

Chandan Diagnostic

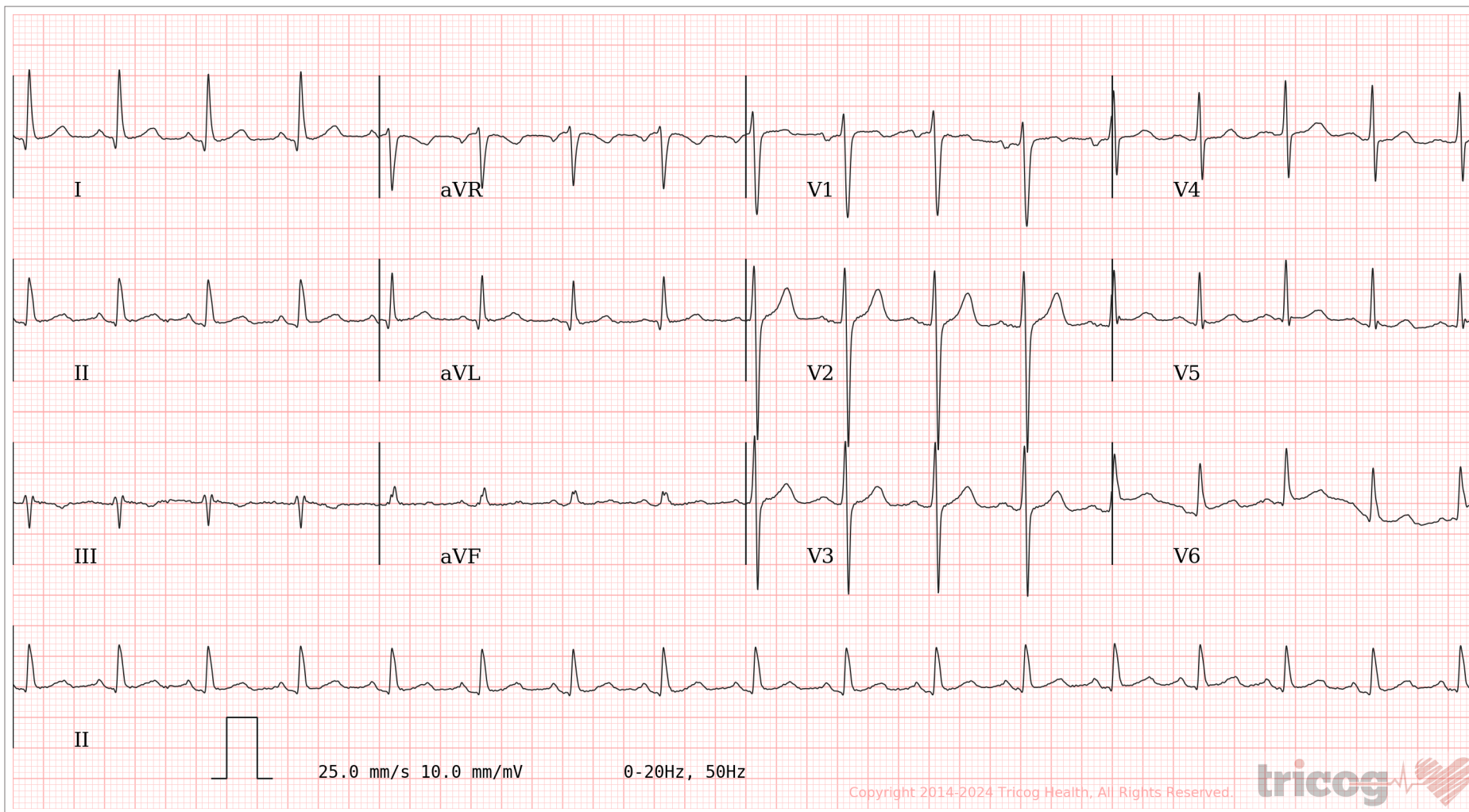
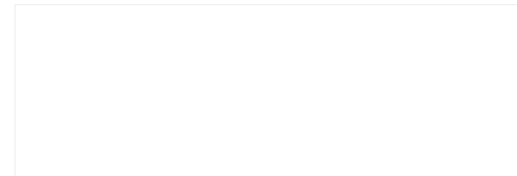


Age / Gender: 39/Male

Date and Time: 29th Mar 24 12:56 PM

Patient ID: CVAR0135142324

Patient Name: Mr.ANKUR SINGHAL - BOBE19243



AR: 102bpm VR: 102bpm QRSD: 88ms QT: 340ms QTcB: 443ms PRI: 138ms P-R-T: 27° 12° 16°

Abnormal: Sinus Tachycardia. Baseline artefacts. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr Surekha B

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

63382



CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795, 0542-3500227
CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANKUR SINGHAL - BOBE19243	Registered On	: 29/Mar/2024 10:04:45
Age/Gender	: 39 Y 2 M 0 D /M	Collected	: 29/Mar/2024 10:31:42
UHID/MR NO	: CVAR.0000049401	Received	: 29/Mar/2024 10:50:40
Visit ID	: CVAR0135142324	Reported	: 29/Mar/2024 14:04:46
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	O			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	14.80	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	7,700.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	66.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	16.00	Mm for 1st hr.		
Corrected	8.00	Mm for 1st hr.	<9	
PCV (HCT)	44.60	%	40-54	
Platelet count				
Platelet Count	2.43	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE





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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	4.88	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	91.50	fl	80-100	CALCULATED PARAMETER
MCH	30.40	pg	28-35	CALCULATED PARAMETER
MCHC	33.20	%	30-38	CALCULATED PARAMETER
RDW-CV	13.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,082.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	154.00	/cu mm	40-440	

S.N. Sinha

Dr.S.N. Sinha (MD Path)





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Patient Name	: Mr.ANKUR SINGHAL - BOBE19243	Registered On	: 29/Mar/2024 10:04:46
Age/Gender	: 39 Y 2 M 0 D /M	Collected	: 29/Mar/2024 14:49:17
UHID/MR NO	: CVAR.0000049401	Received	: 29/Mar/2024 14:52:46
Visit ID	: CVAR0135142324	Reported	: 29/Mar/2024 16:27:06
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING , Plasma

Glucose Fasting	103.90	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP Sample: Plasma After Meal	172.80	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

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UHID/MR NO	: CVAR.0000049401	Received	: 30/Mar/2024 11:53:37
Visit ID	: CVAR0135142324	Reported	: 30/Mar/2024 14:12:00
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLYCOSYLATED HAEMOGLOBIN (HbA1C) ** , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	7.70	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	62.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	174	mg/dl		

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

**Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated VARIANT II TURBO HPLC Analyser.

Clinical Implications:

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

*With optimal control, the HbA 1c moves toward normal levels.

*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy





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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
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c. Alcohol toxicity d. Lead toxicity

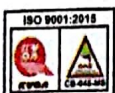
*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

*Pregnancy d. chronic renal failure. Interfering Factors:

*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.



Dr. Anupam Singh (MBBS MD Pathology)





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UHID/MR NO	: CVAR.0000049401	Received	: 29/Mar/2024 10:50:40
Visit ID	: CVAR0135142324	Reported	: 29/Mar/2024 15:45:18
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) <i>Sample: Serum</i>	8.80	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample: Serum</i>	1.10	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid <i>Sample: Serum</i>	3.60	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	27.70	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	32.60	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	25.10	IU/L	11-50	OPTIMIZED SZAIZING
Protein	6.80	gm/dl	6.2-8.0	BIURET
Albumin	4.00	gm/dl	3.4-5.4	B.C.G.
Globulin	2.80	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.43		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	72.40	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.60	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	117.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	46.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	54	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	16.32	mg/dl	10-33	CALCULATED
Triglycerides	81.60	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-P

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Patient Name	: Mr.ANKUR SINGHAL - BOBE19243	Registered On	: 29/Mar/2024 10:04:46
Age/Gender	: 39 Y 2 M 0 D /M	Collected	: 29/Mar/2024 15:19:38
UHID/MR NO	: CVAR.0000049401	Received	: 29/Mar/2024 15:20:34
Visit ID	: CVAR0135142324	Reported	: 29/Mar/2024 16:06:15
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE* , Urine

Color	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic (6.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

SUGAR, FASTING STAGE* , Urine

Sugar, Fasting stage	ABSENT	gms%	
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Interpretation:





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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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(+) < 0.5
(++) 0.5-1.0
(+++) 1-2
(++++) > 2

SUGAR, PP STAGE* , Urine

Sugar, PP Stage PRESENT (++)

Interpretation:

(+) < 0.5 gms%
(++) 0.5-1.0 gms%
(+++) 1-2 gms%
(++++) > 2 gms%

S.N. Sinha

Dr.S.N. Sinha (MD Path)





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Age/Gender	: 39 Y 2 M 0 D /M	Collected	: 29/Mar/2024 10:31:42
UHID/MR NO	: CVAR.0000049401	Received	: 30/Mar/2024 09:59:00
Visit ID	: CVAR0135142324	Reported	: 30/Mar/2024 11:51:13
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total ** Sample: Serum	0.94	ng/mL	<4.1	CLIA

Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

Dr. Anupam Singh (MBBS MD Pathology)





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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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THYROID PROFILE - TOTAL * , Serum

T3, Total (tri-iodothyronine)	101.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	10.20	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.600	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

S.N. Sinha

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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA *

X-Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

IMPRESSION

*** NO OBVIOUS DETECTABLE ABNORMALITY SEEN**

Dr Raveesh Chandra Roy (MD-Radio)





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Visit ID	: CVAR0135142324	Reported	: 29/Mar/2024 14:54:55
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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver measures **15.1 cm in midclavicular line. Mild diffuse increase in liver echogenicity noted.** No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is (**10.3 mm in caliber**) not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is (**3.7 mm in caliber**) not dilated.
- The gall bladder is **normal** in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

- **Right kidney:-**
 - ◊ Right kidney is normal in size, measuring ~ **10.6 x 3.9 cms.**
 - ◊ Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
 - ◊ Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.
- **Left kidney:-**
 - ◊ Left kidney is normal in size, measuring ~ **11.5 x 5.0 cms.**
 - ◊ Cortical echogenicity is normal. Pelvicalyceal system is not dilated.
 - ◊ Cortico-medullary demarcation is maintained. Parenchymal thickness appear normal.

SPLEEN

- The spleen is normal in size (~ **10.5 cm in its long axis**) and has a normal homogenous echo-





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CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANKUR SINGHAL - BOBE19243	Registered On	: 29/Mar/2024 10:04:48
Age/Gender	: 39 Y 2 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000049401	Received	: N/A
Visit ID	: CVAR0135142324	Reported	: 29/Mar/2024 14:54:55
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

texture.

ILIAF FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or large mass.

URETERS

- The upper parts of both the ureters are normal.
- Bilateral vesicoureteric junctions are normal.

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and regular.
- **Pre-void urine volume is ~ 81 cc.**

PROSTATE

- The prostate gland is normal in size (~ **35 x 29 x 28 mm / 15 gms**) and normal in echotexture with smooth outline. No median lobe indentation is seen.

FINAL IMPRESSION:-

- **MILD GRADE FATTY LIVER**
- **REST OF THE ABDOMINAL ORGANS ARE NORMAL.**

Adv : Clinico-pathological-correlation /further evaluation & Follow up

*** End Of Report ***

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, Tread Mill Test (TMT)

Dr Raveesh Chandra Roy (MD-Radio)





CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795,0542-3500227
CIN : U85110DL2003PLC308206



Patient Name	: Mr.ANKUR SINGHAL	Registered On	: 29/Mar/2024 13:22:57
Age/Gender	: 39 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000049431	Received	: N/A
Visit ID	: CVAR0135452324	Reported	: 29/Mar/2024 13:51:58
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF CARDIOLOGY-2D-ECHO

2D ECHO *

TRANSTHORACIC ECHO-DOPPLER REPORT

M-Mode/2-D Description :

- Left Ventricle:
- It is normal sized. The wall does not show hypertrophy or thinning.
- No Regional Wall Motion Abnormality. Global LVEF = 66 %.
- Left Atrium: It is normal sized.
- Right Atrium:It is normal sized.
- Right Ventricle: It is normal sized. RV systolic function is normal.
- Aortic Valve: Aortic cusps are normal.
- Mitral Valve: It opens normally.
- Tricuspid valve: It appears normal.
- Pulmonic Valve: It appears normal.
- Main Pulmonary artery & its branches: Appear normal.
- Pericardium: There is no pericardial effusion.
- Inter Atrial Septum: It is intact.
- Inter ventricular Septum: It is intact.

Measurements (mm):

	Observed Values	Normal Values
Aortic root diameter	32.4 mm	20-36 (22mm/M ²)
Aortic Valve Opening	20.3 mm	15-26
Left Atrium size	32.7 mm	19-40
•	End Diastole	End Systole Normal Values
Left Ventricle size	42.2 mm	26.7 mm (ED= 37-56)
Interventricular Septum	10.7 mm	(ED= 6-12)
Posterior Wall Thicknes	8.3 mm	(ED= 5-10)
LV Ejection Fraction(%)	66 %	55%-80%

- Regurgitation





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DEPARTMENT OF CARDIOLOGY-2D-ECHO

<u>MR</u>		<u>TR</u>	
Severity	Nil	Severity	Nil
Max Velocity		RVSP	
<u>AR</u>		<u>PR</u>	
Severity	Nil	Severity	Nil

• Doppler velocities (cm/sec)

	<u>Pulmonary valve</u>	<u>Aortic valve</u>
Max velocity	80	Max velocity 130
		Mean Velocity
		Max PG
		Mean PG
Mitral valve		Tricuspid valve
E	Max PG =	Max Velocity 60
	96	
	Max Velocity =	
A	73	TAPSE (> 1.5)
DT	103	E/E' (< 6)
E/E'	Mean PG =	
	Mean Velocity =	

OBSERVATION:

1. No Regional wall motion abnormality. Global LVEF= 66%
2. Normal LV, LA, RV, RA chamber dimensions.
3. Normal cardiac valves.
4. No MR, No TR (RVSP = Normal) No AR.





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DEPARTMENT OF CARDIOLOGY-2D-ECHO

5. Normal Mitral Inflow Pattern.
6. No Intracardiac clot/mass/pericardial pathology.
7. No ASD /VSD /PDA / coarctation.

IMPRESSION-

- **2 D Echo Colour Doppler Study within normal Limits.**

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.



Dr. Ankit Krishna Agarwal
M.B.B.S., MD, DM Cardiologist

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *
365 Days Open *Facilities Available at Select Location

