



CHANDAN DIAGNOSTIC CENTRE

Add: Plot no - 455/6, H G Complex, Kanchanpur, Varanasi -UP 221005

Ph: 05424019523

CIN: U85110UP2003PLC193493

Patient Name	: Mr. PAUL MOBY-22E37919	Registered On	: 06/Nov/2024 16:03:27
Age/Gender	: 47 Y 0 M 0 D / M	Collected	: 06/Nov/2024 16:16:51
UHID/MR NO	: CVA1.0000003071	Received	: 06/Nov/2024 16:27:23
Visit ID	: CVA10031562425	Reported	: 06/Nov/2024 17:26:39
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	B			ERYTHROCYTE MAGNETIZED TECHNOLOGY/ TUBE AGGLUTINA
Rh (Anti-D)	POSTIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY/ TUBE AGGLUTINA

Complete Blood Count (CBC) , Whole Blood

Haemoglobin	14.40	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	COLORIMETRIC METHOD (CYANIDE-FREE REAGENT)
TLC (WBC)	7,300.00	/Cu mm	4000-10000	IMPEDANCE METHOD
DLC				
Polymorphs (Neutrophils)	50.00	%	40-80	FLOW CYTOMETRY
Lymphocytes	45.00	%	20-40	FLOW CYTOMETRY
Monocytes	3.00	%	2-10	FLOW CYTOMETRY
Eosinophils	2.00	%	1-6	FLOW CYTOMETRY
Basophils	0.00	%	<1-2	FLOW CYTOMETRY
ESR				
Observed	10.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8	





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Pregnancy	
			Early gestation - 48 (62 if anaemic)	
			Later gestation - 70 (95 if anaemic)	
Corrected	6.00	Mm for 1st hr.	<9	
PCV (HCT)	45.90	%	40-54	
Platelet count				
Platelet Count	2.0	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.20	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	34.00	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.01	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	91.50	fl	80-100	CALCULATED PARAMETER
MCH	28.60	pg	27-32	CALCULATED PARAMETER
MCHC	31.30	%	30-38	CALCULATED PARAMETER
RDW-CV	13.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	44.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,650.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	146.00	/cu mm	40-440	

S. N. Sinha
Dr. S. N. Sinha (MD Path)



Home Sample Collection
0806936666

View Reports on
Chandan 24x7 App





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

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) 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.
- c) I.G.T = Impaired Glucose Tolerance.

CLINICAL SIGNIFICANCE:- Glucose is the major source of energy in the body . Lack of insulin or resistance to it section at the cellular level causes diabetes. Therefore, the blood glucose levels are very high. Elevated serum glucose levels are observed in diabetes mellitus and may be associated with pancreatitis, pituitary or thyroid dysfunction and liver disease. Hypoglycaemia occurs most frequently due to over dosage of insulin.

Glucose PP Sample: Plasma After Meal	110.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Interpretation:

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- b) 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.
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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)	6.10	%NGSP		HPLC(NGSP)
Glycosylated Haemoglobin (HbA1c)	43.00	mmol/ mol/ IFCC		
Estimated Average Glucose (eAG)	129	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





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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
 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.

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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>	10.40	mg/dL	7.0-23.0	CALCULATED

Interpretation:

Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestinal (GI) bleeding.

Low BUN levels can be seen in the following:

Low-protein diet, overhydration, Liver disease.

Creatinine <i>Sample: Serum</i>	1.40	mg/dl	0.7-1.30	MODIFIED JAFFES
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Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

Uric Acid <i>Sample: Serum</i>	5.30	mg/dl	3.4-7.0	URICASE
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Interpretation:

Note:-

Elevated uric acid levels can be seen in the following:

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

LFT (WITH GAMMA GT) , Serum

SGOT / Aspartate Aminotransferase (AST)	42.10	U/L	<35	IFCCWITHOUT P5P
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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
SGPT/ Alanine Aminotransferase (ALT)	62.40	U/L	<40	IPOC WITHOUT P5P
Gamma GT (GGT)	44.10	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.70	gm/dl	6.2-8.0	BIURET
Albumin	4.10	gm/dl	3.4-5.4	B.C.G.
Globulin	2.60	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.58		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	83.60	U/L	42.0-165.0	PNP/ AMP KINETIC
Bilirubin (Total)	0.50	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	<0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.30	mg/dl	<0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI), Serum

Cholesterol (Total)	190.00	mg/dl	<200 Desirable 200-239 Borderline High >240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	58.50	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	109	mg/dl	<100 Optimal 100-129 Nr. Optimal/ Above Optimal 130-159 Borderline High 160-189 High >190 Very High	CALCULATED
VLDL	22.40	mg/dl	10-33	CALCULATED
Triglycerides	112.00	mg/dl	<150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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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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URINE EXAMINATION, ROUTINE, *Urine*

Color	PALE YELLOW			
Specific Gravity	1.010			
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	Serum-0.1-3.0 Urine-0.0-14.0	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	1-2/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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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Interpretation:

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

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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total <i>Sample: Serum</i>	0.54	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.

THYROID PROFILE- TOTAL, *Serum*

T3, Total (tri-iodothyronine)	122.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.64	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	8.150	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





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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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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.

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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA

X-RAY CHEST PA

- Bilateral bronchovascular prominence.
- Rest of the visualized lung fields appears normal.
- Trachea appears normal in position and course.
- Mediastinal shadow are normal
- Cardiac shadow within normal limits.
- Both CP angles appear clear.
- Bony rib cage and soft tissue shadows appear normal.

IMPRESSION:

- **Bilateral bronchovascular prominence.**

Dr Priyam Agarwal MBBS MD (Radiology)





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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

- Normal in size (**13.2 cm**), shape, & shows diffusely raised echogenicity. Intra & extra hepatic biliary radicals & vascular structures are normal. Margins are smooth and regular

GALL BLADDER

- Normally distended with echo free lumen.

PORTAL SYSTEM

- Normal in course and caliber (**8.3 mm**).

BILIARY SYSTEM

- Visualized part normal in course & caliber (**3.5 mm**).

PANCREAS

- Normal in size, shape & echogenicity. Margins are smooth & regular. No diffuse/ focal lesion seen. Pancreatic duct not visualized.

KIDNEYS

- Right kidney:- (**10.2 x 4.1 cm**), Left kidney:- (**8.4 x 4.7 cm**).
- Both normal in size, shape echogenicity & position. Cortical-medullary differentiation
- Pelvicalyceal system normal. No evidence of any calculus/mass lesion seen.
- No hydronephrosis/hydroureter seen. No suprarenal mass lesion

SPLEEN

- Normal in size (**7.7 cm**), shape & echogenicity. Margins are smooth & regular. No diffuse / focal lesion seen. Splenic vessels at hilum is normal.

URINARY BLADDER

- Partially distended.

PROSTATE

- Mildly enlarged in size **4.2 x 3.5 x 3.5 cm**, vol **28.4 gm**, shape & echogenicity.





CHANDAN DIAGNOSTIC CENTRE

Add: Plot no - 455/6, H G Complex, Kanchanpur, Varanasi -UP 221005

Ph: 05424019523

CIN: U85110UP2003PLC193493

Patient Name	: Mr. PAUL MOBY-22E37919	Registered On	: 06/Nov/2024 16:03:28
Age/Gender	: 47 Y 0 M 0 D / M	Collected	: 2024-11-09 11:31:32
UHID/MR NO	: CVA1.0000003071	Received	: 2024-11-09 11:31:32
Visit ID	: CVA10031562425	Reported	: 09/Nov/2024 11:35:59
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

OTHERS

- No free fluid in peritoneal cavity.
- No free fluid in bilateral pleural cavity.
- No evidence of significantly enlarged retroperitoneal/ mesenteric lymph nodes noted

IMPRESSION:-

- **FATTY LIVER GRADE I**
- **PROSTATOMEGALY GRADE I**

*** End Of Report ***

Result/s to Follow:

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

Dr Priyam Agarwal MBBS MD (Radiology)





CHANDAN DIAGNOSTIC CENTRE

Add: Plot no - 455/6, H G Complex, Kanchanpur, Varanasi -UP 221005

Ph: 05424019523

CIN: U85110UP2003PLC193493

Patient Name	: Mr. PAUL MOBY -22E37919	Registered On	: 09/Nov/2024 11:15:05
Age/Gender	: 47 Y 0 M 0 D /M	Collected	: 2024-11-09 18:26:29
UHID/MR NO	: CVA1.0000003125	Received	: 2024-11-09 18:26:29
Visit ID	: CVA10032122425	Reported	: 09/Nov/2024 18:32:39
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 = 76%.
- 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	32.5 mm		20-36 (22mm/M ²)
Aortic Valve Opening	18.1 mm		15-26
Left Atrium size	35.1 mm		19-40
•	End Diastole	End Systole	Normal Values
Left Ventricle size	51.3 mm	31.7 mm	(ED= 37-56)
Interventricular Septum	8.5 mm		(ED= 6-12)
Posterior Wall Thicknes	9.8 mm		(ED= 5-10)
LV Ejection Fraction(%)	76 %		55%-80%





CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF CARDIOLOGY-2D-ECHO

• Regurgitation

<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 75	Max velocity 111
	Mean Velocity
	Max PG
	Mean PG
<u>Mitral valve</u>	<u>Tricuspid valve</u>
E Max PG = 78	Max Velocity 71
A Max Velocity = 62	TAPSE (> 1.5)
DT Mean PG = 176	E/E' (< 6)
E/E' Mean Velocity =	

OBSERVATION:

1. No Regional wall motion abnormality. Global LVEF= 76%
2. Normal LV, LA, RV, RA chamber dimensions.





CHANDAN DIAGNOSTIC CENTRE

Add: Plot no - 455/6, H G Complex, Kanchanpur, Varanasi -UP 221005

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DEPARTMENT OF CARDIOLOGY-2D-ECHO

3. Normal cardiac valves.
4. No MR, No TR (RVSP = Normal) No AR.
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 ***



Ankit

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: MRI, CT scan, DR X-ray, Ultrasound, Sonomammography, Digital Mammography, ECG (Bedside also), 2D Echo, TMT, Holter, OPG, EEG, NCV, EMG & BERA, Audiometry, BMD, PFT, Fibroscan, Bronchoscopy, Colonoscopy and Endoscopy, Allergy Testing, Biochemistry & Immunoassay, Hematology, Microbiology & Serology, Histopathology & Immunohistochemistry, Cytogenetics and Molecular Diagnostics and Health Checkups *

365 Days Open

*Facilities Available at Select Location

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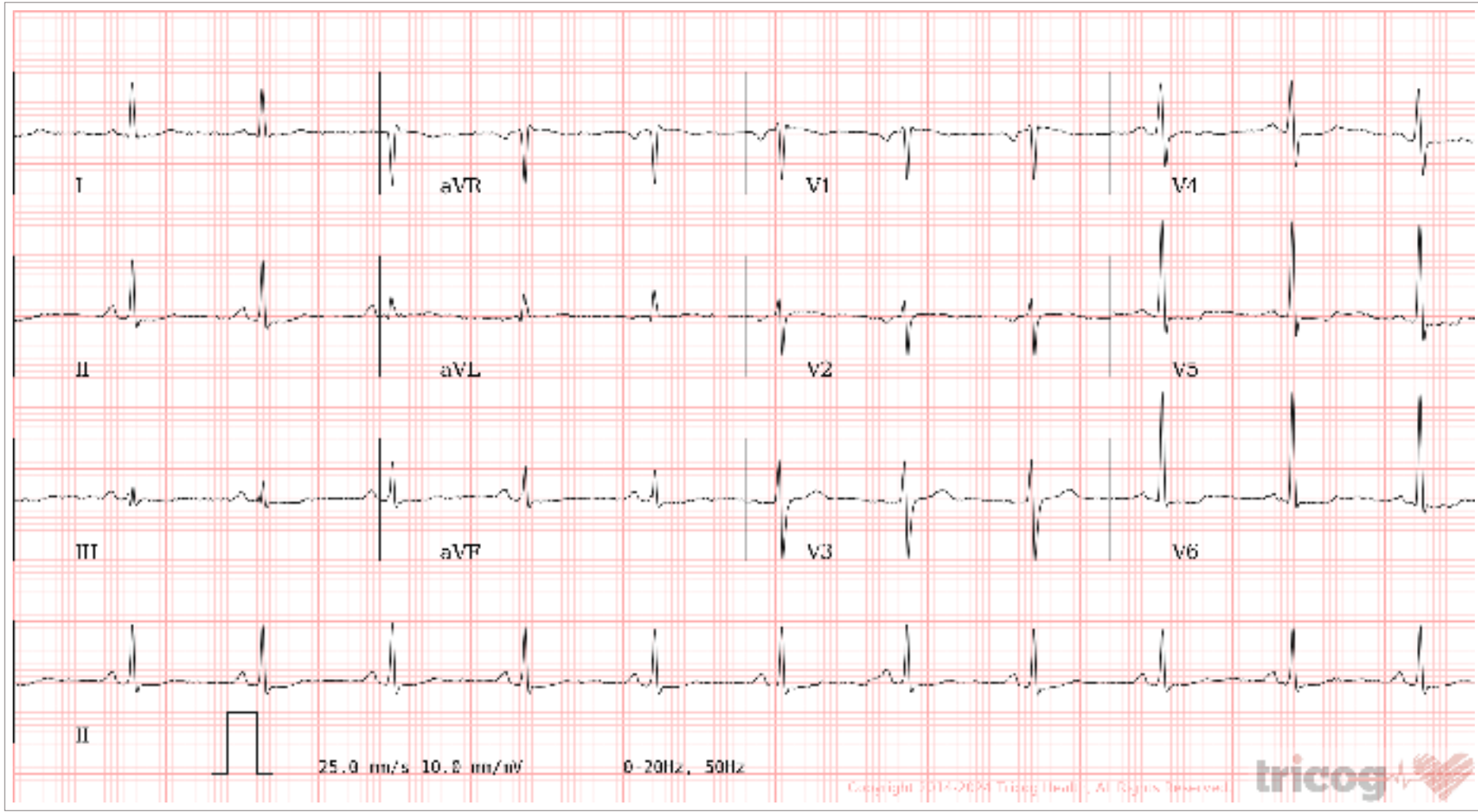
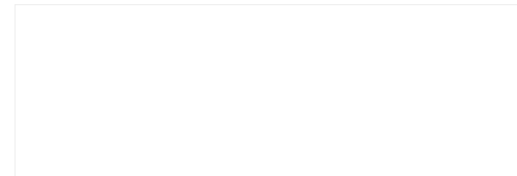


CHANDAN DIAGNOSTIC CENTRE-1, CHITAIPUR, VARANASI



Age / Gender: 47/Male
Patient ID: CVA10031562425
Patient Name: Mr.PAUL MOBY-22E37919

Date and Time: 6th Nov 24 12:27 PM



AR: 71bpm VR: 71bpm QRSD: 96ms QT: 372ms QTcB: 404ms PRI: 152ms P-R-T: 67° 37° 18°

Sinus Rhythm, Non-specific ST/T Wave Changes. Please correlate clinically.

AUTHORIZED BY	REPORTED BY
Dr. Charit MD, DM: Cardiology	Dr. Mohammed Zakriya
63382	KMC 110543

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.