



696498

Mrs Beiyadasthivi
36y/f

Vitals :

Chief Complaints :

Routine

H/O Present Illness :

HT → 6/6
|
— 6/6 unaddled

MCT → 20
|
— 19.0

Past History :

HT → M6
|
— M6

Investigation :

Drug Allergies : (if any)

Treatment :

Colon Mirin - Normal (BE)

Height - 161 cm

Weight - 87 kg

BP - ~~126/63 mm/Hg~~
111/65 mm/Hg

Fundus - Normal



9/03/24



Park Hospital

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Dermatology



Name - Priyadarshini Riche

Age - 36y / F

RY-

Jaw-

Vitals :

Chief Complaints :

- ACNESOL NL gel

H/O Present Illness :

(JA) (M) _____
α 2 weeks

Past History :

NL

- BENZAC AC 2.5%
gel

Investigation :

Drug Allergies : (if any)

N/A

(JA) _____ (N)
α 2 weeks

Treatment :

- RESU GLOW jaw
wash α 2 weeks
- ACNEMOIST Cream

RYV SOS



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E-mail: parkhospitalsgg@gmail.com

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Priyadarshini 26yrs/F 09/05/2018

PIU for General health check up.

Vitals :

Chief Complaints :

Breast - RL lump

H/O Present Illness :

PI - 2/eyes no
LCS, A & H

Past History :

PIA - safe

UOI - 14/02/2020

Investigation :

Drug Allergies : (if any)

PI - healthy discharge

cycles 55/30 d
no flow

Treatment :

D/O - Uterus
NS
A/O
RL for mass per
no previous
feverish

No H/O major
medical illness

IP
PAPS

IP
use RL
Breast

(not required as
patient already
did eye test
NZN
use



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R

① CANBOLT CC PESSARY FOR
VAGINAL INSERTION AT
BED TIME 1 NIGHT

Review : orph

Rowe



Vitals :

Chief Complaints :

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :



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GROUP SUPER SPECIALITY HOSPITAL



ENT
Ear
Noise
think x/An

Vitals :

Chief Complaints :

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :



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the health care providers

the health care providers



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. PRIYADARSHINI RICHA
MR No : 896446
Age/Sex : 36 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 09/03/2024
Reporting Date : 11/03/2024
Sample ID : 258156
Bill/Req. No. : 25261838
Ref Doctor : Dr.RMO

Test	Result	Blo. Ref. Interval	Units	Method
BLOOD SUGAR FASTING				
PLASMA GLUCOSE FASTING	85.7	60 - 110	mg/dl	GOD TRINDERS

***** END OF THE REPORT *****



Sample no.

Dr. JAY PRAKASH SINGH
MBBS, MD (PATHOLOGY)

Dr. ISHA RASTOGI
MD, MBBS MICROBIOLOGY
CONSULTANT CLINICAL MICROBIOLOGIST

USER NM



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Q Block, South City -II, Sohna Road, Sector-47, Gurgaon, Haryana

Ph.: 0124-4900000 (100 Lines), Toll Free No. : 1800-102-6767, Mob.: 62 62 82 82 35, Email: customercare@parkhospital.

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Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR 2 HR. PP				
BLOOD SUGAR P.P.	82.2	80 - 150	mg/dl	

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Test	Result	Bio. Ref. Interval	Units	Method
URINE ROUTINE AND MICROSCOPY				
PHYSICAL CHARACTERISTICS				
QUANTITY	40ml	5 - 100	ml	Manual Method
COLOUR	Pale Yellow	Pale Yellow		
TURBIDITY	Clear	clear		
SPECIFIC GRAVITY	1.010	1.000-1.030		urinometer
PH - URINE	6.5	5.0 - 9.0		PH PAPER
CHEMICAL EXAMINATION-1				
UROBILINOGEN	Negative	NIL		Ehrlich
URINE PROTEIN	Absent	NIL	mg/dl	Protein error indicator
BLOOD	NIL	NIL		
URINE BILIRUBIN	NIL	NIL		
GLUCOSE	NIL	NIL	mg/dL	GOD-POD/Benedicts SOD.
URINE KETONE	NIL	NIL		
MICRO EXAMINATION				
PUS CELL	4-6	0-5	cells/hpf	Microscopic
RED BLOOD CELLS	Nil	0-2	cells/hpf	
EPITHELIAL CELLS	1-3	0-5	cells/hpf	
CASTS	nil	NIL	/pf	
CRYSTALS	nil	NIL	/Lpf	
OTHER	nil			
AMORPHOUS URINE	Absent			MicroScopy

***** END OF THE REPORT *****



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Dr. ISHA RASTOGI
 MD, MBBS MICROBIOLOGY
 CONSULTANT CLINICAL MICROBIOLOGIST

USER NM

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 Q Block, South City -II, Sohna Road, Sector-47, Gurgaon, Haryana

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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mrs. PRIYADARSHINI RICHA
MR No : 696446
Age/Sex : 36 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 09/03/2024
Reporting Date : 09/03/2024
Sample ID : 258156
Bill/Req. No. : 25261838
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD GROUPING AND RH FACTOR				
BLOOD GROUP	* A * RH POSITIVE			ABO/Rh (D) SLIDE

***** END OF THE REPORT *****



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MBBS, MD (PATHOLOGY)

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MD, MBBS MICROBIOLOGY
CONSULTANT CLINICAL MICROBIOLOGIST

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GAURAV



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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mrs. PRIYADARSHINI RICHA
 MR No : 696446
 Age/Sex : 36 Years / Female
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 09/03/2024
 Reporting Date : 09/03/2024
 Sample ID : 258156
 Bill/Req. No. : 25261638
 Ref Doctor : Dr.RMO

Test	Result		Bio. Ref. Interval	Units	Method
CBC					
HAEMOGLOBIN	11.7	L	12 - 15	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	5590		4000-11000	/ μ L	LASER FLOW
DIFFERENTIAL COUNT					
NEUTROPHILS	70		40.0 - 70.0	%	FLOW CYTOMETRY
LYMPHOCYTES	25		20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	03		3.0 - 8.0	%	FLOW CYTOMETRY
EOSINOPHILS	02		0.5 - 5.0	%	FLOW CYTOMETRY
BASOPHILS	00		0.0 - 2.0	%	FLOW CYTOMETRY
RED BLOOD CELL COUNT	4.2		3.5 - 5.5	millions/ μ L	ELECTRICAL
PACKED CELL VOLUME	33.9	L	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	79.1	L	83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	27.3		27 - 31	Picogrammes	CALCULATED
MEAN CORPUSCULAR HB CONC	34.5		33 - 37	g/dl	CALCULATED
PLATELET COUNT	178		150 - 450	thou/ μ L	ELECTRICAL
RDW	14.9	H	11.6 - 14.5	%	CALCULATED
SAMPLE TYPE FOR C.B.C	Whole Blood EDTA				

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ANIL



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Sample ID : 258156
Bill/Req. No. : 25261838
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
ESR (WESTERGREN)				
E.S.R .1ST HRS.	32	H 0 - 20	mm/Hr.	Westergren

Method : (Capillary photometry)

- Note :
1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
 2. Test conducted on EDTA whole blood at 37C.
 3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.

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DEPARTMENT OF MICROBIOLOGY

Patient Name : Mrs. PRIYADARSHINI RICHA
 MR No : 696446
 Age/Sex : 36 Years / Female
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

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 Sample ID : 258156
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 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
URINE C/S				
NAME OF SPECIMEN	Urine (Uncentrifuged)			Aerobic culture
ORGANISM IDENTIFIED	NO ORGANISM GROWN IN CULTURE AFTER 48HRS OF INCUBATION AT 37 C DEGREE.			

Method : .

Note : URINE CULTURE :

Presence of >105 cfu/ml (100000) in midstream urine sample is considered clinically significant. However in symptomatic, immune compromised or diabetic patients & patients with indwelling catheters, even a smaller count of bacteria may signify infection (100-10000cfu/ml). Kindly correlate clinically.

***** END OF THE REPORT *****



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Dr. JAY PRAKASH SINGH
 MBBS, MD (PATHOLOGY)

Dr. ISHA RASTOGI
 MD, MBBS MICROBIOLOGY
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USER NM

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 Q Block, South City -II, Sohna Road, Sector-47, Gurgaon, Haryana

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DEPARTMENT OF IMMUNOLOGY

Patient Name : Mrs. PRIYADARSHINI RICHA
 MR No : 696446
 Age/Sex : 36 Years / Female
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 09/03/2024
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 Sample ID : 258156
 Bill/Req. No. : 25261838
 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
THYROID PROFILE				
TRI-IODOTHYRONINE (T3)	1.35	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	9.5	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	1.71	0.5-5.50 ,	µIU/ml	
SPECIMEN TYPE	SERUM			

Method : chemiluminescent immunoassay

Note : Clinical Significance:

Thyroid function tests (TFTs) is a collective term for blood tests used to check the function of the thyroid. TFTs may be requested if patient is thought to suffer from hyperthyroidism (overactive thyroid) or hypothyroidism (underactive thyroid), or to monitor the effectiveness of either thyroid-suppression or hormone replacement therapy. It is also requested routinely in conditions linked to thyroid disease, such as atrial fibrillation and anxiety disorder. A TFT panel typically includes thyroid hormones such as thyroid-stimulating hormone (TSH, thyrotropin) and thyroxine (T4), and triiodothyronine (T3) depending on local laboratory policy.

Note: Please correlate with clinical condition

***** END OF THE REPORT *****



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Dr. ISHA RASTOGI
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USER NM

DINESH



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 Q Block, South City -II, Sohna Road, Sector-47, Gurgaon, Haryana

Ph.: 0124-4900000 (100 Lines), Toll Free No. : 1800-102-6767, Mob.: 62 62 82 82 35, Email: customercare@parkhospital.com

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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. PRIYADARSHINI RICHA
MR No : 696446
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TPA/Corporate : MEDIWHEEL PVT LTD

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Bill/Req. No. : 25261838
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
LFT (LIVER FUNCTION TEST)				
LFT				
TOTAL BILIRUBIN	0.46	0 - 1.2	mg/dL	DIAZO
DIRECT BILIRUBIN	0.33	0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.13	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	20.6	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	27.9	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	75.9	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	7.6	6.4 - 8.0	g/dL	BIURET
ALBUMIN	4.5	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	3.1	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.45	1.1 - 2.2		CALCULATED
SAMPLE TYPE:	SERUM			

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Test	Result	Bio. Ref. Interval	Units	Method
KFT (RENAL PROFILE)				
KFT				
SERUM UREA	30.6	10 - 45	mg/dL	MODIFIED JAFFES
SERUM CREATININE	1.1	0.4 - 1.4	mg/dL	URICASE
SERUM URIC ACID	2.3 L	2.5 - 7.0	mg/dL	ISE
SERUM SODIUM	137	135 - 150	mmol/L	ISE
SERUM POTASSIUM	4.6	3.5 - 5.5	mmol/L	ISE
SERUM CALCIUM	8.5	8.5 - 10.5	mg/dL	ARSENazo III
SERUM PHOSPHORUS	2.7	2.5 - 4.5	mg/dL	AMMONIUM
SAMPLE TYPE:	SERUM			

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Test	Result	Bio. Ref. Interval	Units	Method
LIPID PROFILE				
LIPID PROFILE				
TOTAL CHOLESTEROL	177.0	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	158.6	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	58.0	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	31.72	6 - 32	mg/dL	calculated
LDL	87.28	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	1.5	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	3.05	2.0 - 5.0	mg/dl	calculated
SAMPLE TYPE:	SERUM			

Note : ATP III Guidelines At-A-Glance Quick Desk Reference

Step 1 - Determine lipoprotein levels obtain complete lipoprotein profile after 9- to 12-hour fast.

ATP III Classification of LDL, Total, and HDL Cholesterol (mg/dL):-

LDL Cholesterol Primary Target of Therapy
 <100 Optimal
 130-159 Borderline high
 >190 Very high.

Total Cholesterol
 <200 Desirable
 200-239 Borderline high
 >240 High

HDL Cholesterol
 <40 Low
 >60 High

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DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. PRIYADARSHINI RICHA	Billed Date	: 09/03/2024
Reg No	696446	Reported Date	: 09/03/2024
Age/Sex	36 Years / Female	Req. No.	: 25261838
Type	OPD	Consultant Doctor	: Dr. RMO

USG WHOLE ABDOMEN

The real time, B mode, gray scale sonography of the abdominal organs was performed.

LIVER : The liver is normal in size, shape and echotexture. No evidence of any focal lesion. IHBR is not dilated.

GALL BLADDER : The gall bladder is well distended. No evidence any calculus or mass seen. GB wall thickness with in normal limits. No evidence of pericholecystic fluid is seen.

BILE DUCT :The common bile duct is normal in caliber. No evidence of calculus is noted in common bile duct.

SPLEEN :The spleen is normal in size and shape.Its echotexture is homogeneous.No evidence of focal lesion is noted.

PANCREAS :The pancreas is normal in size, shape, contours and echotexture.No evidence of solid or cystic mass lesion is noted.MPD is not dilated. No evidence of peripancreatic collection.

KIDNEYS : The bilateral kidneys are normal in size and echotexture. Cortico-medullary differentiation is maintained.There is no evidence of obvious calculus or hydronephrosis.

URINARY BLADDER :The urinary bladder is well distended.It shows uniformly thin walls and sharp mucosa.No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

UTERUS: The uterus is anteverted. It measures 89 x 36 x 44 mm. in the longitudinal, antero-posterior and transverse dimensions respectively.The uterine margins are smooth and does not reveal any contour abnormality and not the diagnosis, please correlate clinically)



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The uterine myometrium shows homogeneous echotexture.
No evidence of leiomyoma is noted. No solid or cystic mass lesion is noted.
The endometrial echo is in the midline and measures 5.2 mm.
The ovaries on the either side show normal echotexture.
No adnexal mass is seen.No cyst is seen in ovaries.
No evidence of ascites or interbowel free fluid is seen.
No evidence of obvious retroperitoneal or mesentric lymphadenopathy is seen.
IMPRESSION- No obvious abnormalities noted.

To be correlated clinically.



Dr. ANSHU SHARMA
MBBS, MD
CONSULTANT RADIOLOGIST

Dr. MANJEET SEHRAWAT
MBBS, MD, PDCC
CONSULTANT RADIOLOGIST

ALISHA KHAN
MEDICAL TRANSCRIPTIONIST

Dr. NEENA SIKKA
MBBS, DNB
CONSULTANT RADIOLOGIST

RAJNISH S
MEDICAL
TRANSCRIPTIONIST

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DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. PRIYADARSHINI RICHA	Billed Date	: 09/03/2024
Reg No	696446	Reported Date	: 09/03/2024
Age/Sex	36 Years / Female	Req. No.	: 25261838
Type	OPD	Consultant Doctor	: Dr. RMO

X-RAY CHEST AP/PA

X-RAY CHEST P.A. VIEW

Bilateral lungs appears normal.

No focal lung lesion seen.

No evidence of free fluid is seen.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal for patient age and view.

The domes of the diaphragms are normal in position, and show smooth outline.

To be correlated clinically


Dr. ANSHU K. SHARMA
MBBS, MD
CONSULTANT RADIOLOGIST

Dr. MANJEET SEHRAWAT
MBBS, MD, PDCC
CONSULTANT RADIOLOGIST

ALISHA KHAN
MEDICAL TRANSCRIPTIONIST

Dr. NEENA SIKKA
MBBS, DNB
CONSULTANT RADIOLOGIST

RAJNISH SHARMA
MEDICAL
TRANSCRIPTIONIST



Cart. No. H-2015-0389

(This is only professional opinion and not the diagnosis, please correlate clinically)

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NAME	: MRS. PRIYADARSHINI RICHA	DATE	: 9 / 3 / 2024
Age Sex	: 36 Years / Female	Inpatient No	: 696446
PERFORMED BY	: Dr. SACHIN BANSAL	UHID	: 25261838

TRANS THORACIC ECHO CARDIOGRAPHY REPORT

MITRAL VALVE

Morphology AML: Normal / Thickening / Calcification / Flutter / Vegetation / Non significant Prolapse / SAM

PML: Normal / Thickening / Calcification / Prolapse / Paradoxical Motion / Fixed.
Subvalvular deformity: Present / Absent

Doppler Normal / Abnormal

Mitral Stenosis Present / Absent

Mitral Regurgitation; Absent / Normal / Mild / Trace / Moderate / Severe / Trivial

TRICUSPID VALVE

Morphology Normal / Atresia / Thickening / Calcification / Prolapse / Vegetation / Doming.

Doppler Normal / Abnormal

Tricuspid Stenosis : Present / Absent.

Tricuspid Regurgitation; Absent / Normal / Mild / Trace / Moderate / Severe.

PULMONARY VALVE

Morphology Normal / Atresia / Thickening / Calcified / Doming / Vegetation.

Doppler Normal / Abnormal.

Pulmonary stenosis : Present / Absent

Pulmonary regurgitation : Present / Absent

AORTIC VALVE

Morphology Normal / Thickened / Mildly / Calcified / Flutter / Vegetation / Restricted / Opening

No. of Cusps

1 / 2 / 3 / 4

Doppler Normal / Abnormal

Aortic Stenosis : Present / Absent

Aortic regurgitation : Present / Absent / Mild / Trace



H-2016-0200

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<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal Value</u>
IVSD : 0.8cm	(0.6-1.1cm)	LA : 2.6cm	(1.9-4.0cm)
LVID : 4.5cm	(3.7-5.6cm)	LVOT : 1.2cm	
LVPW : 0.6cm	(0.6-1.1cm)	AORTA : 2.0cm	(2.0-3.7cm)
EF : 55-60%	(55% - 80%)	IVSmotion :	Normal / Flat / Paradoxical
Any Other			

CHAMBERS:-

- LV **Normal** / Enlarged / **Clear** / Thrombus /
 Contraction Normal LV shows concentric LVH, no gradient across LVOT /Inetic / Intra capillary
 Regional wall motion abnormality: **Absent**/ Present
- LA **Normal** /Enlarged / Clear /Thrombus / Myxoma; **LAA: Clear** / Thrombus
- RA **Normal** / **Clear** / Thrombus, Dilated.
- RV **Normal** / Enlarged / **Clear** / Thrombus / Hypertrophied/ Dilated.
- PERICARDIUM **Normal** / Thickening / Calcification / Effusion.

COMMENTS & SUMMARY:-

- All cardiac chambers dimensions are with in normal limits.
- Global LVEF – 55-60%
- No RWMA
- NORMAL LV FUNCTION
- NO MR / NO AR / NO TR
- GOOD RV FUNCTION
- No Flow seen across IAS/IVS.
- No Thrombus/Mass in any chamber.
- No Pericardial Effusion.

Please correlate clinically

Dr. SACHIN BANSAL
 M.D.(Medicine)
 D.M.(Cardiology)



H-2016-0388

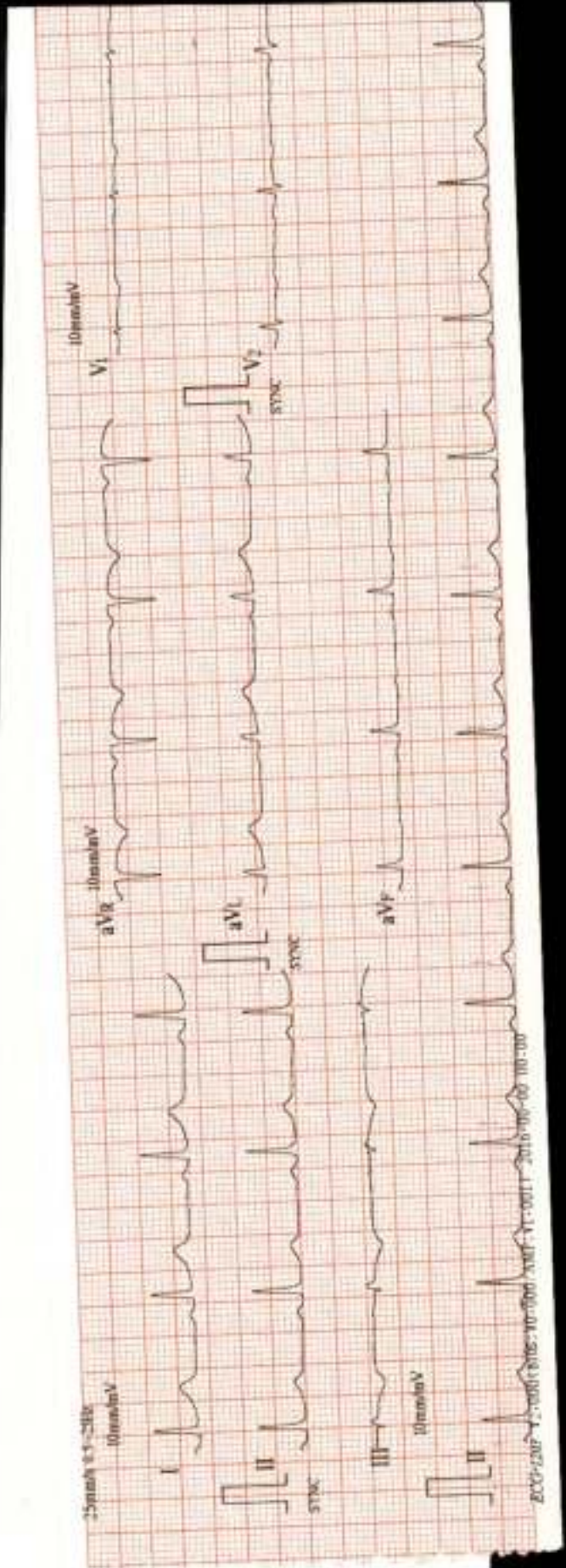
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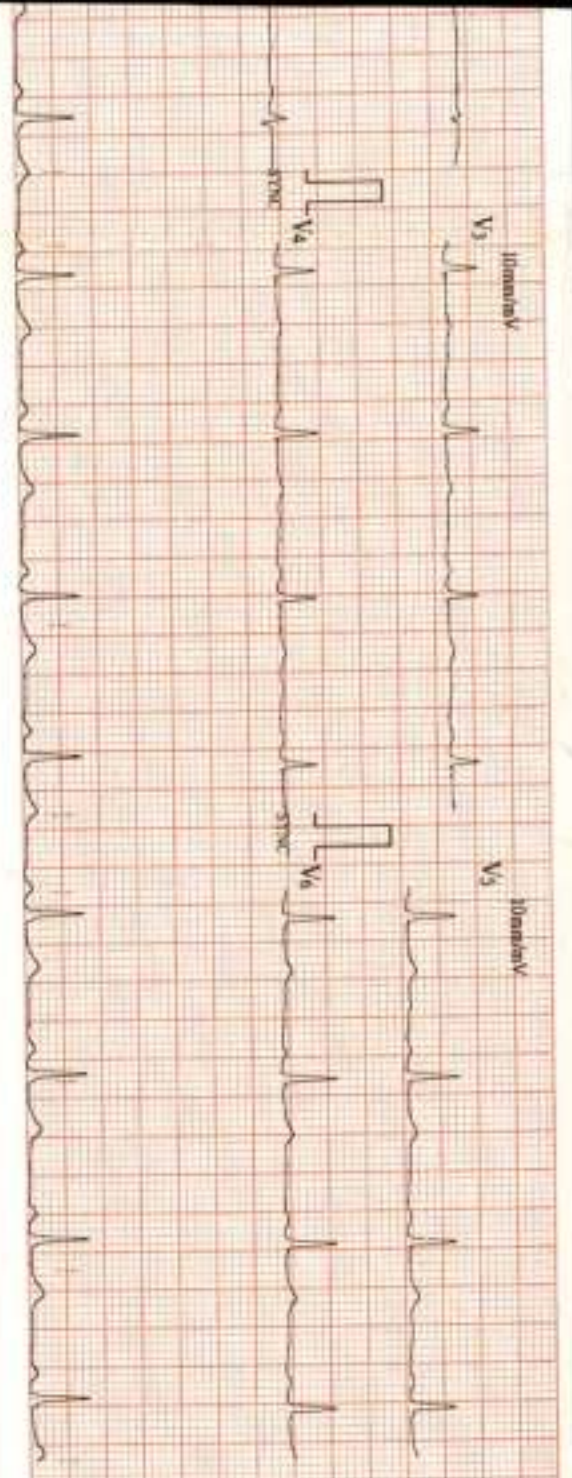
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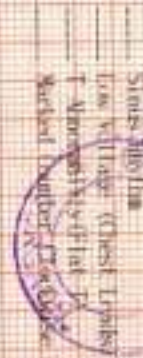


HR : 70
 PR : 160
 QRS : 80
 QT : 385
 QTc : 416

IP : 0005
 Name : Mrs. Parvathy K. K.
 Sex : Female
 Age : 35y

Unconfirmed report. Verified by:

Sinus rhythm
 Low Voltage (Chest Leads)
 T-Minor (V1-V4)
 Method Number: 120403



09/03/2021