

Demographic Details			
Practice:	Mr	WATSON	Barry
Lab:	17131730	WATSON	BARRY
Provider:	PRP Diagnostic Imaging		
			09/12/1952 Male
			09/12/1952 Male
Reference Details		Collection Details	
Medicare:	2006143553	Collected:	26/03/2025 9:54:00 AM
Veterans:	2	Copy to:	DR MARTIN FEDDERSEN; DR HARSHUL PARIKH;
Pension:	205-848-053K	Referred by:	DR JAMES F ROGERS

Investigation Result: WATSON, Barry

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ECHOCARDIOGRAM

ECHOCARDIOGRAM

To view images: <https://mypatient.prpimaging.com.au/viewer/visits?code=f138ad30c4b3721ade255167f62d15b6c3995563d2c39f78b71adbfb0c503cb7ad78e483955dfac36398fd0b874a404cf6aa0375ba1d38f744215d9bdd584d>

This report is for: Dr J. F. ROGERS

Referred By:-:

Dr J. F. ROGERS

Copies:

Dr M. FEDDERSEN

Dr H. PARIKH

Dr A. ERDSTEIN

ECHOCARDIOGRAM 26/03/2025 Reference: 17131730

TRANSTHORACIC ECHOCARDIOGRAM

HISTORY: 72 year old male. Review aortic stenosis.

COMPARISON: Echocardiogram 13/03/2024 (PRP)

Height:1.77 m Weight:125 kg BSA:2.38m2 Rhythm: Atrial fibrillation
IMPRESSION

1. Mildly dilated LV with moderate systolic dysfunction. Mild LV wall thickening. LVEF: 40%(visually).
2. Normal RV size and systolic function. Mildly elevated pulmonary artery systolic pressure of 39mmHg.
3. Moderate-severe calcific aortic valve stenosis with mild regurgitation. (PkVel: 3.8m/s, MnGd: 33mmHg, AVA:0.99cm2). Mild mitral regurgitation.
4. Severely dilated left atrium. Mildly dilated right atrium.
5. Mildly dilated aortic root (37mm) and ascending aorta (43mm).
6. Small pericardial effusion over the RA/RV (max: 7mm). No echo features of tamponade.

COMMENTS: Although the peak and mean gradient are essentially unchanged from the previous study, the LVOT was 26mm on the previous study (March 2024) and on this study was 25mm which makes the valve area smaller. The LV dysfunction in this study is also an added factor in decreasing the peak gradient. I feel overall the valve area is in the region of 1.1-1.2cm*2 which is in the moderate to severe, but not severe range. Coronary angiography and left heart catheterisation would be of help, however the final decision is with Dr Rogers.

CHAMBERS

LEFT VENTRICLE: Mildly dilated LV with mild-moderate systolic dysfunction. Mild LV wall thickening.

LEFT ATRIUM: Severely dilated left atrium.

RIGHT VENTRICLE: Normal RV size and systolic function.

RIGHT ATRIUM: Mildly dilated right atrium.

PERICARDIUM: Small pericardial effusion over the RA/RV (max: 7mm). No echo features of tamponade.

AORTA: Mildly dilated aortic root and ascending aorta. Normal calibre arch.

VALVES

AORTIC: Trileaflet, with moderate-severe calcific aortic valve

stenosis by AVA / DVI. Mild regurgitation (LVOT Vel: 0.8m/s, LVOT VTI: 17.4cm, AoV PkVel: 3.8m/s, AoV VTI: 86cm, PkGd: 57mmHg, AoV MnGd: 33mmHg, AVA: 0.99cm², LVOTd: 25mm, DVI: 0.2).

MITRAL: Mildly thickened leaflets with mild regurgitation. (E: 0.9m/s, e'med: 6.7cm/s, e'lat: 7cm/s, E/e' Avg: 12.9).

PULMONARY: Normal leaflet motion. Trivial regurgitation. (RVOT PkVel: 0.6m/s, PV PkVel: 1.0m/s).

TRICUSPID: Normal leaflet motion with trivial regurgitation.

PASP: Mildly elevated pulmonary artery systolic pressure. (TR PkVel: 2.8m/s, TRPkGd: 31mmHg, RAP: 8mmHg, PASP: 39mmHg, IVC: 25mm).

MEASUREMENTS:

AoRoot:	37 (31-37mm)	AscAo:	43 (<37mm)	LVEF(Visual):	40 (>51%)
LVEDD:	63 (42-58mm)	AoArch:	30 (<37mm)	LVEF(BP):	(>51%)
LVESD:	46 (<40mm)	LA(A-P):	49 (<40mm)	FR Short:	27 (>34%)
IVS:	13 (6-10mm)	LAVI:	58 (<34ml/m2)	RV Basal:	38 (<42mm)
PW:	12 (6-10mm)	RAVI:	40 (<32ml/m2)	TAPSE:	22 (>17mm)

Dr Fred Nasser

Electronically verified by: Dr Fred Nasser - 26/03/2025 14:20

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