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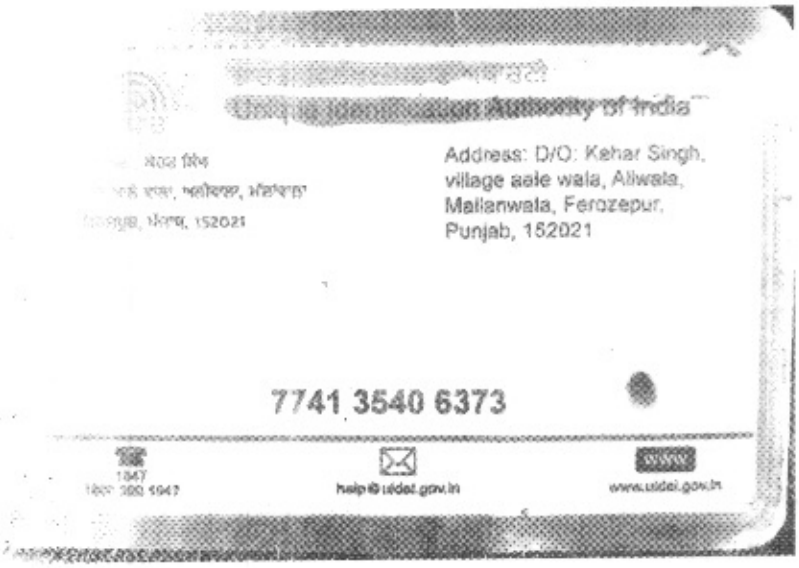
Near New Courts,
Civil Lines Jalandhar



ਦਰਸ਼ਨ ਕੌਰ

08/07/2023 09:14:02

35 Years — Female

KAPIL HOSPITAL JALANDHAR

Sinus rhythm QRS 0.04 PR 0.12
mild ST changes in aVL ...

Opinion

within normal limits

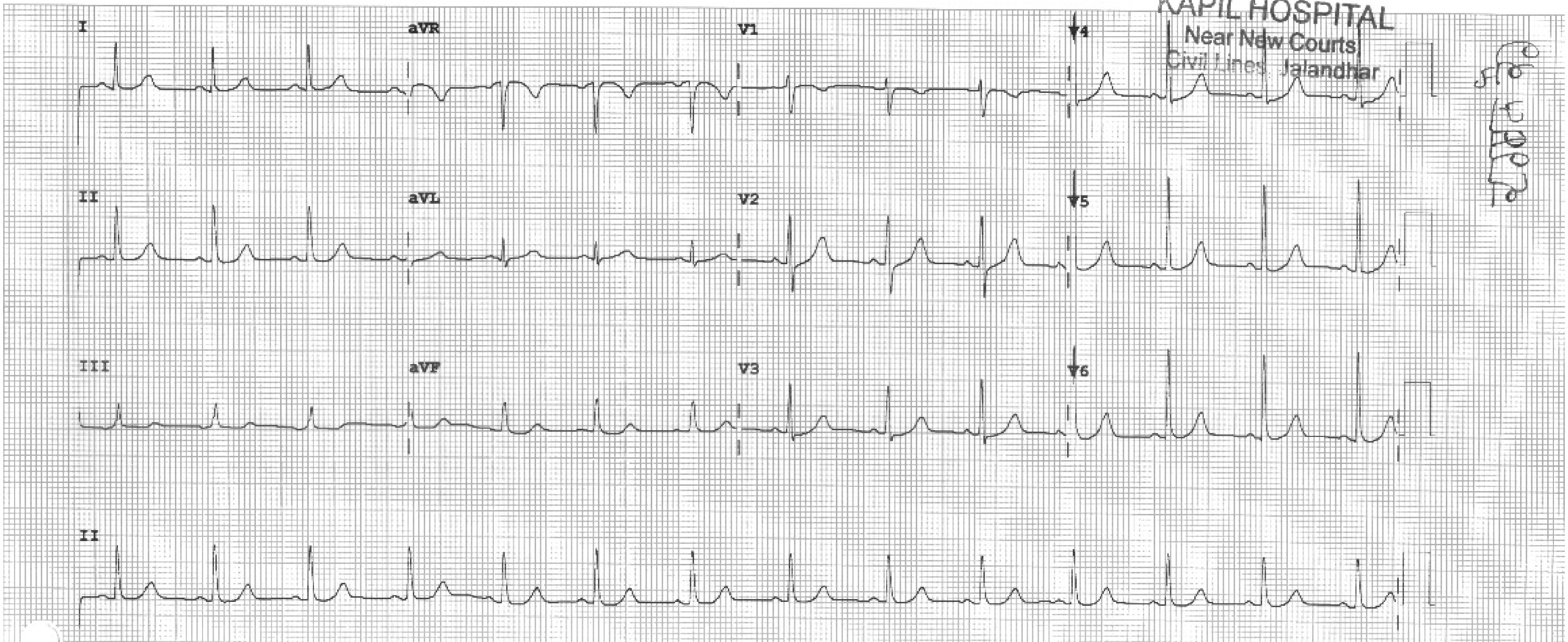
However in view of insignificant ST ... , adv Stress Echo / TMT for further risk stratification

Rate	83
PR	121
QRSD	77
QT	355
QTc	418

--AXIS--

P	-3
QRS	51
T	27

12 Lead; Standard Placement



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Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 60~ 0.50- 40 Hz W PH10 CL P?

CEROCCARTA MADE IN ITALY 71 997

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Phone : (H) 0181-2230822, 2235822 (R) 2456833 | Website : www.kapilhospitaljalandhar.com | E-mail : guptakapil.12@gmail.com

Physical Exam

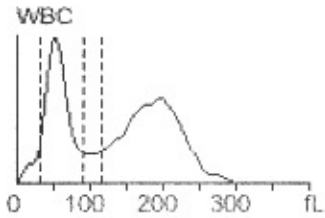
First Name: Darshan Kaur | Sample Type: Venous blood | Sample ID: 1341

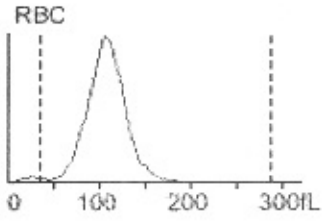
Last Name: | Department: | Run Time: 2023/07/08 09:38

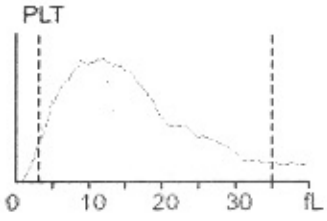
Gender: Female | Med Rec. No.: | Age: 35 Year

Diagnosis:

Parameter	Result		Ref. Range	Unit
1 **WBC**	6.72		3.50-9.50	10^3/uL
2 Lym%	35.3		20.0-50.0	%
3 Gran%	59.3		50.0-70.0	%
4 Mid%	5.4		3.0-9.0	%
5 Lym#	2.37		1.10-3.20	10^3/uL
6 Gran#	3.99		2.00-7.00	10^3/uL
7 Mid#	0.36		0.10-0.90	10^3/uL
8 **RBC**	3.02	↓	3.80-5.10	10^6/uL
9 HGB	10.7	↓	11.5-15.0	g/dL
10 HCT	32.4	↓	35.0-45.0	%
11 MCV	107.1	↑	82.0-100.0	fL
12 MCH	35.4	↑	27.0-34.0	pg
13 MCHC	33.0		31.6-35.4	g/dL
14 RDW-CV	16.5	↑	11.5-14.5	%
15 RDW-SD	72.8	↑	35.0-56.0	fL
16 **PLT**	181		125-350	10^3/uL
17 MPV	11.3	↑	7.0-11.0	fL
18 PDW-SD	16.5		9.0-17.0	fL
19 PDW-CV	17.0		10.0-17.9	%
20 PCT	0.204		0.108-0.282	%
21 P-LCR	37.3		11.0-45.0	%
22 P-LCC	68		30-90	10^3/uL







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Authorised Collection Centre for : Dr. Lal PathLabs, Reliance, Metropolis etc.

A CENTRE APPROVED FOR CASHLESS HOSPITALIZATION

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Patient Name:- Mrs.Darshan Kaur	**Age/Sex:- 35 Yrs/Female**
Date:- 07/08/2023	**Incharge:- Dr.Kapil Gupta MD**
Proposal No:- PKG10000245	**Sample ID:- 1341**

Investigation	Result	Normal Range
Hematological Test		
E.S.R *(ERYTHROCYTE SEDIMENTATION RATE)*	14.0 mm 1st hrs	0.0--20 mm1st hrs

An erythrocyte sedimentation rate (ESR) is a type of blood test that measures how quickly erythrocytes (red blood cells) settle at the bottom of a test tube that contains a blood sample. Normally, red blood cells settle relatively slowly. A faster-than-normal rate may indicate inflammation in the body. Inflammation is part of your immune response system. It can be a reaction to an infection or injury. Inflammation may also be a sign of a chronic disease, an immune disorder, or other medical condition.

Blood Group	'A' Positive	
Biochemistry Test		
Glucose Fasting HEXOKINASE	94.0 mg/dl	70--110 mg/dl

Interpretation (In accordance with the American diabetes association guidelines):
- A fasting plasma glucose level below 110 mg/dL is considered normal.
- A fasting plasma glucose level between 100-126 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level of above 126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

S. Uric Acid Uricase Colorimetric	6.1 mg/dl	2.6--6.5 mg/dl

Have you ever seen a person walking down a hallway who has ankles that have swollen to the size of your thighs? This is often not due to the person overeating or missing time on the exercise bike for months on end. Many individuals have a condition known as **gout** due to an excess in the levels of uric acid circulating throughout their bodies on a fairly regular basis. We'll talk more about gout in another lesson. The important piece of information here is the key factor involved behind the condition, which is an excess of uric acid in your blood.

Uric acid is a product produced by the body after the purines in many foods undergo the digestive process and are broken down inside the body. After this breakdown process, the uric acid travels through the bloodstream into your kidneys and most is actually eliminated through the urinary tract via urination. However, there are instances where you may have an excess of uric acid and are unable to excrete the bulk of this substance through urination. This is the beginning of a significant problem and is where gout comes into play. You may have an increased amount of uric acid in your body because of two ultimate reasons: either your body produces too much of the substance during the digestive breakdown or your kidneys are unable to filter all of the uric acid out of your body properly.

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Patient Name:- Mrs.Darshan Kaur	**Age/Sex:- 35 Yrs/Female**
Date:- 07/08/2023	**Incharge:- Dr.Kapil Gupta MD**
Proposal No:- PKG10000245	**Sample ID:- 1341**

Investigation	Result	Normal Range
Biochemistry Test		
Post Prandial Blood Sugar	122 mg/dl	**70--140 mg/dl**

A **postprandial glucose test** is a blood glucose test that determines the amount of a type of sugar, called glucose, in the blood after a meal. Glucose is mainly made from carbohydrate foods. It is the main source of energy used by the body.

Normally, blood glucose levels increase slightly after eating. This increase causes the pancreas to release insulin, which assists the body in removing glucose from the blood and storing it for energy. People with diabetes may not produce or respond properly to insulin, which causes their blood glucose to remain elevated. Blood glucose levels that remain high over time can damage the eyes, kidneys, nerves, and blood vessels.

A 2-hour postprandial blood glucose test ("2 hour p.c. blood glucose test", etc.) measures blood glucose exactly 2 hours after eating a meal,[1] timed from the start of the meal.[2] By this point blood sugar has usually gone back down in healthy people, but it may still be elevated in people with diabetes. Thus, it serves as a test of whether a person may have diabetes, or of whether a person who has diabetes is successfully controlling their blood sugar.

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Patient Name:- Mrs.Darshan Kaur	**Age/Sex:- 35 Yrs/Female**
Date:- 07/08/2023	**Incharge:- Dr.Kapil Gupta MD**
Proposal No:- PKG10000245	**Sample ID:- 1341**

Investigation	Result	Normal Range
Renal Function Test		
Blood Urea (Urease Colorimetric)	22 mg/dl	15--45 mg/dl
S. Creatnine (Jaffe Kinetic)	0.8 mg/dl	0.4--1.4 mg/dl
Bun	10.2 mg/dl	10--20 mg/dl
BUN/Creatinine Ratio	12.7 mg/dl	10-20 range

Interpretation:- Kidney blood tests, or Kidney function tests, are used to detect and diagnose disease of the Kidney. The higher the blood levels of urea and creatinine, the less well the kidneys are working.
The level of creatinine is usually used as a marker as to the severity of kidney failure. (Creatinine in itself is not harmful, but a high level indicates that the kidneys are not working properly. So, many other waste products will not be cleared out of the bloodstream.) You normally need treatment with dialysis if the level of creatinine goes higher than a certain value.
Dehydration can also be a come for increases in urea level.
Before and after starting treatment with certain medicines. Some medicines occasionally cause kidney damage

Liver Function Test

Bilirubin Total (Diazotized Sulfanilic)	0.9 mg/dL	0.2--1.0 mg/dL
Bilirubin Direct (Diazotized Sulfanilic)	0.5 mg/dL	0.0--0.4 mg/dL
Bilirubin Indirect (Diazotized Sulfanilic)	0.4 mg/dL	0.3--1.0 mg/dL
SGOT (AST) (IFCC without pyridoxal phosphate)	31 IU/L	5.0--40.0 IU/L
SGPT (ALT) (IFCC without pyridoxal phosphate)	29 IU/L	5.0--40.0 IU/L
Alkaline Phosphatase (ALP) (IFCC)	177 IU/L	43--240 IU/L
Protein Total (Biuret)	6.9 g/dL	6.0--8.0 g/dL
Albumin (Bromo Cresol Green (BCG))	4.2 g/dL	3.2--5.0 g/dL
Globulin (Calculated)	2.7 g/dL	2.5--3.5 g/dL
A/G Ratio	**1.5**	1.5--2.5
S.G.G.T	56 IU/L	17--70 IU/L
The AST/ALT ratio	0.681	<2.0 IU/L

Interpretation:- Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels.: Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes.There are less common conditions and diseases that also cause elevated liver enzyme levels.

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Patient Name:- Mrs.Darshan Kaur	**Age/Sex:- 35 Yrs/Female**
Date:- 07/08/2023	**Incharge:- Dr.Kapil Gupta MD**
Proposal No:- PKG10000245	**Sample ID:- 1341**

Test	Result	Normal Value	
Lipid Profile Test			
Total Cholesterol	170 mg/dL	150--200 mg/dL **Desirable <200** **Borderline 200--239** **High Risk >240**	

A complete TC. test (also called a lipid profile) measures the amount of "good" and "bad" cholesterol and the level of triglycerides in the blood. Cholesterol is a fat-like substance that the body need to function properly. However, too much cholesterol can lead to heart disease, stroke and atherosclerosis (a clogging or hardening of your arteries). It is important to have your cholesterol levels (lipid profile or panel) checked routinely. High cholesterol by itself usually has no signs or symptoms. Hence the importance of screening test. The body makes most of the cholesterol in the liver. For this reason, cholesterol levels are largely determined by genetics. Eating food high in cholesterol, saturated fats,transfats and high fat in the diet may also affect the cholesterol level. Most of the cholesterol in the diet comes from animal products like meats,dairy fats and egg yolks.

Triglycerides	100 mg/dL	35--160 mg/dL	

Triglycerides are blood lipids by esterification of glycerol and free fatty acids and are carried by the serum lipoproteins. The intestine processes the Triglycerides from dietary fatty acid and they are transported in the blood stream as chylomicrones. A function of Triglycerides is to provide energy to heart and skeletal muscles. Triglycerides are major Contributors to arterial diseases. As the concentration of Triglycerides increases, so will the VLDL increases. A peak concentration of chylomicron associated Triglycerides occurs within 3-6 hrs after ingestion of fat rich meal. Alcohol intake also causes transient increase of serum TG level. If TG is more than 400 mg/dL, VLDL can not be calculated. Conditions associated with increased TG levels: Hyperlipoproteinemia, stress, high intake of carbohydrates or fatty diet. Acute MI, Hypertension, Cerebral thrombosis, hypothyroidism, uncontrolled diabetes, hypothyroidism, Pancreatitis, Pregnancy etc. Conditions associated with decreased TG levels: Hyperparathyroidism, Lipoproteinemia, Protein malnutrition, exercise etc. People with increased levels are advised to undergo lipid profile at regular intervals:

HDL Cholesterol	45 mg/dL	40--67 mg/dL (< 40)	
LDL Cholesterol	105 mg/dL	50--140 mg/dL (Friedwewald Formula)	

LDL Cholesterol, or low-density Lipoprotein, is also known as "bad" Cholesterol due to the proven relationship between high LDL levels and heart disease. The main goal of any Cholesterol treatment program it to lower the LDL Cholesterol.

LDL Cholesterol Levels (mg/dL)
70 or below: lowest risk
100 or below: lower risk
101 to 129: moderate risk
130 or above: high risk

V.L.D.L.	20 mg/dL	5.0--23 mg/dL	**Calculated**
Cholesterol/HDL Ratio	3.7 Ratio	Low Risk <4.0 Ratio **Average Risk 4.4-7.1** **Moderate Risk 7.1-11.0** **High Risk >11.0**	**Calculated**
LDL/HDL Ratio	2.3 mg/dL	0.1--3.0 mg/dL	**Calculated**

ALERT: 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

Notes: Lipid profile is initial screening tool for abnormalities in lipid. The results of this test can identify certain genetic disease & can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, hypertriglyceridemia in indicative of insulin resistance when present with low HDL & elevated LDL, while elevated TG is risk factor for coronary artery disease, especially when low HDL is present. TG of 500mg/dL or more can be concerning for development of pancreatitis.

Remarks:- Measurement in the same patient can show physiological & analytical variations. 3 serial samples 1 week apart are recommended for total cholesterol, TG, HDL & LDL cholesterol. AS per NCEP guidelines all adults above the age of 20years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease of those with at least on parent with high total holesterol is recommended. NCEP identifies elevated Triglycerides as an independent risk factor for coronary heart disease (CHD).

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Date:- 07/08/2023	**Incharge:- Dr.Kapil Gupta MD**
Proposal No:- PKG10000245	**Sample ID:- 1341**

Investigation	Result	Normal Range

Glycosylated Hemoglobin (HbA1c) Test

HBA1C	NORMAL RANGE	
5.2%	Non Diabetic	4.0% - 6.0%
	Good Control	6.1% - 8.0%
	Poor Control	8.1% - 9.0%
	Unsatisfactory	>9%

Note:-

- 1. A three monthly monitoring is recommended in diabetics.
- 2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6-10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.The results of **HbA1c** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

Clinical Use:-

- Clinical management of diabetes mellitus through routine monitoring.
- Assess compliance with therapeutic regimen.

Report Completed:-

Test Requested:-

- **GLYCOSYLATED HEMOGLOBIN/HbA1c**
- **Done On FA 50 Quantitative Immunoassay Analyzer.**

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Date:- 07/08/2023	**Incharge:- Dr.Kapil Gupta MD**
Proposal No:- PKG10000245	**Sample ID:- 1341**

Investigation	Result	Normal Range
THYROID CAPSULE		
Total Triodothyronine (T3)	159.80 ng/dl	**Adults** 20-50 yr : 70-204 ng/dl 50-90 yr : 40-181 ng/dl **Pregnancy** 1st trimester : 81-190 ng/dl 2nd& 3rd trimester: 100-362 ng/dl **Pediatric Ranges:** Cord blood : 30-70ng/dl Newborn : 75-260 ng/dl
Total Thyroxine (T4)	8.48 µg/dl	**Adults Range :-** 3.2- 12.6 µg/dl
Thyroid Stimulating Hormone(TSH)	3.51 µIU/ml	**Adults Range :-** 0.3-4.2µIU/ml **Decadal Range :-** 21week-20yr:0.7-5.0 µIU/ml 21yr-54yr: 0.4-4.2 µIU/ml 55yr – 87yr: 0.5-8.9 µIU/ml **Pregnancy:** 1st trimester 0.3-4.5 µIU/ml l 2nd trimester 0.5-4.6 µIU/ml 3rd trimester 0.8-5. µIU/ml

Method – Chemiluminesence

- **Done On FA 50 Quantitative Immunoassay Analyzer.**

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Patient Name:- Mrs.Darshan Kaur	**Age/Sex:- 35 Yrs/Female**
Date:- 07/08/2023	**Incharge:- Dr.Kapil Gupta MD**
Proposal No:- PKG10000245	**Sample ID:- 1341**

Urine Examination Report

Investigation	Result	Normal Range
Physical Examination		
Quanitiy	: 30 ml	
Color	: Pale Yellow	
Ph	: 6.0	4.7--7.5
Appi.	: Clear	
Sugar	: Nil	
Sugar PP	: Nil	
Albumin	: Nil	
Ketone Bodies	: Negative	
Sp.Gravity	: Q.N.S (1.003 to 1.035)	
Chemical Examination		
Bile Salts	: Negative	
Bile Pigments	: Negative	
Microscopic Examination		
Pus Cell's	: **2-4**	
Ept Cell	: **1-2**	
Rbc's	: Nil	
Any Other	: Nil	

Collected Sample Received

****-Drink More Water-****

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Client Name:Mrs. Darshan Kaur	*Age/Sex:35Yrs/Female*
Date:08/07/2023	*Incharge:Dr.Kapil Gupta MD*
Medical	

X-RAY CHEST REPORT

REPORT:

- *Trachea is centrally placed.*
- *Heart size is normal along with all normal .*
- *Both costo – phrenic and cardio – phrenic angles are clear.*
- *Both lungs clear and no parenchymal destruction or lesion seen.*
- *No any Retro – sternal or mediastinal soft tissue abnormality seen.*
- *Both domes of diaphragms are normal with well delineated cupulae and margins.*
- *Normal sub – diaphragmatic stomach shadow noticed.*
- *Broncho – vascular shadows are normal both side.*
- *Hilar region both side normal.*

OPINION/IMPRESSION:-

No cardiopulmonary lesion seen.

Dr KAPIL GUPTA MD
Medical & Heart Specialist
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ULTRA SONOGRAPHY REPORT

Patient Name:Mrs. Darshan Kaur	*Age/Sex: 35Yrs/ Female*
PART Scanned:- ABDOMEN	*Sonography Window :- Good/Bad/Reasonable*
Non fasting	*08/07/2023*

Liver is normal in size, shape, outline and show enhanced echopattern with geographical area of fatty sparing, S/O fatty liver stage-I. No SOL is seen. IHBR are normal. Hepatic & porta is normal.

Gall Bladder is normal in size. Walls are normal. No calculus/sol. seen.
The cleavage line between the liver and gall bladder is maintained. To be repeated on fasting

Common Bile Duct: is normal in calibre. No obstruction /mass/calculus could be seen up to the length scanned. To be repeated on fasting

Pancreas: is normal in size, shape, outline and echopattern. PD is normal. No sol. seen. Peripancreatic region is normal.
Spleen: is normal in size and echopattern. No sol. seen. Splenic vein is normal in size. No collaterals could be seen.
Kidneys: Both kidneys are normal in size, shape,outline and parenchymal echopattern. Cortico medullary distinction is well maintained bilaterally. Central echoes are compact. No concretions/calculs/hydronephrosis seen in both kidneys .Peri renal area is normal Rt kidney 9.5 x 3.7cm, Lt kidney 9.6 x 4.0cm.
Ureters: seem to be normal upto the parts scanned.
Uterus: Transverse & longitudinal sonography of pelvis shows normal size uterus. The enodmetrial image is sharp & clear. No evidence of myoma. Both ovaries are of normal size. No adenexal mass seen. No fluid collection seen in the cul–de-sac
Urinary Bladder: is normal. No calculus/mass is seen. UB wall is normal.
Psoasmuscles seem to be normal.
Bowel loops: Right iliac region seem to be grossly normal. No sol. seen.
No free fluid/gross lymphadenopathy noted.
Pleural: spaces are normal.

Impression: **Early Fatty Liver Changes Rest US Scan Normal**

Please correlate clinically and with related investigation which may be more informative
Owing to technical limitations of the procedure, there may be false positive or false negative interpretation. Ultrasound scan is supplement not substitute of clinical assessment.
Kindly repeat on fasting if USS got done on non-fasting status and on full bladder if done on empty bladder. The present study cannot completely confirm (1) absence of any or (2) presence of ureteric or gall bladder calculus due to positioning or non-visualization of ureter and gall bladder window

Date:08/07/2023

Dr. Kapil Gupta
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NABH CERTIFIED HOSPITAL

DEPARTMENT OF NON-INVASIVE CARDIOLOGY

2D ECHO REPORT

2D COLOUR DOPPLER REPORT

Patients Name:MrS. Darshan Kaur	*Age/Sex:35yr/Male*
Dated: 08/07/2023	*Ref:By:Dr.Kapil Gupta MD*
Medical	

SUMMARY:-

Situs is solitus with atrio-ventricular and ventriculo atrial concordance and normally related great vessels. Left atrium is normal size. Left ventricle normal in size and shape and contractility. No LV hypertrophy seen with LVPW (s)1.50 Global LVEF is 59%. All cardiac valves are structurally normal. There is no significant gradient across LVOT/ RVOT. IAS & IVS are intact. There is no PDA/Coarctation of Arota . Pulmonary veins are draining normally. There is no clot or vegetation. Pericardial veins are draining normally. No Regional wall motion abnormalities seen. Diastolic Dysfunction absent.

FINAL IMPRESSION:-

- *LV normal in size LV1D 3.64mm*
- *Normal LV systolic function*
- *Global LVEF is 59%.*
- *Diastolic dysfunction absent*
- *No Regional wall motion abnormalities seen*
- *No clot or vegetation seen.*
- *Pericardium is normal.*
- *No LV hypertrophy seen with LVPW(s)1.50*
- *All cardiac valves are structully normal*
- *IAS & IVS are intact*

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Dr. Kapil Gupta
MD
Consultant physician

Please Correlate clinically and with related investigation may be more informative

Disclaimer: It s an interpretation of medical imaging based on clinical data. All modern machines/procedures have their own limitations depending on patient body weight or existing lung disease . If there any clinical discrepancy this investigation may be repeated or reassessed by other test like TMT/stress echo/CAG. Patient's identification in reporting is not established, so in no way can this report be utilized for any medico-legal purpose. In case of any discrepancy due to typing error or machinery error please get it rectified immediately.

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2D COLOUR DOPPLER REPORT

MEASUREMENT	*ACTUAL VALUE*	*NORMAL VALUE*
AORTIC ROOT DIAMETER	3.3	2.0-3.7cm
AORTIC CUSP SEPRATION	1.6	1.5- 2.6cm
LEFT ATRIUM DIMENTION	3.3	4.0- 26 cm
LEFT VENTRICULAR ED DIM	3.64	3.0- 5.6 cm
LEFT VENTRICULAR ES DIM	2.51	2.2- 4.0 cm
INTER VENT.SEPTUM ED/ES	1.46/1.80	0.6- 1.2cm
LEFT VENT.P.WALL ED/ES	0.71/1.50	0.5- 1.0cm
RIGHT VENT.DIM ED/ES	1.63cm	0.7-2.6 cm
MITRAL DE AMPLITUTE	22.4.mm	17-30 mm
MITRAL EF SLOP	158.0 mm/sec	75-200 mm/sec

SPECIFIC LEFT VENTRICULAR FUNCTION PARAMETER

E.P.SEPTAL SEPARATION	6.0mm	< 9mm
LEVT VENTRICULAR ESV	54.2ml	38+-10ml
LEFT VENTRICULAR EDP	93.8ml	90+-30ml
LEFT VENTRICULAR EF	59%	60+-62 %
LEFT VENTRICULAR FS	31%	24+-42 %
LEFT VENTRICULAR IVRT	60m.sec	< 90m.sec
MITRAL E VELOCITY	60 cm/sec	55-95cm/sec
MITRAL A VELOCITY	69 cm/sec	45-95cm/sec

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2D COLOUR DOPPLER ANALYSIS

MITRAL VALVE

E.VELOCITY	70	CM/SEC
A.VELOCITY	47	CM/SEC
PEAK.GRADIENT	2.4	MMHG
MEAN GRADIENT		MMHG
MITRAL VALVE AREA	N	SQ.CM
MITRAL REGURGITATION	**Nil**	

AORTIC VALVE

PEAK VELOCITY	107	CM/SEC
PEAK GRADIENT	4.0	MMHG
MEAN GRADIENT		MMHG
AORTIC VALVE AREA	N	
AORTIC REGURGITATION	**NIL**	

TRICUSPID VALVE

TRICUSPID REGURGITATION	NIL	
CALCULATED RVSP		MMHG

PULMONARY VALVE

PEAK VELOCITY	80	CM/SEC
PEAK GRADIENT	3.0	MMHG
PULMONARY REGURGITATION	NIL	
CALCULATED PADP		MMHG

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2D COLOUR DOPPLER REPORT

DOPPLER ANALYSIS

MITRAL VALVE

E.VELOCITY	86 cm/sec	PEAK GRADIENT	1.5mm IIg
A.VELOCITY	28 cm/sec	MEAN GRADIENT	1.6mm Hg

MITRAL VALVE AREA

PHT METHOD	cm2
2D METHOD	cm2
OTHER METHOD	

MITRAL REGURGITATION — Nil

JET DETEC BY PW	
AREA OF JET	1.68
MR/LA JET	%
OTHER FEATURE	

Wilkin score		Mobility	N	SV crowding	Nil
Thickness	Normal	Clarification	N	Total score	

TRICUSPID VALVE

E.VELOCITY	cm/sec	PEAK GRADIENT	mm Hg
A.VILOCITY	cm/sec	MEAN GRADIENT	mm Hg

OTHER FEATURE