Global Cardiology West Perth
1023 Wellington St
West Perth WA 6005
P: 08 6332 6999 F:08 6332 6992

EXERCISE STRESS ECHO REPORT

Patient:	**Mr Marsh, Jonathan**			**Patient ID:**	129350
DOB:	27/07/1973	**Intp/Outpt:**	Outpatient	**Referred By:**	Yvonne Tan
Exam Date:	10/04/2025 8:31:01 AM	**Equipment:**	Philips-Affinity/Epiq	**Sonographer:**	Daniel Kural
		Location:	West Perth	**Supervising**	Dr Erwin Kunardi
Sex:	M	**Study Quality:**	Fair	**Physician:**	
		Rhythm:	Sinus rhythm	**ECG**	Zahraa Khan
		HR:	86	**Technician:**	

Indications / History: Abnormal ECG, hx of HTN on medication. Preparing for kokoda trail April 2025.

Conclusions

Negative stress echocardiogram for inducible ischaemia on echo and symptomatic criteria. Satisfactory exercise capacity.
If high clinical suspicion of ischemia persists recommend additional testing with CT angiography.

Procedure

Baseline HR: 87 bpm.
Baseline blood pressure: 160 / 90 Baseline BP response: elevated (white coat).
The patient exercised into Stage 5 of the Accelerated Bruce protocol. Exercise time was 11 minutes, 00 seconds. Exercise METS is 14.85 .
Maximum predicted heart rate: 169 bpm. Peak heart rate: 164 bpm.
The patient achieved 97 % of maximum predicted heart rate.
Peak blood pressure: 190 /70 .
Test stopped due: Fatigue

Resting ECG Interpretation

Normal sinus rhythm, normal ECG.

Stress ECG Interpretation

No abnormal ST/T wave changes with exercise.

Recovery ECG

Normal ST segments.

Rest Echo

Baseline images demonstrate upper normal LV size and LVEF with no resting regional wall motion abnormalities.

Post Stress Echo

There appears to be brisk augmentation of systolic function with reduction in LV size with exercise. No new regional wall motion abnormality detected.

Reported by: Dr Nitesh Nerlekar Mbbs Fracp Mph Phd
Report date: 10/04/2025 07:11 PM

Global Cardiology Karrinyup
Level 1, Unit 11/86 Francis Ave
Karrinyup WA 6018
P: 08 6332 6999 F:08 6332 6992

TRANSTHORACIC ECHOCARDIOGRAM REPORT

Patient:	**Mr Marsh, Jonathan**			**Patient ID:**	129350
DOB:	27/07/1973	**Inpt/Outpt:**	Outpatient	**Referred By:**	Yvonne Tan
Exam Date:	9/04/2025 8:44:23 AM	**Equipment:**	Philips-Affinity/Epiq	**Sonographer:**	Daniel Kural
		Location:	Karrinyup	**Study Quality:**	Fair
Sex:	M	**Rhythm:**	Sinus rhythm		
BW:	71 Kg	**HR:**	92		
BH:	173 cm				
BSA:	1.844 m²				

Indications / History: preparing for kokoda trail on april 25. HX of HTN on medications. Family hx of IHD. Good level of physical activity last 18months, Cardio and weight training.

Conclusions

Upper normal LV size with normal systolic function. LVEF- 55%. Normal global longitudinal strain (-20%)
Normal right heart size, function with upper normal pressures. PASP-37mmHG
Mildly dilated left atrium.
No significant valvular abnormalities.

Findings

Left Ventricle: The left ventricle is upper normal in size (ILVEDV- 67ml/m2, LVEDD-5.1cm) with normal systolic function. The estimated ejection fraction is 55% using Simpson's biplane method. There are no resting regional wall motion abnormalities observed. Borderline wall thickness. There is normal relative wall thickness with normal indexed left ventricular mass. Normal left atrial pressure and diastolic function. Normal mitral annular tissue dopperl velocities. Normal global longitudinal strain (-20%)

Right Ventricle: The right ventricle is normal in size with normal systolic function.

Left Atrium: Mildly dilated left atrium. The LA volume index is 39 ml/m 2 (Normal value is ≤34 ml/m2).

Right Atrium: The right atrium is normal in size. The RA volume index is 18.9ml/m2 (Normal value is <30ml/m2).

Aortic Valve: There is normal aortic valve morphology (trileaflet) with normal function. There is no aortic valve stenosis. There is no aortic regurgitation.

Mitral Valve: There is normal mitral valve morphology with normal function. There is no mitral stenosis. There is trace mitral regurgitation.

Tricuspid Valve: There is normal tricuspid valve morphology with normal function. There is no tricuspid stenosis. There is trace tricuspid regurgitation. RVSP is 37mmHg (RAP-3mmHg)

Pulmonary Valve: There is normal pulmonic valve morphology with normal function. There is no pulmonic stenosis. There is trace pulmonic regurgitation.

Pericardium: The pericardium appears normal. No pericardial effusion.

Aorta/Pulmonary Artery: The aortic root diameter is within normal limits. The proximal ascending aorta diameter is within normal limits. There is no Doppler or imaging evidence of aortic coarctation.

Venous: The IVC is not dilated and collapses >50% with inspiration. (RAP - 3mmHg).