



Royal North Shore Hospital

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Transesophageal Echocardiography (TEE) Study

Procedure date/time:	12/06/2025 7:07 AM	Accession no:	1950116398
Patient name:	EDWARDS Frederick	Patient ID:	2354436
Date of birth:	22/12/1937	Age:	87 year(s)
		Gender:	Male

Procedure Staff

Referring Physician: Bhindi Ravinay

Interpreting Physician: Dr Malcolm Anastasius

Advanced Trainee: Dr Bernard Chan

Proc. sub type: TEE procedure

Indications

MBS Code: 55118 - TOE

Aortic Valve

Right Ventricle

Mitral Valve

Tricuspid Valve

TR velocity: 2.1 m/s

Procedure Summary

Summary:

Dilated left ventricle, normal wall thickness and mild-moderate systolic dysfunction (LVEF 40-45%); akinetic basal inferior and base-mid inferolateral wall.

Moderately dilated right ventricle and mild systolic dysfunction.

Severe, posteriorly directed, mitral regurgitation; ischemic secondary MR with restricted posterior leaflet motion; EROA 0.42 cm², regurgitant volume 66mL. Mild indentation between P2/P3 segments; MR originates predominantly at A2/P2 and A3/P3; feasible for MitraClip/TEER, consider x1 NTW at medial aspect of A2/P2 and 2nd Clip at central A2/P2.

Type IIIa tricuspid valve; moderate to severe tricuspid regurgitation; Peak flow velocity 2.1 m/sec, predicting pulmonary artery systolic pressure of 18 mmHg + RAP.

Findings (Rest)

<u>Left Ventricle:</u>	Dilated left ventricle, normal wall thickness and mild-moderate systolic dysfunction (LVEF 40-45%); akinetic basal inferior and base-mid inferolateral wall.
<u>Right Ventricle:</u>	Moderately dilated right ventricle and mild systolic dysfunction.
<u>Left Atrium:</u>	Severely dilated left atrium. No thrombus within the left atrium or left atrial appendage.
<u>Right Atrium:</u>	Severely dilated right atrium.
<u>Aortic Valve:</u>	Trileaflet aortic valve, sclerotic leaflets. Mild aortic regurgitation.
<u>Mitral Valve:</u>	Severe, posteriorly directed, mitral regurgitation; ischemic secondary MR with restricted posterior leaflet motion; EROA 0.42 cm ² , regurgitant volume 66mL. Mild indentation between P2/P3 segments; MR originates predominantly at A2/P2 and A3/P3; 3D MVA 6.9cm ² ; transmitral gradient 2 mmHg (HR 90 bpm); feasible for MitraClip/TEER, consider x1 NTW at medial aspect of A2/P2 and 2nd Clip at central A2/P2.
<u>Tricuspid Valve:</u>	Type IIIa tricuspid valve; moderate to severe tricuspid regurgitation (EROA 0.5cm ² cm ² , regurgitant volume 35mL). Peak flow velocity 2.1 m/sec, predicting pulmonary artery systolic pressure of 18 mmHg + RAP.
<u>Pulmonary Valve:</u>	Mild pulmonary regurgitation.
<u>Pericardium & Pleura:</u>	No evidence of pericardial effusion.
<u>Septa & Shunts:</u>	Intact atrial septum, no evidence of a patent foramen ovale or ASD



Electronically signed by Dr Malcolm Anastasius (Interpreting Physician) on 12/06/2025 at 1:35 PM