



Regency Medical Centre

A Multi-Speciality Hospital
with Specialised Polyclinics

Alykhan Road, Upanga, P.O. Box 2029, Dar es Salaam, Tanzania.

Tel.: +255-22-2150500, Fax: +255-22-2150180 Email: info@regencymedicalcentre.com

Website: www.regencymedicalcentre.com

Dudumizi Report

Lname : FREDY

Fname : ENESTA

Registration No : 42-44-22

Sex : Female

Age : 19

Date : 16-02-2017

Doctor : Data User

Echocardiography Report

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 40) mm

EPSS _____ (0.8) cm

Mitral Valve:

Thickness: _____ NORMAL

Pliability: _____ NORMAL

Calcification: _____ NIL

Aortic Valve:

Number of Cusps: _____ THREE

Thickness: _____ NORMAL

Calcification: _____ NIL

Stenosis: _____ NIL

Other: _____ -

Aortic Root Dimension: ____ [2.0 - 3.7cm

Aortic Cusps Separation: ____ [1.5 - 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

Stenosis: _____ NIL	Regurgitation: _____ NIL
Prolopse: _____ NIL	Tricuspid Valve:
Other: _____ -	Thickness _____ NORMAL
EF Slope: _____ (7.0 15) cm/sec	Mobility: _____ NORMAL
Mitral flow ____ (0.6 -1.3) M/sec	Other: _____ -
D-E excursion: ____ (2.0 -3.0) cm	Peak Velocity:(R)_____ - m/sec
MVA: _____ - (4.0 -6.0) cm2	Peak Gradient: _____ - mm/Hg
Regurgitation: _____ NIL	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