

Patient Name	: Mr. VIJAY KUMAR	Visit No	: CHA250043552
Age/Gender	: 55 Y/M	Registration ON	: 11/Mar/2025 09:22AM
<b>Lab No</b>	<b>: 10140847</b>	Sample Collected ON	: 11/Mar/2025 09:22AM
Referred By	: Dr. YOGESH CHANDRA	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 11/Mar/2025 04:53PM

## **MRI: LEFT KNEE JOINT**

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

**AXIAL:** PD FS Wis. **SAGITTAL:** T1, T2, PD FS, GRE Wis. **CORONAL:** PD FS & GRE Wis.

Minimal synovial effusion is seen in patello-femoral compartment with extension in suprapatellar bursa.

Tibial spines are prominent with multiple large osteophytic spur formation seen at tibio-femoral and patellar margins. Joint spaces (predominantly medial tibio-femoral and patello-femoral) are reduced with thinning of articular cartilages. Tiny subchondral cystic changes with bone marrow edema seen in medial tibio-femoral condyles.

Anterior cruciate ligament shows mild PD hyperintensity and irregularity in its mid part of near femoral attachment — partial interstitial tear. Posterior cruciate ligament is buckled however showing normal signal intensity.

Posterior horn and body of medial meniscus is displaying globoid area of intermediate signal intensity, which is extending upto articular surface - suggestive of grade III degeneration.

Lateral meniscus and anterior horn of medial meniscus are displaying normal size, outline and signal intensity.

Medial collateral and lateral collateral ligaments are normal in morphology, signal intensity and outline.

Femorotibial, patellofemoral & tibio-fibular bony alignment are normal. Rest of visualized bones are showing normal articulation, alignment, cortical outline and bone marrow signal intensity. Quadriceps tendon and patellar ligament are normal.

Periarticular musculotendinous attachments and vascular flow voids are unremarkable.

### **IMPRESSION:**

- **Bony degenerative changes with thinning of articular cartilage and minimal synovial effusion.**
- **Partial interstitial tear of anterior cruciate ligament.**
- **Grade-III degeneration of postero-medial meniscus.**

*Please correlate clinically.*

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

Transcribed by Priyanka...



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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 :2.5 cm.  
(d) EF 153 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 :3.2cms (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 6. AORTIC MITRAL CONTINUITY

- Left Atrium :3.7 cms Clot : - Others :  
Right Atrium : Normal Clot : - Others : -

Contd.....



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VENTRICLES

**RIGHT VENTRICLE** : Normal

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

**LEFT VENTRICLE** :

**LVIVS (D)** 1.4 cm (s) 1.9 cm

**Motion** : normal

**LVPW (D)** 1.4cm (s) 1.9 cm

**Motion** : Normal

**LVID (D)** 5.0 cm (s) 2.9 cm

**Ejection Fraction** : 72%

**Fractional Shortening** : 41%

*TOMOGRAPHIC VIEWS*

**Parasternal Long axis view** :

CONCENTRIC LVH  
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 = 0.8 a = 0.6	Normal	-	-	-
AORTIC	1.0	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	1.1	Normal	-	-	-

**OTHER HAEMODYNAMIC DATA**

**COLOUR DOPPLER**

**NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE**

**CONCLUSIONS :**

- CONCENTRIC LVH
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 72 %
- NO RWMA
- ALL VALVES NORMAL
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

CHARAK

OPINION – CONCENTRIC LVH

DR. PANKAJ RASTOGI, MD,DM



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**ULTRASOUND STUDY OF WHOLE ABDOMEN**

*Compromised scan due to excessive gaseous abdomen & patient fatty body habitus.*

- **Liver** is mildly enlarged in size (~171mm) 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. No calculus / mass lesion is seen. GB walls are not thickened.
- **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 cortical cyst (Bosniak type-I) is seen at mid pole of right kidney measuring approx 17 x 14mm.** No calculus is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 105 x 48 mm in size. Left kidney measures 98 x 44 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is enlarged in size, measures 41 x 39 x 30 mm with weight of 25gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- **Pre void urine volume approx 170cc.**
- **Post void residual urine volume - Nil.**

**OPINION:**

- MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.
- SIMPLE RIGHT RENAL CORTICAL CYST.
- PROSTATOMEGALY GRADE-I.

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Gausiya

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



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