

2D ECHOCARDIOGRAPHY REPORT

NAME MR.NANJU KUKARI CHAUHAN

ACC:- 0071WC000258

AGE/SEX/34/YEARS/M DATE: 11/03/2023

OBSERVATIONS BY M- MODE & 2D ECHOCARDIOGRAPHY.

LEFT Ventricle AO	(mm)	Ed 34	Es
IVS	(mm)	11	17
LVID	(mm)	45	23
Left Vent Post . Wall Thickness	(mm)	11	16
LA LVEF	(mm)	28	
LVEF		60 %	
Aortic Root Diameter		Normal	
RIGHT Ventricle		Normal	
MITRAL VALVE	Artic	Normal	
AROTIC VALVE	***	Normal	
TRICUSPID VALVE	7 7 3 2	Normal	
PULMONARY VALVE	4.	Normal	
PERICARDIUM		Normal	34
2D STUDY of wall motion			

2D STUDY of wall motion

RIGHT Ventricle Normal

LEFT Ventricle No RWMA



DOPLER STUDY

MITRAL

AORTIC

TRICUSPID

PULMONARY

Grade 1 DRA

NORMAL

NORMAL

NORMAL

COLOUR FLOW MAPPING

No Valvular stenosis / Trace Mitral Regurgitation. Trivial Tricuspid Regurgitation .

CONCLUSION

No Regional wall motion abnormality
Normal cardiac chamber dimension
Normal LV Systolic Function.
Grade 1 DRA
Normal RV Size and function
No Valvular stenosis./Trace Mitral Regurgitation.
Trace Tricuspid Regurgitation.
No intra cardiac Mass/ clot
IVC collapsed
LVEF-60%

Please Correlate Clinically.

DR. SANDEEP KUMAR
MBBS, PGDCC, CCEBDM
GENERAL PHYSICIAN,
CONSULTANT CLINICAL MARDIOLOGY
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General Physician, Consultant Clinical
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sclaimer:

e science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor curate, hence findings should always be interpreted in to the light of clinico-pathological correlation. This a professional opinion, tadiagnosis. Not meant for medico legal purpose.



SRL DIAGNOSTICS WELLNESS CENTER SCO 13, SECTOR 16 FARIDABAD PHONE NO- 0129-4179185

Patient: MS. MANJU KUMARI CHAUHAN	Age/sex/34/Years/F
Accession No:- 0071WC0000258	Date :11/03/2023

X-RAY CHEST PA VIEW

- Both lung fields are normal.
- Both costrophrenic angles are normal.
- Both domes of diaphram normal.
- . Both hilar shadow are normal.
- Cardiac size is normal.
- Visualized soft tissues and thoracic cage are normal.

Impression:

Please correlate clinically.

Dr. D.R. CHUGH
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Tel 0129-4179184/85

Dr. D.R. Chugh (Consultant Radiologist)

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NAME:- MS. MANJU KUMARI CHAUHAN	AGE/ SEX/34/YEARS/F
ACC:- 0071WB000258	DATE :- 11/ 03/ 2023

ULTRA SOUND SCAN OF WHOLE ABDOMEN

Liver: Normal in size, and shows homogeneous echotexture. No obvious focal or diffuse pathology is noted in either of the lobes. Fatty changes present in the liver of grade 1 Hepatic veins appear normal

Gall bladder: Absent

CBD AND PORTALVEIN: normal in caliber

Pancreas: Normal in size shape and echotexture no e/o focal lesion /calcification.Pancreatic duct appears normal.

Spleen: Normal in size, shape and Echotexture. No e/o focal lesion

Both Kidneys: Both kidneys are normal in size and echotexture There is stone 9.1 mmi in Left kindey in middle calyx No e/o hydronephrosis/focal lesion

Urinary bladder: Well distended. No e/o calculi/internal echoes. Wall thickness appears normal.

UTERUS: Normal in size, Shape, position and echotexture. Endometrial cavity is central empty. No focal myometeial lesion seen.

OVARIES: Both the ovaries are normal in size, Position and echotexture. No adnexal mass is seen
There is no free fluid seen in the cul-de-sac

There is no free fluid seen in the cur-de-sac

IMPRESSION:- WHOLE ABDOMEN REVEALS FATTY CHANGES IN THE LIVER, AND STONE IN LEFT KINDEY.

Correlate with clinically findings.

Dr. D.R. CHUGH (MBBS, DMRD) SRL LIMITED SCO-13, Sec.-16, BUDA Market, Faridabad-121002 Tel.: 0128-4179184/85

DR. D.R CHUGH (RADIOLOGIST)

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1/03/2023	D	on No:- 0071WC0000258	ccessio

ELECTROCADIOGRAM

Result	Values	Normal Range
Rate	73	60-100 b/m
Rhythm	Sim	Sinus
P Wave	0.08	Width<0.11Sec.Height<3mm
QRS Complex	0.08	<0.10Sec. In duration
T Wave	Umple	Upright
U wave	alout	
P R Interval	0"13	0.12-0.20Sec
S T Segment	900	Isoelectric
IMPRESSION-:	Yormal	Dr. MUKUL GOSWAMI (MBSS) Regn 9208 SRL LIMITED
Please correlate clinically		Faridable 179184/85
		DR. MUKUL GOSWAMI CONSULTANT PHYSICIAN

Disclaimer:

The science of cardiology is based upon interpretation of normal and abnormal ECG graph. This is neither complete of accurate, hence findings should always be interpreted in tot he light of clinico-pathological correlation. This a professional opinion, not a diagnosis. Not meant for medico legal purpose.

