

TEST REPORT

Reg. No. : 403100378	Reg. Date : 12-Mar-2024 10:09	Ref.No :	Approved On : 12-Mar-2024 12:38
Name : Mrs. KRISHNAPRIYA			Collected On : 12-Mar-2024 10:14
Age : 31 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
Complete Blood Count			
<u>Specimen: EDTA blood</u>			
Hemoglobin			
Hemoglobin(SLS method)	L 11.6	g/dL	12.0 - 15.0
Hematocrit (calculated)	37.7	%	36 - 46
RBC Count(Ele.Impedence)	4.57	X 10 ¹² /L	3.8 - 4.8
MCV (Calculated)	L 82.4	fL	83 - 101
MCH (Calculated)	L 25.3	pg	27 - 32
MCHC (Calculated)	L 30.7	g/dL	31.5 - 34.5
RDW (Calculated)	15.5	%	
Differential WBC count (Impedance and flow)			
Total WBC count	8640	/μL	4000 - 10000
Neutrophils	64	%	38 - 70
Lymphocytes	29	%	21 - 49
Monocytes	6	%	3 - 11
Eosinophils	1	%	0 - 7
Basophils	0		0 - 2
Platelet			
Platelet Count (Ele.Impedence)	H 425000	/cmm	150000 - 410000
MPV	H 14.60	fL	6.5 - 12.0

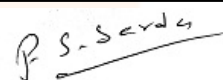
Sample Type: EDTA Whole Blood

Note: All abnormal hemograms are reviewed and confirmed microscopically. Peripheral blood smear and malarial parasite examination are not part of CBC report.

Test done from collected sample.

This is an electronically authenticated report.




Approved by: DR. PARIMAL SARDA

Haematopathologist
 PDF, CMC vellore
 Reg No.:- G-13598

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TEST REPORT

Reg. No. : 403100378 **Reg. Date** : 12-Mar-2024 10:09 **Ref.No** : **Approved On** : 12-Mar-2024 13:28
Name : Mrs. KRISHNAPRIYA **Collected On** : 12-Mar-2024 10:14
Age : 31 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
ESR	08	mm/hr	17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs : <30

Method: Modified Westergren

EDTA Whole Blood

Test done from collected sample.

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Approved by: Dr. Keyur Patel

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TEST REPORT

Reg. No. : 403100378 Reg. Date : 12-Mar-2024 10:09 Ref.No : Approved On : 12-Mar-2024 11:08
Name : Mrs. KRISHNAPRIYA Collected On : 12-Mar-2024 10:14
Age : 31 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

Test Name	Results	Units	Bio. Ref. Interval
BLOODGROUP & RH			
<u>Specimen: EDTA and Serum; Method: Gel card system</u>			
Blood Group "ABO" <i>Agglutination</i>	"B"		
Blood Group "Rh" <i>Agglutination</i>	Positive		
EDTA Whole Blood			

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Reg. No. : 403100378 Reg. Date : 12-Mar-2024 10:09 Ref.No : Approved On : 12-Mar-2024 16:46
Name : Mrs. KRISHNAPRIYA Collected On : 12-Mar-2024 10:14
Age : 31 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

Test Name	Results	Units	Bio. Ref. Interval
FASTING PLASMA GLUCOSE Specimen: Fluoride plasma			
Fasting Plasma Glucose <i>Hexokinase</i>	95.06	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126

Fluoride Plasma

Criteria for the diagnosis of diabetes:

1. HbA1c >= 6.5 *

Or

2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose >= 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >= 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

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Age : 31 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

Test Name	Results	Units	Bio. Ref. Interval
POST PRANDIAL PLASMA GLUCOSE <u>Specimen: Fluoride plasma</u>			
Post Prandial Plasma Glucose <i>Hexokinase</i>	L 112.23	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma			

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TEST REPORT

Reg. No. : 403100378 Reg. Date : 12-Mar-2024 10:09 Ref.No : Approved On : 12-Mar-2024 11:18
Name : Mrs. KRISHNAPRIYA Collected On : 12-Mar-2024 10:14
Age : 31 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.76	mg/dL	0.51 - 1.5

Creatinine is the most common test to assess kidney function. Creatinine levels are converted to reflect kidney function by factoring in age and gender to produce the eGFR (estimated Glomerular Filtration Rate). As the kidney function diminishes, the creatinine level increases; the eGFR will decrease. Creatinine is formed from the metabolism of creatine and phosphocreatine, both of which are principally found in muscle. Thus the amount of creatinine produced is, in large part, dependent upon the individual's muscle mass and tends not to fluctuate much from day-to-day. Creatinine is not protein bound and is freely filtered by glomeruli. All of the filtered creatinine is excreted in the urine.

Uric Acid (UA)	4.32	mg/dL	2.4 - 5.7
----------------	------	-------	-----------

Uricase

Serum

Uses

To monitor treatment of gout

To monitor hemotherapeutic treatment of neoplasms to avoid renal urate deposition.

Increase in - Renal failure , Gout , increased destruction of nucleoprotein like in leukemia ,hemolytic anemia, psoriasis, etc ,high protein diet,alcohol consumption, etc.

Decrease in - Intake of uricosuric drugs like allopurinol, severe hepatocellular disease , defective renal tubular damage.

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Name : Mrs. KRISHNAPRIYA			Collected On : 12-Mar-2024 10:14
Age : 31 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>BLOOD UREA NITROGEN</u>			
Urea <small>UREASE/GLDH</small>	28.6	mg/dL	<= 65 YEARS AGE: <50 mg/dL; >65 YEARS AGE: <71 mg/dL
Blood Urea Nitrogen (BUN) <small>Calculated</small>	13.4	mg/dL	7 - 18.7
Serum			

Useful screening test for evaluation of kidney function.

Urea is a nitrogenous waste product of protein metabolism. The process is synthesized in the liver. The concentration of urea in the blood (BUN) may be elevated due to various causes such as high protein diet, dehydration, and kidney disease. It is also used to diagnose types of chronic kidney disease, kidney stones, enlarged prostate, and liver disease. This is a simple and easy-to-perform test for kidney function. The test is frequently requested and used for the differential diagnosis of prerenal, renal and postrenal causes of kidney disease.

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Name : Mrs. KRISHNAPRIYA			Collected On : 12-Mar-2024 10:14
Age : 31 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>LIPID PROFILE</u>			
CHOLESTEROL <i>Enzymatic Colorimetric Method, CHOD-POD</i>	186.0	mg/dL	<200 : Desirable, 200-239 : Borderline High, >=240 : High
Triglyceride <i>Enzymatic Colorimetric Method</i>	142.3	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) <i>Calculated</i>	28	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) <i>Calculated Method</i>	110.40	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL) <i>Method:Homogeneous Enzymatic Colorimetric</i>	47.6	mg/dL	<40 Low (High Risk), >=60 High(Low Risk)
CHOL/HDL RATIO <i>Calculated</i>	H 3.91		0.0 - 3.5
LDL/HDL RATIO <i>Calculated</i>	2.32		1.0 - 3.4
TOTAL LIPID <i>Calculated</i>	616.60	mg/dL	400 - 1000
Serum			

As a routine test to determine if your cholesterol level is normal or falls into a borderline-, intermediate- or high-risk category.
 To monitor your cholesterol level if you had abnormal results on a previous test or if you have other risk factors for heart disease.
 To monitor your body's response to treatment, such as cholesterol medications or lifestyle changes.
 To help diagnose other medical conditions, such as liver disease.
 Note : biological reference intervals are according to the national cholesterol education program (NCEP) guidelines.

Test done from collected sample.

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Name : Mrs. KRISHNAPRIYA			Collected On : 12-Mar-2024 10:14
Age : 31 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>LIVER FUNCTION TEST</u>			
TOTAL PROTEIN <small>Biuret Colorimetric</small>	7.32	g/dL	6.4 - 8.3
ALBUMIN <small>Bromocresol Green(BCG)</small>	4.22	g/dL	3.2 - 5.0
GLOBULIN <small>Calculated</small>	3.10	g/dL	2.4 - 3.5
ALB/GLB <small>Calculated</small>	1.36		1.2 - 2.2
SGOT <small>Pyridoxal 5 Phosphate Activation, IFCC</small>	18.23	U/L	0 - 32
SGPT <small>Pyridoxal 5 Phosphate Activation, Ifcc</small>	22.56	U/L	0 - 33
Alkaline Phosphatase <small>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</small>	94.06	U/L	40 - 130
TOTAL BILIRUBIN <small>Diazo</small>	0.78	mg/dL	0.0 - 1.2
DIRECT BILIRUBIN <small>Diazo Reaction</small>	0.26	mg/dL	0 - 0.3
INDIRECT BILIRUBIN <small>Calculated</small>	0.52	mg/dL	0.0 - 1.00
Serum			

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Approved by: Dr. Keyur Patel

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TEST REPORT

Reg. No. : 403100378 **Reg. Date** : 12-Mar-2024 10:09 **Ref.No** : **Approved On** : 12-Mar-2024 13:57
Name : Mrs. KRISHNAPRIYA **Collected On** : 12-Mar-2024 10:14
Age : 31 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C) <i>High Performance Liquid Chromatography (HPLC)</i>	5.30	%	Normal: ≤ 5.6 Prediabetes: 5.7-6.4 Diabetes: ≥ 6.5 Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
Mean Blood Glucose <i>(Calculated)</i>	105	mg/dL	

Sample Type: EDTA Whole Blood

Criteria for the diagnosis of diabetes

- HbA1c ≥ 6.5 * Or Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
- Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water. Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011:34:S11.

Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
 - Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
 - Glycated HbF is not detected by this assay and hence specimens containing high HbF ($>10\%$) may result in lower HbA1c values than expected. Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus
- HbA1C, also known as glycated hemoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
 - HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
 - HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
 - Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
 - Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP)
- Note : Biological reference intervals are according to American Diabetes Association (ADA) Guidelines.

Test done from collected sample.

This is an electronically authenticated report.



Approved by: **Dr. Hiral Arora**

M.D. Biochemistry Page 10 of 13
Reg. No.: G-32999

Generated On : 12-Mar-2024 16:46

Approved On: 12-Mar-2024 13:57

TEST REPORT

Reg. No. : 403100378	Reg. Date : 12-Mar-2024 10:09	Ref.No :	Approved On : 12-Mar-2024 13:57
Name : Mrs. KRISHNAPRIYA			Collected On : 12-Mar-2024 10:14
Age : 31 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Bio-Rad CDM System
Bio-Rad Variant V-II Instrument #1

PATIENT REPORT
V2TURBO_A1c_2.0

Patient Data

Sample ID: 140303500301
 Patient ID:
 Name:
 Physician:
 Sex:
 DOB:

Analysis Data

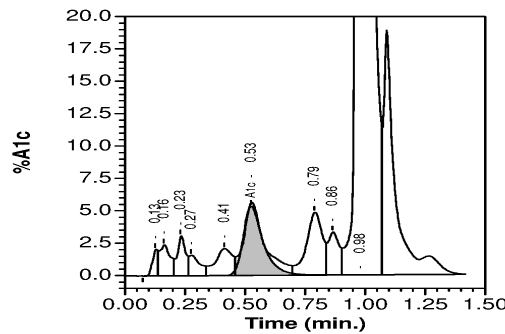
Analysis Performed: 12/03/2024 13:21:47
 Injection Number: 10942
 Run Number: 463
 Rack ID:
 Tube Number: 4
 Report Generated: 12/03/2024 13:48:32
 Operator ID:

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.5	0.126	6355
A1a	---	1.1	0.161	14421
A1b	---	1.0	0.230	14191
F	---	0.7	0.274	9521
LA1c	---	1.2	0.414	16877
A1c	5.3	---	0.525	60107
P3	---	3.2	0.788	43525
P4	---	1.5	0.863	20619
Ao	---	86.5	0.977	1184735

Total Area: 1,370,352

HbA1c (NGSP) = 5.3 %



Test done from collected sample.

This is an electronically authenticated report.



Approved by: *Hiral Arora*
Dr. Hiral Arora

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TEST REPORT

Reg. No. : 403100378 **Reg. Date** : 12-Mar-2024 10:09 **Ref.No** : **Approved On** : 12-Mar-2024 13:28
Name : Mrs. KRISHNAPRIYA **Collected On** : 12-Mar-2024 10:14
Age : 31 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <small>CMIA</small>	1.27	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	8.89	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) <small>CMIA</small>	1.445	µIU/mL	0.35 - 4.94

Sample Type: Serum

Comments:

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

Test done from collected sample.

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Approved by: Dr. Vidhi Patel

M.D BIOCHEMISTRY
Reg. No.:G-34739

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TEST REPORT

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Name : Mrs. KRISHNAPRIYA			Collected On : 12-Mar-2024 10:14
Age : 31 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>URINE ROUTINE EXAMINATION</u>			
<u>Physical Examination</u>			
Colour	Pale Yellow		
Clarity	Clear		
<u>CHEMICAL EXAMINATION (by strip test)</u>			
pH	6.0		4.6 - 8.0
Sp. Gravity	1.030		1.002 - 1.030
Protein	Nil		Absent
Glucose	Nil		Absent
Ketone	Nil		Absent
Bilirubin	Nil		Nil
Nitrite	Negative		Nil
Leucocytes	Nil		Nil
Blood	Absent		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Leucocytes (Pus Cells)	1-2		0 - 5/hpf
Erythrocytes (RBC)	Nil		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	Nil		Nil
Monilia	Nil		Nil
T. Vaginalis	Nil		Nil
Urine			

----- End Of Report -----

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Priya Krishna f/31 yrs.

- Overall good oral hygiene
- No caries detected

Priya



CONCEPT DIAGNOSTIC

ECG

1881 / KRISHNAPRIYA / 31 Yrs / F / 157Cms. / 72Kgs. / Non Smoker

Heart Rate : 84 bpm / Tested On : 09-Mar-24 14:03:25 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s



Normal

Reported By: DR PARTH THAKKAR



NAME :	KRISHNA PRIYA	DATE :	09/03/2024
AGE/SEX:	31Y/F	REG.NO :	00
REFERRED BY: HEALTH CHECK UP			

USG ABDOMEN

LIVER: normal in size & shows normal echotexture. No evidence of dilated IHBR. No evidence of focal or diffuse lesion. CBD & Portal vein appears normal.

GALL-BLADDER: normal, No evidence of Gall Bladder calculi.

PANCREAS: appears normal in size & echotexture, No evidence of peri-pancreatic fluid collection.

SPLEEN: normal in size & shows normal echogenicity.

KIDNEYS: Right kidney measures 96 x 35 mm. Left kidney measures 96 x 47 mm. Both kidneys appear normal in size & echotexture. No evidence of calculus or hydronephrosis on either side.

URINARY BLADDER: appears normal and shows minimal distension & normal wall thickness. No evidence of calculus or mass lesion.

UTERUS: normal in size and echopattern. No e/o adnexal mass seen on either side.

USG WITH HIGH FREQUENCY SOFT TISSUE PROBE:

Visualized bowel loops appears normal in caliber. No evidence of focal or diffuse wall thickening. No collection in RIF. No evidence of Ascites.

CONCLUSION:

- **NORMAL USG ABDOMEN.**

Dr. VIDHI SHAH
MD, RADIODIAGNOSIS

NAME :	KRISHNA PRIYA	DATE :	09/03/2024
AGE/SEX:	31Y/F	REG.NO :	00
REFERRED BY: HEALTH CHECK UP			

X-RAY CHEST PA VIEW

- Both lung fields are clear.
- No evidence of consolidation or Koch's lesion seen.
- Heart size is within normal limit.
- Both CP angles are clear.
- Both dome of diaphragm appear normal.
- Bony thorax under vision appears normal.



Dr. VIDHI SHAH
MD RADIODIAGNOSIS

NAME :	KRISHNA PRIYA	AGE/SEX:	31 Y/F
REF. BY:	HEALTH CHECK UP	DATE :	9-Mar-24

BILATERAL MAMMO-SONOGRAPHY:

Bilateral mammograms have been obtained using a low radiation dose film screen technique in the craniocaudal and oblique projections. Film markers are in the axillary/lateral portions of the breasts.

Findings

Both breasts are heterogeneously dense which may obscure small masses (ACR CATEGORY – C).

There is no obvious evidence of a focal spiculated mass lesion, architectural distortion, focal asymmetry or clusters of microcalcifications seen to suggest presence of a malignancy.

Nipple and subcutaneous tissues are normal.

No axillary lymphadenopathy.

Sonomammography done. No focal parenchymal lesion is seen on either side.

CONCLUSION:

- **No focal parenchymal lesion noted. BIRADS-1.**

BI-RADS: Assessment categories:

0-Needs supplementary / additional imaging.	4A- Low suspicious of malignancy, but needs intervention.
1-Negative - No findings.	4B/C- Intermediate / highly suspicious of malignancy
2-Benign findings.	5- Highly suggestive of malignancy.
3-Probably benign-short term follow-up suggested	6- Known case of malignancy.

Notes:

1. Not all breast abnormality show up on mammogram. The false negative rate of mammogram is approximately 10%. The management of palpable abnormality must be clinically correlated. If you detect lump or any other change in your breast before your next screening mammogram/sono-mammogram, consult your doctor immediately.
2. Diagnostic accuracy of mammography/sono-mammography is significantly increased when interpretation is performed with direct comparison with prior films (and not just reports). It is recommended that all prior breast imaging investigations are brought with you at the time of mammography/sono-mammography appointment.



Dr. VIDHI SHAH
MD RADIODIAGNOSIS



NAME	KRISHNAPRIYA		
AGE/ SEX	31 yrs / F	DATE	9.3.2024
REF. BY	Health Checkup	DONE BY	Dr. Parth Thakkar Dr. Abhimanyu Kothari

2D ECHO CARDIOGRAPHY & COLOR DOPPLER STUDY

FINDINGS:-

- Normal LV systolic function, LVEF=60%.
- No RWMA at rest.
- Normal LV Compliance.
- LV & LA are of normal size.
- RA & RV are of normal size.
- Intact IAS & IVS.
- All valves are structurally normal.
- No MR, Trivial AR, No PR.
- No TR, No PAH, RVSP=25mmHg.
- No Clots or vegetation.
- No evidence of pericardial effusion.
- IVC is normal in size and preserved respiratory variation.



MEASUREMENTS:-


LVIDD	38 (mm)	LA	28 (mm)
LVIDS	19 (mm)	AO	25 (mm)
LVEF	60%	AV cusp	
IVSD / LVPWD	10/10 (mm)	EPSS	

DOPPLER STUDY:-

Valve	Velocity (M/sec)	Max gradient (MmHg)	Mean gradient (Mm Hg)	Valve area Cm ²
Aortic	0.8	5		
Mitral	E:0.5 A:0.7			
Pulmonary	0.8	3.0		
Tricuspid	1.7	20		

CONCLUSION:-

- **Normal LV systolic function, LVEF=60%.**
- **No RWMA at rest.**
- Normal LV Compliance.
- All valves are structurally normal.
- No MR, Trivial AR, No PR.
- No TR, No PAH, RVSP=25mmHg.
- Normal IVC.


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