

Patient Name : Ms.SUSHMA SINGH Visit No : CHA250038331  
Age/Gender : 70 Y/F Registration ON : 03/Mar/2025 03:11PM  
**Lab No : 10135626** Sample Collected ON : 03/Mar/2025 03:11PM  
Referred By : Dr.NIRUPAM PRAKASH Sample Received ON :  
Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 03/Mar/2025 06:00PM

**ECG -REPORT**

RATE : 80 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]

CHARAK



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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) DE :1.6 cm.  
(d) EF :56mm/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 :2.5cms (b) Aortic Opening :1.5cms (c) Closure: Central  
(d) Calcium : - (e) Eccentricity Index : 1 (f) Vegetation : -

(g) Valve Structure : Tricuspid,

3. PULMONARY VALVE STUDY

(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 : 2.8cms 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

**Motion** : normal

**LVPW (D)** 0.7cm (s) 1.2 cm

**Motion** : Normal

**LVID (D)** 4.0 cm (s) 2.6 cm

**Ejection Fraction** :65%

**Fractional Shortening** :35%

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 = 0.9 a = 1.2	a > e	-	-	-
AORTIC	1.7	Normal	-	-	-
TRICUSPID	0.3	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 = 65 %
- NO RWMA
- a > e
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

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**DR. RAJIV RASTOGI, MD,DM**



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### ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is normal in size, and shows homogenous 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 normal in size and shows anechoic lumen. No calculus/mass lesion is seen. GB walls are not thickened.
- **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 97 x 39 mm in size. Left kidney measures 81 x 47 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is *post menopausal status*.
- No adnexal mass lesion is seen.
- **Pre void urine volume approx. 222cc.**
- **Post void residual urine volume -Nil.**

### OPINION:

- **NO SIGNIFICANT ABNORMALITY DETECTED.**

Clinical correlation is necessary.

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

Transcribed by Gausiya





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**SKIAGRAM CHEST PA VIEW**

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

**IMPRESSION:**

- **BRONCHITIS.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

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**CHARAK**

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

