Study ID: 211856



Washington Township Medical Foundation-Cardiology

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Transthoracic Echocardiogram Report

 Name: SINHA, ARINDAM
 Study Date: 04/29/2025

 MRN: 1455921
 Patient Location: WT30

 Account #: 10021829135
 Accession #: 173897215

 DOB: 05/23/1966
 Age: 58 yrs
 Gender: Male

 Height: 67 in
 Weight: 151 lb BSA: 1.8 m²

Ordering Physician: BALAKRISHNAN^SANGEETHA

Referring Physician: NISHIME, ROBERT

Performed By: AJOLO, SEAN
Reason For Study: Abnormal EKG

MMode/2D Measurements & Calculations

 IVSd: 1.7 cm
 LVIDd: 3.8 cm

 LVPWd: 1.3 cm
 LVIDs: 2.4 cm

EF(Teich): 69.7 % asc Aorta Diam: 3.2 cm

LVOT diam: 2.0 cm

Doppler Measurements & Calculations

MV E max vel: 88.5 cm/sec MV dec time: 0.25 sec

MV A max vel: 70.8 cm/sec

MV E/A: 1.3

Ao V2 max: 129.0 cm/secLV V1 max PG: 4.4 mmHgAo max PG: 6.7 mmHgLV V1 mean PG: 3.0 mmHgAo mean PG: 4.0 mmHgLV V1 max: 105.0 cm/secAo V2 VTI: 25.9 cmLV V1 VTI: 23.3 cm

AVA(I,D): 2.8 cm² **AVA(V,D)**: 2.6 cm²

MV P1/2t-pr_phl: 72.0 msec

Procedure: The study quality was technically adequate.

Left Ventricle: The left ventricle is normal in size. There is moderate asymmetric left ventricular hypertrophy. The LV ejection fraction estimate is 60-65%. Normal left ventricular systolic, and diastolic function with normal wall motion.

Right Ventricle: The right ventricle is normal in size and function.

Atria: Normal sized atria. There is no Doppler evidence for an atrial septal defect.

Mitral Valve: The mitral valve is normal in structure and function.

Aortic Valve: The aortic valve is normal in structure and function.

Tricuspid Valve: Insufficient TR to determine PASP.

Pulmonic Valve: There is a trace or physiologic amount of pulmonic regurgitation.

Great Vessels: The aortic root is normal size. The inferior vena cava appeared normal.

Pericardium/ Pleura: There is no pericardial effusion.

Interpretation Summary

Normal left ventricular systolic, and diastolic function with normal wall motion.

The LV ejection fraction estimate is 60-65%.

There is moderate asymmetric left ventricular hypertrophy.

Insufficient TR to determine PASP.

There is a trace or physiologic amount of pulmonic regurgitation.

Reading Physician: Electronically signed by: SANGEETHA BALAKRISHNAN, M.D. on 04/30/2025 02:05 PM