

OKPRIYA HOSPITI

LOKPRIYA RADIOLOGY CENTRE

SAMRAT PALACE, GARH ROAD, MEERUT - 250003



DATE	26.02.2022	REF. NO.	12702		
PATIENT NAME	KANCHAN GAUTAM	AGE	32 YRS	SEX	F
INVESTIGATION	X-RAY CHEST PA VIEW	REF. BY	GARG (PATHOLOGY)		

REPORT

- Trachea is central in position.
- Both lung show mildly prominent broncho vascular marking.
- Cardiac size is within normal limits.
- Both costophrenic angles are clear.
- ▶ Both domes of diaphragm are normal in contour and position.

IMPRESSION

Both lung show mildly prominent broncho vascular marking.

M.B.B.S. D.M.R.D. (VIMS & RC) Consultant Radiologist and Head

Halpling Numbers : 0424 2702500 2604004

Impression is a professional opinion & not a diagnosis
 All modern machines & procedures have their limitations. if there is variance clinically this examination may be repeated or reevaluated by other investigations Ps. All congenital anomalies are not picked upon ultrasounds.
 Suspected typing errors should be informed back for correction immediately.
 Not for medico-legal purpose. Identity of the patient cannot be verified.



UKPKIYH HUSPITH

LOKPRIYA RADIOLOGY CENTRE

SAMRAT PALACE, GARH ROAD, MEERUT - 250003



DATE	26.02.2022	REF. NO.	6411		
PATIENT NAME	KANCHAN GAUTAM	AGE	32 YRS	SEX:	F
INVESTIGATION	USG WHOLE ABDOMEN	REF. BY	GARG (PATHOLOGY)		

REPORT

Liver - appears normal in size and echotexture. No mass lesion seen. Portal vein is normal.

Gall bladder - Wall thickness is normal. No calculus / mass lesion seen. CBD is normal.

Pancreas- appears normal in size and echotexture. No mass lesion seen.

Spleen- is normal in size and echotexture.

Right Kidney - Normal in size and echotexture. Show well maintained corticomedullary differentiation. No calculus / hydronephrosis is noted.

Left Kidney - Normal in size and echotexture. Show well maintained corticomedullary differentiation. No calculus / hydronephrosis is noted.

<u>Urinary bladder</u> – appears distended. Wall thickness is normal. No calculus / mass seen

<u>Uterus</u> - Normal in size shape & normal in echotexture. Endometrium appears normal. Myometrium appears normal.

Ovaries and adnexa are unremarkable.

IMPRESSION

Normal study

M.B.B.S., D.M.R.D. (VIMS & RC) Consultant Radiologist and Head

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 ^{1.5} Tesla MRI
 64 Slice CT
 Ultrasound

[□] Doppler □ Dexa Scan / BMD □ Digital X-ray



LOKPRIYA HOSPITAL





DEPARTMENT OF NON-INVASIVE CARDIOLOGY

DATE

: 26.02.2022

REFERENCE NO.: 3849

PATIENT NAME

: KANCHAN GAUTAM

AGE/SEX

: 32 YRS/F

REFERRED BY

: GARG PATHLOGY

ECHOGENECITY: NORMAL

REFERRING DIAGNOSIS: To rule out structural heart disease.

ECHOCARDIOGRAPHY REPORT

DIMENSIO	ONS	NORMAL				NORMAL
A0 (ed)	2.7 cm	(2.1 - 3.7 cm)		IVS (ed)	0.9 cm	(0.6 - 1.2 cm)
LA (es)	2.3 cm	(2.1 - 3.7 cm)		LVPW (ed)	0.9 cm	(0.6 - 1.2 cm)
RVID (ed)	1.3 cm	(1.1 - 2.5 cm)		EF	60%	(62% - 85%)
LVID (ed)	3.8 cm	(3.6 - 5.2 cm)		FS	30%	(28% - 42%)
LVID (es)	2.6 cm	(2.3 - 3.9 cm)	1.			

MORPHOLOGICAL DATA:

Mitral Valve: AML: Normal

Interatrial septum

: Intact

PML: Normal

Interventricular Septum: Intact

Aortic Valve

: Normal

Pulmonary Artery

: Normal

Tricuspid Valve

: Normal

Aorta

: Normal 💆 🥃

Pulmonary Valve : Normal

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Right Atrium

: Normal

Right Ventricle

: Normal

Left Atrium

: Dilated

Left Ventricle

: Normal

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2-D ECHOCARDIOGRAPHY FINDINGS:

LV normal in size with normal contractions. No LV regional wall motion abnormality seen. RV normal in size with adequate contractions. LA and RA normal. All cardiac valves are structurally normal. No chamber hypertrophy/intracardiac mass. Estimated LV ejection fraction is 60%.

DOPPLER STUDIES:

Valve	Regurgitation	Velocity m/sec	Gradient mmHg
Mitral Valve	No	0.84	2.8
Tricuspid Valve	✓ No	0.67	2.0
Pulmonary Valve	No	0.77	2.2
Aortic Valve	No	0.95	3.5

IMPRESSION:

No RWMA.

ealt

Normal LV Systolic Function (LVEF = 60%).

DR. HARIOM TYAGI
MD, DM (CARDIOLOGY)
(Interventional Cardiologist)

Director, Lokpriya Heart Centre

NOTE: Echocardiography report given is that of the procedure done on that day and needs to be correlated clinically. This is not for medico legal purpose, as patient's identity is not confirmed. No record of this report is kept in the Hospital.

Typed by: