



# Royal North Shore Hospital

Department of Cardiology  
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## Transthoracic Echocardiography (TTE) Study

<b>Procedure date/time:</b>	22/05/2025 1:57 PM	<b>Accession no:</b>	RNS-ECHO-25-3124
<b>Patient name:</b>	PAVLIDIS Angelo	<b>Patient ID:</b>	1238588
<b>Date of birth:</b>	23/01/1951	<b>Age:</b>	74 year(s)
<b>Height:</b>	164 cm	<b>Gender:</b>	Male
<b>Weight:</b>	89 kg	<b>BSA:</b>	2 m <sup>2</sup>

### Procedure Staff

<b>Interpreting Physician:</b> Dr Fred Nasser	<b>Sonographer:</b> Michaela Kalogiros
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**Proc. sub type:** TTE procedure

### Indications

Aortic stenosis.  
MBS Code: 55127 - valvular dysfunction (serial)

### Additional Indications

B/G CABG, moderate-severe aortic stenosis.

### Procedure Information

<b>HR:</b>	60 bpm	<b>Source:</b>	Outpatient
<b>Rhythm:</b>	SR with BBB	<b>Study location:</b>	Echo lab 1
<b>Image quality:</b>	Poor visualization	<b>Specialty:</b>	Cardiology
		<b>Limitation reason:</b>	Body habitus
<b>Procedure consent:</b>	Yes		

### Measurements

#### Dimensions

Sinus of Valsalva:	3.5 cm	LV Internal Dimension (end dias):	4.4 cm
Sinus of Valsalva index:	2.1 cm/m	LV Internal Dimension (end sys):	3.2 cm
Septal Thickness:	1.4 cm	RA area:	16.3 cm <sup>2</sup>
Post LV Wall Thickness:	1.4 cm	RA volume index:	24.3 ml/m <sup>2</sup>
LA area:	21.5 cm <sup>2</sup>	LA volume (BP) index:	41.7 ml/m <sup>2</sup>
LA volume (BP):	81.5 ml		

**Aortic Valve**

AV Peak velocity:	3.8 m/s
AV Peak gradient:	57.2 mmHg
AV Mean gradient:	33.2 mmHg
AV VTI:	95.5 cm
LVOT diameter:	2.2 cm
LVOT peak velocity:	0.8 m/s
LVOT VTI:	18.2 cm
AVA (Continuity):	0.7 cm <sup>2</sup>
AVA Indexed:	0.4 cm <sup>2</sup> /m <sup>2</sup>
SV Indexed:	35.4 ml/m <sup>2</sup>

**Right Ventricle**

TAPSE:	2 cm
RV s' velocity:	0.11 m/s
RV basal diam:	4.8 cm
RV mid diam:	3.2 cm

**LV Ejection Fraction - Simpson**

LVEDV (Biplane):	81.4 ml
LVEDVI (Biplane):	41.7 ml/m <sup>2</sup>
EF (Biplane):	54.1 %

**Ejection Fraction - 3D****Mitral Valve**

MV Peak E-wave:	0.782 m/s
MV Peak A-wave:	1.2 m/s
Lateral E' velocity:	0.056 m/s
Septal E' velocity:	0.03 m/s
E/E' lateral:	13.94
E/E' septal:	26.24
E/E' average:	20.09

**Tricuspid Valve**

TR velocity:	2.3 m/s
IVC Max:	1.4 cm
IVC Min:	0.5 cm
IVC Collapsibility index:	61.2 %

**Findings (Rest)**

<b><u>Left Ventricle:</u></b>	Normal left ventricular chamber size, moderately increased wall thickness, and normal systolic function. Ejection fraction estimated at 54%. Unable to assess for regional wall motion abnormalities due to poor endocardial border definition.
<b><u>Right Ventricle:</u></b>	Mildly dilated right ventricular size and preserved systolic function.
<b><u>Left Atrium:</u></b>	Mildly dilated left atrium.
<b><u>Right Atrium:</u></b>	Normal right atrial size.
<b><u>Aortic Valve:</u></b>	Calcified trileaflet aortic valve with restriction of opening on 2D imaging, predominately the right coronary cusp. PG/MG 57/33, AVA 0.7; Doppler data as above consistent with moderate-severe aortic stenosis. Trivial aortic regurgitation.
<b><u>Aorta:</u></b>	Mildly dilated aortic root at the sinuses (3.5 cm) and dilated ascending aorta (3.6 cm).
<b><u>Mitral Valve:</u></b>	Moderate posterior mitral annular calcification with mildly thickened leaflets. No evidence of mitral stenosis. Trivial mitral regurgitation.
<b><u>Tricuspid Valve:</u></b>	Structurally normal tricuspid leaflets. Mild tricuspid regurgitation. Estimated right ventricular systolic pressure 24 mmHg (assuming a right atrial pressure of 3 mmHg)
<b><u>Pulmonary Valve:</u></b>	Normal pulmonary valve structure with trivial pulmonary regurgitation.
<b><u>Pericardium &amp; Pleura:</u></b>	No pericardial effusion detected. Possible echodense material in pericardial space ? adipose tissue.
<b><u>Septa &amp; Shunts:</u></b>	No colour Doppler evidence of an intracardiac shunt but cannot be excluded with a transthoracic study.
<b><u>Additional Findings:</u></b>	Normal inferior vena caval size and normal collapsibility with inspiration.

A handwritten signature in black ink, appearing to read 'Fred Nasser', is positioned in the upper left area of the page.

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Electronically signed by Dr Fred Nasser (Interpreting Physician) on 23/05/2025 at 4:53 PM