

### CONCLUSION OF HEALTH CHECKUP

ECU Number : 3255

Age : 37

Weight : 68

Date : 13/05/2023

MR Number : 23206307

Sex : Female

Ideal Weight : 57

Patient Name: NIRMALA DEVI YUMNAM

Height : 157

BMI : 27.59

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.



**BHAILAL AMIN  
GENERAL HOSPITAL**



ECU Number : 3255                      MR Number : 23206307              Patient Name: NIRMALA DEVI YUMNAM  
Age : 37                                      Sex : Female                              Height : 157  
Weight : 68                                Ideal Weight : 57                        BMI : 27.59  
Date : 13/05/2023

Past H/O : H/O:- HYPERTENSION 2 YRS BACK BUT NOT TAKEN ANY MEDICATION  
          H/O:- CHOLECYSTECTOMY 8 YRS BACK

Present H/O : NO MEDICAL COMPLAIN AT PRESENT

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

Habits : NO HABITS

Gen.Exam. : G.C.GOOD

B.P : 120/80 mm HG

Pulse : 74/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 : 3255  
Age : 37  
Weight : 68  
Date : 13/05/2023

MR Number : 23206307  
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Patient Name : NIRMALA DEVI YUMNAM  
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BMI : 27.59

**Ophthalmic Check Up :**

**Right**

**Left**

Ext Exam

NIL

Vision Without Glasses

NA

NA

Vision With Glasses

6/6 N.5

6/6 N.5

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

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**Gynaec Check Up :**

OBSTETRIC HISTORY

MENSTRUAL HISTORY

PRESENT MENSTRUAL CYCLE LMP-26/4/2023

PAST MENSTRUAL CYCLE

CHIEF COMPLAINTS

PA	SOFT
PS	Cx-NABOTHIAN CYST
PV	UT NS Fx CLEAR
BREAST EXAMINATION RIGHT	NORMAL
BREAST EXAMINATION LEFT	NORMAL
PAPSMEAR	TAKEN
BMD	
MAMMOGRAPHY	
ADVICE	FOLLOW UP WITH REPORT

### Dietary Assessment

ECU Number : 3255                      MR Number : 23206307                      Patient Name : NIRMALA DEVI YUMNAM  
Age : 37                                      Sex : Female                                      Height : 157  
Weight : 68                                      Ideal Weight : 57                                      BMI : 27.59  
Date : 13/05/2023

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 servings 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. NIRMALA DEVI YUMNAM  
Gender / Age : Female / 37 Years 3 Months 6 Days  
MR No / Bill No. : 23206307 / 241009857  
Consultant : Dr. Manish Mittal  
Location : OPD

Type : OPD  
Request No. : 128230  
Request Date : 13/05/2023 08:09 AM  
Collection Date : 13/05/2023 08:13 AM  
Approval Date : 13/05/2023 01:13 PM

**CBC + ESR**

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	12.0	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	3.92	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	37.1	%	36 - 46
Mean Corpuscular Volume (MCV)	94.6	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	30.6	pg	27 - 32
MCH Concentration (MCHC)	32.3	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	14.0	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	<b>48.8</b>	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	6.17	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	61	%	40 - 80
Lymphocytes	34	%	20 - 40
Eosinophils	1	%	1 - 6
Monocytes	4	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	3.74	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.05	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<b>0.08</b>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.28	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.02	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.3	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	<b>144</b>	thou/cmm	150 - 410
Smear evaluation	Adequate		
Remarks	Few large platelets seen .		
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 / repeat may be requested.

365 Days / 24 Hours Laboratory Services

Home Collection Facility Available  
(Mon To Sat 8:00 am to 5:00 pm)



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DEPARTMENT OF LABORATORY MEDICINE

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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  
Approved By Dr. Ameer Soni

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**BHAILAL AMIN**  
GENERAL HOSPITAL

**DEPARTMENT OF LABORATORY MEDICINE**

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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	O		
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.

--- End of Report ---

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**Fasting Plasma Glucose**

Test	Result	Units	Biological Ref. Range
<b>Fasting Plasma Glucose</b>			
Fasting Plasma Glucose	88	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	98	mg/dL	70 - 140

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 Hemoglobin (HbA1c)	5.0	%	
estimated Average Glucose (e AG) *	96.8	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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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides	<b>166</b>	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	196	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	52	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)	144	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>112</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)	33.2	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.15		2.1 - 3.5
T. Ch./HDL Ch. Ratio	3.77		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

--- End of Report ---

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**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	0.69	mg/dL	0 - 1
Bilirubin - Direct	0.16	mg/dL	0 - 0.3
Bilirubin - Indirect	0.53	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	23	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	29	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	66	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	31	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
<b>Total Protein</b>			
Total Proteins	8.08	gm/dL	6.4 - 8.2
Albumin	4.32	gm/dL	3.4 - 5
Globulin	3.76	gm/dL	3 - 3.2
A : G Ratio	1.15		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 / 37 Years 3 Months 6 Days	Request No.	: 128230
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Consultant	: Dr. Manish Mittal	Collection Date	: 13/05/2023 08:13 AM
Location	: OPD	Approval Date	: 13/05/2023 05:05 PM

**Pap Smear**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
-------------	---------------	--------------	------------------------------

Pap Smear

Pap Smear Screening Report / Cervico-Vaginal Cytology...

Cyto No : P/905/23  
Received at 02.20 pm.Clinical Details : No complain  
P/V findings : Cx- Small nabothian cyst / Vg. - NAD.  
LMP : 26/04/23

TBS Report / Impression :

- \* Satisfactory for evaluation; transformation zone components identified.
- \* Mild acute inflammatory cellularity.
- \* No epithelial cell abnormality favouring squamous intraepithelial lesion or frank malignancy ( NILM ).

**Note / Method :**

The material received in LBC container, cytosmear was stained by rapid pap method and reported with due consideration to The Bethesda system (Modified 2014)

---- End of Report ----

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 Gender / Age : Female / 37 Years 3 Months 6 Days  
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## Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	21	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.74	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)	5.8	mg/dL	2.2 - 5.8

--- End of Report ---

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## Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	0.937	ng/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (ng/ml)</i>			
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		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			
Thyroxine (T4)	7.93	mcg/dL	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (mcg/dL)</i>			
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		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			
Thyroid Stimulating Hormone (US-TSH)	3.40	microIU/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (microIU/ml)</i>			
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		
<i>Pregnancy :</i>			
1st trimester	: 0.3 - 4.5		
2nd trimester	: 0.5 - 4.6		
3rd trimester	: 0.8 - 5.2		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			

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**Urine routine analysis (Auto)**

Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	20	mL	
Colour	Pale Yellow		
Appearance	Turbid (Slight)		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	6.0		
Specific Gravity	1.025		
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	Negative		Negative
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	1 - 5	/hpf	0 - 2
Leucocytes	1 - 5	/hpf	0 - 5
Epithelial Cells	20 - 30	/hpf	0 - 5
Casts	Nii	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

--- End of Report ---

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ECW

**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. : 23206307                      Report Date : 13/05/2023  
Request No. : 190064145              13/05/2023 8.09 AM  
Patient Name : **Mrs. NIRMALA DEVI YUMNAM**  
Gender / Age : Female / 37 Years 3 Months 6 Days

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

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

Gall bladder is not seen h/o cholecystectomy.

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 :                      63 mm.  
A.P. :                                      41 mm.

Both ovaries reveal small follicles.

Urinary bladder is well distended and appears normal.

No ascites.

**COMMENT:**

**No obvious abnormality seen.**

*Kindly correlate clinically*

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

*Hasani*

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





**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. : 23206307                      Report Date : 13/05/2023  
 Request No. : 190064079              13/05/2023 8.09 AM  
 Patient Name : Mrs. NIRMALA DEVI YUMNAM  
 Gender / Age : Female / 37 Years 3 Months 6 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

**Dr. Priyanka Patel, MD**  
Consultant Radiologist



H-2015-0297

MC-3004

E-2021-0037

SAFE-OT

ECU


Patient No. : 23206307      Report Date : 13/05/2023  
Request No. : 190064094      13/05/2023 8.09 AM  
Patient Name : **Mrs. NIRMALA DEVI YUMNAM**  
Gender / Age : Female / 37 Years 3 Months 6 Days

### Echo Color Doppler

MITRAL VALVE : NORMAL, NO MR, NO MS  
AORTIC VALVE : TRILEAFLET, NO AR, NO AS  
TRICUSPID VALVE : NORMAL, NO TR, NO PAH  
PULMONARY VALVE : NORMAL  
LEFT ATRIUM : 3.4cm, NORMAL  
AORTA : 2.4cm, NORMAL  
LEFT VENTRICLE : NORMAL LV SIZE AND SYSTOLIC FUNCTION LVEF -- 65%, NO  
RESTING REGIONAL WALL MOTION ABNORMALITY  
RIGHT ATRIUM : NORMAL  
RIGHT VENTRICLE : NORMAL  
I.V.S. : INTACT  
I.A.S. : INTACT  
PULMONARY ARTERY : NORMAL  
PERICARDIUM : NORMAL  
  
COLOUR/DOPPLER FLOW MAPPING : NO MR // AR // TR, NO PAH

#### FINAL CONCLUSION:

1. NORMAL SIZED ALL CARDIAC CHAMBERS, NO LVH
2. NORMAL LV SYSTOLIC FUNCTION, LVEF -- 65%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. NORMAL ALL CARDIAC VALVES STRUCTURALLY AND FUNCTIONALLY
5. NORMAL RIGHT HEART SIZE AND RV PRESSURES
6. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.

  
Dr. KILLOL KANERIA, MD, DM, CARD.

Name: Nirmaladevi Yunnamm  
Patient ID: 23206307

13:05:2023 08:29:55  
Standard 12-Lead

Date of birth: 08.02.1986  
Gender: female  
Height:   
Weight:   
Ethnicity: Undefined  
Pacemaker: Unknown  
Indication:   
Remark:

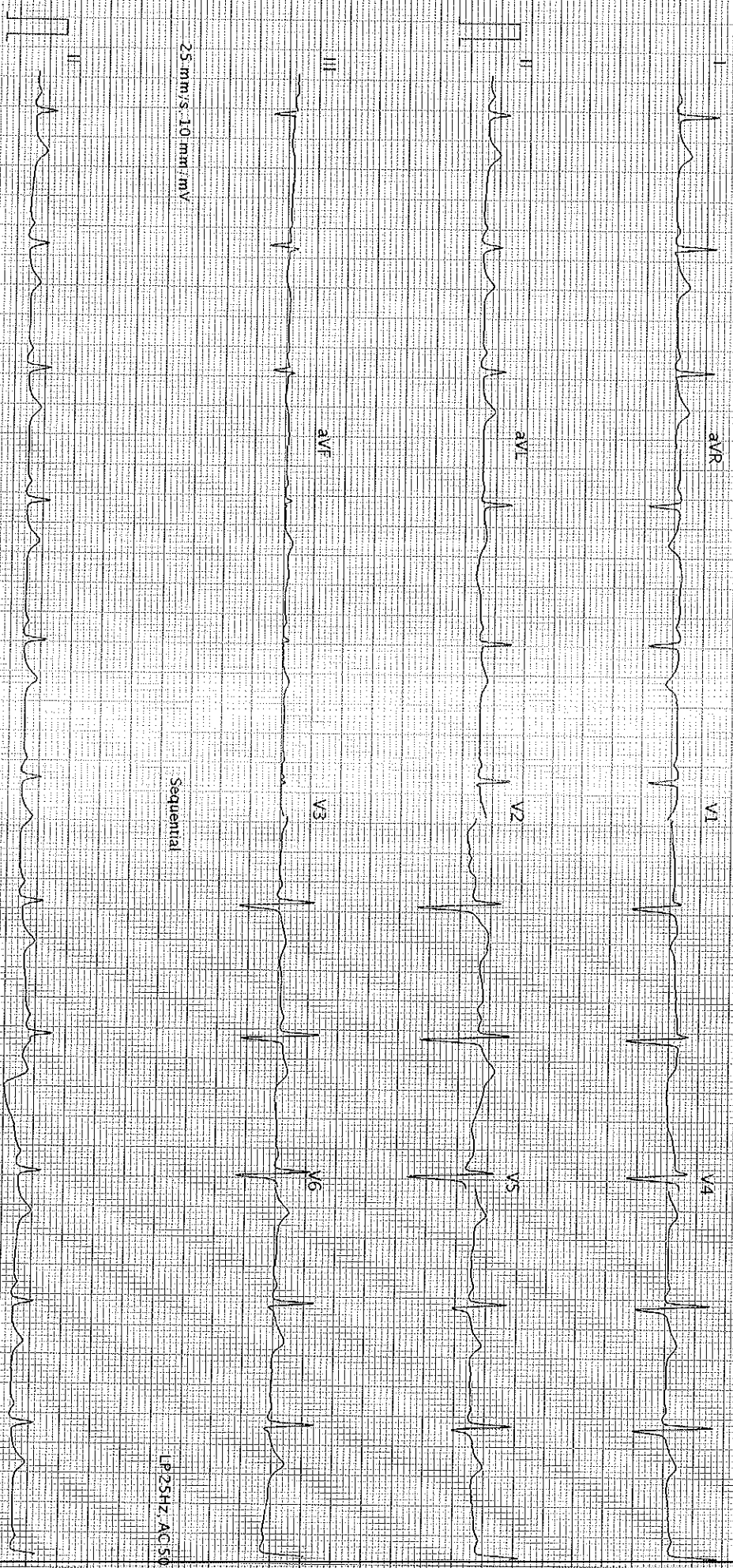
Visit ID:   
Room:   
Medication:   
Order ID:   
Ord. prov:   
Ord. prot:

HR: 68 bpm  
P axis: 35  
QRS axis: 9  
T axis: 24  
RR: 885 ms  
P: 94 ms  
PR: 139 ms  
QRS: 79 ms  
QT: 329 ms  
QTcB: 403 ms

Sinus rhythm  
Normal electrical axis  
Normal ECG  
Unconfirmed report

Normal

*Handwritten signature*



25 mm/s, 10 mm/mV

Sequential

LP25Hz, AC, 50Hz

25 mm/s, 10 mm/mV

AT 102 62 12 0 (1080-011030)

Printed on 13.05.2023 08:30:08

EP25Hz, AC, 50Hz

SCHILLER