


SMART HEART AND HEALTH
Preventive Imaging
Bradley A. Jabour, M.D., Chief of Radiology

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Exam Date: 05/28/2025 08:06
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RESTING TRANSTHORACIC ECHOCARDIOGRAPHY

HISTORY and INDICATIONS

63-year-old male. Family history of heart disease reported.

PROCEDURE

Resting transthoracic echocardiography was performed by technologist Maryam Shalbaf, using a GE Logiq E9 echocardiograph. M-Mode, 2D, color Doppler, and flow Doppler acquisitions were obtained. The procedure was performed at Medical Imaging Center of Southern California in Santa Monica, California.

COMPARISON

There are no previous echocardiograms available for comparison.

FINDINGS

Heart rate reported as 76 bpm by technologist, but:
electrocardiographic tracings were required.

Rhythm: Not determined. No electrocardiogram or

Patient Height: 74 inches Weight: 200 lb.s

Body Surface Area 2.17 m²

Body Mass Index 25.7 kg/m²

Technical Quality: Limited in association with body habitus of patient, and absence of electrocardiographic recording, as above.

Because of the poor technical quality of the echocardiogram, several of the measurements below are extracted from report of CT studies of the heart of 5/27/2025.

Please refer also to those reports.

Linear measurements were as follows, within limits of visualization:

	CURRENT VALUES	NORMAL VALUES
EPSS	0.5 cm ?	less than 0.5 cm
Ventricular septum (d)	1.1 cm	less than 1.2 cm
LV Posterior wall (d)	1.0 cm	less than 1.1 cm
LVID Diastole	4.8 cm	less than 5.3 cm
LVID Systole	3.2 cm	less than 2-4 cm
Right ventricular width (d)	3.1 cm (RVOT in PLAX)	less than 3.3 cm
Right ventricular width (d)	4.5 cm by CT (RV base in Ap.4 ch.)	less than 5.0 cm
LV EDV (Teichholz)	107 ml	
LV Fractional shortening	32%	27% - 48%
LV ejection fraction (Teichholz)	62%	greater than 55%
LV ejection fraction (2D visual)	60-65%	greater than 55%
Left atrium (AP)	3.8 cm	less than 4.3 cm



MEDICAL IMAGING
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LV outflow tract (LVOT) (s) 1.8 cm

Aortic annulus 2.4 cm

1.8-2.5 cm

Aortic Sinus Valsalva 3.4 cm

less than 4.2 cm

Aortic Root diameter 2.8 cm

less than 3.9 cm

Inferior vena caval width normal

less than 2.2 cm

Please note that most of the measurements above were more accurately determined using CT studies of the heart of 5/27/2025.

Additional non M-Mode measurements were as follows:

Vmax LVOT 1.1 m/sec

less than 2.0 m/sec

LVOT Gradient 4.8 mm Hg

LVOT VTI N/A cm

Vmax aortic valve 1.1 m/sec

less than 2.5 m/sec

Ao V Gradient 4.8 mm Hg

less than 5-7 mm Hg

Ao V VTI N/A cm

18-25 cm

Vmax Tricuspid jet N/A m/sec

less than 2.5 m/sec

PA pressure estimate N/A mm Hg

less than 30 mm Hg (Using RA pressure of 5 mm)

E deceleration time 96 msec

140-220 msec

E to A ratio 1.1

0.75-1.5

E/e' ratio N/A

normal <10, abn>14

Tricuspid Valve: Mobile leaflets. No definite regurgitation demonstrated.

Pulmonic valve: Mild pulmonic insufficiency suggested, although the valve was not well visualized.

Mitral Valve: Mobile leaflets. No stenosis or prolapse. Trace-mild regurgitation.

MV Area by planimetry good opening area normal 4-6 cm²

Aortic Valve: Appears tricuspid with good opening area, but was poorly visualized. No definite stenosis or regurgitation.

AV Area by planimetry 3.6 cm² normal 2.3-3.5 cm²

Right ventricle: Upper normal size. Good overall contractility.

Left ventricle: Normal overall size and contractility. No definite segmental wall motion abnormalities within limits of visualization.

Right atrium: Normal overall size and contractility.

Left atrium: Normal overall size and contractility.

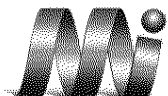
Pericardium: No effusion.

Abbreviations: NA = not available, WLV = within limits of visualization, NWV = not well visualized, ~ = approximately.

IMPRESSION

1. Normal overall size and contractility of left ventricle. Left ventricular ejection fraction approximately 60-65%.

2. The right ventricle is upper normal in size but demonstrates normal overall contractility.



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3. Mild-trace mitral regurgitation. Mild pulmonic regurgitation.
4. Tricuspid aortic valve without stenosis or regurgitation.
5. Technically limited study, as above. Please refer also to reports of CT studies of his heart performed the same day, with measurements of better accuracy.

Edwin Glass, MD

Signed Date: 05/28/2025 02:23 PM

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