

Patient Name	: Mr.VINEET KUMAR SHUKLA	Visit No	: CHA250043527
Age/Gender	: 37 Y/M	Registration ON	: 11/Mar/2025 08:56AM
Lab No	: 10140822	Sample Collected ON	: 11/Mar/2025 08:56AM
Referred By	: Dr.DEEPAK DEEWAN	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 11/Mar/2025 10:17AM

ECG -REPORT

RATE : 76 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 : 1.7 cm.
(d) EF : 144 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 : 3.0cms (b) Aortic Opening : 1.6cms (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 : 3.1 cms Clot : - Others :
Right Atrium : Normal Clot : - Others : -

Contd.....



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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)
RVOT

LEFT VENTRICLE :

LVIVS (D) 0.9 cm (s) 1.5 cm

Motion : normal

LVPW (D) 1.1cm (s) 1.5 cm

Motion : Normal

LVID (D) 5.3 cm (s) 2.9cm

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
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 ²)
MITRAL	e = 0.8 a = 0.6	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 = 76 %
- NO RWMA
- ALL VALVES NORMAL
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

CHARAK

OPINION – NORMAL 2D-ECHO & COLOUR DOPPLER STUDY

DR. PANKAJ RASTOGI, MD,DM



Patient Name	: Mr.VINEET KUMAR SHUKLA	Visit No	: CHA250043527
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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 11/Mar/2025 01:24PM

ULTRASOUND STUDY OF KUB

- **Right kidney** is 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 97 x 55 mm in size.
- **Left kidney** is normal in size and position. No hydronephrosis is seen. Tiny concretion measuring 2.1mm is seen in mid pole . No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Left kidney measures 97 x 46 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is partially distended with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is normal in size measures 30 x 42 x 29 mm with weight of 20 gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- Pre void urine volume approx 49cc.
- Post void residual urine volume is nil

IMPRESSION:

TINY LEFT RENAL CONCRETION .

Clinical correlation is necessary.

[DR. RK SINGH , MD]

transcribed by: anup

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SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are normal.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and body cage are seen normally.
- Both domes of diaphragm are sharply defined.

OPINION

- **NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

CHARAK

*** End Of Report ***

