

CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name	: Ms.SHAMA	Visit No	: CHA250037224
Age/Gender	: 55 Y/F	Registration ON	: 01/Mar/2025 04:04PM
Lab No	: 10134520	Sample Collected ON	: 01/Mar/2025 04:04PM
Referred By	: Dr.PARAS HOSPITAL & MATERNITY	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 05:49PM

ECG REPORT

* RATE	: 45 bpm.		
* RHYTHM	: Regular sinus rhythm		
* P wave	: Normal		
* PR interval	: Normal		
* QRS Axis	: Lt axis		
Duration	: Normal		
Configuration	: LBBB		
* ST-T Changes	: None		
* QT interval			
* QTc interval	: Sec.		
* Other			
OPINION: LEFT BUNDLE BRANCH BLOCK SINUS BRADYCARDIA			
(Finding to be correlated clinically)			

DR. RAJIV RASTOGI MD. DM





PR.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003 Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360 E-mail: charak1984@gmail.com

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<u>2D</u> -	ECHO & CO	LOR DOPPLER	<u>REPORT</u>		
1. MITRAL VALVE STUDY	Y: MVOA - No	ormal (perime	etry) cm2 (PHT)		
Anterior Mitral Leaflet:					
(a) Motion: Normal	(b) Thicl	mess : Normal	(c) DE : 1.6 cm.		
(d) EF :64mm/sec	(e) EPSS	: 06 mm	(f) Vegetation : -		
(g) Calcium : -					
Posterior mitral leaflet : Nor	mal				
(a). Motion : Normal	(b)) Calcium: -	(c) Vegetation :-		
Valve Score : Mobility /4 Thickness /4 SVA /4 Calcium /4 Total /16					
2. AORTIC VALVE STUDY	7				
(a) Aortic root :2.7cms	(b) Aortic Op	ening :1.5cm	s (c) Closure: Central		
(d) Calcium : -	(d) Calcium : - (e) Eccentricity Index : 1 (f) Vegetation : -				
(g) Valve Structure : Tricus					
3. PULMONARY VALVES	STUDY Nor	rmal			
(a) EF Slope : -	(b) A	Wave: +	(c) MSN : -		
(D) Thickness :	(e) Oth	ers :			
4. TRICUSPID VALVE :	Norma	CHA			
5. SEPTAL AORTIC CON	TINUITY	6. AORTIC MIT	TRAL CONTINUITY		
Left Atrium : 3.3 cms	Clot :	-	Others :		
Right Atrium : Normal	Clot :	-	Others : -		



Contd.....



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VENTRICLES

RIGHT VENTRICLE : Normal RVD (D) RVOT

LEFT VENTRICLE :

LVIVS (D) 0.8 cm (s) 1.3 cm

LVPW (D) 0.8cm (s) 1.2 cm

LVID (D) 4.3 cm (s) 2.8 cm

Motion : normal

Motion : Normal

Ejection Fraction :64%

Fractional Shortening : 34 %

TOMOGRAPHIC VIEWS

NO RWMA

Parasternal Long axis view :

DILATED LA GOOD LV CONTRACTILITY.

Short axis view

Aortic valve level :

AOV - NORMAL **PV - NORMAL** TV - NORMAL MV - NORMAL

Mitral valve level :

Papillary Muscle Level :

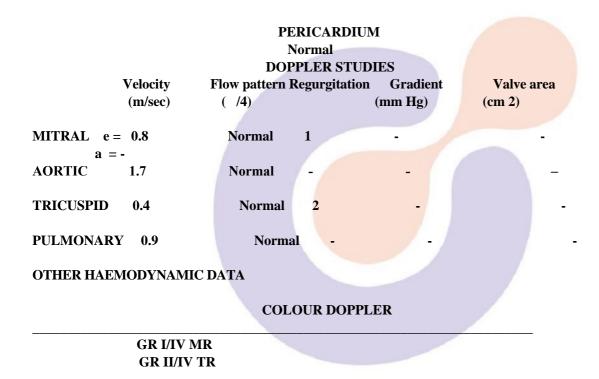
Apical 4 chamber View : No LV CLOT





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CONCLUSIONS :

- DILATED LA
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 64- %
- NO RWMA
- MILD MR
- MODERATE TR
- MILD PAH (PASP =46 mmHg)
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSSION

DR. PANKAJ RASTOGI, MD, DM





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ULTRASOUND STUDY OF WHOLE ABDOMEN

- Liver is mildly enlarged in size measures 155 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 partially distended (not fasting).
- <u>CBD</u> is normal at porta. No obstructive lesion is seen.
- **<u>Portal vein</u>** Portal vein is normal at porta.
- <u>Pancreas</u> Visualized part of pancreas shows raised parenchymal echogenicity. Rest of the pancreas is obscured by bowel gases.
- <u>Spleen</u> is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No ascites is seen.
- <u>Both kidneys</u> are normal in size and position. Bilateral renal parenchymal echogenicity is raised with maintained cortico-medullary differentiation. No hydronephrosis is seen. No calculus is seen. A cyst of size 9 x 8 mm is seen at lower pole of right kidney. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 93 x 37 mm in size. Left kidney measures 94 x 42 mm in size.
- <u>Urinary bladder</u> is partially distended with Foley's bulb in situ. Pre void urine volume 29 cc.

OPINION:

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- HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE I.
- RAISED PARENCHYMAL ECHOGENICITY OF VISUALIZED PART OF PANCREAS ? FATTY INFILTRATION / ?? SIGNIFICANCE (ADV : SERUM AMYLASE & LIPASE CORRELATION).
- BILATERAL RAISED RENAL PARENCHYMAL ECHOGENICITY (ADV : RFT CORRELATION).
- RIGHT RENAL CYST.

Clinical correlation is necessary.

IARAK

(DR. JAYENDRA KUMAR, MD)

Transcribed by Rachna





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SKIAGRAM CHEST PA VIEW

- Broncho-vascular markings are prominent in both lung fields.
- Cardiomegaly is present.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined. OPINION
- CARDIOMEGALY.

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Clinical correlation and Cardiac evaluation is needed.

Transcribed by Gausiya

[DR. RAJESH KUMAR SHARMA, MD]

