

Patient Name	: Dr.MOIN AHMAD KHAN	Visit No	: CHA250036714
Age/Gender	: 50 Y/M	Registration ON	: 01/Mar/2025 09:29AM
Lab No	: 10134010	Sample Collected ON	: 01/Mar/2025 09:29AM
Referred By	: Dr.MOIN AHMAD KHAN	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 11:51AM

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 : 2.1 cm.
(d) EF : 152 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 : 3.1cms (b) Aortic Opening : 1.8cms (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 6. AORTIC MITRAL CONTINUITY

Left Atrium : 3.7 cms Clot : - Others :
Right Atrium : Normal Clot : - Others : -

Contd.....



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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)
RVOT

LEFT VENTRICLE :

LVIVS (D) 1.1 cm (s) 1.4 cm

Motion : normal

LVPW (D) 1.0cm (s) 1.7 cm

Motion : Normal

LVID (D) 4.9 cm (s) 2.8 cm

Ejection Fraction :71%

Fractional Shortening : 41%

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

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

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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 = 0.7	Normal	-	-	-
AORTIC	1.0	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	0.9	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 71 %
- NO RWMA
- ALL VALVES NORMAL
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

CHARAK

OPINION – NORMAL 2D-ECHO & COLOUR DOPPLER STUDY

DR. PANKAJ RASTOGI, MD,DM



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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is moderately enlarged in size measures 189 mm 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 not visualized (Post operative).
- **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. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 91 x 38 mm in size. Left kidney measures 93 x 48 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is partially distended with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is normal in size, measures 30 x 32 x 37 mm with weight of 19gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

OPINION:

- **Moderate hepatomegaly with fatty infiltration of liver grade II.**

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Rachna



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SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are normal.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and body cage are seen normally.
- Both domes of diaphragm are sharply defined.

OPINION

- **NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

CHARAK

*** End Of Report ***

