

**2D ECHOCARDIOGRAPHY REPORT**

NAME :- MR. VIVEK SINGH  
ACC:- 0071VE000316

AGE/SEX/32/YEARS/M  
DATE : 11/06/2022

**OBSERVATIONS BY M- MODE & 2D ECHOCARDIOGRAPHY.**

|                                |      |        |    |
|--------------------------------|------|--------|----|
| LEFT Ventricle                 |      | Ed     | Es |
| AO                             | (mm) | 31     |    |
| IVS                            | (mm) | 07     |    |
| LVID                           | (mm) | 40     | 16 |
| Left Vent Post. Wall Thickness | (mm) | 10     | 20 |
| LA                             | (mm) | 34     | 15 |
| LVEF                           |      | 60 %   |    |
| Aortic Root Diameter           |      | Normal |    |
| RIGHT Ventricle                |      | Normal |    |
| MITRAL VALVE                   |      | Normal |    |
| AROTIC VALVE                   |      | Normal |    |
| TRICUSPID VALVE                |      | Normal |    |
| PULMONARY VALVE                |      | Normal |    |
| PERICARDIUM                    |      | Normal |    |
| <b>2D STUDY of wall motion</b> |      |        |    |
| RIGHT Ventricle                |      | Normal |    |
| LEFT Ventricle                 |      | Normal |    |

Normal LV wall motion No RWMA

**DOPLER STUDY**

|           |            |
|-----------|------------|
| MITRAL    | Normal MIP |
| AORTIC    | NORMAL     |
| TRICUSPID | NORMAL     |
| PULMONARY | NORMAL     |

**COLOUR FLOW MAPPING**

No Valvular stenosis / Trace Aortic Regurgitation.  
Trace Aortic Regurgitation .

**CONCLUSION**

No Regional wall motion abnormality  
Normal cardiac chamber dimensions.  
Normal LV Systolic Function.  
Normal MIP  
Normal RV Size and function  
No Valvular stenosis Trace Aortic Regurgitation.  
No intracardiac Mass/ clot  
IVC Collapsing  
LVEF-60%

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*(Signature)*  
Dr. Sandeep Kumar  
M.B.B.S., PGDCC  
General Physician, Consultant Clinical  
Cardiology



|                         |                     |
|-------------------------|---------------------|
| NAME :- MR. VIVEK SINGH | Age/ Sex/32/Years/M |
| ACC:- 0071VF0003016     | Date :- 11/06/2022  |

### X-RAY CHEST PA VIEW

- ❖ Both lung fields are normal.
- ❖ Both costophrenic angles are normal.
- ❖ Both domes of diaphragm are normal.
- ❖ Both hilar shadow are normal.
- ❖ Cardiac size is normal.
- ❖ Visualized soft tissues & thoracic cage are normal.
- ❖ **IMPRESSION :**  
*Please Correlate Clinically.*

  
Dr. D.R CHUGH  
(RADIOLOGIST)

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

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

|                             |                     |
|-----------------------------|---------------------|
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| Accession No. -0071VF000316 | Date : 11/06/2022   |

### **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 liver Grade I present. Hepatic veins appear normal.

**Gall bladder:** Well distended with echo free lumen and normal wall thickness

**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 No e/o hydronephrosis/focal lesion

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

**Prostate:** Normal in size, Shape and echotexture. No e/o focal lesion  
 No free fluid noted.  
 No obvious lymphadenopathy noted.

**IMPRESSION:-** WHOLE ABDOMEN REVEALS FATTY LIVER CHANGES.

***Correlate with clinically findings.***

Dr. D.R. Chugh  
 (Consultant Radiologist)

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**ELECTROCARDIOGRAM**

| Result       | Values                    | Nomal Rate               |
|--------------|---------------------------|--------------------------|
| Rate         | 98                        | 60-100b/m                |
| Rhythm       | Sin                       | Sinus                    |
| P Wave       | 0.08                      | Width<0.11Sec.Height<3mm |
| QRS complex  | 0.10                      | <0.10sec in duration     |
| T Wave       | near baseline in V4 to V6 | Upright                  |
| U Wave       | absent                    |                          |
| P R Interval | 0.14                      | 0.12-0.20sec             |
| S T segment  | iso                       | Isoelectric              |

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**IMPRESSION :**

*Kindly correlate clinically*

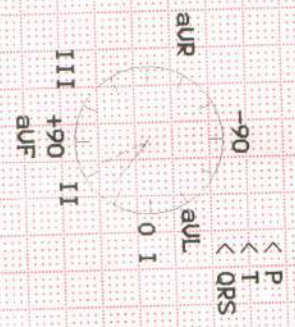
Dr. MUKUL GOSWAMI  
CONSULTANT PHYSICIAN

**Disclaimer:**

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



Male  
 Measurement Results:  
 QRS : 100 ms  
 QT/QTcB : 388 / 497 ms  
 PR : 144 ms  
 P : 94 ms  
 RR/PP : 610 / 610 ms  
 P/QRS/T : 45 / 40 / 65 degrees  
 QTd/QTcBd : 88 / 113 ms  
 Sokolow : 1.3 mV  
 NK : 14



Interpretation:  
 T-wave near baseline (lateral, anterior)  
 prolonged QT  
 borderline ECG

Unconfirmed report.

