

Patient Name	: Mr.AQEEL	Visit No	: CHA250045589
Age/Gender	: 40 Y/M	Registration ON	: 15/Mar/2025 08:44AM
Lab No	: 10142884	Sample Collected ON	: 15/Mar/2025 08:44AM
Referred By	: Dr.CARE HOSPITAL	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 15/Mar/2025 11:16AM

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** 46 mm/sec (e) **EPSS** : 13mm (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** 2.6cms (b) **Aortic Opening** :2.2cms (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 : 3.1cms Clot : - Others :
Right Atrium : Normal Clot : - Others : -

Contd.....



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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)
RVOT

LEFT VENTRICLE :

LVIVS (D) 1.2 cm (s) 1.5 cm

Motion : normal

LVPW (D) 0.8cm (s) 1.5 cm

Motion : Normal

LVID (D) 4.7 cm (s)3.7 cm

Ejection Fraction : 44%

Fractional Shortening : 22 %

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

CONCENTRIC LVH
DEPRESSED LV CONTRACTILITY.

Short axis view

Aortic valve level :

AOV - NORMAL
PV - NORMAL
TV - NORMAL

Mitral valve level :

MV - NORMAL

MILD GLOBAL HYPOKINESIA OF LV

Papillary Muscle Level :

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 = 0.3 a = 0.7	a > e	-	-	-
AORTIC	0.8	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	0.8	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- CONCENTRIC LVH
- DEPRESSED LV SYSTOLIC FUNCTION
- LVEF = 44 %
- MILD GLOBAL HYPOKINESIA OF LV
- a > e, DIASTOLIC DYSFUNCTION
- NO MR/ TR
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

DR. PANKAJ RASTOGI, MD,DM



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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver is mildly enlarged in size 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.
- **Minimal ascites is seen.**
- **Both kidneys are mildly bulky swollen in size** and normal in position. No hydronephrosis is seen. No calculus or mass lesion is seen. **Cortico-medullary differentiation is attenuated. Minimal perinephric fluid with few low level of echoes in pelvicalyceal systems----? pyelonephritis** No scarring is seen. Right kidney measures 121 x 55mm in size. Left kidney measures 129x 62mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is not distended with foley's catheter in situ.
- **Pleural effusion is seen in left side measuring 50 x 34 x 32mm with vol. 29.7cc.**

OPINION:

- **MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.**
- **MINIMAL ASCITES.**
- **MILDLY BULKY SWOLLEN BILATERAL KIDNEYS WITH ATTENUATED CORTICO-MEDULLARY DIFFERENTIATION WITH MINIMAL PERINEPHRIC FLUID WITH FEW LOW LEVEL OF ECHOES IN PELVICALYCEAL SYSTEMS----? INFECTIVE ETIOLOGY...Adv: further evaluation**
- **PLEURAL EFFUSION LEFT.**

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed By: Purvi



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SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are prominent.
- Borderline cardiomegaly is present.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

IMPRESSION:

- **BORDERLINE CARDIOMEGALY.**

Clinical correlation and Cardiac evaluation is needed.

[DR. RK SINGH , MD]

TRANSCRIBED BY: ANUP

CHARAK

*** End Of Report ***

