

Patient Name	: Mr. ABDUL MANNAN	Visit No	: CHA250044413
Age/Gender	: 70 Y O M O D /M	Registration ON	: 12/Mar/2025 10:04AM
Lab No	: 10141708	Sample Collected ON	: 12/Mar/2025 10:04AM
Referred By	: Dr.SA FAROOQUI	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 12/Mar/2025 10:53AM

ECG -REPORT

RATE : 58 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:

SINUS BRADYCARDIA

(FINDING TO BE CORRELATED CLINICALLY)

[DR. PANKAJ RASTOGI, MD, DM]



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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 : 1.5 cm.
(d) EF : 47 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 : 4.1cms (b) Aortic Opening : 1.9cms (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 : 2.5 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) 1.4 cm

LVPW (D) 1.1cm (s) 1.2cm

LVID (D) 4.1 cm (s) 2.6 cm

Motion : normal

Motion : Normal

Ejection Fraction :66%

Fractional Shortening : 35%

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 = 0.4 a = 0.7	a > e	-	-	-
AORTIC	0.7	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	0.5	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 66 %
- NO RWMA
- a > e
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSSION

DR. PANKAJ RASTOGI MD.DM



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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **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 85 x 37 mm in size. Left kidney measures 95 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.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is enlarged in size measures 38 x 39 x 40 mm with weight of 32 gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- Post void residual urine volume is nil.

OPINION:

**MILD HEPATOMEGALY WITH FATTY INFILTRATION LIVER GRADE I .
PROSTATOMEGALY GRADE I .**

Clinical correlation is necessary.

[DR. R.K SINGH , MD]

transcribed by: anup



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SKIAGRAM CHEST PA VIEW

- Fibro-calcific opacities are seen in right upper zone.
- Right horizontal fissure is prominent.
- 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.

To be correlated with previous records.

[DR. JAYENDRA K. KUMAR, MD]

Transcribed By: Priyanka

CHARAK



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CT STUDY OF HEAD PLAIN & CONTRAST

CT STUDY PERFORMED BEFORE AND AFTER INJECTING [INTRAVENEOUS] 40ML OF NON IONIC CONTRAST MEDIA

Infratentorial

- Cerebellopontine angle and prepontine cisterns are seen normally.
- Fourth ventricle is normal in size and midline in location.
- Cerebellar parenchyma and brain stem appears to be normal.

Supratentorial

- Cortical sulci are prominent.
- Both the cerebral hemispheres show normal gray and white matter differentiation.
- Basal cisterns are seen normally.
- Third and both lateral ventricles are prominent.
- No midline shift is seen.
- No abnormal enhancing lesion is seen.

IMPRESSION:

DIFFUSE CEREBRAL ATROPHY .

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

*** End Of Report ***

