Dr. Joanna Zurawska
57 Major Mackenzie Drive East
Richmond Hill ON, Canada
L4C 1G8

Fax Cover Sheet

To: Dr. Jason Lo
Phone: (905) 480-1050
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Date:

From: Dr. Joanna Zurawska
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Number of pages including cover: 5

Re: STANA ZIVKOVIC

Dr. Joanna Zurawska, MD, FRCPC
Specialist in Respirology & Sleep Medicine
57 Major Mackenzie Drive East, Richmond Hill, Ont, L4C 1G8
Tel: 905-780-6873 Fax: 905-780-6894

2020-Dec-07

Dr. Lo
3000 Highway 7 East Suite 202
Markham, ON L3R 6E1

Patient: STANA ZIVKOVIC
PHN: 1470 751 726DG
Birthdate: 1934-Jan-31

Dear Dr. Lo,

Please find attached the results of patient's recent echocardiogram - ordered post recent hospitalization at Mackenzie Health.

Cardiology referral can perhaps be considered but I will leave this to your discretion.

Sincerely,

Joanna Zurawska, MD, FRCPC
Electronically Reviewed to Expedite Delivery

Enclosures (3)

Hospital Report

Patient	ZIVKOVIC, STANA	**Home Phone**	4167059997	**Work Phone**	
Health #	1470751726DG	**Sex**	F	**Patient ID**	36216
Age	86 years				
DOB	1934-Jan-31				

Facility Report #: 4748221
Sent to: Zurawska, Joanna Reported By: Facility #4138
Collection Date: 2020-Nov-03
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Source Author: ^PATEL^ASHISH^DEVENDRA^

	Flags	Results	Ref Range
DIAGNOSTIC IMAGING (S)			
Echo		See Below	

Mackenzie Health Richmond Hospital
10 Trench Street, Richmond Hill, Ontario L4C 4Z3
Name - ZIVKOVIC,STANA DOB - 1934-01-31 MRN - 844225
HCN - 1470751726 Adm. Date - 2020-11-03 Pat Class - OUTPATIENT
CARDIOLOGY NON-INVASIVE REPORT ECHO DOPPLER REPORT

Basic Information:

Sonographer:-------------------------WM^^^^
Patient Gender-----------------------F
Patient Height:----------------------1.50 m
Patient Weight:----------------------50.01 kg
Patient Body surface area:------ 1.43 m2
Heart Rate:--------------------------81 bpm
Rhythm:-----------------------------Sinus
Blood Pressure (if available):---146 mmHg/70 mmHg
Type of Study:.....EC Echo plus Doppler Panel

INDICATION FOR THE TEST:
Reassess aortic stenosis

STUDY QUALITY:
Technically difficult with suboptimal views

STUDY LOCATION:
Echo Lab

	Normal values	Patient values
Septum	6-11 mm	11 mm
PW	6-11 mm	12 mm
LVEDd	38-58 mm	34 mm
LVEDs	22-40 mm	22 mm
LV. Mass Index	<95 g/m2 (women)<115g/m2(men)	85 g/m2
LA	<40 mm	33 mm
LAVI	<34 ml/m2	25.90 ml/m2

Ao Root---------- 21-39 mm/<20mm/m2 28 mm
AscAorta---------- 22-40 mm/<17mm/m2 30 mm
RVID---------- <42mm---------- 28 mm
TAPSE---------- >17 mm---------- 15 mm
RA volume index---------- <32 mL/m2---------- 11.20 ml/m2
IVC---------- <21 mm---------- 6 mm
LVEF by Simpson's Rule-- >52%---------- -

LV SYSTOLIC FUNCTION
EJECTION FRACTION >55% (visual assessment)

Reference
Normal >52%
Mild 41-51%
Moderate 30-40%
Severe <30%

1.LEFT VENTRICLE: The left ventricle is normal in size. There is concentric remodelling without mass criteria for left ventricular hypertrophy. The left ventricular systolic function is hyperdynamic. There is a mid cavitary gradient of 25 mmHg. The left ventricular ejection fraction is greater than 55% by visual assessment. No obvious regional wall motion abnormalities noted. Indeterminate diastolic function due to significant mitral annular calcification.
2. RIGHT VENTRICLE: The right ventricle is normal in size. The right ventricular systolic function is normal.
3. LEFT ATRIUM:The left atrium is normal in size.
4. RIGHT ATRIUM:The right atrium is normal in size.

5. AORTIC VALVE: The aortic valve is thickened and calcified with diminished excursion of the cusps. The number of cusps is not clearly visualized. There is moderate aortic stenosis. The mean aortic valve gradient 18 mmHg, Vmax 2.8 m/s, dimensionless index 0.36, stroke volume 34 mL (indexed 24 mL/m2). There is moderate aortic regurgitation.
6. MITRAL VALVE: The mitral valve leaflets are mildly thickened. There is moderate to severe mitral annular calcification. There is mild to moderate functional mitral stenosis. The mean mitral valve gradient is 6 mmHg at a heart rate of 81 bpm. The estimated mitral valve area by pressure halftime is 1.4 cm2. There is mild mitral regurgitation.
7. TRICUSPID VALVE: The tricuspid valve is normal in appearance. There is mild regurgitation. Estimated RVSP 30 mmHg assuming RA pressure 3 mmHg. No pulmonary hypertension.
8. PULMONIC VALVE: Normal appearance. Trace/physiologic regurgitation.

9. PERICARDIAL EFFUSION: None.
10. INTER-ATRIAL SEPTUM: No shunt seen on colour flow doppler analysis.
11. AORTA The aortic root, ascending aorta, and aortic arch are normal in size. There is no evidence of aortic coarctation.
12. IVC IVC is normal in size with greater than 50% inspiratory collapse in keeping with RAP 3mmHg.
13. PULMONARY VEINS Pulmonary vein Doppler is normal in the right upper pulmonary vein.
14. HEPATIC VEINS Hepatic vein Doppler flow is normal,.

CONCLUSION:
1. Normal LV size with concentric remodeling. Hyperdynamic LV systolic function with visually assessed LVEF 65%. No regional wall motion of normalities. Mid

cavitary gradient of 25 mmHg.
2. Normal RV size and systolic function.
3. Calcified aortic valve with moderate aortic stenosis and moderate aortic regurgitation (see above).
4. Moderate to severe mitral annular calcification. Mild to moderate functional mitral stenosis (see above). Mild mitral regurgitation.
5. Estimated RVSP 30 mmHg assuming RA pressure 3 mmHg.
6. Compared with prior study dated September 27, 2017, changes are noted. The aortic stenosis has progressed from mild to moderate. The aortic regurgitation remains moderate. Pulmonary pressures are improved -RVSP was previously 43 mmHg.

Ashish Patel MD FRCPC
Cardiology

For urgent cardiac issues, please page the Cardiologist on-call through locating.

Interpreted by:
Ashish Devendra Patel, MD

Signed by: Ashish Devendra Patel, MD on 4/11/2020 6:57 PM
Family Physician- LO HANG-TAT JASON
Ordering Physician- ZURAWSKA JOANNA

EC ECHO + DOPPLER PANEL - 2020-Nov-03 12:42 PM

Principal Author: PATEL, ASHISH