

Patient Name : Mr. GYANENDRA NATH DWIVEDI	Visit No : CHA250043266
Age/Gender : 80 Y O M O D /M	Registration ON : 10/Mar/2025 04: 39PM
Lab No : 10140561	Sample Collected ON : 10/Mar/2025 04: 43PM
Referred By : Dr. MAX HOSPITAL	Sample Received ON : 10/Mar/2025 04: 52PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 06: 16PM
Doctor Advice : MRI BRAIN,2D ECHO,URIC ACID,TSH,CRP (Quantitative),CREATININE,RANDOM	



Test Name	Result	Unit	Bio. Ref. Range	Method
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CRP-QUANTITATIVE				
CRP-QUANTITATIVE TEST	3.3	MG/L	0.1 - 6	

Method: Immunoturbidimetric

(Method: Immunoturbidimetric on photometry system)

SUMMARY : C - reactive protien (CRP) is the best known among the acute phase protiens, a group of protien whose concentration increases in blood as a response to inflammatory disorders.CRP is normally present in low concentration in blood of healthy individuals (< 1mg/L). It is elevated up to 500 mg/L in acute inflammatory processes associated with bacterial infections, post operative conditions tissue damage already after 6 hours reaching a peak at 48 hours.. The measurment of CRP represents a useful aboratory test for detection of acute infection as well as for monitoring inflammtory proceses also in acute rheumatic & gastrointestinal disease. In recent studies it has been shows that in apparrently healthy subjects there is a direct orrelation between CRP concentrations & the risk of developing oronary heart disease (CHD).

hsCRP cut off for risk assessment as per CDC/AHA

Level	Risk
<1.0	Low
1.0-3.0	Average
>3.0	High

All reports to be clinically corelated

URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	7.0	mg/dL	2.40 - 5.70	Uricase,Colorimetric

[Checked By]

Print.Date/Time: 10-03-2025 20:05:43

*Patient Identity Has Not Been Verified. Not For Medicolegal



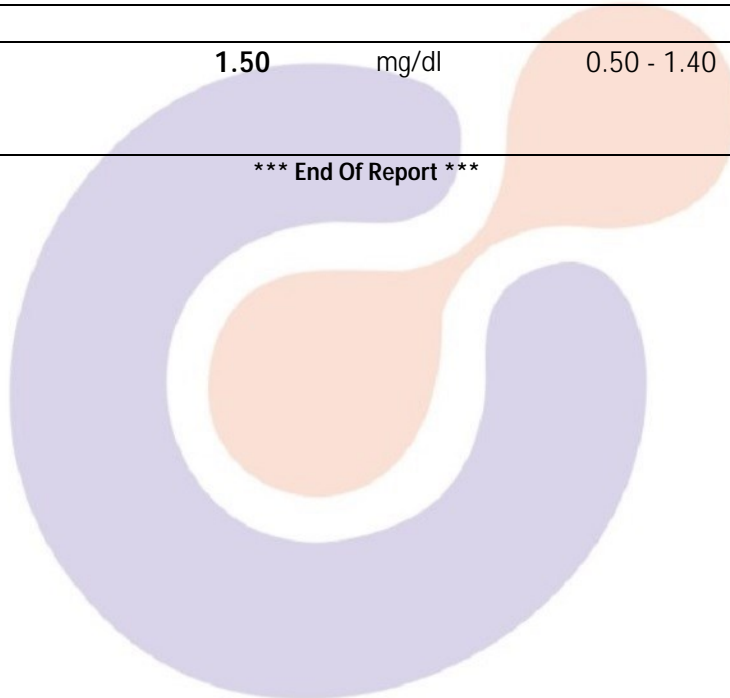
DR. NISHANT SHARMA PATHOLOGIST
DR. SHADABKHAN PATHOLOGIST
Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	158	mg/dl	70 - 170	Hexokinase
SERUM CREATININE				
CREATININE	1.50	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

*** End Of Report ***



CHARAK



[Checked By]

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PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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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** : 2.1 cm.
 (d) **EF** 118 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** :1.9 cms (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 :3.4 cms **Clot** : - **Others** :
Right Atrium : Normal **Clot** : - **Others** : -

Contd.....



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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)
RVOT

LEFT VENTRICLE :

LVIVS (D) 1.2 cm (s)1.8 cm

Motion : normal

LVPW (D)1.1cm (s) 1.8 cm

Motion : Normal

LVID (D) 4.5 cm (s)2.8 cm

Ejection Fraction :66%

Fractional Shortening : 36 %

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

CONCENTRIC LVH
GOOD LV CONTRACTILITY.

Short axis view

Aortic valve level :

AOV - NORMAL
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 = 1.0 a = 0.6	Normal	-	-	-
AORTIC	1.6	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	1.0	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- CONCENTRIC LVH
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 66 %
- NO RWMA
- ALL VALVES NORMAL
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

OPINION – CONCENTRIC LVH

DR. RAJIV RASTOGI, MD,DM



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MRI: BRAIN

IMAGING SEQUENCES (NCMR)

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

Large area of altered signal intensity showing restriction in DWI is noted in the right occipito-temporal lobes, splenium of corpus callosum & right thalamus — acute infarct.

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

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

Rest of the cerebral hemispheres show normal MR morphology, signal intensity and gray - white matter differentiation. Septum pellucidum and falx cerebri are in midline. No mass effect or midline shift is seen.

Brain stem and 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:

- **Acute infarct in the right occipito-temporal lobes, splenium of corpus callosum & right thalamus.**
- **Diffuse cerebral atrophy with ischemic demyelinating changes.**

Please correlate clinically.

DR. RAVENDRA SINGH
MD

Typed by Ranjeet

*** End Of Report ***

