

Patient Name : Ms.JAHAN ARA Visit No : CHA250044335
Age/Gender : 52 Y/F Registration ON : 12/Mar/2025 08:52AM
Lab No : 10141630 Sample Collected ON : 12/Mar/2025 08:52AM
Referred By : Dr.NIRUPAM PRAKASH Sample Received ON :
Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 12/Mar/2025 10:02AM

ECG REPORT

RATE : 60 bpm.
* RHYTHM : Regular sinus rhythm
* P wave : Normal
* PR interval : Normal
* QRS Axis : Normal
Duration : 120 m sec
Configuration : rsR in V1
* ST-T Changes : Secondary ST-T Changes
* QT interval :
* QTc interval : Sec.
* Other

OPINION: RIGHT BUNDLE BRANCH BLOCK

(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 : 1.4 cm.
(d) EF : 120 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 : 2.8cms (b) Aortic Opening : 1.6cms (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 : 3.9 cms Clot : - Others :
Right Atrium : Normal Clot : - Others : -

Contd.....



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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)
RVOT

LEFT VENTRICLE :

LVIVS (D) 1.0 cm (s) 1.7cm

Motion : normal

LVPW (D) 1.1cm (s) 2.0 cm

Motion : Normal

LVID (D) 4.3 cm (s) 2.6cm

Ejection Fraction :69%

Fractional Shortening : 38 %

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 = 0.5 a = 0.6	a > e	-	-	-
AORTIC	1.0	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	0.8	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 69%
- NO RWMA
- a > e
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

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DR. PANKAJ RASTOGI, MD,DM



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ULTRASOUND STUDY OF WHOLE ABDOMEN

EXCESSIVE GASEOUS BOWEL SHADOW

- **Liver** 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.
- **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. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 95x 41 mm in size. Left kidney measures 101 x 45 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.
- **Uterus** is atrophic . Endometrial thickness measures 3.1 mm. No endometrial collection is seen. No mass lesion is seen.
 - No adnexal mass lesion is seen.
- Post void residual urine volume is nil.

OPINION:

MILD HEPATOMEGALY WITH FATTY INFILTRATION LIVER GRADE I .

Possibility of acid peptic disease could not be ruled out .

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

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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 bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

IMPRESSION:

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

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

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CHARAK

*** End Of Report ***

