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Patient Case Study # 79502

Ground Floor, Aditi Apartment, Karnik Chowk, Karnik Road, Kalyan (W) 421301, Thane, Maharashtra Email: care@arogyaspandan.com, Website: www.arogyaspandan.com









For Appointments: 8652750555



Mrs Jayashree Ananta Mirkute Age – 50 years Kalyan West

Known case of hypertension with Type 2 Diabetes mellitus with Osteoarthritis HbsAg positive

History of hospitalisation(outside) for Acute left ventricular failure (heart failure) on 8/11/2023

The chief complaint was breathlessness, headache, from last 10 days. Worsened from morning 3 am with profuse sweating and chest pain.

2 D echo done on 8/11/2023 shows severely reduced left ventricular ejection fraction i.e. 28 %

Type I left ventricular dystolic dysfunction. RWMA – Akinetic anterior septum, Apex, anterior wall.

Coronary angiography done on 9/11/2023 Shows 50 to 70 % blockage in LAD.

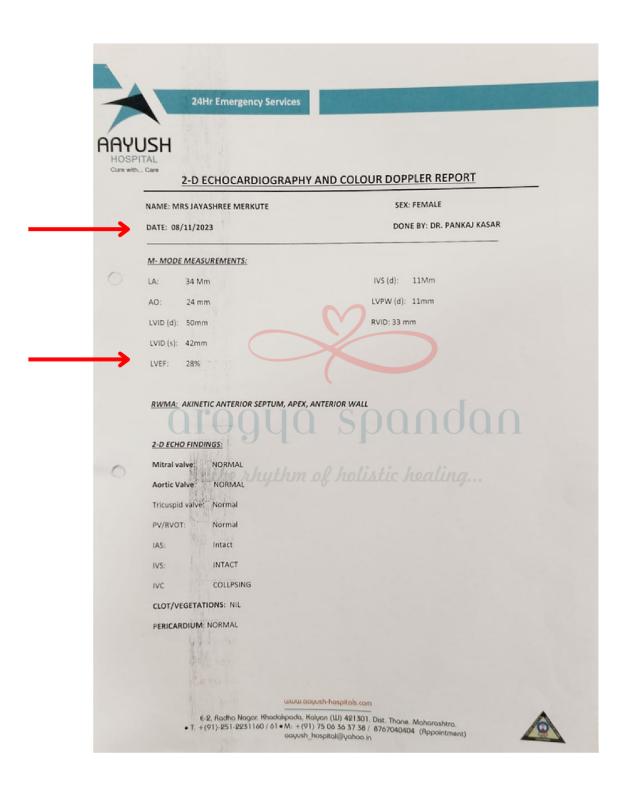
The patient started non-surgical treatments for heart failure at Arogya Spandan. Cheif complaints was exertional dyspnea class I to II, mild headache on and off, occasional left sided chest pain.

Treatment duration was three months.

After treatment significant improvement in symptoms are seen. Now no breathing difficulty No chest pain .

Before Treatment





Before Treatment



DOPPLER STUDY:				
TYPE I LV DIASTOLIC L	DYSFUNCTION			
	PG	MG	AREA	GRADE of regurgitation
MV	0 11-			MILD MR
AV PV/RVOT	9 mm Hg 6 mm Hg			
TV	011111116			
PASP by TR jet: 45 Mr	m Hg			
MODERATE PAH				
WODERATE PAR				
IMPRESSION:				
RWMA+				
TYPE I LV DIASTOLIC	DYSFUNCTION			
TYPE I LV DIASTOLIC	DVSELINCTION			
TYPE I LV DIASTOLIC	DYSFUNCTION			
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After Treatment



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Ground Floor, VASISTHA, Opp. K.C. Gandhi School, Near D'Mart, R. P. Road, Bail Bazar, Kalyan (W) - 421301

Ph. ©: 0251-2210968

Name:

MRS JAYASHREE MIRKUTE

50 Yr(s) /F CaseNo:A60324

Date:

04/05/2024

Age/ Sex:

Referred by: Dr. Haridwar A. Patil

Done By: Dr. Amit Rana

Echocardiography and Colour Doppler Report

Echo findings:

- All cardiac chambers normal in size.
- RVMA: No regional wall motion abnormality at rest Myocardial wall thickness is normal LV and RV contractility appears normal

- LVEF: 60% 0
- All cardiac valves structurally appears normal
- IAS and IVS is intact
- There is normal branching of pulmonary artery Pericardium is of normal thickness
- No clot/vegetation or pericardial effusion
- The inferior vena cava appeared of normal size and demonstrated inspiratory collapse.

Doppler and Colour flow findings:

- Normal flow across all cardiac valves
- o Normal Diastolic function
- Estimated peak pulmonary arterial systolic pressure is normal.
- o Pulmonary Venous flow appears normal.

Summary:

- Normal size chambers
- No RWMA at rest
- Normal LV and RV systolic function
- LVEF: 60%
- Normal Flow across all valves
- Normal Diastolic function
- No Pulmonary Hypertension.

Dr. Amit Rana

This test has limitations please correlate and interpret according to clinical judgment. Study is recorded on an accompanying CD/DVD for reference if needed



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