



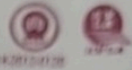
# METRO HOSPITALS & HEART INSTITUTE

[A Unit of Metro Institute of Medical Sciences Pvt. Ltd.]

CIN NO. U00000DL1990PTC039293

OPD INITIAL ASSESSMENT

QUALITY CERTIFICATIONS



07-06-22

**DR. SANJEEV SAXENA**

M.D.(Med), D.M.(Cardiology), FACC, FESC, FSCAI (USA)  
Interventional & Consultant Cardiologist.

Director Cardiology.

OPD Timings:

Mon to Fri - 09:00 Am to 06:00 Pm

Regn. No. : MC-8888

NAME OF PATIENT

sh Dimuth Kumar 65

AGE/SEX

ID.No.

Date/In Time

PRESENT COMPLAINT :

ECG ✓

INVESTIGATION / TREATMENT

CAD, T2D / mgw MI. 2021  
angina EF 40% - HT.

PAST HISTORY :

FAMILY HISTORY :

NUTRITIONAL SCREENING DONE :

DRUG ALLERGY :

EXAMINATION :

BP

PR

SPO2

WL

DIAGNOSIS

Tab metoprolol 50 0 0  
 Ramo 0 0  
 Amlod 5 0  
 Ramo 0 0  
 Sildenafil 8 0  
 Solicept 5 0

X 6 months

PROPOSED CARE PLAN EXPLAINED

EXPECTED OUTCOME EXPLAINED

POSSIBLE COMPLICATIONS EXPLAINED

NUTRITIONAL CARE ADVISED

(DOCTOR SIGNATURE)

OUT TIME

FOR OPD APPOINTMENT : +91 8126906607

Next Followup:

NUTRITIONAL SCREENING:-

- Wt. Loss    Loss of Appetite    Muscle Wasting    Delay Wound Healing  
 Lethargy    Decrease Mobility

Pain scale

0. NO PAIN   2. MILD PAIN   4. ANNOYING PAIN   6. MODERATE PAIN   8. SEVERE PAIN   10. WORST PAIN

47/G-5, Boundary Road, Lal Kurti, Meerut Cantt. Ph : 0121-6672222, 0121-2665041- 44  
Regd. Office : 14, Ring Road, Lajpat Nagar IV, New Delhi -110024

mhimeerut@metrohospitals.com  
MHHI/CL/0001(Rev. No. 01)

K+



# METRO HOSPITALS & HEART INSTITUTE

[A Unit of Metro Institute of Medical Sciences Pvt. Ltd.]  
CIN NO. U00000DL1990PTC039293  
OPD INITIAL ASSESSMENT



**DR. SANJEEV SAXENA**  
M.D.(Med), D.M.(Cardiology), FACC, FESC, FSCAI (USA)  
Interventional & Consultant Cardiologist.  
Director Cardiology.  
OPD Timings:  
Mon to Fri: 09:00 Am to 06:00 Pm  
Regn. No. MCI-8888

NAME OF PATIENT  
Mr. Dinesh Kumar

AGE/SEX 654/M

ID.No.

Date/In Time 13/4/22

PRESENT COMPLAINT:

INVESTIGATION / TREATMENT

ECG = ST/T. CAD | T2DM

PAST HISTORY: CVD, MI wall m) Feb 2021 / angina.  
LVD / EF 40% | HT.

FAMILY HISTORY:

NUTRITIONAL SCREENING DONE:

DRUG ALLERGY:

EXAMINATION:

BP 121/75 mmHg  
PR 74/wt  
SPO2 98%  
Wt.

tooth/dental implants may be done @ LA  
3 months

Tab moxifloxacin 6.4  
xxxx Prax 10  
xxxx Ecosprin AV 75+20  
met-XL-50  
Pan-D  
Cap silodolol-8  
saliccept 5mg  
Tab Antas (S)

Continue drug medicines as before

(DOCTOR SIGNATURE)

OUT TIME

PROPOSED CARE PLAN EXPLAINED

EXPECTED OUTCOME EXPLAINED

POSSIBLE COMPLICATIONS EXPLAINED

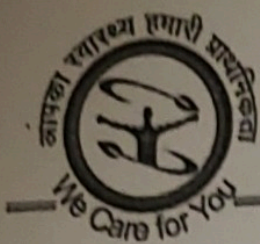
NUTRITIONAL CARE ADVISED

FOR OPD APPOINTMENT: +91 8126906607

Next Followup:

NUTRITIONAL SCREENING:-  
 Wt. Loss  Loss of Appetite  Muscle Wasting  Delay Wound Healing  
 Lethargy  Decrease Mobility

Pain scale: 0. NO PAIN, 2. MILD PAIN, 4. ANNOYING PAIN, 6. MODERATE PAIN, 8. SEVERE PAIN, 10. WORST PAIN



# Sheela

## Diagnostic & Healthcare Centre



Reg. No. MRT/PCPHDT/US/2018/340  
 Address : 2/4, Jagrati Vihar  
 Meerut (U.P.) - 250004  
 Helpline No.: 8433482636  
 9568004952

Patient Name : Mr. DINESH MITTAL  
 Age/Sex : 65 Yrs. / MALE  
 Referred By :

Reg No. : 3  
 Registered On : 01/12/2022  
 Reported On : 01/12/2022

REPORT	RESULTS	UNITS	REF.-RANGE
--------	---------	-------	------------

### HAEMATOLOGY

#### COMPLETE BLOOD COUNT (CBC)

HAEMOGLOBIN	13.50	gm%	12.0 - 18.00
TOTAL LEUCOCYTE COUNT	6100	/Cu mm	4000 - 11000

#### DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	58		40-75
Lymphocytes	38		20-45
Eosinophils	01		00-06
Monocytes	03		01-10
Basophils	00		00-01

#### TOTAL R.B.C. COUNT

P.C.V./ Haematocrit Value	47.5	million/cu m	4.5-6.5
---------------------------	------	--------------	---------

#### MCV

	41.02	%	35 - 54
--	-------	---	---------

#### MCH

	86.32	fL	76-98
--	-------	----	-------

#### MCHC

	28.42	pg	24 - 34
--	-------	----	---------

#### PLATELET COUNT

E.S.R. (Westergren Method)	32.91	g/dl	30 - 36
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#### BLEEDING TIME

	1.12	Lacs/mm <sup>3</sup>	1.5-4.5
--	------	----------------------	---------

#### CLOTTING TIME

	29	mm	0 - 20
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#### PROTHROMBIN TIME

Patient Result	03Min. 10Sec.	Min./sec.	01-05
Control Result	06Min. 18Sec.	Min./sec.	4 - 9

#### PROTHROMBIN ISI

	13.65	Seconds	
--	-------	---------	--

#### PROTHROMBIN Ratio

	12.8	Seconds	
--	------	---------	--

#### INR

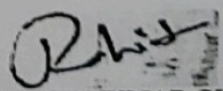
	1.10		
	1.07		
	1.17		

#### PARTIAL THROMBOPLASTIN TIME (APTT)

Patient	42.65	Seconds	23 - 33
Control	27.80	Seconds	23 - 33

-----{End of Report}-----

CHECKED BY :  
 MR. KULDEEP TOMAR  
 DMLT

  
 DR. ROHIT KUMAR GUPTA  
 M.B.B.S M.D.(PATH)

24 HOURS FACILITY

Pathology Lab. Imaging Centre (MRI, CT Scan, X-Ray, Ultrasound, Mammography)

# GOEL DENTAL & COSMETIC CENTRE

**Dr. Shivesh Goel**

B.D.S., FAGE, PGDMT (Germany),  
Fellowship FAC by CCAS  
M.I.D.A. GICE (HUNGARY)  
DIAE (U.S.A.)  
Consultant Implantologist  
Consultant Cosmetic Surgeon  
☎ 8859959693



**Dr. (Mrs) Bhawna Goel**

B.D.S., FAGE, M.I.D.A.  
Ex. Consultant :  
Sewa Samiti Charitable Hospital  
Royal Multi Speciality Hospital  
☎ 9719909693

Next Appointment

--	--	--	--

**Facilities**

- ☑ X-Ray
- ☑ RCT → Conventional  
→ Single Sitting
- ☑ Implants → Conventional  
→ Basal
- ☑ LLLT
- ☑ Laser Filling
- ☑ Extraction
- ☑ Orthodontic t/t
- ☑ Laminates & Veneers
- ☑ Fixed Denture → Conventional  
→ Implant Supported
- ☑ Partial Denture
- ☑ Flexible Denture
- ☑ Pedodontic t/t
- ☑ FUE
- ☑ PRP / PRF
- ☑ 3rd Molar Extraction
- ☑ Ultrasonic Scaling
- ☑ Bleaching
- ☑ Pyorrhoea
- ☑ Fractures of Mouth
- ☑ Mouth Ulcer

*Dinesh Kumar*

*12/12/22*

*Pt. complain of difficulty in  
Chewing.  
OPG revealed degenerative changes in  
condyles.*

*Pt. need three strategic implant  
in lower  $\frac{65.4}{}$*

*Pt is a heart pt, stent 1 year back,  
osteoporotic changes in spine*

*Asked Advice for placement of smooth  
Surface implants with porous surface (single piece)  
with protocol for HT  
require. being block and hydration with  
Lignocaine + 2% ADK. Kindly guide*

Timings Morning : 9.30 A.M. to 2.00 P.M. | Evening 5.00 P.M. to 8.30 P.M.

Sunday : 10.00 a.m. to 02.00 p.m.

Consultation Is An Advice Not The Binding. Not Valid For Medicolegal Purpose.

Centre-1 :  
139, R.A. Bazar, Topkhana, Meerut Cantt  
Ph. 0121-2647764  
website : goeldentalcare.in

Centre-2 :  
G-2, G-3 Krishna Plaza, Buxar Road, D Block, Ganganagar  
Below (UCO Bank Regional Office) Meerut.  
Ph. 8859698003

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DIAE (U.S.A.)  
Consultant Implantologist  
Consultant Cosmetic Surgeon  
☎ 8859959693



## Dr. Bhawna Aggarwal

B.D.S., FAGE, M.I.D.A.  
Ex. Consultant :  
Sewa Samiti Charitable Hospital  
Royal Multi Speciality Hospital  
☎ 9719909693

Next  
Appointment

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### Facilities

- ☞ X-Ray
- ☞ RCT → Conventional  
→ Single Sitting
- ☞ Implants → Conventional  
→ Basal
- ☞ LLLT
- ☞ Laser Filling
- ☞ Extraction
- ☞ Orthodontic t/t
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- ☞ Partial Denture
- ☞ Flexible Denture
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- ☞ PRP / PRF
- ☞ 3rd Molar Extraction
- ☞ Ultrasonic Scaling
- ☞ Bleaching
- ☞ Pyorrhoea
- ☞ Fractures of Mouth
- ☞ Mouth Ulcer

*Dinesh Mishra*

*Shivesh Goel for imp Can 2014*

*[Signature]*

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# KMC IMAGING & DIAGNOSTIC CENTRE

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BAGHPAT ROAD, MEERUT (U.P.) Ph.: 0121 - 4002111-114

(M) +91-9557316311, 9997794311, 9690344149, Visit us st : www.kmccare.com, kmccancer.in, E-mail : kmchospital500@gmail.com

**PET-CT • MRI • HIGHSPEED SPIRAL CT • DIGITAL X-RAY • MAMMOGRAPHY • ULTRASOUND • COLOUR DOPPLER • 2D ECHO • TMT • EEG • PFT**

PT. NAME	MR.DINESH KUMAR MITTAL	AGE/SEX: 65 Y /M	OPID NO.
REF. BY	DR.SUNIL GUPTA,MS	DATE: 10-09-2022	MR1445

## MRI BRAIN

Multipplanar imaging of the MR BRAIN was performed on 1.5 T MR Scanner to obtain the following sequences: T1 SE, T2 FSE and stir sequences in Sagittal plane. T1 SE and TSE T2W sequence in the axial planes.

### OBSERVATIONS:

- Small VR spaces seen in bilateral gangliocapsular region.
- Blooming on GRE seen in bilateral gangliocapsular region -----calcification.
- Mild increased FLAIR hyperintense signal noted in bilateral periventricular region –microvascular ischemic changes.
- Prominence of ventricular system and sulcal spaces.
- Rest of The cerebral grey and white matter shows normal signal intensity on both T1 & T2 weighted scans.
- The basal ganglia, thalami, brain stem and cerebellum do not show any abnormality.
- No area of restricted diffusion is seen on the echo planar images to suggest acute ischaemia.
- The sella & parasellar regions appear normal.
- Corpus callosum appears unremarkable.
- The major intra cranial vessels of the circle of the Willis and main dural venous sinuses reveal normal flow voids.
- Soft tissues of both orbits are unremarkable.

### IMPRESSION:

- ❖ Small VR spaces seen in bilateral gangliocapsular region.
- ❖ Blooming on GRE seen in bilateral gangliocapsular region -----calcification.
- ❖ Mild increased FLAIR hyperintense signal noted in bilateral periventricular region – microvascular ischemic changes.
- ❖ Prominence of ventricular system and sulcal spaces.

Please correlate clinically & with other investigations

**DR. SHARAD GANGRADE**  
**M.B.B.S DNB (RADIO)**

#### Disclaimer:

Findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. No procedure be undertaken simply on the basis of this opinion. This report is generated on tele-reporting module of 'Isoteleradiology' and is for perusal of doctors. In case of any discrepancy or unexpected results, images/study can be reviewed again. Discrepancies due to technical or typing errors should be reported for correction within seven days. No compensation liability stands. This is an online interpretation of images provided. Patient's identification in online reporting is not established, so in no way this report can be utilized for any medicolegal purpose.

\* Not meant for medico legal purposes.

**ON PANEL :** CGHS, ECHS, BSNL, UP Police, UP Power Corp., RAF, CRP, CISF, आयुष्मान भारत योजना, Family Health Plan, Bajaj Allianz General Insurance, Alankit Health Care Ltd., Good Health Plan Ltd., Med Save, Raksha TPA, Vipul Med Corp., MD India Health Care Service (P) LTD., Bharti Exa, LIC TPA Services (P) Ltd., Sriram Fertilizers, Spurthi Meditech (TPA) Solutions Pvt. Ltd., Max Bupa Health Insurance Co., Future General Life Insurance Co. Ltd., HDFC Ergo General Insurance Company Ltd., Reliance TPA General Insurance, Vidal Health, Star Health, Dedicated Health Services, Health Insurance TPA, Cholamandlam MS, ICICI Lombard General Insurance, Medi Assist India, Iffco Tokio, Paramount, Safeway, Aditya Birla Health Insurance, Gramin Health Care, Universal Somp General Insurance.

NOT VALID FOR MEDICO LEGAL PURPOSE



# KMC HOSPITAL & RESEARCH CENTRE

(DNB & NABH ACCREDITED MULTISPECIALITY HOSPITAL)

(A Unit of KAMNA MEDICAL CENTRE Pvt. Ltd.)



BAGHPAT ROAD, MEERUT (U.P.) Ph.: 0121 - 4002111-114

(M) +91-9557316311, 9997794311, Visit us at : www.kmccare.com, E-mail : kmchospital500@gmail.com, kmccancer.in

### उपलब्ध सुविधाएँ :

- आधुनिक चिकित्सकीय तकनीक एक ही परिसर में उपलब्ध है।
- PET-CT, एम.आर.आई. हाई स्पीड स्पाइरल सीटी स्कैन, डिजिटल एक्स-रे, कलर डॉप्लर, अल्ट्रासाउण्ड इकोकार्डियोग्राफी, टी.एम.टी एवं ई.ई.जी की सुविधा।
- दुर्घटना स्थल से मरीज के उपचार हेतु नई तकनीकी, ऑक्सीजन, वेंटीलेटर से सुसज्जित वैन, टी.सी.वी. 1-4 की सुविधा। फायलेंट नं० 0121-4002111-114.
- उत्तर प्रदेश की पहली बर्न यूनिट तथा अलग बर्न ICU.
- 24 घण्टे ब्लड बैंक, ब्लड कम्पोनेन्ट्स जैसे प्लेटलेट्स, पैकड सेल्स, एफ.एफ.पी., क्रायोप्रेसिपिटेड, एफरेटिक प्लेटलेट्स (जम्बो पैक)
- डायलिसिस की सुविधा 24 घण्टे उपलब्ध है।
- एण्डोयुरोलॉजी की सुविधा, दूरबीन से प्रोस्टेट, गुर्दा व पेशाब की नली व मसाने की पथरियों के ऑपरेशन जैसे लिथोट्रिप्सी, PCNL, URS, यूरोडाईनेमिक्स तथा लैप्रोस्कोपिक यूरोलॉजी।
- सभी आधुनिक मरीजों से सुसज्जित न्यूरो ICU, सर्जिकल ICU, मेडिकल ICU, CCU एवं NICU, नवजात शिशुओं के लिए साँस देने की मशीन उपलब्ध है।
- छः भव्य ऑपरेशन थियेटर जिसमें आधुनिकतम बेहोशी की नई तकनीक जैसे DATEX OHMEDA Aspire Model, सी-आर्म, लिथोट्रिप्सी आदि है।
- फिजियोथिरेपी विभाग जिसमें अल्ट्रासोनिक थिरेपी, मेनुअल थिरेपी (ऑस्ट्रेलिया) पैराफिन वैक्स थिरेपी एवं लेजर थिरेपी।
- दूरबीन (लैप्रोस्कोपी) से पेट के सभी ऑपरेशन की सुविधा जैसे पित्त की थैली की पथरी, अपेन्डिक्स, आँत, हर्निया इत्यादि।
- हृदय रोगियों के लिए ओपन हार्ट सर्जरी, एन्जियोग्राफी, एन्जियोप्लास्टी, पेसमेकर एवं बेलून वाल्वुलोप्लास्टी उपलब्ध।
- कैंसर के रोगियों की सम्पूर्ण चिकित्सा व सर्जरी रेडियोथिरेपी एवं कीमोथिरेपी उपलब्ध।
- समाज के हर वर्ग के अनुसार कमरों व वार्डों की सुविधा।
- के.एम.सी. कॉलेज ऑफ नर्सिंग एवं पैरामेडिकल साइन्स - M.Sc. (Nursing), B.Sc. Nursing, Post Basic B.Sc. Nursing, GNM, ANM, Diploma in (i) Dialysis Technician, (ii) Trauma & Emergency care Technician.
- हड्डी/जोड़ प्रत्यारोपण व ऑर्थोस्कोपी विभाग।
- स्टेम सेल थिरेपी एवं कॉर्ड बैकिंग (बच्चे की नाल सुरक्षित करना)
- दन्त रोग विभाग - नकली दाँत, जबड़े की गाँठ, इम्प्लांट, टेढ़े-मेढ़े दाँतों का इलाज, पायरिया का इलाज, दाँतों की फिलिंग, आर.सी.टी. व मुख की अन्य बीमारियाँ आदि।
- पैथोलोजी लैब - 24 घण्टे उपलब्ध।
- के.एम.सी. हेल्थ प्रोटेक्शन/के.एम.सी. हेल्थ प्लान।

Dr. Nitish Singh  
(DNB, Neuro).

Dated 10/9/22

Ms. Divesh Kumar Mishra

do: Intravenous antibiotic 651m  
antibiotics

• O/L & U/L neurectomy.

• Prostate bladder catheter.

Fast H/O: Cervical  
Spine injury

Auto m2: PTCA 2ys  
h/o

K/O OMT

Panel: O/L & U/L = ~~h/o~~  
↓  
h/o

[Signature]

PET-CT • MRI • HIGH SPEED SPIRAL CT • DIGITAL X-RAY • MAMMOGRAPHY • ULTRA SOUND • COLOUR DOPPLER • 2D ECHO • TMT • EEG • PFT

ON PANEL : CGHS, ECHS, BSNL, UP Power Corp., RAF, CRP, CISF, आयुष्मान भारत योजना, Family Health Plan, Bajaj Allianz General Insurance, Alankit Health Care Ltd., Good Health Plan Ltd., Med Save, Raksha TPA, Vipul Med Corp., MD India Health Care Service (P) LTD., Bharti Exa, LIC TPA Services (P) Ltd., Sriram Fertilizers, Genins India TPA Ltd., Spurthi Meditech (TPA) Solutions Pvt. Ltd., Max Bupa Health Insurance Co., Future General Life Insurance Co. Ltd., HDFC Ergo General Insurance Company Ltd., Reliance TPA General Insurance, Apollo Munich Health Insurance Co. Ltd., Medicare TPA Service India (P) Ltd., Cholamandlam MS, ICICI Lombard General Insurance, Medi Assist India, Iffco Tokio, Paramount, Safeway, Aditya Birla Health Insurance, Gramin Health Care, Universal Sompco General Insurance.



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**PET-CT • MRI • HIGHSPEED SPIRAL CT • DIGITAL X-RAY • MAMMOGRAPHY • ULTRASOUND • COLOUR DOPPLER • 2D ECHO • TMT • EEG • PFT**

PT. NAME	MR.DINESH KUMAR MITTAL	AGE/SEX: 65 Y/ M	OPID NO
REF. BY	DR. SUNIL GUPTA,MS	DATE: 10.09.2022	MR1445

## MRI CERVICAL SPINE WITH WHOLE SPINE SCREENING

MRI was performed on a 1.5 TESLA whole body MRI Scanner. Sagittal T1 & T2 weighted scans of the cervical spine were studied and these were correlated with axial scans. Additional STIR coronal sections were also obtained through the cervical spine.

### OBSERVATION:

- Postoperative changes with metallic artefacts seen in anterior aspect of C3-C6 vertebral body.
- There is loss of cervical lordosis.
- Height and alignment of cervical vertebrae is maintained.
- There are degenerative spondylotic changes in the cervical spine with marginal end plate osteophytes and desiccated intervertebral discs displaying hypointense signal on T2 weighted images. Type II modic end plate degenerative changes are seen apposing end plates.
- **Focal postero-central disc protrusion at C3-C4 and C7-D1 level causing thecal sac indentation with no nerve root compression.**
- **Mild postero-central and right subarticular disc protrusion at C4-C5 level causing thecal sac indentation with compression of right and impinging left nerve root.**
- **Broad based postero-central and bilateral subarticular disc protrusion at C5-C6 and C6-C7 level causing thecal sac indentation with compressing bilateral nerve roots (R>L).**
- **Thickening of posterior longitudinal ligament noted.**
- The cervico medullary and craniovertebral junctions show normal soft tissue and bony relationships.
- Pre and paravertebral soft tissues do not show abnormality.
- **Screening of dorso-lumbar spine reveals 1 spondylosis changes with focal postero-central disc protrusion at L2-L3 and L3-L4 level causing thecal sac indentation and impinging bilateral traversing nerve root.**
- **Mild postero-central disc protrusion at L4-L5 and L5-S1 level causing thecal sac indentation and bilateral traversing nerve root compression.**
- **Mild anterior wedge compression with no marrow oedema seen in D11 vertebral body.**

**ON PANEL :** CGHS, ECHS, BSNL, UP Police, UP Power Corp., RAF, CRP, CISF, आयुष्मान भारत योजना, Family Health Plan, Bajaj Allianz General Insurance, Alankit Health Care Ltd., Good Health Plan Ltd., Med Save, Raksha TPA, Vipul Med Corp., MD India Health Care Service (P) LTD., Bharti Exa, LIC TPA Services (P) Ltd., Sriram Fertilizers, Spurthi Meditech (TPA) Solutions Pvt. Ltd., Max Bupa Health Insurance Co., Future General Life Insurance Co. Ltd., HDFC Ergo General Insurance Company Ltd., Reliance TPA General Insurance, Vidal Health, Star Health, Dedicated Health Services, Health Insurance TPA, Cholamandlam MS, ICICI Lombard General Insurance, Medi Assist India, Iffco Tokio, Paramount, Safeway, Aditya Birla Health Insurance, Gramin Health Care, Universal Sompo General Insurance.





# KMC IMAGING & DIAGNOSTIC CENTRE

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PT. NAME	MR.DINESH KUMAR.MITTAL	AGE/SEX: 65 Y / M	OPID NO.
REF. BY	DR. SUNIL GUPTA,MS	DATE: 10 / 09 /2022	MR1445

## MRA NECK

### STUDY PROTOCOLS:-

**STUDY PROTOCOLS:** MR ANGIOGRAPHY OF BRAIN HAS BEEN PERFORMED; IMAGES WERE OBTAINED FIRST AND SUBSEQUENTLY PROCESSED USING MAXIMUM INTENSITY PROJECTION TECHNIQUE

### OBSERVATION:-

- MR Angiogram has revealed normal origins of brachiocephalic, left common carotid and left subclavian arteries from arch of aorta.
- **Right carotid vessels:** There is normal course and caliber of right common carotid artery (RCCA). The right carotid bifurcation and bulb appear normal. There is no evidence of significant flow limiting stenosis along the entire length of right internal caortid artery (RICA).
- The origin of right external carotid artery (RECA) appears normal.
- **Left carotid vessels:** There is normal course and caliber of left common carotid artery (LCCA). The left carotid bifurcation and bulb appear normal. There is no evidence of significant flow limiting stenosis along the entire length of left internal caortid artery (LICA).
- The origin of LECA appears normal.
- **Posterior circulation:** The vertebral arteries (VA) are well outlined and do not show any narrowing.

### IMPRESSION:

- **Normal MR angiography of neck .**

Please correlate clinically & with other investigations

DR. SHARAD GANGRADE  
M.B.B.S DNB (RADIO)

### Disclaimer:

Findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. No procedure be undertaken simply on the basis of this opinion. This report is generated on tele-reporting module of 'izitelediography' and is for perusal of doctors. In case of any discrepancy or unexpected results, images/study can be reviewed again. Discrepancies due to technical or typing errors should be reported for correction within seven days. No compensation liability stands. This is an online interpretation of images provided. Patient's identification in online reporting is not established, so in no way this report can be utilized for any medicolegal purpose.

\* Not meant for medico legal purposes.

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AGE/SEX: 65Y/M

OPID NO.

REF. BY: DR.SUNIL GUPTA MS.

DATE: 10.09.2022

1445

## Ultrasound Whole Abdomen

**LIVER** is normal in size, shape, contour and parenchymal echogenicity. No SOL seen. Hepatic vein and their tributaries are normal.

**INTRAHEPATIC BILIARY RADICALS:-** not dilated.

**GALLBLADDER:-** lumen shows at least three echogenic foci of size: 9.3 mm, 7.1 mm and 12.2 mm casting shadow.

**CBD** is seen normal at porta region distal C.B.D. not visualized.

### KIDNEYS:-

**RIGHT KIDNEY:-** normal position, relatively small in size: 59 x 25 mm., normal contour and parenchymal echotexture. Cortico medullary differentiation is normal. No calculus. No hydronephrosis is seen.

**LEFT KIDNEY:-** normal position, size: 104 x 50 mm., contour and parenchymal echotexture. Cortico medullary differentiation is normal. No calculus. No hydronephrosis is seen.

**SPLEEN:-** is seen normal.

**PANCREAS:-** visualized pancreas appears normal.

**URINARY BLADDER:-** is seen full.

**PROSTATE** size: 48 x 34 x 34 mm. / 30 ml.

No free fluid seen in abdomen.

No pleural effusion seen.

### IMPRESSION: - SONOLOGICAL STUDY REVEALS

- Gallbladder lumen shows at least three echogenic foci of size: 9.3 mm, 7.1 mm and 12.2 mm casting shadow ---- suggestive of stones.
- Prostatomegaly (30 gms) grade 'I'.
- Post void residual urine volume 21 ml.
- Right kidney relatively small in size.
- Abdomen full of bowel gases.

ADV: - Follow UP.

Kindly Correlate Clinically

Dr. Ajay Nandan Vatsa MD.  
Consultant Radiologist

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## BILATERAL CAROTID ARTERY DOPPLER STUDY

### COMMON CAROTID ARTERY

- Both CCA are normal flow, velocity and spectral waveform.
- Bilateral Intima media thickness is normal.

### EXTERNAL CAROTID ARTERY

- Both ECA are normal in flow, velocity and spectral waveform.
- No e/o any plaque or thrombus.

### INTERNAL CAROTID ARTERY

- Left ICA not well visualized.
- Right ICA is normal in flow, velocity and spectral waveform.
- No e/o any plaque or thrombus.

### OPINION: Both carotids Doppler study reveals:-

- Left ICA not well visualized.
- No e/o any significant stenosis.

ADV: MRI ANGIOGRAPHY.

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Consultant Radiologist

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## Peripheral Vascular Study (Arterial & Venous System)

### Both Lower Limb Arterial System

Bilateral common femoral artery, superficial femoral artery, deep femoral artery, popliteal artery, A.T.A., P.T.A. and D.P.A. shows normal triphasic flow, velocity and spectral pattern. No evidence of significant luminal occlusion / stenosis seen.

### Both Lower Limb Venous System

Bilateral common femoral vein, superficial femoral vein & popliteal vein shows normal compressibility and distal augmentation.

Bilateral anterior tibial vein & posterior tibial vein shows normal compressibility & distal augmentation. No intraluminal thrombus / filling defect seen.

  
Dr. Ajay Nandan Vatsa MD.  
Consultant Radiologist

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## Radiograph Left Ankle AP./LAT. View

- Degenerative changes noted.
- Bone shows reduce density.
- Implant seen in fibula bone and medial malleolus.

ADV: Follow up.

Kindly correlate clinically

Dr. Ajay Nandan Vatsa MD.  
Consultant Radiologist

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