

Patient Name : Mrs. C Lakshmi  
 Age : 39 Years  
 Referring Doctor : Dr. Nandish H K

MRN : 10020001277899  
 Sex : Female  
 Date : 03.06.2021

**ULTRASOUND ABDOMEN AND PELVIS**  
*(Bedside Portable Scan)*

**FINDINGS:**

**Liver** is normal in size (12.7 cm) and shows coarse echopattern with surface nodularity. No intra or extra hepatic biliary duct dilatation. No focal lesions.

**Portal vein** is normal in course and caliber (10 mm) and hepatopetal flow. Hepatic veins and their confluence draining into the IVC appear normal. **CBD** is not dilated.

**Gallbladder** shows edematous wall thickening (3 mm) with echogenic sludge. No evidence of calculi or pericholecystic fluid.

**Pancreas** to the extent visualized, appears normal in size, contour and echogenicity.

**Spleen** is normal in size (9.0 cm), shape, contour and echopattern. No evidence of mass or focal lesions.

**Right Kidney** is normal in size (measures 11.1 cm in length & 1.1 cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

**Left Kidney** is normal in size (measures 10.6 cm in length & 1.5 cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

**Retroperitoneum** – Obscured by bowel gas.

**Urinary Bladder** is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion. Low level internal echoes are noted.

**Uterus** is anteverted and normal in size, measures 7.7 x 5.5 x 4.0 cm. Myometrial and endometrial echoes are normal. **Endometrium** measures 4.8 mm. Endometrial cavity is empty.

**Both ovaries** are normal in size and echopattern.

**Right ovary:** measures 3.2 x 1.7 cm. **Left ovary:** measures 2.4 x 1.9 cm.

**Both adnexa:** No mass is seen.

There is gross ascites. There is bilateral moderate pleural effusion (Right: (Volume ~ 350-400 cc); Left: (volume ~ 450-500 cc) with underlying passive lung collapse.

**IMPRESSION:**

- Coarse echopattern of liver with surface nodularity, *of concern for chronic liver parenchymal disease*.
  - Edematous gallbladder wall thickening with sludge.
  - Gross ascites.
  - Bilateral moderate pleural effusion with underlying passive lung collapse.
  - Low level internal echoes in urinary bladder, *of concern for cystitis*.
- Recommended clinical / lab correlation.*

  
**Dr. Shreyas K P** NH Helpline  
**Sr. Registrar** 080-7122 2222  
 Narayana Hrudayalaya Limited

Patient Name : Mrs. C Lakshmi  
 Age : 39 Years  
 Referring Doctor : Dr. Nandish H K

MRN : 10020001277899  
 Sex : Female  
 Date : 03.06.2021

**COLOUR DOPPLER EXAMINATION OF LIVER**  
(Bedside Portable Scan)

**FINDINGS:**

Liver is normal in size (12.7 cm) and shows coarse echopattern with surface nodularity. No intra or extra hepatic biliary duct dilatation. No focal lesions.

**Portal vein: -**

- Caliber – 10 mm
- Flow direction – Hepatopetal
- Velocity – 22.8 cm/s

**Hepatic veins: -**

- Caliber – normal in size
- Drainage into IVC
- IVC – Collapsible
- Doppler shows loss of phasicity.

**Hepatic artery: -**

- Flow direction – Hepatopetal
- RI – 0.69

There is gross ascites.

There is bilateral moderate pleural effusion (Right: (Volume ~ 350-400 cc); Left (volume ~ 450-500 cc) with underlying passive lung collapse.

**INCIDENTAL FINDINGS:**

Gallbladder shows edematous wall thickening (3 mm) with echogenic sludge. No evidence of calculi or pericholecystic fluid.

**IMPRESSION:**

- Loss of phasicity in the hepatic veins. *Suggested clinical correlation.*
- Coarse echopattern of liver with surface nodularity, *of concern for chronic liver parenchymal disease.*
- Edematous gallbladder wall thickening with echogenic sludge.
- Gross ascites.
- Bilateral moderate pleural effusion with underlying passive lung collapse.  
*Recommended clinical / lab correlation.*



**Dr. Shreyas K P**  
**Sr. Registrar**

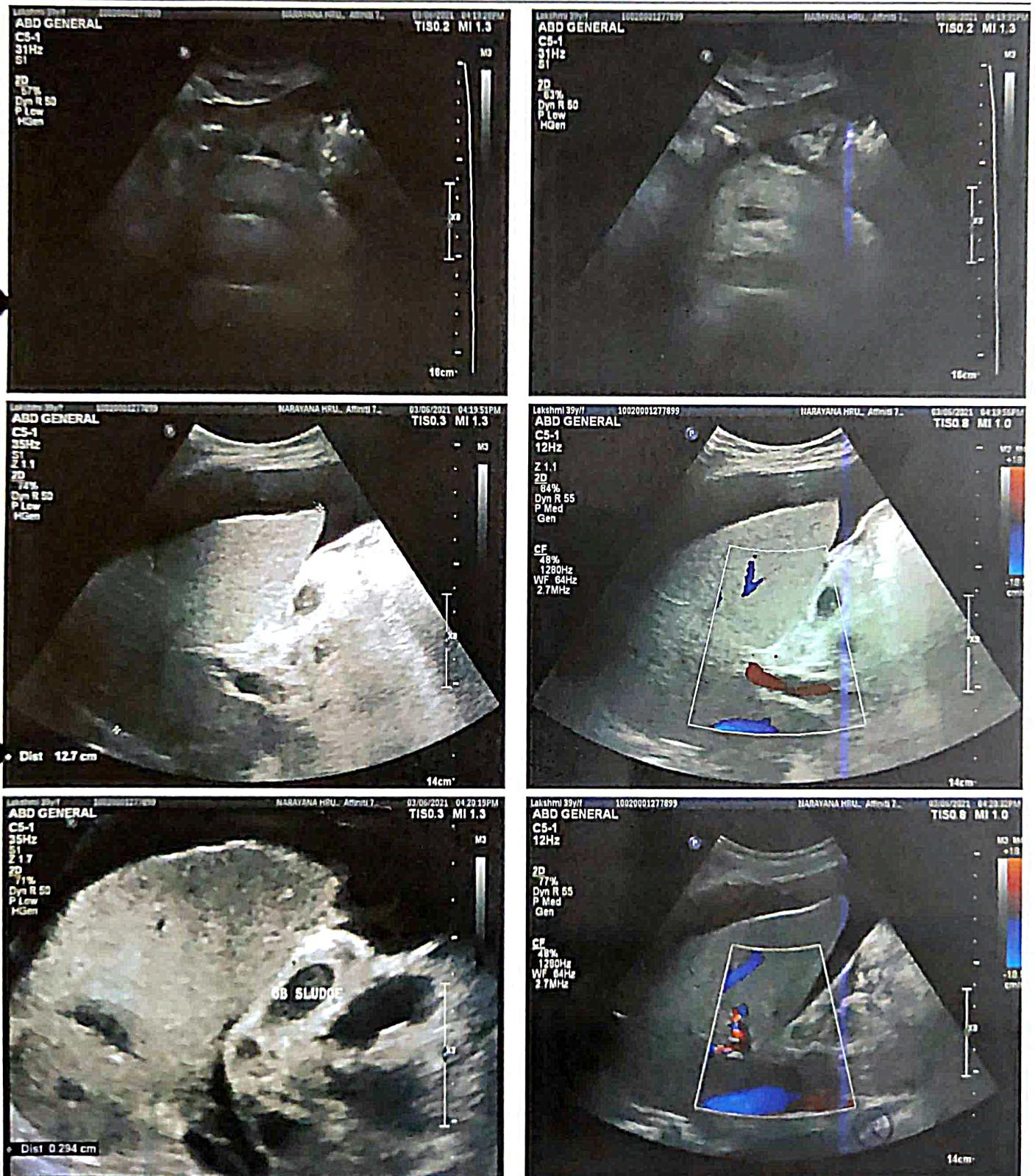


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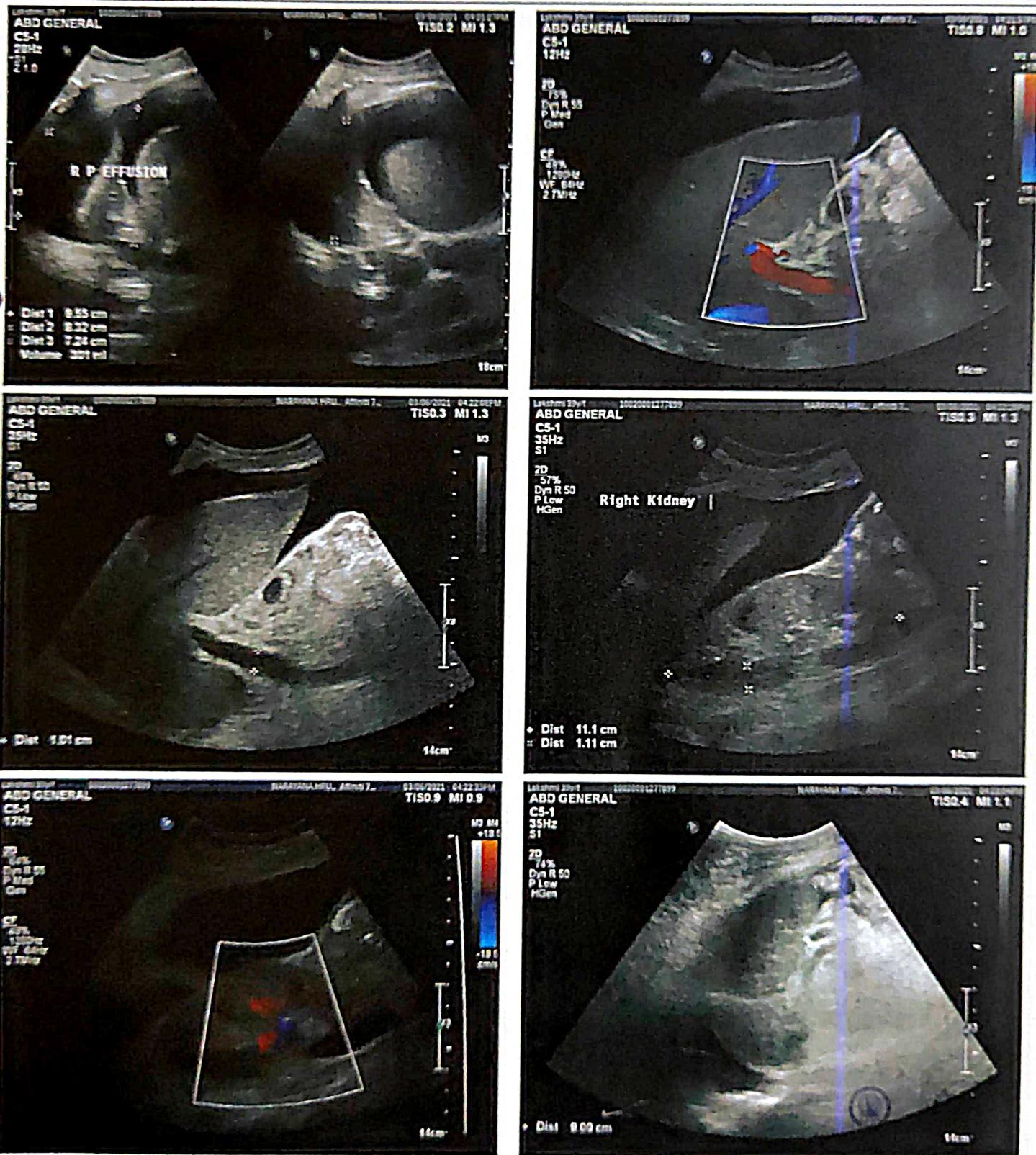
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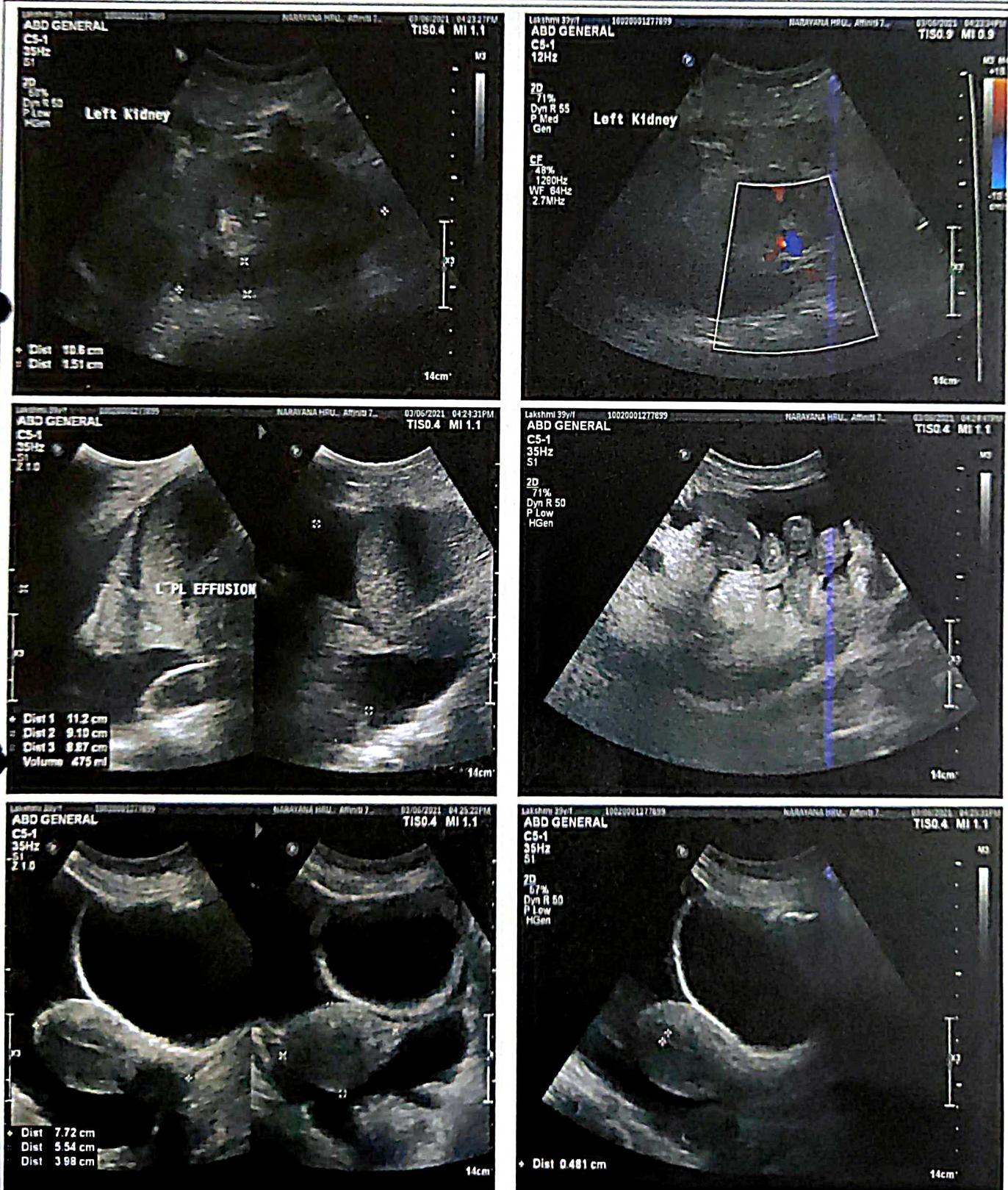
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Patient ID	10020001277899	Visit No	2
Referred by	Dr.	Visit Date	03/06/2021 03:39:00 PM



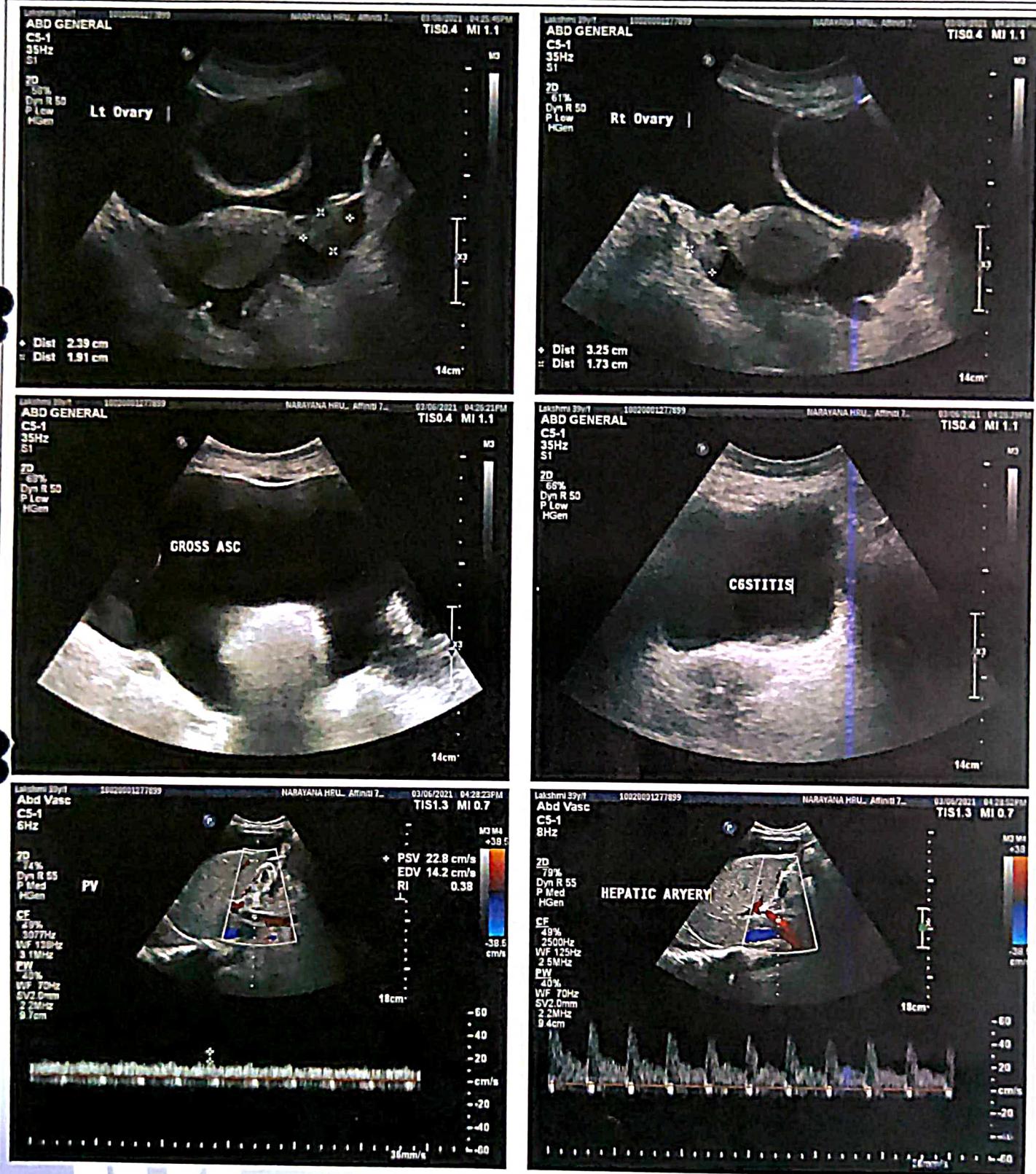
Patient name	Lakshmi 39y/f****	Age/Sex	
Patient ID	10020001277899	Visit No	2
Referred by	Dr.	Visit Date	03/06/2021 03:39:00 PM



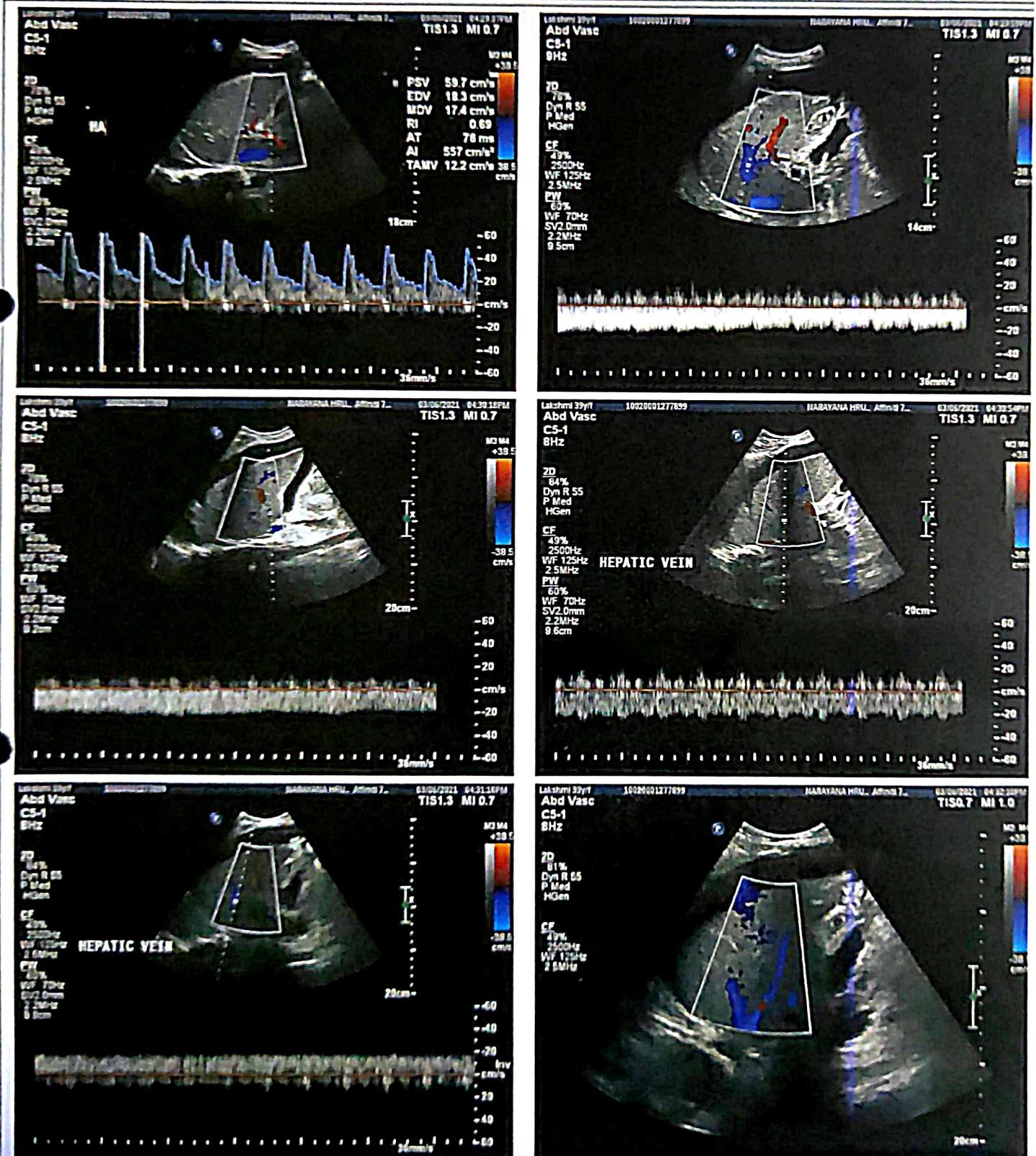
Patient name	Lakshmi 39y/f ^^^^	Age/Sex	
Patient ID	10020001277899	Visit No	2
Referred by	Dr.	Visit Date	03/06/2021 03:39:00 PM



Patient name	Lakshmi 39y/f^^^^	Age/Sex	
Patient ID	10020001277899	Visit No	2
Referred by	Dr.	Visit Date	03/06/2021 03:39:00 PM



Patient name	Lakshmi 39y/f <sup>AAAA</sup>	Age/Sex	
Patient ID	10020001277899	Visit No	2
Referred by	Dr.	Visit Date	03/06/2021 03:39:00 PM



Patient Name	LAKSHMI C	Requested By	Dr. Nandish H K
MRN	10020001277899	Procedure DateTime	04-06-2021 17:21
Age/Sex	/Female	Hospital	NH-Health City

### HRCT – CHEST (PLAIN)

**CLINICAL DETAILS:** Acute hepatitis.

**TECHNIQUE:** Axial sections of the chest were obtained from the thoracic inlet down to the diaphragmatic domes without intravenous contrast. Sagittal and coronal reformats were obtained.

#### **FINDINGS:**

Bilateral moderate pleural effusion causing underlying passive atelectasis.

Rest of the lungs are adequately aerated. There is no focal parenchymal lesion, calcification or cavitation.

No significant lymph node enlargement identified.

Mediastinal position and contents including the trachea and its bifurcation appear normal.

The cardiac size and configuration are within normal limits.

Mild degenerative changes are noted in the spine.

***Visualized liver shows mild surface nodular and caudate lobe hypertrophy, of concern for CLD.***

Upper part of the spleen included in the study region show no obvious abnormality.

Gross ascites.

#### **IMPRESSION:**

##### **CORADS-1**

- No signs of active lung infection.
- Bilateral moderate pleural effusion causing underlying passive atelectasis.
- Gross ascites.

  
**Dr. Karthik.G.A, MDRD**

Senior Consultant Radiologist

Lead in body imaging

\* This is a digitally signed valid document. Reported Date/Time: 04-06-2021 17:46

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-- End of Report --

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<b>Patient Name</b>	C LAKSHMI	<b>Requested By</b>	Dr. Nandish H K
<b>MRN</b>	10020001277899	<b>Procedure DateTime</b>	04-06-2021 23:17
<b>Age/Sex</b>	40Y/Female	<b>Hospital</b>	NH-Health City

### **MRI BRAIN - STROKE PROTOCOL WITH MR VENOGRAM**

**CLINICAL DETAILS:** W/f LT.

**TECHNIQUE:** T2w, T2\* GRE/SWI, FLAIR and DW imaging of the brain was performed. 2D TOF MRA, 3D TOF MRA of Circle of Willis and phase contrast MR venogram of the head were also obtained.

#### **FINDINGS:**

##### **Brain:**

- There is well-defined T1/T2 and FLAIR lobulated hypointense focus measuring 9 x 6 mm, showing blooming in GRE sequence involving body of right caudate nucleus.
- There is another similar lesion in the left severe frontal gyrus
- Rest of the cerebral hemispheres and basal ganglia show normal signal intensities.
- The brainstem and cerebellar hemispheres show normal signal intensities.
- There is no evidence of restricted diffusion in the brain parenchyma.
- The lateral, third and fourth ventricles are normal.
- The sulci and basal cisterns are unremarkable.
- T2 hyperintensities are seen involving bilateral maxillary and ethmoid sinuses, *likely of infective / inflammatory etiology*.

##### **MRA Neck & Circle of Willis:**

- Both common carotid arteries are normal.
- The extracranial and intracranial internal carotid arteries, middle cerebral arteries, anterior cerebral arteries and their branches are normal.
- The vertebral arteries, basilar artery and right posterior cerebral arteries are normal.
- There is fetal origin of left PCA.
- No evidence of any vascular occlusion / aneurysm.



***MRI Venogram of Head:***

- The superior sagittal sinus, straight sinus, bilateral transverse and sigmoid sinuses are normal. The torcula herophili appears normal.
- Cavernous sinus appears normal. The cortical veins to the extent visualized show normal signal intensities.
- No definite evidence of venous sinus thrombosis.

**IMPRESSION:**

- **Calcified granulomas in the right caudate nucleus body and left superior frontal gyrus.**
- **No significant abnormality in MRA of the circle of Willis and neck vessels.**
- **No evidence of acute cerebral venous sinus thrombosis.**



Dr Girish D, DMRD, DNB  
Junior Consultant



Dr. Shri Harsha Krishna, MBBS, MD  
Consultant Neuro Radiologist

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Unit of Narayana Health

### DOBUTAMINE STRESS ECHO REPORT

MRN : 10020001277899  
 NAME : MRS. C LAKSHMI  
 LOCATION : MOPD (R - 6)

DATE : 09.06.2021  
 AGE/GENDER : 43 YEARS/FEMALE

**INDICATION :** EVALUATION FOR INDUCIBLE ISCHEMIA.

**DIAGNOSIS :** JAUNDICE, W/F LIVER TRANSPLANT

**MEDICATIONS:** TAB. PANTACID, TAB. CEFEPIME, TAB. MIDODRINE, TAB UDILIV, TAB. ALDACTONE.

#### IMPRESSION

- STRESS TEST NEGATIVE FOR INDUCIBLE ISCHEMIA.

#### FINDINGS

DSE WAS DONE WITH PLAX, PSAX, A4CV, A2CV & APICAL LONG AXIS VIEWS, SUPPORTED BY MYOCARDIAL CONTRAST ECHO. DOBUTAMINE INFUSION GIVEN AT 3 MINUTE INTERVALS

TARGET HEART RATE (85%) : 151 BPM.

DOBUTAMINE DOSE (MICGS/KG/MIN)	HR (BPM)	BP (MM HG)
BASELINE	87	105/60
10 - 14.1	87	109/69
20 - 28.2	102	115/70
30 - 42.3	111	117/60
40 - 56.4	149	118/65
ATROPINE GIVEN ( 0.3 MG )	150	118/76
RECOVERY (1 MIN)	139	102/59
RECOVERY (5 MIN)	104	100/58
RECOVERY (10MIN)	98	100/55

#### REASON FOR TEST TERMINATION

- ACHIEVED TARGET HEART RATE.



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**HR AND BP RESPONSE**

- APPROPRIATE HEART RATE AND BP RESPONSE.

**EVENTS / SYMPTOM**

- UNEVENTFUL / NO ANGINA OR SOB.

**ECG**

- MILD ST DEPRESSION SEEN IN V2 TO V6 AT PEAK STRESS TEST.

**BASELINE ECHO**

- NORMAL VALVES.

**MITRAL REGURGITATION**

- MILD MR.

**RIGHT VENTRICULAR FUNCTION**

- NORMAL RV FUNCTION.

**LV SYSTOLIC FUNCTION (PRE & PEAK STRESS)**

- NORMAL LV FUNCTION.

**LV SIZE AND RWMA (PRE STRESS)**

- NORMAL LV SIZE.
- NO RWMA.

**LV SIZE AND RWMA (PEAK STRESS)**

- APPROPRIATE DECREASE IN LV SIZE.
- NO RWMA.

DR. SATISH GOVIND

SENIOR CONSULTANT - NON INVASIVE CARDIOLOGY



DR. THANGA SHEELA

CONSULTANT - NON INVASIVE CARDIOLOGY

TYPED BY : ANUPAM

**SALINE BUBBLE CONTRAST ECHO REPORT**

MRN : 10020001277899  
NAME : MRS. C LAKSHMI  
LOCATION : MOPD (R - 6)

DATE : 09.06.2021  
AGE/GENDER : 43 YEARS / FEMALE

**INDICATION :** EVALUATION FOR INTRACARDIAC SHUNT.

**DIAGNOSIS :** JAUNDICE, W/F LIVER TRANSPLANT

HR (BPM) / RHYTHM : 93/ SINUS RHYTHM      BP (MMHG) : 105/60

O<sub>2</sub> SATURATION (%) : 98

**IMPRESSION**

- NO INTRACARDIAC SHUNT.
- EXTRACARDIAC SHUNT – LIKELY HEPATO PULMONARY.

**FINDINGS**

- SALINE BUBBLE CONTRAST STUDY NEGATIVE FOR INTRACARDIAC SHUNT AND POSITIVE FOR EXTRACARDIAC SHUNT – 20 TO 30 BUBBLES SEEN IN LEFT HEART BEYOND 8 CYCLES.

DR. SATISH GOVIND  
SENIOR CONSULTANT - NON INVASIVE CARDIOLOGY

  
DR. THANGA SHEELA  
CONSULTANT - NON INVASIVE CARDIOLOGY

TYPED BY: ANUPAM



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ID: 100-20000127  
Date: 06-2021 03:23:53 PM  
Name:   
Age:   
Gender:

BASELINE

Mrs C. Lakshmi

48/Y/F

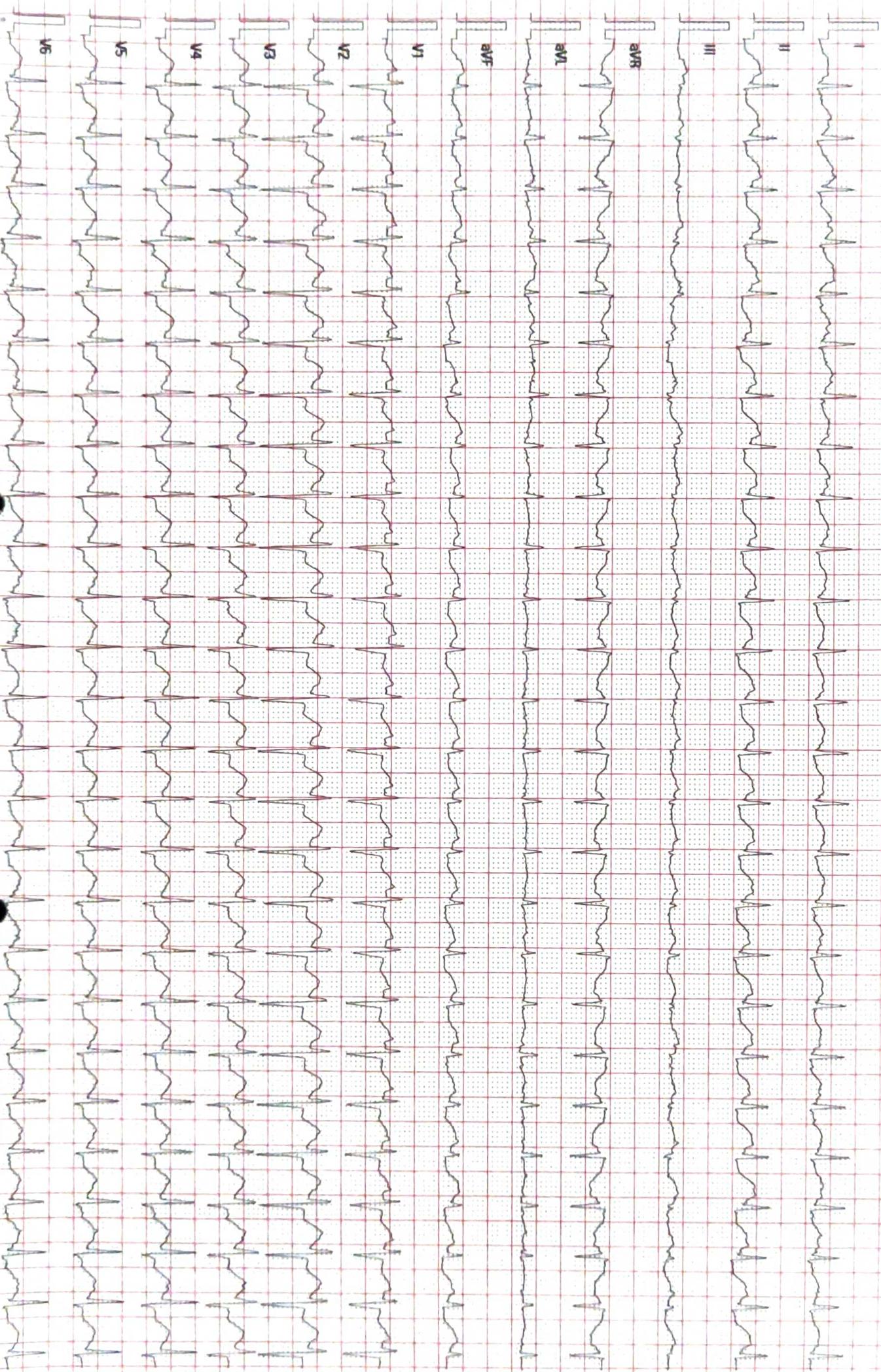
89 bpm



ID: 100200051271899  
Date: 09-06-2021 04:08:40 PM  
Name: Mrs. LATON Age: 43 Y Gender: F

PEAK

149 bpm



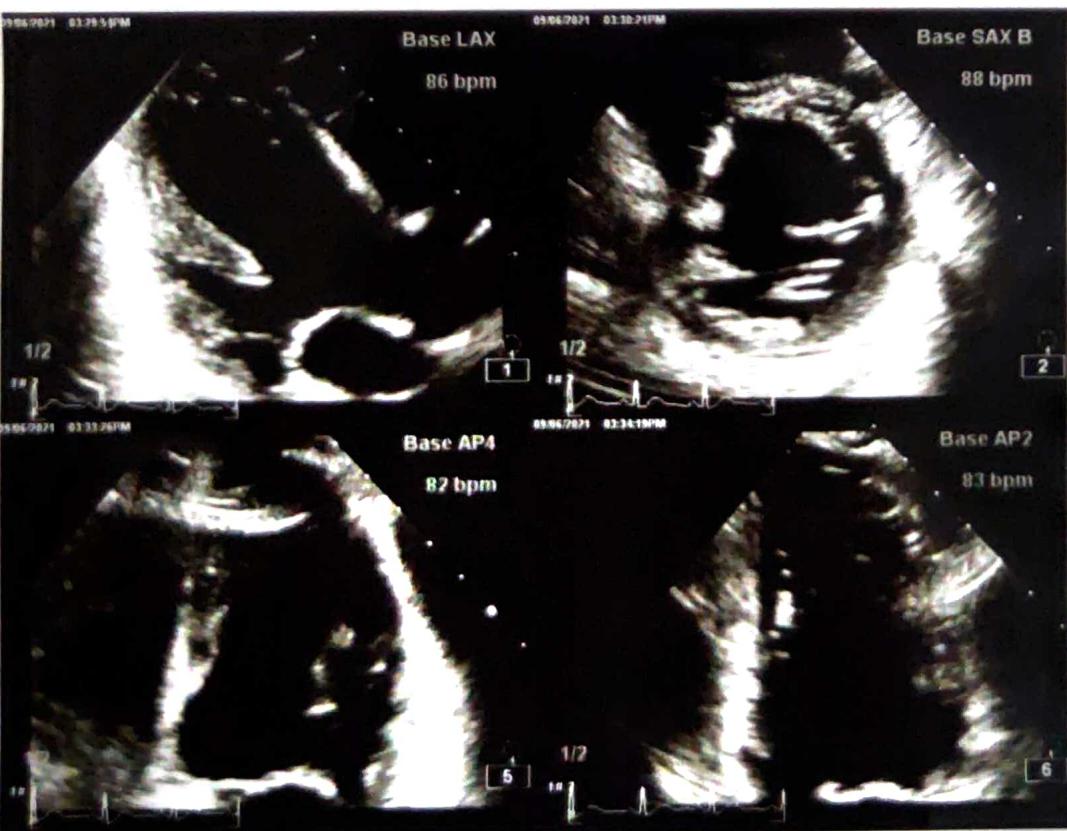
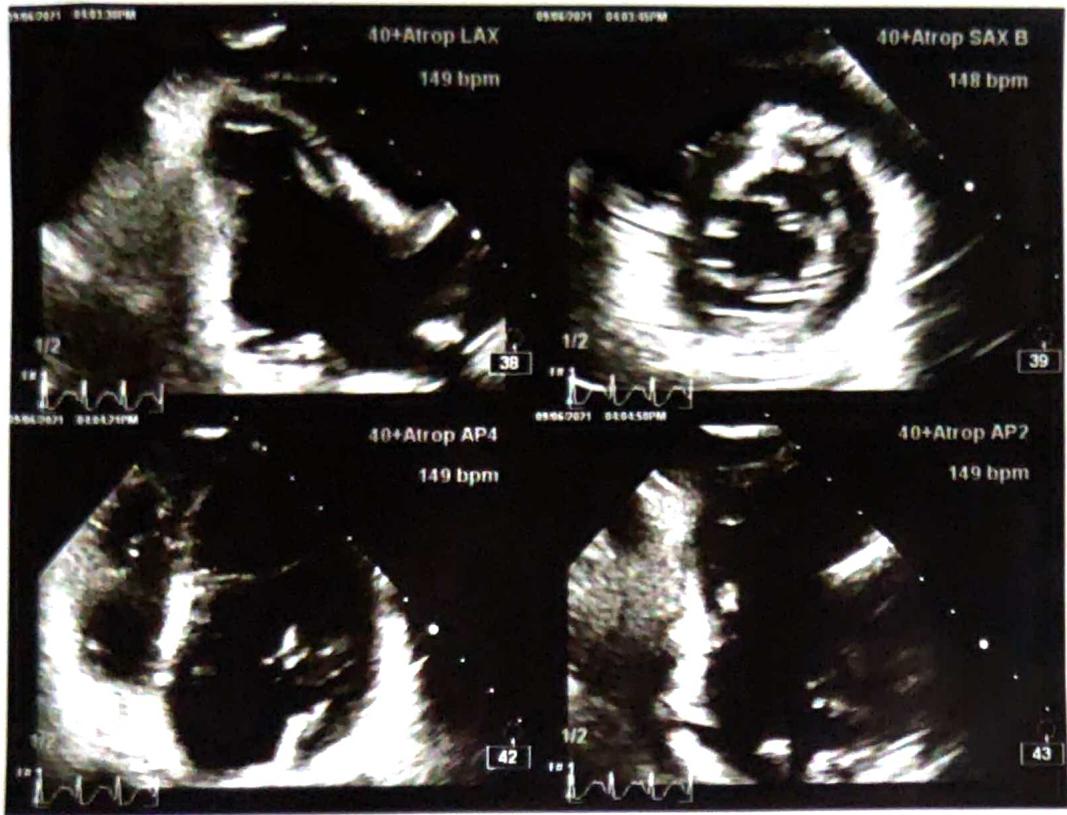
25 mm/s 10 mm/mV

50 Hz BUR 35 Hz

NICIS

02.05.00

SN FN 64056578



Patient Name	C LAKSHMI	Requested By	Dr. Nandish H K
MRN	10020001277899	Procedure DateTime	04-06-2021 23:17
Age/Sex	40Y/Female	Hospital	NH-Health City

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- There is fetal origin of left PCA.
- No evidence of any vascular occlusion / aneurysm.

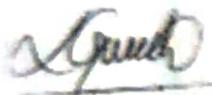


***MRI Venogram of Head:***

- The superior sagittal sinus, straight sinus, bilateral transverse and sigmoid sinuses are normal. The torcula herophili appears normal.
- Cavernous sinus appears normal. The cortical veins to the extent visualized show normal signal intensities.
- No definite evidence of venous sinus thrombosis.

**IMPRESSION:**

- **Calculated granulomas in the right caudate nucleus body and left superior frontal gyrus.**
- **No significant abnormality in MRA of the circle of Willis and neck vessels.**
- **No evidence of acute cerebral venous sinus thrombosis.**



Dr Girish D,DMRD,DNB  
Junior Consultant



Dr. Shri Harsha Krishna, MBBS, MD  
Consultant Neuro Radiologist

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**EPILEPSY CENTER/VIDEO-EEG MONITORING UNIT**  
NARAYANA INSTITUTE OF NEUROSCIENCES  
**VEEG/EEG REPORT**



Mazumdar Shaw™  
Medical Center  
Unit of Narayana Health

**VEEG REPORT**

**Patient information**

Name: Mrs. Lakshmi C

Age/Sex: 39yrs/F

Date: 11-06-2021

MRN: 10020001277899

**Classification:** -

Normal awake record

Sleep-not obtained

**Interpretation:** - This record shows normal EEG during wakefulness. However a sleep record could not be obtained. No definite epileptiform abnormalities were seen.

**Report:** - Short term video-EEG was done on 11-06-2021 for an hour. Recording with the patient awake showed a background activity of 7-8 Hz over the posterior head region, symmetric and synchronous, reacting to eye opening. Hyperventilation was not done. Photic stimulation produced no additional abnormalities. The patient did not sleep during the recording. No definite epileptiform abnormalities were seen.

Referred by  
**Dr. Radhika Manohar FRCP (UK)**  
Consultant Neurophysiologist

Reported by  
**Dr. Radhika Manohar FRCP**  
Consultant Neurophysiologist



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## ADULT TRANS-THORACIC ECHO REPORT



PATIENT NAME : Mrs C Lakshmi  
 GENDER/AGE : Female, 43 Years  
 LOCATION : MSMC - 4TH FLR, SICU

PATIENT MRN : 10020001277899  
 PROCEDURE DATE : 22/05/2021 04:01 PM  
 REQUESTED BY : Dr. Nandish H K



**INDICATIONS** : FEVER  
**CLINICAL DIAGNOSIS** : ACUTE HEPATITIS, HYPOTENSION  
**PREVIOUS ECHO REPORT** : LVEF - 55 %, NORMAL PA PRESSURE, NORMAL RV FUNCTION  
**VITAL PARAMETERS** : HR (BPM) : 85, SINUS RHYTHM, BP (MMHG) : 120/70  
**IMPRESSION**

- NORMAL CHAMBER DIMENSIONS
- NO RWMA
- MILD CONCENTRIC LVH
- NORMAL VALVES
- MR- MILD
- TR- MILD
- MINIMAL PERICARDIAL EFFUSION - LOCALIZED
- NORMAL PA PRESSURE
- NORMAL RV FUNCTION
- BORDERLINE LV FUNCTION
- LVEF - 50 - 55%

**FINDINGS****CHAMBERS**

LEFT ATRIUM : NORMAL SIZED  
 AP DIAMETER(MM): 30  
 RIGHT ATRIUM : NORMAL SIZED  
 MINOR AXIS A4CV(MM) : 35  
 LEFT VENTRICLE : NORMAL SIZED, MILD CONCENTRIC LVH NORMAL LV FILLING PRESSURE,  
 BORDERLINE LV FUNCTION.  
 LVIDD(MM) : 41 IVSD(MM) : 13 EDV(ML) : 75  
 LVIDS(MM) : 35 LVPWD(MM) : 11 ESV(ML) : 51  
 E/A RATIO : 1.2 E/E'(AVERAGE) : 6 LVEF(%) : 50 - 55

RIGHT VENTRICLE : NORMAL SIZE AND THICKNESS WITH NORMAL FUNCTION  
 MINOR AXIS A4CV(MM): 30, TAPSE(MM): 18

**LVOT/RVOT**

: NORMAL  
 RWMA : NO RWMA

**VALVES**

MITRAL : NORMAL, MR- MILD  
 AORTIC : NORMAL, PG- 5 MMHG  
 TRICUSPID : NORMAL, TR - MILD , TR PV - 2.6 M/S  
 PULMONARY : NORMAL, PG- 3 MMHG



MRS C LAKSHMI (10020001277899)

**SEPTAE**

IAS : INTACT  
IVS : INTACT

**ARTERIES AND VEINS**

AORTA : NORMAL, LEFT AORTIC ARCH, AORTIC ANNULUS- 18 MM, ASCENDING AORTA - 27 MM  
PA : NORMAL SIZED, NORMAL PA PRESSURE, PAT - 121 MS, PASP - 30 MMHG  
IVC : IVC - 13 MM, NORMAL SIZED & COLLAPSIBILITY > 50%. RAP- 3 MMHG NORMAL  
SVC & CS : NORMAL  
PULMONARY VEINS : NORMAL  
PERICARDIUM : 5 MM PE LATERALLY NEAR LV, NO E/O TAMPOONADE  
INTRACARDIAC MASS : NO TUMOUR, THROMBUS OR VEGETATION SEEN  
OTHERS : 22 MM RIGHT PLEURAL EFFUSION, 34 MM LEFT PLEURAL EFFUSION

DR.SATISH C GOVIND  
SENIOR CONSULTANT  
KMC - 26016

GAYATHRI S  
CARDIAC SONOGRAPHER

22/05/2021 04:01 PM

PREPARED BY : LEENA BHAT(300919) PREPARED ON : 22/05/2021 04:02 PM  
GENERATED BY : LEENA BHAT(300919) GENERATED ON : 22/05/2021 04:02 PM

**ADULT TRANS-THORACIC ECHO REPORT**

PATIENT NAME : Mrs C Lakshmi  
GENDER/AGE : Female, 43 Years  
LOCATION : MSMC - 7TH FLR

PATIENT MRN : 10020001277899  
PROCEDURE DATE : 05/05/2021 01:56 PM  
REQUESTED BY : Dr Nandish H K



**INDICATIONS** : WEAKNESS  
**CLINICAL DIAGNOSIS** : ACUTE HEPATITIS  
**PREVIOUS ECHO REPORT** : REPORTS NOT AVAILABLE  
**VITAL PARAMETERS** : HR (BPM) :115, SINUS TACHYCARDIA, BP (MMHG) : 120/60  
**IMPRESSION**

- NORMAL CHAMBER DIMENSIONS
- NO RWMA
- NORMAL VALVES
- MR- MILD
- MINIMAL PERICARDIAL EFFUSION - LOCALIZED
- NORMAL PA PRESSURE
- NORMAL RV FUNCTION
- BORDERLINE LV FUNCTION
- LVEF - 55%

**FINDINGS****CHAMBERS**

LEFT ATRIUM : NORMAL SIZED  
AP DIAMETER(MM): 29  
RIGHT ATRIUM : NORMAL SIZED  
MINOR AXIS A4CV(MM) : 28  
LEFT VENTRICLE : NORMAL SIZED, BORDERLINE LV FUNCTION  
LVIDD(MM) : 48 IVSD(MM) : 10 EDV(ML) : 108  
LVIDS(MM) : 38 LVPWD(MM) : 9 ESV(ML) : 64  
E/A RATIO : FUSED E/E'(AVERAGE) : - LVEF(%) : 55  
RIGHT VENTRICLE : NORMAL SIZE AND THICKNESS WITH NORMAL FUNCTION  
MINOR AXIS A4CV(MM): 20, TAPSE(MM): 18  
LVOT/RVOT : NORMAL  
RWMA : NO RWMA

**VALVES**

MITRAL : NORMAL, MR- MILD  
AORTIC : NORMAL, PG- 4 MMHG  
TRICUSPID : NORMAL, TR - TRIVIAL, TR PV -2.5 M/S  
PULMONARY : NORMAL, PG- 3 MMHG

**SEPTAE**

IAS : INTACT  
IVS : INTACT

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NH Helpline  
080-7122 2222

Narayana Hrudayalaya Limited

NH Health City, No. 258/A, Bommasandra Industrial Area Hosur Road, Bangalore 560 099

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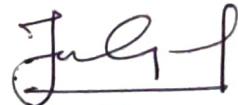
[www.narayanahealth.org](http://www.narayanahealth.org)

MRS C LAKSHMI (10020001277899)

**ARTERIES AND VEINS**

AORTA : NORMAL, LEFT AORTIC ARCH, AORTIC ANNULUS- 17 MM, ASCENDING AORTA – 24 MM  
PA : NORMAL SIZED, NORMAL PA PRESSURE, PAT - 126 PASP – 25 MMHG  
IVC : IVC – 10 MM, NORMAL SIZED & COLLAPSIBILITY > 50%. RAP – 3 MMHG, NORMAL.  
SVC & CS : NORMAL  
PULMONARY VEINS : NORMAL  
PERICARDIUM : 4 MM PE SEEN LATERALLY NEAR RV, E/O TAMPONADE  
INTRACARDIAC MASS : NO TUMOUR, THROMBUS OR VEGETATION SEEN  
OTHERS : -

  
DR.SATISH C GOVIND  
SENIOR CONSULTANT  
KMC - 26016



FEMI GEORGE  
CARDIAC SONOGRAPHER

05/05/2021 01:56 PM

PREPARED BY : LEENA BHAT(300919) PREPARED ON : 05/05/2021 01:57 PM  
GENERATED BY : LEENA BHAT(300919) GENERATED ON : 05/05/2021 01:57 PM

Name  
Age  
Gender

Mrs. Lakshmi

Vent P: 105 bpm  
PR int: DASH  
QRS DASH  
QT/QTc interval: 346/425 ms  
PO/RST Axes: 30/34/25 deg  
Dr Hodges

Interpretation made without rhythm strip. Patient's gender/age...  
Possible anterior infarct - age undetermined.  
QTc values in precordial leads

Confirmed Diagnosis

Mrs C Lakshmi  
10070001277899  
Female / 43Y SD



Date 1/4/20

HR: 105 bpm

BUR: 30 Hz

DE: 0.04 sec

SMALL STIMULUS

Gender:

Mrs C Lakshmi  
10020001277899  
Female / 43Y 6D

Barcode:

Vent. 117 bpm  
PR Int. 114 ms  
QRS Dur. 82 ms  
QT/QTc Interval 330/420 ms  
PR/ST Axis 5138/0 deg  
aVR Hedges

Sinus tachycardia  
Interpretation made without know patient's gender/age  
1st HR 117 for infect - age undeter  
abnormal ST/QTc changes in precordial leads.

Unconfirmed Diagnosis

Date: 5/4/21



5 mm/s 10 mm/mV 50 Hz 800 Hz

Patient Name : Mrs. C Lakshmi  
Age : 39 Years  
Referring Doctor : ---

MRN : %1277899  
Sex : Female  
Date : 28.05.2021

**ULTRASOUND CHEST**

**(Bedside portable scan)**

**FINDINGS & IMPRESSION:**

- There is mild right pleural effusion with collapse / consolidation of underlying lung (volume ~ 100 cc).
- There is mild left pleural effusion with collapse / consolidation of underlying lung (volume ~ 150 cc).
- Bilateral diaphragmatic movements are seen.
- IVC comparatively small in calibre measures 10.5 mm.

Dr. Kiran Kumar B.M  
Resident

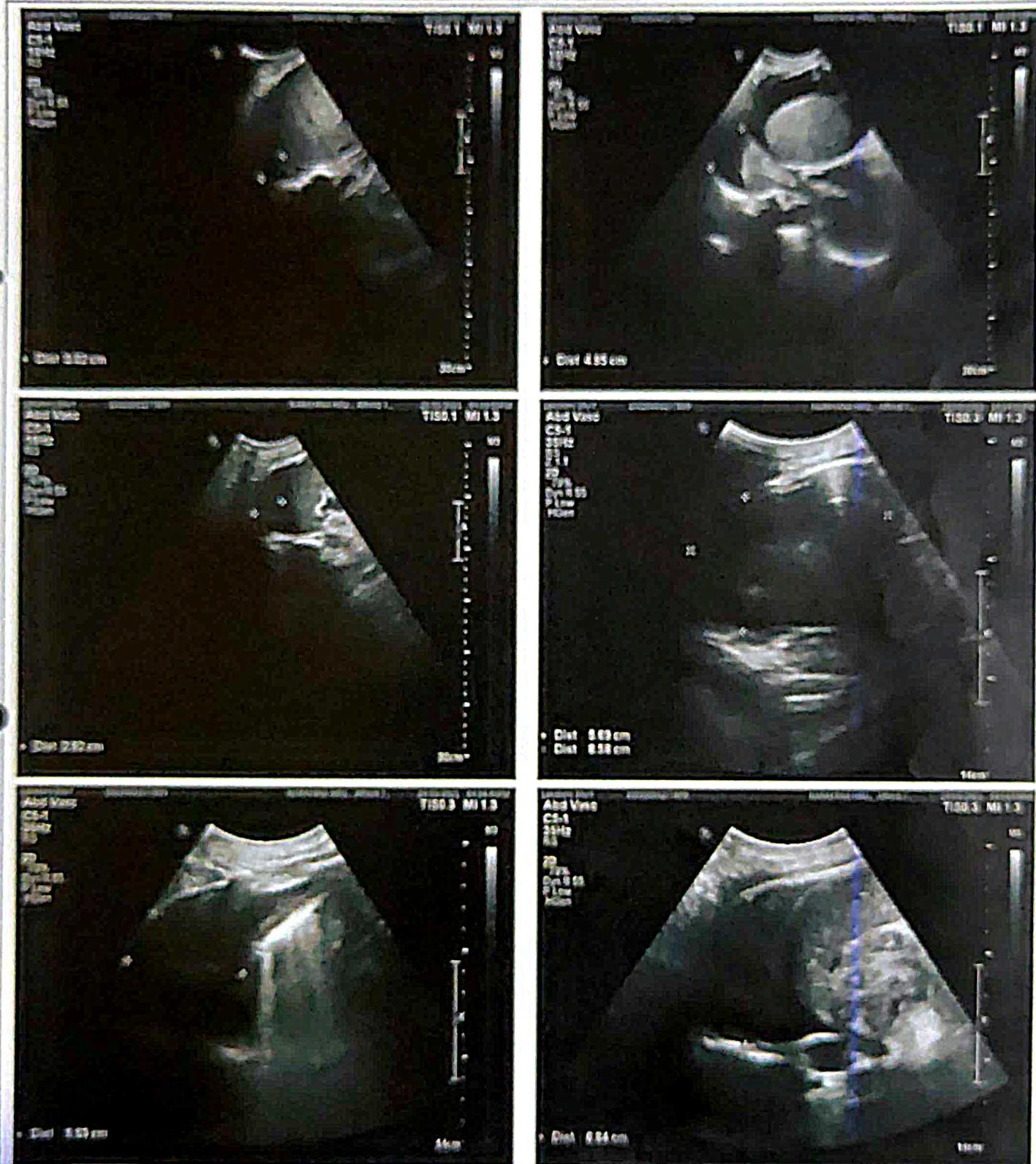


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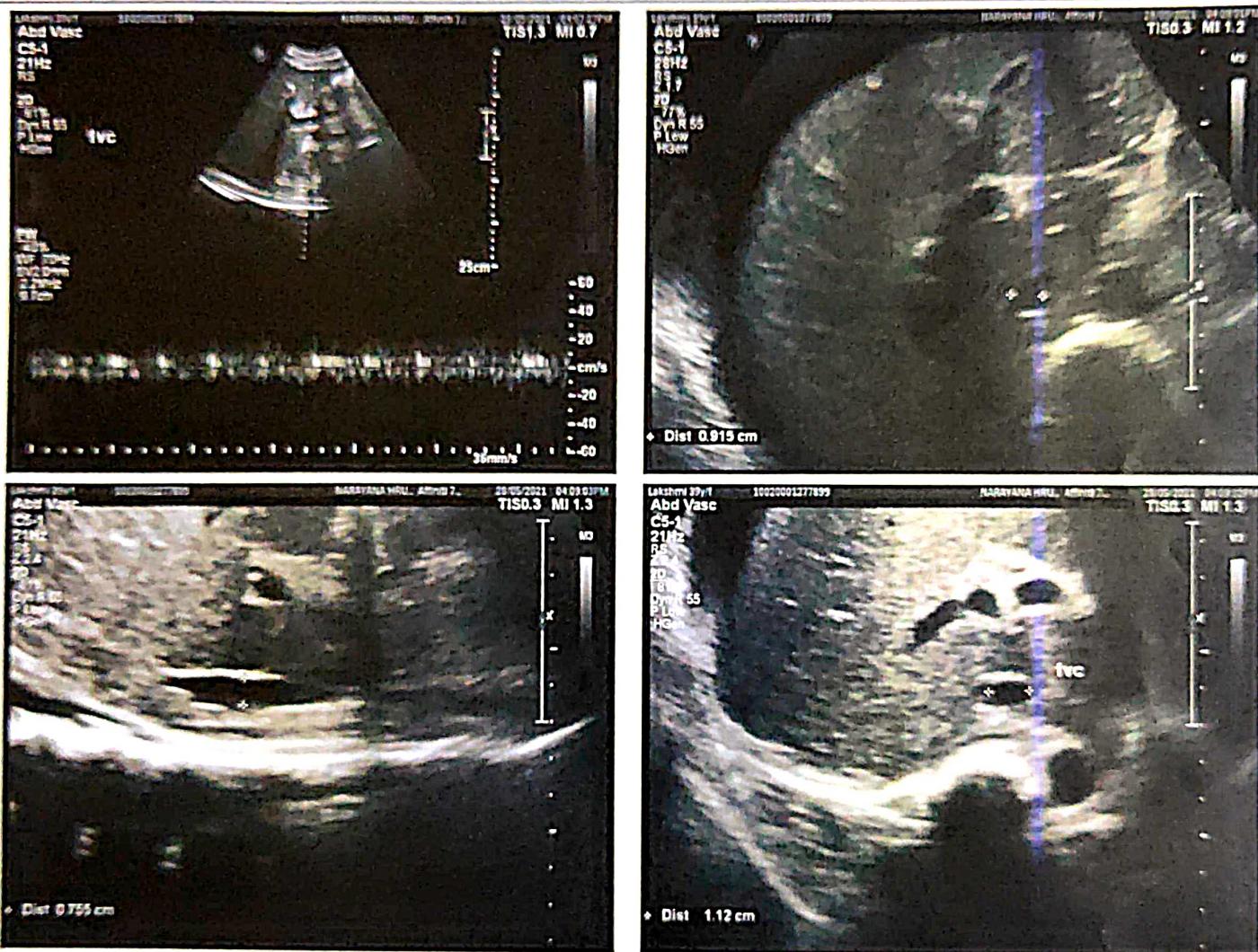
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Patient name	Lakshmi 39y/FXXXX	Age/Sex	
Patient ID	10020001277899	Visit No	1
Referred by	Dr.	Visit Date	28/05/2021 03:56:00 PM



Patient name	Lakshmi 39y/f****	Age/Sex	
Patient ID	10020001277899	Visit No	1
Referred by	Dr.	Visit Date	28/05/2021 03.56.00 PM



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Patient Name	C LAKSHMI	Requested By	Dr. Nandish H K
MRN	10020001277899	Procedure DateTime	17-05-2021 12:50
Age/Sex	/Female	Hospital	NH-Health City

### CT – CHEST (PLAIN)

**CLINICAL DETAILS:** Liver failure requiring plasma exchange.

**TECHNIQUE:** Axial sections of the chest were obtained from the thoracic inlet down to the diaphragmatic domes without intravenous contrast. Sagittal and coronal reformats were obtained.

#### **FINDINGS:**

Left sided central line is noted with its tip in SVC.

Bilateral mild pleural effusions are noted with underlying passive atelectasis in the right lower lobe.

Multiple patchy ground-glass opacities are noted in both lungs in centilobular fashion with mild interlobar septal thickening in the lower lobes.

Rest of the lungs are adequately aerated. There is no focal parenchymal lesion, calcification or cavitation.

No significant lymph node enlargement identified.

Mediastinal position and contents including the trachea and its bifurcation appear normal.

The cardiac size and configuration are within normal limits.

The bones of the thoracic cage and the vertebrae do not reveal significant abnormality.

Upper part of the liver and spleen included in the study region show no obvious abnormality.

#### **IMPRESSION:**

#### **CORADS 1**

- **Bilateral mild pleural effusions.**
- **Centrilobular ground-glass opacities in both lungs with mild interlobar septal thickening in the lower lobes.**

--> **Features are concern for early pulmonary edema.**



**Dr. Karthik.G.A, MDRD**  
Senior Consultant Radiologist  
Lead in body imaging

\* This is a digitally signed valid document. Reported Date/Time: 17-05-2021 14:06

This report has been generated from **NH Teleradiology 24/7**, a service of Narayana Health

- End of Report -

Page 2 of 2



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11.06.2021 10:47  
Unit of Narayana Health

10.54

DIAGNOSTIC

GOLD/Hardie

ERS/ECCS \* 1.00

BEST TRIAL

ON

--/ 1.02

**Patient Information**

Name	Mrs.LAKSHMI
ID	277899
Age	39 (15.06.1981)
Height	152 cm
Weight	43 kg,BMI 18.6
Gender	FEMALE
Ethnic	ASIAN
Smoker	NO
Asthma	NO

**Test Information**

Test Date/Time	
Post Time	
Test Mode	
Syst. Interpret.	
Predicted Ref	
Value Select	
Tech ID	
Automated QC	
BTPS (IN/EX)	

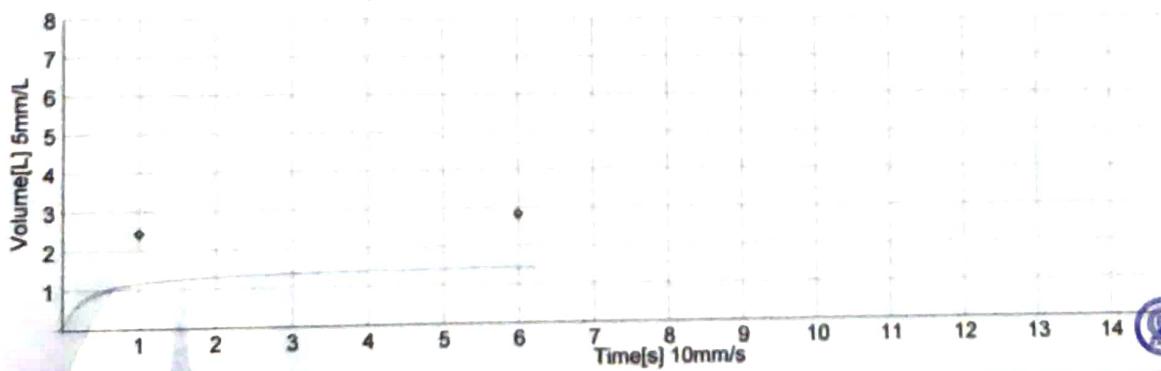
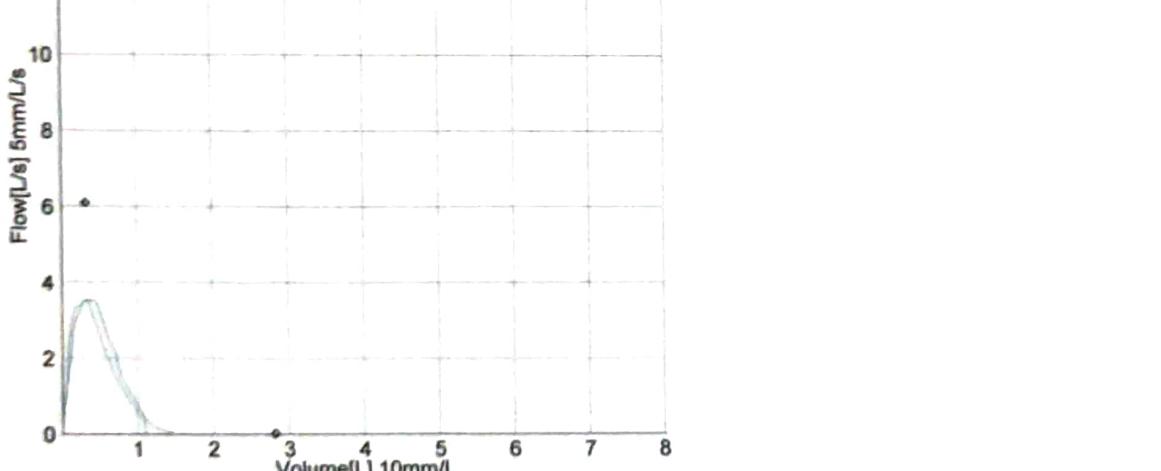
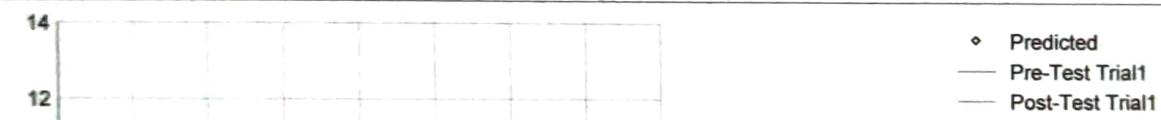
**FVC Test Results**

Your FEV1 is 48% Predicted

Parameter	Pre-Test			Post-Test					Chg
	Trial1	Trial2	Pred	%Pred	Trial1#	Trial2	Trial3	%Pred	
FVC[L]	1.45*	1.37*	2.83	51	1.09*	1.46*	1.50*	39	-25*
FEV1[L]	1.18*	1.09*	2.43	48	1.09*	1.15*	1.19*	45	-7%
FEV1/FVC[%]	80.9	79.7	81.6	99	100.0	78.7	79.5	123	
PEF[L/s]	3.54*	3.28*	6.08	58	3.58*	3.89*	4.07*	59	1%
MEF25-75[L/s]	1.23*	1.05*	3.49	35	1.95*	1.03*	1.12*	56	59*
MEF75[L/s]	3.53*	3.24*	5.52	64	3.53*	3.69*	3.81*	64	
MEF50[L/s]	1.97*	1.44*	3.91	50	2.27	1.45*	1.44*	58	
MEF25[L/s]	0.38*	0.34*	1.73	22	1.00	0.36*	0.35*	58	
FET[s]	6.00	5.45	--	--	0.86	5.99	5.95	--	

\* Indicates Below LLN or Significant Post Change

Pre-Test FEV1 Var=0.09L 7.4%; FVC Var=0.09L 6.0%; Session Quality C  
 Post-Test FEV1 Var=0.04L 3.8%; FVC Var=0.04L 3.5%; Session Quality C  
 Syst. Interpret. Restriction probable; further examinations recommended



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Kavita