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Reg. No	: S-72		
Registration Date	: 10-09-2020 / 04:05 PM	Printed On	: 12-09-2020 - 06:26 P
Patient	: Mr PAWAN GUPTA	Age/Gender	: 56Y / M
Referred By	: Dr RC Garg MBBS GENERAL PHYSICIAN		

Left Ventricle

LVIDd - 4.70cm (20-28 mm/m²) LVIDs - 3.20 cm (13-21 mm/m²)
IVSd - 1.20 cm (6-11mm) PWd - 1.20cm (6 - 11mm)
Ejection Fraction - 40% (67 +/- 8%)

IVS Intact LV clot - Large layered echogenic structure seen at apex 13.7cm² ? LV apical clot

2D : Normal LV size with reduced contractility. Mild concentric LVH.

RWMA : Mid, apical septum, apex, distal 1/3rd of lateral wall & apico inferior wall akinetic.

Left Atrium

Dimension 3.00 cm(PLAX) ;
2D: Normal size LA / LAA clot : Absent

Aorta

Ascending Aorta 2.50 cm (20-27mm/ m 2)
2D: Normal size

Right Ventricle

2D: Normal size with normal contractility

Right Atrium

2D: Normal size

Pericardium

Normal with no pericardial effusion

Mitral Valve : Normal

Tricuspid Valve : Normal

Aortic Valve : Normal

Pulmonary Valve : Normal

Continuous & Pulse Wave Doppler study
DOPPLER STUDY
CONTINUOUS & PULSE WAVE DOPPLER

VALUE	PEAK VEL. (m/sec.)	Maximum PG MmHg	Mean PG MmHg	Regurgitation
MITRAL	E>A	N	N	Mild
AORTIC	N	N	N	Trace
TRICUSPID	E>A	N	N	Trace
PULMONARY	N	N	N	Nil

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Reg. No.	: S-72		
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Patient	: **Mr PAWAN GUPTA**	Age/Gender	: 56Y / M
Referred By	: Dr RC Garg MBBS GENERAL PHYSICIAN		

Mild MR / Trace TR by PW / CW. PASP - 16mmHg.
Trace AR / No PR by PW / CW

Colour Flow Imaging
Mild mitral regurgitation
Trace tricuspid regurgitation
Trace AR / No PR

COMMENTS:

- **Normal LV , LA , Ao , RV & RA size**
- **Mid, apical septum, apex, distal 1/3rd of lateral wall & apico inferior wall akinetic.**
- **Large layered echogenic structure seen at apex 13.7cm² ? LV apical clot**
- **Reduced LV systolic function**
- **Global LVEF = 40%**
- **Mild concentric LVH.**
- **Normal LV & RV diastolic function**
- **All cardiac valves are normal**
- **Mild MR**
- **Trace AR / TR. PASP - 16mmHg.**
- **No MS / TS / AS / PS / PR**
- **Normal pericardium with no pericardial effusion**
- **No LA / LAA clot**

DR. SANGEETA SACHDEVA, MD
Consultant Cardiologist
DMC REG. No. - 11822

Please Correlate Clinically

-- End of Report --

Drafted By *drsangeeta*

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Maharaja Agrasen Hospital
West Punjabi Bagh, New Delhi-110026

CORONARY ANGIOGRAPHY REPORT

Name	:	Mr. Pawan Gupta	**Age/Sex:** 56yrs / M
Date	:	11.09.2020	**Angio No:**
Unit	:	**Cardio I**	
Performed By	:	**Dr B B Chanana**	
Indication	:	**CAD – Unstable Angina**	
Premedication	:	Nil	
Procedure	:	Coronary Angiography	
Arterial Access	:	Right Radial artery	
Medication Admn	:	Inj. Heparin 3000 Units	
Dye Used	:	Omnipaque 76%	
Catheters Used	:	Tiger	
Complication	:	Nil	
Technical difficulties:		Nil	

Board Helpline No.: 011-40777744, 40777555, 40777666, 40777777 E-mail: info@mahdelhi.org Website: www.mahdelhi.org
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Maharaja Agrasen Hospital
West Punjabi Bagh, New Delhi-110026

Mr. Pawan Gupta

Angiographic Findings :

Left main	:	Normal
Left Anterior descending	:	Type III artery, There is 90% narrowing proximally in D2, 99% narrowing in mid-segment with TIMI I flow
Left Circumflex	:	Non Dominant, There is 80% narrowing proximally
Right coronary artery	:	Dominant, There is normal
Final Impression	:	CAD - DVD
Recommendation	:	**PTCA – LAD & LCx**

Dr B B Chananas
MD (Medicine) AIIMS
DM (Cardiology) PGI.CHD
Sr.Interventional Cardiologist

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PERCUTANEOUS CORONARY ANGIOPLASTY REPORT

Name : Mr. Pawan Gupta
Date : 11.09.2020
Indication : CAD – Unstable Angina
Premedication : Tab. Clavix, Tab. Ecosprin
Procedure : Elective PTCA (Multi Vessel)
Arterial Access : Right Radial artery
Medication Administered: Inj. Heparin 6000 Units
Dye Used : Omnipaque Dye 76%
Guide Used : 6F, XB 3.5

Age/Sex: 56Yrs M
PTCA No: 18127

Vessel Done: LAD, LCx
Guide wire used: Sion Blue (0.014" X180 cm)
Thrombosuction: Yes, Thrombuster
Predilatation: 2.25 x 10 mm Sapphire NC at 6 atm
Stent: 2.0 x 21 mm Vivo ISAR stent in LAD, 2.0 x 12 mm Vivo ISAR stent in D1 & 3.0 x 29 mm Everlnax stent in LCx deployed at 10 atm
Post Dilatation: 2.25 x 10 mm Sapphire NC & 2.0 x 10 mm Yukon NC Baloon at 16 atm for 10 sec

Inj. Aggriblok Bolus + Infusion Given

Result : TIMI III flow
Residual nil

Complications: Nil

Impression:

Successful angioplasty and Stenting of LAD & LCx

Dr B B Chanana
MD (Medicine) AIIMS
DM (Cardiology) PGI.CHD
Sr.International Cardiologist

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EP/F-174

महाराजा अग्रसेन अस्पताल
Maharaja Agrasen Hospital
West Punjabi Bagh, New Delhi-110026

Name	: Mr. PAWAN GUPTA	Age/Sex	: 56 Years / Male
IP No	: 2029515 UHID No: 1000833187	Bed No	: HC T 3
D.O.A	: 10/09/2020	D.O.D	: 12/09/2020
Doctor	: Dr.B.B.Chanana,Dr.Subhash Gupta	Unit	: CARDIOLOGY-01

DISCHARGE SUMMARY

Referred By - Dr B B Chanana

DISCHARGE DIAGNOSIS

CAD - Acute Coronary Syndrome
Acute LVF

PROCEDURES INCLUDING DATE

CAG : 11.09.2020
PTCA+ ICS- LCx , LAD & D1 : 11.09.20
Inj Aggriblok Bolus + Infusion Given

CASE SUMMARY

Mr. Pawan Gupta was admitted with c/o one episode of loss of consciousness and ghabrahat & diagnosed to have LVF, all relevant investigations were done and managed with supportive treatment.

Coronary Angiography was done which revealed Double Vessel Disease for which PTCA+ ICS - LCx, LAD & D1 was done successfully.

At the time of discharge, patient's general condition is satisfactory.

COURSE DURING STAY IN HOSPITAL

Uneventful

NON INVASIVE CARDIOLOGICAL PROCEDURES

2 D ECHO:
LAD territory is hypokinesia
LVEF ~40-45%
Suspected apical clot at apex

INVASIVE CARDIOLOGICAL PROCEDURES:

CAG:
LM : Normal
LAd:99%narrowing in mid segment and D1 shows 90%narrowing
LCx: 80%narrowing proximally
RCA:Normal

PTCA+ ICS- LC,LAD& D1 : 11.09.2020

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Reg. No.	: S-6		
Registration Date	: 02-10-2020 / 12:20 PM	Printed On	: 03-10-2020 - 07:58 P
Patient	: **Mr PAWAN GUPTA**	Age/Gender	: 56Y / M
Referred By	: Dr RC Garg MBBS GENERAL PHYSICIAN		

ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

ECHOCARDIOGRAPHIC WINDOW:

2D & M MODE ECHOCARDIOGRAPHY

Left Ventricle

LVIDd - 4.50cm (20-28 mm/m 2)   LVIDs - 3.70 cm (13-21 mm/m 2)
IVSd - 1.20 cm (6-11mm)   PWd - 1.20cm (6 - 11mm)
Ejection Fraction - 30%

IVS Intact   LV clot - Large layered echogenic structure seen at apex 2.7cm^2 ? LV apical clot. Spontaneous echo contrast seen in LV cavity.

2D : Normal LV size with reduced contractility. Mild concentric LVH.

RWMA : Severe LAD territory hypokinesia. Akinetic apical septum.

Left Atrium

Dimension 3.30 cm(PLAX) ;
2D: Normal size   LA / LAA clot : Absent

Aorta

Ascending Aorta 2.70 cm (20-27mm/ m 2)
2D: Normal size

Right Ventricle

2D: Normal size with normal contractility

Right Atrium

2D: Normal size

Pericardium

Normal with no pericardial effusion

Mitral Valve : Normal

Tricuspid Valve : Normal

Aortic Valve : Normal

Pulmonary Valve : Normal

Continuous & Pulse Wave Doppler study
DOPPLER STUDY

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Reg. No.	: S-6		
Registration Date	: 02-10-2020 / 12:20 PM	Printed On	: 03-10-2020 - 07:58 P
Patient	: **Mr PAWAN GUPTA**	Age/Gender	: 56Y / M
Referred By	: Dr RC Garg MBBS GENERAL PHYSICIAN		

CONTINUOUS & PULSE WAVE DOPPLER

VALUE	PEAK VEL. (m/sec.)	Maximum PG MmHg	Mean PG MmHg	Regurgitation
MITRAL	E>A	N	N	Mild
AORTIC	N	N	N	Mild
TRICUSPID	E>A	N	N	Nil
PULMONARY	N	N	N	Nil

Mild MR / No TR by PW / CW
Mild AR / No PR by PW / CW

Colour Flow Imaging
Mild mitral regurgitation
No tricuspid regurgitation
Mild AR / No PR

COMMENTS:

- **Normal chamber size.**
- **Severe LAD territory hypokinesia**
- **Akinetic apical septum**
- **Large layered echogenic structure seen at apex 2.7cm^2 ? LV apical clot. Spontaneous echo contrast seen in LV cavity.**
- **Mild MR**
- **Mild AR. No AS**
- **Severe LV systolic dysfunction**
- **LVEF-30%**
- **Normal LV diastolic function**
- **Normal RV systolic function**
- **No pericardial effusion.**

Dr. Anunai Srivastava,
MD, DM, Consultant cardiologist
DMC Reg. No. - 47783

Please correlate clinically.

-- End of Report --

Drafted By *dranunai*

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Medanta Heart Institute

Dr. Naresh Trehan
Diplomate American Board of Cardiothoracic Surgery
Chairman & Managing Director, Medanta
Chairman, Medanta Heart Institute
Regd. No. DMC - 6693

7.10.20

Patient Name: MR Pawan Gupta

UHID 01771758

Age: 56y Sex: M BP:

Pulse:

RR:

Presenting Complaints:
H/o Syncope

- CAD ACS (4.9.20)
- LVF

Past History:
- CAG — DVD
- P/PTCA → LCX, LAD x3 11.9.20
- LVEF (40-45%) (10.9.20)
- LV apical clot

Family History:
- DM —
- HTN —
- F/H/o CAD

- Covid-19 (-ve) (11.9.20)

Physical Examination:
- 5.10.20 2D Echo
- 2.7 cm - LV apical clot
- Hb 11.6
- Cr 0.83
- Carotids (N) (6.9.20)

Diagnosis:
LVEF 30%

Plan-Investigation Required:
CD
- 2D Echo
- DNR R Kashiwal

[signatures]

Dr. P. K. Garg

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Mr. Pawan Gupta.
56/M.
UHID:- 1711758.

2D Echo:- HR:- 88/min, NSR.

7/10/20

1.) Aneurysmal apex, + ant septum, akinetic mid IVS & ant wall. Rest segments are hypokinetic. LVEF-(25%).
2.) LV (S) dysfunction (+).
3.) Mild conc. LVH, dilated LV (5.4/4.2cm), high normal LA (3.8cm).
4.) MIP- Pseudonormal, ↑ed LVEDP.
5) Mild MR, Thickened aortic cusps with mild AR. no AS.
6.) IVC- normal.
7) Large Layered clot seen at LV apex.
8) No eff/PE.

Manav
Dr. MANU KAUSHIK.
Dr. R.R. Kasliwal

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For Emergency & Ambulance: Dial @ 1068

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Advice:

24 hour holter monitoring
24 ABPM

BP - 120/80
HR - 88/min

Medication Advice:

Drug Name	Dose	Route	Frequency	Duration	Remarks
1. Tab BETALOC	25 mg		ONCE DAILY		
2. Tab FLAVEDON-MR	35 mg		TWICE DAILY		
3. Tab ACITROM	2 mg	ONCE	DAILY AT	6 PM	(TARGET INR 2-3)
4. Tab DEPLATT-A	(75/75)		BEDTIME		
5. Tab CIDMUS	50 mg		TWICE DAILY		
6. Tab ROSUVAS	20 mg		BEDTIME.		

Repeat RFT / INR after 3 days.

Signature: [signature] 7.10.2020.

Date & Time:

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Department of RadioDiagnosis
& Imaging
Dr.Mona Bhatia, MD, FRCR,FSCCT
Head Of Department

Fortis Escorts Heart Institute
Okhla Road, New Delhi - 110025
Tel.: +91-11-47134957
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Patient Information

Name	Pawan Gupta
ID number	10257625
Sex	M
Date of birth	30-May-1964
History	n/a
Report requester	n/a

Short Axis Left Ventricular Functional Analysis

Analyser	n/a	Study date	15-Oct-2020
Session	Functional SA LV - Q1	Scan info	8.1: sBTFE_BH_M2D SENSE
		Stress level	0

No segment scoring performed.

Results (not corrected, corrected)

End diastolic volume	184.1	156.7	ml
End systolic volume	137.8	113.6	ml
Ejection fraction	25.2	27.5	%
Stroke volume	46.3	43.1	ml
Stroke index	28.6	26.6	ml/beat/m²
Cardiac output	3.5	3.3	l/min
Cardiac index	2.2	2.0	l/min/m²

Cardiac MRI with contrast (Gadodiamide 0.5 mmol/ml concentration IV, HAND INJECTION). No contrast related adverse reaction.
Protocol: T2PREP-SSH TRA.SBTFEBH VLA SBTFE BH 4CH, SBTFE- BHM2D, SA, SBTFE BH M2D, 4CH, T2 ATSEBB SA, T2 A STIR BD SA, T1 ATSE BB SA, PD A STIR BB SA, T2 A STIR BB 4CH, DYN STFE 3 SI SA, IR TFE LL2B –SAPSIR-TFE BH SA, PSIR TFE BH 4 CH

Findings

Situs solitus; levocardia
Atrio-ventricular & Ventriculo-arterial concordance
Normal alignment of the cardiac chambers

CARDIAC CHAMBERS:
RIGHT ATRIUM : The chamber measures 3.7. x 4.9 cm with no evidence of contained mass or thrombus.

RIGHT VENTRICLE: The chamber volume is of normal size . No evidence of contained mass or thrombus.

LEFT ATRIUM: The left atrium measures 3.2 x 4.8 cm. No thrombus is identified in either the left atrium or in the atrial appendage. The inter-atrial septum appears intact.

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HEART INSTITUTE

Department of RadioDiagnosis
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Head Of Department

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LEFT VENTRICLE:
Involvement of the mid cavity antero, infero septal, anterior; apical septa, anterior, inferior and lateral and apex myocardium. Evidence of akinetic and dyskinetic segments with associated wall thinning , maximal in the mid cavity septal and apical myocardial wall thinning, 3mm, and perfusion defect with post contrast hyperenhancement, varying from >50% to near transmural myocardial wall thickness. Features consistent with ischemic myocardial infarction with scarring and partial non viability . Wide necked ballooning and aneurysmal change is noted at the midcavity anterior, anteroseptal wall extending to apical region with a shelf like appearance. Apical intracavitory thrombus 4.8 x 4.3 x 2.2 cm. The interventricular septum is intact.
Associated midwall basal anteroseptal thin striae on post contrast enhancement

CARDIAC FUNCTION: Evidence of dilated LV with aneurysmal change and reduced ejection fraction as described above

CARDIAC VALVES:
Trace MR, trace TR, mild AR

PERICARDIAL CAVITY:
Mild pericardial effusion

CHEST FINDINGS:
Left sided aortic arch.
The visualized thoracic aorta is normal in caliber and without aneurysm or dissection.
Main pulmonary artery and its branches are normal in course.

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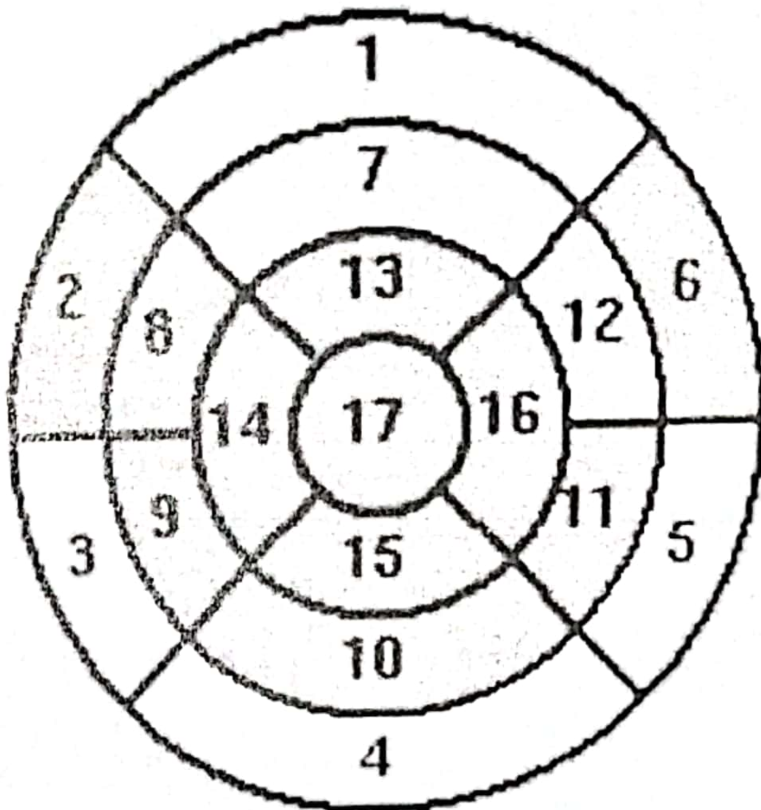

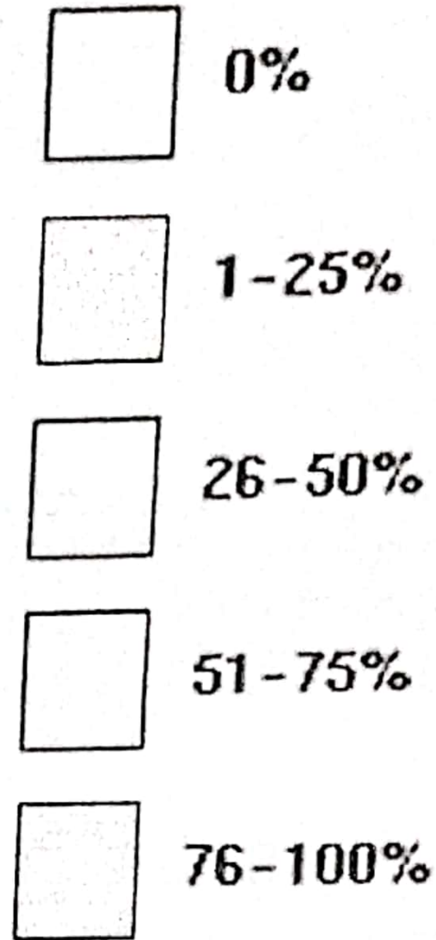

PATIENT INFORMATION:

Pawan Gupta M 30-May-1964
PSIR_TFE_BH SENSE 15-Oct-2020,13:49:49

SESSION INFORMATION:

Spatial Enhancement SA LV : Spatial Enhancement SA LV - Q1

RESULTS SUMMARY

Enhanced volume : 51797 mm^3
Myocardial volume : 140786 mm^3
Percentage enhanced volume : 36 %

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HEART INSTITUTE

Department of RadioDiagnosis
& Imaging
Dr Mona Bhatia, MD, FRCR,FSCCT
Head Of Department

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Overall conclusion

LV: Involvement of the basal anteroseptal, anterolateral, mid cavity antero, infero septal, anterior, inferior and antero, inferolateral, apical septa, anterior, inferior and lateral and apex myocardium. Evidence of akinetic and dyskinetic segments with associated wall thinning , maximal in the mid cavity septal and apical myocardial wall thinning, 3mm, and perfusion defect with post contrast hyperenhancement, varying from >50% to near transmural myocardial wall thickness with involvement of teh inferior papillary muscle. Features consistent with ischemic myocardial infarction with scarring and partial non viability . Wide necked ballooning and aneurysmal change is noted at the midcavity anterior, anteroseptal wall extending to apical region with a shelf like appearance. Apical intracavitory thrombus 4.8 x 4.3 x 2.2 cm. The interventricular septum is intact.

Associated midwall basal anteroseptal thin striae on post contrast enhancement

Trace MR, trace TR, mild AR

Mild pericardial effusion

Features consistent with ischemic involvement of the left ventricular myocardium, ischemic scar component representing 36% of LV myocardium with relative non viability, aneurysmal change, apical intracavitory thrombus

Findings should be considered in conjunction with the entire clinical context and follow up advised.

Date 15-Oct-2020

Dr. Mona Bhatia
MD, FRCR(UK), FSCCT, FSCMR (USA)
Director and Head
Department of Radiology and Imaging

[illegible] legal purpose. 2) Content of this report is only an opinion, not a diagnosis and should be correlated with the clinical findings., Lab & other radiological investigations

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