

Patient Name

Ujjwal Kumar Roy

Requested By

Dr. Sudip Banerjee

MRN

17650000232962

Procedure DateTime

2023-03-11 13:19:51

Age/Sex

36Y 2M / Male

Hospital

NH-NMH & NSH

USG WHOLE ABDOMEN (Screening)

USG OBSERVATIONS:

Liver: Normal in size (14.5 cm), shape and outline. Parenchymal echotexture normal. No focal cystic or solid mass lesion. No intrahepatic biliary dilatation. Intrahepatic portion of IVC is normal. Porta hepatis is normal.

Gall Bladder: Wall thickness is normal. Luminal echoes are normal. No calculi. No pericholecystic fluid seen.

Portal Vein: It appears normal.

CBD: Notdilated

Pancreas: Pancreas is mildly echogenic. MPD appears normal. No focal lesion.

Spleen: Normal in size (9.5 cm) with normal echotexture. No focal or diffuse lesion seen.

Kidneys:

Right kidney measures 9.3 x 4.4 cm Left kidney measures $10.2 \times 4.7 \text{ cm}$

Normal in size, shape and outline. Parenchymal texture normal. Corticomedullary differentiation is well made out and is normal. Sinus echoes are normal. No hydronephrosis / calculus seen on both sides.

Urinary Bladder: Wall thickness normal. Luminal echoes normal. No calculi.

Prostate: Measures: $4.0 \times 2.6 \times 3.2$ cm ~ 18 cc. Normal in size, shape and echo pattern with well demarcated outlines. No obvious focal area or calcification or mass lesion.

- No free fluid in abdomen.

IMPRESSION:

Present study suggests:

Fatty pancreas.

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Narayana Superspeciality Hospital

(A Unit of Meridian Medical Research & Hospital Ltd.) CIN U85110W81995PLC71440

Registered office: Andul Road, Podrah, Howrah 711 109 Hospital Address: 120/1, Andul Road, Howrah 711 103

Email: info.nshhowrah@narayanahealth.org | www.narayanahealth.org



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Emergencies

83348 30003



Not for medico legal purpose. Like all diagnostic modalities, USG also has its limitations. Therefore USG report should be interpreted in correlation with clinical and pathological findings. All typing and topographical error is regretted and if detected at any time is correctable. Please inform us immediately.



Dr Surg Lt Cdr Subhankar Datta MBBS, CBET-USG REG NO-82415(WBMC) CONSULTANT SONOLOGIST

This is a digitally signed valid document. Reported Date/Time: 2023-03-11 17:15:03

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Patient details:

Name:MR.UJJWAL KUMAR ROY

Age: 36 YEARS

Examination Date: 11.03.2023

Consultant Name:DR.S. BANERJEE

MRN:17650000232962

Gender:MALE

Processed Date: 11.03.2023

Patient Location: OPD

ECHOCARDIOGRAPHY REPORT

MEASUREMENT:

AO: 31 (20-40) mm	LVID(d): 34 (36-52) mm	IVS(d): 09 (6-11) mm
LA: 37 (19-40) mm	LVID(s): 20 (23-39) mm	PWd: 09 (6-11) mm
RVOT: 22 mm		LVEF ~ 64 %

VALVES:

Mitral Valve

Normal

Aortic Valve

Normal

Tricuspid Valve

Normal

Pulmonary Valve

Normal

CHAMBERS (Dimension)

Left Atrium

Normal

Right Atrium

Normal

Left Ventricle

Normal

Right Ventricle

Normal

SEPTAL

IVS

Intact

IAS

Intact

GREAT ARTERIES:

Aorta

Reç

Hos

Normal

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DOPPLER DATA:

Unit of Narayana Health

Velocity(in m/s)	Peak PG(mmHg)	Mean PG(mmHg)	Regurgitation
E - 0.7 , A - 0.6		, ,,,	0/4
1.2	5.8		0/4
2.1	19		Trivial
1.2	5.9		0/4
	m/s) E - 0.7 , A - 0.6 1.2 2.1	m/s) PG(mmHg) E - 0.7 , A - 0.6 1.2 5.8 2.1 19	m/s) PG(mmHg) PG(mmHg) E - 0.7 , A - 0.6 1.2 5.8 2.1 19

LVOT

No significant gradient noted.

Vegetation/Thrombus

Nil

Pericardium

: Normal

Other Findings

: E/E':07

Final Diagnosis:

Normal size cardiac chambers.

No significant regional wall motion abnormality of LV at rest.

Normal LV systolic function. LV EF~ 64%

Clinical correlation please.

NOTE: Echo of Patient: MR.UJJWAL KUMAR ROY

MRN: 17650000232962

has been done on 11.03.2023 and reported on 11.03.2023

Dr. Masud Syed mehedi Associate consultant TECHNICIAN MUSTARI

TB: K. DEB

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Requested By

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2023-03-11 15:03:01

Age/Sex

36Y 2M / Male

Hospital

NH-NMH & NSH

X-RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Bilateral costophrenic angles are unremarkable.

Bilateral hila and vascular markings are unremarkable.

Domes of diaphragm are normal in morphology and contour.

Cardiac size is within normal limits.

Bony thoracic cage appears normal.

Not for medico legal purpose. This is only a Radiological Impression and not Diagnosis. Like all diagnostic modalities, X-ray Scan also has its limitations. Therefore, X-ray Scan report should be interpreted in correlation with clinical and pathological findings. In case of any discrepancy in report due to machine or typing error kindly get it rectified immediately. All typing and topographical error is regretted and if detected at any time is correctable. Please inform us immediately. Undisplaced fractures may be overlooked on Plain x-ray examination, further evaluation with CT or other relevant investigation may be recommended if there is clinical suspicion.

Dr Manish Kumar Jha MD Radio Diagnosis Consultant Radiologist

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