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HunterNewEnglandLHD

John Hunter Cardiology

Ref Dr: Prof. Andrew Boyle

Merewether Cardiology, 6-8 Lingard Street

Merewether NSW 2291 Fax: 02 4963 4781

Patient ID: 0285064/N4459112 Ward/Clinic: JHH Outside Referral

Patient Name:

ELEONORA ANGELA MOELLE

DOB:

21-02-1933 **Reported By:** Heather Cooke

Address:

58 PELL STREET

MEREWETHER 2291

Exam Date: 04-03-2025 12:00

Study Date: 2025-03-04 11:14:24

Tech: SS/HC

BSA:

Weight(Kg):

Order Provider: BOYLE, ANDREW

Hospital:

John Hunter Hospital (including Royal Newcastle Centre).

Procedures:

Transesophageal Echo Report:

TOE performed with the patient in the post-absorptive state. Continuous HR, BP, ECG and

O2 sat monitoring was performed during the procedure.

Indications:

Mitral Valve Disorder. Flail posterior mitral valve leaflet. Ruptured cord ? suitable for mitraclip.

Conclusions:

Normal left ventricular size and reduced function in context of severity of mitral regurgitation.

Severe mitral regurgitation secondary to flail leaflet.

Mild tricuspid regurgitation.

Findings:

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Left Ventricle:

Normal left ventricular systolic function. Normal left ventricular size. Ejection fraction is visually estimated at 60%. No left ventricular thrombus visualized.

Right Ventricle:

Normal right ventricular size. Normal right ventricular systolic function.

Left Atrium:

There is severe enlargement of left atrium.

Atrial Septum:

Normal atrial septum. Atrial septum color Doppler interrogation consistent with a PFO.

Ventricular Septum:

Normal interventricular septum was seen.

Mitral Valve:

Severe mitral valve regurgitation secondary to posterior flail P2/P3 segment. Posterior leaflet length P1 1.15cm, P2 2cm, P3 2.4cm. No evidence of mitral stenosis (Mean pressure

gradient 1mmHg). Mitral valve area 6.12cm2.

Aortic Valve:

Normal appearance and function of the aortic valve. Trileaflet aortic valve. No aortic regurgitation.

Tricuspid Valve:

Normal appearance of the tricuspid valve. There is mild tricuspid regurgitation.

Pulmonic Valve:

The pulmonic valve is not well visualized.

Pericardium:

Normal pericardium with no significant pericardial effusion.

Aorta:

There is mild atherosclerosis in the descending aorta.

Electronically Signed By:

Heather Cooke

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CC1:

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CC3: