भारत सरकार

आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2091/03831/11331

To
शीला कुमारी मीणा
Sheela Kumari Meena
W/O Vikrant Meena
30
Jamuna Puri
Murlipura Schime
Jaipur
Jaipur Rajasthan - 302013
9558443943

Signature Not Verified

आपका आधार क्रमांक / Your Aadhaar No. :

5508 8323 7585

VID : 9129 5011 1059 1278

मेरा आधार, मेरी पहचान

Government of India

AADHAAR

सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- आधार विशिष्ट और सुरक्षित है।
- सुरक्षित क्यूआर कोड/ऑफ़लाइन एक्सएमएल/ऑनलाइन प्रमाणीकरण का उपयोग करके पहचान सत्यापित करें।
- आधार के सभी रूप जैसे आधार पत्र, पीवीसी कार्ड, ई-आधार और एम-आधार समान रूप से मान्य हैं। १२ अंकों की आधार संख्या के स्थान पर आभासी (वर्चुअल) आधार पहचान (VID) का भी उपयोग किया जा सकता है।
- १० साल में कम से कम एक बार आधार अपडेट जरूर करें।
- आधार आपको विभिन्न सरकारी और गैर-सरकारी योजनाओं /सेवाओं का लाभ उठाने में मदद करता है।
- आधार में अपना मोबाइल नंबर और ई-मेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ उठाने के लिए स्मार्टफोन पर mAadhaar ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स को लॉक/अनलॉक करने की विशेषता का उपयोग सुरक्षा सुनिश्चित करने के लिए करें।
- आधार (पत्र/ नंबर) चाहने वाली संस्थायों को उचित सहमति लेने के लिए बाध्य किया गया है।

- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
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- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
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- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.

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Sheela Kumari Meena
जन्म तिथि/DOB: 28/12/1980
महिला/ FEMALE

Issue Date: 02/04/2012

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पता:
W/O विक्रांत मीणा, ३०, जमुना पूरी, मुरलीपुरा स्कीम, जयपुर, जयपुर, राजस्थान - 302013

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Patient ID	**1224976** Patient Mob No.9558443943	Registered On	24/08/2024 09:15:24
NAME	**Mrs. SHEELA KUMARI MEENA**	Collected On	24/08/2024 09:51:40
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Ref. By	BANK OF BARODA	Printed On	26/08/2024 13:33:06
Lab/Hosp	Mr.MEDIWHEEL		

HAEMOGARAM

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP ABOVE 40FEMALE			
HAEMOGLOBIN (Hb)	**10.3** L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	5.20	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	**39.0** L	%	40.0 - 80.0
LYMPHOCYTE	**55.0** H	%	20.0 - 40.0
EOSINOPHIL	2.6	%	1.0 - 6.0
MONOCYTE	3.4	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	3.84	x10^6/uL	3.80 - 4.80
HEMATOCRIT (HCT)	**32.60** L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	85.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	**26.8** L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.6	g/dL	31.5 - 34.5
PLATELET COUNT	172	x10^3/uL	150 - 410
RDW-CV	13.9	%	11.6 - 14.0

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HAEMATOLOGY

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Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR) Methord - Westergreen	11	mm in 1st hr	00 - 20

The erythrocyte sedimentation rate (ESR or sed rate) is a relatively simple, inexpensive, non-specific test that has been used for many years to help detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases.ESR is said to be a non-specific test because an elevated result often indicates the presence of inflammation but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other tests, such as C-reactive protein.ESR is used to help diagnose certain specific inflammatory diseases, including temporal arteritis, systemic vasculitis and polymyalgia rheumatica. (For more on these, read the article on Vasculitis.) A significantly elevated ESR is one of the main test results used to support the diagnosis.This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as

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(CBC): Methodology: TLC,DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance and MCH,MCV,MCHC,MENTZER INDEX are calculated. **InstrumentName**: Sysmex 6 part fully automatic analyzer XN-L,Japan

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method - GLUCOSE OXIDASE/PEROXIDASE	82.5	mg/dl	70.0 - 115.0

Impaired glucose tolerance (IGT)	111 - 125 mg/dL
Diabetes Mellitus (DM)	> 126 mg/dL

Instrument Name: HORIBA CA60 Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm,
hyperthyroidism and adrenal cortical hyper-function as well as other disorders.Decreased glucose levels(hypoglycemia) may result from excessive insulin
therapy or various liver diseases .

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C)			
Method:- CAPILLARY with EDTA	**8.9** H	%	Non-diabetic: < 5.7 Pre-diabetics: 5.7-6.4 Diabetics: = 6.5 or higher ADA Target: 7.0 Action suggested: > 6.5
MEAN PLASMA GLUCOSE Method:- Calculated Parameter	**208** H	mg/dL	68 - 125

INTERPRETATION

AS PER AMERICAN DIABETES ASSOCIATION (ADA)
Reference Group HbA1c in %
Non diabetic adults >=18 years < 5.7
At risk (Prediabetes) 5.7 - 6.4
Diagnosing Diabetes >= 6.5

CLINICAL NOTES

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-8 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.
Some of the factors that influence HbA1c and its measurement [Adapted from Gallagher et al]

1. Erythropoiesis
- Increased HbA1c: iron, vitamin B12 deficiency, decreased erythropoiesis.
- Decreased HbA1c: administration of erythropoietin, iron, vitamin B12, reticulocytosis, chronic liver disease.

2. Altered Haemoglobin-Genetic or chemical alterations in hemoglobin: hemoglobinopathies, HbF, methemoglobin, may increase or decrease HbA1c.

3. Glycation
- Increased HbA1c: alcoholism, chronic renal failure, decreased intraerythrocytic pH.
- Decreased HbA1c: certain hemoglobinopathies, increased intra-erythrocyte pH

4. Erythrocyte destruction
- Increased HbA1c: increased erythrocyte life span: Splenectomy.
- Decreased A1c: decreased RBC life span: hemoglobinopathies, splenomegaly, rheumatoid arthritis or drugs such as antiretrovirals, ribavinn & dapsone.

5. Others
- Increased HbA1c: hyperbilirubinemia, carbamylated hemoglobin, alcoholism, large doses of aspirin, chronic opiate use,chronic renal failure
- Decreased HbA1c: hypertriglyceridemia,reticulocytosis, chronic liver disease, aspirin, vitamin C and E,splenomegaly, rheumatoid arthritis or drugs

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HAEMATOLOGY

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Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO Methord - Haemagglutination reaction	"B" POSITIVE		

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
SERUM TOTAL CHOLESTEROL Methord - CHOLESTEROL OXIDASE/PEROXIDASE	165.00	mg/dl	Desirable <200 Borderline 200-239 High> 240
InstrumentName:HORIBA **Interpretation:** Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
SERUM TRIGLYCERIDES Methord - GLYCEROL PHOSPHATE OXIDASE/PEROXIDASE	54.90	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
InstrumentName:Randox Rx Imola **Interpretation** : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT HDL CHOLESTEROL Methord - Direct clearance Method	43.60	mg/dl	MALE- 30-70 FEMALE - 30-85
Instrument Name Rx Daytona plus **Interpretation:** An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods			
LDL CHOLESTEROL Methord - Calculated Method	112.25	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Methord - Calculated	10.98	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Methord - Calculated	3.78		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Methord - Calculated	2.57		0.00 - 3.50
TOTAL LIPID Methord - CALCULATED	446.89	mg/dl	400.00 - 1000.00

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Test Name	Value	Unit	Biological Ref Interval

1 Measurements in the same patient can show physiological& analytical variations Three serialsamples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol

2 As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended

3 Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated fromperipheral tissues

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BIOCHEMISTRY

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Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Methord - DIAZOTIZED SULFANILIC	0.63	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Methord:- DIAZOTIZED SULFANILIC	0.20	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Methord:- Calculated	0.43	mg/dl	0.30-0.70
SGOT Methord:- IFCC	21.8	U/L	0.0 - 40.0
SGPT Methord:- IFCC	20.7	U/L	0.0 - 35.0
SERUM ALKALINE PHOSPHATASE Methord:- DGKC - SCE	80.00	U/L	64.00 - 306.00

InstrumentName:MISPA PLUS **Interpretation**:Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobilary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

SERUM GAMMA GT Methord:- Szasz methodology Instrument Name Randox Rx Imola Interpretation Elevations in GGT levels areseen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra-or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal)are observed with infectious hepatitis.	16.00	U/L	5.00 - 32.00
SERUM TOTAL PROTEIN Methord:- BIURET	6.53	g/dl	6.00 - 8.40
SERUM ALBUMIN Methord:- BROMOCRESOL GREEN	4.37	g/dl	3.50 - 5.50
SERUM GLOBULIN Methord:- CALCULATION	**2.16** L	gm/dl	2.20 - 3.50
A/G RATIO	2.02		1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

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Test Name	Value	Unit	Biological Ref Interval

Note :- These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Some tests are associated with functionality (e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract (gamma-glutamyl transferase and alkaline phosphatase). Conditions with elevated levels of ALT and AST include hepatitis A,B ,C ,paracetamol toxicity etc Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are also carried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medications are not adversely impacting the person's liver

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BIOCHEMISTRY

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Test Name	Value	Unit	Biological Ref Interval
RFT / KFT WITH ELECTROLYTES			
SERUM UREA Method - UREASE / GLUTAMATE DEHYDROGENASE	25.60	mg/dl	10.00 - 50.00
InstrumentName: HORIBA CA 60 **Interpretation** : Urea measurements are used in the diagnosis and treatment of certain renal and metabolic diseases			
SERUM CREATININE Method - JAFFE	0.63	mg/dl	Males : 0.6-1.50 mg/dl Females : 0.6 -1.40 mg/dl
Interpretation : Creatinine is measured primarily to assess kidney function and has certain advantages over the measurement of urea. The plasma level of creatinine is relatively independent of protein ingestion, water intake, rate of urine production and exercise. Depressed levels of plasma creatinine are rare and not clinically significant.			
SERUM URIC ACID Method - URICASE/PEROXIDASE	3.50	mg/dl	2.40 - 7.00
InstrumentName:HORIBA YUMIZEN CA60 Daytona plus **Interpretation**: **Elevated Urate**:High purine diet,Alcohol• Renal insufficiency,Drugs , Polycythaemia vera, Malignancies,Hypothyroidism,Rare enzyme defects ,Downs syndrome,Metabolic syndrome, Pregnancy,Gout.			
SODIUM Method - ISE	137.1	mmol/L	135.0 - 150.0
POTASSIUM Method - ISE	**3.18** L	mmol/L	3.50 - 5.50
CHLORIDE Method - ISE	103.6	mmol/L	94.0 - 110.0
SERUM CALCIUM Method - Arsenazo III Method	9.70	mg/dL	8.80 - 10.20
InstrumentName:MISPA PLUS **Interpretation**: Serum calcium levels are believed to be controlled by parathyroid hormone and vitamin D. Increases in serum PTH or vitamin D are usually associated with hypercalcemia .Hypocalcemia may be observed in hypoparathyroidism, nephrosis and pancreatitis.			
SERUM TOTAL PROTEIN Method - BIURET	6.53	g/dl	6.00 - 8.40
SERUM ALBUMIN Method - BROMOCRESOL GREEN	4.37	g/dl	3.50 - 5.50

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Patient ID	**1224976** Patient Mob No.9558443943	Registered On	24/08/2024 09:15:24
NAME	**Mrs. SHEELA KUMARI MEENA**	Collected On	24/08/2024 09:51:40
Age / Sex	Female 43 Yrs 7 Mon 27 Days	Authorized On	26/08/2024 13:33:01
Ref. By	BANK OF BARODA	Printed On	26/08/2024 13:33:06
Lab/Hosp	Mr.MEDIWHEEL		

BIOCHEMISTRY

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM GLOBULIN Method:- CALCULATION	**2.16** L	gm/dl	2.20 - 3.50
A/G RATIO	2.02		1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

INTERPRETATION

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is a waste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. In blood, it is a marker of GFR ,in urine, it can remove the need for 24-hourcollections for many analytes or be used as a quality assurance tool to assess the accuracy of a 24-hour collection.Higher levels may be a sign that the kidneys are not working properly. As kidney disease progresses, the level of creatinine and urea in the bloodincreases. Certain drugs are nephrotoxic hence KFT is done before and after initiation of treatment with these drugs.

Low serum creatinine values are rare, they almost always reflect low muscle mass.

Apart from renal failure Blood Urea can increase in dehydration and GI bleed.

Technologist

DR.TANU RUNGTA
MD (Pathology)
RMC No. 17226

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
THYROID-TRIIODOTHYRONINE T3 Methord:- Chemiluminescence	**0.43** L	ng/ml	0.69 - 2.15
THYROID - THYROXINE (T4) Methord:- Chemiluminescence	**4.97** L	ug/dl	5.20 - 12.70
TSH Methord:- Chemiluminescence	**100.000** H	µIU/mL	0.470 - 4.680

Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

1. in infancy and early childhood

*** End of Report ***

*** End of Report ***

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NAME:	MRS. SHEELA KUMARI MEENA	AGE	43 YRS/F
REF.BY	BANK OF BARODA	DATE	24/08/2024

CHEST X RAY (PA VIEW)

Bilateral lung fields appear clear.

Bilateral costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Thoracic soft tissue and skeletal system appear unremarkable.

Soft tissue shadows appear normal.

IMPRESSION: No significant abnormality is detected

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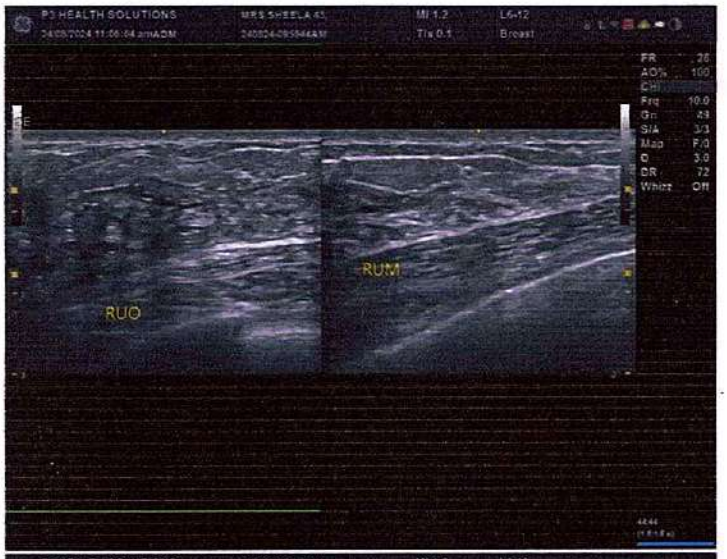
RMC no. 17887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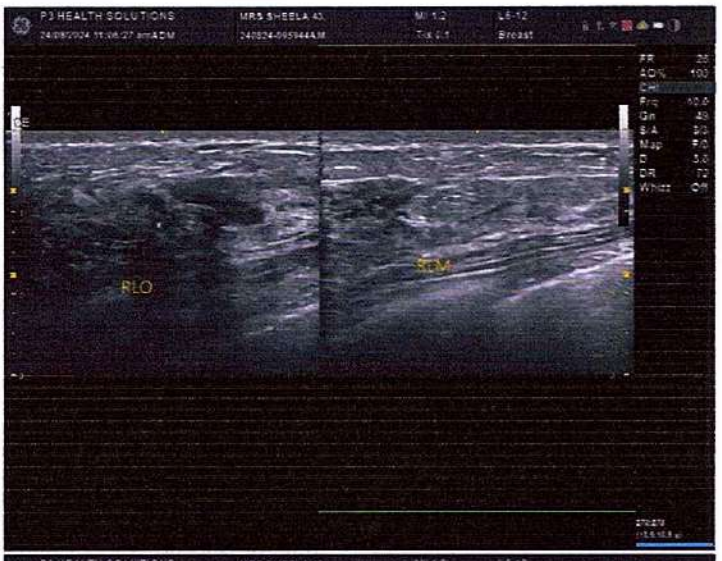
RUO
RUM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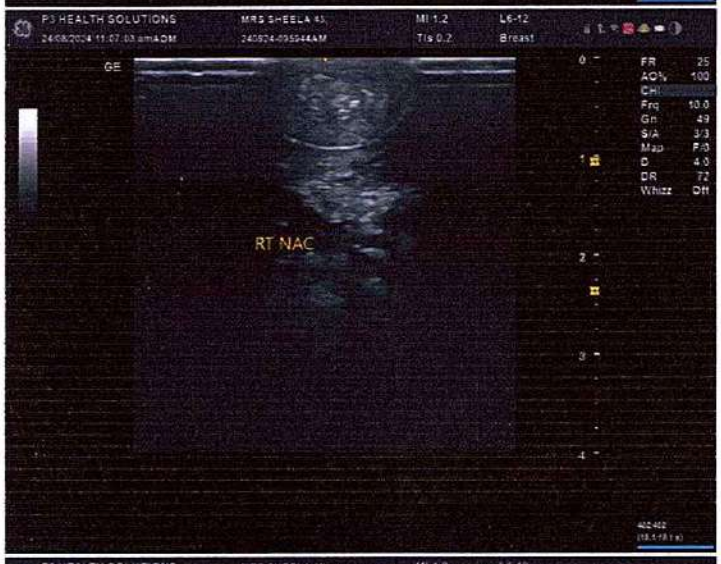
RLO
RLM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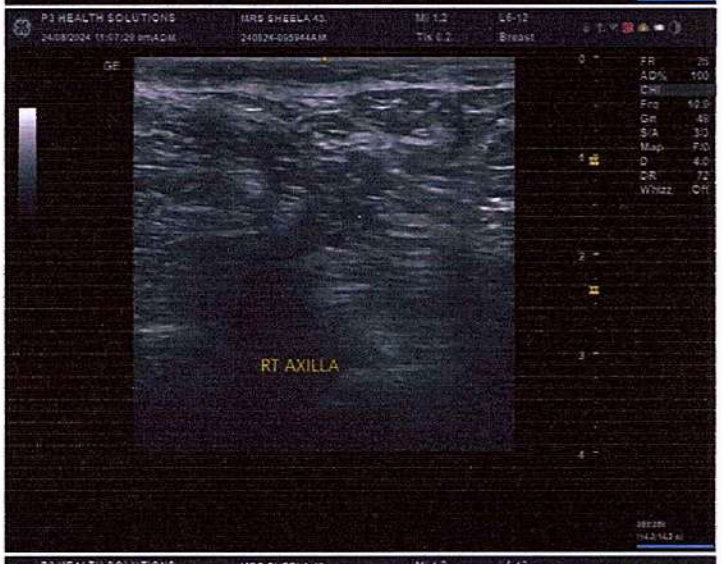
RT NAC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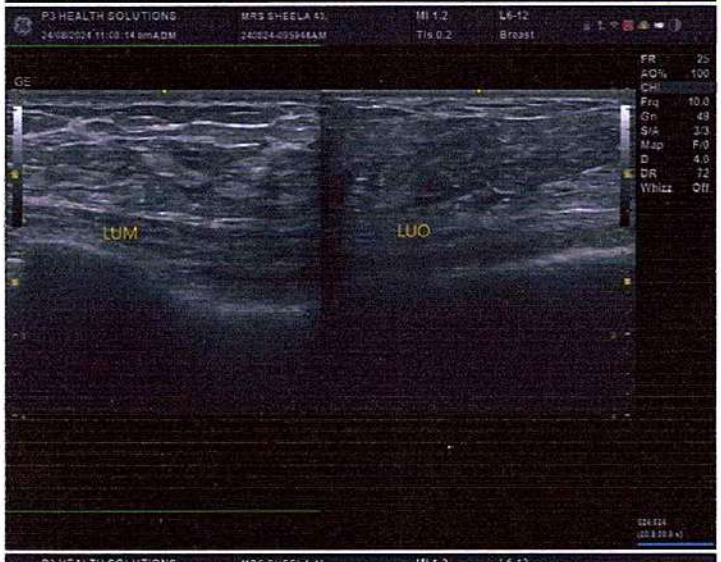
RT AXILLA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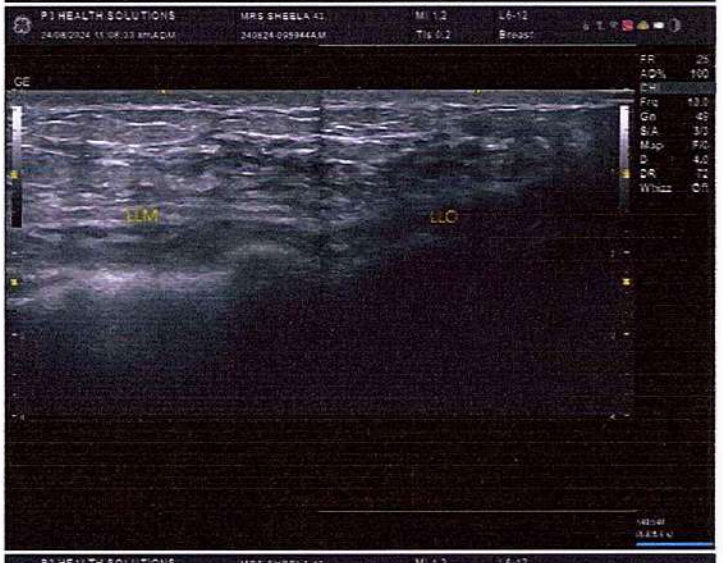
LUM
LUO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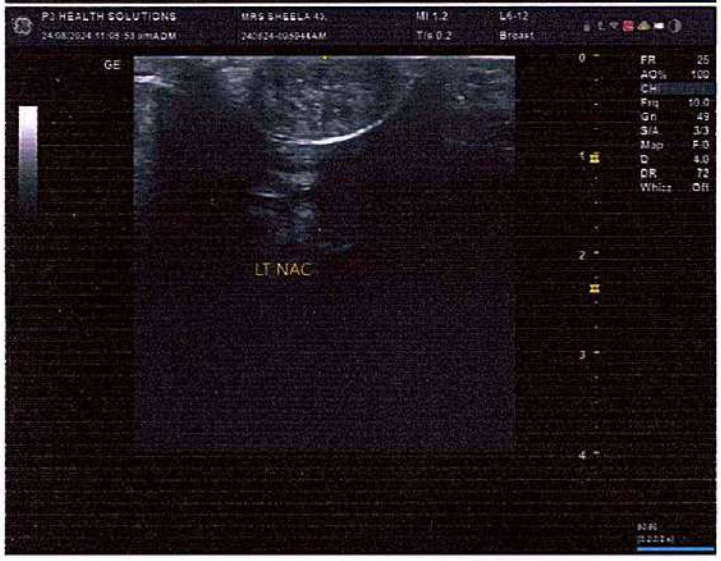
LLM
LLO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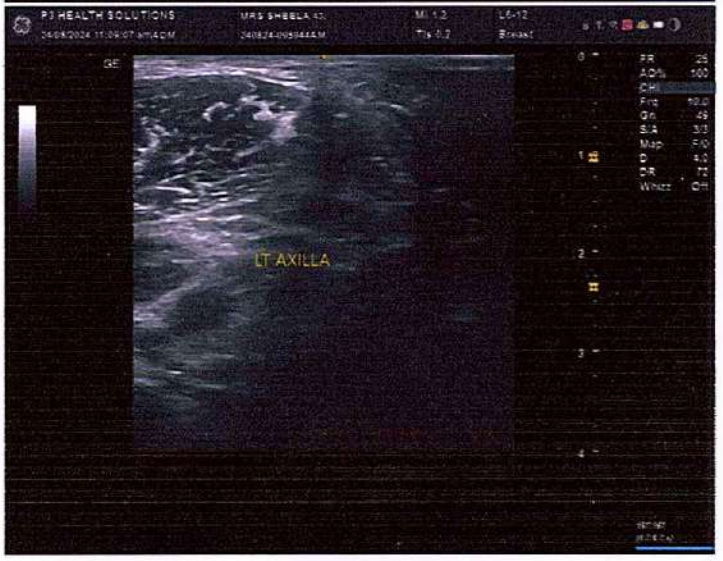
LT NAC


P3 HEALTH SOLUTIONS
LT AXILLA

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MRS. SHEELA KUMARI MEENA	Age : 43 Y/Female
Registration Date: 24/08/2024	Ref. by: BANK OF BARODA

Ultrasonography report: Breast and Axilla

Right breast:-

Skin, subcutaneous tissue and retroareolar region is normal.

Fibro glandular tissue shows normal architecture and echotexture.

Pre and retro mammary regions are unremarkable.

No obvious cyst, mass or architectural distortion visualized.

Axillary lymph nodes are not significantly enlarged and their hilar shadows are preserved.

Left breast:-

Skin, subcutaneous tissue and retroareolar region is normal.

Fibro glandular tissue shows normal architecture and echotexture.

Pre and retro mammary regions are unremarkable.

No obvious cyst, mass or architectural distortion visualized.

Axillary lymph nodes are not significantly enlarged and their hilar shadows are preserved.

IMPRESSION: No abnormality detected.

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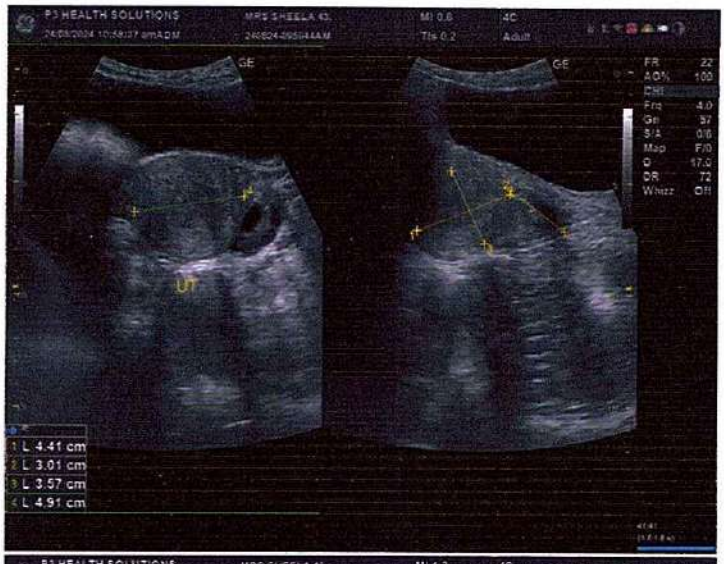
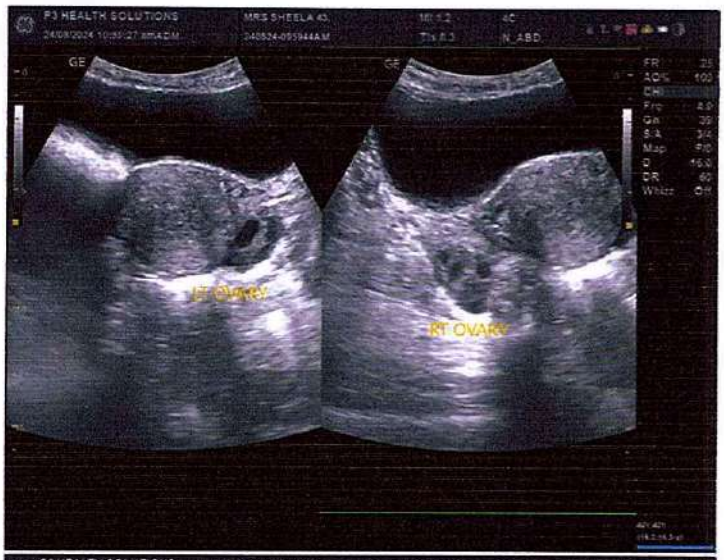
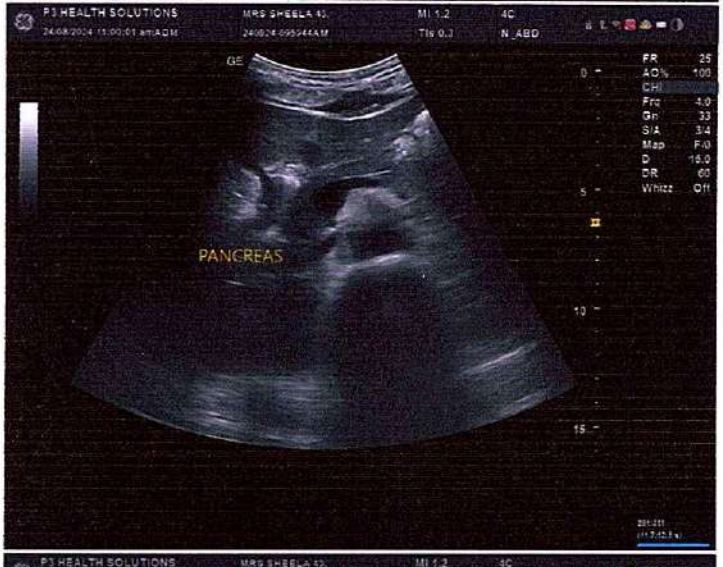
RMC no. 17887


P3 HEALTH SOLUTIONS
UT
L 4.41 cm
L 3.01 cm
L 3.57 cm
L 4.91 cm


P3 HEALTH SOLUTIONS
LT OVARY
RT OVARY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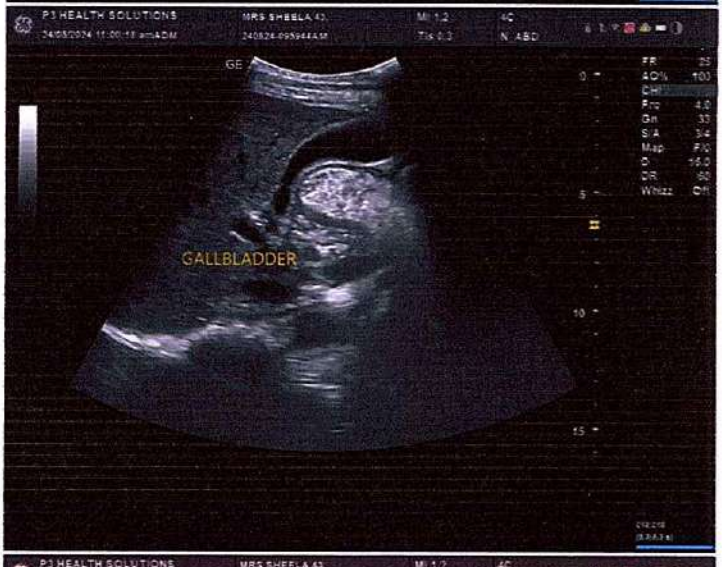
PANCREAS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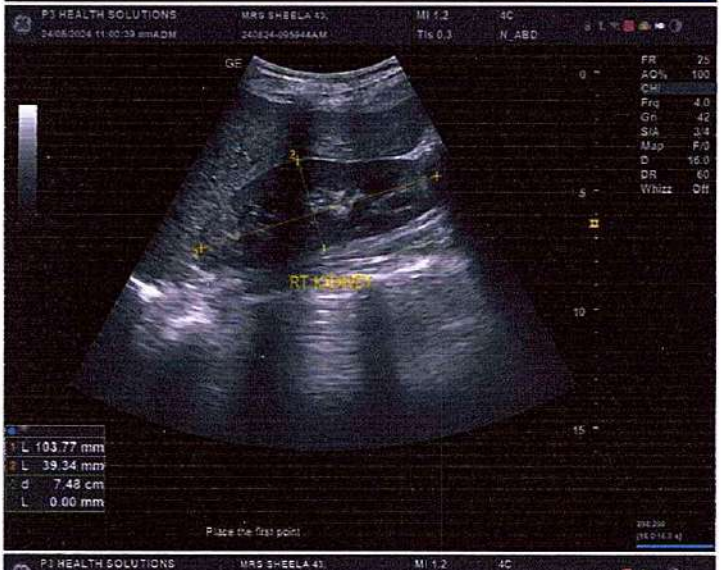
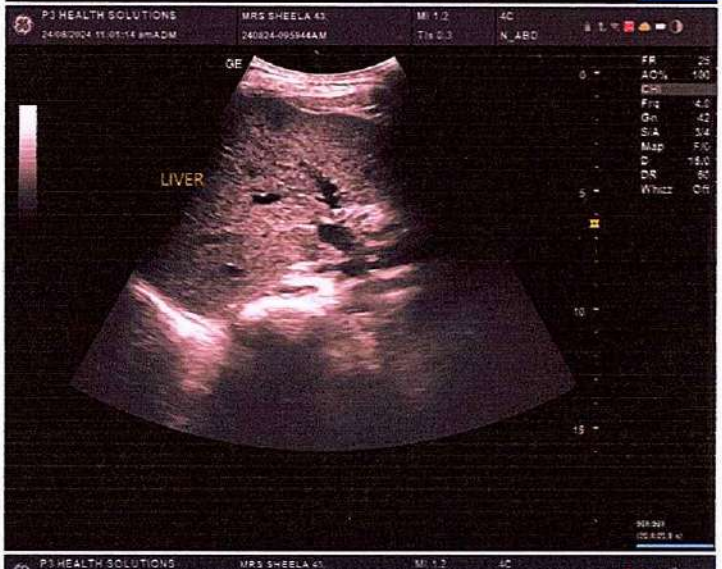
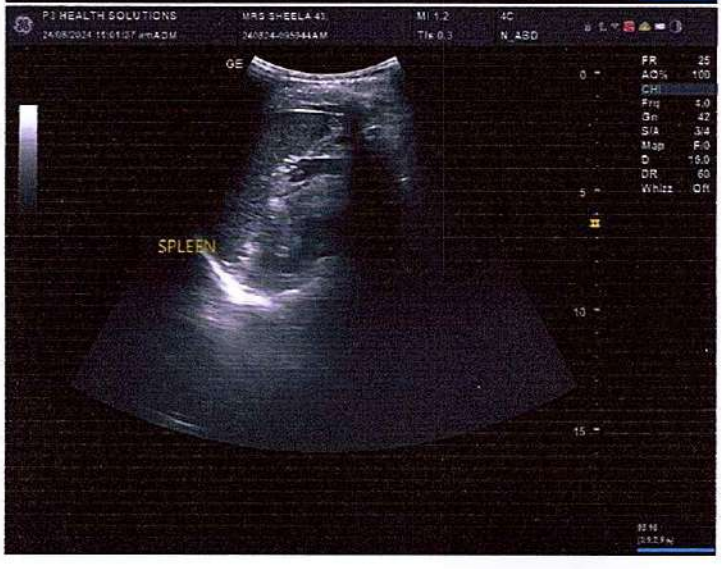
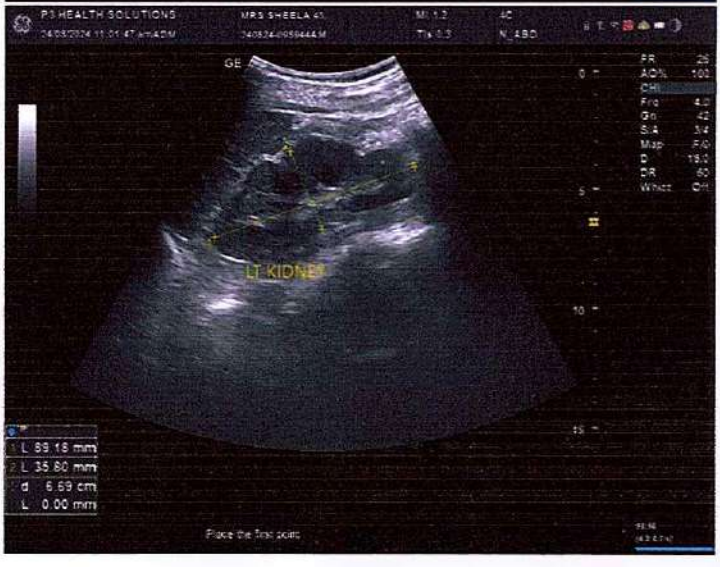
GALLBLADDER


P3 HEALTH SOLUTIONS
RT KIDNEY
L 103.77 mm
L 39.34 mm
d 7.48 cm
L 0.00 mm
Place the first point


P3 HEALTH SOLUTIONS
LIVER


P3 HEALTH SOLUTIONS
SPLEEN


P3 HEALTH SOLUTIONS
LT KIDNEY
L 89.18 mm
L 35.80 mm
d 6.69 cm
L 0.00 mm
Place the first point

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MRS. SHEELA KUMARI MEENA	Age : 43 Y/Female
Registration Date: 24/08/2024	Ref. by: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (13.0 cm). Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is well distended. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.
Right kidney is measuring approx. 10.3 x 3.9 cm.
Left kidney is measuring approx. 8.9 x 3.9 cm.

Urinary bladder does not show any calculus or mass lesion.

Uterus is anteverted and normal in size (measuring approx. 7.4 x 4.9 x 3.6 cm).
Myometrium shows normal echo -pattern. No focal space occupying lesion is seen. Endometrial echo is normal. Endometrial thickness is 5.0 mm.

Both ovaries are visualized and are normal. No adnexal mass lesion is seen.

No enlarged nodes are visualized. No retro-peritoneal lesion is identified.
No significant free fluid is seen in pouch of Douglas.

IMPRESSION:

- **No significant abnormality is detected.**

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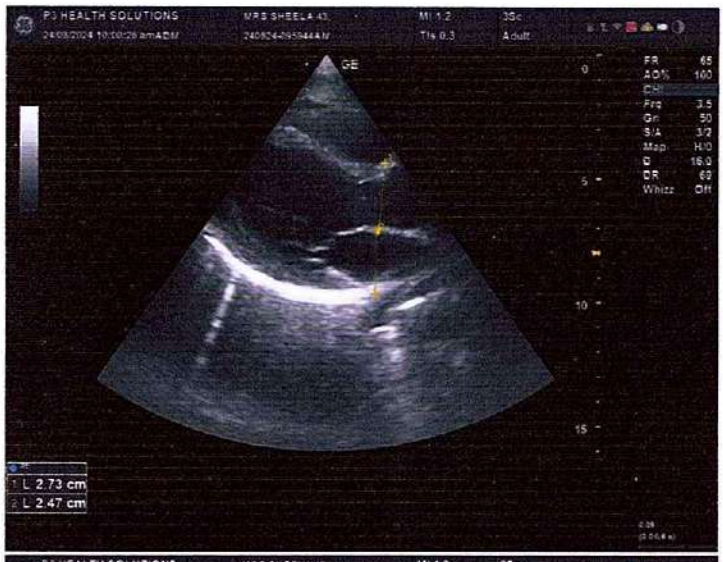
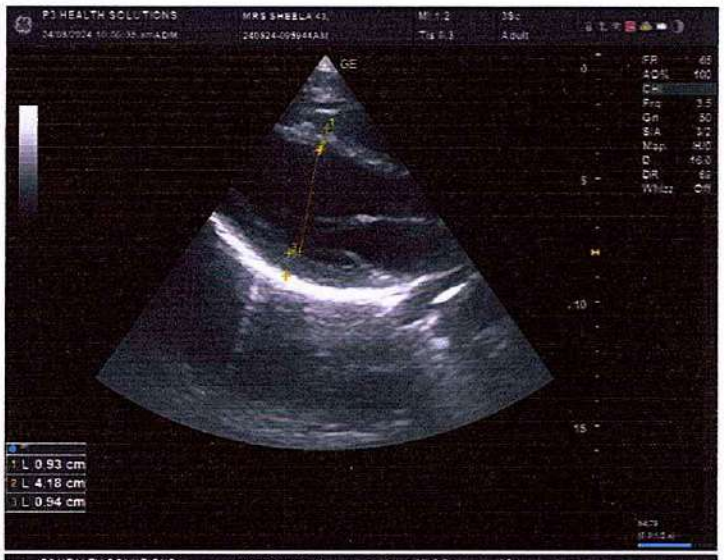
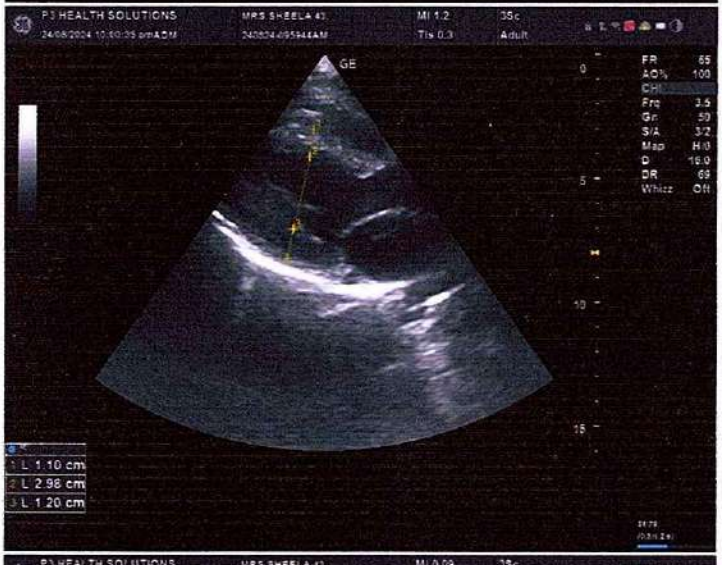
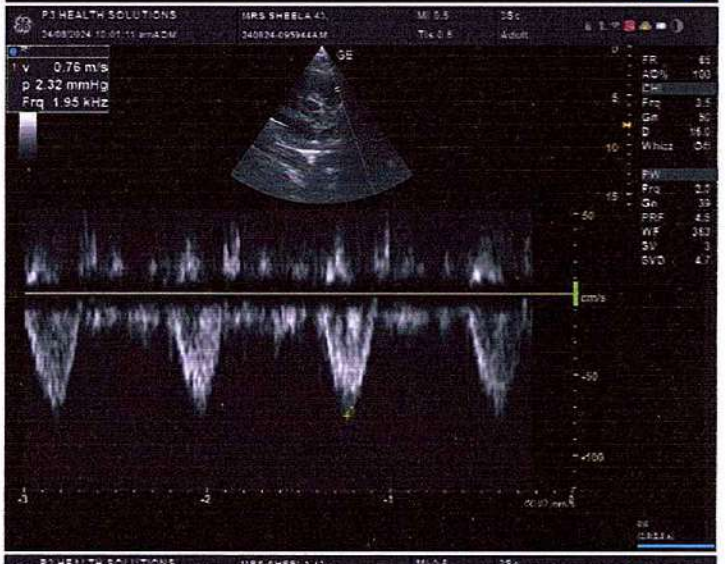
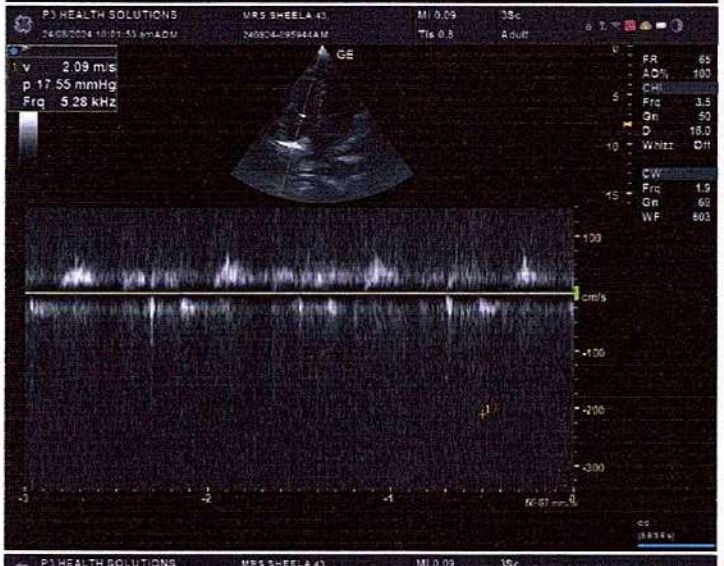
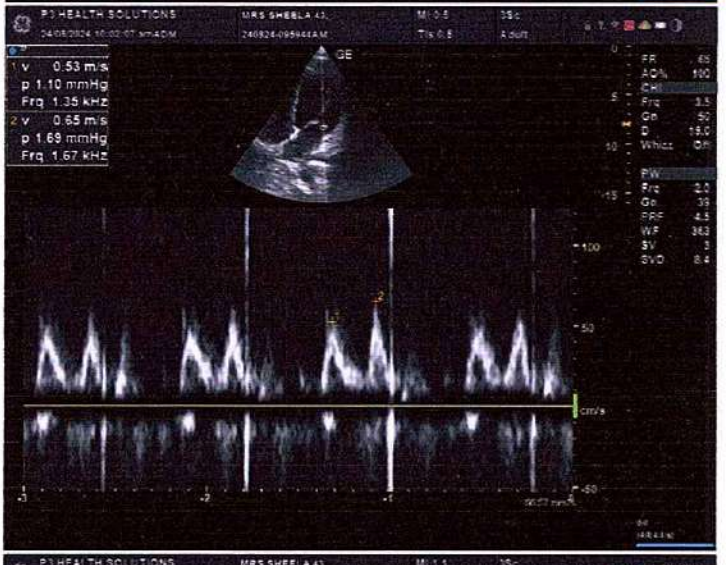

P3 HEALTH SOLUTIONS
MRS SHEELA 43
GE
1 L 2.73 cm
2 L 2.47 cm

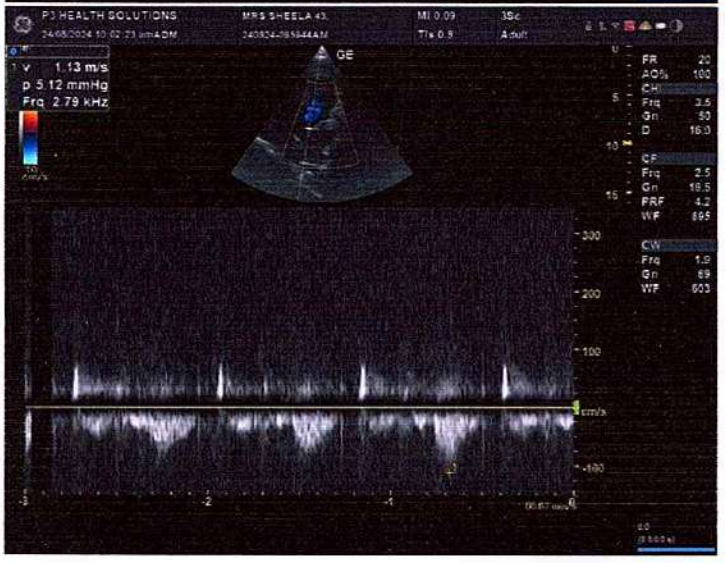

P3 HEALTH SOLUTIONS
MRS SHEELA 43
GE
1 L 0.93 cm
2 L 4.18 cm
3 L 0.94 cm

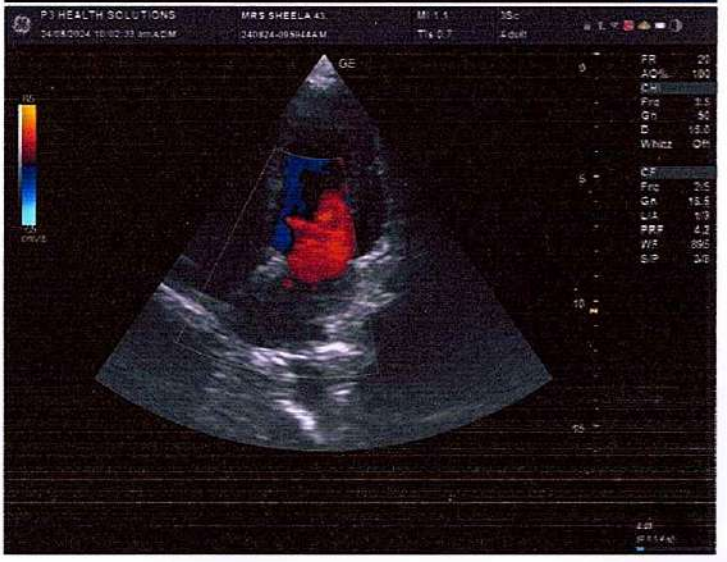

P3 HEALTH SOLUTIONS
MRS SHEELA 43
GE
1 L 1.10 cm
2 L 2.98 cm
3 L 1.20 cm


P3 HEALTH SOLUTIONS
MRS SHEELA 43
GE
1 v 0.76 m/s
p 2.32 mmHg
Frq 1.95 kHz


P3 HEALTH SOLUTIONS
MRS SHEELA 43
GE
1 v 2.09 m/s
p 17.55 mmHg
Frq 5.28 kHz


P3 HEALTH SOLUTIONS
MRS SHEELA 43
GE
1 v 0.53 m/s
p 1.10 mmHg
Frq 1.35 kHz
2 v 0.65 m/s
p 1.69 mmHg
Frq 1.67 kHz


P3 HEALTH SOLUTIONS
MRS SHEELA 43
GE
1 v 1.13 m/s
p 5.12 mmHg
Frq 2.79 kHz


P3 HEALTH SOLUTIONS
MRS SHEELA 43
GE

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Mrs. SHEELA KUMARI MEENA	**43 Yrs./Female**
Registration Date: 24/08/2024	**Ref. by: BANK OF BARODA**

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

FAIR TRANSTHORACIC ECHOCARIDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

M.MODE EXAMITATION:

AO	2.7	Cm	LA	2.5	cm	IVS-D	0.9	cm
IVS-S	1.1	cm	LVID	4.2	cm	LVSD	3.0	cm
LVPW-D	0.9	cm	LVPW-S	1.2	cm	RV		cm
RVWT		cm	EDV		Ml	LVVS		ml
LVEF	55-60%			RWMA		ABSENT		

CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

COLOUR DOPPLER:

MITRAL VALVE					
E VELOCITY	0.53	m/sec	PEAK GRADIENT		Mm/hg
A VELOCITY	0.65	m/sec	MEAN GRADIENT		Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY		Cm2
MITRAL REGURGITATION			ABSENT		

AORTIC VALVE					
PEAK VELOCITY	1.13	m/sec	PEAK GRADIENT		mm/hg
AR VMAX		m/sec	MEAN GRADIENT		mm/hg
AORTIC REGURGITATION			ABSENT		

TRICUSPID VALVE					
PEAK VELOCITY		m/sec	PEAK GRADIENT		mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT		mm/hg
VMax VELOCITY					
TRICUSPID REGURGITATION			ABSENT		

PULMONARY VALVE					
PEAK VELOCITY	0.76	M/sec.	PEAK GRADIENT		Mm/hg
MEAN VALOCITY			MEAN GRADIENT		Mm/hg
PULMONARY REGURGITATION			ABSENT		

Impression—

- **NORMAL LV SIZE & CONTRACTILITY.**
- **NO RWMA, LVEF 55-60%.**
- **All CARDIAC VALVES ARE NORMAL.**
- **GRADE I DIASTOLIC DYSFUNCTION.**
- **NO CLOT, NO VEGETATION, NO PERICARDIAL EFFUSION.**

(Cardiologist)