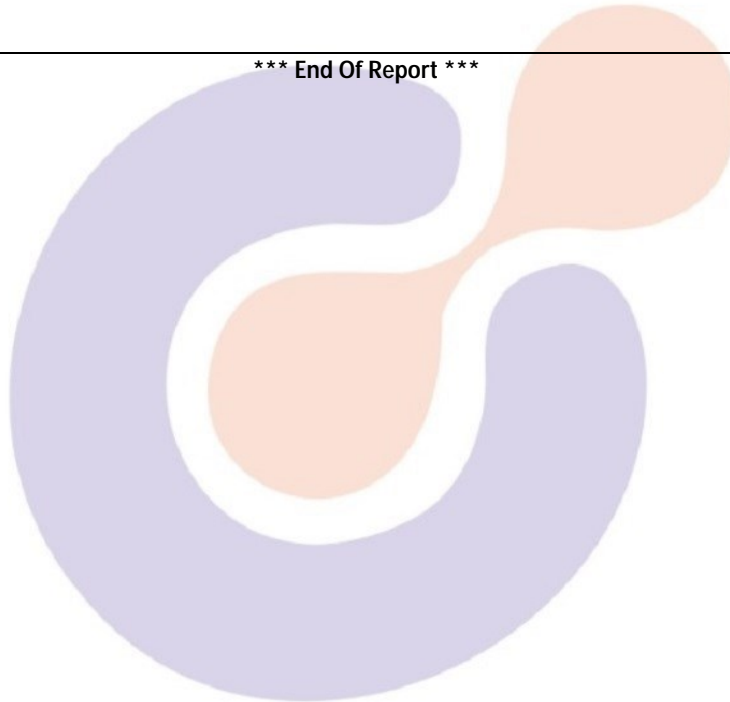


Patient Name : Mr. SHAMSHUL	Visit No : CHA250037506
Age/Gender : 60 Y/M	Registration ON : 02/Mar/2025 09:54AM
Lab No : 10134801	Sample Collected ON : 02/Mar/2025 09:56AM
Referred By : Dr. B HOPE HOSPITAL **	Sample Received ON : 02/Mar/2025 10:06AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 11:25AM
Doctor Advice : CREATININE, CT Whole Abdomen, 2D Echo	



Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	1.40	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

*** End Of Report ***



CHARAK



MC-2491

Print.Date/Time: 02-03-2025 13:30:45

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sham

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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2D- ECHO & COLOR DOPPLER REPORT

1. **MITRAL VALVE STUDY** : MVOA – 0.9 cms²(perimetry) / 1.0 cm² (PHT)

Anterior Mitral Leaflet:

(a) Motion: restricted (b) Thickness : thickened (c) DE : 1.7 cm.
 (d) EF : 148 mm/sec (e) EPSS : 04 mm (f) Vegetation : -
 (g) Calcium : -

Posterior mitral leaflet : Thickened

(a). Motion :paradoxical anterior (b) Calcium: - (c) Vegetation :-

Valve Score : Mobility	3/4	Thickness	3 /4	SVA	2/ 4
Calcium	3/4	Total	11		/16

2. AORTIC VALVE STUDY

(a) Aortic root : 2.6 cms (b) Aortic Opening : 1.6 cms (c) Closure: Central
 (d) Calcium : - (e) Eccentricity Index : 1 (f) Vegetation : -

(g) Valve Structure : Tricuspid

3. PULMONARY VALVE STUDY

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

4. TRICUSPID VALVE : Normal

5. SEPTAL AORTIC CONTINUITY

Left Atrium : 5.0 Cms
 Right Atrium : Dilated

6. AORTIC MITRAL CONTINUITY

Clot : - Others :
 Clot : - Others : -

Contd.....



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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D) cms

RVOT

LEFT VENTRICLE :

LVIVS (D) 0.6 cms (s) 1.1 cm

Motion : Normal

LVPW (D) 0.6 cm (s) 1.0cm

Motion : Normal

LVID (D) 4.1cm (s) 2.6 cm

Ejection Fraction : 65 %

Fractional Shortening : 35 %

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

DILATED LA & RA , RV HYERTROPHY

GOOD LV CONTRACTILITY

MV – THICKENED, DIASTOLIC DOMING +

AOV- NORMAL

Short axis view

TV – NORMAL

PV – NORMAL

Aortic valve level

NO CLOT VEGETATION

Mitral valve level :

Papillary Muscle Level

NO PERICARDIAL EFFUSION



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PERICARDIUM

Normal

DOPPLER STUDIES

	Velocity (M/sec)	Flow pattern (/4)	Regurgitation	Gradient (mm Hg)	Valve area (cm 2)
MITRAL	1.9 1.4	Spectral Broadening	1	Mx=14.6 Mean= 7.9	1.0
AORTIC	1.0	-	-	-	-
TRICUSPID	0.5	-	2	-	-
PULMONARY	0.9	-	-	-	-

OTHER HAEMODYNAMIC DATA

TR peak vel = 3.4m/sec ; RV-RA PSG =47mmHg ; Expected PASP = 57 mmHg

COLOUR DOPPLER

GR I/IV MR
GR II/IV TR

CONCLUSIONS :

DILATED LA & RA , RV HYPERTROPHY

GOOD LV CONTRACTILITY

LVEF = 65 %

SEVERE NON CALCIFIC MITRAL STENOSIS (MVA= 0.9 cm2 ,MV Score= 11 /16)

MILD MR

PAH

MODERATE TR

ATRIAL FIBRILLATION

NO PERICARDIAL EFFUSION

NO CLOT VEGETATION

IMPRESSION : RHD: SEVERE CALCIFIC MITRAL STENOSIS, MILD MR,PAH
MODERATE TR WITH AF

DR. PANKAJ RASTOGI, MD, DM



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CT WHOLE ABDOMEN

CECT STUDY OF WHOLE ABDOMEN

- **Liver** is enlarged in size (approx. 201mm) and shows normal density of parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is normal in size and shows normal lumen. No mass lesion is seen. GB walls are not thickened (*CT is not modality of choice for biliary and gall bladder calculi, USG is advised for the same*).
- **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 density of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous density of parenchyma. No SOL is seen.
- **Right kidney** is normal in size, position and shows poor post contrast parenchymal enhancement with a small area of relatively normal enhancement along anterior cortex at mid pole. There is poor opacification of branches of right renal artery with faintly visualized mid polar branch and reduced calibre. Mild perinephric fat stranding is seen. Hyperdense calyceal calculi measuring approx. 3.5mm and 2.5mm are seen at upper and lower poles respectively.
- Confluent non enhancing hypodense lesions are seen in retroperitoneum partially encasing inferior vena cava and reaching upto right common iliac vein — likely lymphangiectasia.
- **Left kidney** is normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen.
- **Both ureters** are normal in course and caliber.
- Few subcentimetric mesenteric and retroperitoneal lymphnodes are seen.
- No ascites is seen.
- **Urinary bladder** is distended with Foley's bulb in situ. No calculus or mass lesion is seen. UB walls are not thickened
- **Prostate** is enlarged measures 44 x 34 x 32mm with volume of 24.8cc.
- Degenerative changes are seen in visualized part of spine.
- Appended sections of thorax show minimal to mild right pleural effusion with calcified pleural plaque on right side and mitral valve calcification.

IMPRESSION:

- **HYPOENHANCING RIGHT KIDNEY WITH POOR OPACIFICATION OF BRANCHES OF RIGHT RENAL ARTERY —? EMBOLIC ?? CAUSE.**
- **HEPATOMEGALY.**
- **RIGHT RENAL CALCULI.**
- **BORDERLINE PROSTATOMEGALY.**

Clinical correlation is necessary.

[DR. JAYENDRA KR. ARYA, MD]



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Transcribed by R R...

*** End Of Report ***

