	arak dhar			Phone : 0522-406 9415577933, 933 E-mail : charak19 CMO Reg. No. 1	2223, 9305 36154100, <b>1</b> 84@gmail.c <b>RMEE 244</b>		)03
DIAGING	<b>J31103</b> Pvt. Ltd.			NABLReg. No.I Certificate No. M	MC-2491		
Age/Gender: 50 Y/FLab No: 10138369Referred By: Dr.UNIVERSE HOSP. & TRAUMA C			Ri Sa Sa	Visit No : CHA250041074 Registration ON : 07/Mar/2025 11:19AM Sample Collected ON : 07/Mar/2025 11:25AM Sample Received ON : 07/Mar/2025 11:38AM Report Generated ON : 07/Mar/2025 12:37PM			
	Test Name	Result	Unit	Bio. Ref. R	ange	Method	
URIC ACID		Kesult			ange	Wiethou	 ]
Sample Type : S	FRUM						
SERUM URIC		6.2	mg/dL	2.40 - 5.	70	Uricase,Colorimetric	] ;
		CH	AR/	١K			



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 1 of 1

[Checked By]

Print.Date/Time: 07-03-2025 13:30:15 \*Patient Identity Has Not Been Verified. Not For Medicolegal

PR.

Patient Name	: Ms.ANISHA IQBAL	Visit No	: CHA250041074
Age/Gender	: 50 Y/F	Registration ON	: 07/Mar/2025 11:19AM
Lab No	: 10138369	Sample Collected ON	: 07/Mar/2025 11:19AM
Referred By	: Dr.UNIVERSE HOSP. & TRAUMA CEN	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 07/Mar/2025 11:47AM

# 2D- ECHO & COLOR DOPPLER REPORT

1. MITRAL VALVE STUDY : Anterior Mitral Leaflet:	MVOA - Normal	( perimet	ry) cm2 (PHT)	
(a) Motion: Normal	(b) Thickness	: Normal	(c) <b>DE</b> : 1.6 cm.	
(d) EF 47 mm/sec	(e) EPSS : 0	<b>6</b> mm	(f) Vegetation : -	
(g) Calcium : -				
Posterior mitral leaflet : Norma	al			
(a). Motion : Normal	(b) Calo	ium: -	(c) Vegetation :	-
Valve Score : Mobility Calcium 2. AORTIC VALVE STUDY	y /4 Thic /4 Tota	kness /4 SV al /16	XA /4	
(a) Aortic root :2.5cms ( (d) Calcium : -	(b) Aortic Opening (e) Eccentricity	-	(c) Closure: Central (f) Vegetation : -	
<ul> <li>(g) Valve Structure : Tricuspi</li> <li>3. PULMONARY VALVE ST</li> <li>(a) EF Slope : -</li> </ul>		e:+	(c) MSN : -	
(D) Thickness :	(e) Others	:		
<ul> <li>4. TRICUSPID VALVE :</li> <li>5. SEPTAL AORTIC CONTI Left Atrium : 3.4 cms</li> </ul>	Normal NUITY 6. A Clot : -	ORTIC MITH	RAL CONTINUITY Others :	
Right Atrium : 3.4 cms	Clot : -		Others : -	



PR.

Contd.....

Patient Name	: Ms.ANISHA IQBAL	Visit No	: CHA250041074
Age/Gender	: 50 Y/F	Registration ON	: 07/Mar/2025 11:19AM
Lab No	: 10138369	Sample Collected ON	: 07/Mar/2025 11:19AM
Referred By	: Dr.UNIVERSE HOSP. & TRAUMA CEN	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 07/Mar/2025 11:47AM

# VENTRICLES

**RIGHT VENTRICLE :** Normal

RVD (D) RVOT						
LEFT VENTRICLE :	LEFT VENTRICLE :					
<b>LVIVS</b> (D) 0.9 cm (s)1.4 cm	Motion : normal					
<b>LVPW</b> (D) 0.9cm (s) 1.4 cm	Motion : Normal					
<b>LVID</b> (D) 4.1 cm (s) 2.6 cm	<b>Ejection Fraction :65%</b>					

Fractional Shortening : 35 %

	TOMOGRA	APHIC VIEWS
Parasternal Long axis view :		
	NORMA	L LV RV DIMENSION
	GOOD	LV CONTRACTILITY.

Short axis view

Aortic valve level :	AOV - NORMAL <b>PV - NORMAL</b> TV - NORMAL
Mitral valve level :	MV - NORMAL
Papillary Muscle Level :	NO RWMA
Apical 4 chamber View :	No LV CLOT



Patient Name	: Ms.ANISHA IQBAL	Visit No	: CHA250041074
Age/Gender	: 50 Y/F	Registration ON	: 07/Mar/2025 11:19AM
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	PERICARDIUM Normal DOPPLER STUDIES				
·	Velocity (m/sec)	Flow pattern Re ( /4)	gurgitation	Gradient (mm Hg)	Valve area (cm 2)
MITRAL $e = a = 0$		Normal	-	-	-
AORTIC	1.3	Normal	-	-	_
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	1.0	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
- ALL VALVES NORMAL
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSSION

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

# DR. PANKAJ RASTOGI, MD, DM



Patient Name	: Ms.ANISHA IQBAL	Visit No	: CHA250041074
Age/Gender	: 50 Y/F	Registration ON	: 07/Mar/2025 11:19AM
Lab No	: 10138369	Sample Collected ON	: 07/Mar/2025 11:19AM
Referred By	: Dr.UNIVERSE HOSP. & TRAUMA CEN	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 07/Mar/2025 12:56PM

# **ULTRASOUND STUDY OF WHOLE ABDOMEN**

# Highly compromised scan due to gaseous abdomen & patient fatty body habitus.

- <u>Liver</u> is moderately enlarged in size measures 173 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.
- <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.
- **<u>Portal vein</u>** 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.

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- **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 102 x 43 mm in size. Left kidney measures 98 x 48 mm in size.
- **<u>Ureters</u>** Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> is partially distended with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- <u>Uterus</u> is **bulky in size, measures 100 x 50 x 47 mm** and shows homogenous myometrial echotexture. Endometrial thickness measures 5.5 mm. No endometrial collection is seen. No mass lesion is seen.
- **<u>Cervix</u>** is normal in size, shape and echotexture.
- **Both ovaries** are normal in size, shape and echotexture.
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.

#### **OPINION:**

- Moderate hepatomegaly with fatty infiltration of liver grade I.
- Bulky uterus.

#### Clinical correlation is necessary.

(DR. R.K. SINGH, MD)

Transcribed by Rachna

