

Patient Name : Ms.VIDYAWATI JAISWAL  
Age/Gender : 67 Y/F  
**Lab No : 10138921**  
Referred By : Dr.ROHAN BAJPAI  
Refer Lab/Hosp : CGHS (BILLING)

Visit No : CHA250041626  
Registration ON : 08/Mar/2025 10:04AM  
Sample Collected ON : 08/Mar/2025 10:04AM  
Sample Received ON :  
Report Generated ON : 08/Mar/2025 12:58PM

**ECG -REPORT**

RATE : 84 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. PANKAJ 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 : 1.5 cm.  
(d) EF 54 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 : 2.8cms (b) Aortic Opening : 1.4cms (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 : 2.7 cms	Clot : -	Others :
Right Atrium : Normal	Clot : -	Others : -

Contd.....



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VENTRICLES

RIGHT VENTRICLE : Normal

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

LEFT VENTRICLE :

LVIVS (D) 0.8 cm (s) 1.3 cm

Motion : normal

LVPW (D) 1.1cm (s) 1.6 cm

Motion : Normal

LVID (D) 4.4 cm (s) 2.3 cm

Ejection Fraction : **78%**

Fractional Shortening : **47 %**

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 <sup>2</sup> )
MITRAL	e = 0.5 a = 0.9	a > e	-	-	-
AORTIC	1.2	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	0.7	Normal	-	-	-

**OTHER HAEMODYNAMIC DATA**

**COLOUR DOPPLER**

**NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE**

**CONCLUSIONS :**

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 78 %
- NO RWMA
- a > e, DIASTOLIC DYSFUNCTION
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

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DR. PANKAJ RASTOGI, MD,DM



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### **ULTRASOUND STUDY OF WHOLE ABDOMEN**

- **Liver** is mildly enlarged in size, 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.
- **Gall bladder** is normal in size and shows anechoic lumen. GB walls are not thickened. **Tiny echogenic focus at posterior wall of body region measuring approx 4.7 x 2.5mm with organized sludge.**
- **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. **Simple renal cortical cysts (Bosniak type-I) are seen at mid pole in both kidneys measuring approx 23 x 27mm in right kidney and 20 x 18mm in left kidney.** No calculus is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 81 x 40 mm in size. Left kidney measures 98 x 38 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is *inadequate distended.*
- **Post void residual urine volume – Nil.**

### **OPINION:**

- **MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.**
- **ORGANIZED GB SLUDGE / ? TINY GB POLYP (ADV: FOLLOW UP).**
- **BILATERAL SIMPLE RENAL CORTICAL CYSTS.**

**(Possibility of acid peptic disease could not be ruled out).**

**Clinical correlation is necessary.**

*Transcribed by Gausiya*

**[DR. R. K. SINGH, MD]**





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**SKIAGRAM CHEST PA VIEW**

- Linear fibrotic opacities are seen in right parahilar region.
- Rest of lungs fields are clear.
- Right hilar shadow is 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.

To be correlated with previous records.

CHARAK

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed By: Priyanka

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

