



arogya spandan

the rhythm of holistic healing...

Prestigious Membership



ECP | CHELATION | OZONE | NUTRITION



Patient Case Study # 79505

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



**For Appointments :
8652750555**

Mr Deepak Mehtani

Age - 56 year

Known case of hypertension with coronary artery disease

History of coronary artery bypass grafting (bypass surgery) in year 2012 (LIMA - LAD)

Coronary angioplasty done in 2022 (Lcx)

Recent history of angina (chest pain , difficulty in breathing, burning sensation in chest and epigastric region) .

Trop I and CPK MBtest positive on 14 /01/2024.

Trop I - 7.51

CPK MB - 42.4

Mild LV dysfunction on 2 D Echo scan .

The Cardiologist advised again angiography to the patient.

The patient refused to undergo surgical treatments.

The patient started treatment at Arogya Spandan on 16/01/2024.

Chief complaints -

Burning sensation in chest and epigastric region

Exertional dyspnea grade3 (breathlessness while taking bath , and after walking 100 - 150 meters)

2D echo done on 28/02/2024

Findings are mildly dilated Left atrium.

Borderline LVH

RWMA seen at rest.

Severely reduced pumping functions of heart.

LVEF is 25 %

Grade I - II diastolic dysfunction.

CT angiography done on 29/02/2024 report shows new flow limiting lesions (blockages) .

After treatment

No exertional dyspnea

No chest pain

Burning sensation in chest and epigastric region reduced significantly.

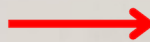
After treatment 2D echo report shows significant improvement in heart pumping functions. Left ventricular ejection fraction increased from 25% to 50 %.



AJIT SCANNING & DIAGNOSTIC CENTRE

16 Channel 1.5T MRI, 128 Cardiac CT, Digital Xray, Sonography, CT & USG
Guided Interventional Radiology, Dexa Scan | ECG, TMT, 2D Echo, Colour
Doppler | EEG, EMG, NCV | Computerised Eye Checking, Contact Lens Clinic
Cataract & Retina and other Eye surgeries | Routine, Histopathology, Serology
| PFT

NAME : MR. DEEPAK MAHTANI
REF. BY : DR. HARIDWAR PATIL



DATE : 29.02.2024
AGE / SEX : 56YRS / M

IMPRESSION:

- > Left dominant circulation is noted with PDA & PLV seen arising from left circumflex artery.
- > The LIMA-LAD graft appears normal in course, caliber and contrast opacification with no obvious anastomotic site or ostial site stenosis seen. The distal LAD shows good contrast opacification after the anastomosis of the graft.
- > Diffuse circumferential mixed plaques are noted in the proximal and mid RCA causing severe narrowing and a short-segment area of complete occlusion [100%] noted in the mid RCA. Rest of the mid and distal RCA and its branches shows contrast opacification probably from collateral vessels.
- > Diffuse circumferential mixed plaques are noted in the proximal and mid LAD causing areas of complete occlusion [100%]. The distal LAD after anastomosis with the LIMA graft shows good contrast opacification. Few eccentric calcified plaques causing moderate narrowing are noted in the distal LAD after the anastomosis with the graft.
- > Diffuse eccentric mixed plaques are noted in the proximal and mid LCx causing mild narrowing in its proximal portion and moderate narrowing in its midportion.
- > A stent is noted in the mid and distal LCx with adjacent susceptibility artifacts extending into the proximal OM4 branch and shows good contrast opacification with no obvious evidence of in-stent restenosis.




Thanks for the referral,
With regards.



**Dr. Saurabh S. Deshpande, M.D., D.N.B.,
FRCR [UK], EDIR, DICRI
(Consultant Radiologist)**

Disclaimer-CT coronary angiography is a screening test. Clinical and catheter angiography correlation and other relevant cardiac tests like stress test/2DECHO/nuclear scan suggested a case of any discrepancy or Clinico-imaging mismatch. Results of CT coronary angiography may vary depending upon unfavorable factors like tachycardia, irregular heart rate and ectopics as well as respiratory artefacts during image acquisition. Dense calcific plaque hinder visibility of underlying lumen and possibility of underlying stenosis cannot be entirely excluded.

 Dr. T. S. Gwalani's
SHIVKALA DIAGNOSTIC CENTRE
Shivkala Apts., Bk. 825, Near Shastri Chowk, Section 17, Ulhasnagar - 421 003.
☎ 992233 9500 📞 8390608090

Patient's Name : MR. DEEPAK MAHTANI M/ 56 YRS Date : 28-Feb-2024

Referred By : DR. PATIL HARIDWAR A


Referred for : COLOR DOPPLER ECHOCARDIOGRAPHY

2-D ECHO & DOPPLER STUDY:

Study was carried out in parasternal, apical & sub costal views.
Quality was suboptimal:
The aortic, mitral, tricuspid & pulmonary valves are structurally normal, sclerotic and open fully.
The LA is mildly dilated. The LV is normal sized & structurally normal.
Aortic root and rest of aorta are normal sized & structurally normal.
The RA, RV and pulmonary artery & its branches are normal sized & structurally normal.
There is no e/o significant pulmonary hypertension. (SPAP 35 mmHg)
There is e/o borderline left ventricle hypertrophy. Right Ventricle is normal.
Segmental wall motion abnormalities at rest are seen : Distal 2/3rd of septum, LV apex, infero-posterior, distal anterolateral wall shows severe hypokinesia to akinesia.
The LV ejection fraction at rest is 0.25. RV function is fair.
There is no obvious intra-cardiac shunt, clots or vegetation.
There is no e/o significant pericardial effusion.
Color flow mapping and Doppler studies reveals Normal flow/velocities across all valves, chambers and inflow and outflow tract.
Grade I Mitral valvular regurgitation.
Diastolic Evaluation: Mitral inflow pattern Flow: Grade I-II diastolic dysfunction.
Inferior vena cava is plethoric.

CONCLUSIONS: Suboptimal acoustic window
Sclerotic valves. Gr. I MR.
Mildly dilated LA. Borderline LVH.
RWMA seen at rest.
LVEF 25 %. Gr. I-II diastolic dysfunction.
Fair RV function. No e/o significant PH.
IVC is plethoric.


Thanks for Reference



Dr Mohammed Taufiq Baksh
MBBS, MD, PGDCC (Cardiology)
Reg MMC 2007 07 2702

P.T.O.

• C T Scan • MRI • Digital X-Ray • Sonography • Colour Doppler • Echocardiography
• Mammography • Breast Elastography • ECG • OPG • Pathology

Shivkala : SHIVKALA DIAGNOSTICS, Shop 1-3, Anand Tower, Opp. Prabhat Garden, Netaji Chowk, Ulhasnagar - 5. Tel.: 2535353 / 2526698 / 2521130 📞 9022334477

 SADHU VASWANI MISSION'S MEDICAL COMPLEX
FABIANI & BUDHRANI HEART INSTITUTE
Heart Care Hospital



H-2021-0880
Dec. 01, 2021 - Nov. 30, 2024

• 7-9, Koregaon Park, Pune - 411 001 • Tel.: 6609 9999 / 2612 9080 • Ambulance : 6609 9717 • Email : fbheartinstitute@gmail.com


PATIENT'S NAME : MR. DEEPAK MEHTANI
AGE : 56 YEARS, SEX: MALE
DONE BY : DR. KANHAIYA JESWANI
REF BY : DR. KANHAIYA JESWANI

DATE: 21 / 04 / 2024

COLOUR DOPPLER / ECHOCARDIOGRAPHIC FINDINGS

AORTA	33 mm	20 -37 mm
LA	38 mm	21-37 mm
LVIDd	62 mm	36-52 mm
LVIDs	53 mm	23-39 mm
IVSd	10 mm	6-11 mm
LVPWd	10 mm	6-11 mm
LVEF	50%	55-80%
FS	25%	18-42%

Post CABG (2012). Post PTCA (2022).
Dilated LA / LV.
Subtle hypokinesia of inferior segment.
Normal LV systolic dysfunction. LVEF 50%.
Reduced LV compliance.
Mitral annular calcification present.
Mild mitral regurgitation.
Aortic Valve Sclerosis.
No tricuspid regurgitation.
No pulmonary hypertension.
RA, RV normal. IAS, IVS intact.
No intracardiac clots / vegetation / pericardial effusion.


DR. KANHAIYA JESWANI
M.D. (MEDICINE) D.N.B. (CARDIOLOGY)
INTERVENTIONAL CARDIOLOGIST

For detailed scope refer 'Scope of Accreditation' Document No. 005970
Visit our Online Bookshop: www.dadavaswanibooks.org

P0549



arogya spandan

the rhythm of holistic healing...

ECP | CHELATION | OZONE | NUTRITION

**Ground Floor, Aditi Apartment, Karnik Chowk, Karnik Road, Kalyan (W) 421301, Thane, Maharashtra.
Websiet: www.arogyaspandan.com, Email: care@arogyaspandan.com, Tel: 8652750555**