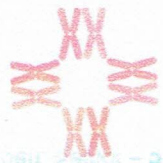


CARDIOLOGY TEAM



CK BIRLA
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HMC No. HN 4521

Patient Name:-

Date:-

Age/ Gender :-

10/13/23

Capt. Rajan Bhandwaj

46y. Male.

DM/HTN
IMD - ANMI
CAD: Noncritical CAD
Mild LV dysfunction

Labs:

HbA_{1c}: 9.8%

Tg: 119mg%

Ldl: 91

HDL: 38

P Cap. Rosuva Gold 75/75/20mg OD
Tab. Xarelto 2.5mg BD
Tab. Metolol XR 50mg OD
Cap. Pausac 40/30mg OD 7AM
Tab. Colchicine 0.5mg OD

AD
ABF
+D
1
1
1
1

Tab. Rybelsus 3mg OD Before Breakfast

Tab. Dianicion XR MEX 60/50mg Before Lunch

Tab. Glyxambi 5/25mg Before Dinner

30 days

Compared to previous evaluation

- 1) LFT / RUMA is same
- 2) Lipids / HSCRP are target
- 3) Sugar control meds to be better, new medication has been started and meds to be reassessed after 90 days.

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Registered Office Birla Tower, 8th floor, 25 Barakhamba Road, New Delhi 110001, India
CIN No. U74140DL2014PTC272562



ECHOCARDIOGRAPHY REPORT

Patient Name: Mr Rajan Bhardwaj

Age/Sex: 46 Yrs 11 Months / Male

MRN No. : CKBHG0000127652

Ref. Doctor :Dr. Sanjat Chiwane

Date :10.03.2023

Study By: Dr. Sanjat Chiwane

MITRAL VALVE

Morphology **AML - Normal** / Thickening/Calcification/ Flutter/ Vegetation/ Prolapse/ SAM/ Doming
PML - Normal / Thickening/ Calcification/ Mild Prolapse/ Paradoxical motion/ fixed.
Sub valvular deformity Present/ **Absent** Score:

Doppler Normal/**Abnormal** E>A **A>E**
Mitral Stenosis Present/**Absent** RR interval.....msec
EDG.....mmHg MDG.....mmHg MVA.....cm²
Mitral Regurgitation **Absent** /Trivial/Mild/Moderate/Severe

TRICUSPID VALVE

Morphology **Normal**/ Atresia/Thickening/ Calcification/ Prolapse/ Vegetation/ Doming
Doppler Normal/ **Abnormal**
Tricuspid Stenosis Present/ **Absent** RR interval.....
EDG.....mmHg MDG.....mmHg
Tricuspid Regurgitation: Absent/ **Trivial**/ Mild/ Moderate/ Severe Fragmented signals
Velocity.....m/sec Pred. PASP = RAP + **24** mmHg

PULMONARY VALVE

Morphology **Normal**/ Atresia/ Thickening/ Doming/ Vegetation
Doppler **Normal**/ Abnormal
Pulmonary Stenosis Present/**Absent** Level Valvular and Sub valvular
PV Max = ____ m/sec PSG.....mmHg Pulmonary annulus.....mm
Pulmonary Regurgitation Present/ **Absent**
Early diastolic gradient.....mmHg End Diastolic Gradient.....mmHg

AORTIC VALVE

Morphology **Normal**/ Thickening/ Calcification/ Restricted Opening/ Flutter vegetation
No. of cusps 1/2/3/4
Doppler **Normal**/ Abnormal
Aortic Stenosis Present/Absent Level
AV Max = ____ m/sec Aortic Annulus.....mm
Aortic Regurgitation **Absent** / Trivial/ Mild/Moderate/ Severe



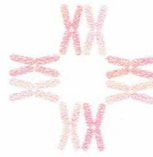
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<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal Values</u>
Aorta- 2.8	(2.0-3.7 cm)	LAes- 3.6	(1.9-4.0 cm)
LVes- 3.8	(2.2-4.0 cm)	LVed- 5.0	(3.7-5.6 cm)
IVSed-1.1	(0.6-1.1 cm)	PW (LV)-1.0	(0.6-1.1 cm)
RV ed	(0.7-2.6 cm)	RV anterior wall	(up to 5 mm)
LVVd (ml)		LVVs (ml)	
EF 45 %	(54%-76%)	IVS motion	<u>Normal/</u> Flat/ Paradoxical

CHAMBERS:

LV	<u>Normal</u> / Enlarged/ Clear/ Thrombus/hypertrophy Contraction Normal / <u>Reduced</u> <u>Regional wall motion abnormality Present</u> <u>DISTAL IVS, APEX, DISTAL ANTERIOR WALL HYPOKINETIC,</u> <u>THICKNESS PRESERVED</u>
LA	<u>Normal/</u> Enlarged/ <u>Clear/</u> Thrombus
RA	<u>Normal/</u> Enlarged/ <u>Clear/</u> Thrombus
RV	<u>Normal/</u> Enlarged/ <u>Clear/</u> Thrombus
Pericardium	<u>Normal/</u> Thickening/ Calcification/ Effusion

COMMENTS AND SUMMARY

- NORMAL SIZED ALL CARDIAC CHAMBERS
- RWMA PRESENT
- DISTAL IVS, APEX, DISTAL ANTERIOR WALL HYPOKINETIC, THICKNESS PRESERVED
- MODERATE LV SYSTOLIC DYSFUNCTION, LVEF ~ 45%
- GRADE – I LV DIASTOLIC DYSFUNCTION
- TRIVIAL TR, PASP = 24 + RAP
- OTHER VALVES ARE NORMAL
- IAS/IVS INTACT
- NO VEG/PE SEEN

Kindly correlate clinically

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Patient Demographics

MR RAJAN BHARDWAJ

Patient ID: CKBHG0000127652

DOB:

Age:

Accession #:

Gender: M Ht:

Wt:

Study Date: 10/03/2023

Alt ID:

BSA:

Institution: CK BIRLA HOSPITAL, GURGAON

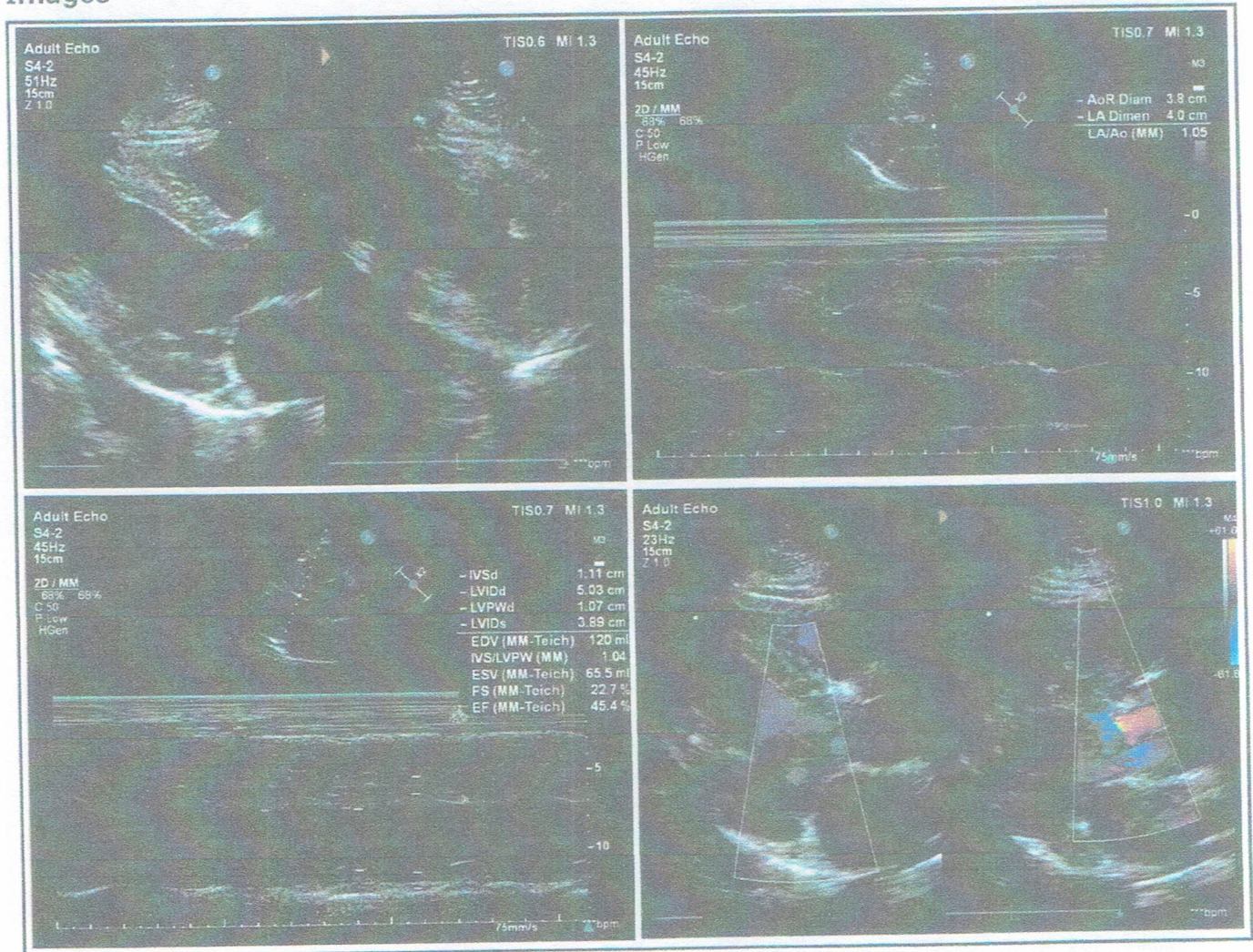
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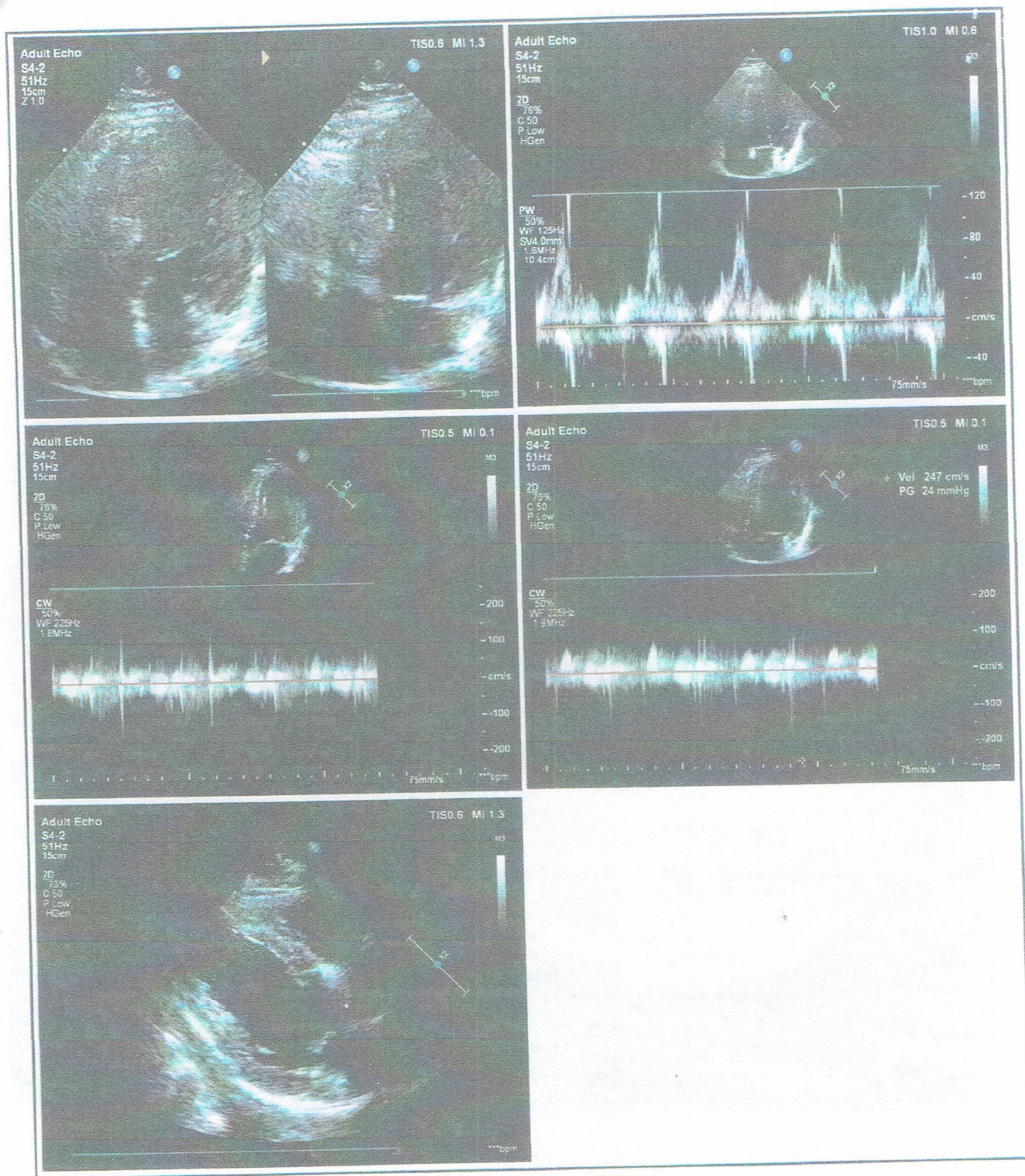
Physician of Record:

Performed By: DR SANJAT CHIWANE

Comments:

Images





Signature

Signature:
Name(Print):

Date: