

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003 Phone: 0522-4062223, 9305548277, 8400888844

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CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms.MEHRUN NISA Visit No : CHA250042970

 Age/Gender
 : 55 Y/F
 Registration ON
 : 10/Mar/2025 12:30PM

 Lab No
 : 10140265
 Sample Collected ON
 : 10/Mar/2025 12:30PM

Referred By : Dr.B HOPE HOSPITAL ** Sample Received ON

Refer Lab/Hosp : CHARAK NA Report Generated ON : 10/Mar/2025 03:52PM

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: 1.4 cm.

(d) EF :86 mm/sec (e) EPSS :03 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 :3.1cms (b) Aortic Opening :1.9cms (c) Closure: Central (d) Calcium : - (e) Eccentricity Index : 1 (f) Vegetation : -

(g) Valve Structure: Tricuspid,

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 : 2.9 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) 1.5 cm Motion: normal

LVPW (D) 0.9cm (s) 1.6 cm Motion: Normal

LVID (D) 4.5 cm (s) 2.4 cm Ejection Fraction :76%

Fractional Shortening: 45 %

TOMOGRAPHIC VIEWS

Parasternal Long axis view:

NORMAL LV RV DIMENSION GOOD LV CONTRACTILITY.

Short axis view

Aortic valve level: AOV - NORMAL

PV - NORMAL

ΓV - NORMAL

MV - NORMAL

Mitral valve level:

Papillary Muscle Level: NO RWMA

Apical 4 chamber View: No LV CLOT





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Valve area

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PERICARDIUM

Normal

DOPPLER STUDIES Flow pattern Regurgitation Gradient

(m/sec) (/4) (mm Hg) (cm 2)

AORTIC 1.4 Normal - - -

TRICUSPID 0.7 Normal 1 -

PULMONARY 0.9 Normal -

OTHER HAEMODYNAMIC DATA

Velocity

COLOUR DOPPLER

GRI/IVTR

CONCLUSIONS:

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 76 %
- NO RWMA
- MILD TR
- MILD PAH (PASP= 40mmHg)
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSSION

DR. RAJIV RASTOGI, MD,DM





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ULTRASOUND STUDY OF WHOLE ABDOMEN

- <u>Liver</u> is mildly enlarged in size, and shows homogenously 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 few calculi in lumen, largest measuring 13.8mm . No mass lesion is seen. GB walls are thickened [5.1mm].
- CBD is normal at porta. No obstructive lesion is seen.
- Portal vein is normal at porta.
- <u>Pancreas</u> is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- <u>Spleen</u> is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- <u>Both kidneys</u> 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 100 x 44 mm in size. Left kidney measures 97 x 47 mm in size.
- <u>Ureters</u> Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- <u>Uterus</u> is post menopausal measures $69 \times 35 \times 39$ mm and shows homogenous myometrial echotexture. Endometrial thickness measures 3.8 mm. No endometrial collection is seen. No mass lesion is seen.
- Cervix is normal.
- No adnexal mass lesion is seen.

OPINION:

MILD HEPATOMEGALY WITH FATTY INFILTRATION LIVER GRADE I . CHOLELITHIASIS WITH CHOLECYSTITIS.

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

transcribed by: anup

