

Patient Name	: Mr. SHIV BAHADUR	Visit No	: CHA250046191
Age/Gender	: 60 Y/M	Registration ON	: 16/Mar/2025 10:03AM
<b>Lab No</b>	<b>: 10143486</b>	Sample Collected ON	: 16/Mar/2025 10:03AM
Referred By	: Dr. HIMALAYA MEDICAL & TRUMA CE	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 16/Mar/2025 11:55AM

**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 78 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 : 3.5cms (b) Aortic Opening : 1.6cms (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 : 3.3cms 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) 1.2 cm

**Motion** : normal

**LVPW (D)** 0.9cm (s) 1.6 cm

**Motion** : Normal

**LVID (D)** 4.5 cm (s) 2.7 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

**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 = 0.7 a = 0.9	a > e	Trivial	-	-
AORTIC	1.0	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	0.8	Normal	-	-	-

**OTHER HAEMODYNAMIC DATA**

**COLOUR DOPPLER**

TRIVIAL MR

**CONCLUSIONS :**

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 70 %
- NO RWMA
- TRIVIAL MR
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

**DR. PANKAJ RASTOGI, MD,DM**



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### **ULTRASOUND STUDY OF WHOLE ABDOMEN**

- **Liver** is normal in size and shows homogenous 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. **Mild hydronephrosis is seen in left kidney. Right kidney shows a well defined cyst measuring 15 x 8mm at mid pole.** Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 105 x 47mm in size. Left kidney measures 87 x 51mm in size.
- **Ureters** right ureter is not dilated. **Left ureter is mildly dilated.**
- **Urinary bladder** is normal in contour with **calculi measuring 18mm and 10mm in lumen.** No mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostate is enlarged in size, measures 46 x 32 x 42mm with vol. 33gms** and shows homogenous echotexture of parenchyma. No mass lesion is seen.

#### **OPINION:**

- **RIGHT RENAL SIMPLE CORTICAL CYST.**
- **LEFT MILD HYDROURETERONEPHROSIS.**
- **VESICAL CALCULI.**
- **PROSTATOMEGALY.**

**Clinical correlation is necessary.**

Transcribed By: Purvi

**{{DR. R.K. SINGH, MD}}**

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

