

भारत सरकार
Government of India

भारत
India

Issue Date: 18/03/2013



मनोज कुमार मार्कण्डे
Manoj Kumar Markande
जन्म तिथि / DOB: 10/03/1986
पुरुष / MALE
Mobile No.: 87 179 10884



4655 8263 1929

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India

भारत
India

भारत
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India

पता:
S/O रेशम लाल मार्कण्डे, सड़क नं. 15, वार्ड नं. 11, जय
लक्ष्म चौक, बलिपारा, चिनामठ, जयपूर,
राजस्थान - 343773



Address:
S/O Resham Lal Markande, House No.15,
Ward No.11, Jay Stambh Chowk, Balyara,
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Handwritten signature



GUPTA HOSPITAL

Multi Speciality Research & Maternity Centre

Ratna Bandha Road, DHAMTARI (C.G.)

Phone : 07722-237361, Mobile : 96443-06666



Website : www.guptahospitalcg.com
Email : gupta.hospitaldnt@gmail.com, guptahospitaldhamtari@gmail.com

Dt. 26/10/24

Dear TPA,

Regarding to patient Manoj Kumar
Maskande, age. 37y 1m

BP - 130/90 mmHg

Pulse - 75/m

SpO₂ - 98 %

Weight - 70.9 KG

The patient condition is very
good. he does not ~~an~~ have any problem.

Dr. Vivek Tigga
M.D.

Reg. No. CGMC 2325
Gupta Hospital Dhamtari
493773 (C.G.)



गुप्ता हॉस्पिटल

मल्टी स्पेशियलिटी रिसर्च एंड मेडरनिटी सेंटर
रत्नाबाधा रोड, धमती (छ.ग.)

फोन : 07722-237361, मो. 9644296666, 9644306666

PATHOLOGY

Patient Name : Mr MANOJ KUMAR MARKANDE
Age / Gender : 37 Year(s) / Male
Sample Type : WB EDTA-650350
Client Code : RPL 2
Referred By : DR.VIVEK TIGGA MD

Patient Id : 1621292
Sample Drawn Date : 2024-10-26 12:30
Registration Date : 2024-10-26 12:30
Reported Date : 2024-10-26 15:21

HEMATOLOGY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
CBC (Method: Cell Counter)			
Hemoglobin	13.8	gm/dL	13.0-17.5
Erythrocyte Count (RBC Count)	5.22	mill/uL	4.5 - 5.5
Hematocrit (HCT)	45.7	%	40.0 - 54.0
Red Cell Indices (Method: Cell Counter)			
MCV	83.4	fL	80 - 96
MCH	28.3	pg	27 - 35
MCHC	33.7	g/dL	32 - 36
RDW-SD	46.8	fL	37-54
RDW -CV	13.3	%	11.5-14.5
Total WBC Count	6.26	10 ³ /uL	4.0-11.0
Differential Leukocyte Count (Method: Cell Counter)			
Neutrophils	62.5	%	40 - 75
Lymphocytes	26.8	%	20 - 45
Monocytes	7.4	%	00 - 08
Eosinophils	2.5	%	00 - 06
Basophils	0.8	%	00 - 02
Absolute Neutrophil count	3.92	10 ³ /uL	2.0-7.5
Absolute Lymphocyte count	1.68	10 ³ /uL	1.0-3.5
Absolute Eosinophil count	0.15	10 ³ /uL	
Absolute Monocyte count	0.46	10 ³ /uL	
Absolute Basophil count	0.05	10 ³ /uL	0.0-0.1
Platelet	261	10 ³ /uL	150-400
MPV	9.0	fL	7.5-11.5

TEST RANGES FROM BIRTH TO 2 YRS AGE ARE DIFFERENT FROM ABOVE.

** End of Report **

Dr. Dilip Rathod (Pathologist) M.B.B.S., D.C.P.

Dilip Rathod

24 Hrs. Service
Dr Dilip Rathod
Pathologist Reg.no.CGMC4327/201

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बाल्डी स्पेशिअलिटी रिसर्च एंड मेडरनिटी सेन्टर
रत्नाबांधा रोड, बयलरी (उ.प्र.)
फोन : 07722-237361, मो. 9644296666, 9644306666

PATHOLOGY

Patient Name : Mr MANOJ KUMAR MARKANDE
Age / Gender : 37 Year(s) / Male
Sample Type : Serum-650321
Client Code : RPL 2
Referred By : DR.VIVEK TIGGA MD

Patient Id : 1621292
Sample Drawn Date : 2024-10-26 12:30
Registration Date : 2024-10-26 12:30
Reported Date : 2024-10-26 13:21

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
Glucose- Random <small>(Method: Hexokinase)</small>	85	mg/dL	70 - 160

** End of Report **

Rathod

Dr Dilip Rathod

Pathologist, Reg. No. CGMC4327/201
(Pathologist) M.B.B.S., D.C.P.

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रत्नाबाधा रोड, धमाली (छ.ग.)
फोन : 07722-237361, मो. 9644296666, 9644306666

PATHOLOGY

Patient Name : Mr MANOJ KUMAR MARKANDE
Age / Gender : 37 Year(s) / Male
Sample Type : SERUM IMMUNO-650294
Client Code : RPL 2
Referred By : DR.VIVEK TIGGA MD

Patient Id : 1621292
Sample Drawn Date : 2024-10-26 12:30
Registration Date : 2024-10-26 12:30
Reported Date : 2024-10-26 16:45

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
THYROID PROFILE FREE			
Triiodothyronine Free (FT3) <small>(Method: Chemiluminescence)</small>	3.16	pg/mL	2.6 - 5.4
Thyroxine - Free (FT4) <small>(Method: Chemiluminescence)</small>	1.22	ng/dL	0.89 - 1.76
TSH <small>(Method: Chemiluminescence)</small>	1.64	mIU/L	0.35-5.50
Comments : NORMAL			

Interpretation(s)

TSH levels in Pregnancy (μ IU/mL)

1st Trimester - 0.6 - 3.40

2nd Trimester - 0.37 - 3.60

3rd Trimester - 0.38 - 4.04

FT4 in Preganacy (ng/dL)

1st Trimester - 0.70 - 2.00

2nd Trimester - 0.50 - 1.60

3rd Trimester - 0.50 - 1.60

Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2-4 A.M. and at a minimum between

6 - 10 P . M . The variation is of the order of 50 % , hence time of day has influence on the measured serum concentrations.

2 . Recommended test for T 3 and T 4 is unbound fraction or free levels (FT 3 and FT 4) , as it is metabolically active.

3. T3T4 NORMAL AND TSH IS HIGH

POSSIBILITIES ARE----

A.UNDERDOSAGE IF KNOWN HYPOTHYROID

B.INTERMITTENT T4 THERAPY

C.SUBCLINICAL HYPOTHYROIDISM

D.RECOVERY PHASE AFTER NONTHYROIDAL ILLNESS.

****Advice -----> ANTITPO AB IF NEEDED OR SERIAL ESTIMATION OF TSH .

4. Decreased TSH , raised or wnl T3/T4 , raised or wnl FT3/FT4

INFERENCE :

A. ISOLATED LOW TSH -- ESPECIALLY IN THE RANGE OF 0.1 TO 0.4 OFTEN SEEN IN ELDERLY & ASSOCIATED WITH NON THYROIDAL ILLNESS.

B.SUBCLINICAL HYPERTHYROIDISM.

C.THYROXINE INGESTION.

** End of Report **

Dr. Dilip Rathod (Pathologist) M.B.B.S., D.C.P.

Dr Dilip Rathod 24 Hrs. Service
Pathologist: Reg.no.CGMC4327/201

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एलाबांधा रोड, धमतरा (छ.ग.)
फोन : 07722-237361, मो. 9644296666, 9644306666

PATHOLOGY

Patient Name : Mr MANOJ KUMAR MARKANDE
Age / Gender : 37 Year(s) / Male
Sample Type : Serum-650321
Client Code : RPL 2
Referred By : DR.VIVEK TIGGA MD

Patient Id : 1621292
Sample Drawn Date : 2024-10-26 12:30
Registration Date : 2024-10-26 12:30
Reported Date : 2024-10-26 17:05

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
LIPID PROFILE NEW			
Total Cholesterol (Method: CHOD/PAP)	139	mg/dL	<200 : Desirable 200-239 : Borderline risk >240 : High risk
Triglycerides (Method: Lipase / Glycerol Kinase)	141	ng/ml	< 150 : Normal 150-199 : Borderline-High 200-499 : High > 500 : Very High
Cholesterol - HDL (Method: Direct)	55	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
Cholesterol VLDL (Method: Calculation)	32	ng/ml	7-40
Cholesterol - LDL (Method: Calculated)	67	ng/ml	< 100 : Normal 100 - 129 : Desirable 130 - 159 : Borderline-High 160 - 189 : High > 190 : Very High
Total cholesterol/HDL ratio (Method: Calculation)	2.5	Ratio	0 - 5.0

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एलाबांधा रोड, धर्मपुरी (छ.ग.)

फोन : 07722-237361, मो. 9644296666, 9644306666

PATHOLOGY

Patient Name : Mr MANOJ KUMAR MARKANDE
Age / Gender : 37 Year(s) / Male
Sample Type : Serum-650321
Client Code : RPL 2
Referred By : DR.VIVEK TIGGA MD

Patient Id : 1621292
Sample Drawn Date : 2024-10-26 12:30
Registration Date : 2024-10-26 12:30
Reported Date : 2024-10-26 17:05

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
Non HDL Cholesterol <small>(Method: Calculation)</small>	88		Desirable: <130, Above desirable 130-150, Borderline high:160-180, High:190-219, Very High:>220
<p>Lipid profile or lipid panel is a panel of blood tests that serves as an initial broad medical screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.</p> <p>This test is used to identify dyslipidemia (various disturbances of cholesterol and triglyceride levels), many forms of which are recognized risk factors for cardiovascular disease and rarely pancreatitis.</p> <p>A total cholesterol reading can be used to assess an individual's risk for heart disease, however, it should not be relied upon as the only indicator. The individual components that make up total cholesterol reading—LDL, HDL, and VLDL—are also important in measuring risk.[citation needed]</p> <p>For instance, someone's total cholesterol may be high, but this may be due to very high HDL ("good cholesterol") cholesterol levels,—which can actually help prevent heart disease (the test is mainly concerned with high LDL, or "bad cholesterol" levels). So, while a high total cholesterol level may help give an indication that there is a problem with cholesterol levels, the components that make up total cholesterol should also be measured.</p> <p>Recently, non-HDL cholesterol (non-HDL-C) has become a commonly used marker for a blood lipid pattern associated with increased risk of heart disease.</p> <p>Non-HDL cholesterol is total cholesterol minus HDL (good) cholesterol. So if total cholesterol is 190 and HDL cholesterol is 40, non-HDL cholesterol is 150.</p> <p>Measuring total cholesterol provides limited information about risk because the number includes both HDL-C and LDL-C.</p> <p>If we, however, subtract HDL-C from the total cholesterol we will have a measure of the amount of cholesterol carried by all lipoproteins except HDL. Doing this simple math will give us the amount of cholesterol carried within all lipoproteins that are atherogenic. In other words, a measure of cholesterol carried within all the "bad" lipoproteins but not the "good" ones (which is only HDL). This measure is termed non-HDL cholesterol (non-HDL-C).Non-HDL-C has been shown to be a better marker of risk in both primary and secondary prevention studies.</p>			

LDL / HDL Ratio : 1.2 Ratio 2.0 - 3.5
(Method: Calculation)

** End of Report **

Dr. Dilip Rathod (Pathologist) M.B.B.S., D.C.P.


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एनाबाधा रोड, धपतरी (छ.ग.)
फोन : 07722-237361, मो. 9644296666, 9644306666

PATHOLOGY

Patient Name : Mr MANOJ KUMAR MANKANDE
Age / Gender : 37 Year(s) / Male
Sample Type : Serum-650321
Client Code : RPL 2
Referred By : DR.VIVEK TIGGA MD

Patient Id : 1621292
Sample Drawn Date : 2024-10-26 12:30
Registration Date : 2024-10-26 12:30
Reported Date : 2024-10-26 17:05

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
KIDNEY FUNCTION TESTS RFT 2			
Blood Urea (Method: UV-Kinetic)	14	mg/dL	15 - 45
Blood Urea Nitrogen (BUN) (Method: Calculation)	6.5	mg/dL	5 - 21
Serum Creatinine (Method: JAFFE-Kinetic)	0.6	mg/dl	0.4-0.8
Uric Acid* (Method: Uricase)	3.8	mg/dL	2.5 - 7.5
Total Protein (Method: BIURET)			
TOTAL PROTEIN	7.1	mg / dl	6.5 - 8.0
SERUM ALBUMIN	4.0	mg / dl	3.5 - 5.5
GLOBULIN	3.1	mg / dl	2.0 - 3.5
Albumin/Globulins ratio	1.2	mg / dl	0.7:1 - 2.5:1
Calcium (Method: Spectrophotometry(Cresol Complex))	8.8	mg/dL	8.6 - 10.3
SERUM ELECTROLYTES (Method: KIT)			
SERUM SODIUM	141	meq/lt	135-155
SERUM POTASSIUM	4.4	meq/lt	3.5-5.5
SERUM CHLORIDE	105	mmol/lt	96-106
IONIC CALCIUM	-	mg/dl	4.65-5.25

** End of Report **

Dr. Dilip Rathod (Pathologist) M.B.B.S., D.C.P.

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रत्नाबाधा रोड, धमलरी (छ.ग.)
फोन : 07722-237361, मो. 9644296666, 9644306666

PATHOLOGY

Patient Name : **Mr MANOJ KUMAR MANKANDE**
Age / Gender : 37 Year(s) / Male
Sample Type : Serum-650321
Client Code : RPL 2
Referred By : DR.VIVEK TIGGA MD

Patient Id : 1621292
Sample Drawn Date : 2024-10-26 12:30
Registration Date : 2024-10-26 12:30
Reported Date : 2024-10-26 17:05


CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
LFT ADVANCE			
Bilirubin (Total)	0.44	mg/dl	0.2 - 1.2
Bilirubin (Direct) <small>(Method: Diazotised Sulphanilic Acid)</small>	0.08	mg/dL	0.0 - 0.3
Bilirubin (Indirect) <small>(Method: Calculation)</small>	0.36	mg/dL	0.2 - 0.9
Aspartate amino transferase (SGOT) <small>(Method: UV with Pyridoxal-5-phosphate)</small>	18	U/L	05 - 40
Alanine amino transferase (SGPT) <small>(Method: UV with pyridoxal - 5 - phosphate)</small>	23	U/L	07 - 56
Alkaline phosphatase (ALP) <small>(Method: AMP Buffer)</small>	255	IU/L	80-306
Total protine	7.1	mg/dl	6.2 - 8.0
Albumin <small>(Method: Bromocresol Purple)</small>	4.0	g/dL	3.4 - 5.5
Globuline <small>(Method: Calculated)</small>	3.1	g/dL	2.0 - 3.5
Albumin: globuline (A/G) <small>(Method: Calculated)</small>	1.3		0.8 : 1 - 1.2:1.4
LDH <small>(Method: KINETIC)</small>	388	IU/LT	225-450
GAMMA GT <small>(Method: KINETIC)</small>	20	IU/LT	9-35
HBsAg (Card Method) <small>(Method: Card Test)</small>	NONRAECTIVE	.	Non Reactive

Note :- Test done by HEPA CARD (J MITRA)

This test are screening test and there is always possibilities of false negative and false positive results .
They are
always need to be confirmed by confirmatory test like.....
1) Elisa.
2) HBV DNA RT PCR

Dr. Dilip Rathod (Pathologist) M.B.B.S., D.C.P.


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मल्टी स्पेशलिटी रिसर्च एंड मेडिसीन सेंटर
रत्नाबाई रोड, धयली (छ.ग.)
फोन : 07722-237361, मो. 9644296666, 9644306666

PATHOLOGY

Patient Name : Mr MANOJ KUMAR MARKANDE
Age / Gender : 37 Year(s) / Male
Sample Type : WB EDTA-650350
Client Code : RPL 2
Referred By : DR.VIVEK TIGGA MD

Patient Id : 1621292
Sample Drawn Date : 2024-10-26 12:30
Registration Date : 2024-10-26 12:30
Reported Date : 2024-10-26 15:15

HEMATOLOGY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
Erythrocyte Sedimentation Rate (ESR)* <small>(Method: Westergren's method)</small>	06	mm/Hour	00 - 15

** End of Report **

Rathod

Dr. Dilip R. Rathod
Pathologist (M.B.B.S., D.C.P.)
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मल्टी स्पेशलिटी रिसर्च एंड मेडिकल सेन्टर
रत्नाबाधा रोड, धर्मपुरी (छ.ग.)
फोन : 07722-237361, मो. 9644296666, 9644306666

PATHOLOGY

Patient Name : Mr MANOJ KUMAR MARKANDE
Age / Gender : 37 Year(s) / Male
Sample Type : WB EDTA-650350
Client Code : RPL 2
Referred By : DR.VIVEK TIGGA MD

Patient Id : 1621292
Sample Drawn Date : 2024-10-26 12:30
Registration Date : 2024-10-26 12:30
Reported Date : 2024-10-26 15:21

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
GLYCOSYLATED HEMOGLOBIN (HbA1c) <small>(Method: ion-exchange high-performance liquid chromatography(HPLC))</small>			
HbA1c	5.5	%	4-6% : Non Diabetic 6-7 %: Excellent Control 7-8 % : Fair and Control 8-10%: Unsatisfactory Control Above 10% Poor Control
estimated Average Glucose (eAG)	125	mg/dL	70-160

Interpretation(s)

- NOTE:
- Glycosylated hemoglobin (HbA1c) test is done to assess compliance with therapeutic regimen in diabetic patients.
 - A three monthly monitoring is recommended in clinical management of diabetes.
 - It is not affected by daily glucose fluctuations, exercise and recent food intake.
 - The HbA1c is linearly related to the average blood sugar over the past 1-3 months (but is heavily weighted to the past 2-4 weeks).
 - The HbA1c is strongly associated with the risk of development and progression of microvascular and nerve complications.
 - High HbA1c (>9.0-9.5%) is associated with very rapid progression of microvascular complications.
 - Any condition that shortens RBC life span like acute blood loss, hemolytic anemia falsely lowers HbA1c results.
 - HbA1c results from patients with HbSS, HbCC, HbSC and HbD must be interpreted with caution, given the pathological processes including anemia, increased red cell turnover, and transfusion requirements that adversely impact HbA1c as a marker of long-term glycemic control.
 - Specimens from patients with polycythemia or post-splenectomy may exhibit increase in HbA1c values due to a somewhat longer life span of the red cell.

Dr. Dilip Rathod (Pathologist) M.B.B.S., D.C.P.

Dilip Rathod

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पल्टी स्पेशियलिटी रिसर्च एंड मेटरनिटी सेंटर
रत्नाबाधा रोड, धमतरी (छ.ग.)
फोन : 07722-237361, मो. 9644296666, 9644306666

PATHOLOGY

Patient Name : Mr MANOJ KUMAR MARKANDE
Age / Gender : 37 Year(s) / Male
Sample Type : WB EDTA-650350
Client Code : RPL 2
Referred By : DR.VIVEK TIGGA MD

Patient Id : 1621292
Sample Drawn Date : 2024-10-26 12:30
Registration Date : 2024-10-26 12:30
Reported Date : 2024-10-26 13:50

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
Blood Grouping (A B O) and Rh typing <i>(Method: Tube method)</i>			
Blood Grouping (ABO)	O		
Rh Typing	POSITIVE		

** End of Report **

Rathod

Dr Dilip Rathod
Pathologist Reg.no.CGMC4327/201

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मास्ती स्पेशलिटी रिसर्च एंड मेटरिटी सेन्टर
रत्नाबाधा रोड, धमतरा (छ.ग.)
फोन : 07722-237361, मो. 9644296666, 9644306666

PATHOLOGY

Patient Name : **Mr MANOJ KUMAR MARKANDE**
Age / Gender : **37 Year(s) / Male**
Sample Type : **urine s-650295**
Client Code : **RPL 2**
Referred By : **DR.VIVEK TIGGA MD**

Patient Id : **1621292**
Sample Drawn Date : **2024-10-26 12:30**
Registration Date : **2024-10-26 12:30**
Reported Date : **2024-10-26 17:05**

CLINICAL PATHOLOGY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
URINE R/M (ROUTINE & MICROSCOPIC) (Method: Strip/Microscopy)			
PHYSICAL EXAMINATION (Method: Strip/Microscopy)			
Quantity	15 ML	ml	0-30
Colour	STRAW	/HPF	Pale yellow
Appearance	CLEAR	/HPF	Clear
CHEMICAL EXAMINATION (Method: Strip/Microscopy)			
Proteins*	NIL		NIL
Glucose*	NIL	/	NIL
MICROSCOPIC EXAMINATION (Method: Strip/Microscopy)			
PUS(WBC) Cells	0-2	/HPF	0-5
RBC	NIL	/HPF	NIL
Epithelial Cells	NIL	/HPF	2-5
Casts & Crystals	NIL	/	Absent
Others	NIL		

** End of Report **

Dr. Dilip Rathod (Pathologist) M.B.B.S. D.C.P.

Dr Dilip Rathod
24 Hrs. Service
Pathologist Reg.no.CGMC4327/201

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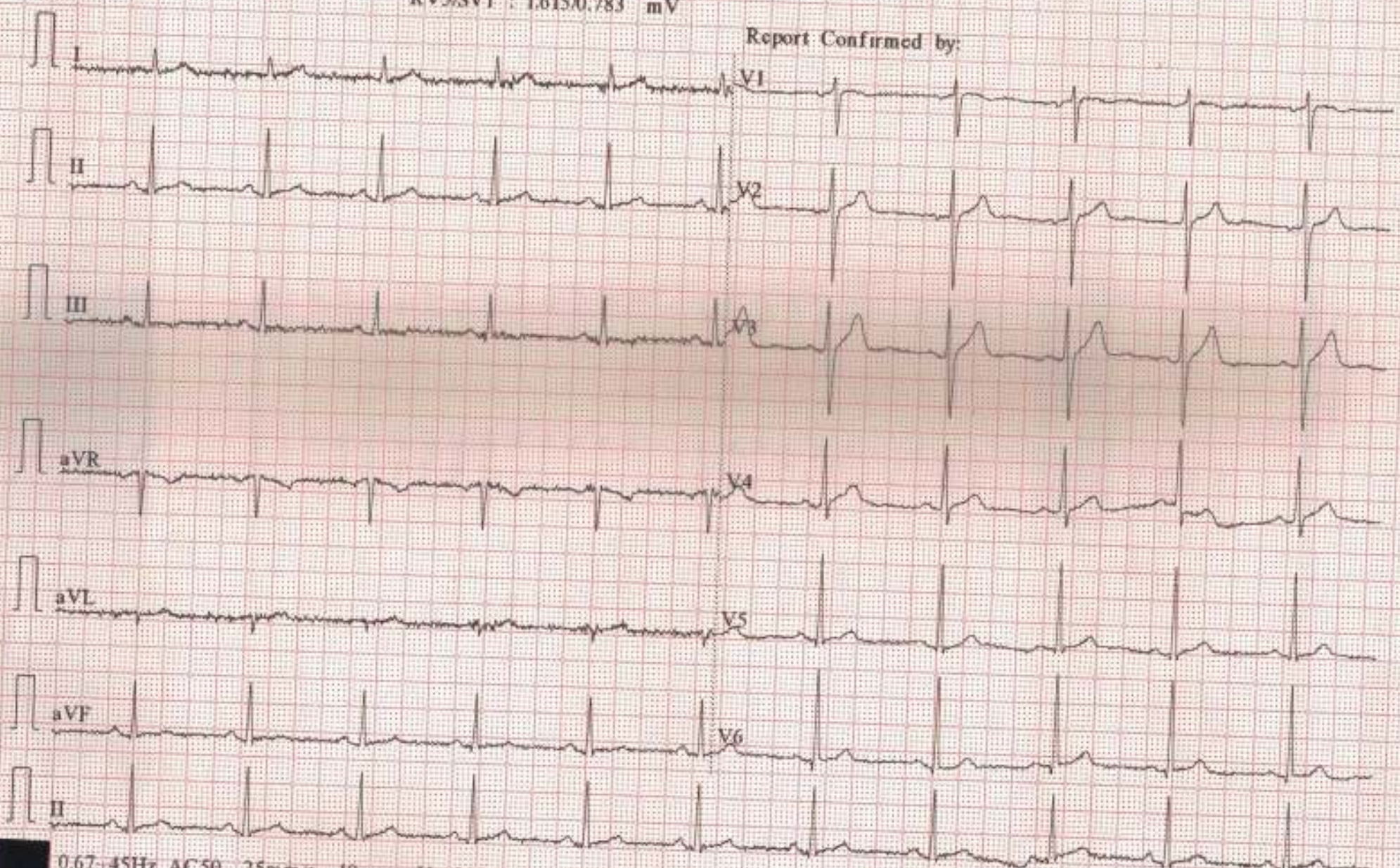
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ID: 14
Manoj kumar Markande
Male Years

26-10-2024 12:27:38 PM
HR : 68 bpm
P : 99 ms
PR : 149 ms
QRS : 83 ms
QT/QTc : 354/378 ms
PQRS/T : 76/71/37
RV5/SV1 : 1.615/0.783 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:





GUPTA HOSPITAL

Multi Speciality Research & Maternity Centre

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NAME : MANOJ KUMAR MARKANDE

AGE/SEX:-38Y/M

REF BY: OPD

DATE: 26/10/24

ECHOCARDIOGRAPHY

M-MODE

MEASUREMENT	PT'S VALUE	NORMAL VALUE
AO	16mm	15-25 mm
LA	31mm	19-40 mm
IVS (d)	08mm	6-11 mm
LVID (d)	50mm	35-50 mm
LVPW (d)	07mm	6-11 mm
LVID (S)	38mm	23-39 mm
EF	48%	

2 D ECHO & CFI

CHAMBERS - NORMAL
VALVES - Normal
SEPTAE - IVS / IAS Intact
RWMA - GLOBAL HYPOKINESIA
EF - 48%
CLOT / VEGETATION / EFFUSION - NIL

VALVE REGURGITATION

Mitral Valve TRIVIAL
Aortic Valve NIL
Tricuspid Valve TRIVIAL
Pulmonary Valve NIL

PULSE WAVE DOPPLER

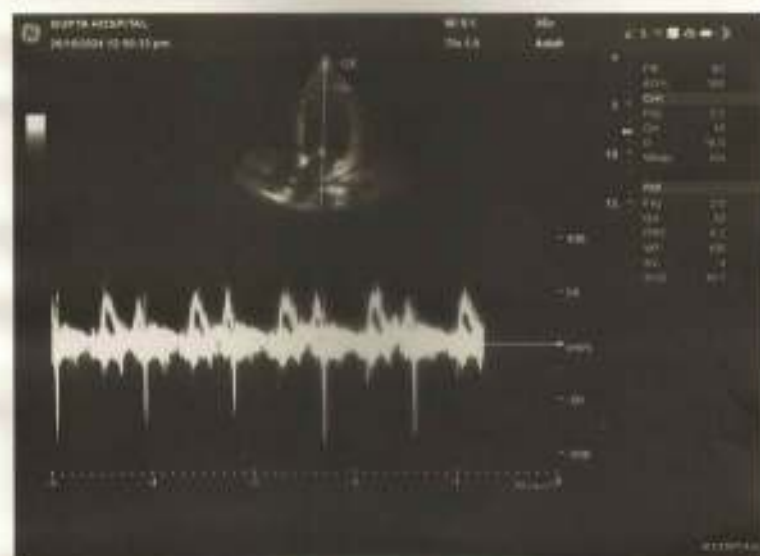
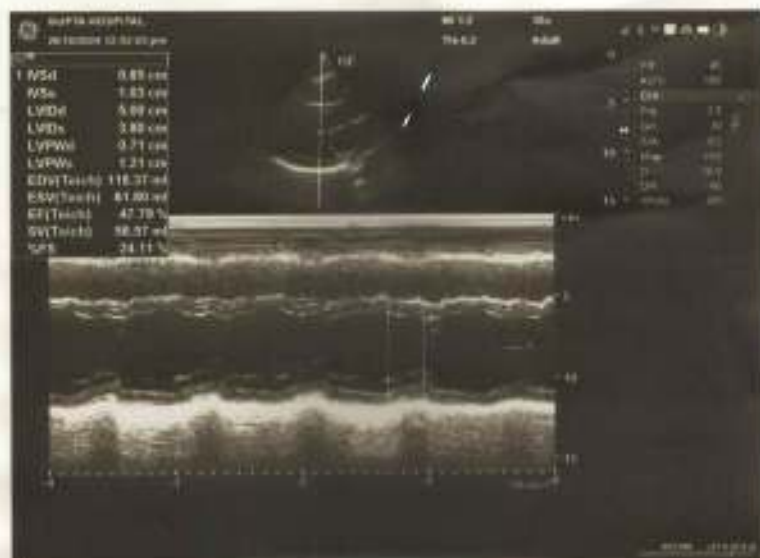
- Mitral Valve inflow shows E wave < A wave.

IMPRESSION:-

- MILD LV SYSTOLIC DYS FUNCTION (LVEF-48%)
GLOBAL HYPOKINESIA
- NORMAL DIASTOLIC FUNCTION (E<A)
- NO MR, NO TR,
- NO INTRACARDIAC CLOT, VEGETATION

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