

Patient Name	: Mr. SHRI PRAKASH	Visit No	: CHA250042901
Age/Gender	: 50 Y/M	Registration ON	: 10/Mar/2025 11:41AM
<b>Lab No</b>	<b>: 10140196</b>	Sample Collected ON	: 10/Mar/2025 11:41AM
Referred By	: Dr. DILSHAD AHMAD KHAN	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 10/Mar/2025 02:35PM

**ECG -REPORT**

RATE : 86 bpm

\* RHYTHM : Normal

\* P wave : Normal

\* PR interval : Normal

\* QRS Axis : Normal

Duration : Normal

Configuration : Loss of r in L3,avF

\* ST-T Changes : ST Sagging in L2,L3,avF

\* QT interval :

\* QTc interval : Sec.

\* Other :

**OPINION:** ?INFERIOR WALL ISCHEMIA  
(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) cm<sup>2</sup> (PHT)  
Anterior Mitral Leaflet:

(a) Motion: Normal (b) Thickness : Normal (c) DE : 1.4 cm.  
(d) EF : 53 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 : 2.9cms (b) Aortic Opening : 1.7cms (c) Closure: Central  
(d) Calcium : - (e) Eccentricity Index : 1 (f) Vegetation : -  
(g) Valve Structure : Tricuspid, Normal

3. **PULMONARY VALVE STUDY**

(a) EF Slope : - (b) A Wave : + (c) MSN : -  
(D) Thickness : (e) Others :

4. **TRICUSPID VALVE** : Normal

5. **SEPTAL AORTIC CONTINUITY**

Left Atrium : 3.3 cms  
Right Atrium : Normal

6. **AORTIC MITRAL CONTINUITY**

Clot : - Others :  
Clot : - Others : -

Contd.....

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**VENTRICLES**

**RIGHT VENTRICLE** : Normal

RVD (D)  
RVOT

**LEFT VENTRICLE** :

LVIVS (D) 1.0 cm (s) 1.4 cm

Motion : normal

LVPW (D) 1.0cm (s) 1.2 cm

Motion : Normal

LVID (D) 5.2 cm (s) 3.9cm

Ejection Fraction :48%

Fractional Shortening : 24 %

**Parasternal Long axis view** :

**TOMOGRAPHIC VIEWS**

NORMAL LV RV DIMENSION  
MILDLY DEPRESSED LV CONTRACTILITY.

**Short axis view**

**Aortic valve level** :

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

**Mitral valve level** :

MID POSTERIOR , BASAL POSTERIOR , MID INFERIOR & BASAL  
INFERIOR LV HYPOKINETIC

**Papillary Muscle Level** :

**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 = 0.6 a = 0.8	a > e	-	-	-
<b>AORTIC</b>	<b>1.0</b>	<b>Normal</b>	<b>Trivial</b>	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	0.7	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

**COLOUR DOPPLER**

TRIVIAL AR

**CONCLUSIONS** :

- NORMAL LV RV DIMENSION
- MILDLY DEPRESSED LV SYSTOLIC FUNCTION
- LVEF = 48 %
- MID POSTERIOR , BASAL POSTERIOR , MID INFERIOR & BASAL INFERIOR LV HYPOKINETIC
- TRIVIAL AR; AOV THICK
- a > e
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

**OPINION – PDA TERRITORY HYPOKINETIC**

DR. PANKAJ RASTOGI MD.DM

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## **MRI: LUMBO-SACRAL SPINE**

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

**AXIAL:** T1 & TSE T2 Wis. **SAGITTAL:** T1 & TSE T2 Wis **CORONAL:** T2

Lumbar spine is straightened with loss of usual spinal curvature. There is evidence of degenerative changes affecting lumbar spine. All the intervertebral discs are desiccated. Vertebrae are also showing degenerative changes in form of anterior osteophytosis and signal changes adjacent to end plates.

Diffuse disc bulge is seen at L2-3 level producing mild compromise of bilateral lateral recesses with mild extradural compression over thecal sac (AP thecal sac diameter 07mm).

Mild posterior disc bulge is seen at L3-4 level causing mild indentation over thecal sac without significant compromise of lateral recess and neural foramina (AP thecal sac diameter 9.6mm).

Diffuse disc bulge is seen at L4-5 level producing mild compromise of bilateral lateral recesses with mild extradural compression over thecal sac (AP thecal sac diameter 9.7mm).

Diffuse disc bulge is seen at L5-S1 level producing mild to moderate compromise of bilateral lateral recesses with mild extradural compression over thecal sac also contributed by facet joint hypertrophy (AP thecal sac diameter 10mm).

Lower dorsal spinal cord and conus medullaris are showing normal morphology, outline and signal intensity.

Pre and para vertebral soft tissues are normal.

Bilateral sacroiliac joints appear normal in the visualized sections.

Screening of rest of the spine was done which reveals degenerative changes with disc osteophyte complex at C3-4, C4-5, C5-6 & C6-7 levels.

## **IMPRESSION**

**Degenerative changes affecting lumbar spine with disc bulges at L2-3, L3-4, L4-5 & L5-S1 levels.**

Please correlate clinically.

**DR. RAVENDRA SINGH**  
**MD**

Typed by Ranjeet

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





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