



**DEPARTMENT OF CARDIOLOGY
2D ECHOCARDIOGRAPHY
(WARD PROCEDURE) Portable ECHO.**

**LILAVATI HOSPITAL
AND RESEARCH CENTRE**

Patient Name : Mr. Vishal Suryakant Sakpal
Ref. by : Dr. Snehal Kothari
IP No. : 2023 / 00622

Date : 15/01/2023
Sex : Male
Age : 41 Yrs

Clinical Data : K/c/o IHD / Post PTCA to LAD- 2022.

Conclusion :

Ischaemic heart disease.
Normal LV size.
Regional wall motion abnormality.
Moderately abnormal LV systolic function.
Mild Mitral Regurgitation.

2D Echo findings :

LA, LV size are normal.
No LV hypertrophy.
Apical septum, apical cap and apical lateral segment are thinned out and hypokinetic.
Overall LV ejection fraction is 35%-40%. MAPSE = 1.3 cm.
Moderately impaired LV systolic function.
Normal RA, RV size and function TAPSE = 1.8 cm.
All valves are normal structurally.
No clot / vegetation / pericardial effusion.
Subcostal view shows normal sized IVC which collapses on deep inspiration.

DOPPLER STUDY :

Mitral valve flow : Mitral Regurgitation grade I / III.
Mitral valve E/A ratio is 1.48. E/e' = 8.
Aortic valve flow : No Aortic Regurgitation.
No significant LVOT gradient.
Tricuspid valve flow : Trivial Tricuspid Regurgitation.
CWD across Tricuspid Regurgitation jet is 17 mmHg.
Estimated Pulmonary artery systolic pressure is 22 mmHg.
Pulmonary valve flow : No Pulmonary Regurgitation.

Approved By :

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MD.DM.Cardiology, FACC.



More than Health Care, Human Care

This diagnostic test has its limitations
Co-relate clinically and interpret
accordingly. Confirmatory tests may
performed as the case may be.

