

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

Patient Name	: Mr.RAM NARESH	Visit No	: CHA250038117
Age/Gender	: 36 Y/M	Registration ON	: 03/Mar/2025 12:17PM
Lab No	: 10135412	Sample Collected ON	: 03/Mar/2025 12:17PM
Referred By	: Dr.DEEPAK DEEWAN	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 03/Mar/2025 04:11PM

# ECG -REPORT

RATE	: 64 bpm		
* RHYTHM	: Normal		
* P wave	: Normal		
* PR interval	: Normal		
* QRS Axis	: Normal		
Duration	: Normal		
Configuration	: Normal		
* ST-T Changes	: None		
* QT interval			
* QTc interval	: Sec.		
* Other			
OPINION: ECG WITH IN NORMAL LIMITS (FINDING TO BE CORRELATED CLINICALLY)			



[DR. RAJIV RASTOGI, MD, DM]





PR.

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2D- ECHO & COLOR DOPPLER REPORT					
1. MITRAL VALVE STUDY : MVOA - Normal (perimetry) cm2 (PHT)					
Anterior Mitral Leaflet:					
(a) Motion: Normal	(b) Thickness :	Normal (c)	<b>DE</b> : 2.0 cm.		
(d) EF 75 mm/sec	(e) EPSS : 06	ómm (f) V	regetation : -		
(g) Calcium : -					
Posterior mitral leaflet : No	rmal				
(a). Motion : Norma	l (b) Calci	um: -	(c) Vegetation : -		
Valve Score : Mobility /4 Thi <mark>ckness /4 SVA</mark> /4 Calcium /4 Total /16					
2. AORTIC VALVE STUDY					
(a) Aortic root 3.1cms	(b) Aortic Opening		Closure: Central		
(d) Calcium : - (e) Eccentricity Index : 1 (f) Vegetation : -					
(g) Valve Structure : Tricu	spid,				
3. PULMONARY VALVE	STUDY Normal				
(a) EF Slope : -	(b) A Wave	: +	(c) MSN : -		
(D) Thickness :	(e) Others :				
4. TRICUSPID VALVE: Normal FARA					
5. SEPTAL AORTIC CONTINUITY 6. AORTIC MITRAL CONTINUITY					
Left Atrium :2.8 cms	Clot : -	Other			
Right Atrium : Normal	Clot: -	Otl	hers : -		



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# VENTRICLES

RIGHT VENTRICLE : Normal RVD (D) RVOT

**LEFT VENTRICLE :** 

LVIVS (D) 0.9 cm (s) 1.4cm

**LVPW** (D) 0.8cm (s) 1.3 cm

**LVID** (D) 5.3 cm (s) 3.1 cm

Motion : normal

Motion : Normal

Ejection Fraction :70%

**Fractional Shortening :40 %** 

# 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

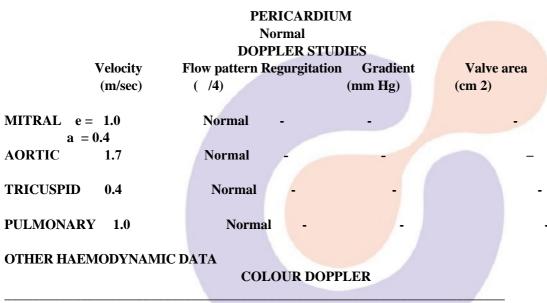
Apical 4 chamber View : No LV CLOT





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## NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

# CONCLUSIONS :

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 70 %
- NO RWMA
- ALL VALVES NORMAL
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSSION

**OPINION – NORMAL 2D-ECHO & COLOUR DOPPLER STUDY** 

DR. RAJIV RASTOGI, MD, DM

CHARAK





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## ULTRASOUND STUDY OF WHOLE ABDOMEN

- <u>Liver</u> is mildly enlarged in size (~161mm) 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.
- <u>Gall bladder</u> is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- <u>CBD</u> is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- <u>Pancreas</u> is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- <u>Spleen</u> is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- <u>Both kidneys</u> are small in size and normal in position. No hydronephrosis is seen. Bilateral renal parenchymal echogenicity is increased (Grade-III) with loss of cortico-medullary differentiation. No calculus or mass lesion is seen. No scarring is seen. Right kidney measures 69 x 31 mm in size. Left kidney measures 67 x 29 mm in size.
- **<u>Ureters</u>** Both ureters are not dilated. UVJ are seen normally.
- Urinary bladder is partially distended.
- **<u>Prostate</u>** is normal in size and shows homogenous echotexture of parenchyma. No mass lesion is seen.

### OPINION:

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- MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.
- BILATERAL GRADE -III CHRONIC KIDNEY DISEASE (ADV: RFT & RENAL DOPPLER).

Clinical correlation is necessary.

([DR. R. K. SINGH, MD])

Transcribed by Gausiya





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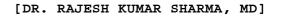
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## SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are normal.
- Cardiac shadow is in upper limits of normal.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined. **OPINION**
- NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.

## Clinical correlation is necessary.

Transcribed by R R...



\*\*\* End Of Report \*\*\*

