

From,
Vineeta Vimal,
Additional Principal Judge,
Gonda.

To,
The Registrar General,
Hon'ble High Court of Judicature at
Allahabad.

Through,
The Principal Judge,
Family Court,
Gonda.

Subject: Representation for Premature transfer- Regarding

Sir,
Most respectfully I, Vineeta Vimal, the applicant submits as follows :

1. That I am presently posted as Additional Principal Judge in District Court, Gonda. On promotion to Additional District & Sessions Judge, U.P. Higher Judicial Service, I was transferred from Agra to Gonda vide Hon'ble High Court notification no. 2945/Admin. (Services)/2019 dated 20.08.2019.
2. My husband Mr. Mohit Kumar Shekhar, Regional P.F. Commissioner-I (Employed with Employees Provident Fund Organisation (EPFO), Ministry of Labour & Employment, Government of India) is presently posted in EPFO, Head Office, New Delhi. He was posted in Delhi vide Order no. HRM-I/T-2(2)2016/RPFC-I/104 dated 13.04.2018 (copy enclosed as Annexure-A).
3. **My husband has an All India Transfer liability. In order to maintain family togetherness, he has always been posted at/near my place of posting by his department. He does not have an office in Gonda. We are living separately since April 2018.**
4. I have one son & one daughter namely Master Medhansh Shekhar, who is 9 years old and Ms. Mishti Shekhar, who is about 4 year 6 months old. Both the children need constant care.
5. Although My daughter Mishti Shekhar is about 4 year 6 months of age, **she has been diagnosed with Global Development Delay (GDD) with atypical features and has been recommended for (a) Special education for development of Cognitive skills, (b) Occupational Therapy and Sensory integration (c) Speech therapy for language development.** The medical papers/tests/evaluation by Development Pediatrician from Child Development Clinic, Sir Ganga Ram Hospital, New Delhi are attached.

“Global developmental delay (GDD) is a term used in medical science when children are significantly delayed in their cognitive and physical development. It can be diagnosed when a child is delayed in one or more milestones, categorised into motor skills, speech, cognitive skills and social and emotional development. This is usually done by going through Developmental Screening and Developmental Evaluation which are performed by a **Developmental pediatrician, child psychologist,** or other trained provider with the purpose of identifying and diagnosing



developmental delays and conditions. The delay can usually be overcome with time and support - such as with **physiotherapists, occupational therapists, and speech and language therapists.** **Early intervention is essential to support the child to reach their full potential.”**

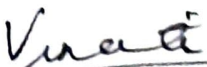
6. As my daughter Mishti Shekhar has been diagnosed with Global Development Delay (**GDD**) at an early age, the early intervention viz proper therapies as recommended by Development Pediatrician is essential to support her to reach her full potential in formative years of her development.
7. At present, there are no development pediatrician, occupational therapist, speech therapist and child psychologist available in Gonda. Pediatrician from District Hospital, Gonda has also recommended further development assessment and therapies which are not possible in Gonda owing to unavailability (Copy of Prescription attached).
8. There are good centres for child development, speech and occupational therapies in NCR/Delhi, which are not available in Gonda. These are the formative years of growth and development of my daughter and my posting near Delhi will possibly bring positive development in her as there are good development and therapies centres available in NCR/Delhi.
9. My mother-in-law aged **63 years** is a **diabetic**, had **open heart surgery** and is continuously on medicines. Presently she is staying with me in Gonda. She is frail and needs constant care. She is getting treatment in Delhi and Ghaziabad hospitals. Medical papers are attached herewith.
10. I am staying with my children and mother-in-law in Gonda, who constantly needs medical attention and in emergent circumstance, it becomes difficult to manage the situation alone as my husband is posted in Delhi. My posting near to my husband's place of posting will certainly help me to dispense my duties more effectively and efficiently whilst taking care of my daughter and mother-in-law who constantly needs proper medical care.
11. For my children's proper upbringing/development, elderly care and family togetherness, it is humbly requested to sympathetically consider my case for transfer and give us the opportunity to stay near each other and work efficiently.

In view of above, it is requested that my transfer may be considered for (1) Gautam Buddha Nagar (2) Hapur (3) Meerut (4) Bulandshahar (5) Baghpat.

Therefore, it is most humbly requested to present my representation for premature transfer before Hon'ble Court for his kind consideration. I shall be highly obliged

Thanking you,

Yours faithfully,


26/11/2020
(Vineeta Vimal)

Additional Principal Judge,
Gonda
ID no: UP1683

Dated : 26-11-2020

Annexures :

As above.

ANNEXURE A

ई/मेल-E-mail: acc2.hr@epfindia.gov.in

दूरभाष / Telephone : 011-26184717
फैक्स / Fax : 011-26164724



कर्मचारी भविष्य निधि संगठन
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
Employees' Provident Fund Organisation
(Ministry of Labour & Employment, Govt. Of India)
मुख्य कार्यालय/ Head Office



भविष्य निधि भवन, 14- भीकाजी कामा प्लेस, नई दिल्ली - ११००६६
Bhavishya Nidhi Bhawan, 14-Bhikaji Cama Place, New Delhi-110066
www.epfindia.gov.in

No. HRM-I/T-2(2)2016/RPFC-I/104

Dated : 13th April 2018

OFFICE ORDER

13 APR 2018

In continuation to the Office Order No. HRM-I/A-8(3) 2017/RPFC-I/724 dated 06th April 2018, regarding promotion to the post of Regional PF Commissioner Gr.I in-situ, the posting/transfer of the following officers on their promotion is ordered as under:

Sl. No.	EID	Name of the Officer	Present Posting	Posting on Promotion
1	VI290475035160206	VINIT KUMAR	NARODA	NARODA
2	MA250281110130206	MOHAMMAD SHARIQ	BAREILLY	BAREILLY*
3	SS041074020140206	SHASHI BHUSHAN KUMAR	CHANDIGARH	RANCHI
4	PN170382124130206	PRAMOD SINGH	HEAD OFFICE	HEAD OFFICE
5	PM100271023210406	POORAN CHANDRA GUPTA	INDORE	JAIPUR
6	II230471077091006	INAKOTI SRIDEVI	ZO (HYDERABAD)	KADAPA
7	SB110973124140206	SUDARSHAN KUMAR	HEAD OFFICE	SHIMLA
8	UP171274124130206	UPENDRA PRATAP SINGH	VARANASI	VARANASI
9	PB010678102130206	PRASHANT SHARMA	VAPI	ZO (AHMEDABAD)
10	KS061279017210406	KARTIKEY SINGH	HALDWANI	HEAD OFFICE
11	AU261275124130206	AJAY KUMAR	HEAD OFFICE	HEAD OFFICE
12	AR070579027130206	AMIT SINGLA	HEAD OFFICE	KARNAL
13	VV040980063210406	VISHAL AGARWAL	KOZHICODE	KOZHICODE
14	BS110980027130206	BHUPENDRA YADAV	LUDHIANA	BANDRA-2
15	SB050174116270406	SUSHANT K. PADHY	KOLKATA	NIZAMABAD
16	MA201076032210406	MIHIR KUMAR	YELAHANKA	ZO (HUBLI)
17	HS011172077130206	HEMONG VENKATESH	BANGALORE	PEENYA
18	AS110177087130206	ANIL KUMAR PRITAM	LUCKNOW	ZO (KANPUR)
19	HM190677025210406	HEMANT M. TIRPUDE	SOLAPUR	SOLAPUR
20	SK260479053210406	SAURABH SWAMI	ROHTAK	HEAD OFFICE
21	MN070676038130206	S. MURUGAVEL	RAJARAJESHWARI NAGAR	RAJARAJESHWARI NAGAR
22	VK051076066210406	VANLAL MUAN	TUMKUR	TRICHY
✓ 23	MC130280124130206	MOHIT KUMAR SHEKHAR	KANPUR	HEAD OFFICE

Self Attested
V. S. S.
Asst. Family Court
GONDA

24	PP131173050210406	PRAVEEN GARHWAL	VATWA	BANDRA-3
25	KJ010274083160206	KUNDAN ALOK	MUZAFFARPUR	GUNTUR
26	YJ250278027210406	YOGESH KUMAR	AMRITSAR	HEAD OFFICE
27	AR220875012130206	AJITESH KUMAR	KEONJHAR	PARK STREET
28	AV130376036210406	ASHWINI KUMAR GUPTA	GWALIOR	GOA
29	MR150277024130206	MANOJ KUMAR	SILIGURI	SILIGURI
30	PN230177059130206	P. SENTHIL KUMAR	TAMBARAM	TAMBARAM
31	SG230574076200206	G. SIVAKUMAR	MYSORE	MYSORE
32	HM010178112210406	HIMANSHU KUMAR	SALEM	SALEM
33	MM150671046190706	RAMKESH MEENA	KARIMNAGAR	ZO (JAIPUR)
34	RP230679004130206	REUBEN W. SYIEM	BERHAMPUR	PATNA
35	JV080680117090506	JAI VADAN INGLE	KANDIVALI-1	COIMBATORE
36	BE160879012210406	BALAKRISHNA NAIK	KADAPA	ZO (COIMBATORE)
37	PR130173098130206	PARITOSH KUMAR	DELHI (NORTH)	ROHTAK

[* One post of RPF-C-I in head office to be operated at RO, Bareilly.]

2. The officers are entitled to TA/DA as admissible under the rules. The officers shall be relieved with immediate effect and shall join their new place of posting within three days without availing joining time.

3. The joining reports will be forwarded to Head Office by the respective Controlling Officers by FAX/email.

4. This issues with the approval of competent authority.

Chandramauli Chakraborty
13.04.2018

(Chandramauli Chakraborty)
Addl. Central P.F. Commissioner (HRM)

To,

The Officers concerned

Copy to: (Through EPFO website)

1. PS to Hon'ble Union Minister of State (IC) for Labour & Employment and Chairman, Central Board for information.
2. Jt. Secretary (SS), MoL&E - for information.
3. FA&CAO/ CVO/Director, PDNASS, Addl. CPFCs (Hqrs.).
4. Addl. CPFCs Head Office/Chief Engineer/All Additional CPFCs, Zones.
5. All Regional Offices including RPF(CASD) and RPF(C/NDC/NRPO).
6. All Officers in Head Office.
7. All Dy. Dir. (Vig.)/Zonal Audit Parties/RPF(Cs), Zonal Training Institutes
8. PS to CPFC.
9. Hindi Section for Hindi version.
10. Personal files of officers concerned
11. ACR/GIS Section, Head Office/Guard file.

Sanjay Bisht
12/4/2018

(Sanjay Bisht)
Regional P.F. Commissioner-I (HRM)

-2-

Sy Aditya
Vaate
26/11/2020
A.P.S./Family Court
GONDIA



SIR GANGA RAM HOSPITAL

Dr. Praveen Suman MBBS, MD (PEDIATRICS), FIAP

Senior Consultant Developmental Pediatrics
Institute of Child Health, Sir Ganga Ram Hospital

Founder & Director : Child Development Clinic
DMC No : 11778

15/1/18

Mishli Shekhar 20 mon / F

BT (35 wk) asc to G₂ mother

B. wt. 2.2 kg

crised immediately after birth.

Started walking - 19 mon.

Adv.

① DD +
MCHAT
+ sensory profile

② special
education.

→ DD. GDD is atypical
features.



CHILD DEVELOPMENT CLINIC

20/1, OLD RAJINDER NAGAR, NEW DELHI - 110060
+91-9811244200 / +91-9555276476
E-mail : childdevelopmentclinicindia@gmail.com
Website : www.childdevelopmentclinic.org



15.1.2018

Mishti Tom: F.

IMRAN NOORANI
Consultant Child & Adolescent Psychologist
CHILD DEVELOPMENT CLINIC
(Center for Developmental & Behavioral Pediatrics)
Institute of Child Health,
Department of Pediatrics,
Sir Ganga Ram Hospital
New Delhi.
01143251623 / 09555276476
imrannoorani.sgmh@gmail.com

Tests:

- 1. BSID
- 2. M-CHAT
- 3. Sensory Profile

↓
IDD with
atypical
features.

Adv:

- 1. Beh. Mod.
- 2. Special Education
- 3. Speech therapy
- 4. OT

Imran Noorani



CHILD DEVELOPMENT CLINIC™
 (Center For Developmental & Behavioural Paediatrics)
 email: childdevelopmentclinicindia@gmail.com
 website: www.childdevelopmentclinic.org
 +91-9811244200 / +91-9555276476



Multi-Disciplinary Child Development Report

Name: Misthi Shekhar
 Age: 1 year 8 months
 Sex: Female

Reg no: 2232628

Date of Birth: 25-04-2016
 Date of Testing: 15-01-2018

Father Name: Mr. Mohit Shekhar
 Mother Name: Mrs. Vineeta Vimal

Residence: U.P
 Contact No: 9005924130
 Email id: mohitkrs@yahoo.com

It was nice having Misthi in our clinic for neurodevelopment assessment. The multi-disciplinary team consisting of Developmental Pediatrician and Child & Adolescent Psychologist assessed the child.

Chief Complaints:

Misthi was brought with the complaint of developmental delay.

Birth History:

- Misthi was born to 2nd gravida mother by LSCS.
- Child was a pre-term baby and birth weight was 2.27 kg.
- Child cried immediately after birth.

Development History:

- Misthi started sitting without support at 10 months of age.
- Child started to walk at 19 months of age.
- Child has history of speech delay.

Behavioral Observation: Rapport with Misthi was formed with ease. The child was responding to single instruction and command. Attention could be aroused but not sustained. The following tests were conducted:

Clinics

Main Center 20/1, Old Rajinder Nagar New Delhi - 110060		V-10/8, DLF Phase-III Gurgaon		Nobel Medicare C-2B / 62 A, Janakpuri, New Delhi - 110058	Pocket 1, DDA Complex Opp. Dilshad Garden Metro Station, East Delhi-110095	B-151, Surya Nagar, Near Amrit Plaza Market, Ghaziabad - 201011	123/10/2, Krishan Kripa Society, 1st Floor, Cross Road Sant Nagar, Burari, Delhi - 84	Wellness Centre, Industrial Plot No. 11, Sector 15A, Faridabad	Dr. K.L. Memorial Child Care Clinic, 87 L, New Colony, Old Gurgaon	A-136, Priyadarshni Vihar, Near Sai Baba Mandir Laxmi Nagar, New Delhi
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Psychological Test Findings: -

I. BAYLEY SCALES OF INFANT AND TODDLER DEVELOPMENT:

The above child had a detailed developmental assessment on the Bayley III. The Bayley consist of 5 scales – the cognitive scale, the language scale, the motor scale, the social-emotional scale and the adaptive behaviour rating scale. It is an individually administered examination that assesses the current developmental functioning of infants and children.

The **cognitive scale** looks at how your child thinks, reacts, and learns about the world around the child.

The **language scale** has two parts: the receptive communication part which looks at how well your child recognises sounds and how much your child understands spoken words and directions; and the expressive communication part which looks at how well your child communicates using sounds, gestures or words.

The **motor scale** has two parts: the fine motor part looks at how well your child can use his or her hands and fingers to make things happen; the gross motor part looks at how well your child can move his or her body.

The **social-emotional scale** measures development in infants and young children by identifying social-emotional milestones that are normally achieved by certain ages.

The **adaptive behaviour rate** asks caregivers to respond to items that assess their child's ability to adapt to various demands of normal daily living.

CHILD was assessed using the Cognitive, Language and Motor Scales.

Developmental Assessment Results:

Subtest	Total Raw Score	Scaled Score	Composite Score	Concerns YES/NO
Cognitive (Cog)	45	4	70	Yes
Language (Lang)				
Receptive Communication (RC)	10	2		
Expressive Communication (EC)	11	2		
Sum		4	53	Yes
Motor (Mot)				
Fine Motor (FM)	30	5		
Gross Motor (GM)	47	6		
Sum		11	73	Yes

2. SENSORY PROFILE:

SECTION SCORES:

S.NO.	SENSORY PROCESSING SECTION	SECTION RAW SCORE	INFERENCE
1.	AUDITORY PROCESSING	37/50	TYPICAL PERFORMANCE
2.	VISUAL PROCESSING	20/35	TYPICAL PERFORMANCE
3.	TACTILE PROCESSING	53/75	TYPICAL PERFORMANCE
4.	VESTIBULAR PROCESSING	20/30	TYPICAL PERFORMANCE
5.	ORAL PROCESSING	20/35	DEFINITE DIFFERENCE(more than others)

QUADRANT SCORES:

S.NO.	QUADRANT	QUADRANT RAW SCORE	INFERENCE
1.	LOW REGISTRATION	44/55	PROBABLE DIFFERENCE(more than others)
2.	SENSATION SEEKING	24/70	PROBABLE DIFFERENCE(more than others)
3.	SENSORY SENSITIVITY	44/55	TYPICAL PERFORMANCE
4.	SENSORY AVOIDING	47/60	TYPICAL PERFORMANCE
5.	LOW THRESHOLD	91/115	TYPICAL PERFORMANCE

3. M-CHAT - Modified Checklist for Autism in Toddlers : FAIL = Risk Score 5

Failing on the test indicates child at risk of a developmental concerns, which calls for early intervention.

The M-CHAT is designed to screen for Autism Spectrum Disorders in toddlers (i.e., over the age of 12 months, and ideally over the age of 18 months).

The M-CHAT does not allow a clinician to make a diagnosis of an Autism Spectrum Disorder, but is a very useful clinical tool that has excellent sensitivity and specificity. Positive results suggest a high risk for an Autism Spectrum Disorder, and may necessitate referral.

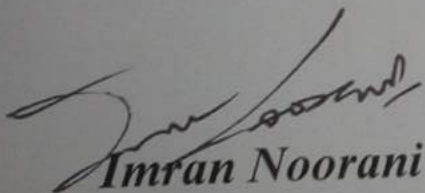
Impression:

GDD WITH ATYPICAL FEATURES

Recommendations:

- Psycho education with parents regarding the current level of the child.
- Special education is recommended for cognitive skills.
- The child needs speech therapy.
- Misthi needs occupational therapy and sensory integration.
- To explore child's assets and build on them there should be an integrated and multidimensional approach from home, school and the therapists for future goals.
- No physical punishment to be encouraged.
- Increased supervised learning to monitor the progress in the child.
- Emphasis on continuous reinforcement and continuous effort on positive feedback.
- REVALUATION AFTER 3 MONTHS.

CHILD DEVELOPMENT CLINIC
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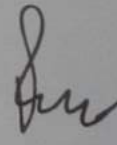

Imran Noorani

RCI No: A36791

09555276476

imnoorani@gmail.com

Consultant Child & Adolescent Psychologist



Dr. Praveen Suman

MCI No: 11257

09811244200

praveensuman@gmail.com

Consultant Developmental Pediatrician

Institute Of Child Health
Department Of Pediatrics
Sir Ganga Ram Hospital New Delhi

Not for medico-legal purpose

Confidential



Babu Ishwar Saran District Hospital
Chedipurwa Station Road
Gonda



UHID: 20200113853

CONSULTING ROOM NO : 31

CLINIC: Paediatric OPD TOKEN NO: 2

DAYS: MON, TUE, WED, THU, FRI, SAT

OUT PATIENT RECORD



EHR ID : 20000834051141023

Name : MISS. MISTHI

Department : Paediatrics

Dept No. : 2020/058/0004677

Date of Registration : 20-11-2020 08:56:43 AM

Unit: UNIT-1

Billing Type : GENERAL

Mobile No. :

Address : GONDA GONDA, UTTAR PRADESH, INDIA

Fees : ₹ 1

Sex : Female

D/O : MOHIT SHEKHAR

Age : 4Y

Email :

Occupation : OTHER

Patient Type : NON MLC Prepared

By : Mr. DILEEP KUMAR SAINI

MC of GDD

Refer to higher center for development
assessment / ENT surgeon for speech
therapy and for vocational therapy


Dr. Babu Ishwar Saran
District Hospital Gonda

Patient Name	: Urmila Shekhar	Patient ID	: 00339792D
Sex / Age	: F / 060Yrs	Accession No.	: 6616332.11
Modality	: CR	Scan Date	: 12-12-2018
IPID No	: DLOP02914000	Report Date	: 12-12-2018
Chest X-ray (PA View)			

(Post Operative)

Cardiac size within normal limits
Unfolding of aorta.
Patchy opacities seen in right lung.
Bilateral costophrenic angles clear.

Please correlate clinically



Dr. Suvira Gupta
Consultant

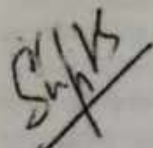


NABH Accredited

Name:	URMILA SHEKHAR	UHID:	00339792
Age / Sex:	057Yrs / F	Order No / Order Date:	2910794.3 / 01-12-2015
Doctor:	Dr. DR. Z S MEHARWAL	Reporting Date:	01-12-2015

CHEST X-RAY (PA VIEW)

(Post Operative)
Cardiomegaly seen.
Aorta is unfolded.
Bilateral lung fields are clear.
Bilateral costo phrenic angles are clear.
Please evaluate for hypertension & correlate clinically.



Dr. Suvira Gupta

(Consultant)



2D ECHO DOPPLER REPORT

Name : URMILA SHEKHAR	Age : 56 yr	Sex : Female
Lab No : 19	Date : 04-12-2014	Regn No : 00339792
Clinical Diagnosis : Post AVR		Tape No : 1438

PROCEDURES :

MEASUREMENTS

		Normal
Aortic Annulus	-	
Aortic root diameter	2.9 cm	2.0 - 3.7 cm < 2.2 cm
Aortic valve opening	-	1.5 - 2.6 cm
Right ventricular dimension	-	0.7 - 2.6 cm < 1.4 cm
Right ventricular thickness	-	0.3 - 0.9 cm
Left atrial dimension	3.6 cm	1.9 - 4.0 cm < 2.2 cm
Left ventricular ED dimension	4.0 cm	3.7 - 5.6 cm < 3.2 cm
Left ventricular ES dimension	2.6 cm	2.2 - 4.0 cm
Interventricular septal thickness	ED 1.0 cm ES 1.4 cm	0.6 - 1.2 cm
Left vent PW thickness	ED 1.0 cm ES 1.4 cm	0.5 - 1.0 cm

INDICES OF LEFT VENTRICLE FUNCTION

LV Ejection Fraction	60 %	55 - 75 %
LV Mass	-	-



Name : URMILA SHEKHAR

Lab No : 19

Regn No : 00339792

DOPPLER & COLOR FLOW

Aortic Valve (Prosthetic)			
Max/Mean Velocity	234 / 181 cm/sec	Aortic Stenosis	Nil
Max/Mean PG	22 / 14 mmHg	Aortic Regurgitation	Nil
AVA Planimetry/CE	/ cm ²	Prosthetic Valve	---
AR Jet/LOVT Height	/ cm	Paravalvular Leak	Nil
AR Jet PHT	msec		
Mitral Valve (Native)			
MV E/A Velocity	/ cm/sec	MV dtE	msec
Max/Mean Velocity	147 / 106 cm/sec	Mitral Stenosis	Nil
Max/Mean PG	9 / 5 mmHg	Mitral Regurgitation	Nil
MV PHT	msec	MR Jet Area	cm ²
MVA by Planimetry	cm ²	Paravalvular Leak	Nil
MVA by PHT	cm ²		
Tricuspid Valve (Native)			
Max/Mean Velocity	56 / cm/sec	Tricuspid Stenosis	Nil
Max/Mean PG	/ mmHg	Tricuspid Regurgitation	Trace
TVA by PHT	cm ²	TR Jet Area	cm ²
		RVSP	29 mmHg





ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

NAME: MRS. URMILA SHEKHAR	AGE: 61Yrs	OPD	DATE : 09/09/2017
REFERRED BY: DR. RMO			REG. NO. : 281454 BILL. NO. : 18/99409

CHAMBER QUANTITATION:-

	ABSOLUTE VALUE	NORMAL VALUE <i>(As per BSA)</i>
IVS (ed)	1.1 cm	(0.6 – 1.1cm)
LVID (ed)	3.6 cm	(3.5 – 5.6cm)
LVPW (ed)	1.2 cm	(0.6 – 1.1cm)
IVS (es)	1.3 cm	(1.1 – 1.8cm)
LVID (es)	2.6 cm	(2.0 – 4.0cm)
LVPW (es)	1.4 cm	(1.1 – 1.8cm)
RV (ed)	2.2 cm	(0.7 – 2.3cm)
LA (es)	3.3 cm	(2.0 – 4.0cm)
Aortic root (es)	3.0 cm	(2.0 – 4.0cm)
Aortic Valve Opening	1.9 cm	

MORPHOLOGY:-

1. VENTRICLES:-

- **Left Ventricle:** Borderline concentric LVH seen. Normal left ventricular systolic function with no evidence of regional wall motion abnormalities. Left ventricular ejection fraction is 55%.
- **Right Ventricle:** Right ventricular chamber size was normal with normal wall thickness. Normal right ventricular systolic function with no evidence of regional wall motion abnormalities.

2. ATRIUMS:-

- **Left Atrium:** Left atrium was normal in size with no masses.
- **Right Atrium:** The right atrium was normal in size with no masses.

3. GREAT VESSELS:-

- **Aorta:** The aorta appeared to be normal.
- **Pulmonary Artery:** Normal in size



4. CARDIAC VALVES:-

- **Mitral Valve:** Mitral valve appear thickened and calcific with restricted movement of leaflets
- **Aortic Valve:** Prosthetic heart valve seen.
- **Pulmonary Valve:** Pulmonary appear normal in structure & function.
- **Tricuspid Valve:** Normal mobility of the tricuspid leaflets.

5. OTHERS:-

- **Pericardium:** Normal pericardium. No pericardial effusion
- **IVC:** Normal in size with normal respiratory variation.
- **Septum:** Intact interatrial & Interaventricular septum motion.

COLOUR FLOW IMAGING & DOPPLER:-

VALVE	MAXIMUM VELOCITY	m/sec	GRADIENT (mmHg)	REGURGITATION
MITRAL	E = 1.71 (0.5-1.0 m/sec)	A = 1.50 (0.3-0.8 m/sec)	Max PG = 11.6 mmHg Mean PG = 3.6 mmHg	TRACE
AORTIC	2.56	(1.0 - 1.7 m/sec)	Max PG = 25.1 mmHg Mean PG = 15.3 mmHg	NIL
TRICUSPID	0.43	(0.5 - 1 m/sec)	NIL	NIL
PULMONARY	0.92	(0.6 - 0.9 m/sec)	PADP = 9 mmHg	TRACE

IMPRESSION: -

- Normally functioning prosthetic heart valve at aortic position, Mild Mitral stenosis with Trace MR (MVA 1.2 cm² by PHT), (Max PG = 11.6 mmHg/Mean PG = 3.6 mmHg), Trace TR with Mild PAH (PADP = 9 mmHg).
- No LV RWMA, overall LVEF = 55%.
- Borderline concentric LVH.
- Grade I LV diastolic dysfunction.
- No Shunt/pericardial pathology/Clot/Vegetation.

DR. DHIRENDRA SINGHANIA

MD, DM (Cardiology)

FACC, FESC

Sr. Consultant -Cardiologist

Prepared by: Sachin

The color Doppler Echocardiography findings should always be considered in correlation with clinical and other investigation findings wherever applicable.

**YASHODA SUPERSPECIALITY HOSPITAL
H-1, KAUSHAMBI, GZB.**

Name **MRS. URMILA SHEKHAR**
Sex **Female**

Patient Id **281454**
Date **09/09/2017**

Image 1

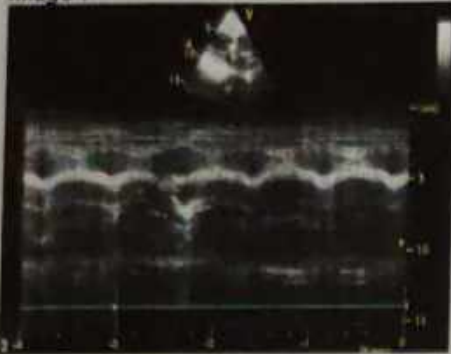


Image 2

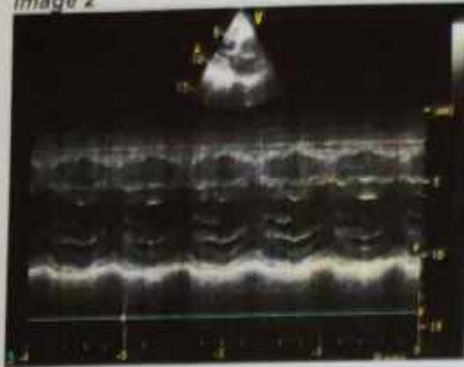


Image 3

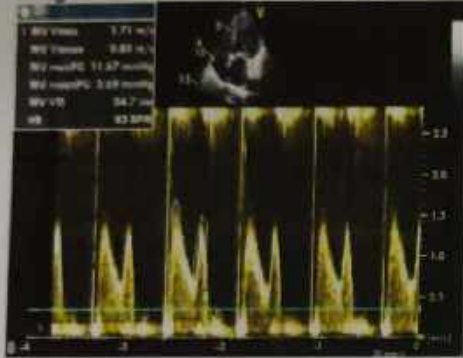


Image 4

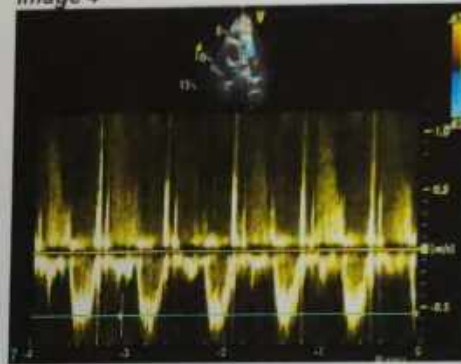


Image 5

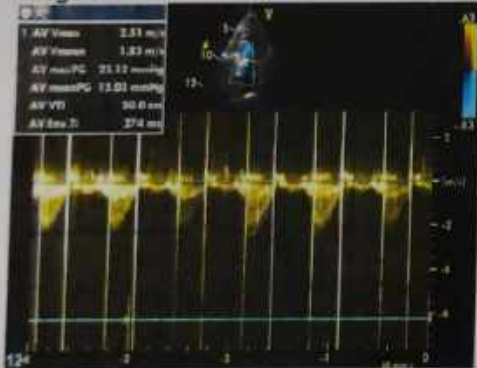
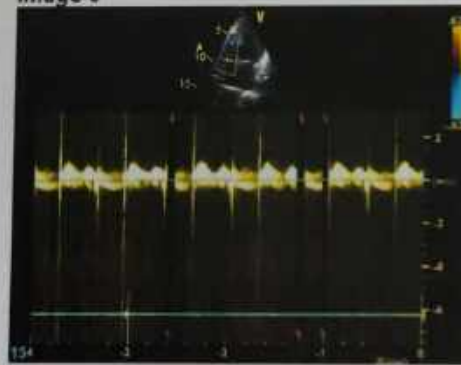


Image 6





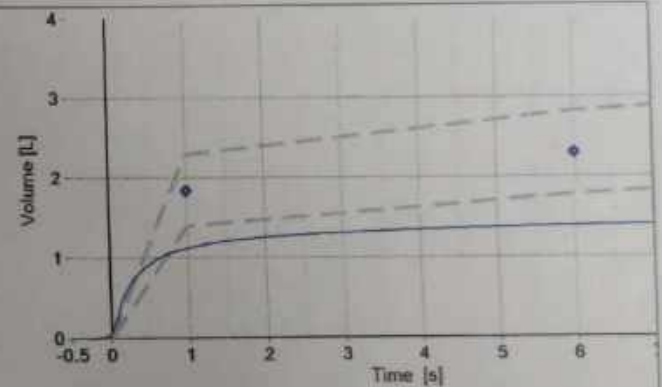
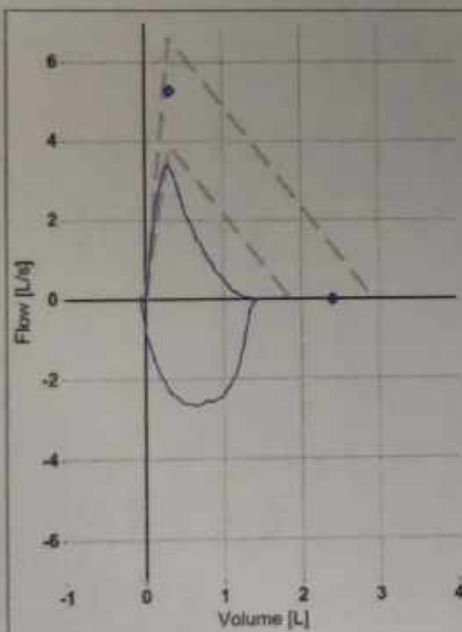
Patient Information

Name MR. URMILA SHEKHAR
ID 281454
Age 61
Height 146 cm
Weight 56 kg
Gender Female
Ethnicity Asian
Asthma No
Smoker No

Test Type FVL (ex/in)
Test Date 09-09-2017 12:14:48
Interpretation GOLD(2008)/Hardie
Predicted NHANES III * 0.95
Value Selection Best Value

Parameter	Pred	LLN	Pre		%Pred
			Best	Trial 3	
FVC [L]	2.39	1.86	1.40*	1.40*	59
FEV1 [L]	1.84	1.40	1.12*	1.12*	61
FEV1/FVC [%]	77.8	68.0	79.7	79.7	102
FEF25-75% [L/s]	1.95	0.95	1.07	1.07	55
PEF [L/s]	5.29	3.91	3.42*	3.42*	65
FET [s]	-	-	6.9	6.9	-
FIVC [L]	2.39	1.86	1.47*	1.44*	61
PIF [L/s]	-	-	3.10	2.66	-

* Indicates value outside normal range or significant post change.



COMMENTS:- Mixed ventilatory defect & moderate restriction.

Advice: Diffusion capacity for further evaluation.