

AORTIC VALVE

Morphology Normal/Thickening/Calcification/Restricted opening/ Flutter/Vegetation

No of cusps 1/2/3/4

Doppler Normal/Abnormal

Aortic stenosis Present/Absent Level
 PSG_ mmHg Aortic annulus_ mm

Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe.

Measurements	Values (Cm)	Measurements	Values (Cm)
Aorta :	3.41	LACS :	3.21
LVes :		LVed :	4.51
IVSed :	1.15	PW (LV):	
RVed :		RV Anterior wall	
EF :	72%	IVC	

IVSmotion Normal/Flat/Paradoxical/Other

CHAMBERS

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy/RWMA
 LA Normal/Enlarged/Clear/Thrombus
 RA Normal/Enlarged/Clear/Thrombus
 RV Normal/Enlarged/Clear/Thrombus
 Pericardium Normal/Thickening/Calcification/Effusion

IMPRESSION

- NO RWMA AT REST
- NORMAL LV FUNCTION
- LVEF 72% 2D
- NORMAL SIZE CARDIAC CHAMBER
- NO I/C CLOT/VEG
- NO PERICARDIAL EFFUSION.



Cardiologist

उपलब्ध सुविधाएँ



Siemens CT Scan

- CT Scan 64/128, 96, 128, 160
- CT Angiography
- Digital X-ray



Philips 1.5T MRI

- MRI Scan
- 4D Colour Dopler
- CT/USG Guided Biopsy/FNAC



Siemens Avance 1.5T MRI

- ECG, ECG Cardiography
- Dr. Lal Path Lab
- 24 H Ambulance



Siemens 7 Ray

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE

REPORT

Patient Id X939
Study Date 09-Mar-2024

Name DEEPAK KUMAR 29Y
M
Age -

REF BY DR DMH
Gender Male

X-RAY CHEST PA VIEW

Findings.

- Study shows mild prominence of bronchovascular markings in both perihilar region .
- Rest of the lung fields appears normal .
- Bony thoracic cage appears normal .
- Cardiac size appears borderline enlarged .
- Both cp angle appears normal .

Impression: Mild Bronchitis with mild Cardiomegaly.

Clinical correlation.

Aggarwal

Dr. Ankur Aggarwal
MBBS, M.D (Consultant Radiologist)
MCI/09-34285



उपलब्ध सुविधाएं



Siemens CT Scan

- CT Scan (हेड, पेट, सीन आदि)
- CT Angiography
- Digital X-ray



Philips 1.5T MRI

- MRI Scan
- 4D Colour Dopler
- CT/MRG Guided Biopsy/TNAC



Siemens America 5.5P008

- ECG, ECG Cardiography
- Dr. Lal Path Lab
- 24 H Ambulance



Siemens X-Ray

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE

REPORT

I.D. NO	U/09-03-20	March 9, 2024
PATIENT NAME	Mr. DEEPAK KUMAR	AGE/SEX 29 Y/M
REF. BY	DIVYAMAN HOSPITAL	

USG: WHOLE ABDOMEN (Male)

Liver – Enlarged in size (174.0mm) with grade-II fatty echotexture. No IHBR dilatation / focal SOL are seen.

Gall bladder – is distended. No calculus in lumen. Wall thickness is normal.
CBD – normal. PV - normal. porta – normal

Pancreas is normal in thickness. Clearly defined margins are seen. Pancreatic duct is not dilated.

Spleen is normal in size (117.7mm) and echotexture. No focal lesion is seen. Diaphragmatic movements are within normal limits on both sides.

Right kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

Left kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder is fully distended. Wall is smooth and regular. Lumen is echofree.

Prostate: is normal in size 36.5x29.7x27.mm, volume 15.5 cc. Margins are well-defined. Capsule is normal.

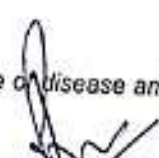
No evidence of Ascites / Retroperitoneal Lymphadenopathy.

IMPRESSION

- **HEPATOMEGALY WITH FATTY LIVER GRADE-II.**

ADV – CLINICAL CORRELATION.

Note : All USG finding are dynamic in nature and are subjected to change with course of disease and time, prescribing clinician are advised to correlate USG finding with clinical findings.


Dr. Rahul Nayak
M.B.B.S.(M.L.N),
M.D.(Dr. RMLIMS, LKO)



उपलब्ध सुविधाएं



- CT Scan सीस्कैन, रेड, पोरा जॉट
- CT Angiography
- Digital X-ray



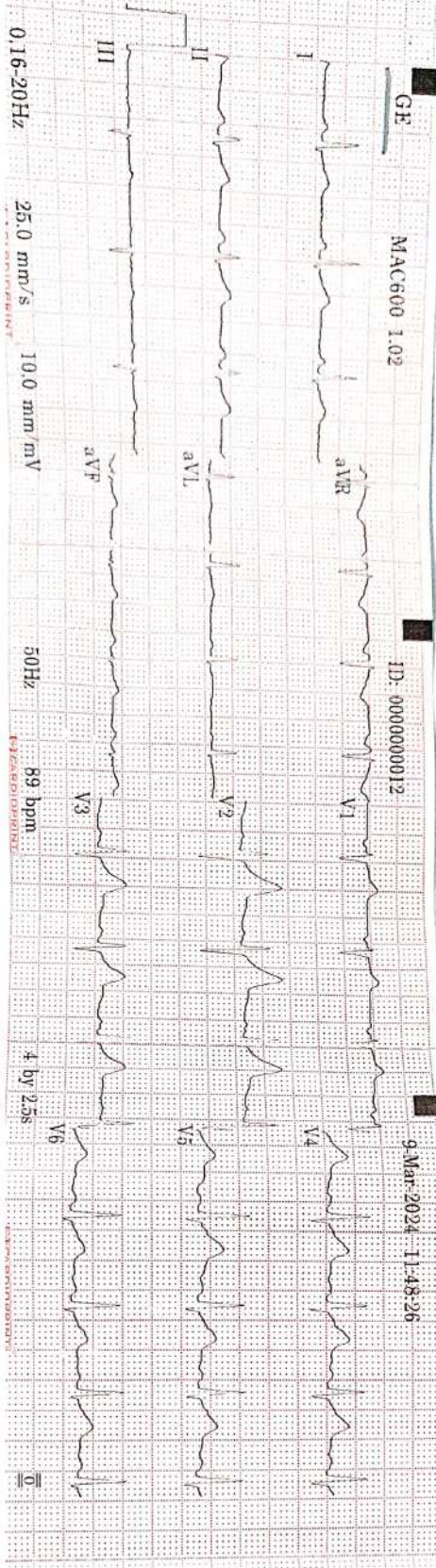
- MRI Scan
- 4D Colour Dopler
- CT/USG Guided Biopsy/FNAC



- ECG, ECD Cardiography
- Dr. Lal Path Lab
- 24 H Ambulance



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GE

MAC600 1.02

ID: 0000000012

9-Mar-2024 11:48:26

25.0 mm/s
10.0 mm/mV

50Hz
89 bpm

4 by 2.5s

ID: 0000000012

28years Male

Vent rate 89 bpm
 QRS duration 72 ms
 QT/QTc 354/430 ms
 PR interval 130 ms
 P duration 104 ms
 RR interval 574 ms
 P-R-T axes 45 -5 41

MAC600 1.02

12SL™ v239

Deepak Kumar



DIUYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mr. DEEPAK KUMAR	SAMPLE COLLECTED ON	09-03-2024
AGE / SEX	28 Y / Male	REPORT RELEASED ON	09/03/2024
COLLECTED AT	Inside	REPORTING TIME	2:32:08PM
RECEIPT No.	16,841	PATIENT ID	16871
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Blood Sugar Fasting & PP, Lipid Profile, Urine Examination Report, ESR Wintrobe, PSA Total, Glycosylated Haemoglobin, Blood Group (ABO), T3 Triiodo Thyroid, T4 Thyroxine, TSH.

Tests	Results	Biological Reference Range	Unit
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PSA Total	0.83	CANCER MARKER (0.0-4.0)ng/ml	ng/ml
-----------	------	--	-------

EXPECTED VALUES :

99% OF HEALTHY MALES	0.0 - 4.0 ng / ml
80% OF BENIGN PROSTATIC HYPERTROPHY	4.0 - 10.0 ng / ml
81% OF PROSTITIC CARCINOMAS	10 - 20.0 ng / ml
PROSTATIC METASTASIS	Above 20.0 ng / ml

INTERPRETATION:- PSA is reliable tumor marker for already diagnosed prostatic carcinomas . It is uniquely associated only with prostatic tissue and therefore , is specific for it. Baseline levels measured prior to therapeutic intervention , and follows later by serial , periodical measurements will predict the outcome of the therapy . It also helps in early discovery of recurrences , relapses and metastases.

RECOMMENDED TESTING INTERVALS:-
First Datermination : Preoperatively (Baseline)
Second determination : 2-4 Days postoperatively
Third determination : Before discharge from hospital

FOLLOW - UP DATERMINATION :-
F Levels are high / show rising trend : Monthly
F Levels are normal : Every 3 monthly initially , later annually.
* In general tumor marker levels are directly related to the tumor mass and the stage of the cancer . However , if is the rate of change in the tumor marker level , which is more important , rather than its absolute value . A 50% change may be considered clinically significant.
* It must empha sized that PSA may be also elevated in benign prostatic hypertrophy and inflammatory condition of sure surroundings genitor-urinary tract . Therefore , this parameter should never be used as a screening test for diagnosing prostatic carcinomas , but only as aid in follow up studies.



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For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, छात्रांची बरगदवा चाईवास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932
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DIYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report

PATIENT NAME	Mr. DEEPAK KUMAR	SAMPLE COLLECTED ON	09-03-2024
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Tests	Results	Biological Reference Range	Unit
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HAEMATOLOGY

COMPLETE BLOOD COUNT

Haemoglobin	13.2	Low (Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%)	G%
Total Leukocyte Count (TLC)	11500	High (4000-11000 /cumm)	/cumm
Differential Leukocyte Count.(DLC)			
Polymorph	62	(40-80)%	%
Lymphocyte	34	(20-40)%	%
Eosinophil	04	(01-6)%	%
Monocyte	00	Low (02-08)%	%
Basophil	00	(<1%)	%
R. B. C.	4.61	(4.2 - 5.5) million/cmm	million/ /Litre
P. C. V. (hemotocrite)	36.3	(36-50) Litre/Litre	fl
M. C. V.	78.7	Low (82-98) fl	fl
M. C. H.	28.5	(27Pg - 32Pg)	Pg
M. C. H. C.	36.2	High (21g/dl - 36g/dl)	g/dl
Platelete Count	2.70	(1.5-4.0 lacs/cumm)	/cumm
ESR Wintrobe			
Observed	25	High 20mm fall at the end of first hr.	mm

*esr Is A Non Specific Phenomenon, Clinically Useful In Disorders Associated With An Increased Production Of Acute Phase Proteins.

*elevated In Acute And Chronic Infections And Malignancies.

*extremely High Esr Values Are Seen In Multiple Myeloma, Leukemia, Lymphoma, Breast And Lung Carcinomas, Rheumatoid Arthritis, Sle, Pulmonary Infarction.



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For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजंची बरगदवा चाईवास रोड, राजी नगर-1, गोरखपुर - 273 003 मो. : 8173006932

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PATIENT NAME	Mr. DEEPAK KUMAR	SAMPLE COLLECTED ON	09-03-2024
AGE / SEX	28 Y / Male	REPORT RELEASED ON	09/03/2024
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Tests	Results	Biological Reference Range	Unit
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BIOCHEMISTRY

Blood Sugar Fasting & PP

Blood Sugar Fasting	136.9	High (60 -110)mg/dl	mg/dl
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Reference Value :

Fasting (Diabetes 110.0 Mg% Or More) (Impaired Glucose Tolerance 110-126 Mg%)

After 2hrs. Of 75 Gm Glucose (oral) (70-140 Mg%) (Impaired Glucose Tolerance 140-200 Mg%)

Random/casual (diabetes 200 Mg% Or More, With Presenting Symptoms.)

Lipid Profile.

Total Cholesterol	179.8	125-200mg/dl Normal Value	mg/dL
H D L Cholesterol	44.7	(30-70 mg%)	mg%
Triglyceride	320.6	High (60-165mg/dL)	mg/dL
V L D L	64.12	High (5-40mg%)	mg%
L D L Cholesterol	70.98		mg/dl

50 Optimal

50-100 Near/Above Optimal

TC/HDL	4.0	(3.0-5.0)
--------	-----	-----------

LDL/HDL	2.2	(1.5-3.5)
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Comment/interpretation

Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipids, The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

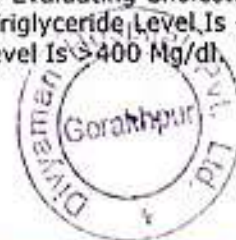
Note::

1. Measurement In The Same Patient Can Show Physiological & Analytical Variations. Three Serial Samples 1 Week Apart Are Recommended For Total Cholesterol ,triglycerides,hdl& Ldl Cholesterol.

2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholesterol.

3. Friedewald Equation To Calculate Ldl Cholesterol Is Most Accurate When Triglyceride Level Is <400 Mg/dl.

Measurement Of Direct Ldl Cholesterol Is Recommended When Triglyceride Level Is >400 Mg/dl.



DIYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME Mr. DEEPAK KUMAR
AGE / SEX 28 Y / Male
COLLECTED AT Inside
RECEIPT No. 16,841
REFERRED BY Dr. DMH

SAMPLE COLLECTED ON 09-03-2024
REPORT RELEASED ON 09/03/2024
REPORTING TIME 2:32:08PM
PATIENT ID 16871

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Tests	Results	Biological Reference Range	Unit
LIVER FUNCTION TEST			
Bilirubin (Total)	0.8	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct)	0.3	(0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.5	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	35.1	0-40	IU/L
SGPT (ALT)	29.4	0.0-42.0	IU/L
Serum Alkaline Phosphatase	172.6	80.0-290.0	U/L
Serum Total Protein	6.3	6.0-7.8	gm/dl
Serum Albumin	3.9	3.5-5.0	gm/dl
Serum Globulin	2.4	2.3-3.5	gm/dl
A/G Ratio	1.62	High	

Comments/interpretation:

-liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes.
-the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage.
-It Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

KIDNEY FUNCTION TEST

Blood Urea	22.6	15.0-45.0	mg/dl
Serum Creatinine	0.8	0.7-1.4	mg/dl
Serum Uric Acid	6.3	Male-3.5-7.2 Female-2.5-6.0	mg/dl
Serum Sodium	139.3	136.0-149.0	mmol/L
Serum Potassium	4.0	3.5-5.5	mmol/L
Serum Calcium	8.5	8.0-10.5	mg/dl



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For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, छातांची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 फो. : 8173006932
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DIYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report

PATIENT NAME Mr. DEEPAK KUMAR
 AGE / SEX 28 Y / Male
 COLLECTED AT Inside
 RECEIPT No. 16,841
 REFERRED BY Dr. DMH

SAMPLE COLLECTED ON 09-03-2024
 REPORT RELEASED ON 09/03/2024
 REPORTING TIME 2:32:08PM
 PATIENT ID 16871

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Tests	Results	Biological Reference Range	Unit
Glycosylated Haemoglobin			
HbA1c	6.3	(4.3-6.4)	%

Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

Comments/interpretations:

Glycosylated Haemoglobin Is Proportional To Mean Plasma Glucose Level During Previous 6-12 Weeks. For People Without Diabetes, The Normal Range For The Hemoglobin A1c Level Is Between 4% And 5.6%. Hemoglobin A1c Levels Between 5.7% And 6.4% Mean You Have A Higher Chance Of Getting Diabetes. Levels Of 6.5% Or Higher Mean You Have Diabetes. recommended Goal Of Hba1c Is <7%. The Higher The Hemoglobin A1c, The Higher Your Risk Of Having Complications Related To Diabetes. A Combination Of Diet, Exercise, And Medication Can Bring Levels Down. People With Diabetes Should Have An A1c Test Every 3 Months To Make Sure Their Blood Sugar Is In Their Target Range. If Your Diabetes Is Under Good Control, You May Be Able To Wait Longer Between The Blood Tests. But Experts Recommend Checking At Least Two Times A Year. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test.

SEROLOGY

Blood Group (ABO)

A.B.O.
 Rh(D)

"B"
 POSITIVE

IMMUNOLOGY



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DIYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mr. DEEPAK KUMAR	SAMPLE COLLECTED ON	09-03-2024
AGE / SEX	28 Y / Male	REPORT RELEASED ON	09/03/2024
COLLECTED AT	Inside	REPORTING TIME	2:32:08PM
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REFERRED BY Dr.	DMH		

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Tests	Results	Biological Reference Range	Unit
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CLINICAL PATHOLOGY

Urine Examination Report

PHYSICAL	Results	Biological Reference Range	Unit
Volume	25	-	ml
Colour	YELLOW	-	-
Appearance	TRACES TURBID	-	-
CHEMICAL			
Reaction PH	6.0	(4.5-8.0)	-
Specific Gravity	1.025	High (1.01-1.025)	-
Proteins	PRESENT(+)	NIL	-
Sugar	NIL	NIL	-
Blood	NIL	NIL	-
Phosphates/urates	NIL	NIL	-
Ketone Bodies	NIL	-	-
Chyle	NIL	NIL	-
Bile Pigment (Bilirubin)	NIL	-	-
Bile Salt	NIL	-	-
Urobilinogen	Normal	-	-
MICROSCOPICAL			
R B C	Absent	0-2 /hpf	/hpf
Pus Cells	2-3	0-5 /hpf	/hpf
Epithelial Cells	1-2	-	-
Crystals	Nil	-	-
Yeast Cells	Absent	-	-
Casts	Absent	-	-
BACTERIA	Absent	-	-

*** End of Report ***

THANKS FOR REFERENCE



Consultant Pathologist
DR.S. SRIVASTAVA M.D (PATH)

TECHNICIAN
16871

Consultant Pathologist
DR.VASUNDHARA SINGH M.D (PATH)

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DIWAMAN HOSPITAL Pvt. Ltd.

पैथोलॉजी संकाय

Pathology Division



Pathological Examination Report



PATIENT NAME	Mr. DEEPAK KUMAR	SAMPLE COLLECTED ON	09-03-2024
AGE / SEX	28 Y / Male	REPORT RELEASED ON	09/03/2024
COLLECTED AT	Inside	REPORTING TIME	2:53:36PM
RECEIPT No.	16,845	PATIENT ID	16875
REFERRED BY Dr.	DMH		

Tests	Results	Biological Reference Range	Unit
IMMUNOLOGY			
T3 Triiodo Thyroid	1.23	(0.69 - 2.15)	ng/ml
T4 Thyroxine	113.6	(52 - 127) ng/ml	ng/ml
TSH	2.24	(0.3-4.5) uIU/ml	uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.

Remarks:

- Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
- A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
- Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
- A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
- Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
- Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
- A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
- Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Sampes Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.

*** End of Report ***

THANKS FOR REFERENCE



Consultant Pathologist
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN
16875

Consultant Pathologist
DR.VASUNDHARA SINGH M.D (PATH)

Page 1 of 1

Fully Computerised Lab Equipped with Modern Technologies

सुविधाएँ : • सभी प्रकार की पैथोलॉजिकल जांचें • बायोप्सी • एफ.एन.ए.सी. • पैप स्मैयर • हॉर्मोन्स (प्रतिदिन रिपोर्ट) • साइटोलॉजी • खून परी • HbA1c • स्पेशल टेस्ट (24 घंटे)
For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, छत्रांधी बरगदवा बार्डिंग रोड, राजी नगर-1, गोरखपुर - 273 003 मो. : 8173006932

Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.



दिव्यमान हॉस्पिटल

प्राइवेट लिमिटेड



• ईमेल : dmhgkp@gmail.com • फोन नं० : 0551-2506300 • मो० : 7525969999, 8173006932

Pt Name. : MR DEEPAK KUMAR	Age. : 29 YEAR	Gender. : Male
OPD No. : 1059	UHID. : UHID977	Guardian. : SHYAM DEV
Under Dr. : DR ASHOK KUMAR SRIVASTAVA	Department. : GENERAL MEDICINE	Qualification. : MBBS MD
Date. : 09-03-2024	Address. : KUDAGHAT GORAKHPUR	Contact : 9651640277

B.p 140/80 mmHg Pulse 78 SpO2 Weight 80kg Temp 99.4 F (Rectal)

QVS 85%
 Hb 13.2g/dl

Sig (F) 136mg

Lipid Profile TGT

LFT

KFT

Hb A1C 6.3%

Prostaglandin (tue)

Aspirin (MAD)

T3 T4 (M)

ECG - WNL

USG - Hepatomegaly & Fatty liver

Echo - WNL EF 72%

X-ray chest - MAD

Weight reduction / diet as adv

(Signature)
 9/3/2024



:- अन्य विभाग :-

- प्रसूति एवं स्त्री रोग
- शिशु, बाल रोग एवं एन.आई.सी.यू.
- डायलिसिस
- फिजियोथेरेपी एवं रिहैबिलिटेशन
- मेडिसिन एवं आई.सी.यू.
- ऑर्थोपेडिक सर्जरी
- कार्डियोलॉजी
- प्राकृतिक उपचार
- न्यूरोलॉजी
- यूरोलॉजी
- नाक, कान, गला रोग
- रेडियोलॉजी एवं पैथोलॉजी
- जनरल व लैप्रोस्कोपिक सर्जरी
- न्यूरोसर्जरी
- घाती रोग
- माइव्हालर ओ.टी., सी.आर्म

इमरजेंसी 24 घण्टे

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर - 273003

रजि. ऑफिस : 731-एच, शास्वा शिवालय आनन्द विहार कॉलोनी, राप्ती नगर फेज-1, गोरखपुर, उत्तर प्रदेश, पिनकोड - 273003

REPORT

I.D. NO 11 : U/09-03-18
Patient's Name: : MS. BABITA KUMARI
Ref by Dr. : DIVYAMAN HOSPITAL
March 9, 2024
AGE/SEX : 27 YRS / F

2D- ECHO

MITRAL VALVE

Morphology

AML- Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/Sam/Doming.
PML- Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
Subvalvular deformity Present/Absent Score :

Doppler

Normal/Abnormal E>A A>E
Mitral Stenosis Present/Absent RR Interval_ msec
EDG_ mmHg MDG_ mmHg MVA_ cm2
Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology

Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.

Doppler

Normal/Abnormal.
Tricuspid stenosis Present/Absent RR Interval_ msec.
EDG_ mmHg MDG_ mmHg
Tricuspid regurgitation/Absent/Trivial/Mild/Moderate/Severe Frangmed signals.
Velocity_ msec. Pred. RVSP=RAP+_ mmHg

PULMONARY VALVE

Morphology

Normal/Atresia/Thickening/Doming/Vegetation.

Doppler

Normal/Abnormal
Pulmonary stenosis Present/Absent Level
PSG_ mmHg Pulmonary annulus_ mm
Pulmonary regurgitation Present/Absent
Early diastolic gradient_ mmHg. End diastolic gradient_ mmHg



DEEPAK KUMAR 29Y/M/X9/3-9/M/ADULT CHEST - 1 VIEW/09-Mar-2024

R

PA

