


Name : Mrs. MENAKA M K
PID No. : MED111010349
SID No. : 712207419
Age / Sex : 34 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 07/03/2022 10:55 AM
Collection On : 07/03/2022 11:51 AM
Report On : 07/03/2022 5:17 PM
Printed On : 07/03/2022 7:28 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	03	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	03	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.04	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.86	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.25	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.25	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	302	10 ³ / μ l	150 - 450
MPV (Blood/Derived)	8.1	fL	8.0 - 13.3
PCT	0.24	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	30	mm/hr	< 20


Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mrs. MENAKA M K
PID No. : MED111010349
SID No. : 712207419
Age / Sex : 34 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 07/03/2022 10:55 AM
Collection On : 07/03/2022 11:51 AM
Report On : 07/03/2022 5:17 PM
Printed On : 07/03/2022 7:28 PM



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

Lipid Profile

Cholesterol Total (Serum/Oxidase / Peroxidase method)	233	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
--	-----	-------	--

Remark: kindly correlate clinically.

Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	121	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/Immunoinhibition)	68	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
---	----	-------	--

LDL Cholesterol (Serum/Calculated)	140.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
---------------------------------------	-------	-------	---

VLDL Cholesterol (Serum/Calculated)	24.2	mg/dL	< 30
--	------	-------	------

Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mrs. MENAKA M K
PID No. : MED111010349
SID No. : 712207419
Age / Sex : 34 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 07/03/2022 10:55 AM
Collection On : 07/03/2022 11:51 AM
Report On : 07/03/2022 5:17 PM
Printed On : 07/03/2022 7:28 PM




<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Non HDL Cholesterol (Serum/Calculated)	165.0	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)	3.4		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
---	-----	--	--

Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
--	-----	--	--

LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
---	-----	--	---


Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mrs. MENAKA M K
PID No. : MED111010349
SID No. : 712207419
Age / Sex : 34 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 07/03/2022 10:55 AM
Collection On : 07/03/2022 11:51 AM
Report On : 07/03/2022 5:17 PM
Printed On : 07/03/2022 7:28 PM



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

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	6.2	%	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 %

Remark: Kindly correlate clinically.

Estimated Average Glucose (Whole Blood)	131.24	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 glyceemic 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 Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mrs. MENAKA M K
PID No. : MED111010349
SID No. : 712207419
Age / Sex : 34 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 07/03/2022 10:55 AM
Collection On : 07/03/2022 11:51 AM
Report On : 07/03/2022 5:17 PM
Printed On : 07/03/2022 7:28 PM



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

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.01	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 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	9.54	Microg/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/Chemiluminescent Immunometric Assay (CLIA))	4.488	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 Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mrs. MENAKA M K
PID No. : MED111010349
SID No. : 712207419
Age / Sex : 34 Year(s) / Female
Type : OP
Ref. Dr : MediWheel


Register On : 07/03/2022 10:55 AM
Collection On : 07/03/2022 11:51 AM
Report On : 07/03/2022 5:17 PM
Printed On : 07/03/2022 7:28 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood (Urine)	Nil		Nil
Urobilinogen (Urine/Dip Stick <i>£</i> Reagent strip method)	Normal		Within normal limits
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	Nil	/hpf	00 - 02
Pus Cells (Urine/Microscopy)	2-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	2-4	/hpf	No ranges
Others (Urine)	Nil		Nil


Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY


Dr. Shouree K.R.
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mrs. MENAKA M K
PID No. : MED111010349
SID No. : 712207419
Age / Sex : 34 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 07/03/2022 10:55 AM
Collection On : 07/03/2022 11:51 AM
Report On : 07/03/2022 5:17 PM
Printed On : 07/03/2022 7:28 PM



Investigation

Observed
Value

Unit


Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' 'Positive'

Remark: Test to be confirmed by Gel method


Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mrs. MENAKA M K
PID No. : MED111010349
SID No. : 712207419
Age / Sex : 34 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 07/03/2022 10:55 AM
Collection On : 07/03/2022 11:51 AM
Report On : 07/03/2022 5:17 PM
Printed On : 07/03/2022 7:28 PM



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

BIOCHEMISTRY

BUN / Creatinine Ratio	9.6		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	87	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.

Urine sugar, Fasting (Urine - F)	Nil		Nil
-------------------------------------	-----	--	-----

Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	113	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 Sugar (PP-2 hours) (Urine - PP)	Nil		Negative
--	-----	--	----------


Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.6	mg/dL	7.0 - 21
--	-----	-------	----------

Creatinine (Serum/Jaffe Kinetic)	1.0	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-acetylcysteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	6.4	mg/dL	2.6 - 6.0
---	-----	-------	-----------

Remark: kindly correlate clinically.


Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mrs. MENAKA M K
PID No. : MED111010349
SID No. : 712207419
Age / Sex : 34 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 07/03/2022 10:55 AM
Collection On : 07/03/2022 11:51 AM
Report On : 07/03/2022 5:17 PM
Printed On : 07/03/2022 7:28 PM



-- End of Report --

Name	MENAKA M K	ID	MED111010349
Age & Gender	34Y/F	Visit Date	Mar 7 2022 10:55AM
Ref Doctor	MediWheel		

X – RAY CHEST PA VIEW

LUNGS:

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

CARDIA:

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

IMPRESSION:

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.**

MB/MS



DR. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST

Name	MENAKA M K	ID	MED111010349
Age & Gender	34Y/F	Visit Date	Mar 7 2022 10:55AM
Ref Doctor	MediWheel		

X – RAY CHEST PA VIEW

LUNGS:

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

CARDIA:

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

IMPRESSION:

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.**

MB/MS



DR. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST

Name	MRS. MENAKA M K	ID	MED111010349
Age & Gender	34Y/FEMALE	Visit Date	07/03/2022
Ref Doctor Name	MediWheel		



2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.5cms
LEFT ATRIUM	:	2.8cms
LEFT VENTRICLE (DIASTOLE)	:	4.4cms
(SYSTOLE)	:	2.6cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.2cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
EDV	:	63ml
ESV	:	24ml
FRACTIONAL SHORTENING	:	37%
EJECTION FRACTION	:	63%
RVID	:	1.3cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	: E' - 0.92m/s	A' - 0.51m/s	NO MR
AORTIC VALVE	: 1.05m/s		NO AR
TRICUSPID VALVE	: E' - 0.87m/s	A' - 0.32m/s	NO TR
PULMONARY VALVE	: 0.83m/s		NO PR

2D ECHOCARDIOGRAPHY FINDINGS:

Name	MRS. MENAKA M K	ID	MED111010349
Age & Gender	34Y/FEMALE	Visit Date	07/03/2022
Ref Doctor Name	MediWheel		



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.

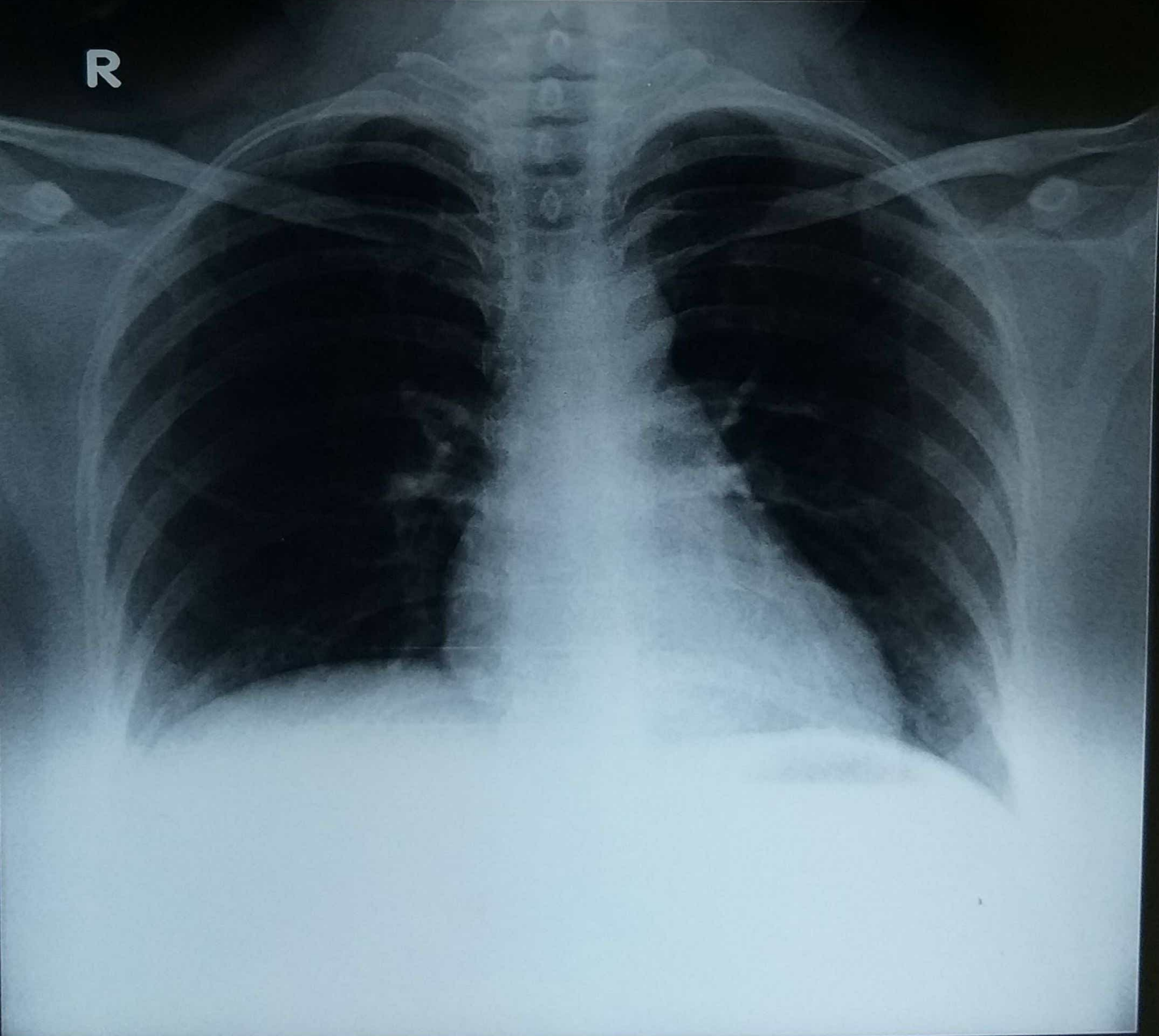
Pericardium : No pericardial effusion.

IMPRESSION:

- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF: 63%.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.**

DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/MG

R



MENAKA M K 34 MED111010349 F CHEST PA 3/7/2022 12:33 PM
MEDALL CLUMAX DIAGNOSTIC

MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 07-Mar-2022 10:55 AM

Customer Name : **MRS. MENAKA M K**

DOB : **26 Aug 1987**

Ref Dr Name : **MediWheel**

Age : **34Y/FEMALE**

Customer Id : **MED111010349**

Visit ID : **712207419**

Email Id :

Phone No : **9632048304**

Corp Name : **MediWheel**

Address : **BALLAL CIRCLE**

Package Name : **Mediwheel Full Body Health Checkup Female Below 40**

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)				
2	LAB	GLUCOSE - FASTING				
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
5	LAB	LIPID PROFILE				
6	LAB	LIVER FUNCTION TEST (LFT)				
7	LAB	URIC ACID				
8	LAB	URINE GLUCOSE - FASTING				
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
10	LAB	COMPLETE BLOOD COUNT WITH ESR				
11	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)				
12	LAB	STOOL ANALYSIS - ROUTINE	not given			
13	LAB	URINE ROUTINE				
14	LAB	CREATININE				
15	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)				
16	LAB	BUN/CREATININE RATIO				
17	OTHERS	physical examination	MYS2647225102651			
18	US	ULTRASOUND ABDOMEN	MYS2647225103462			

OTHERS	Treadmill / 2D Echo ✓	MYS2647225127528		
OTHERS	EYE CHECKUP	MYS2647225135592		
21	X-RAY X RAY CHEST ✓	MYS2647225145199		
22	OTHERS Consultation Physician	MYS2647225148004		
23	ECHO ELECTROCARDIOGRAM ECG ✓ done	MYS2647225149333		

Registered By
(EYEMANS.C)

Ht - 150 cm

w - 66.4 kg

Bp - 120/80 mmHg

plus - 102

Hip - 37 inch

Wrist - 31 inch

FITNESS CERTIFICATE

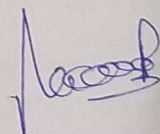
NAME: Mrs. Menaka.M.K	AGE: 34 years	
Ht: 150 CMS	Wt: 66 KGS	SEX: Female

PARAMETERS	MEASUREMENTS
PULSE / BP (supine)	100 / 120 / 80 / mmHg
INSPIRATION	32 cm
EXPIRATION	31 cm
CHEST CIRCUMFERENCE	32 cm
PREVIOUS ILLNESS	None
VISION	6/6, N6
FAMILY HISTORY	FATHER: MOTHER: Diabetic

REPORTS: HbA1c - 7.5% elevated

DATE: 07/03/2022

PLACE: Mysore



CONSULTANT PHYSICIAN

Dr. NIKHIL. B.
M.D., D.M.(Cardiologist)
Interventional Cardiologist
KMC Reg. No.: 90111

T/W-95



NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

OPD SHEET

Date: 07/03/2022

Patient's Name: Mrs. Menaka M.K

OP No. 1185202

34 yrs/F

3:50 PM

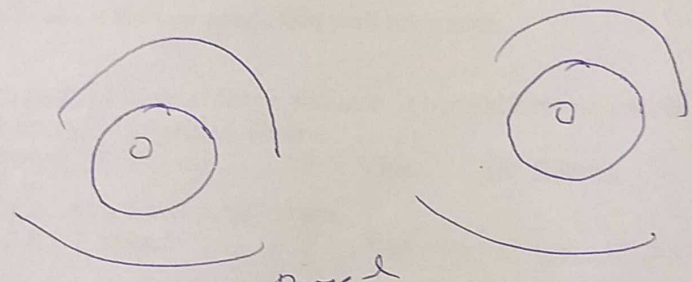
for medical check up

Dr. Priya. D
M.B.B.S, MS
Consultant Glaucoma & Cataract
KMC No. 5121

O/E (BE) BCVA / 6/6, NG

RE

LE



pupil
3mm ker

IOR by NCT (15 / 14 mm)

Colour vision (BE) 38/38

Customer Name	MRS. MENAKA M K	Customer ID	MED111010349
Age & Gender	34Y/FEMALE	Visit Date	07/03/2022
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern.
No evidence of focal lesion or intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents.
Gall bladder wall is of normal thickness. CBD is of normal calibre.

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

SPLEEN show normal shape, size and echopattern.

KIDNEYS move well with respiration and have normal shape, size and echopattern.
Cortico- medullary differentiations are well madeout.
No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.2	1.5
Left Kidney	9.1	1.5

URINARY BLADDER show normal shape and wall thickness.
It has clear contents.

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern.
Endometrial echo is of normal thickness 6.7 mms.
Uterus measures as follows: LS: 6.4cms AP: 4.3cms TS: 5.1cms.

OVARIES are normal size, shape and echotexture.
Right ovary measures: 2.8 x 2.5cms. Left ovary measures: 2.9 x 2.6 cms
POD & adnexa are free.

No evidence of ascites.


Small umbilical hernia is noted with the herniation of omentum through the defect. The defects measures 0.7 cm in diameter.

Impression:

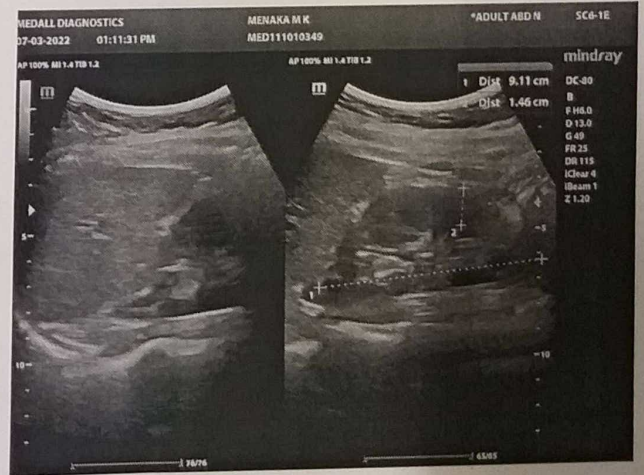
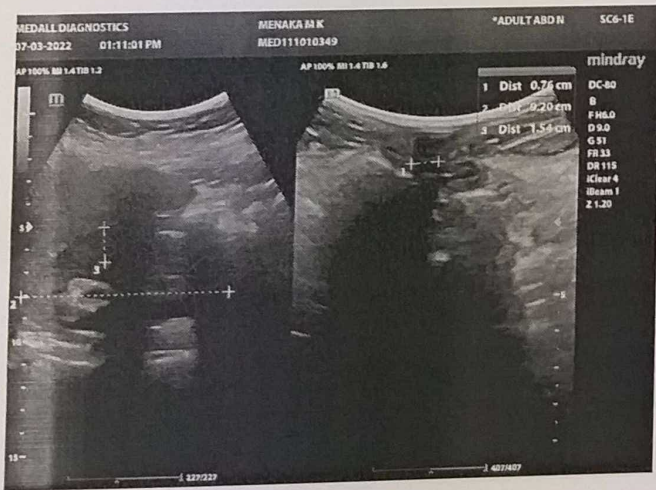
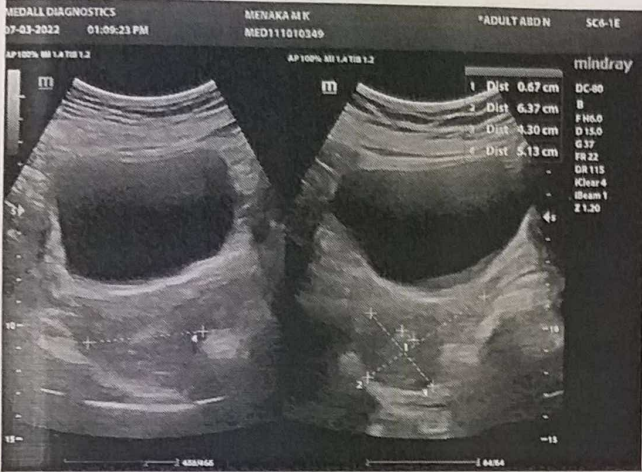
➤ *Small Umbilical Hernia.*

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MB/MG


DR. MOHAN B

Customer Name	MRS. MENAKA M K	Customer ID	MED111010349
Age & Gender	34Y/FEMALE	Visit Date	07/03/2022
Ref Doctor	MediWheel		



Customer Name	MRS. MENAKA M K	Customer ID	MED111010349
Age & Gender	34Y/FEMALE	Visit Date	07/03/2022
Ref Doctor	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.5cms
LEFT ATRIUM	:	2.8cms
LEFT VENTRICLE (DIASTOLE)	:	4.4cms
(SYSTOLE)	:	2.6cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.2cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
EDV	:	63ml
ESV	:	24ml
FRACTIONAL SHORTENING	:	37%
EJECTION FRACTION	:	63%
RVID	:	1.3cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.92m/s	'A' - 0.51m/s	NO MR
AORTIC VALVE	:	1.05m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.87m/s	'A' - 0.32m/s	NO TR
PULMONARY VALVE	:	0.83m/s		NO PR

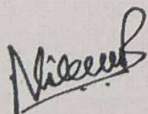
Customer Name	MRS. MENAKA M K	Customer ID	MED111010349
Age & Gender	34Y/FEMALE	Visit Date	07/03/2022
Ref Doctor	MediWheel		

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.

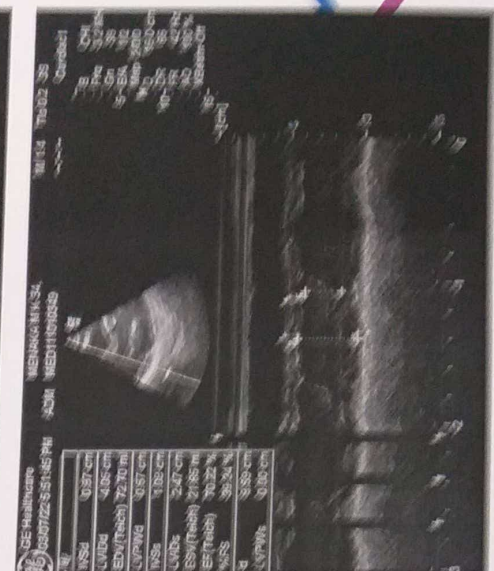
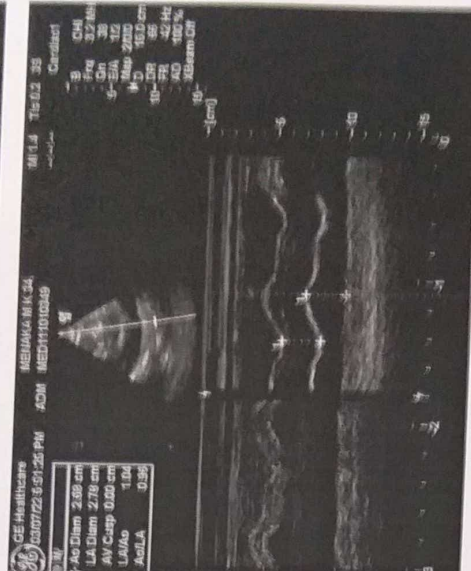
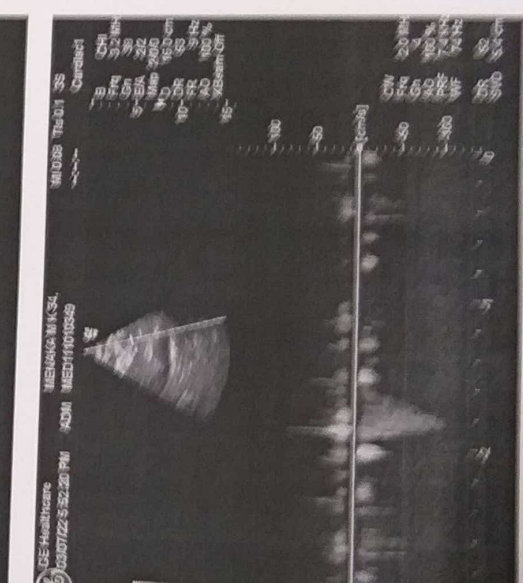
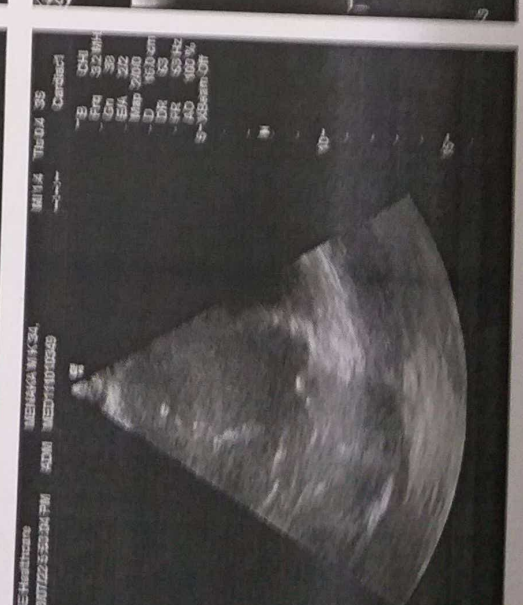
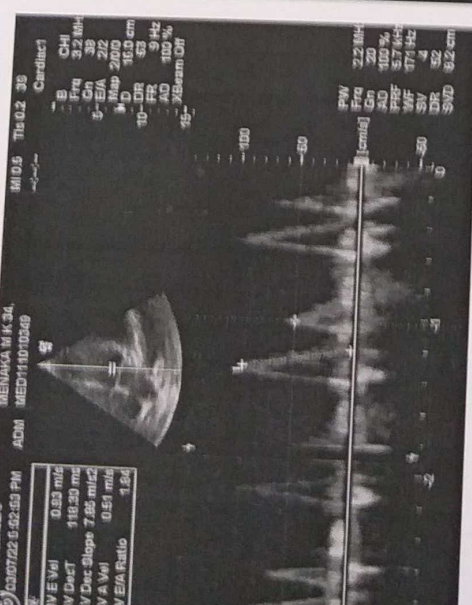
IMPRESSION:

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 63%.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.



DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/MG

203



1215,



GE Healthcare REF 1019728LSI
GE MAC1200 ST MRS MENAKA M K, 111010349, CLUMAX DIAGNOSTICS, MYSORE
Female

CE LOT D708 HR 76bpm

AGE: 34

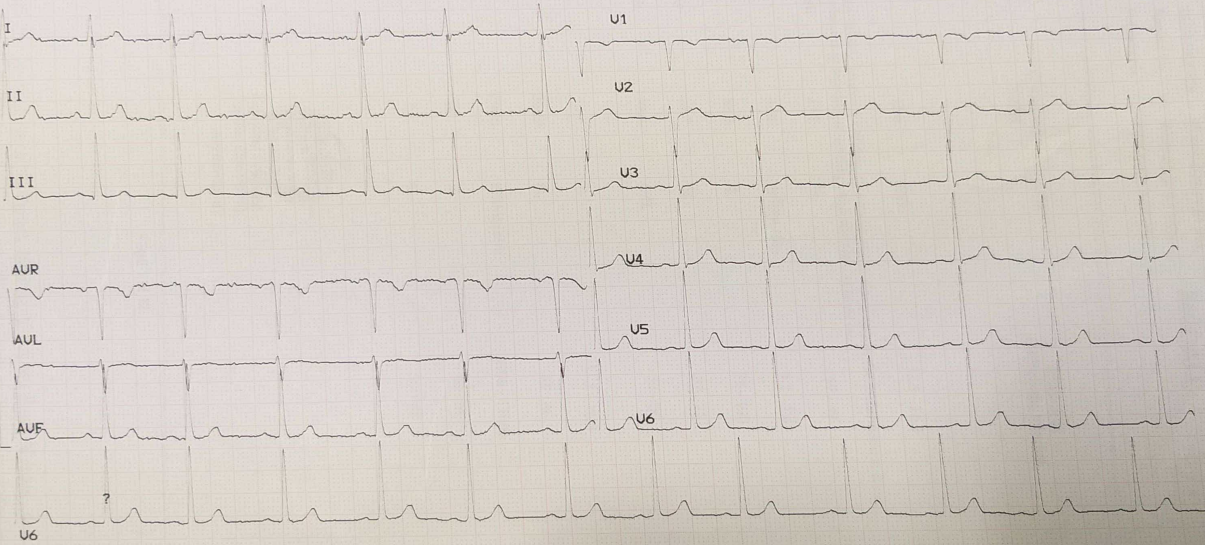
Measurement	Results:
QRS	92 ms
QT/QTcB	356 / 403 ms
PR	166 ms
P	102 ms
RR/PP	780 / 790 ms
P/QRS/T	65 / 70 / 55 degrees
QTd/QTcBD	56 / 63 ms
Sokolow	mU
NK	10



Interpretation:
normal ECG

normal sinus rhythm

Unconfirmed report.



Phone : 0821-2332000, 4232111 (W) www.medall.in