Procedures: 10/11/22 Transthoracic echo (TTE) complete Date of Study: Ordering:

with contrast

MRN: DOB: 69 y.o.)

Gender Identity: Male

Not recorded Height: Weight: Not recorded BSA: Not recorded BP: Not recorded

Interpreting Physicians Performing Staff

Indications:

Nonrheumatic aortic valve stenosis

[135.0 (ICD-10-CM)]

Cardiac Procedural History

Past Surgical History

	Laterality	Date	Comments
Coronary angiography with LV and right heart	N/A	9/2/2021	
Coronary angiography with LV	N/A	11/25/2022	
Replacement Transcatheter Aortic Valve Endovascular (TAVR) with TEE	N/A	12/28/2022	
Coronary angiography with LV	N/A	8/3/2023	
Percutaneous coronary intervention (PCI)	N/A	8/3/2023	

🐶 Interpretation Summary

- Left Ventricle: Systolic function is normal with an ejection fraction of 60-65%.
- Right Ventricle: Systolic function is normal.
- Aortic Valve: There is severe stenosis (pk vel: 4 m/s, mn grad: 41 mmHg, area: 1.00 cm², VTI ratio: 0.25). This has worsened compared to the prior study.

Study Details

Echo An echo was performed using complete 2D, color flow Doppler and spectral Doppler. Lumason (4 mL) contrast was used during the study. Lumason was used for evaluation of LV wall motion. Overall the study quality was fair.

Rhythm normal sinus

Prior Study Prior TTE study available for comparison. Prior study date: 7/8/2021. Changes noted compared to prior study.

Myocardial Findings

Left Ventricle Cavity appears normal. There is mild concentric hypertrophy. Systolic function is normal with an ejection fraction of 60-65%. Wall motion is normal. Unable to assess diastolic function due to discordant parameters.

Wall Motion The left ventricular wall motion is normal.

Right Ventricle Cavity appears normal. Systolic function is normal.

Left Atrium Left atrial volume index is normal.

Right Atrium Cavity is normal.

IAS There is no evidence of shunting.

IVC/SVC The inferior vena cava demonstrates a diameter of <=21 mm and collapses >50%.

Mitral Valve The leaflets appear mildly thickened. There is trace regurgitation. There is no evidence of mitral valve stenosis.

Tricuspid Valve Tricuspid valve structure is normal. There is trace regurgitation. There is no evidence of tricuspid valve stenosis. The right ventricular systolic pressure is upper limit of normal (30-35)

mmHg).

mmHg)

Aortic Valve The aortic valve is trileaflet. The leaflets exhibit severely reduced excursion. The leaflets appear severely calcified. There is trace regurgitation. There is severe stenosis (pk vel: 4 m/s, mn grad: 41 mmHg, area: 1.00 cm², VTI ratio: 0.25). This has worsened compared to the prior study.

Pulmonic Valve Pulmonic valve structure is normal. There is trace regurgitation. There is no evidence of

pulmonic valve stenosis.

Aorta The ascending aorta is borderline dilated.

Pericardium There is no pericardial effusion.

2D Measurements

Volumes		Dimensions		Aortic Root - End		
LVOT 79.76 cm3 stroke volume LA vol by 58 cm3 MP	79.76 cm3	LVIDd	4 cm	Diastoli	Diastolic	
		LVIDs	2.6 cm	Ao-	3.2 cm	
		IVSd	1.3 cm	sinuses		
	LVPWd	1.2 cm	Ao-st	3.2 cm		
LA vol index by	27 mL/m2	FS	35 %	– junc Ao-asc	3.8 cm	

Doppler Measurements - Aortic Valve

LVOT diameter	2 cm	AV LVOT
LVOT area	3.14 cm2	peak
LVOT peak vel	1.17 m/s	gradient
LVOT peak VTI	25.4 cm	
AV peak vel	4 m/s	
AV VTI	100 cm	
AV VTI ratio	0.25	
AV area	1 cm2	
AV mean gradient	41 mmHg	
AV peak gradient	57 mmHg	
AV velocity ratio	0.29	

5 mmHg

Doppler Measurements - Mitral Valve

MV VTI	40.5 cm	MV peak E vel MV e'	102 cm/s
MV mean gradient	3 mmHg		9.1 cm/s
MV peak gradient	8 mmHg	tissue velocity	
MV valve area by continuity eq	1.97 cm2	lateral MV E/e' tissue velocity lateral	11.21
		MV e' tissue velocity medial	7 cm/s
		MV E/e' tissue velocity medial	14.57
		MV Peak A Vel	97 cm/s

Doppler Measurements - Tricuspid Valve

TR peak 30 mmHg TR max 2.8 m/s gradient vel

Doppler Measurements - Pulmonic Valve

PV peak gradient 4 mmHg Pulmonic Valve 74 ms

Acceleration Time

PV PEAK 1 cm/s VELOCITY

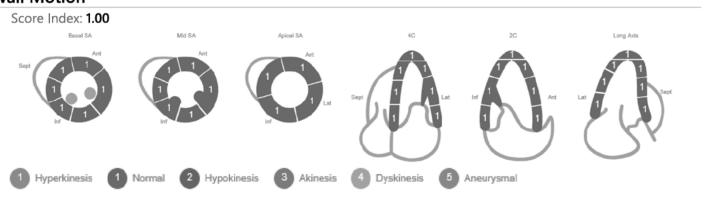
Doppler Measurements - Diastolic Filling

E/A ratio	1.05	E wave decelartion time	261 msec	
IVRT	61 msec	MV "A" wave duration	127 msec	

Doppler Measurements - Shunt Ratio

LVOT stroke volume 79.76 cm3

Wall Motion



Signed

Electronically signed by

MD on 10/12/22 at 1121 PDT