

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
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CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms.NEERU AGARWAL

Age/Gender : 57 Y/F

Lab No : 10142251

Referred By : Dr.DEEPAK DEEWAN

Refer Lab/Hosp : CHARAK NA

Visit No : CHA250044956

Registration ON : 13/Mar/2025 07:00AM

Sample Collected ON : 13/Mar/2025 07:00AM

Sample Received ON

Report Generated ON : 13/Mar/2025 09:53AM

ECG-REPORT

RATE : 106 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 TACHYCARDIA

(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: 1.8cm.

(d) EF :63 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 Thi<mark>ckness /4 SVA </mark>/4

Calcium /4 Total /16

2. AORTIC VALVE STUDY

(a) Aortic root :2.7cms (b) Aortic Opening :1.7cms (c) Closure: Central (d) Calcium : - (e) Eccentricity Index : 1 (f) Vegetation : -

(0) 20001011010 1110011 1

(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: 3.6 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) 1.4cm Motion: normal

LVPW (D) 1.1cm (s) 2.1 cm Motion: Normal

LVID (D) 5.0 cm (s) 2.9 cm Ejection Fraction :70%

Fractional Shortening: 40%

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

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 Flow pattern Regurgitation Gradient Valve area (m/sec) (/4)(mm Hg) (cm 2)

MITRAL e = 0.6

a = 0.8

AORTIC 1.4 Normal

a > e

TRICUSPID 0.4

PULMONARY

1.0

OTHER HAEMODYNAMIC DATA

Normal

Normal

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS:

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 70%
- NO RWMA
- a > e
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSSION

DR. PANKAJ RASTOGI MD.DM





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ULTRASOUND STUDY OF WHOLE ABDOMEN

Excessive gaseous abdomen

- <u>Liver</u> is moderate enlarged in size (~180mm) 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 not visualized (post operative).
- CBD is normal at porta. No obstructive lesion is seen.
- Portal vein is normal at porta.
- <u>Pancreas</u> is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- <u>Spleen</u> is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- Right kidney is normal in size and position. Mild hydronephrosis is seen. Few calculi are seen at upper & mid poles measuring upto approx 8.9mm, 7.9mm & 4.4mm. A loculated hypoechoic cystic pocket of collection of size approx 80 x 71 x 39mm with volume 118cc with few echoes seen in right perinephric region near renal pelvis. Cortico-medullary differentiation is just maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 108 x 48 mm in size.
- <u>Left kidney</u> is normal in size and position. No hydronephrosis is seen. **Few (2 in no.)** calculi are seen at mid pole measuring approx 10.2mm & 6mm adjacently. No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Left kidney measures 90 x 42 mm in size.
- <u>Ureters</u> Right proximal ureter is mildly dilated. Mid/distal ureter could not be traced out due to excessive gaseous abdomen. Left ureter is dilated. UVJ are seen normally.
- <u>Urinary bladder</u> is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- <u>Uterus</u> is not visualized (post operative).
- No adnexal mass lesion is seen.

OPINION:

- MODERATE HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-II.
- BILATERAL RENAL CALCULI WITH MILD RIGHT HYDROURETERONEPHROSIS CAUSE ? MID / DISTAL URETERIC CALCULI (ADV: NCCT KUB FOR URETERIC CALCULUS / BETTER EVALUATION).
- LOCULATED HYPOECHOIC CYSTIC POCKET OF COLLECTION WITH FEW ECHOES IN RIGHT PERINEPHRIC REGION.

ADV: FURTHER EVALUATION

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Gausiya





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SKIAGRAM CHEST PA VIEW

- Linear opacity is seen in right lower zone atelectasis.
- Borderline cardiomegaly is present.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

Clinical correlation and Cardiac evaluation is needed.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

*** End Of Report ***



