

This medical fitness is only on the basis of clinical examination. No COVID -19 and other investigation has been done to reveal the fitness

MEDICAL EXAMINATION REPORT

Name: Balwinder Virdi Age & Sex: 46y/F Date of MER: 28/03/24

Identification Mark: Male near Rt. side of upper lip ID Proof: UID Card

Ht: 154 Wt: 70 Chest Exp/Insp: 82/87 Abd: 85 PR: 80/m BP: 110/70

Any Operation: H/o left renal PCNL done in 2017 at RG Stone, Ldh. BMI -> 29  
H/o Laproscopic Cholecystectomy done in 2016 at RG Stone, Ldh.

Any Medicine Taken: H/o RA X since Dec, 2023 on regular Rx

Any Accident: No

Alcohol/Tabacco/Drugs Consumption: No Duration: -

Qty: -

Whether the person is suffering from any of the following diseases, give details

DISEASE	Yes/NO	DETAIL
Diabetes	No	
Hypertension	No	
Renal Complications	No	
Heart Disease	No	
Cancer	No	
Any Other	No	

Examination of systems

SYSTEMS( any evidence of past/present disease)	YES	NO	DETAILS
Brain or nervous system		<input checked="" type="checkbox"/>	
Lungs or other parts of respiratory system		<input checked="" type="checkbox"/>	
GI Tract		<input checked="" type="checkbox"/>	
Ears, Eyes, Nose, Throat, Neck		<input checked="" type="checkbox"/>	
Cardiovascular System		<input checked="" type="checkbox"/>	

Signature of client

Signature of Doctor: Dr. R.S. Maheshwari  
MB, BChD, (Paed), P.C.M.S. (Ex.), M.I.A.F  
Consultant Physician & Child Specialist

Seal of Centre: THE LINE HOSPITAL  
GILL ROAD, LUDHIANA-141003  
Registration No 34970

## Feedback – Medical Checks

This is to confirm & certify that I have gone through the medical examination through centre on \_ to complete the requisite medical formalities towards my application for life insurance from Mediwheel AHC vide Proposal Form bearing no \_\_\_\_\_ dated 28/03/24

I do confirm specifically that the following medical activities have been performed for me:

- |  |   |                             |
|--|---|-----------------------------|
| 1. Full Medical Report (Medical Questionnaire) | Yes <input checked="" type="checkbox"/>                             | No <input type="checkbox"/> |
| 2. Sample Collection                           |   |                             |
| a. Blood                                       | Yes <input checked="" type="checkbox"/>                             | No <input type="checkbox"/> |
| b. Urine                                       | Yes <input checked="" type="checkbox"/>                             | No <input type="checkbox"/> |
| 3. Electro Cardio Gram (ECG)                   | Yes <input checked="" type="checkbox"/>                             | No <input type="checkbox"/> |
| 4. Treadmill Test (TMT)                        | Yes <input checked="" type="checkbox"/>                             | No <input type="checkbox"/> |
| 5. Others                                      | <u>Pap smear, ENT Consult, Diet Consult, CXR, USG, Eyes Checkup</u> |                             |

I have furnished my ID Proof VID bearing ID No. 4906 1102 8984 at the time of my medical.

### Feedback Form

- Behavior and cooperation of staff
 

Reception/ Clinic/ Hospital	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Technician/ Doctors	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
- Time Management
 

	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
--	--	----------------------------------	-------------------------------
- Upkeep of hospital
 

	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
--	--	----------------------------------	-------------------------------
- Technology & Skills
 

	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
--	--	----------------------------------	-------------------------------
- Please remark if the medical check procedure was satisfactory
 

	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
--	---	-----------------------------

(Medical Facility- Location; Facility Set-up, instruments, cleanliness; Process followed; etc. Also on the Medical Staff: Appearance; Technical Know-how; Behavior etc.)

- If No please provide details or let us know of anything additional you would like to provide

Signature of the Life to be Insured (Proposer in case of Life insured being minor) <hr/> Name of the Life to be Insured with date (Proposer (in case of Life insured being minor) <u>Balwinder Virdi</u>	Signature of Visiting/Attending Doctor  M.B.B.S. M.D. (Paed) F.C.S. (P) I.A.F Consultant Physician & Child Specialist Name of Visiting/Attending Doctor <u>LIFE LINE HOSPITAL</u> <u>311 ROAD, LUDHIANA 1003</u> Registration No 34970 MC Registration No: <u>34970</u> Doctor Stamp with date <u>28/03/24</u>
--	---

## Self Declaration & Special COVID-19 Consent

Date: 28/03/24

Day:

Time:

Patient's Name/Client Name: Balwinder Virudi

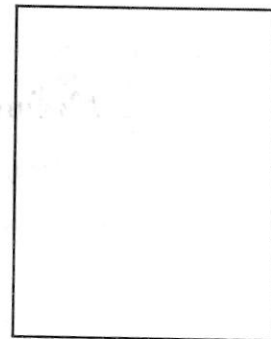
Age: 46y

Sex: F

Case No/Proposal no

Address:

Profession:



1) Do you have Fever/Cough/Tiredness/Difficulty in Breathing? Yes/No

2) Have you travelled outside India and came back during pandemic of COVID-19 or  
Have you come from other country during pandemic of COVID-19? Yes/No

3) Have you travelled anywhere in India in last 60 days? Yes/No

4) Any Personal or Family History of Positive COVID-19 or Quarantine?  H/o Covid +ve in Jan, 2022

5) Any history of known case of Positive COVID-19 or Quarantine patient in your  
Neighbors/Apartment/Society area  Home isolation for 15 days

6) Are you suffering from any following diseases? Yes/No   
Diabetes/Hypertension/Lung Disease/Heart Disease

7) Are you healthcare worker or interacted/lived with Positive COVID-19 patients? Yes/No

During the Lockdown period and with current situation of Pandemic of COVID-19, I came to this hospital/home visit by this hospital at my home for medical checkup..e.g. MER, Blood Sample, Urine sample and ECG.

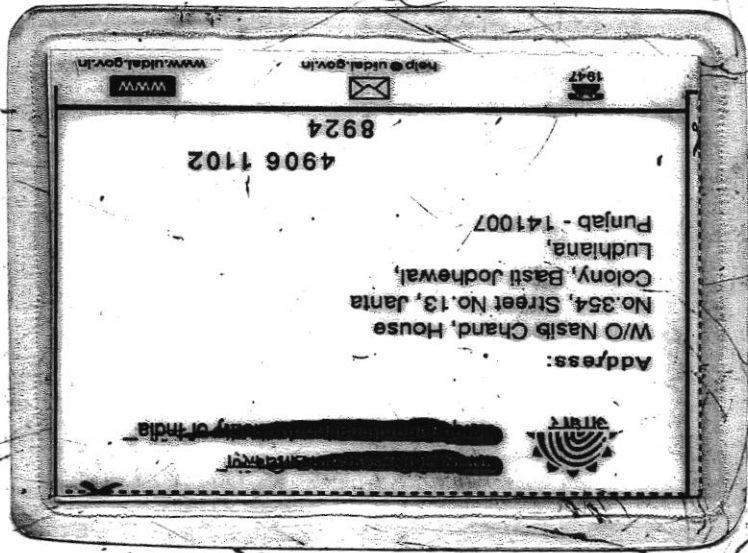
I also know that I may get infection from the hospital or from doctor, and I will take every precaution to prevent this from happening. for that I will never hold doctors or hospital staffs accountable if such infection occurs to me or my accompanying persons.

Above information is true as per best to my knowledge, I understand that giving false information or hiding the facts or any type of violence in the hospital are punishable offence in IPC.

Patient's Signature with Name

Dr. R. Doctor's Signature & Name

M.B.B.S. M.D. (Paed) P.C.M.S. (Ex.) M.I.A.C  
Consultant Physician & Child Specialist  
**LIFE LINE HOSPITAL**  
GILL ROAD, LUDHIANA-141003  
Registration No 34970



*Handwritten signature*

*Registration No. 141007*  
*GILL ROAD, LUDHIANA-141003*  
**LIFE LINE HOSPITAL**  
*Consultant Physician & Child Specialist*  
*M.B.B.S. M.D. (Ped.) P.C.M.S. (Ex.) M.I.A.*  
**Dr. R.S. Maheshwari**





LIFELINE HOSPITAL

LIFELINE HOSPITAL

LIFELINE HOSPITAL

LIFELINE HOSPITAL

LIFELINE HOSPITAL

LIFELINE HOSPITAL

Companies  
k-ups

Health Insurance Co. Ltd.  
Insurance Co. Ltd.  
Health Insurance Co. Ltd.  
Insurance Co. Ltd.  
Allied Insurance Co. Ltd.  
Life Insurance Co. Ltd.  
Insurance Co. Ltd.  
Insurance Co. Ltd.  
Life Insurance Co. Ltd.  
Insurance Co. Ltd.  
General Insurance Co. Ltd.  
Insurance Co. Ltd.  
Insurance Co. Ltd.  
Insurance Co. Ltd.  
Health Insurance Co. Ltd.  
General Insurance Co. Ltd.  
Insurance Co. Ltd.

LIFELINE HOSPITAL

LIFELINE HOSPITAL

LIFELINE HOSPITAL

LIFELINE HOSPITAL

LIFELINE HOSPITAL

LIFELINE HOSPITAL

LIFELINE HOSPITAL

Import

1. Please Bring for Any Pre-lr
2. Center Will No or Lab Test W
3. Please Come Fas As Per The Instru By Your Corporate
4. Please Keep Sile And Switch Off Yo
5. Please Fill The "F And Do Not Hesit Faced Any Proble

YOU ARE UNDER CCT

*Dr. R.S. Maheshwari*  
 M.B.B.S. M.D. (Paed) P.C.M.S. (Ex.) M.I.A.P  
 Consultant Physician & Child Specialist  
**LIFE LINE HOSPITAL**  
 GILL ROAD, LUDHIANA-141003  
 Registration No. 34970

Ludhiana, Punjab, India  
 241/1, Dasmesh Nagar, New Kartar Nagar, Ludhiana, Punjab 141003, India  
 Lat 30.883832°  
 Long 75.8581°  
 28/03/24 09:05 AM GMT +05:30



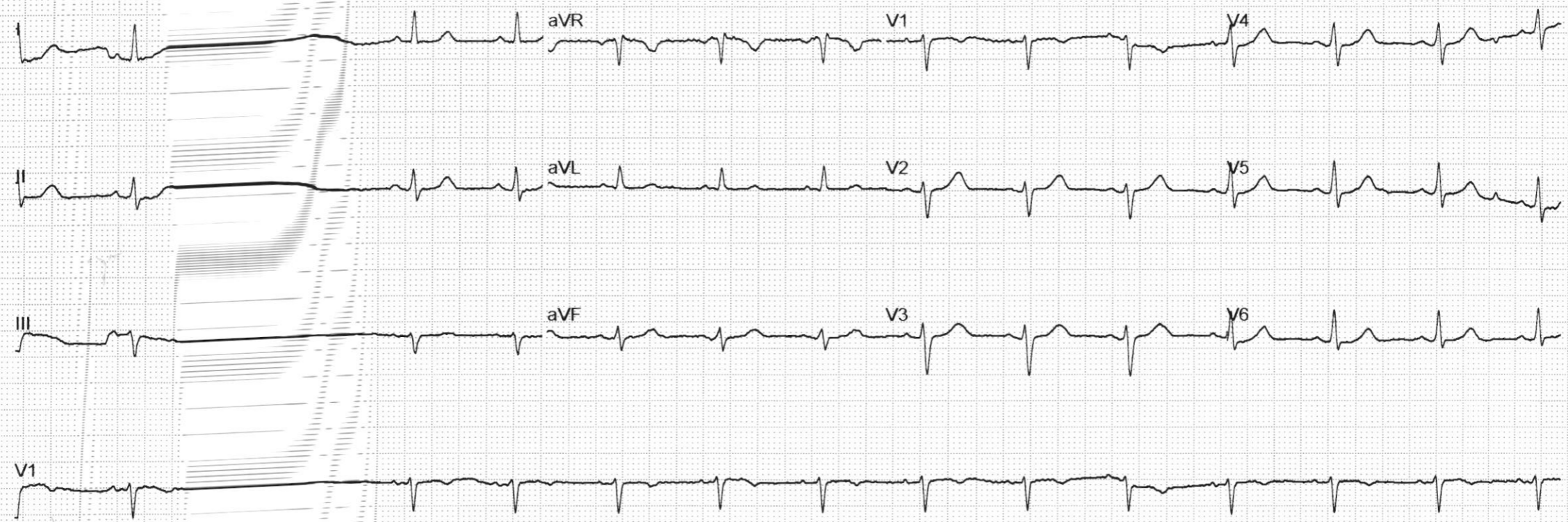


QT	QRS	80 ms
	QTcBaz	380 / 438 ms
	PR	124 ms
	P	74 ms
P	RR / PP	754 / 750 ms
	QRS / T	31 / -5 / 43 degrees

Normal sinus rhythm  
Normal ECG

*Dr. Ravi Kant Singla*  
 Dr. Ravi Kant Singla  
 M.B.B.S. MD  
 Medical Specialist  
 Ex. Registrar CMC LDH.  
 Reg. No. 29182

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:



# Lifeline Hospital

Multi Speciality & Super Speciality Hospital

NABH Accredited  
ENTRUST LEVEL



NAME Balwinder Viridi

EMP.CODE \_\_\_\_\_

AGE / SEX 46y / F

DATE 28/3/24

REF. BY Mediwheel AHC

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VIA	SPH	CYL	AXIS	VIA
DISTANCE	-1.25	-0.50	90°	6/6	-1.00	-1.00	50°	6/6
FOR NEAR ADD	+1.50							

COLOR VISION (ISHIHARA'S CHART)

COLOR VISION : Normal

OTHER OPINION: \_\_\_\_\_

DOCTOR SIGNATURE



NAME: BALWINDER VIRDI

AGE/SEX: 46Y/F


HEIGHT: 154 cms

WEIGHT: 70 kgs

B.P: 110/70mmHg

PULSE: 80BPM

- CVS - N.A.D.
- CNS - N.A.D.
- P/A - N.A.D.
- R/S - N.A.D.
- ENT - N.A.D.
- Skin Examination - N.A.D.
- Hearing Examination - N.A.D.
- Dental Examination - Good Oral Hygiene.

  
*Dr. R.S. Maheshwari*

**DR. R.S. Maheshwari**  
M.D. (Paed) F.C.M.S. (Ex.) M.I.A.P  
Consultant Paediatric & Child Specialist

**LIFE LINE HOSPITAL**  
GILL ROAD, LUDHIANA-141003  
Registration No 34970





NAME: BALWINDER VIRDI

AGE/SEX: 46Y/F

HEIGHT: 154 cms

WEIGHT: 70 kgs

B.P: 110/70mmHg

PULSE: 80BPM

- CVS - N.A.D.
- CNS – N.A.D.
- P/A – N.A.D.
- R/S – N.A.D.
- Not k/c/o of DM,HTN
- ENT - NAD
- Skin Examination - NAD
- TUNING FORK TEST- NORMAL

*Dr. R.S. Maheshwari*

M.B.B.S., M.D. (Paed), P.C.M.S. (Ex.) M.I.A.P.  
Consultant Physician & Child Specialist

**M.B.B.S., M.D.**

LIFELINE HOSPITAL  
GILL ROAD, LUDHIANA-141003  
Registration No. 34970

Lab ID. :	03	Date :	28/03/2024
Name :	BALWINDER VIRDI	Age/Sex :	46 /Years/Female
Ref. By :	BANK OF BARODA	Mac. No. :	579

## Complete Blood Count

Test Performed on ERBA H360 Fully Automated Analyser

Parameters	Result	Units	Reference Range	Graphs
<b>LEUKOCYTES</b>				
Total WBC Count	6.42	10 <sup>3</sup> /uL	4.0 - 11.0	<p>WBC</p>
Lymphocytes%	30.0	%	20.0 - 50.0	
Mixed%	9.3	%	3.0 - 10.0	
Neutrophils%	60.7	%	50.0 - 70.0	
Lymphocytes#	1.93	10 <sup>3</sup> /uL	0.6 - 4.1	
Mixed#	0.60	10 <sup>3</sup> /uL	0.1 - 1.8	
Neutrophils#	3.89	10 <sup>3</sup> /uL	2.0 - 7.8	
<b>ERYTHROCYTES</b>				
Hemoglobin	11.4	g/dl	11.0 - 16.0	<p>RBC</p>
R.B.C Count	4.37	10 <sup>6</sup> /uL	3.50 - 5.50	
Haematocrit(PCV)	35.7 L	%	36.0 - 47.0	
MCV	81.6	fl	80.0 - 99.0	
MCH	26.1 L	pg	27.0 - 32.0	
MCHC	32.0	g/dl	32.0 - 36.0	
RDW-SD	45.8	fl	35.0 - 56.0	
RDW-CV	15.1 H	%	11.5 - 14.5	
<b>THROMBOCYTES</b>				
Platelets Count	275	10 <sup>3</sup> /uL	150 - 450	<p>PLT</p>
MPV	11.7 H	fl	7.4 - 10.4	
PDW	15.8	fl	10.0 - 17.0	
PDW-CV	15.2	%	10.0 - 17.0	
PCT	0.322 H	%	0.108 - 0.280	
P-LCR	41.2	%	13.0 - 43.0	
P-LCC	113.0 H	10 <sup>3</sup> /uL	30 - 90	
ESR	12	mm 1st hr	0 - 20	

*Surbhi*

**Dr. SURBHI GOYAL**  
M.B.B.S. M.D. (PATHOLOGY)  
CONSULTANT PATHOLOGIST  
Reg No 40195



NAME : BALWINDER VIRDI  
AGE/SEX : 46Y/F  
REF BY : BANK OF BARODA  
DATE : 28.03.2024

## BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	80mg/dl
PPBS	70-140mg/dl	84mg/dl
UREA(BUN)	15-45mg/dl	25mg/dl
CREATININE	0.7-1.5mg/dl	0.82mg/dl
URIC ACID	3.0-6.2mg/dl	6.29mg/dl
CHOLESTEROL	140-200mg/dl	183mg/dl
TRIGLYCRIDE	60-160mg/dl	130mg/dl
CHOLESTEROL HDL	35-60 mg/dl	45mg/dl
CHOLESTEROL LDL	60-150 mg/dl	112mg/dl
VLDL	20-40 mg/dl	26mg/dl
CHOLESTEROL/HDL Ratio	4.0:1-4.16:1 mg/dl	4.0:1mg/dl
LDL/HDL Ratio	1.71-2.5mg/dl	2.4mg/dl

### Recommendation:-

1. This report is not valid for medico legal purposes .
2. The test can be repeated free of cost in case of any discrepancy.
3. Test to be clinically correlated.
4. All card tests require confirmation by serology
5. False negative or false positive results may occur in some cases.

*Surbhi*

Dr. SURBHI GOYAL  
M.B.B.S. M.D. (PATHOLOGY)  
CONSULTANT PATHOLOGIST  
Reg No 40195

NAME : BALWINDER VIRDI  
AGE/SEX : 46Y/F  
REF BY : BANK OF BARODA  
DATE : 28.03.2024

## LIVER EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
BILLIRUBIN TOTAL	<1.2mg/dl.	0.73mg/dl
BILLIRUBIN DIRECT	<0.3mg/dl	0.21mg/dl
BILLIRUBIN INDIRECT	<0.9mg/dl	0.52mg/dl
S.G.O.T.	5-50Units/L	17Units/L
S.G.P.T.	5-50 Units/L	24Units/L
GAMMA GT	9-52 Units/L	28Units/L
ALK. PHOSPHATASE	ADULTS-28-111Units/L CHILD-54-369units/L	101Units/L
TOTAL PROTEIN	6.0-8.0mg/dl	7.1mg/dl
ALBUMIN	3.5-5.3mg/dl	4.1mg/dl
S.GLOBULIN	2.0-4.0gm/dl	3.0gm/dl
A/G RATIO	1.25:1-1.75:1 mg/dl	1.36:1gm/dl

### Recommendation:-

- 1 This report is not valid for medico legal purposes .
2. The test can be repeated free of cost in case of any discrepancy.
3. Test to be clinically correlated.
4. All card tests require confirmation by serology
5. False negative or false positive results may occur in some cases.



Dr. SURBHI GOYAL  
M.B.B.S. M.D. (PATHOLOGY)  
CONSULTANT PATHOLOGIST  
Reg No 40196





NAME : BALWINDER VIRDI  
 AGE/SEX : 46Y/F  
 REF BY : BANK OF BARODA  
 DATE : 28.03.2024

## HbA1C

Test name	results	units
HbA1c{GLYCOSYLATED HEMOGLOBIN}BLOOD	5.39	%

### Interpretation

As per American Diabetes association {ADA}	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	4.0 - 6.0
At risk	>= 6.0 to <= 6.5
Diagnosing diabetes	>6.5
Therapeutic goals for glycemic Control	Adults Goal of therapy : < 7.0 Action suggested : >8.0

Note : 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. target goals of < 7.0 % may be beneficial in patients with short duration of diabetes , long life expectancy and no significant cardiovascular disease .In patient with significant complications of diabetes , limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

### Comments

HbA1c provides an index of average blood glucose level over the past 8-12 weeks & is a much better indicator of long term glycemic as compared to blood & urinary glucose determinations.

### ADA criteria for correlation between HbA1c & Mean plasma glucose levels

HbA1c %	Mean plasma glucose {mg/dl }	HbA1c %	Mean plasma glucose {mg/dl }
5	98	9	212
6	126	10	240
7	154	11	269
8	183	12	298

### Recommendation:-

1. This report is not valid for medico legal purposes.
2. The test can be repeated free of cost in case of any discrepancy.
3. Test to be clinically correlated.
4. All card tests require confirmation by serology
5. False negative or false positive results may occur in some cases

*Surbhi*

Dr. SURBHI GOYAL  
 M.B.B.S. M.D. (PATHOLOGY)  
 CONSULTANT PATHOLOGIST  
 Reg No 40195



NAME : BALWINDER VIRDI  
AGE/SEX : 46Y/F  
REF BY : BANK OF BARODA  
DATE : 28.03.2024

## CYTOPATHOLOGY REPORT

**Specimen** : cervical cytological preparation  
Received two smears

**Microscopic Examination** : 2001 Bethesda system

**Statement of Adequacy** : Smear is satisfactory for evaluation

**Microscopy** : squamous epithelial and intermediate  
Cells seen against a clean background.  
No trichomonas or fungal organisms seen.

**Impression** : Normal cytology

**Comments** : Pap smear cytology is a screening procedure  
Corroboration of cytopathologic findings  
With colposcopic/local examination and  
ancillary finding is recommended.

*Surbhi*

**Dr. SURBHI GOYAL**  
M.B.B.S. M.D. (PATHOLOGY)  
CONSULTANT PATHOLOGIST  
Reg No 40195



NAME : BALWINDER VIRDI  
AGE/SEX : 46Y/F  
REF BY : BANK OF BARODA  
DATE : 28.03.2024

## TEST ASKED : -T3,T4,TSH

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	1.35 ng/ml	0.70-2.04 ng/ml
T4	6.15 µg/dl	4.6-10.5 µg/dl
TSH	1.680µIU/ml	0.40-4.20µIU/ml

### Recommendation:-

1. This report is not valid for medico legal purposes.
2. The test can be repeated free of cost in case of any discrepancy.
3. Test to be clinically correlated.
4. All card tests require confirmation by serology
5. False negative or false positive results may occur in some cases

*Surbhi*

**DR. SURBHI GOYAL**  
M.B.B.S. M.D. (PATHOLOGY)  
CONSULTANT PATHOLOGIST  
REG No 40195

NAME : BALWINDER VIRDI  
AGE/SEX : 46Y/F  
REF BY : BANK OF BARODA  
DATE : 28.03.2024

## URINE EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
POST URINE SUGAR	NIL	NIL

**\*Recommendation:-**

1. This report is not valid for medico legal purposes.
2. The test can be repeated free of cost in case of any discrepancy
3. Test to be clinically correlated.
4. All card tests require confirmation by serology
5. False negative or false positive results may occur in some cases

*Surbhi*

**Dr. SURBHI GOYAL**  
M.B.B.S. M.D. (PATHOLOGY)  
CONSULTANT PATHOLOGIST  
Reg No 40195





NAME : BALWINDER VIRDI  
AGE/SEX : 46Y/F  
REF BY : BANK OF BARODA  
DATE : 28.03.2024

## • URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	30ml
COLOUR	P. YELLOW
DEPOSIT	ABSENT
REACTION	ACIDIC
SECIFIC GRAVITY	1.020
B. CHEMICAL EXAMINATION	
UROBILINOGEN	NIL
BLOOD	NIL
PROTEIN	NIL
SUGAR	NIL
KETONE BODIES	NIL
BILIRUBIN	NIL
NITRITE	NIL
LEUKOCYTES	NIL
C. MICROSCOPIC EXAMINATION	
EPITHELIAL CELLS	1-2/hpf
PUS CELLS	1-2/hpf
R.B.C.	NIL
CRYSTALS	NIL
CAST	NIL

### Recommendation:-

1. This report is not valid for medico legal purposes.
2. The test can be repeated free of cost in case of any discrepancy.
3. Test to be clinically correlated.
4. All card tests require confirmation by serology
5. False negative or false positive results may occur in some cases

*Surbhi*

Dr. SURBHI GOYAL  
M.B.B.S. M.D. (PATHOLOGY)  
CONSULTANT PATHOLOGIST  
Reg No 40195

**Dr. Sanjeev Kumar Mittal**

MD, DNB, DM (Cardiology)

Fellowship American College of Cardiology (FACC)

Fellowship European Society of Cardiology (FESC)

Fellowship of Society of Cardiovascular

Angiography &amp; Interventions, USA (FSCAI)

**Senior Interventional Cardiologist****Dr. Reena Mittal**

Anaesthesiologist

**Pain Management Specialist****Dr SANJEEV**  
**HEART CENTRE***Let's go for healthy heart*

47-A (B-XX-894/2) Maya Nagar, Civil Lines, Ludhiana, Punjab (INDIA), Ph: 0161-2443344, E-mail: dr\_smittal@yahoo.com,

NAME	MRS BALWINDER VIRDI	AGE/SEX	46/FEMALE
REF .BY	LIFELINE HOSPITAL	DATE	28/03/2024
DIAGNOSIS	CARDIAC EVALUATION		

**ECHOCARDIOGRAPHY REPORT****MEASUREMENTS:****NORMAL VALUES**

Left Atrial dimension:	2.4	(1.9-4.0cm)
Aortic root dimension:	2.6	(2.0-3.7cm)
Aortic valve opening	1.8	
Left Ventricular end diastolic dimension	4.2	(3.8-5.6cm)
Left Ventricular end systolic dimension:	3.0	(2.0-4.0cm)
Interventricular septum thickness (end diastolic):	1.0	(0.6-1.2cm)
(end systolic):	1.4	
Left Ventricular posterior wall thickness (end diastolic)	1.0	(0.5-1.0cm)
(end systolic):	1.4	
Right ventricular dimension:	1.4	(0.7-2.6cm)
Right ventricular thickness:	Normal	(0.3-0.5cm)

**INDICES OF LEFT VENTRICULAR FUNCTION**

LV Ejection Fraction:	60	(55-70%)
-----------------------	----	----------

For all Investigations & in all emergencies,  
Please Contact: 97797-12871

- Coronary Angiography
- PTCA / Stenting
- Renal and Peripheral Angiography
- Pacemaker Implantation
- Natural Bypass Therapy (ECP Therapy)
- ECG
- ECHO
- TMT
- Holter
- Stress ECHO
- Advanced ECHO
- Strain rate Imaging
- Carotid Doppler

**Dr. Sanjeev Kumar Mittal**

MD, DNB, DM (Cardiology)  
 Fellowship American College of Cardiology (FACC)  
 Fellowship European Society of Cardiology (FESC)  
 Fellowship of Society of Cardiovascular  
 Angiography & Interventions, USA (FSCAI)  
**Senior Interventional Cardiologist**

**Dr. Reena Mittal**

Anaesthesiologist  
**Pain Management Specialist**



# Dr SANJEEV

## HEART CENTRE

*Let's go for healthy heart*

47-A (B-XX-894/2) Maya Nagar, Civil Lines, Ludhiana, Punjab (INDIA), Ph: 0161-2443344, E-mail: dr\_smittal@yahoo.com,

**IMAGING:**

2-D imaging in PLAX, SAX and Apical views revealed normal LV size and normal LV contractility. RA/RV are normal in size. Mitral valve opening is normal. No evidence of Mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted. Pulmonary and tricuspid valves are structurally normal. Interatrial and interventricular septums are intact. No intracardiac mass or thrombus is seen. No pericardial pathology is observed. LV ejection fraction is approximately 60%.

**DOPPLER: PULSE WAVE, CONTINUOUS WAVE & COLOR FLOW MAPPING**

MITRAL VALVE	:	E=0.87 m/sec	A= 0.66 m/s	A<E	No MR
AORTIC VALVE	:	1.22 m/sec			No AR
TRICUSPID VALVE	:	E= 0.33 m/sec	A=0.40 m/s		No TR
PULMONARY VALVE	:	0.83 m/sec			No PR
TISSUE DOPPLER IMAGING:		E'= 0.09 m/s	E/E'= 9.64		

**IMPRESSION:** Normal Cardiac Chamber dimensions  
 Normal LV systolic function (LVEF 60%)  
 No MR. No TR. No PR. No AS/AR.  
 No clot/ veg./Pericardial effusion.

*Dr. Sanjeev Kumar Mittal*  
 DM Cardiology, FACC, FSCAI, FESC

*Dr. Sanjeev Mittal*  
 M.D., D.N.B., D.M  
 Cardiologist Mittal Clinic, Ludhiana  
 Reg. No. 30318

For all Investigations & in all emergencies,  
 Please Contact: 97797-12871

- Coronary Angiography
- ECG
- Stress ECHO
- PTCA / Stenting
- ECHO
- Advanced ECHO
- Renal and Peripheral Angiography
- TMT
- Strain rate Imaging
- Pacemaker Implantation
- Holter
- Carotid Doppler
- Natural Bypass Therapy (ECP Therapy)

# SANJEEV HEART CENTRE

Name Balwinder Viridi

Date 28/03/2024

Image 1

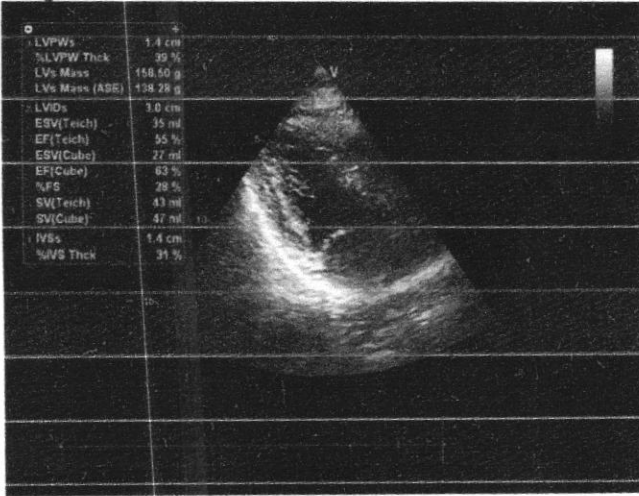


Image 2

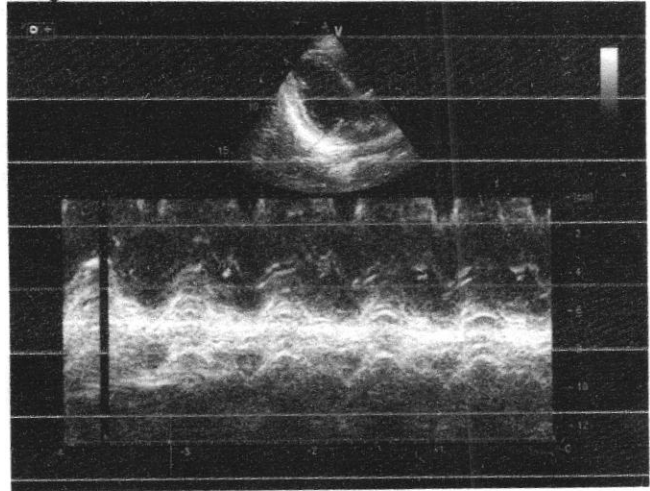


Image 3

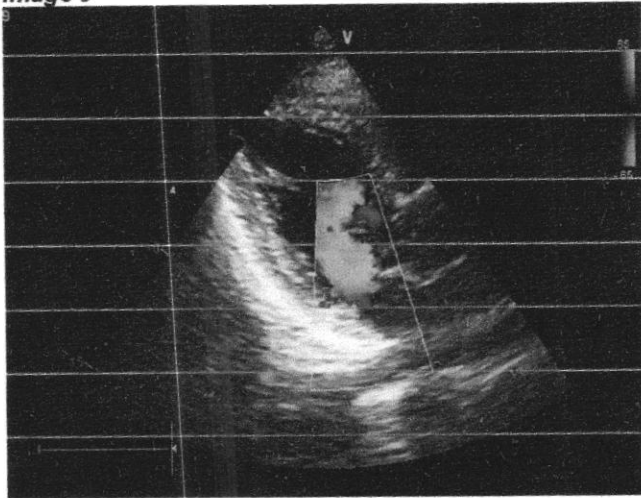


Image 4

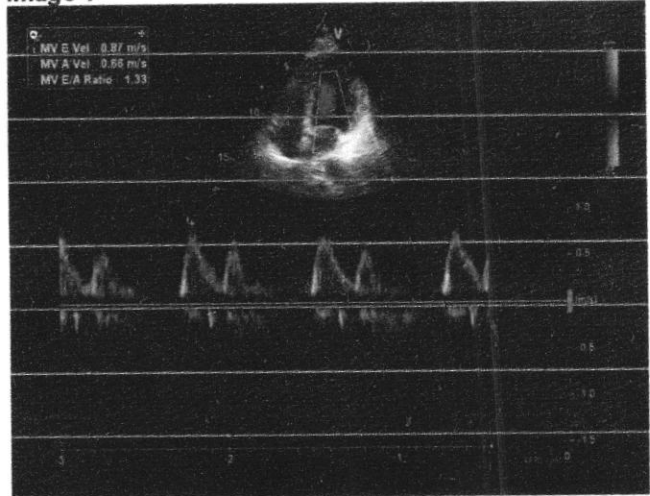


Image 5

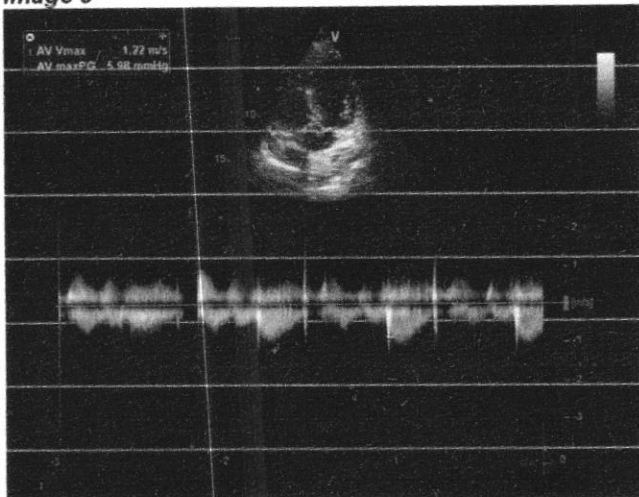
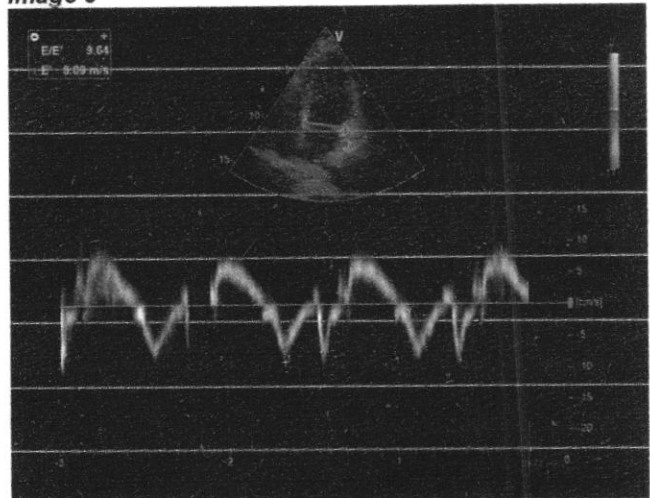


Image 6







**Name** : BALWINDER VIRDI  
**Age/Sex** : 46YRS/M  
**Date** : 28/3/2024

## X-ray Chest PA View

The cardiac size and shape is **normal**

Both hilla are normal.

The lungs on either side shows equal translucency.

The peripheral vasculature is normal

The domes of the diaphragm is normal

The pleural spaces are normal.

**DR. R.S. MAHESHWARI**

M.B.B.S. M.D. PC.M.S. (Ex.) M.I.A.F  
Consultant Physician & Child Specialist

Reg No. 34970

LIFELINE HOSPITAL  
GILL ROAD, LUDHIANA-141003  
Registration No 34870



**Patient's Name: BALWINDER VIRDI**

**DATE : 28/03/2024**

**Age/Sex : 46Yrs/M**

## ULTRASONOGRAPHY OF ABDOMEN

**LIVER** : Liver is normal in size & shape. Hepatic bleary radicals are normally outlined. Portal vein is normal in caliber. No evidence of liver abscess. Movements of diaphragm are not restricted. No evidence of secondaries. CBD is of normal calibre.

**GALL BLADDER** : Gall Bladder **Could not seen .H/O CHOLECYSTECTOMY**

**PANCREAS** : Pancreas is normal in size, shape and echotexture. No evidence of any collection in le sac.

**SPLEEN** : Spleen is normal in size, shape and echotexture. Calibre splenic vein at hilum is WNL.

**RIGHT KIDNEY** : : Right kidney is normal in size & shape. Cortical thickness is WNL. Pelvi-calyceal system is normal. There is no evidence of calculus. No backpressure changes or S.O.L. Corticomedullary differentiation is well maintained.

**LEFT KIDNEY** : Left kidney is normal in size & shape. Cortical thickness is WNL. Pelvi-calyceal system is normal. There is no evidence of calculus. No backpressure changes or S.O.L. Corticomedullary differentiation is well maintained.

**URETERS** : both ureters are normal.

**URINARY BLADDER** : UB is seen in filled stage.

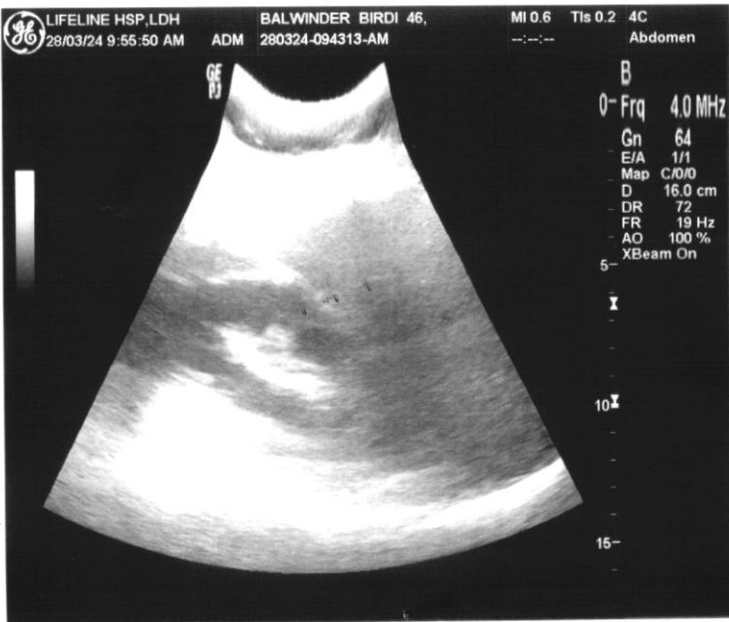
**PROSTATE** : Prostrate is normal in size. No focal lesion seen.

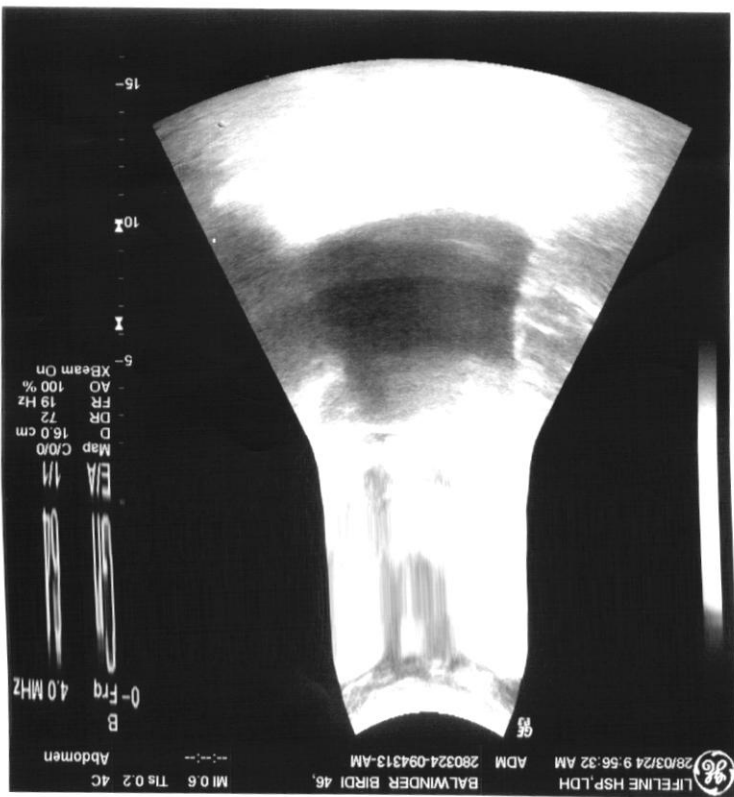
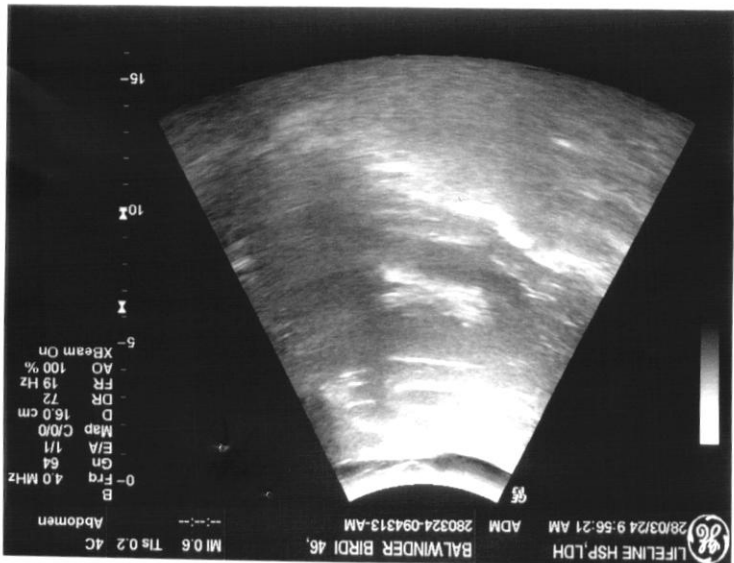
**IMPRESSION: NORMAL U.S.G.**

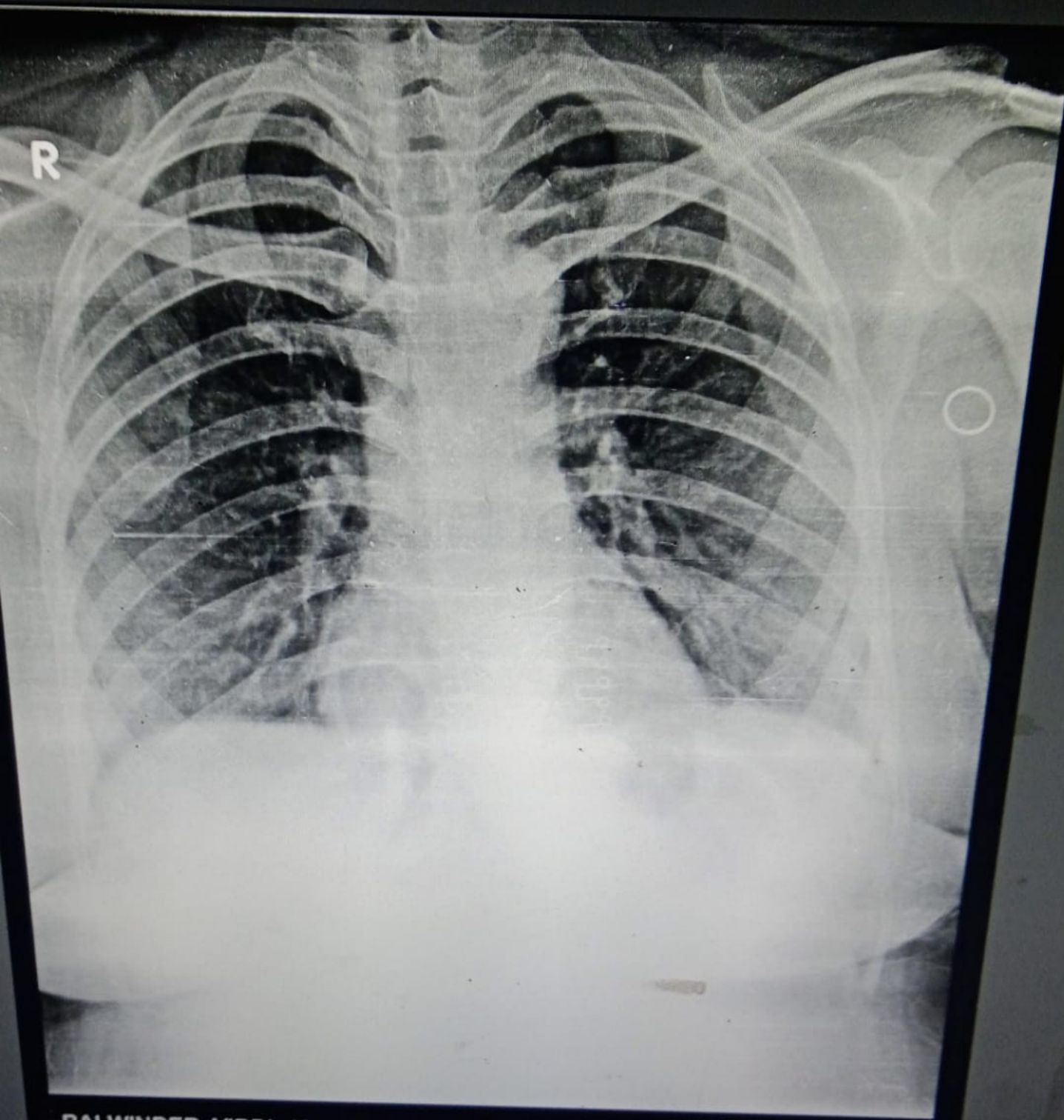
*Dr. R. S. Maheshwari*  
M.B.B.S., M.D (Peed)  
SONOLOGIST

LIFE LINE HOSPITAL

**DR. R.S. MAHESHWARI (ULTRASONOLOGIST)** This is only professional opinion and the diagnosis. It should be correlated clinically & with either investigation to come to final diagnosis.







BALWINDER VIRDI 46 4530 F CHEST,FRN P->A 28-03-2024 09:37 AM  
LIFELINE HOSPITAL, GILL ROAD ,LUDHIANA