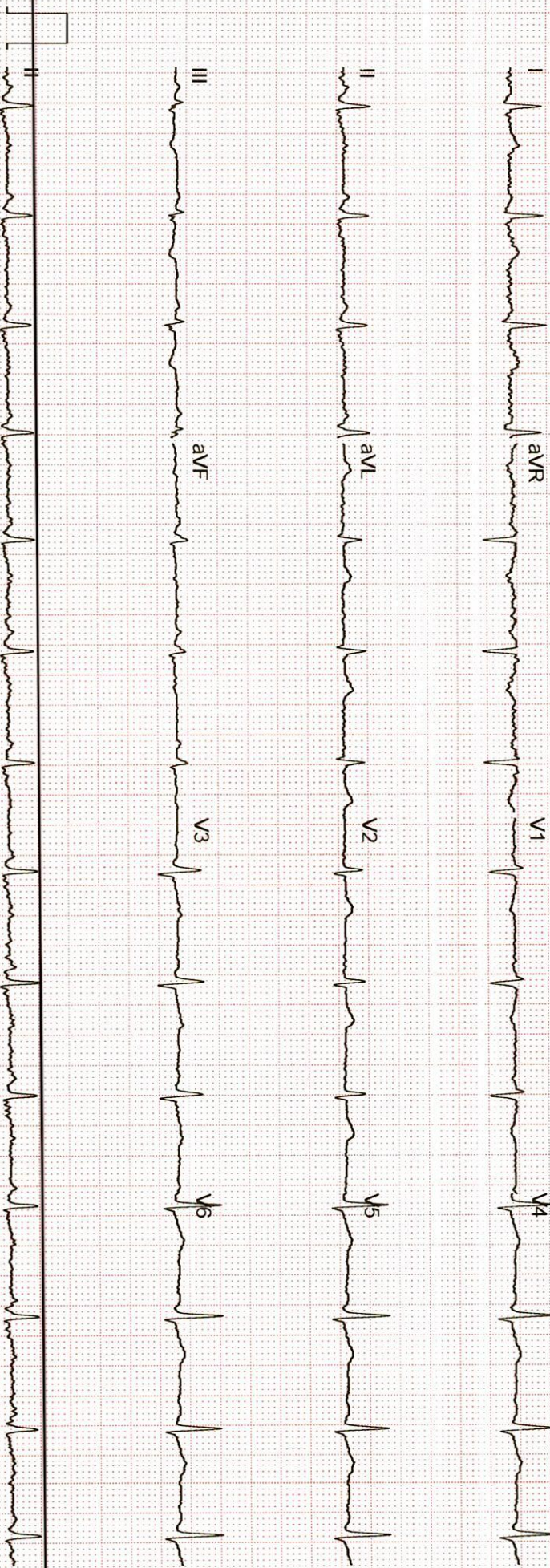
13.01.2024 11:44:49  
CLUMAX DIAGNOSTICS  
VYALIKAVAI  
BANGALORE

82 bpm  
-- / -- mmHg

40 Years

Normal sinus rhythm  
Normal ECG

QRS : 78 ms  
QT / QTcBaz : 396 / 462 ms  
PR : 116 ms  
P : 86 ms  
RR / PP : 734 / 731 ms  
P / QRS / T : 58 / 30 / 7 degrees



Unconfirmed