



(19)

COMMUNITY WELFARE SOCIETY HOSPITAL

OPP

A Unit Of Community Welfare Society , Registered , Under Society's Act No.11160/6 of 1977-78
JAGDA, ROURKELA-769042, PHONE:(0661)2473931,2473927,7852907537

Name : Dr. ANIL KUMAR PATRA	Requisition Date : 11/10/2019	8.14 AM
UHID : 59292	Reporting Date : 11/10/2019	
Lab No : 211960	Doctor :	
Age/Sex : 57 Years /Male	Patient Type/Bed :	
Source Type : NATIONAL INSTITUTE OF TECHNOLOGY		

CBC TEST REPORT

PARAMETER	RESULT VALUE	BIOLOGICAL INTERVAL LEVEL	UNIT
Haemoglobin	12.3	Male : 14.0 - 17.4	gm/dL
Haematocrit	32.0	40 - 54	
Red Cell Count	4.10	4.5-6.0*10/L -For men 4.5-5.5*10/L -For Women	
MCV	78	80 - 96	fL
MCH	30.1	27.5 - 33.2	pg
MCHC	38.5	33.4 - 35.5	gm/dL
Platelet Count	363	Adult: 150 - 450	10^3/µL
Total Leucocyte count	11,000	4636 - 10470	cells/µL
Neutrophils	61	> 14 Y: 40 - 70	%
Lymphocytes	24	> 14 Y: 20 - 45	%
Eosinophils	12	2-6	%
Basophils	00	0-2	%
Monocytes	03	0-1	%

*Please Correlate Clinically.

Lab report

*This results relate to sample tested only.

*Partial reproduction of the report is prohibited.

--- End of the Report ---

Bas
11/10/19
Lab Technician

Website:<http://cwshospital.org>

Dr.S.SAHOO
M.D PATHOLOGY

Dr.J.K PATTNAIK
M.D PATHOLOGY

Dr.S.MISHRA
M.D MICROBIOLOGY

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 Patient Type/Bed :



BIO-CHEMISTRY TEST REPORT

PARAMETER	RESULT VALUE	BIOLOGICAL INTERVAL LEVEL	UNIT
BLOOD UREA	25	20-40	mg/dL
S.Creatinine	0.9	0.6 - 1.2	mg/dl
S.Uric Acid	4.3	3.1 - 7.0	mg/dl
S.Calcium	9.2	8.7 - 10.2	mg/dl
S.Phosphate	4.1	2.5 - 5.0	mg/dl
S.Sodium	138	135 - 145	mEq/L
S.Potassium	3.7	3.5 - 5.0	mEq/L
S.Bilirubin(Total)	0.4	0.3 - 1	mg/dl
S.G.O.T	19	10 - 40	U/L
S.G.P.T	32	10 - 40	U/L
S.Alk.Phosphatase	77	39 - 117	U/L

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--- End of the Report ---

8/27/19
11/11/19

Lab Technician

Dr.S.Sahoo
M.D Pathology

Dr.J.K Pattnaik
M.D Pathology

Dr.S.Mishra
M.D Microbiology

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gnostics

Science In Diagnostics

ACCREDITED LABORATORY



Mangalabag Chhak, Cuttack-753001

Phone: 0671-2423004, 8093080040/41/42

E-mail : jsd_reception@hotmail.com

0004299

Certificate No-MC-2589
NABL 15189:2012

Patient's Name: Mr. Dr Anil Patra *
Age/Sex: 57 Years/Male
Ref. by: Dr. ANIL PATRA
Sample Collection: 12/09/2019 07:54
Patient ID:

Lab Ref. No.: 7515-17
Sample No: 4299
Registration Date: 12/09/2019 07:54
Reporting Date: 12/09/2019 11:17

COMPLETE BLOOD COUNT

Test	Result	Unit	Biological Ref. Interval
HAEMOGLOBIN	12.0	gms/dL	13.5 - 18.0 g/dL
TOTAL WBC COUNT	8300	/micro litre	4000 - 10500 /micro litre
NEUTROPHILS	70	%	50 - 70 %
LYMPHOCYTES	24	%	20 - 40 %
EOSINOPHILS	05	%	0 - 7 %
MONOCYTES	01	%	<10 %
BASOPHILS	00	%	<1 %
RBC COUNT	4.4	millions/microL	4.7 - 6.0 Millions/Microlitre
HEMATOCRIT(PCV)	35.9	%	42 - 52 %
MCV	82	fL	78 - 100 fL
MCH	26.8	pg	27 - 31 pg
MCHC	32.8	gm/dL	32 - 36 g/dL
RDW-CV	13.6	%	11.5 - 14.0 %
PLATELET COUNT	250000	/micro litre	1,50,000 - 4,50,000 /cumm
Mean Platelet volume	8.3	fL	6.5 - 12.0 fL
PCT	0.207	%	
PDW	18.8	10	

Speciality

Diagnostics

Excellence Diagnostics

Test done on Fully Automated 3 Part Cell counter : ABX Micros ES 60, HORIBA

Analyst

Checked by

Dr S.S. Swain

Consultant Biochemist

Dharitri Mohapatra

Dr Dharitri mohapatra(M.d.)
Consultant Microbiologist

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End of Reports

All departments of pathology. Machine Interfaced reports, 4D USG scanning & Doppler study using WiproGE (logic F8) with 5 probes, Digital X-Ray using Wipro GE 400MA machine giving excellent image quality. Video Endoscopy & Colonoscopy, Diagnostic Cardiology including TMT & Echo Cardiography, EEG, EMG, NCV for neurology patients & PFT.



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NABL ACCREDITED LABORATORY



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Sample Collection: 12/09/2019 07:54
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Reporting Date: 12/09/2019 11:21

HUMAN IMMUNODEFICIENCY VIRUS TEST

Test	Result
HIV Test (I & II) :	NON REACTIVE (HIV I) NON REACTIVE - (HIV II)

HBsAG RAPID

Test	Result	Unit	Biological Ref. Interval
HBsAG Test :	Negative		

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HEPATITIS C VIRUS TEST

Test	Result
Test :	Excellence HCV Test (Anti HCV Antibody Test)
Method :	Blot ELISA
Kit :	J. Mitra & Co.
Result :	Negative

Analyst Checked by Dr S.S. Swain
Consultant Biochemist

Dr Dharitri Mohapatra(M.D.)
Consultant Microbiologist

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Mangalabag Chhak, Cuttack-753001

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0004239

Patient's Name: Mr. Dr Anil Patra *
 Age/Sex: 57 Years/Male
 Ref. by: Dr. ANIL PATRA
 Sample Collection: 12/09/2019 07:54
 Patient ID:

Lab Ref. No.: 7515-17
 Sample No: 4299
 Registration Date: 12/09/2019 07:54
 Reporting Date: 12/09/2019 11:20

BLEEDING TIME & CLOTTING TIME

Test	Result	Unit	Biological Ref. Interval
Bleeding Time :	02 min 45 sec		< 5 min.
Clotting Time :	04 min 15 sec		< 9 min.

BIO - CHEMISTRY REPORT

Test	Result	Unit	Biological Ref. Interval
"#S. UREA: (Urea - GLDH)	25.2	mg/dl	15 - 40 mg/dl
"#S. CREATININE: (Jaffe's Kinetic)	0.99	mg/dL	0.5 - 1.3 mg/dl
S. SODIUM :	138.0	mmol/L	135 - 148 mmol/L
S. POTASSIUM :	4.1	mmol/L	3.5 - 5.0 mmol/L

Analyst Checked by

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Consultant Biochemist

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Sample No.: 4299
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BIO - CHEMISTRY REPORT

TEST	Result	Unit	Biological Ref. Interval
"#" Fasting Blood Sugar (GOD/POD)	: 104.7	mg/dl	70 to 110
"#" Post-Prandial Blood Sugar(2 Hrs) (GOD/POD)	: 148.1	mg/dl	70 to 140

H B A 1 C

Test	Result	Unit	Biological Ref. Interval
Glycosylated Haemoglobin : (HbA1C)	5.8	%	4.0 - 6.5% (NON-DIABETIC) 6.0 - 7.0% (GOAL) 7.0 - 8.0% (GOOD CONTROL) > 8.0% (ACTION SUGGESTED)

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Dharitri Mohapatra.

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Analyst

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Lab Ref. No.: 7515-17
Sample No: 4299
Registration Date: 12/09/2019 07:54
Reporting Date: 12/09/2019 11:19

LIVER FUNCTION TEST

Test	Result	Unit	Biological Ref. Interval
"#S.Bilirubin :			
Total: (Diazotized Sulfanilic)	0.89	mg/dL	upto 1.0
Direct: (Diazotized Sulfanilic)	0.18	mg/dL	0.0 - 0.2
"#S.G.P.T. (ALT) :			
Serum Glutamic Pyruvic Transaminase : (IFCC with PLP)	48.6	U/L	Upto 41
"#S.G.O.T. (AST) :			
Serum Glutamic Oxaloacetic Transaminase : (IFCC with PLP)	37.4	U/L	Upto 40
"#S.AL.P :			
Alkaline Phosphatase: (IFCC with Phosphatase)	189.8	U/L	Childrens : 110 - 430 Adults : 40 - 125
"#S.Protein :			
Total Protein: (PNP AMP KINETIC)	7.13	gm/dl	6.3 - 8.3
Albumin: (BCG)	4.32	gm/dl	3.5 - 5.0
Globulin:	2.81	gm/dl	2.7 - 3.5
Test Done on Fully Automated : A15 , BioSystem			
Analyst	Checked by	Dr S.S. Swain Consultant Biochemist	Dr Dharitri Mohapatra Consultant Microbiologist

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Sample No: 4299
Registration Date: 12/09/2019 07:54
Reporting Date: 12/09/2019 11:19



LIPID PROFILE

Test	Result	Unit	Biological Ref. Interval
"#"S. Cholesterol: (CHOD/PAP)	182.8	mg/dl	Upto 200 mg/dl - Desirable 200 - 239 mg/dl - Borderline High => 240 mg/dl - High
"#"S. Triglyceride: (Enzymatic)	92.4	mg/dl	(M) 50 - 200 (F) 50 - 150
"#"S. HDL-Cholesterol:	45.4	mg/dl	>40
"#"S. LDL:	118.92	mg/dl	100 - 190
"#"S. VLDL:	18.48	mg/dl	
"#"Cholesterol/HDL Ratio:	4		0 - 4.9
"#"S. LDL/HDL Cholesterol:	2.6		upto 3.5

Test Done on Fully Automated : A15 , BioSystem

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[Signature]

Analyst Checked by

Dr S.S. Swain

Consultant Biochemist

[Signature]

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Lab Ref. No.: 7515-17
Sample No: 4299
Registration Date: 12/09/2019 07:54
Reporting Date: 12/09/2019 11:20

SERUM CALCIUM TOTAL

Test	Result	Unit	Biological Ref. Interval	19
Total Calcium :	8.9	mg/dL	8.6 - 10.3 mg/dl	

Analyst Checked by Dr S.S. Swain
Consultant Biochemist

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Lab Ref. No.: 7515-17
Sample No: 4299
Registration Date: 12/09/2019 07:54
Reporting Date: 12/09/2019 11:18

URINE EXAMINATION

<u>PHYSICAL</u>	Quantity	- 10 ml
	Colour	- Pale Yellow
	Odour	- Aromatic
	Deposits	- Absent
	Transparency	- Clear
	Reaction	- Acidic
	Sp. Gravity	- 1.010

<u>CHEMICAL</u>	Protein(Albumin)	- Nil
	Sugar	- Nil
	Bile Salts	-
	Bile Pigments	-

MICROSCOPIC: (After centrifugation at 2000 r.p.m. for 5 minutes)

<u>PHYSICAL</u>	Pus Cells	- 3 - 5 / HPF
	Red Cells	- Absent
	Epithelial Cells	- 2 - 3 / HPF
	Casts	- Absent
	Crystals	- Absent
	T. Vaginalis	- Absent
	Urobilinogens	- Normal

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MAX DIAGNOSTIC Pvt. LTD.

Ranihat, Medical Road, Cuttack - 753007, Ph.: 0671-2425400, 2424500
AN ISO 9001 : 2008 CERTIFIED

DATE : 12 SEPTEMBER 2019
NAME : DR. ANIL PATRA

AGE / SEX : 57 YEARS / M

ECHOCARDIOGRAPHY

2D/M-MDE MEASUREMENTS:

Left ventricle:

Internal Dimension Diastole : 54.0 mm. Basal : 19 mm, Mid : 18mm, FAC : 42%.

Internal Dimension Systole : 35.0 mm. TAPSE : 21 mm

IVS: Thickness Diastole : 12.6 mm. Left Atrium:

Post LV. Wall : 12.4 mm. LA volume : 36.0 ml/m².

Ejection Fraction (EF) : 65.0 %. Right Atrium:
(by biplane Simpson's) RA volume : 63ml.

Aortic Diameter : Annulus 16.0mm, Sinus of Valsalva 25mm, STJ – 22mm, Asc. Aorta – 32mm

IVC diameter : 15mm, Collapsibility : > 50 %

2-D EVALUATION:

Mild concentric left ventricular hypertrophy.

Normal LV systolic function.

Valves are normal.

No regional wall motion abnormality (RWMA).

IAS and IVS are intact.

No vegetation / clot / pericardial effusion.

IVC is normal.

DOPPLER & COLOUR FLOW EVALUATION :

Mitral diastolic E velocity 1.15m/s, DT –248.0msec. A velocity 1.16m/s. E/A ratio 0.99.

No MR.

Aortic peak systolic velocity 1.02m/s; gradient 4.16mmHg. No AR.

Pulmonary peak systolic velocity 0.98m/s, Gradient 3.80mmHg. Trivial PR.

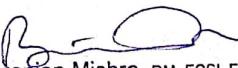
Trivial TR, complete spectrum could not be obtained.

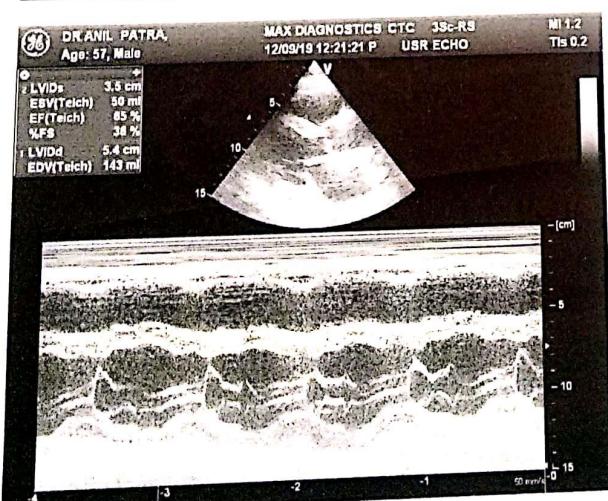
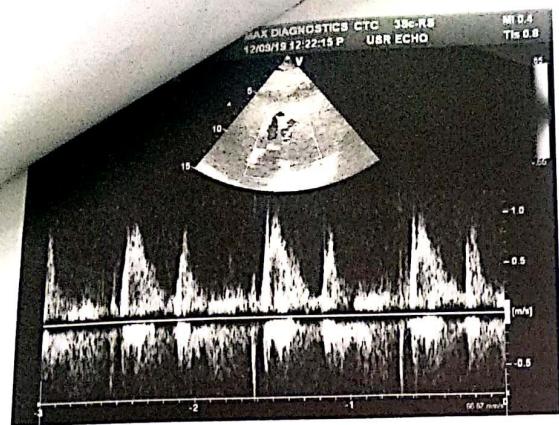
TISSUE DOPPLER IMAGING

Mitral annular E' 0.07m/s, E/E' 16.11.

IMPRESSION :

- MILD CONCENTRIC LEFT VENTRICULAR HYPERTROPHY.
- DIASTOLIC DYSFUNCTION OF LV GRADE II.
- NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION.
- NO RWMA.


Dr. Biswaranjan Mishra, DM, FCSI, FIAE, FESC, FICC.
CARDIOLOGIST



al solid or cystic space occupying lesion seen.
collection seen in Morrison's pouch. Mild

: is normal. Lumen appears clear. No calculus

mm in diameter. Lumen of CBD appears clear.

sol seen.

Pancreatic duct is not dilated. No calculus seen.
sition. Renal cortical echoes are normal on both
No calculus or hydronephrosis seen in both
n LK- 110 x 42 mm
involving upper pole cortex of left kidney.

gular. Luimen is clear. No calculus seen.

al. Margins are regular.

een normal in size, shape and echotexture

ESION SEEN INVOLVING UPPER
DNEY (? ANGIOMYOLIPOMA).
LIVER .
STATE .

SUGGESTED : CLINICAL CORRELATION.

USG impression is an opinion & not final diagnosis. It should always be correlated with clinical status and other imaging modalities. Hence not to be used in medicolegal purpose.


DR. B.N. PANDA
RADIOLOGIST

ANDA DIAGNOSTIC CENTRE

RANIHAT, MEDICAL ROAD, CUTTACK-7

Ph.: 0671-2416074

Regd. No.: 121/2012
Under PC & PNDT Act

NAME: DR. ANIL KU. PATRA

AGE: 56 Yrs SEX: M
DATE: 25-Mar-19

U/S OF WHOLE ABDOMEN

LIVER: Normal in size and measures 132 mm. Hepatic parenchyma is homogenous and uniform. Intrahepatic biliary channels are not dilated. No focal solid or cystic space occupying lesion seen. Portal and hepatic vasculatures are seen normal. No collection seen in Morrison's pouch. Mild fatty changes seen in liver.

GALL BLADDER: Normal in size. Wall thickness is normal. Lumen appears clear. No calculus seen.

CBD: Common bile duct is normal and measures 4 mm in diameter. Lumen of CBD appears clear. No calculus seen.

SPLEEN: Normal in size and measures 111 mm. No sol seen.

PANCREAS: Pancreas is normal in size and shape. Pancreatic duct is not dilated. No calculus seen.

KIDNEYS: Both kidneys are normal in size and position. Renal cortical echoes are normal on both kidneys. Corticomedullary distinction is maintained. No calculus or hydronephrosis seen in both kidneys. Ureters are not dilated. RK- 102 x 39 mm LK- 110 x 42 mm
Exophytic echogenic lesion of size 69 x 42 mm seen involving upper pole cortex of left kidney.

URINARY BLADDER: Full. Wall is smooth and regular. Lumen is clear. No calculus seen.

PROSTATE: Enlarged in size. Parenchyma is normal. Margins are regular.
Approx. prostate weight 29 gms.

SEMINAL VESICLES: Both seminal vesicles are seen normal in size, shape and echotexture

REST OF THE ABDOMEN:

Appendix is not visible.
No free fluid seen in pelvic or peritoneal cavity.

IMPRESSION: - EXOPHYtic ECHoGENIC LESION SEEN INVOLVING UPPER POLE CORTEX OF LEFT KIDNEY (? ANGIOMYOLIPOMA).
- MILD FATTY CHANGES IN LIVER.
- GRADE - I ENLARGED PROSTATE .

SUGGESTED : CLINICAL CORRELATION.

DR. B.N. PANDA
RADIOLOGIST

USG impression is an opinion & not final diagnosis. It should always be correlated with clinical status and other imaging modalities. Hence not to be used in medicolegal purpose.

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Patient's Name: Mr. Dr Anil Patra *
Age/Sex: 57 Years/Male
Ref. by: Dr. ANIL PATRA
Sample Collection: 10/09/2019 16:55
Patient ID:

USG OF ABDOMEN

LIVER : Enlarged in size (160mm). Increased parenchymal echogenicity seen. Intrahepatic Biliary radicals appear normal. PV - appears normal in course & caliber.

GALL BLADDER : Wall appears normal. Lumen is clear. No lesion. No e/o pericholecystic collection.

C.B.D : Normal in course & caliber. No intraluminal calculi.

PANCREAS : Appears normal in size, shape and echotexture.

SPLEEN : Normal in size (93mm), shape and echotexture.

KIDNEYS : Both kidneys show normal size, shape and architecture. Cortico medullary differentiation is maintained. No evidence of hydronephrosis. Margined lobulated heterogeneous exophytic lesion seen in upper -mid interpole of left kidney.

Right kidney - 111 x 45 mm, Left kidney- 111 x 47 mm.

URINARY BLADDER : Bladder wall appears normal. No evidence of free fluid seen.

PROSTATE : Enlarged in size (24cc). Normal in shape and texture. No evidence of free fluid seen in abdomen and pelvic cavity. No evidence lymphadenopathy seen.

IMPRESSION :

* POORLY MARGINATED LOBULATED HETEROGENEOUS LESION SEEN ARISING FROM UPPER-MID INTERPOLE OF LEFT KIDNEY (AML).

* HEPATOMEGLAY WITH FATTY CHANGES.

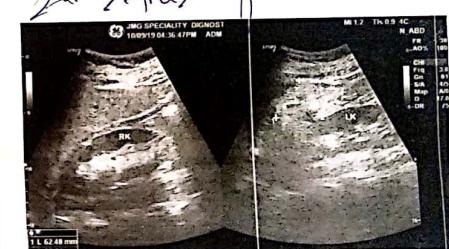
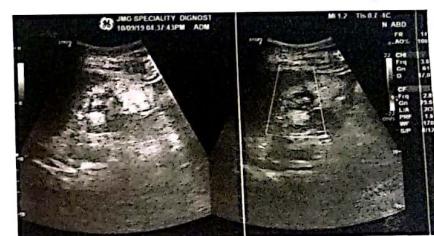
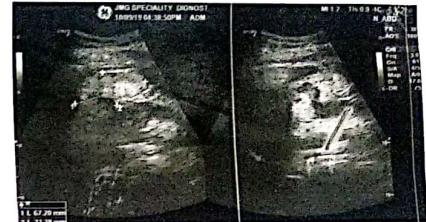
* GRADE-I PROSTATOMEGLAY.

SUGGESTED : CLINICAL CORRELATION.

Dr. B. K. Sahoo, MD.

Dr. B. C. Sahoo, MD.

Consultant Radiologist Machine Interfaced report Consultant Radiologist Doppler study using
Wipro GE USG Machine. Ultrasound opinion Digital X-ray diagnosis Wipro GE 400 MA machine giving excellent Image quality. Video Endoscopy & Colonoscopy, Diagnostic Cardiology Including TMT & Echo Cardiography, EEG, EMG, NCV for neurology patients & PFT.



Patient's Name: Mr. Dr Anil Patra *
Age/Sex: 57 Years/Male
Ref. by: Dr. ANIL PATRA
Sample Collection: 10/09/2019 16:55
Patient ID:

Lab Ref. No.: 7468-17
Sample No: 4252
Registration Date: 10/09/2019 16:55
Reporting Date: 10/09/2019 17:07

USG OF ABDOMEN-PELVIS

LIVER : Enlarged in size (160mm). Increased parenchymal echogenicity. No obvious focal lesion seen. Intrahepatic Biliary radicals appear normal. PV - appears normal in diameter. IVC & hepatic veins appears normal in course & caliber.

GALL BLADDER : Wall appears normal. Lumen is clear and shows no evidence of calculus or mass lesion. No e/o pericholecystic collection.

C.B.D : Normal in course & caliber. No intraluminal calculus seen.

PANCREAS : Appears normal in size, shape and echotexture. No focal mass or calcification seen.

SPLEEN : Normal in size (93mm), shape and echotexture.

KIDNEYS : Both kidneys show normal size, shape and position. B/l cortical echo appear normal. Cortico medullary differentiation is maintained. No evidence of calculus or hydronephrosis seen. Poorly marginated lobulated heterogeneous echogenic exophytic lesion of size 67 x 35mm seen arising from upper -mid interpole of left kidney.

Right kidney - 111 x 45 mm, Left kidney- 111 x 47 mm.

URINARY BLADDER : Bladder wall appears normal. No evidence of mass or calculus seen. RUV-10cc.

PROSTATE : Enlarged in size (24cc). Normal in shape and echotexture.

No evidence of free fluid seen in abdomen and pelvic cavity. Both CP angles appears clear.

No evidence lymphadenopathy seen.

IMPRESSION :

* POORLY MARGINATED LOBULATED HETEROGENEOUS ECHOCOGENIC EXOPHYTIC LESION SEEN ARISING FROM UPPER-MID INTERPOLE OF LEFT KIDNEY (MORE LIKELY AML).

* HEPATOMEGALY WITH FATTY CHANGES.

* GRADE-I PROSTATOMEGLALY.

SUGGESTED : CLINICAL CORRELATION.

Dr. B. K. Sahoo, MD.

Dr. B. C. Sahoo, MD.

Consultant Radiologist Machine Interfaced report, Color Doppler study using
Wipro GE (Geographic Information System, Digital X-ray, Ultrasound, Wipro GE 400 MA machine giving excellent image quality. Video Endoscopy
& Colonoscopy, Diagnostic Cardiology including TMT & Echo Cardiography, EEG, EMG, NCV for neurology patients & PFT.

NAME: DR. ANIL KU. PTRA

http://oac.nitrkl.ac.in/healthcentre/Medicin...

LIVER

HEALTH CENTRE
NATIONAL INSTITUTE OF TECHNOLOGY ROURKELA

Reference No. : NITR / MD / Ref / 1911790

Date of Issue : 12/10/2019

Category : Dependant

Important

Valid for
SINGLE VISIT/ADMISSION ONLY

Outdoor Indoor Investigation
 First Visit Follow up Visit

Void after one week of issue

Sub : Referral of patient for specialized treatment

Dear Sir,

The following patient is being referred to your hospital for treatment. It is requested that he/she be examined and given necessary treatment, including medical diagnostics and / or surgery if needed.

The expenditure incurred may be debited from the account of this Institute. Separate bills may please be sent for employees and students to the office of the Registrar at the earliest, quoting the "Medical Reference Number" and date given above.

Details of Patient & Disease:

- Patient Name : Dr. Anil Kumar Patra Sex : Male Female Age : 57
- Dependant of : Prof.(Ms.) Dipti Patra Relationship with employee : Spouse
- NIT Medical Card No. : D3544 Employee Code / Roll No. : 1900572
- Nature of illness and treatment given: The patient is advised to carry the I-Card/medical book of our Institute.

Referral Dept : UROLOGY

4. Reason for referral

DRESSING TREATMENT DIAGNOSTICS

CONSULTATION

5. The patient is entitled to the following type of bed in case of indoor treatment.

GENERAL WARD NON-AC SINGLE AC DOUBLE AC SINGLE

6. To
- | | |
|---|--|
| <input type="checkbox"/> The Director, Medical and Health Service
Ispat General Hospital | <input checked="" type="checkbox"/> The Director
Community Welfare Society Hospital |
| <input type="checkbox"/> ANY OTHER HOSPITAL | |

Head, Institute Dispensary

PRINT>>

12-10-2019, 11:40

SU

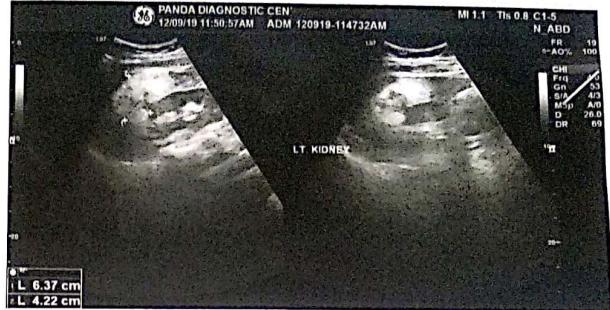
USG impression is an opinion & not final diagnosis. It should always be correlated with other imaging modalities. Hence not to be used in medicolegal purpose.

PANDA DI

RANIHAT,

Regd. No.: 121/2012
Under PC & PNDT Act

NAME: DR. ANIL KU. PATRA



U/S OF WH

LIVER: Normal in size and measures 132 mm. Hepatic parenchyma is homogenous and uniform. Intrahepatic biliary channels are not dilated. No focal solid or cystic space occupying lesion seen. Portal and hepatic vasculatures are seen normal. No collection seen in Morrison's pouch. Mild fatty changes seen in liver.

GALL BLADDER: Normal in size. Wall thickness is normal. Lumen appears clear. No calculus seen.

CBD: Common bile duct is normal and measures 4 mm in diameter. Lumen of CBD appears clear. No calculus seen.

SPLEEN: Normal in size and measures 111 mm. No sol seen.

PANCREAS: Pancreas is normal in size and shape. Pancreatic duct is not dilated. No calculus seen.

KIDNEYS: Both kidneys are normal in size and position. Renal cortical echoes are normal on both kidneys. Corticomedullary distinction is maintained. No calculus or hydronephrosis seen in both kidneys. Ureters are not dilated. RK- 99 x 42 mm LK- 107 x 43 mm

Exophytic echogenic lesion of size 69 x 42 mm seen involving upper pole cortex of left kidney.

URINARY BLADDER: Full. Wall is smooth and regular. Lumen is clear. No calculus seen.

PROSTATE: Enlarged in size. Parenchyma is normal. Margins are regular.
Approx. prostate weight 25 gms.

SEMINAL VESICLES: Both seminal vesicles are seen normal in size, shape and echotexture

REST OF THE ABDOMEN:

Appendix is not visible.
No free fluid seen in pelvic or peritoneal cavity.

IMPRESSION: - EXOPHYtic ECHOGENIC LESION SEEN INVOLVING UPPER POLE CORTEX OF LEFT KIDNEY (? ANGIOMYOLIPOMA).
- MILD FATTY CHANGES IN LIVER .
- GRADE - I ENLARGED PROSTATE .

SUGGESTED : CLINICAL CORRELATION.


DR. B.N. PANDA
RADIOLOGIST

PANDA DIAGNOSTIC CENTRE

RANIHAT, MEDICAL ROAD, CUTTACK- 7

Ph.: 0671-2416074

Regd. No: 121/2012
Under PC & PNDT Ad.

NAME: DR. ANIL KU. PATRA

AGE: 56 Yrs SEX: M
DATE: 12-Sep-19

U/S OF WHOLE ABDOMEN

LIVER: Normal in size and measures 132 mm. Hepatic parenchyma is homogenous and uniform. Intrahepatic biliary channels are not dilated. No focal solid or cystic space occupying lesion seen. Portal and hepatic vasculatures are seen normal. No collection seen in Morrison's pouch. Mild fatty changes seen in liver.

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CBD: Common bile duct is normal and measures 4 mm in diameter. Lumen of CBD appears clear. No calculus seen.

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Exophytic echogenic lesion of size 69 x 42 mm seen involving upper pole cortex of left kidney.

URINARY BLADDER: Full. Wall is smooth and regular. Lumen is clear. No calculus seen.

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Approx. prostate weight 25 gms.

SEMINAL VESICLES: Both seminal vesicles are seen normal in size, shape and echotexture

REST OF THE ABDOMEN:

Appendix is not visible.

No free fluid seen in pelvic or peritoneal cavity.

IMPRESSION: - EXOPHYTIC ECHOGENIC LESION SEEN INVOLVING UPPER POLE CORTEX OF LEFT KIDNEY (? ANGIOMYOLIPOMA).
- MILD FATTY CHANGES IN LIVER .
- GRADE - I ENLARGED PROSTATE .

SUGGESTED : CLINICAL CORRELATION.


DR. B.N. PANDA
RADIOLOGIST

USG impression is an opinion & not final diagnosis. It should always be correlated with clinical status and other imaging modalities. Hence not to be used in medicolegal purpose.

Tel. : (0671) 2343229,
Mob. : 9938583848, 9437227051

AGNOSTICS

JATNA, CUTTACK - 753 010

REPORT

55+ HM
Age..... Sex.....
Date..... 04/06/2018

I & PELVIS (MALE)

contour. Size. 15.4 cm. (Rt. Lobe- A-P Diamater).
Homogenous with homogeneous echopattern. No
Portal (10 mm) and hepatic veins are normal.
contour. Size- 5.3 X 1.9 cm. Lumen contains
mm.). No calculus / intraluminal pathology seen.
m. Calculus in CBD could not be imaged.
Parenchyma appears homogeneous.
ilated. No calculus / calcification seen.
e- 8.3 cm. Parenchyma appears
normal. No cystic mass / SOL seen.

ormal in size, shape & contour. No mass seen.
well-defined heterogeneous mass of size
n cortical region of upper pole.
dromephrosis seen. B/L normal cortical echo-
differentiation maintained. Both the ureters
ears regular with normal wall thickness.

≤ 8 cc.- Normal. (Normal max.-50 cc.).
Size- 3.5 X 4.3 X 3.6 cm.
cc.. (Normal max.-30 cc.).
Out line- Regular. Capsule- Intact.

normal peristalsis.
cal area seen. No appendicular oedema seen.
mass lesion seen.
peritoneal cavity.

MEGALY WITH FATTY INFILTRATION.
NEOUS LT. RENAL MASS OF SIZE (App-
ROM CORTICAL REGION.
N. BHP- GRADE- I. VOL. (Approx)- 28.3 cc..
GESTED.

[Signature]
RADIOLOGIST
(DR. U. C. SAHU, M.D.)

(FOR PRACTICAL PURPOSES)

-110
Dysfunction



Tel. : (0671) 2343229,
Mob. : 9938583848, 9437227051

DEEPAK DIAGNOSTICS

LINK ROAD, NAYACHOUK, MADHUPATNA, CUTTACK - 753 010

ULTRASOUND REPORT

DR. ANIL KR PATRA

55 + HM

Name..... Age..... Sex.....

DR. U. C. SAHOO, M.D.

04/06/2018

Referred by..... Date.....

USG OF ABDOMEN & PELVIS (MALE)

LIVER

Mildly enlarged in size, shape and contour. Size- 15.4 cm. (Rt. Lobe- A-P Diamater). Parenchyma appears mildly hyperechogenic with homogeneous echopattern. No SOL seen. No IHBR dilatation seen. Portal (10 mm.) and hepatic veins are normal.

G BLADDER

Partially contracted in size, shape & contour. Size- 5.3 X 1.9 cm.. Lumen contains bile. The wall thickness is normal (2 mm.). No calculus / intraluminal pathology seen.

C.B.D

Normal in calibre and measures 5 mm.. Calculus in CBD could not be imaged.

PANCREAS

Normal in size, shape and contour. Parenchyma appears homogeneous.

SPLEEN

The pancreatic duct (2 mm.) is not dilated. No calculus / calcification seen. Normal in size, shape & contour. Size- 8.3 cm.. Parenchyma appears homogeneous. Splenic vein (6 mm.) is normal. No cystic mass / SOL seen.

KIDNEYS

RT. Kidney- Size- 10.8 X 4.4 cm.- Normal in size, shape & contour. No mass seen.

LT. Kidney- Size- 13.1 X 4.8 cm.- A well-defined heterogeneous mass of size (App.) 70 X 37 mm. seen arising from cortical region of upper pole.

Both the kidneys- No calculus / hydronephrosis seen. B/L normal cortical echogenicity seen with cortico-medullary differentiation maintained. Both the ureters are not dilated.

U. BLADDER

Adequately full. Epithelial lining appears regular with normal wall thickness. No calculus / SOL / mass seen.

Pre-void UV- 256 cc. Post-void RUV- 8 cc.- Normal. (Normal max.-50 cc.).

PROSTATE

Mildly enlarged in size, shape & contour. Size- 3.5 X 4.3 X 3.6 cm..

BHP- Grade- I. Vol.(Approx.)- 28.3 cc.. (Normal max.-30 cc.).

Parenchyma appears homogeneous. Out line- Regular. Capsule- Intact.

BOWEL LOOPS

Appear normal with normal peristalsis.

RT. ILIAC FOSSA

Homogeneous ileo-cecal area seen. No appendicular oedema seen.

RETROPERITONEUM

No lymph glands or mass lesion seen.

PERITONEAL CAVITY

No free fluid seen in peritoneal cavity.

IMPRESSION # FEATURES S/O MILD HEPATOMEGALY WITH FATTY INFILTRATION.

A WELL-DEFINED HETEROGENEOUS LT. RENAL MASS OF SIZE (App.) 70 X 37 mm. SEEN ARISING FROM CORTICAL REGION.

MILD PROSTATOMEGLY SEEN. BHP- GRADE- I. VOL. (Approx.)- 28.3 cc..

CLINICAL CORRELATION SUGGESTED.


RADIOLOGIST 4/6/18
[DR. U. C. SAHU, M.D.]

(NOT FOR MEDICO - LEGAL PURPOSES)



EKO IMAGING INSTITUTE
(a Unit of EKO DIAGNOSTIC PVT. LTD.)

NAME: DR. ANIL KU PATRA.
No /

AGE/SEX: 55/M.

DATE-June 7, 2018

PLAIN & CONTRAST (ORAL & I.V)
ENHANCED C.T SCAN OF WHOLE ABDOMEN

FINDINGS:

Liver enlarged in size(19.0cm) with fatty change. No focal lesion seen. I.H.B.R normal in caliber. Portal vein measures 11mm dia.

Gall bladder normal in size and shape. Walls normal in thickness. No intraluminal filling defect. CBD normal in caliber, Lumen clear.

Spleen & Pancreas normal in size(Spleen 12.0cm), shape and parenchymal attenuation. Spleenic vein normal. MPD not dilated.

Right kidney normal in size, pelvicalyceal systems appears normal with normal excretion. No hydronephrosis or calculus.

→ Left kidney- ill-marginated lobulated iso to hypodense mass of approx. size 5.3 x 5.5cm involving the upper and mid pole interface cortex extending inferiorly and laterally. The mass shows variable HU(from negative to positive i.e -52 to +64), mostly composed of fat contents within it. Adjacent mid pelvicalyceal system appears abutted and not to be encroached upon. Rest of kidney its pedicle and vascular structures are normal.

Urinary bladder full, symmetrical normal outline. Wall thickness normal. No intraluminal filling defect.

→ Prostate enlarged in size (approx. volume 34gms) with normal parenchymal attenuation.

No evidence of any enlarged nodes. No free fluid in peritoneal cavity.

Psoas and iliacus muscle normal on both sides.

Bowel loops normal and does not reveal any gross abnormality.

IMPRESSION:

- ★ LEFT RENAL VARIABLE COMPOSED ILL-MARGINATED MASS WITH FAT CONTENTS INVOLVING UPPER AND MID POLE CORTEX WITHOUT ANY DEEPER ENCROACHMENT TO PELVICALYCEAL SYSTEM. RENAL PEDICLE IS NORMAL S/O A BENIGN MASS LIKELY TO BE ANGIOMYOLIPOMA.
- ★ GRADE-I ENLARGEMENT OF PROSTATE.
- ★ MILD HEPATOMEGLALY WITH FATTY CHANGE.

Sug: Bx. if indicated.

DIAGNOSTIC PVT. LTD.
Ranihat, Medical Road, Cuttack - 753007, Ph. : 0671-2425400, 2424500
AN ISO 9001 : 2008 CERTIFIED

Date: 26 March 2019

NAME : DR. ANIL KU. PATRA

AGE / SEX : 55YEARS / MALE

ECHOCARDIOGRAPHY

2D/M-MODE MEASUREMENTS:

Left ventricle:

Internal Dimension Diastole : 56.0 mm. Basal : 19 mm, Mid : 18mm, FAC : 42%.

Internal Dimension Systole : 37.0 mm. TAPSE : 21 mm

IVS: Thickness Diastole : 13.6 mm. Left Atrium:

Post L.V. Wall : 13.4 mm. LA volume : 36.0 ml/m².

Ejection Fraction (EF) : 62.0 %. Right Atrium: 33mm
(by biplane Simpson's)

Aortic Diameter : Annulus 16.0mm, Sinus of Valsalva 25mm, STJ – 22mm, Asc. Aorta – 32mm

IVC diameter : 15mm, Collapsibility : > 50 %

....

2-D EVALUATION :

Eccentric left ventricular hypertrophy.

Good LV systolic function.

No regional wall motion abnormality (RWMA).

Valves are normal.

IAS and IVS are intact.

No vegetation / clot / pericardial effusion.

IVC is normal.

DOPPLER & COLOUR FLOW EVALUATION :

Mitral diastolic E velocity 0.80m/s, DT ~ 166.0msec. A velocity 0.67m/s. E/A ratio 1.19.

No MR.

Aortic peak systolic velocity 1.24m/s, gradient 5.39mmHg. No AR.

Pulmonary peak systolic velocity 0.98m/s, Gradient 3.80mmHg. Trivial PR.

Trivial TR, Peak systolic TR velocity 2.51m/s, gradient 25.26mmHg.

TISSUE DOPPLER IMAGING :

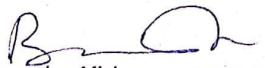
Mitral annular E' 0.06m/s, E/E' 13.46.

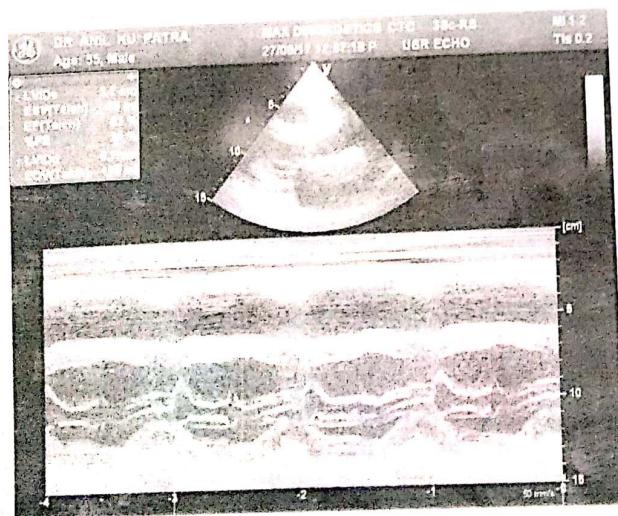
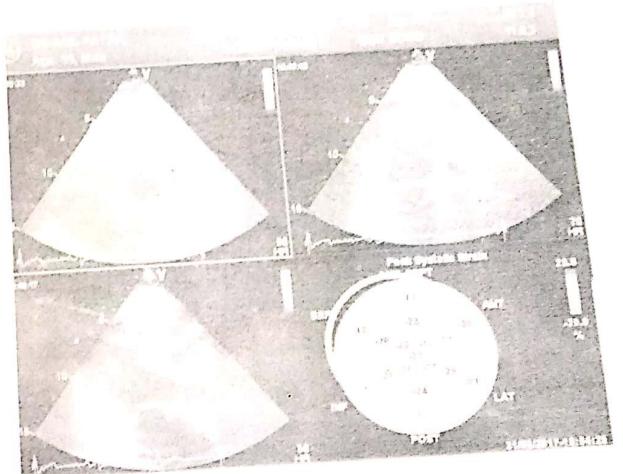
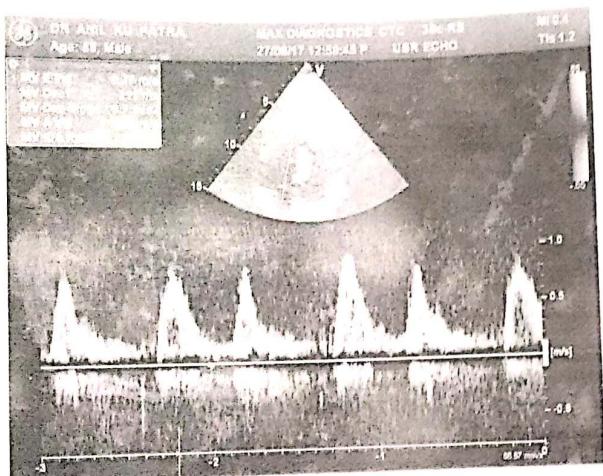
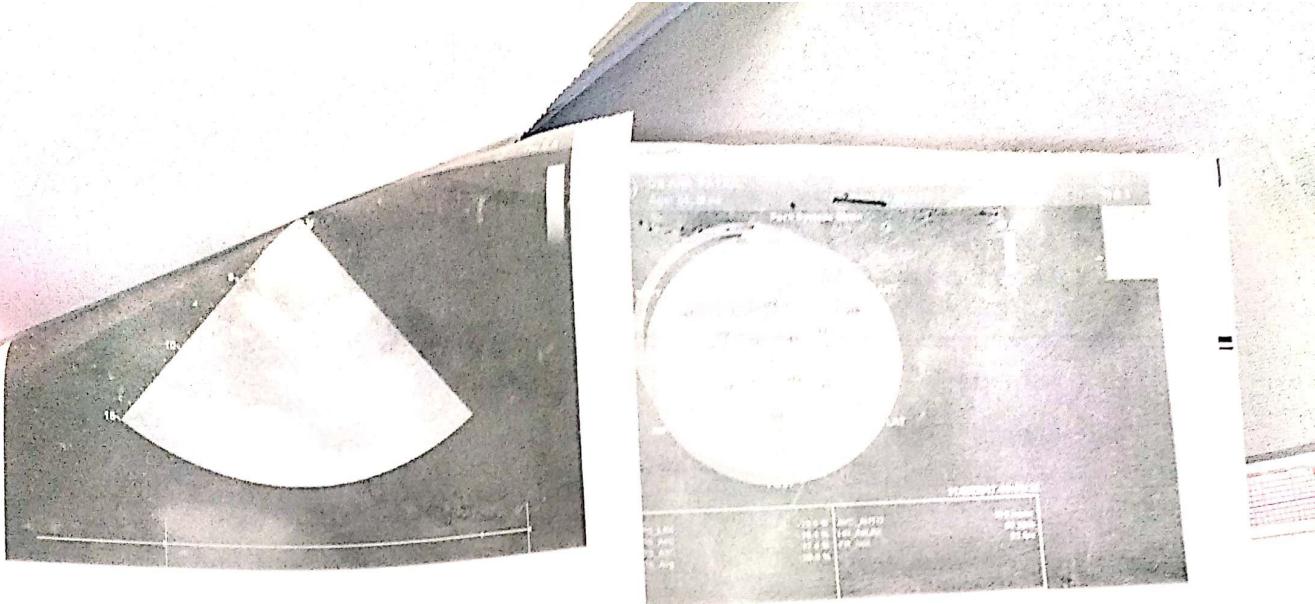
IMPRESSION :

- ECCENTRIC LEFT VENTRICULAR HYPERTROPHY.
- GOOD LEFT VENTRICULAR SYSTOLIC FUNCTION.

I (E/E' 13.46).

Biswaranjan
Dr. Biswaranjan Mishra, DM, FCSI, FIAE, FESC, FICC.
CARDIOLOGIST


Dr. Biswaranjan Mishra, DM, FCSI, FIAE, FESC, FICC.
CARDIOLOGIST



c, A velocity 0.82m/s, A > E.

.73mmHg. No AR.

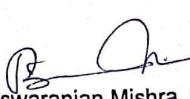
int 3.80mmHg. Trivial PR.

dient 24.99mmHg.

'ROPHY.

I (E/E' 13.24).

'ION.


Dr. Biswaranjan Mishra, DM, FCSI, FIAE, FESC
CARDIOLOGIST

Date : 26.08.2017

NAME : DR. ANIL KU. PATRA

ECHO

M-MODE MEASUREMENTS :

Mitral Valve:

Leaflets : Normal.
EPSS : 5.01 mm.

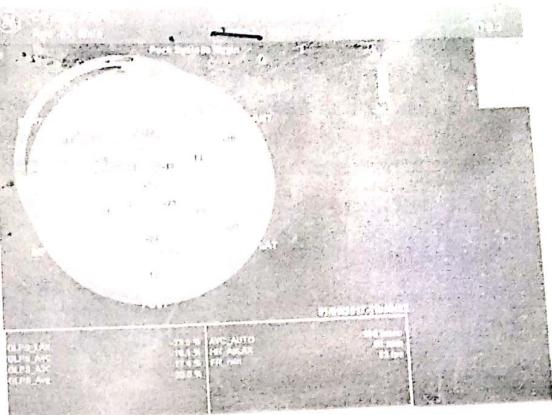
Left ventricle :

Internal Dimension Diastole : 57.0 mm.
Internal Dimension Systole : 37.0 mm.
EF (basal) : 63.0 %.
Fractional shortening : 35.0 %.

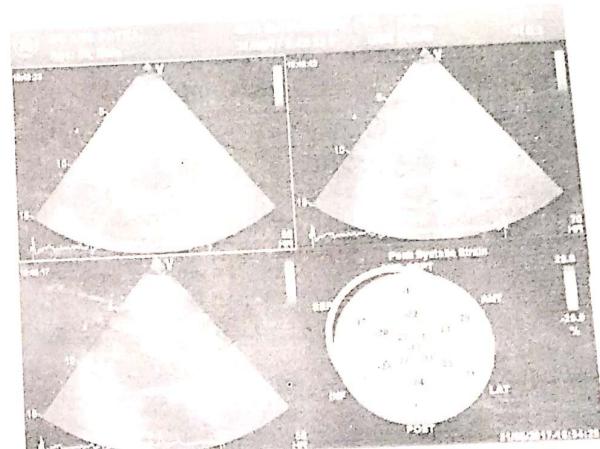
Right ventricle : Dimension Diastole: 16.1m

2-D EVALUATION :

Eccentric left ventricular hypertrophy.
Good contractility.
Calculated global LV EF is 65 %.
No regional wall motion abnormality (RWMA)
Valves are normal.
IAS and IVS are intact.
No vegetation / clot / pericardial effusion.
IVC is normal.



2.19



DOPPLER & COLOUR FLOW EVALUATION

Mitral diastolic E velocity 0.77m/s, DT- 211.0msec, A velocity 0.82m/s, A > E.
No MR.

Aortic peak systolic velocity 2.11m/s, gradient 17.73mmHg. No AR.

Pulmonary peak systolic velocity 0.98m/s, Gradient 3.80mmHg. Trivial PR.

Trivial TR, Peak systolic TR velocity 2.50m/s, gradient 24.99mmHg.

TISSUE DOPPLER IMAGING

Mitral annular E' 0.04m/s, E/E' 13.24.

IMPRESSION :

- ECCENTRIC LEFT VENTRICULAR HYPERTROPHY.
- DIASTOLIC DYSFUNCTION OF LV GRADE I (E/E' 13.24).
- GOOD BIVENTRICULAR SYSTOLIC FUNCTION.
- NO RWMA.

Dr. Biswaranjan Mishra, DM, FCSI, FIAE, FESC
CARDIOLOGIST

no like
any
sent

etc

10
X
10

DIAGNOSTIC PVT. LTD.

Raninat, Medical Road, Cuttack - 753007, Ph. : 0671-2425400, 2424500

AN ISO 9001 : 2008 CERTIFIED

Date : 26.08.2017

NAME : DR. ANIL KU. PATRA

AGE / SEX : 55 YEARS / MALE

M-MODE MEASUREMENTS :

ECHOCARDIOGRAPHY

Mitral Valve:

	AO / LA	
Leaflets	: Normal.	Aortic Root Diameter : 28.0 mm.
EPSS	: 5.01 mm.	Cusp Separation : 16.1 mm.
<u>Left ventricle :</u>		Left Atrium : 49.0 mm.
Internal Dimension Diastole	: 57.0 mm.	IVS: Thickness Diastole : 13.6 mm.
Internal Dimension Systole	: 37.0 mm.	Post L.V. Wall: Thickness Diastole : 13.9 mm.
EF (basal)	: 63.0 %.	
Fractional shortening	: 35.0 %.	

Right ventricle : Dimension Diastole: 16.1mm.

2-D EVALUATION :

Eccentric left ventricular hypertrophy.

Good contractility.

Calculated global LV EF is 65 %.

No regional wall motion abnormality (RWMA).

Valves are normal.

IAS and IVS are intact.

No vegetation / clot / pericardial effusion.

IVC is normal.

DOPPLER & COLOUR FLOW EVALUATION :

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Pulmonary peak systolic velocity 0.98m/s, Gradient 3.80mmHg. Trivial PR.

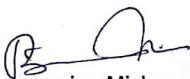
Trivial TR, Peak systolic TR velocity 2.50m/s, gradient 24.99mmHg.

TISSUE DOPPLER IMAGING

Mitral annular E' 0.04m/s, E/E' 13.24.

IMPRESSION :

- ECCENTRIC LEFT VENTRICULAR HYPERTROPHY.
- DIASTOLIC DYSFUNCTION OF LV GRADE I (E/E' 13.24).
- GOOD BIVENTRICULAR SYSTOLIC FUNCTION.
- NO RWMA.


Dr. Biswaranjan Mishra, DM, FCSI, FIAE, FESC
CARDIOLOGIST

* for Sx ↓ GA

12/9/19

Dr. Biswaranjan Mishra

MD (Medicine), DM (Cardiology), FCSI, FIAE, FESC, FICC
CARDIOLOGIST

Dr. Anil Patra.

Date: 12.9.19

57yrs.

Pre. op. cardiac evaluation.

No h/o Angina / SOB.

HTN (+)

DM - 2. on OAD -

O/E HS 70/ - P.

P. (40) S6.

JVR -

HR. 80 Sinus

No Q

Chest. Cle.

DM - 2. controlled

HTN. Fairly controlled

No significant LV dysfunction.

Echo:

Mild conc. LVA

EF. 65%.

No RWMA.

Off ecoscan now

- Stable Cardiac Status

* for So ↓ GA.

- Continue Atorv 20

Telmis 10 80

Metsler XR 50

Amidex 10

Afoglip 20

Glycomet APZ

Glycomet SR

Vobon 0.2



12.9.19

Clinic : Max Diagnostic Pvt. Ltd., Ranihat, Medical Road, Cuttack - 7, Regd. No. 9513 (OMC)

Ph.: 0671-2424500, 2425400 (Clinic)

E-Mail : drbisumishra@yahoo.co.in, drbisumishra@gmail.com

Website : www.drbiswaranjanmishra.com

17/19

Dr. Biswaranjan Mishra
MD (Medicine), DM (Cardiology), FCSI, FIAE, FESC, FICC
CARDIOLOGIST

Date: 26.2.19

Dr. Anil Kumar Patra
57/1m

DM - 2. H-N

Angiotensin:

Wt - 70L P.

Hgt. 160/90

ECC - ↓ R.
V1-Vu.
(No new changes)
ECG
↓ ECG LVA
EF 62%
No arrhythmia
DLE 13 u.

HR 25-379.
Fr.s - 123
PR. 98
RR. 18
C.R. 0.7
N.C. 104-
K+ - 3.4 -

TWR - 0

HR - C.E.T
HR ↑ A.T

Chest - Chest - R.

↑ T.O.

Moxaves 0.2
1 tab. daily
after breakfast

Ecospir AV 75/20

Telcine 4.80

Methaser X 2 50

Ambloves 10

Afaglip 20

Glycomet GP 2 - BNF

Glycomet SR 10 - BNF

Vobane 0.2 after meals

twice day

Diet. exercise.

Clinic : Max Diagnostic Pvt. Ltd., Ranihat, Medical Road, Cuttack - 7, Regd. No. 9513 (OMC)

Ph. : 0671-2424500, 2425400 (Clinic)

E-Mail : drbisumishra@yahoo.co.in, drbisumishra@gmail.com

Website : www.drbiswaranjanmishra.com

27/8/17

Dr. Biswaranjan Mishra
MD (Medicine), DM (Cardiology), FCSI, FIAE, FESC
CARDIOLOGIST

Date: 27/8/17

Dr. Anil Kumar Patro

55 yr.

T2 - DM.

HTN.

Asymptomatic.

HR 70-80.

Bp. 130/84

Wt. 65 kg ECG II, III, aVF -
 64 - 0

Chb. Cle.

A.C.
~~Combined ECG~~
Echo (succes)
ECG - LVH.
No arrhythmia
EF 65%
ETE 13.2

Urine - PFM
Microb.

Eye check up

31.8.17

HR 130/82

ECG - Loss of R' V1-V5

Review Echo

GLS - 20%.

* Normal Lg. Strain
in Ant. segment
↓ strain at basal segment

R
- Tu. Ecosprin AV 75/20
1 tab. daily.

- Tu. Afoglip 20
1 tab. daily
after break fast.

- Centine Glycerine 2
Glycerine SP 500

Telme H 80

* Neli 5

Amlovas 10

SD

Centine

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Website : www.drbiswaranjanmishra.com

19. 9. 17.

New chest discharge

ECC - No new changes.

Tmp J. Negativ. R

Hr 70-80. Td. Ecosprin AV 75/20
Bp 150/90

Uro. +. 3. Tu. Telme H 80 1 std. dash.
Chest. Cle.

3. Tu. Metolter XR 50 1 std. dash.

CAG.

Referred to
Cardiologist
Scratches for
needle -

4. Tu. Amloves 10 1 std. dash.

5. Tu. Afuglip 20
1 std. after breakfast

6. Tu. Glycomet GP 2 1 hr.
before lunch

02. 7. 18.

Syncope yesterday
following blood donation

Bp. 140/86

Ach
ECC - No new changes.

FBS - 123
2hr PP - 98
 $m 25-3-19$

Na - 18

Cr. 0.7

Nc. 144

K⁺. 3.4

ECG.
Echo

R

1. Tu. Vabose 0.2% / Vogli 0.2%

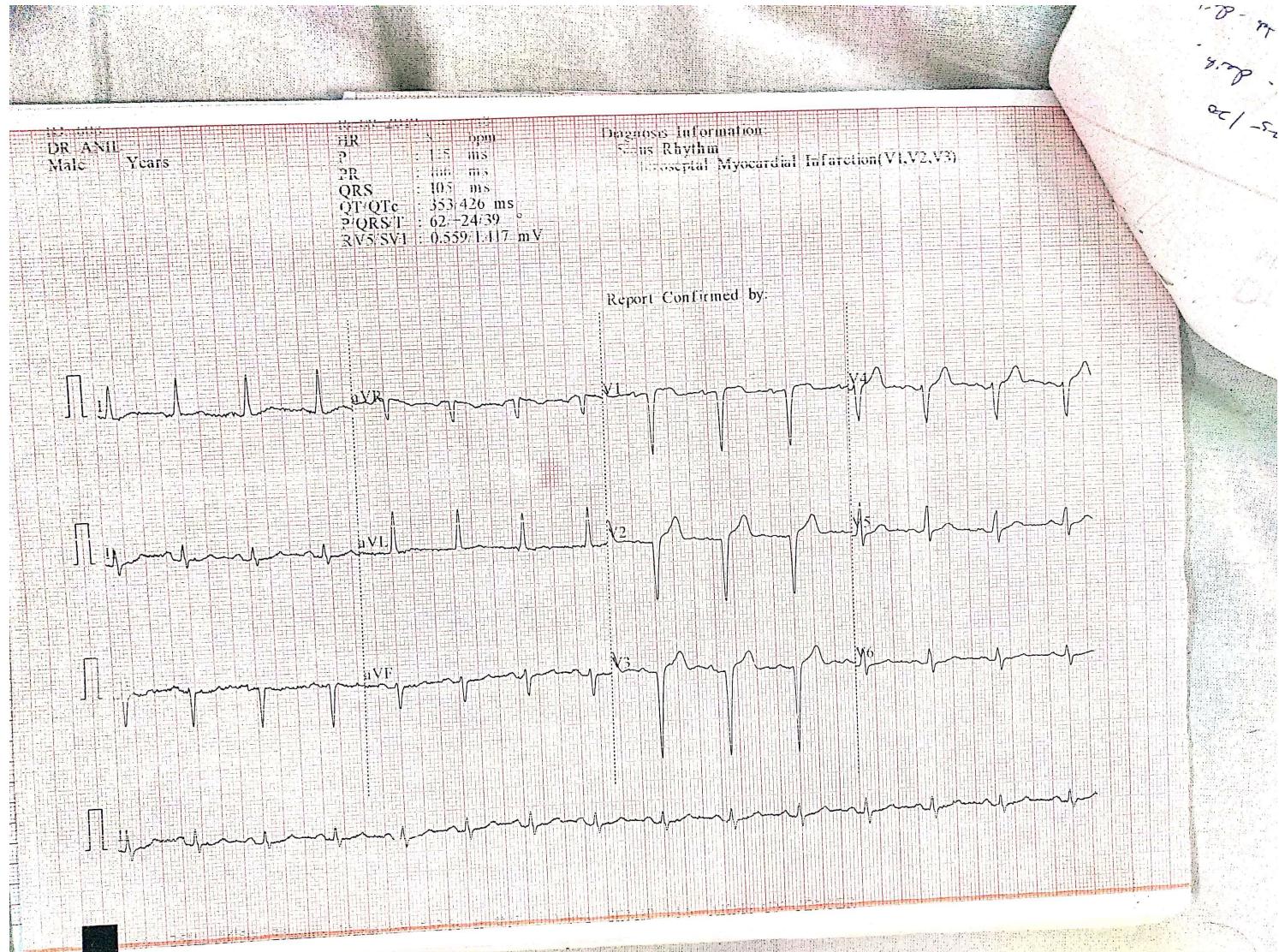
1 hr. after lunch.

1 hr. after dinner.

Dick, exercise

Exercise other day

JR



MAX DIAGNOSTIC (P) LTD

CUTTACK

Mr. DR ANIL KUMAR PATRA

Age: 55M
Ref. by:

Indication1
Indication2
Indication3

COMMENTS: Likely Incomplete LBBB Old Septal Myocardial Infarct. Sinus Rhythm.

ID: 2050
HWL: /
Recorded: 27-6-2017 12:06
Medication1
Medication2
Medication3

BPM: 64
BP:
P Axis:
QRS Axis:
T Axis:

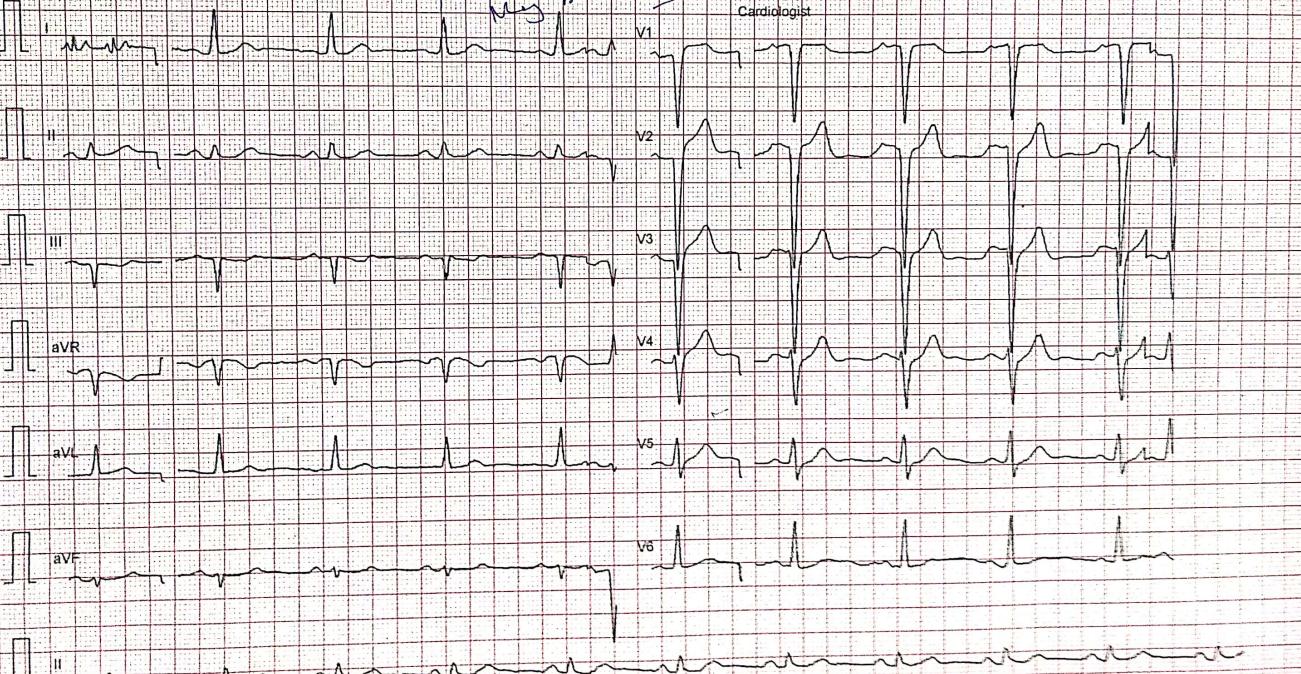
P duration: 120 msec
PR duration: 198 msec
QRS duration: 125 msec
QT interval: 368 msec
QTc interval: 373 msec

MIXED E.C.G.

Unconfirmed Report Reviewed By:

Cardiologist

*Misplaced chest lead
My m response*



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardCom. INDIA

MAX DIAGNOSTIC PVT LTD

RANIHAT CUTTACK

Mr. DR. ANIL KU. PATRA

Age : 55M

Ref. by:

Indication1:

Indication2:

Indication3:

Comments:

ID : 4750

HAN:

Recorded : 2-7-2018 15:48

Medication1:

Medication2:

Medication3:

Likely Incomplete LBBB Old Septal Myocardial infarct Sinus Rhythm.

BPM :

BP :

Freq:

QRS Axis:

T Axis:

MIXED E.C.G.

P duration:

PR duration:

QRS duration:

QT Interval:

QTc Interval:

m sec

200

msec

123

msec

343

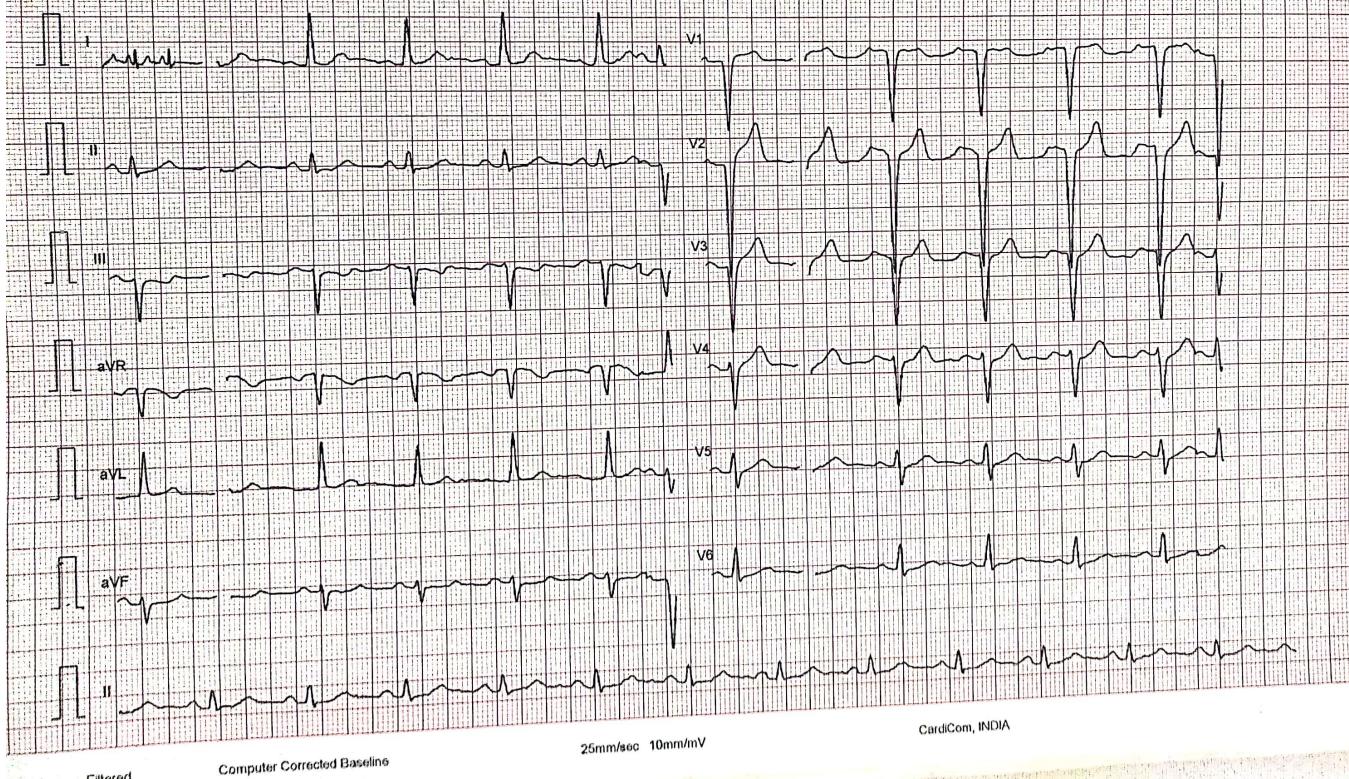
msec

376

msec

m sec

Unconfirmed Report Reviewed By:



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA

MAX DIAGNOSTIC PVT.LTD

CUTTACK

Mr. DR ANIL KU PATRA

Age - 55M

Ref. by :

Indication1:

Indication2:

Indication3:

COMMENTS: Likely Incomplete LBBB, Old Septal Myocardial Infarct, Sinus Rhythm.

D : 218

HMM : /

Recorded : 26-3-2019 16:37

Medication1 :

Medication2 :

Medication3 :

BPM :

BP :

P Axis :

QRS Axis :

T Axis :

PR duration :

QRS duration :

QT interval :

QTc interval :

msec :

msec

Dr. Biswaranjan Mishra
MD (Medicine), DM (Cardiology), FCSI, FIAE
CARDIOLOGIST

Date : 02-3-15

Dr. Anil Patnaik

Dm²

Htn.

Bp. 180/100

b

1. Tu. Telme 80 H. -84.
1 w. dep.

2. Tu. Nobicad 5 -84.
1 w. dep.

3. Tu. Ambledec 5 -90.
1 w. dep.

4. Tu. Arpitox 0.8-20 -90.
1 h. dep.

5. Tu. Glycomet 60 t
(1 w. dep.)
before breakfast

Adv

FBS

2 hr. PP-BG
S. urea TSN

U. creat.

Nat. V^t

Lipid profile

Ur. & R.

CURE WELL LABORATORY

NABL ACCREDITED

Mangalabag, Kathagola Road, Cuttack-1



Ph.: (0671) 2306114 / 2306344
Fax : (0671) -2306115
E-mail : cure_well@yahoo.com
Website : www.curewell.info

NAME : DR.ANIL KUMAR PATRA

LAB SL. NO : 1609D28

AGE : 55 Years SEX : Male

SAMPLE COLLECTION TIME : 7-25AM

PATIENT ID : 160904028

REPORT PRINTING TIME : 12-22PM

REGD. DATE : 16-09-2017

Test Particulars	Results	Units	Biological Reference Range
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TROP T high sensitive
[By cobas e 411]

8.060

pg/ml

Negative (< 14.0 pg/ml)
Positive (> 14.0 pg/ml)
(By cobas e 411 Analyser)

Dr. Basanti Mishra

Dr. S. Panda, M.D. (Bio)
Biochemist

Dr. Shreekant Tiwari, M.D. (Micro)
Microbiologist

Dr. Sasmita Panda, M.D. (Path.)
Pathologist

Dr. (Mrs.) Basanti Mishra, M.D. (Path. & Bact.)
Chief Pathologist

- The results of the Supplied Sample are dependant upon the quality of the sample received in the lab.
- The results should be clinically correlated and the unexpected result may be repeated.

Prince Line



Certificate No. 177/1998
NABL ISO 15199:2012

CURE WELL LABORATORY

NABL ACCREDITED

Mangalabag, Kathagola Road, Cuttack-1

Ph: (0671) 2306114 / 2306244
Fax: (0671) -2306115
E-mail: cure_well@yahoo.com
Website: www.curewell.info

NAME : DR.ANIL KUMAR PATRA

LAB SL. NO : 2708D05

AGE : 55 Years SEX : Male

SAMPLE COLLECTION TIME : 6-42AM

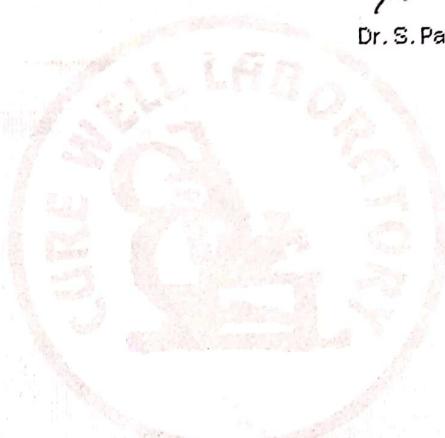
PATIENT ID : 270804005

REPORT PRINTING TIME : 11-45AM

REGD. DATE : 27-08-2017

Test Particulars	Results	Units	Biological Reference Range
Fasting Plasma Glucose	124	mg/dl	Adults : (65-110) mg/dl (By Hexokinase Method) (By AU480 Analyser)
Post Breakfast Plasma Glucose	194	mg/dl	Adults : (75-140) mg/dl (By Hexokinase Method) (By AU480 Analyser)

Dr. S. Panda



Dr. S. Panda, M.D. (Bio)
Biochemist

Dr. Shreekanth Tiwari, M.D. (Micro)
Microbiologist

Dr. Sasmita Panda, M.D. (Path.)
Pathologist

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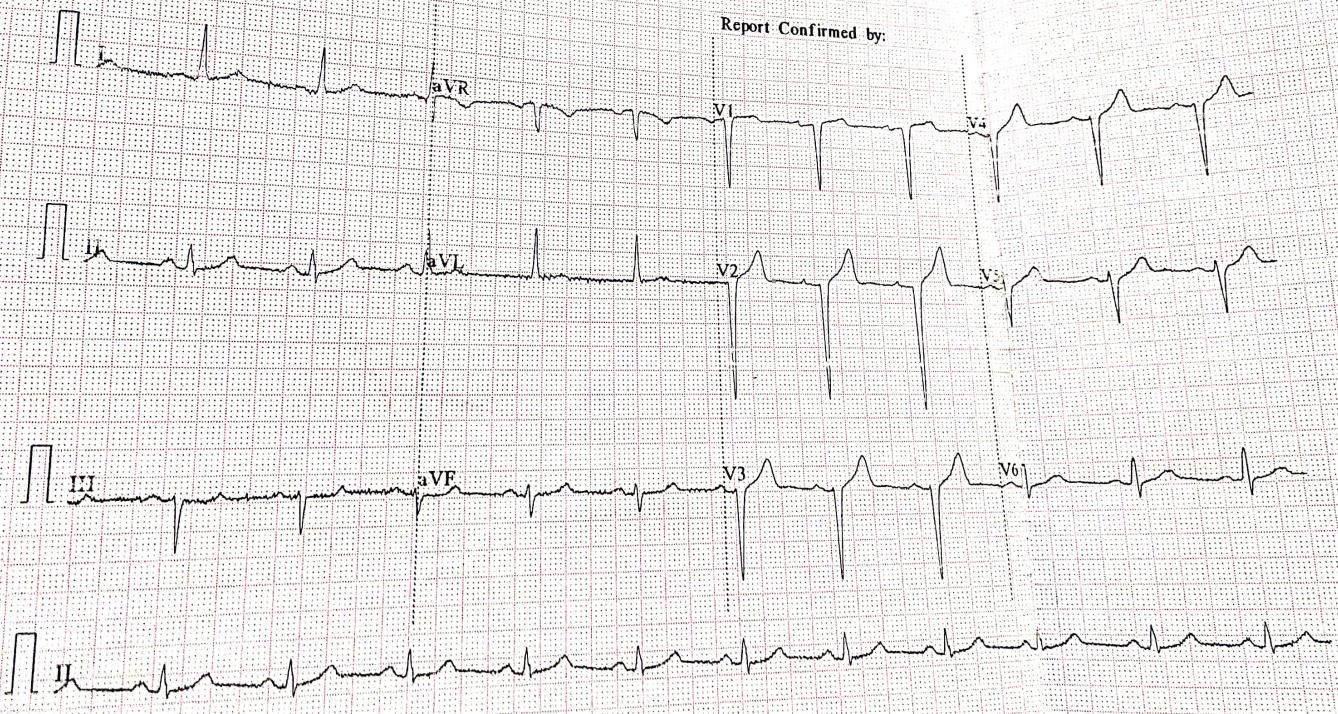
Prince Line

- The results of the Supplied Sample are dependant upon the quality of the sample received in the lab.
- The results should be clinically correlated and the unexpected result may be repeated.

HR	:	68	bpm
P	:	132	ms
PR	:	188	ms
QRS	:	91	ms
QT/QTc	:	394/420	ms
PQRST	:	61/-9/40	
RV5/SVI	:	0.211/1.589	mV
RV5+SV1	:	1.800	mV
RV6/SV2	:	0.587/2.560	mV

Diagnosis Information:
Sinus Rhythm
Suspect Anteroseptal Myocardial Infarction?(V1,V2)

Report Confirmed by



20-01-2019 07:27:50

ID: 6605

Anil Ku Patra
Male 55 Years

1619112

vcare

HR : 66 bpm
P : 133 ms
PR : 191 ms
QRS : 92 ms
QT/QTc : 392/411 ms
P.QRST : 60~15/31 °
R V5/SV1 : 0.160/1.458 mV
R V5+SV1 : 1.618 mV
R V6/SV2 : 0.478/2.144 mV

Diagnosis Information:
Sinus Rhythm
Poor R Wave Progression(V4,V5)

Report Confirmed by:

