

## Institution Name

Institution Address

Institution Address Line #2

Telephone & email

Name: 2D, 3D TEE	Study Date: 01/06/2003, 11:01 AM	BP: 60 / 90 mmHg
MRN: 00 CARDIAC 2		HR: 63 bpm
		Height: 180 cm
		Weight: 60 kg

### Conclusions

This was a normal stress echocardiogram.  
Nothing wrong with this patient  
See you next year

### **Stress Results**

Target HR : 46 bpm	Maximum Predicted HR : 54 bpm *
	% Maximum Predicted HR : 10 % *

Stage	Duration (mm:ss)	Heart Rate (bpm)	Blood Pressure	Dose	Comment
PEAK	0:10	110	60 / 95	10	Normal

Total Stress Duration : 12:00 (mm:ss) \*

Maximum Stress HR : 66 bpm \*                      METS : 2

### Stress Findings

Normal baseline electrocardiogram. There was a maximum 1.5mm ST segment depression. The patient exhibited a hypertensive response with stress.

### Right Ventricle

The right ventricle is not well visualized. There is mild right ventricular hypertrophy.

### Atria

A patent foramen ovale is present and there is low risk for embolism. The left atrium is small.

### Mitral Valve

The mitral valve leaflets appear normal. There is no evidence of stenosis, fluttering, or prolapse. Mitral valve prolapse cannot be excluded. No significant mitral valve stenosis. The mitral regurgitant jet is posteriorly directed, which is consistent with anterior leaflet pathology. There is a porcine mitral valve.

**Tricuspid Valve**

The tricuspid valve leaflets are thickened and/or calcified, but open well. There is a ruptured tricuspid valve chordae with a flail free wall leaflet. No significant tricuspid stenosis. There is mild to moderate tricuspid regurgitation. The prosthetic tricuspid valve is not well visualized.

**Aortic Valve**

The aortic valve is trileaflet. The aortic valve is normal in structure and function. Cannot exclude aortic valvular vegetation. Hemodynamically significant valvular aortic stenosis cannot be excluded. No aortic regurgitation is present. The prosthetic aortic valve is not well visualized.

**Pulmonic Valve**

The pulmonic valve is normal in structure and function. A pulmonic valvular vegetation cannot be excluded. Infundibular pulmonic stenosis is noted. There is no pulmonic valvular regurgitation. The prosthetic pulmonic valve is well-seated.

**Vessels**

The aortic root is not well visualized but is probably normal size. Type B aortic dissection. The pulmonary artery is normal size.

**Pericardium**

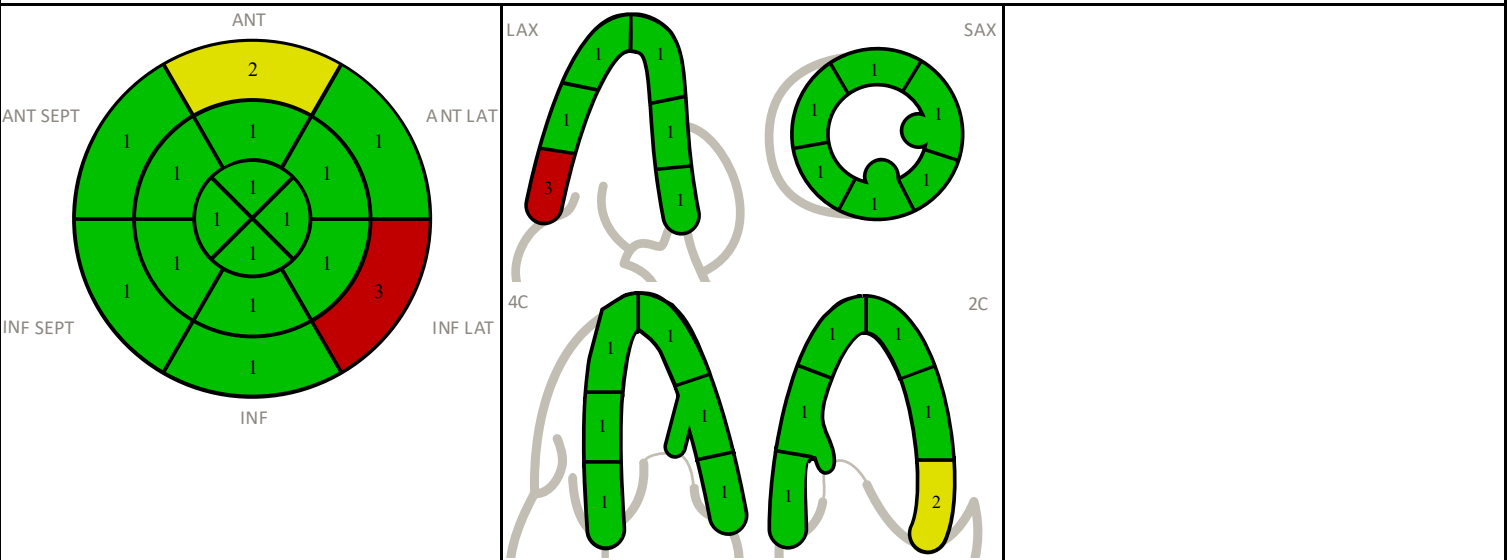
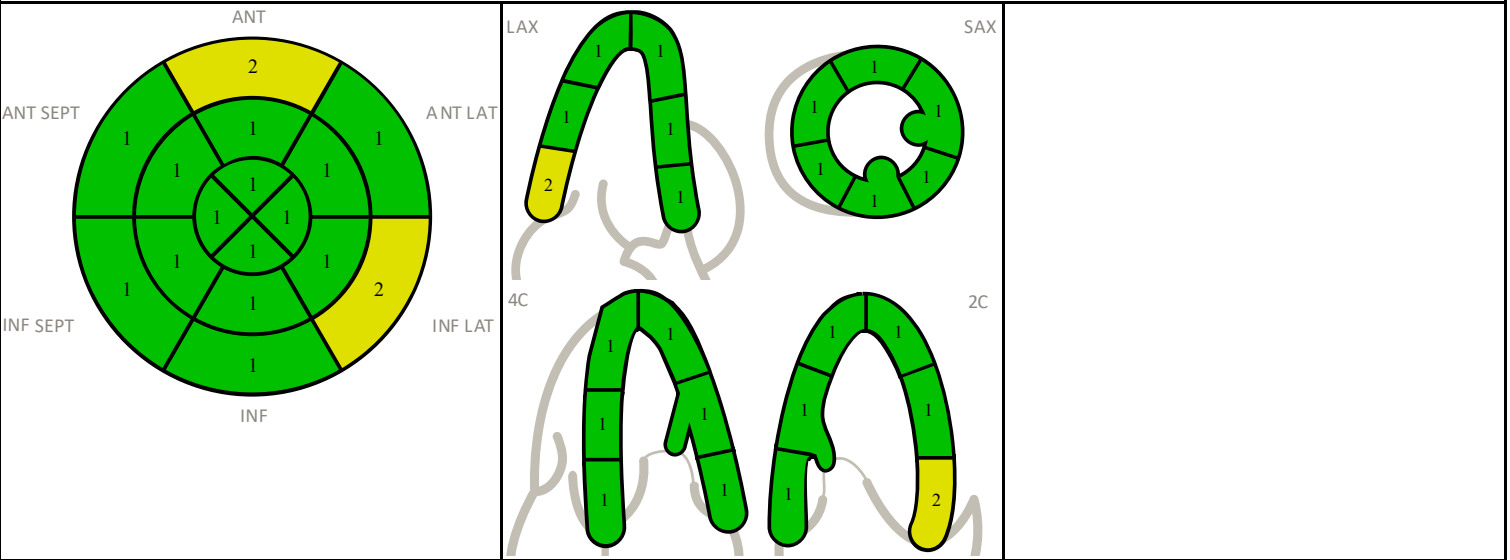
There is pericardial thickening and/or a small pericardial effusion. Large left pleural effusion.

**MMode/2D Measurements & Calculations**

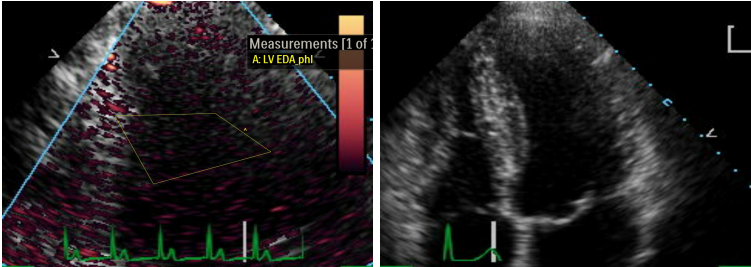
ACS: 4.0 cm		BMI: 18.5 kilograms/m <sup>2</sup>	BSA(Haycock): 1.72 m <sup>2</sup>
	Diastolic Pressure: 90.0 mmHg		
Heart Rate: 63.0 BPM	Height (metric): 180.0 cm		
IVSd: 6.0 cm	IVSs: 5.0 cm		
	LA dimension: 5.3 cm		
		LV EDA_phl: 7.8 cm <sup>2</sup>	
	LVIDs: 4.0 cm		LVLd apical: 2.49 cm
	Systolic Pressure: 60.0 mmHg		
Weight (metric): 60.0 kg			

**Other Measurements & Calculations**

BSA: 1.77 m <sup>2</sup>	
	ESV(Teich): 71.0 ml



X - Cannot Interpret	1 - Normal	2 - Hypokinetic	3 - Akinetic	4 - Dyskinetic	5 - Aneurysmal	Segments	Size
						1-2	small
						3-5	moderate
						6-14	large
						15-16	diffuse



Stress

Rest

Reading Physician