

CLINICAL INDICATIONS: , MRSA bacteremia, rule out endocarditis. The patient has aortic stenosis.,DESCRIPTION

OF PROCEDURE: , The transesophageal echocardiogram was performed after getting verbal and a written consent signed. Then a multiplane TEE probe was introduced into the upper esophagus, mid esophagus, lower esophagus, and stomach and multiple views were obtained. There were no complications. The patient's throat was numbed with

Cetacaine spray and IV sedation was achieved with Versed and fentanyl.,FINDINGS:;1. Aortic valve is thick and calcified,

a severely restricted end opening and there is 0.6 x 8 mm vegetation attached to the right coronary cusp. The peak velocity across the aortic valve was 4.6 m/sec and mean gradient was 53 mmHg and peak gradient 84 mmHg with calculated aortic valve area of 0.6 sq cm by planimetry.,2.

Mitral valve is calcified and thick. No vegetation seen. There is mild-to-moderate MR present. There is mild AI present also.,3. Tricuspid valve and pulmonary valve are structurally

normal.,4. There is a mild TR present.,5. There is no clot seen in the left atrial appendage. The velocity in the left atrial appendage was 0.6 m/sec.,6. Intraatrial septum was intact.

There is no clot or mass seen.,7. Normal LV and RV systolic function.,8. There is thick raised calcified plaque seen in the

thoracic aorta and arch.,SUMMARY:;1. There is a 0.6 x 0.8 cm vegetation present in the aortic valve with severe aortic stenosis. Calculated aortic valve area was 0.6 sq. cm.,2.

Normal LV systolic function.,