

Patient Name	: Mr.RAM TEJ	Visit No	: CHA250046196
Age/Gender	: 55 Y/M	Registration ON	: 16/Mar/2025 10:07AM
Lab No	: 10143491	Sample Collected ON	: 16/Mar/2025 10:07AM
Referred By	: Dr.ABDUL BARI	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 16/Mar/2025 12:30PM

ECG -REPORT

RATE : 96 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: ECG WITH IN NORMAL LIMITS
(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 : 1.6 cm.
(d) EF : 75mm/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 : 1.3cms (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 : 3.8 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) 1.4 cm

Motion : normal

LVPW (D) 1.0cm (s) 1.6 cm

Motion : Normal

LVID (D) 4.5 cm (s)2.6 cm

Ejection Fraction :71%

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 2)
MITRAL	e = 0.6 a = 0.9	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 :

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 71 %
- NO RWMA
- a > e
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

CHARAK

DR. PANKAJ RASTOGI MD.DM



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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is 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. Prominent bilateral renal medullary complex. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 102 x 47 mm in size. Left kidney measures 102 x 62 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is partially distended with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is grossly enlarged in size measures 42 x 45 x 43 mm with weight of 43 gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.

OPINION:

MILD HEPATOMEGALY WITH FATTY INFILTRATION LIVER GRADE I .
PROMINENT BILATERAL RENAL MEDULLARY COMPLEX.ADV: PSA.
GROSS PROSTATOMEGALY [ADV: PSA CORRELATION].

Clinical correlation is necessary.

[DR. R.K SINGH , MD]

transcribed by: anup



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CT THORAX

HR CT STUDY OF THORAX

- Consolidative parenchymal opacity is seen in right upper lobe in anterior segment. Patchy, fibrotic and nodular parenchymal opacities are seen in right lower lobe, right upper lobe and few in left lung with few calcified foci. Subtle lucent areas are seen in both lungs. No evidence of any mass lesion is seen.
- No pleural effusion or pleural thickening is seen on either side.
- No mediastinal lymphadenopathy is seen.
- Trachea is central.
- Heart size is normal.
- Esophagus is seen normally.
- Soft tissues are seen normally.

OPINION:

- **CONSOLIDATIVE PARENCHYMAL OPACITY IN RIGHT UPPER LOBE WITH PATCHY , FIBROTIC ,NODULAR PARENCHYMAL OPACITIES IN BOTH LUNGS WITH FEW CALCIFIED FOCIMOST LIKELY SEQUELAE OF INFECTIVE PATHOLOGY [?? KOCH'S CHEST].**
- **CENTRIACINAR EMPHYSEMATOUS CHANGES IN LUNGS.**

CHARAK

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Anup

*** End Of Report ***

