MANYA IMAGING & DIAGNOSTIC POINT
Better Imaging Better Diagnostics.. We Care From Inside

आर.के.प्लाजा, ग्राउण्ड फ्लोर, मोतीलाल पेट्रोल पम्प के सामने, लिंक रोड,
बिलासपुर-495001 (छ.ग.)
मो : 9131053337 फोन नं : 07752-403073
E-mail : manyaimagingndiagnosticpoint@gmail.com

PT NAME: MR. O.P GUPTA **AGE/SEX: 64YRS/M**

REF. BY: KIMS HOSPITAL **DATE: 09.04.2020**

MRI CERVICAL SPINE

PROTOCOL:

Multiplanar MRI of the cervical spine done on 1.5 Tesla machine was performed using T1 weighted spin echo, T2 weighted fast spin echo & T2 weighted gradient echo sequences.*

OBSERVATIONS:

Loss of normal cervical lordosis is noted.
Disc desiccation noted in the entire visualized cervical levels.
Anterior osteophytic lippings noted at the level of C3 to C7 vertebral bodies.

There is evidence of faint T2 hyperintense signal intensities noted in the intervertebral disc at the level of C6-C7 with type-II end plate modic changes involving the inferior end plate of C6 and superior end plate of C7 vertebral body suggestive of..? Non-specific diskitis with degenerative changes.

Diffuse annular disc bulge noted at the level of C3-C4 , C4-C5 & C5-C6causing compression on anterior CSF column without significant neurological compromise.

Other vertebral bodies are normal in height and signal intensity. Their posterior elements are normal.

Other intervertebral discs are normal in height and signal intensity.

The visualized spinal cord is normal in morphology and signal intensity.

There is no abnormal pre or paraspinal soft tissue

The craniovertebral junction is normal.

AP diameter (in mms) of the spinal canal at intervertebral discs Levels are-

C2-C3	11.6 mm	C3-C4	10.2 mm	C4-C5	9.0 mm
C5-C6	7.2 mm	C6-C7	10.1 mm	C7-D1	10.4 mm

IMPRESSION:

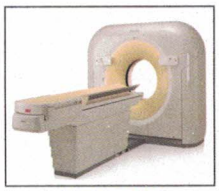
- ***FAINT T2 HYPERINTENSE SIGNAL INTENSITIES NOTED IN THE INTERVERTEBRAL DISC AT THE LEVEL OF C6-C7 WITH TYPE-II END PLATE MODIC CHANGES INVOLVING THE INFERIOR END PLATE OF C6 AND SUPERIOR END PLATE OF C7 VERTEBRAL BODY SUGGESTIVE OF..? NON-SPECIFIC DISKITIS WITH DEGENERATIVE CHANGES.***
- ***DIFFUSE ANNULAR DISC BULGE AT C3-C4 , C4-C5 & C5-C6CAUSING COMPRESSION ON ANTERIOR CSF COLUMN WITHOUT SIGNIFICANT NEUROLOGICAL COMPROMISE.***

Thanks for reference,
With regards

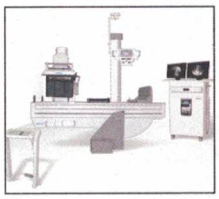
DR KUMAR DEVASHISH (MBBS, FAGE, D.M.R.D)
CONSULTANT RADIOLOGIST

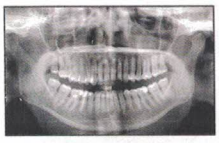
- *THESE REPORTS ARE FOR ASSISTING DOCTORS, PHYSICIANS IN THEIR TREATMENT AND NOT FOR MEDICO LEGAL PURPOSE AND SHOULD BE RELATED CLINICALLY.*
- *NO DUPLICATE REPORTS SHALL BE ISSUED.*


MRI
(Highly Advanced 1.5 T MRI)


CT SCAN
(Advanced 16 Slice Machine)


USG


HIGH FREQUENCY X-RAY


DIGITAL OPG

नोट : ❒ पेट की सोनोग्राफी हेतु खाली पेट आयें। ❒ बच्चेदानी की जांच हेतु 1 घंटे पूर्व 1 लिटर पानी पीकर आवें। ❒ गर्भवती महिलाओं को खाली पेट आने की आवश्यकता नहीं है

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PT NAME: MR. O.P GUPTA **AGE/SEX: 64YRS/M**

REF. BY: KIMS HOSPITAL **DATE: 09.04.2020**

MRI BRAIN (PLAIN)

PROTOCOL:

Multiplanar MRI of the brain done on 1.5 Tesla machine was performed using T1 weighted gradient echo, T2 weighted fast spin echo & fast FLAIR sequences. Additional diffusion weighted single shot EPI sequence was obtained in axial plane and gradient sequence were also acquired.

OBSERVATIONS:

There are seen tiny T2 & FLAIR hyperintense & T1 hypo intense areas which shows restriction on DWI involving the periventricular temporal region on left side suggestive of lacunar infarct.

No area of altered signal seen in the brainstem and cerebellum.

Sulci, Gyri, basal cistern & Cerebellar folia are prominent suggestive of age related atrophy.

White matter ischemic changes noted in the peritrigonal, periventricular and high parietal region on both side.

No significant shift of midline structures is seen.

Intracranial vessels and dural sinuses display the expected flow void.

The craniovertebral junction is unremarkable.

CONCLUSION:

- *LACUNAR INFARCT INVOLVING THE PERIVENTRICULAR TEMPORAL REGION ON LEFT SIDE.*
- *AGE RELATED CEREBRAL AND CEREBELLAR ATROPHY.*
- *WHITE MATTER ISCHEMIC CHANGES NOTED IN THE PERITRIGONAL, PERIVENTRICULAR AND HIGH PARIETAL REGION ON BOTH SIDE.*

Thanks for reference,
With regards

DR KUMAR DEVASHISH (MBBS, FAGE, D.M.R.D)
CONSULTANT RADIOLOGIST

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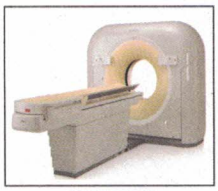
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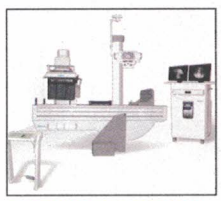
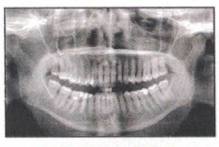

HIGH FREQUENCY X-RAY


DIGITAL OPG

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KIMS SUPERSPECIALITY HOSPITAL
AGRASEN SQUARE, BILASPUR (C.G.)
Tollfree No. : 18002709977, 8719090910

DEPARTMENT OF RADIO-DIAGNOSIS

IP/ OP NO.	OPD 80759 - 96429	DATE	31/03/2020
NAME	MR. OP GUPTA	AGE / SEX	64 YRS / M
REFERRED BY	DR. JAGAN N. HANUMANTHU [CARDIO]	ADDRESS	

CT SCAN CHEST (PLAIN)

STUDY PROTOCOL:
SECTIONS OF APPROPRIATE THICKNESS (6 MM) WERE OBTAINED AT APPROPRIATE INTERVALS SO AS TO COVER THE REGION FROM ROOT OF NECK TO THE DIAPHRAGMATIC DOMES.

FINDINGS:

- **There is evidence of atherosclerotic calcification is seen involving the coronary vessels and arch of aorta.**
- Bilateral lungs reveal normal parenchyma. Peribronchovascular, interlobular, intralobular and subpleural interstitium reveals no evidence of nodularity.
- No e/o any collapse / consolidation / fibrosis / bronchiectasis / nodules / SOL.
- Mediastinum is in midline, with maintained fat planes. No significant nodes noted in mediastinum & hilar region.
- Trachea is in midline with normal divisions at the carina. Lumen appears normal.
- Cardio-thoracic ratio appears normal. No E/O pericardia effusion.
- Pleural cavity appears normal. No evidence of pleural thickening or effusion noted.
- ***Degenerative changes seen in dorsal spine***

IMPRESSION :

- **Evidence of atherosclerotic calcification is seen involving the coronary vessels and arch of aorta.**
- **Rest no significant abnormality seen.**

Please correlate with clinical & other Laboratory findings.
Thanks for the referral.

DR. SONAM SINHA JAISWAL (DMRD, DNB)
CONSULTANT RADIOLOGIST

CLINICAL CORRELATION IS MANDATORY FOR REACHING THE FINAL DIAGNOSIS. NOT FOR MEDICOLEGAL PURPOSE.
PRE-NATAL SEX DETERMINATION IS NOT DONE HERE.

KIMS SUPERSPECIALITY HOSPITAL
AGRASEN SQUARE, BILASPUR (C.G.)
Tollfree No. : 18002709977, 8719090910

DEPARTMENT OF RADIO-DIAGNOSIS

IP/OP NO	OPD 80759 - 96408	DATE	30.03.2020
NAME	MR. OP GUPTA	AGE / SEX	64 YRS / M
REFERRED BY	DR. JAGAN N. HANUMANTHU [MD, DM]	ADDRESS	

DIGITAL X-RAY CHEST PA VIEW

OBSERVATION:
(Patient is in rotation)

- **Homogenous opacity seen at left paratracheal region of left upper lung zone with reduced left upper lung volume is seen.....p/o left upper lung lobe partial collapse.**
- **Mild scoliosis seen at dorsal level.....likely positional.**
- Both hilar shadows appear normal.
- Rest lungs fields are clear.
- Both costo-phrenic angles are clear.
- Cardio-thoracic ratio is within normal limits.
- Trachea centrally placed.
- Soft tissue and bony cage appear normal.
- Both hemi-diaphragms are well outlined.

IMPRESSION :

- **Homogenous opacity seen at left paratracheal region of left upper lung zone with reduced left upper lung volume is seen.....p/o left upper lung lobe partial collapse.**
- **Mild scoliosis seen at dorsal level.....likely positional**

Please correlate with clinical & other Laboratory findings.
Thanks for the referral.

DR. SONAM SINHA JAISWAL (DMRD, DNB)
CONSULTANT RADIOLOGIST

Apollo HOSPITALS
BILASPUR

Apollo Hospital

Lingiadih, Seepat Road, Bilaspur-495006
Tel: 07752-248300-7 Fax: 07752-509999

ECHO-DOPPLER REPORT

Reg. No. 136359, Name: Mr. O. P. Gupta, Age: 64yrs, Sex: M, Date: 13.07.2020

Referred By: Dr. A. Jayavelu **Done By: Dr. R. L. Bhanja**

Conclusions:

- **NO REGIONAL WALL MOTION ABNORMALITY**
- **CONCENTRIC LEFT VENTRICULAR HYPERTROPHY**
- **GRADE I LV DIASTOLIC DYSFUNCTION**
- **NORMAL LV SYSTOLIC FUNCTION – LVEF 60%**

Measurement (M-mode):

LA: 36 mm	**LV(ed):** 50 mm	**LVPW(ed):** 12 mm	**IVS(ed):** 14 mm
AO: 30 mm	**LV(es):** 34 mm	**LVPW(es):** 20 mm	**IVS (es):** 17 mm

Mitral Valve:

Morphology: **Sclerotic**
E= 0.75 mt/sec., A= 0.96 mt/sec. (A > E)
Mitral Regurgitation: Nil

Aortic Valve:

Morphology: **Sclerotic**
Max Velocity: 1.66 mt/sec.
Aortic Regurgitation: Nil

Pulmonary Valve:

Morphology: Normal
Pulmonary Regurgitation: Nil

Tricuspid Valve:

Morphology: Normal
Tricuspid Regurgitation: Nil

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BILASPUR

Apollo Hospital

Lingiadih, Seepat Road, Bilaspur-495006
Tel: 07752-248300-7 Fax: 07752-509999

Reg. No. 136359, Name: Mr. O. P. Gupta, Age: 64yrs, Sex: M, Date: 13.07.2020

RA: Normal in size

RV: Normal size.

LA: Normal size. No clot.

LV: Normal size.

IAS: Intact

IVS: Intact

AORTA: Normal size

Pulmonary Artery: Normal size

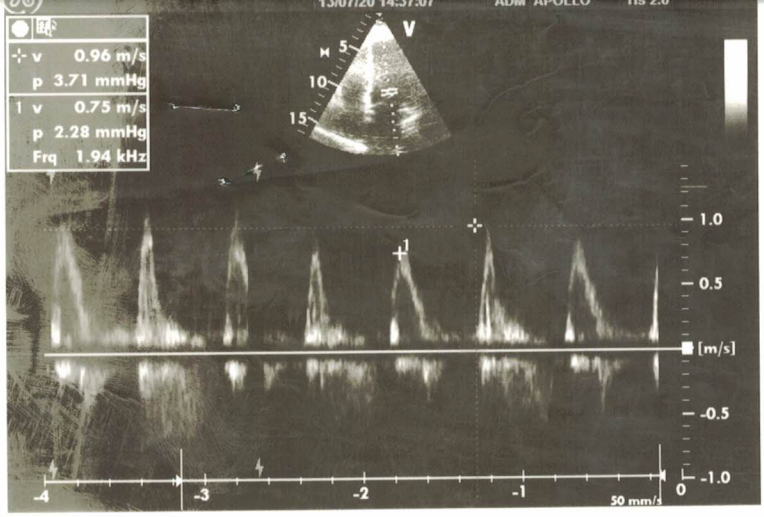
Pericardium: Normal, No Pericardial Effusion.

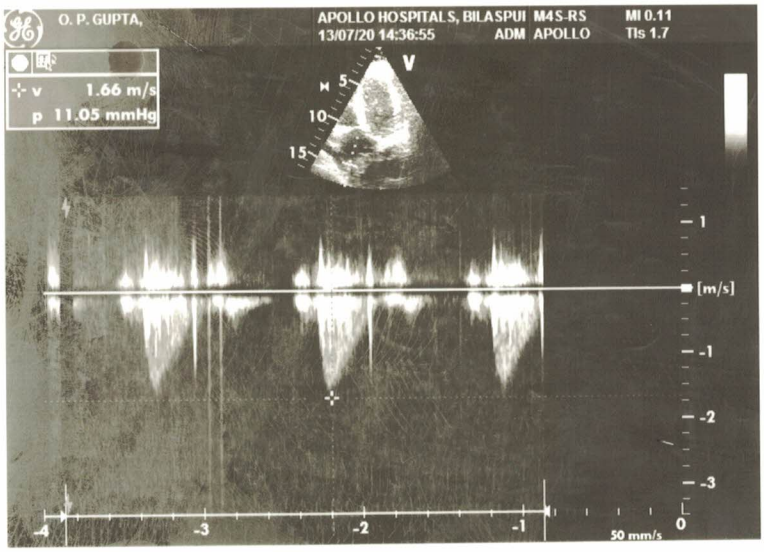
Dr. M. P. Samal
Sr. Consultant Interventional Cardiologist
(MD, DM, FACC, FESC, FSCAI)

Dr. R. L. Bhanja
Sr. Consultant Interventional Cardiologist
(MD, DM, FACC, FESC)

Dr. K. K. Tiwari
Clinical Associate (Cardiology)
(MBBS, PGDCC)

Dr. Millan Ku. Satapathy
Associated Consultant Interventional Cardiologist
(MD, DM)


v 0.96 m/s
p 3.71 mmHg
1 v 0.75 m/s
p 2.28 mmHg
Frq 1.94 kHz
1.0
0.5
[m/s]
-0.5
-1.0
50 mm/s


O. P. GUPTA,
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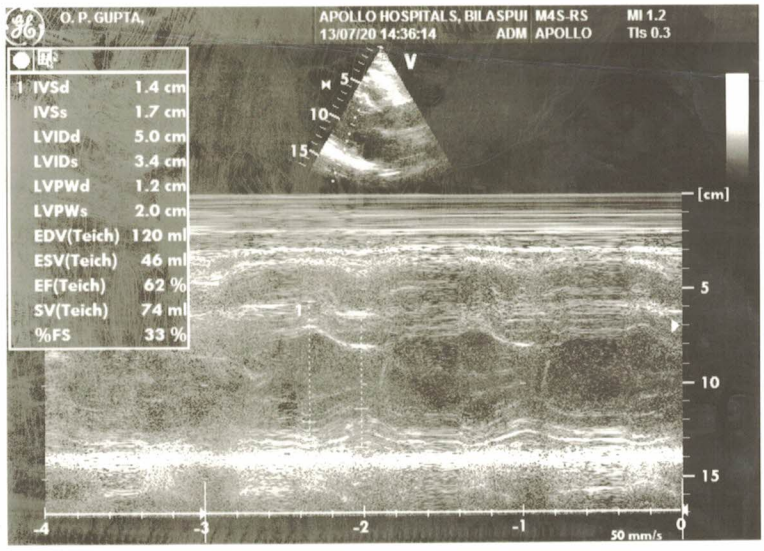
v 1.66 m/s
p 11.05 mmHg
1
[m/s]
-1
-2
-3
50 mm/s


O. P. GUPTA,
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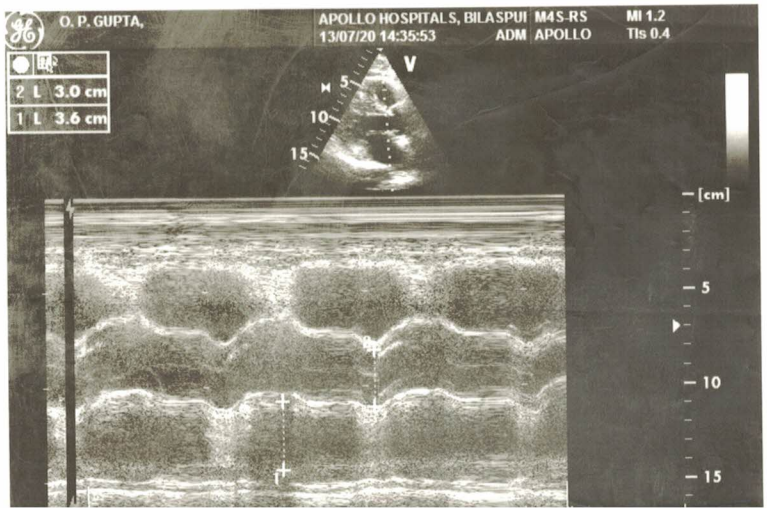
1 IVSd 1.4 cm
IVSs 1.7 cm
LVIDd 5.0 cm
LVIDs 3.4 cm
LVPWd 1.2 cm
LVPWs 2.0 cm
EDV(Teich) 120 ml
ESV(Teich) 46 ml
EF(Teich) 62 %
SV(Teich) 74 ml
%FS 33 %
[cm]
5
10
15
50 mm/s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2 L 3.0 cm
1 L 3.6 cm
[cm]
5
10
15