

Patient Name : Mr. RAM SURAT YADAV	Visit No : CHA250039665
Age/Gender : 85 Y O M O D /M	Registration ON : 05/Mar/2025 12:02PM
<b>Lab No : 10136960</b>	Sample Collected ON : 05/Mar/2025 12:12PM
Referred By : Dr. KK GUPTA	Sample Received ON : 05/Mar/2025 12:30PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 05/Mar/2025 01:55PM
Doctor Advice : 2D ECHO,CBC (WHOLE BLOOD),NA+K+,CREATININE,UREA,RANDOM,CHEST PA,MRI BRAIN	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	<b>11.8</b>	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	<b>3.70</b>	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	38.6	%	36 - 45	Pulse hieght detection
MCV	<b>104.9</b>	fL	80 - 96	calculated
MCH	32.1	pg	27 - 33	Calculated
MCHC	30.6	g/dL	30 - 36	Calculated
RDW	13.6	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5750	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	60	%	40 - 75	Flowcytometry
LYMPHOCYTES	32	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	6	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	<b>109,000</b>	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	<b>120000</b>	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,450	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,840	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	115	/cmm	20-500	Calculated
Absolute Monocytes Count	345	/cmm	200-1000	Calculated
Mentzer Index	28			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with few macrocytes. Platelets are reduced. No immature cells or parasite seen.



[Checked By]



*Sham*

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

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<b>Lab No : 10136960</b>	Sample Collected ON : 05/Mar/2025 12:12PM
Referred By : Dr. KK GUPTA	Sample Received ON : 05/Mar/2025 12:24PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 05/Mar/2025 02:01PM
Doctor Advice : 2D ECHO,CBC (WHOLE BLOOD),NA+K+,CREATININE,UREA,RANDOM,CHEST PA,MRI BRAIN	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD SUGAR RANDOM</b>				
BLOOD SUGAR RANDOM	94.3	mg/dl	70 - 170	Hexokinase
<b>NA+K+</b>				
SODIUM Serum	139.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.3	MEq/L	3.5 - 5.5	ISE Direct
<b>BLOOD UREA</b>				
BLOOD UREA	<b>75.60</b>	mg/dl	15 - 45	Urease, UV, Serum
<b>SERUM CREATININE</b>				
CREATININE	<b>1.80</b>	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

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

CHARAK



[Checked By]



*Sham*

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PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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### 2D- ECHO & COLOR DOPPLER REPORT

1. **MITRAL VALVE STUDY** : MVOA - Normal (perimetry) cm<sup>2</sup> (PHT)

**Anterior Mitral Leaflet:**

- (a) **Motion**: Normal                      (b) **Thickness** : Normal                      (c) **DE** : 1.5 cm.  
 (d) **EF** : 60 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** : 3.4cms      (b) **Aortic Opening** : 1.7cms      (c) **Closure**: Central  
 (d) **Calcium** : -                      (e) **Eccentricity Index** : 1                      (f) **Vegetation** : -

(g) **Valve Structure** : THICK

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** : 4.1 cms                      **Clot** : -                      **Others** :  
**Right Atrium** : Normal                      **Clot** : -                      **Others** : -

Contd.....



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VENTRICLES

**RIGHT VENTRICLE** : Normal

**RVD (D)**  
**RVOT**

**LEFT VENTRICLE** :

**LVIVS (D)** 0.9 cm (s) 1.4 cm

**Motion** : normal

**LVPW (D)** 1.2cm (s) 1.8 cm

**Motion** : Normal

**LVID (D)** 4.1 cm (s) 2.7 cm

**Ejection Fraction** : **64%**

**Fractional Shortening** : **34%**

*TOMOGRAPHIC VIEWS*

**Parasternal Long axis view** :

NORMAL LV RV DIMENSION  
GOOD LV CONTRACTILITY.

**Short axis view**

**Aortic valve level** :

AOV - THICK  
**PV - NORMAL**  
TV - NORMAL

MV - NORMAL

**Mitral valve level** :

**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 = 0.5 a = 0.7	a > e	-	-	-
AORTIC	1.1	Normal	1	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	0.8	Normal	-	-	-

**OTHER HAEMODYNAMIC DATA**

**COLOUR DOPPLER**

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**GR I / IV AR**

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**CONCLUSIONS :**

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 64 %
- NO RWMA
- MILD AR, AOV THICK
- a > e
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

**DR. PANKAJ RASTOGI MD.DM**



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**SKIAGRAM CHEST PA VIEW**

- Rotation + .
- Both lung fields are clear.
- Bilateral hilar shadows are prominent.
- Cardiomegaly is present. Unfolding of aorta is seen .
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

**IMPRESSION:**

- **CARDIOMEGALY.**

Clinical correlation and Cardiac evaluation is needed.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP



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## **MRI: BRAIN**

### **IMAGING SEQUENCES (NCMR)**

**AXIAL: SWI, DWI, T1, FLAIR & TSE T2 Wis. SAGITTAL: T2 Wis. CORONAL: FLAIR Wis.**

Large subacute subdural hematoma (acute on subacute) is seen in left fronto-parietal convexity (maximum thickness approx 23 mm). Mass effect is seen in form of effacement of adjacent cortical sulci left lateral ventricle and midline shift of approx. 6mm towards right.

Cortical sulci are seen prominent in both cerebral hemispheres with prominence of bilateral lateral and third ventricle- Diffuse cerebral atrophy.

Diffuse cerebellar atrophy is noted with prominence of cerebellar folia.

T2 and TIRM hyperintensities are noted in the periventricular white matter in both cerebral hemispheres — Ischemic demyelinating changes.

Small ring like intra-axial lesion is seen in left frontal lobe. Core of the lesion is showing hyperintense signal on T2 W images & hypointense signal on T1 W images with tiny eccentric is scolex. No perifocal edema is observed. Features are suggestive of inflammatory granuloma.

Rest of the cerebral hemispheres show normal MR morphology, signal intensity and gray - white matter differentiation. The basal nuclei, thalami and corpus callosum are showing normal signal intensity pattern.

Brain stem and rest of the cerebellar hemispheres are showing normal morphology, signal intensity and outline. Fourth ventricle is normal in size and midline in position.

Major intracranial dural venous sinuses are showing normal outline and flow void.

Sella, supra-sellar and para-sellar structures are normally visualized.

### **IMPRESSION:**

- **Large subacute subdural hematoma in left fronto-parietal convexity with mass effect.**
- **Inflammatory granuloma in frontal lobe -- ? neurocysticercus (vesicular stage).**
- **Diffuse cerebral & cerebellar atrophy with Ischemic demyelinating changes.**

*Please correlate clinically.*

**DR. RAVENDRA SINGH  
MD**

Transcribed by Priyanka...

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

