



# GEETANJALI HOSPITAL

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

+91-99925-64300, +91-90680 23930



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

Name: Mr. Sunil	AGE: 42 Y/M	Lab. No. 3736
Order From : OPD	Receipt No: 3036	DATE: 23.10.2024
Ref. by: Lotus Diagnostic	Echogenicity: Adequate	Time of Test: 01:18 PM

Referring diagnosis: Cardiac evaluation

## TRANS THORACIC ECHOCARDIOGRAPHY/DOPPLER REPORT

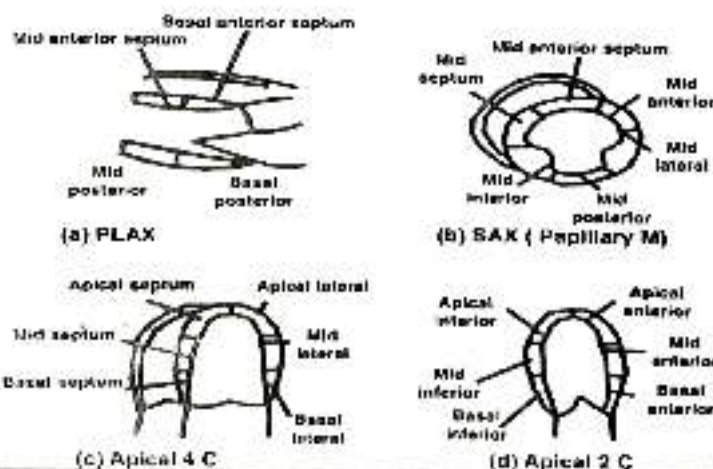
M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.13 cm	3.7-5.6 cm
Left Ventricular ES Dimension	2.91 cm	2.2-4.0 cm
IVS (D)	1.26 cm	0.6-1.2 cm
IVS (S)	1.36 cm	1.0-1.5 cm
LVPW (D)	1.26 cm	0.6-1.2 cm
LVPW (S)	1.26 cm	1.0-1.5 cm
Aortic Root Diameter	2.96 cm	2.0-3.7 cm
LA Diameter	3.79 cm	1.9-4.0 cm
RV Dimension	1.69 cm	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 <sup>2</sup>	3.5-5.5cm <sup>2</sup>

### LV Regional Wall Motion Analysis: As described in the context



Patient's identity can not be ascertained at present, so this report can not be used for MLC Case. Page 1 of 2

\* Size & position of vessel calculi may differ on different occasions. \* Aortic calculi may not be visible in absence of hydropericardic. \* Gall stones may not be visible in contracted state. \* Regional examination may not be detectable as routine obstetric scan. \* For cone (fetal anomalies), serial ultrasound examination are required. \* For Gynaecological disease, transvaginal ultrasound (TVS) shows better results. \* Not valid for medico legal purposes. \* If the result (s) is/are alarming or unexpected, the patient/consultant is advised to contact Centre immediately for a second opinion. \* This is only a professional opinion. It may/should be correlated clinically. \* No procedure/surgery is advised on the basis of this report only. \* This Report is for the purpose of doctor only.



# GEETANJALI HOSPITAL

270, Gurudwara Road, Near Post Office, Model Town, Hisar, Haryana

geetanjalihospitalhisar@gmail.com | www.geetanjalihospitalhisar.com

+91-99925-64300, +91-90680 23930



H-2020-0688

Jan 11, 2023 - Jan 10, 2027

Since Jan 11, 2020

Name: Mr. Sunil      AGE: 42 Y/M      Lab. No. 3736      DATE: 23.10.2024 ...2...

### 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:

Valve	Peak Velocity (m/sec)	Peak Gr (mmHg)	Mean Gr (mmHg)	Regurgitation
Mitral Valve			-	Nil
Aortic Valve	-	-	-	Nil
Tricuspid Valve			-	Nil
Pulmonary Valve	-	-	-	Nil

### 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		23.10.2024 ; 02:20 PM

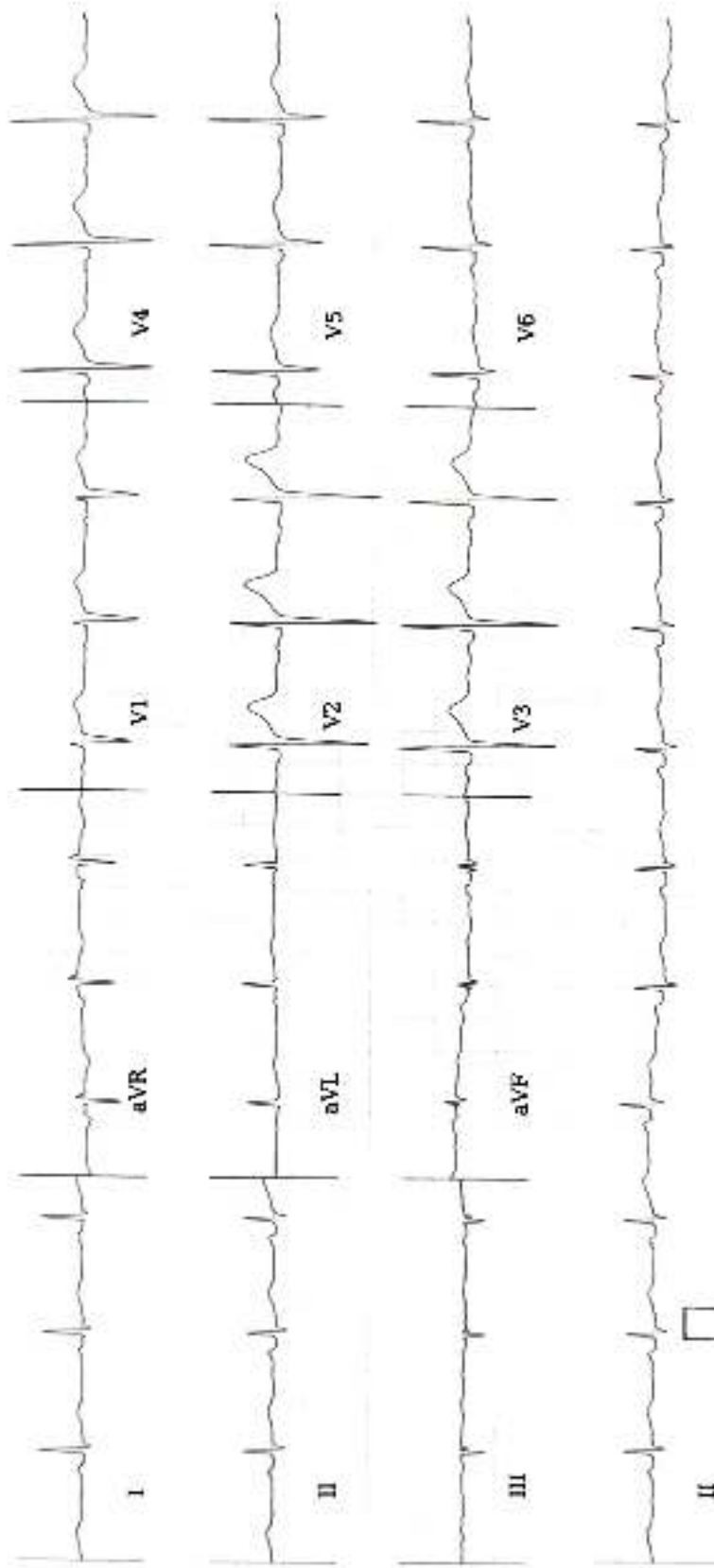
NOTE: This is just a professional opinion. The findings should be clinically co-related. These are the findings on the day of test. This report is not valid for any medico-legal Purposes. No record of this report is kept in the hospital.

Report Typed By - Mr. Abhishek (Emp. ID - 529)

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

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. • Renal calculi may not be detectable on routine ultrasonic scan. • For some fetal anomalies, serial ultrasound examination are required. • For Gynecological diseases, transvaginal ultrasound (TVS) shows better results. • Not valid for medico-legal purposes. • If the result (s) is/are alarming or unexpected, the patient/consultant is advised to contact Centre immediately for a second. • 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.





Rate: 80bpm VS: 90bpm QRS: 88ms QT: 392ms QTc: 403ms PR: 148ms P-R-T: 51° 4° 39°

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

REPORTED BY

*[Signature]*

Dr. Anindya B

Disclaimer: Analysis is for reference only and should not be used as a substitute for clinical history. Interpretation and results of other tests are not to be interpreted by a qualified doctor.

KNCV18.1



# 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.

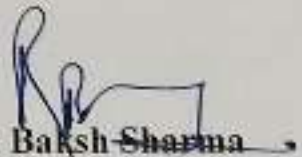
**Prostate:** normal in size and echotexture.

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 Baksh Sharma  
Radiologist

Dr. Rambaksh Sharma  
Consultant Radiologist

Dr. Guruprasad Mehetri  
Consultant Radiologist

Dr. Rajesh Reddu  
Consultant Radiologist

Dr. Sulekha Singh  
Consultant Pathologist



# 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: 42YRS/M  
DATE: OCTOBER 23, 2024

## 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. Rajesh Reddy  
Consultant Radiologist

Dr. Sulekha Singh  
Consultant Pathologist