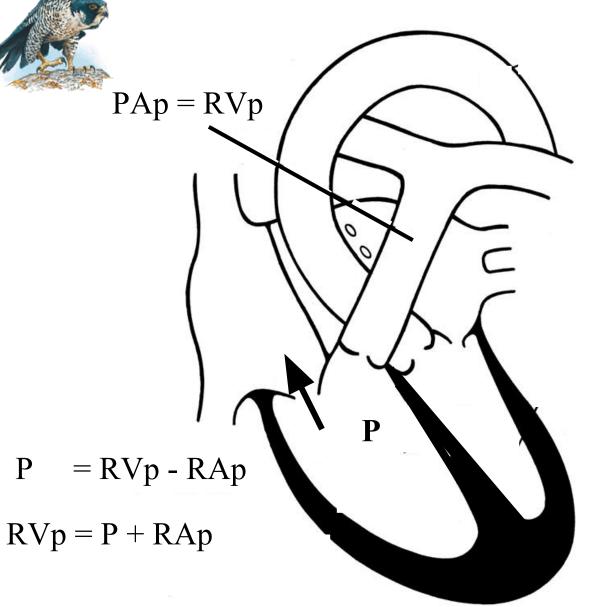


Pulmonary Artery Pressure

$$P = 4V^2$$

- Tricuspid regurgitation
 - if can obtain satisfactory signal
- Pulmonary regurgitaiton
- Ventricular septal defect
- Arterial duct

PA pressure from Tricuspid Regurgitation jet



PAp = P approx



PAP from Tricuspid Regurgitation

Measure maximum velocity from regurgitant signal

Calculate pressure drop from RV to RA

$$TR = RV - RA$$

so
$$RV = TR + RA$$

Presume RA pressure is low (5-10mmHg)

RV - RA gradient approximates to RV pressure

MPA systolic pressure = RV pressure



PAP from Tricuspid Regurgitation

How do you report this?

$$RV = TR + RA$$

so could quote PAP = TR + 5 to 10 mmHg

or TR = xx mmHg

and allow clinician to use this in decision making

Depends on local preference!



PAP from Tricuspid Regurgitation

Velocity of tricuspid regurgitation gives

<u>no</u>

information on severity of the regurgitation



PAP from Pulm Regurgitant signal

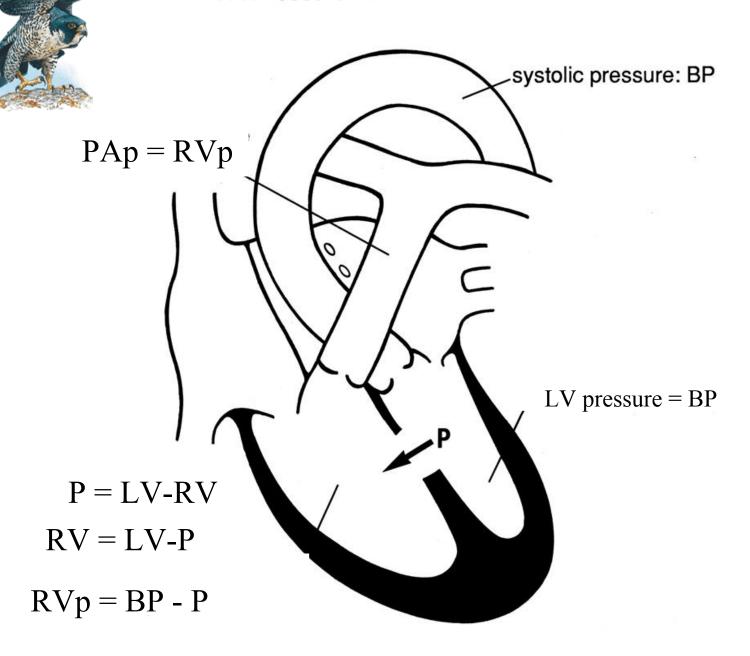
PR signal = MPA - RV pressure (some time in <u>diastole</u>)

High velocity signal = high pulmonary artery pressure

Low velocity signal = low pulmonary artery pressure

Only rough estimate of <u>diastolic</u> pressure Simply quote maximum pressure drop!

PA Pressure from VSD Jet





PAP from VSD signal

Measure maximum velocity from VSD signal

Calculate pressure drop (P) from LV to RV

$$P = LV - RV$$

so
$$RV = LV - P$$

BP approximates to LV systolic pressure

so
$$RV = BP - P$$

MPA systolic pressure = RV pressure



PAP from VSD signal

Routinely do not try to measure BP

High velocity = low MPA systolic pressure

Low velocity = high MPA systolic pressure



PAP from PDA signal

Arterial duct signal = aorta - pulmonary artery pressure

High velocity signal = low pulmonary artery pressure

Low velocity signal = high pulmonary artery pressure

Do not measure BP - too many problems and inaccuracies!