

Name: BOGLE, Mr Norman Walter

MRN: 540233

DOB: 01/02/1953 72 yrs Male

Study Date: 21/05/2025 09:43 AM

Patient Location: Gosford

Ward: CCU

Rhythm: Sinus

Images: Suboptimal

Consent: Verbal consent obtained.

Referring Physician: Dr Robert

McMahon

Reason For Study: Pleuritic chest pain, trop rise **BSA:** 2.0 m²

History: Pleuritic chest pain, trop rise

Transthoracic Echocardiography

MMode/2D Measurements & Calculations

Doppler Measurements & Calculations

Left Ventricle

Normal LV size and systolic function. Mild to moderate increase in wall thickness. Upper normal midseptal gradients with increase upon

Valsalva to 23mmHg. Ejection Fraction = >55%. Regional wall motion abnormalities cannot be excluded due to limited visualization.

Right Ventricle

Normal RV size and systolic function with reduced tricuspid annulus motion. RV S': 9.79cm/s. TAPSE: 1.56cm.

Atria

The left atrial size is normal. LAVi: 22mL/m². Right atrial size is normal.

The interatrial septum is intact with no evidence for an atrial septal defect.

Aortic Valve

Thickened, calcified, mobile leaflets. A bicuspid aortic valve cannot be excluded. Severe valvular aortic stenosis. Best AS jet from right sternal edge. Mild to moderate aortic regurgitation. There is an eccentric jet of aortic insufficiency directed against the anterior mitral leaflet.

Mitral Valve

Thickened, mobile leaflets. Trivial mitral regurgitation.

Tricuspid Valve

Mobile leaflets. Trivial tricuspid regurgitation. Insufficient spectral Doppler envelope to obtain right ventricular systolic pressure.

IVSd: 1.4 cm **LVIDd:** 4.4 cm

LVIDs: 2.6 cm

LVPWd: 1.4 cm

LVOT diam: 2.3 cm

Ao max PG: 140.1 mmHg

Ao mean PG: 72.0 mmHg

AVA(I,A): 0.81 cm²

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Pulmonary Valve

Mobile leaflets. Trivial pulmonary regurgitation.

Great Vessels

The aortic root is normal size. Mildly dilated ascending aorta at 4cm.

The visible segments of the arch and descending aorta are normal in size and appearance.

Pericardium/Pleural

Trivial pericardial effusion.

Additional Comments

The IVC is normal in size and collapse. RAp assumed at 3mmHg for calculation of RVSP.

Interpretation Summary

Normal LV size and systolic function with mildly elevated midseptal

gradients upon Valsalva. Severe aortic stenosis with mild to moderate regurgitation. Mildly dilated ascending aorta. Trivial pericardial effusion.

Reading Physician:

Performed By: Cara Gray

Copies To: Dr Vertika Azad.

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