

Patient Name	: Ms.SHASHI HAJELA	Visit No	: CHA250035334
Age/Gender	: 70 Y/F	Registration ON	: 27/Feb/2025 11:24AM
Lab No	: 10132630	Sample Collected ON	: 27/Feb/2025 11:24AM
Referred By	: Dr.RAJIV KHANNA**	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 27/Feb/2025 07:07PM

2D- ECHO & COLOR DOPPLER REPORT

1. **MITRAL VALVE STUDY** : MVOA - Normal (perimetry) cm2 (PHT)
Anterior Mitral Leaflet:

(a) Motion: Normal (b) Thickness : Normal (c) DE : 2.0 cm.
(d) EF 105 mm/sec (e) EPSS : 06 mm (f) Vegetation : -
(g) Calcium : -

Posterior mitral leaflet : Normal

(a). Motion : Normal (b) Calcium: - (c) Vegetation : -
Valve Score : Mobility /4 Thickness /4 SVA /4
Calcium /4 Total /16

2. **AORTIC VALVE STUDY**

(a) Aortic root :2.9cms (b) Aortic Opening :2.0cms (c) Closure: Central
(d) Calcium : - (e) Eccentricity Index : 1 (f) Vegetation : -
(g) Valve Structure : Tricuspid,

3. **PULMONARY VALVE STUDY**

Normal (a) EF Slope : - (b) A Wave : + (c) MSN : -
(D) Thickness : (e) Others :

4. **TRICUSPID VALVE** :

Normal

5. **SEPTAL AORTIC CONTINUITY**

Left Atrium : 3.6 cms
Right Atrium : Normal

6. **AORTIC MITRAL CONTINUITY**

Clot : - Others :
Clot : - Others : -

Contd.....

CHARAK



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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)
RVOT

LEFT VENTRICLE :

LVIVS (D) 0.9 cm (s) 1.5 cm
 LVPW (D) 1.0cm (s) 1.4 cm
 LVID (D) 4.5cm (s) 3.0 cm

Motion : normal

Motion : Normal

Ejection Fraction : 63%

Fractional Shortening : 34%

Parasternal Long axis view :

TOMOGRAPHIC VIEWS

NORMAL LV RV DIMENSION
 GOOD LV CONTRACTILITY.

Short axis view

Aortic valve level :

AOV - NORMAL
PV - NORMAL
 TV - NORMAL

Mitral valve level :

MV - NORMAL

Papillary Muscle Level :

NO RWMA

Apical 4 chamber View :

No LV CLOT
 NO P E

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PERICARDIUM Normal					
DOPPLER STUDIES					
	Velocity (m/sec)	Flow pattern (/4)	Regurgitation	Gradient (mm Hg)	Valve area (cm ²)
MITRAL	e = 0.8 a = -	Normal	-	-	-
AORTIC	1.5	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	1.1	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 63 %
- NO RWMA
- ALL VALVES NORMAL
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

OPINION - NORMAL 2D-ECHO & COLOUR DOPPLER STUDY

DR. RAJIV RASTOGI, MD,DM



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ULTRASOUND STUDY OF WHOLE ABDOMEN

Compromised scan due to excessive gaseous abdomen & patient is unable hold breath.

- **Liver** is mildly enlarged in size (~163mm) and shows increased echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is partially distended (post prandial) and shows minimal sludge in visualized part of lumen.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Both kidneys** are normal in size and position. No hydronephrosis is seen. **Bilateral renal parenchymal echogenicity is raised (Grade-I) with attenuated cortico-medullary differentiation. Simple cortical cysts (Bosniak type-I) are seen at upper pole in both kidneys measuring approx 13 x 12mm in right kidney and 14 x 13mm in left kidney.** No calculus is seen. No scarring is seen. Right kidney measures 95 x 46 mm in size. Left kidney measures 88 x 44 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is not distended.
- **Uterus** is atrophic.
- No adnexal mass lesion is seen.
- **Minimal right pleural effusion is seen.**
- **Diffuse lower anterior abdominal wall edema is seen in bilateral flank region.**
- **Mildly prominent bowel loops are seen.**

OPINION:

- **MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.**
- **MINIMAL GB SLUDGE.**
- **BILATERAL GRADE-I RENAL PARENCHYMAL DISEASE (ADV: RFT CORRELATION).**
- **BILATERAL SIMPLE RENAL CORTICAL CYSTS.**
- **MINIMAL RIGHT PLEURAL EFFUSION IS SEEN.**
- **DIFFUSE LOWER ANTERIOR ABDOMINAL WALL EDEMA IN BILATERAL FLANK REGION.**
- **MILDLY PROMINENT BOWEL LOOPS.**

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Gausiya



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SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are prominent.
- Cardiomegaly is present.
- Both CP angles are not sharply defined.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

IMPRESSION:

- **CARDIOMEGALY.**

Clinical correlation and Cardiac evaluation is needed.

CHARAK [DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

*** End Of Report ***

