



Regency Medical Centre

A Multi-Speciality Hospital
with Specialised Polyclinics

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C.T. Report

Lname : VENU

Fname : NIDHIN

Registration No :

Sex : Male

Age : 27

Date : 08-03-2017

Doctor : RAYMOND MBUJA

Echocardiography Report 3rd test for PDF after making the status to false - its reched to physician let me save and convert to pdf

General:

RVDD _____ (0.9-2.6) cm

LVID (d) _____ (3.5-5.7) cm

LVID(s) _____ (2.3-3.9) cm

F.S. _____ (34-44) %

LVEF _____ (57-75) %

IVS Thickness (d) ____ (6.0 -11) mm

IVS Thickness (s) ____ (9.0 -14) mm

PWT (d) _____ (6.0 -11) mm

PWT (s) _____ (9.0 ◆14) mm

IVS Motion _____ NORMAL

PW Motion _____ NORMAL

E/A _____ REVERSED<1

LAD _____ (19 \diamond 40) mm

EPSS _____ (0.8) cm

Mitral Valve:

Thickness: _____ NORMAL

Pliability: _____ NORMAL

Calcification: _____ NIL

Stenosis: _____ NIL

Prolopse: _____ NIL

Other: _____ -

EF Slope: _____ (7.0 \diamond 15) cm/sec

Mitral flow ____ (0.6 \diamond 1.3) M/sec

D-E excursion: ____ (2.0 \diamond 3.0) cm

MVA: _____ - (4.0 -6.0) cm2

Regurgitation: _____ NIL

Aortic Valve:

Number of Cusps: _____ THREE

Thickness: _____ NORMAL

Calcification: _____ NIL

Stenosis: _____ NIL

Other: _____ -

Aortic Root Dimension: __ [2.0 \diamond 3.7]cm

Aortic Cusps Separation: __ [1.5 \diamond 2.6]cm

Peak Velocity: _____ (1.0- 1.7) m/sec

Peak gradient: _____ (4.0-11.5) mmHg

Regurgitation: _____ NIL

Pulmonary Valve:

Thickness: _____ NORMAL

Mobility: _____ NORMAL

Stenosis: _____ NIL

Other: _____ -

Peak Velocity: _____ [0.6-0.9] m/sec

Peak Gradient: _____ [1.4-3.2] mmHg

PAT: _____ [130-185] m/sec

Regurgitation: _____ NIL

Tricuspid Valve:

Thickness _____ NORMAL

Mobility: _____ NORMAL

Other: _____ -

Peak Velocity:(R) _____ - m/sec

Peak Gradient: _____ - mm/Hg

Regurgitation: _____ NIL

**Impression: . NORMAL CARDIAC CHAMBERS DIMENSIONS ✦ NORMAL LV SYSTOLIC FUNCTION
✦ IMPAIRED LV DIASTOLIC COMPLIANCE - NO REGIONAL WALL MOTION ABNORMALITY ✦ NO
ANY VALVE DYSFUNCTION ✦ ✦✦✦✦✦✦✦✦✦✦..LVH**

DX: HYPERTENSIVE HEART DISEASE

Recommended: MEDICAL FOLLOW UP

Signature: _____ Date: _____

DR. N. A. LARI

MD ✦ CONSULTANT CARDIOLOGIST