



BHAILAL AMIN
GENERAL HOSPITAL

ESTD. 1964



H-2015-0287



HC-3094



E-2021-0037



CONCLUSION OF HEALTH CHECKUP

ECU Number : 5130

Age : 36

Weight : 68

Date : 23/08/2023

MR Number : 23212202

Sex : Female

Ideal Weight : 55

Patient Name: SONAL RETIWALA

Height : 155

BMI : 28.30

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.





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ECU Number : 5130 MR Number : 23212202 Patient Name: SONAL RETIWALA
Age : 36 Sex : Female Height : 155
Weight : 68 Ideal Weight : 55 BMI : 28.30
Date : 23/08/2023

Past H/O : NO P/H/O ANY MAJOR ILLNESS

Present H/O : NO MEDICAL COMPLAIN AT PRESENT

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

Habits : NO HABITS

Gen.Exam. : G.C.GOOD

B.P : 120/80 mm Hg

Pulse : 83/MIN REG

Others : SPO2-98%

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :



ECU Number : 5130 MR Number : 23212202 Patient Name : SONAL RETIWALA
Age : 36 Sex : Female Height : 155
Weight : 68 Ideal Weight : 55 BMI : 28.30
Date : 23/08/2023

Ophthalmic Check Up :	Right	Left
Ext Exam		NIL
Vision Without Glasses	NA	NA
Vision With Glasses	6/6+1.75 SPH	6/6-2.25 SPH
Final Correction	N.6	N.6
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



ECU Number : 5130 MR Number : 23212202 Patient Name : SONAL RETIWALA
Age : 36 Sex : Female Height : 155
Weight : 68 Ideal Weight : 55 BMI : 28.30
Date : 23/08/2023

Gynaec Check Up :

OBSTETRIC HISTORY G1 P1 FTLSCS L AND W 6 YRS

MENSTRUAL HISTORY

PRESENT MENSTRUAL CYCLE REGULAR CYCLE LMP-2/8/2023

PAST MENSTRUAL CYCLE

CHIEF COMPLAINTS

CA LSCS SCAR

PS NAD

PV NAD

BREAST EXAMINATION RIGHT NORMAL

BREAST EXAMINATION LEFT NORMAL

PAPSMEAR TAKEN

BMD

MAMMOGRAPHY

ADVICE REGULAR BSE

Dietary Assesment

ECU Number : 5130 MR Number : 23212202 Patient Name : SONAL RETIWALA
Age : 36 Sex : Female Height : 155
Weight : 68 Ideal Weight : 55 BMI : 28.30
Date : 23/08/2023

Body Type : Normal / Underwight / Overwight
Diet History : Vegetarian / Eggetarian / Mixed

Frequency of consuming fried food : / Day / Week or occasional
Frequency of consuming Sweets : / Day / or occasional
Frequency of consuming outside food : / Day / Week or occasional
Amount of water consumed / day : Glasses / liters

Life style assessment :
Physical activity : Active / moderate / Sedentary / Nil
Alcohol intake : Yes / No
Smoking : Yes / No
Allergic to any food : Yes / No
Are you stressed out ? : Yes / No
Do you travel a lot ? : Yes / No

General diet instructions :

- Have small frequent meals.
- Avoid fatty products like oil, ghee, butter, cheese.
- Take salt restricted diet and avoid table salt.
- Consume fibrous food regularly like whole grains, Daliya, Oats, Bajra, Flex seeds, Pulses, Fruits and Salads.
- Keep changing your cooking oil every three months.
- Avoid Maida, Starchy foods and Bakery products.
- Consume 1-2 seervings of all fruits and vegetables, For Diabetic patients avoid Mango, Chikoo, Banana, Grapes and Custurd apple
- Dring 3 to 4 liters (12 - 14 glass) of water daily.
- Eat Beetroots, Figs, Almond, Walnut, Dates, Leafy vegetables, roasted Channa and Jeggary (Gur) for Heamoglobin in case of diabetic patient avoid Rasins, Dates and Jeggary
- Drink green Tea or black Coffee once in a day.
- Do brisk walking daily.



Patient Name : Mrs. SONAL RETIWALA Type : OPD
 Gender / Age : Female / 36 Years 13 Days Request No. : 150977
 MR No / Bill No. : 23212202 / 241044408 Request Date : 23/08/2023 08:08 AM
 Consultant : Dr. Manish Mittal Collection Date : 23/08/2023 08:15 AM
 Location : OPD Approval Date : 23/08/2023 01:40 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	13.4	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	5.13	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	39.8	%	36 - 46
Mean Corpuscular Volume (MCV)	77.6	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	26.1	pg	27 - 32
MCH Concentration (MCHC)	33.7	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.2	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	38.0	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	9.17	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	56	%	40 - 80
Lymphocytes	39	%	20 - 40
Eosinophils	01	%	1 - 6
Monocytes	04	%	2 - 10
Basophils	00	%	0 - 2
Polymorphs (Abs. Value)	5.21	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	3.66	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.03	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.22	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.05	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.1	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	326	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	18	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 / repeat may be requested.

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For Appointment & Inquiry : 080 69 70 70 70

DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. SONAL RETIWALA	Type	: OPD
Gender / Age	: Female / 36 Years 13 Days	Request No.	: 150977
MR No / Bill No.	: 23212202 / 241044408	Request Date	: 23/08/2023 08:08 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. Ameer Soni
MD (Path)

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Location : OPD Approval Date : 23/08/2023 01:57 PM

Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	A		
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 checks group both on Red blood cells and in Serum for "ABO" group.

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.

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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	78	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	89	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimesion

---- End of Report ----

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MD (Path), DCP.

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 Location : OPD Approval Date : 23/08/2023 10:40 AM

HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (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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 Location : OPD Approval Date : 23/08/2023 10:44 AM

Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	103	mg/dL	1 - 150
<i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension)</i>			
< 150 Normal			
150-199 Borderline High			
200-499 High			
> 499 Very High)			
Total Cholesterol	202	mg/dL	1 - 200
<i>(By enzymatic colorimetric method on RXL Dade Dimension)</i>			
<200 mg/dL - Desirable			
200-239 mg/dL - Borderline High			
> 239 mg/dL - High)			
HDL Cholesterol	46	mg/dL	40 - 60
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
< 40 Low			
> 60 High)			
Non HDL Cholesterol (calculated)	156	mg/dL	1 - 130
<i>(Non- HDL Cholesterol)</i>			
< 130 Desirable			
139-159 Borderline High			
160-189 High			
> 191 Very High)			
LDL Cholesterol	128	mg/dL	1 - 100
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
< 100 Optimal			
100-129 Near / above optimal			
130-159 Borderline High			
160-189 High			
> 189 Very High)			
VLDL Cholesterol (calculated)	20.6	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.78		2.1 - 3.5
T. Ch./HDL Ch. Ratio	4.39		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

--- End of Report ---

Dr. Ameet Soni
MD (Path)

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Gender / Age : Female / 36 Years 13 Days Request No. : 150977
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Location : OPD Approval Date : 23/08/2023 10:39 AM

Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.41	mg/dL	0 - 1
Bilirubin - Direct	0.07	mg/dL	0 - 0.3
Bilirubin - Indirect	0.34	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	12	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	15	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	48	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	17	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.56	gm/dL	6.4 - 8.2
Albumin	3.62	gm/dL	3.4 - 5
Globulin	3.94	gm/dL	3 - 3.2
A : G Ratio	0.92		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

---- End of Report ----

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Gender / Age : Female / 36 Years 13 Days
MR No / Bill No. : 23212202 / 241044408
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 150977
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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea <i>(By Urease Kinetic method on RXL Dade Dimension)</i>	23	mg/dL	10 - 45
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.78	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate <i>(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)</i>	More than 60		
Uric acid <i>(By Uricase / Catalase method on RXL Siemens)</i>	4.9	mg/dL	2.2 - 5.8

— End of Report —

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Patient Name : Mrs. SONAL RETIWALA Type : OPD
 Gender / Age : Female / 36 Years 13 Days Request No. : 150993
 MR No / Bill No. : 23212202 / 241044418 Request Date : 23/08/2023 08:42 AM
 Consultant : Dr. Manish Mittal Collection Date : 23/08/2023 08:47 AM
 Location : OPD Approval Date : 23/08/2023 10:39 AM

Vitamin B12

Test	Result	Units	Biological Ref. Range
Vitamin B12 Level	346.9	pg/ml	200 - 900

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

Interpretation :

Normal : 200 - 900

Intermediate : 179 - 200

Deficiency : < 179

* Fasting sample is required.

* Therapeutic intake during preceding days (Oral-3 days, Parenteral 3 wks) may lead to increased level.)

Vitamin D Total (25 OH Vit D) 23.39 ng/ml

(Test)	Health based	Reference range
Vitamin D Total	Deficiency	< 20 ng/ml
(25 Hydroxy Calciferol)	Insufficiency	20-30 ng/ml
	Sufficiency	30-80 ng/ml
	Possible toxicity	> 80 ng/ml

Serum or heparinised plasma

Method : Done by ECLIA on Cobas e 411

- Vitamin D level varies amongst populations and according to sunshine exposure (peaks in summer months) and nutritional habits and status, hence health based reference range is preferred to usual population based reference intervals.

- 25 (OH) Calciferol (25 (OH) D) is circulating form of Vitamin D. It is at present the best indicator of Vitamin D status. Fraction of circulating 25 (OH) D is converted to its active metabolites 1-25 (OH) D mainly by the kidneys. This process is regulated by PTH.

- If on supplemental therapy, it should be stopped for 3 to 4 days prior to testing.

Classic (nutritional) vitamin D deficiency results in bone demineralization, which may lead to rickets in children and osteomalacia or osteoporosis in adults. Because calcium levels affect muscle strength, vitamin D deficiency can result in muscle weakness and an increased risk of falls in the elderly. Levels of 25 (OH) D vary with exposure to sunlight, peaking in the summer months.

Decreased vitamin D levels have been linked with an increased incidence of colon, breast, and prostate cancer, as well as a higher mortality from these cancer, and an increased incidence of congestive heart failure, depression and schizophrenia. Individuals Suitable for Testing

* Individuals with suspected vitamin D deficiency (e.g., those with persistent, nonspecific musculoskeletal pain ; the elderly ; housebound individuals ; those with malabsorptive syndromes ; those receiving treatment with anticonvulsants)

Individuals with suspected toxicity (e.g. those with anemia of obscure origin, unexplained renal disease, etc.)

Individuals being treated for vitamin D- related disorders.

What abnormal results mean:

* Lower-than normal levels suggest a vitamin D deficiency. This condition can result from :

Lack of exposure to sunlight

Lack of adequate vitamin D in the diet

Liver and Kidney diseases

Malabsorption

Use of certain medicines, including phenytoin, Phenobarbital, and rifampicin

* Higher-than - normal levels suggest excess vitamin D (hypervitaminosisD.)

---- End of Report ----

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 Gender / Age. : Female / 36 Years 13 Days
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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
------	--------	-------	-----------------------

Triiodothyronine (T3)	0.891	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)	7.40	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)	2.92	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))

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Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Turbid (Slight)		
Chemical Examination (By Reagent strip method)			
pH	7.0		
Specific Gravity	1.010		
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
Leucocytes	1+		Negative
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	5 - 10	/hpf	0 - 5
Epithelial Cells	1 - 5	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Bacteria +++		

--- End of Report ---

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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

ADVANCED DIGITAL SOLUTIONS

Computer Radiography

Ultra Sensitive Colour Doppler

Ultra High Resolution Sonography

Multi-Detector CT Scan

Mammography

Interventional Radiology

Digital Subtraction Angiography

Foetal Echocardiography

Echocardiography

Patient No. : 23212202 Report Date : 23/08/2023
 Request No. : 190077214 23/08/2023 8.08 AM
 Patient Name : Mrs. SONAL RETIWALA
 Gender / Age : Female / 36 Years 13 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.

Small right cervical rib noted.

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

Dr. Priyanka Patel, MD.
 Consultant Radiologist





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Patient No. : 23212202 Report Date : 23/08/2023
Request No. : 190077232 23/08/2023 8.08 AM
Patient Name : Mrs. SONAL RETIWALA
Gender / Age : Female / 36 Years 13 Days

USG : Abdomen (Excluding Pelvis) Or Upper Abdomen

Liver is normal in size and echo pattern. No mass lesion identified. The hepatic veins are clear and patent.
Gall bladder shows no obvious abnormality. Common bile duct measures 5mm in diameter.
Pancreas shows no obvious abnormality. Tail obscured.
Spleen is normal in size and echo pattern.

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

No ascites.

COMMENT:

No obvious abnormality seen.

Kindly correlate clinically.

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

Dr. Priyanka Patel, MD.
Consultant Radiologist



Patient No. : 23212202 Report Date : 23/08/2023
Request No. : 190077249 23/08/2023 8.08 AM
Patient Name : Mrs. SONAL RETIWALA
Gender / Age : Female / 36 Years 13 Days

Echo Color Doppler

MITRAL VALVE : NORMAL
AORTIC VALVE : TRILEAFLET, NORMAL
TRICUSPID VALVE : NORMAL, NO TR, NO PAH
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



Ward: Mrs. Sonal Retiwala
Patient ID: ECU/23212202

23.08.2023 08:30:07
Standard 12-Lead

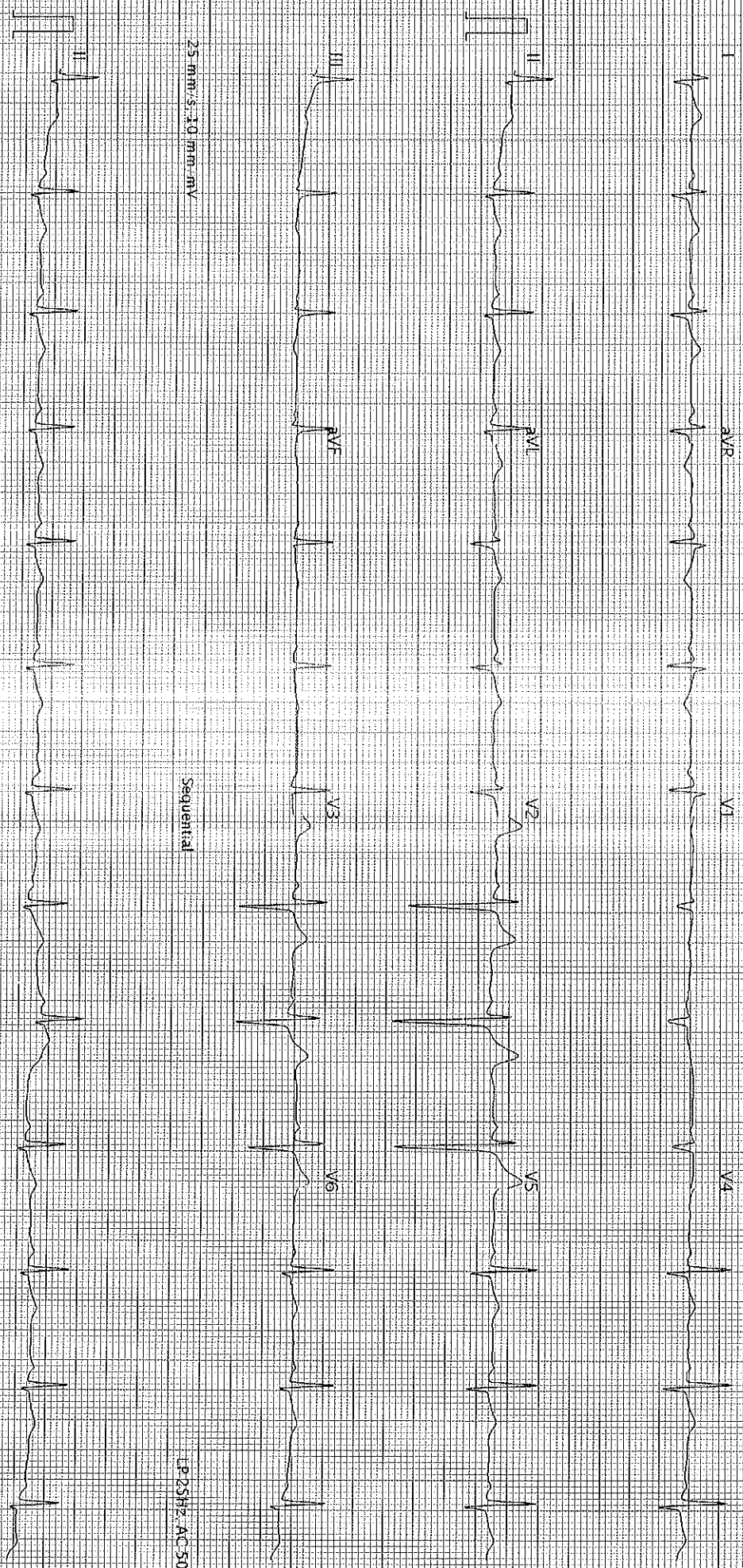
Age: Female
Gender: Female
Height: Room
Weight: Medication
Ethnicity: Undefined
Pacemaker: Unknown
Ord. ID:
Ord. prov.
Ord. prot.

HR: 75 bpm
RR: 800 ms
P: 76 ms
PR: 111 ms
P axis: 14°
QRS axis: 89°
T axis: 11°
QR: 79 ms
QT: 361 ms
QTc: 404 ms

Indication:
Remark:

Unconfirmed report

Normal



25 mm/s, 10 mm/mV

Sequential

LP 25Hz AC 50Hz

25 mm/s, 10 mm/mV

LP 25Hz AC 50Hz

AT-102 G2 12.0 (0.086 0.103 0)

Printed on 23.08.2023 08:30:20