

Patient Name	: Baby.ANABIYA	Visit No	: CHA250034019
Age/Gender	: 2 Y 6 M/F	Registration ON	: 25/Feb/2025 01:11PM
Lab No	: 10131315	Sample Collected ON	: 25/Feb/2025 01:11PM
Referred By	: Dr.MOHD ISLAM	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 04:40PM

2D-ECHO & COLOUR DOPPLER REPORT

Situs solitus

Normal pulmonary & systemic venous connection

Dilated LA . Aortic root diam = 1.5 cms, LA diam =2.3cms

Intact atrial septum

Atrio ventricular concordance

Normal mitral & tricuspid valves

Dilated LV

LVID (d)=4.5 cm , LVID (s)=3.2 cm

Good LV systolic function. LVEF=54 %

Intact inter ventricular septum

Ventriculoarterial concordance

Normally related great arteries.

Normal aortic & pulmonary valves

No ASD, VSD

Large PDA (Size 4.5 mm) with L to R flow

Aortic arch seen on the left side

No evidence of coarctation of aorta

Velocities -
Mitral = 1.1 m/s
Aortic = 1.7 m/s
Pulmonary = 0.9 m/s
Tricuspid = 0.6 m/s

QP:QS= > 2:1

OPINION : PATENT DUCTUS ARTERIOSUS WITH LARGE LEFT TO RIGHT SHUNT

DR . RAJEEV RASTOGI MD,DM
(Cardiologist)



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SKIAGRAM CHEST PA VIEW

- Patchy parenchymal opacity is seen in right lower zone--? infective.
- Broncho vascular marking are prominent in both lung fields.
- Bilateral hilar shadows are prominent.
- Cardiomegaly is present.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

Adv: Repeat X-ray after a course of antibiotics.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed By: Purvi

*** End Of Report ***

CHARAK

