

SUBRA DUMMY HEART FOUNDATION & IMAGING CENTRE

Transthoracic 2D Color Doppler Echocardiography Examination | Non-Invasive Lab

2D ECHOCARDIOGRAPHY & COLOR DOPPLER STUDY

LVEF: 56% (NORMAL SYSTOLIC)

Patient Name:	Rajesh Kumar Sharma (Father)	Echocardiography Machine:	Philips EPIQ CVx 3D
Age / Gender:	71 Years / Male	Heart Rate / Rhythm:	68 bpm / Regular Sinus
Indication:	Post-PCI to LAD Stent Follow-up (1 Mo)	Blood Pressure at Test:	122/76 mmHg
Study Date:	10-Feb-2026, 11:15 AM	Clinical Station:	Echo Lab Room 102 Tower B

ECHOCARDIOGRAPHIC MEASUREMENTS & CAVITY DIMENSIONS

PARAMETER	MEASURED VALUE	NORMAL ADULT RANGE	INFERENCE
Left Ventricle Internal Diastole (LVIDd)	4.8 cm	3.6 - 5.2 cm	Normal Size
Left Ventricle Internal Systole (LVIDs)	3.1 cm	2.3 - 3.8 cm	Normal Size
Interventricular Septum (IVSd)	1.1 cm	0.6 - 1.1 cm	Borderline Thickness
LV Posterior Wall Thickness (LVPWd)	1.0 cm	0.6 - 1.1 cm	Normal
Left Ventricular Ejection Fraction (LVEF)	56 %	52 - 72 %	NORMAL SYSTOLIC
Left Atrium Diameter (LA)	3.8 cm	3.0 - 4.0 cm	Normal
Aortic Root Diameter	3.2 cm	2.0 - 3.7 cm	Normal
Mitral E / A Ratio	0.72	> 1.0	Grade 1 Diastolic Dysf.

VALVULAR & WALL MOTION ASSESSMENT

- Left Ventricle:** Normal cavity size. Good systolic function with LVEF ~56% by Simpson's method.
- Regional Wall Motion:** Mild hypokinesia of mid-anterior septum (matching prior LAD territory). Other walls contract normally.
- Mitral Valve:** Leaflets pliable. Trivial Mitral Regurgitation (physiologic). E/A ratio reversal (Grade 1 Diastolic Dysfunction).
- Aortic Valve:** Tri-leaflet aortic valve with mild sclerosis. No aortic stenosis. Peak gradient: 6 mmHg.
- Pericardium / IVC:** No pericardial effusion. IVC < 2.1 cm with > 50% inspiratory collapse (normal right atrial pressure ~3 mmHg).

FINAL CLINICAL IMPRESSION:

- Normal LV systolic function post-stent placement (LVEF 56%) with no global cardiac dilation.
- Mild anterior wall hypokinesia (stable post-revascularization). Grade 1 Diastolic Dysfunction.
- Continue current dual antiplatelet and beta-blocker therapy as prescribed. Next echo in 1 year.

Reporting Cardiologist: Dr. Anita Desai, MD, FACC

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Digitally Verified Echocardiogram

Non-Invasive Cardiology Department