

GEETANJALI HOSPITAL

270, Gurudwara Road, Near Post Office, Model Town, Hisar, Haryana eetanjalihospitalhisar@gmail.com | @www.geetanjalihospitalhisar.com

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H-2020-0688 Jan 11, 2023 - Jan 10, 2027 Since Jan 11, 2020

Name: Mr. Sunil

Order From : OPD Ref. by: Lotus Diagnostic **AGE: 42 Y/M**

Receipt No: 3036

Echogenecity: Adequate

Lab. No. 3736

DATE: 23.10.2024

Time of Test: 01:18 PM

Referring diagnosis: Cardiac evaluation

TRANS THORACIC ECHOCARDIOGRAPHY/DOPPLER REPORT

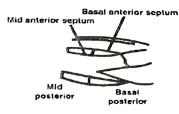
M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.13 cn	n 3.7-5.6 cm
Left Ventricular ES Dimension	2.91 cr	n 2.2-4.0 cm
IVS (D)	1.26 cr	n 0.6-1.2 cm
IVS (S)	1.36 cr	n 1.0-1.5 cm
LVPW (D)	1.26 cr	n 0.6-1.2 cm
LVPW (S)	1.26 cr	n 1.0-1.5 cm
Aortic Root Diameter	2.96 cr	n 2.0-3.7 cm
LA Diameter	3.79 cr	n 1.9-4.0 cm
RV Dimension	1.69 cr	n 0.7-2.6 cm

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	56 %	55-80%
Fraction Shortening	29 %	28-42%

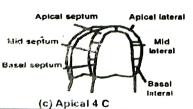
LV Diastolic Function

Mitral Inflow Pattern	Patient	Normal Value
E Wave	0.77 m/s	0.85±0.16
A Wave	0.63 m/s	0.56±0.12
E/A	1.22	1.06±0.5
DT	168.43 ms	160-200ms
MVA(PHT method)	5.03 cm ²	3.5-5.5cm ²

LV Regional Wall Motion Analysis: As described in the context



(a) PLAX



Mid anterior septum Mid septum Mid nterior Mid lateral Mid. interior Mid (b) SAX (Papillary M)

Apical Apical anterior Mid anterior inferior Basal anterior interio

(d) Apical 2 C Patient's identity can not be ascertained at present, so this report can not be used for MLC case.

of 2

mer: Size & position of renal calculi may differ on different occasions, • Ureteric calculi may not be visible in absence of hydronephrosis. • Gall stones may not be visible in contracted state. • General calculi may differ on different occasions, • Ureteric calculi may not be visible in absence of hydronephrosis. • Gall stones may not be visible in contracted state. • al anomalies may not be detectable on routine obstetric scan. • For some foetal anomalies, serial ultrasound examination are required. • For Gynecological disease, transvarious may not be detectable on routine obstetric scan. • For some foetal anomalies, serial ultrasound examination are required. • For Gynecological disease, transvarious may not be detectable on routine obstetric scan. • For some foetal anomalies, serial ultrasound examination are required. • For Gynecological disease, transvarious may not be detectable on routine obstetric scan. • For some foetal anomalies, serial ultrasound examination are required. • For Gynecological disease, transvarious may not be detectable on routine obstetric scan. • For some foetal anomalies, serial ultrasound examination are required. • For Gynecological disease, transvarious may not be detectable on routine obstetric scan. • For some foetal anomalies, serial ultrasound examination are required. and (TVS) shows better results. Not valid for medico legal purposes, off the result (s) is/are alarming or unexpected, the patient/consultant is advised to contact Centre immediately for a This is only. • This is only a professional opinion, it may kindly be correlated clinically. • No procedure/surgery is advised on the basis of this report only. • This Report is for the purpose of doctor only.



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M-MODE/2-D DESCRIPTION: -

- 1. Left ventricle: It is normal in size. The wall show's mild concentric hypertrophy. No regional wall motion abnormality seen. LVEF 56%. Mitral Valve inflow pattern reveals E>>A & TDI pattern E'<A' suggestive of Type-II LV Diastolic dysfunction.
- 2. Left atrium: It is normal in size.
- 3. Right atrium: It is normal in size.
- 4. Right ventricle: It is normal in size. RV systolic function is normal.
- 5. Aortic valve: Aortic cusps are normal. No evidence of Aortic stenosis.
- 6. Mitral valve: Opens normally. Subvalvular apparatus appears normal. No evidence of Mitral stenosis.
- 7. Tricuspid valve: It appears normal.
- 8. Pulmonary valve: It appears normal.
- 9. Main pulmonary artery & its branches: Appears normal.
- 10. Pericardium: No pericardial effusion is seen.
- 11. No cardiac congenital anomaly is seen.
- 12. No intracardiac mass/vegetation/thrombus is seen.
- 13. IVS/IAS: Intact.
- 14. Pulse Rate- 90 beats per minute.
- 15. IVC is not dilated in size & Collapse >50% with Inspiration s/o RA pressure of 05mmHg.

IVC COLLAPSIBILITY INDEX:

Max Diameter: 0.83 Cm, Min. Diameter: 0.10 Cm, Index: 87%

Doppler/CFM Findings:				
Peak Velocity (m/sec)	Peak Gr (mmHg)	Mean Gr (mmHg)	Regurgitation	
		-	Nil	
-	-	-	Nil	
		-	Nil	
-	-	-	Nil	
	Peak Velocity (m/sec)	Peak Velocity (m/sec) Peak Gr (mmHg)	Peak Velocity (m/sec) Peak Gr (mmHg) Mean Gr (mmHg)	

FINAL INTERPRETATION:

No regional wall motion abnormality LVEF - 56%.

Normal sized RV chamber in dimensions.

Type-II LV Diastolic dysfunction. Mild concentric LVH

No intracardiac clot/mass pathology.

	Name	Signature	Date & Time
Echocardiographer	Dr. Anshul Jain	AM	23.10.2024; 02:20 PM

NOTE: This is just a professional opinion. The findings should be clinically co-related. These are the findings on the day of test. This report is not valid for any medico-legal Purposes. No record of this report is kept in the hospital.

Report Typed By:- Mr. Abhishek (Emp. ID - 629)

Page 2 of 2

Patient's identity can not be ascertained at present, so this report can not be used for MLC Case.

Contracted state.

Size & position of renal calculi may differ on different occasions.

Ureteric calculi may not be visible in absonce of hydronephrosis.

Gall stones may not be visible in contracted state.

Size & position of renal calculi may differ on different occasions.

Or some foetal anomalies may not be detectable on routine obstetric scan.

For some foetal anomalies, serial ultrasound examination are required.

For Gynecological disease, transvaginal section.

This is only a professional opinion, it may kindly be correlated clinically.

No procedure/surgery is advised on the basis of this report only.

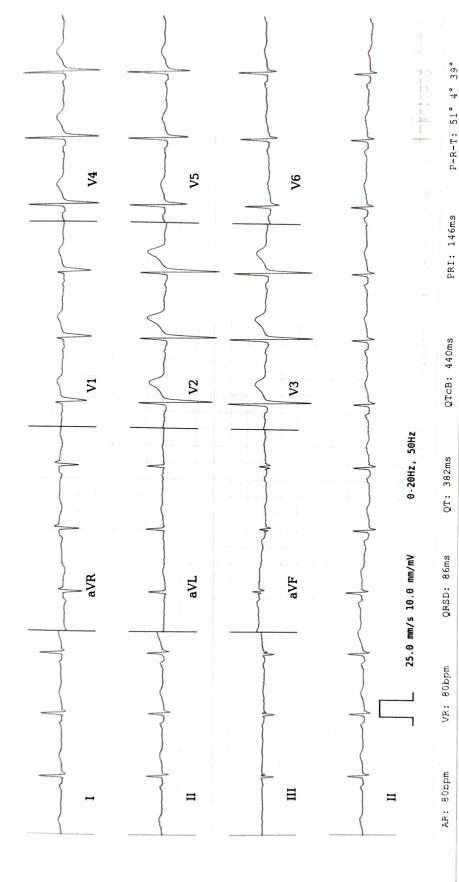
This Report is for the purpose of doctor only.



Age / Gender: 42/Male
Patient ID: 0000232024

Date and Time: 23rd Oct 24 10:56 AM

SEETANJALI HOSPITAL HISAK HAKYANA I



ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

KMC129110

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



Lotus Diagnostic & Imaging Centre A Unit of Lotus Diagnostic & Imaging Solution Pvt. Ltd. HB से लेकर MRI तक एक ही छत के नीचे

PATIENT NAME: SUNIL SONI

REF. BY: TPA

AGE/SEX: 42 YRS/M DATE: OCTOBER 23, 2024

USG WHOLE ABDOMEN

Liver: normal in size and shows mild fatty changes. No focal area of altered echogenicity is seen. IHBR not dilated. CBD is normal in diameter.

GB: is normal, Wall thickness is normal.

Pancreas: head and body shows normal size and parenchymal attenuation.

Spleen: normal in size and normal echotexture.

Right Kidney: measures 10.3 x 5.6 cm, is normal in position, size and morphology. No evidence of any calculus detected. Pelvi calyceal system is normal. CMD is maintained.

Left Kidney: measures 6.8 x 3.4 cm, is small & contracted. No evidence of any calculus detected. Pelvi calyceal system is normal. CMD is maintained.

Urinary Bladder: is partially full however appears normal.

Prostate: normal in size and echotexture.

No obvious abnormal bowel dilatation or wall thickening is seen in present scan.

No free fluid seen.

IMPRESSION: - Mild fatty changes in liver, Small & contracted left kidney.

Clinical correlation and further evaluation is suggested.

Dr. Ram

Radiologist

Dr. Rambaksh Sharma **Consultant Radiologist** Dr. Guruprasad Mehetri Consultant Radiologist Dr. Rajesh Reddu Consultant Radiologist Dr. Sulekha Singh Consultant Pathologist



PATIENT NAME: SUNIL SONI

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X-RAY CHEST PA VIEW

- Bilateral lung parenchyma appears normal.
- Bilateral domes of diaphragm and costophrenic angles are normal.
- Cardiac and mediastinal shadow appear normal.
- Bilateral hila appear normal.
- Bony thorax and soft tissue appear normal.

Advised: Clinical correlation

Dr. Rambaksh Sharma
Consultant Radiologist

Dr. Guruprasad Mehetri
Consultant Radiologist

Dr. Reference Consultant Radiologist

Dr. Sulekha Singh Consultant Pathologist