

(A Unit of Metro Institute of Medical Sciences Pvt.Ltd.) CIN No:- U00000 DL 1990 PTC 039293 (NABH, & ISO 9001: 2008 Certified)

CARDIOLOGY

ECHOCARDIOGRAM REPORT Bedside

NAME: Mr. Irshad

AGE/SEX:55/M

ECHO NO. :164473

REFERRING DIAGNOSIS: CAD, IWMI,

DATE: 24/07/2023

REFERRING PHYSICIAN: Dr. S.Saxena

Echogenecity: Adequate

DIMENSIC	ONS	NORMAL			NORMAL
LA (es) RVID(ed) LVID(ed)	3.0 cm 2.1 cm 4.8 cm	(2.1 - 3.7 cm) (2.1 - 3.7 cm) (1.1 - 2.5 cm) (3.6 - 5.2 cm) (2.3 - 3.9 cm)	LVPW (ed) EF	1.4 cm 40%	(0.6 - 1.2 cm) (0.6 - 1.2 cm) (62% - 85%) (28% - 42%)

MORPHOLOGICAL DATA

Mitral Valve : AML : Normal

Interatrial septum

: Intact

PML: Normal

Interventricular Septum: Intact

hypertrophied

Aortic Valve

: Normal

Pulmonary Artery

: Normal

Tricuspid Valve

: Normal

Aorta

: Normal

Pulmonary Valve

Hortu

, annonary care

: Normal

Right Atrium

: Normal

Right Ventricle

: Normal

Left Atrium

: Normal

Left Ventricle

: Normal in size

MHHI/CL/0115/Rev.No.02

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2-D ECHOCARDIOGRAPHY FINDINGS:

LV normal in size with hypokinetic inferior lateral LV wall. LV shows mild concentric hypertrophy. Rest other segments show adequate contractions. RV normal in size with adequate contractions. LA and RA normal. All cardiac valves are structurally normal. IVC normal. Normal respiratory variation. Pericardium normal. No intracardiac mass. Estimated LV ejection fraction is 40%.

COLOR FLOW MAPPING:

No valvular regurgitation.

DOPPLER STUDIES:

MVIS E < A

Peak systolic velocity across aortic valve No AS/AR/MS/MR/TS/TR/PS/PR

= 1.0 m/sec.

IMPRESSION:

- 1. LV normal in size with mild systolic dysfunction (LVEF = 40%).
- 2. LV regional wall motion abnormality (as described in text).
- 3. Mild concentric left ventricular hypertrophy.
- 4. Grade I LV diastolic dysfunction.
- 5. RV normal in size with adequate systolic function.

Done by : DR. SANJEEY SAXENA

MD, DM, (Cardiology), FACC, FESC, FSCAI

CONSULTANT CARDIOLOGIST

<u>NOTE</u>: Echocardiography report given is that of the procedure done on that day and needs to be assessed in conjunction with the clinical findings. This is not for medicolegal purposes. No record of this report is kept in the hospital.