Specialist Echocardiography Services
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Transthoracic Echocardiogram Report

Patient	VAN DE VELDE, JANICE NSP MRN: ME00225818					Date	21-02-2025
DOB	01-06-1936	Sex	F			Patient ID	JV010636
Referred by	Dr C Choong					Study ID	A571/25
Height	1.57 m	Weight	59 KG	BSA	1.59 m2	Heart rhythm/rate	AFib 68/min
Indication	Chronic AF. Previoous torrential TR (atrial functional) and moderate to severe MR (atrial functional). H/O TAVI Nov 2023. Now post CCF medical optimisation. Euvolaemic. Progress TTE to re-assess LV, RV, MR TR and PASP. For TriClip?						

Measurements

LV/Atrial Chamber Size		Diastology		RV Function/Pulmonary HTN		Aortic Valve	
LVIDd:	4.5 cm	E vel:	110 cm/s	RVS' :	9 cm/s	AV Vmax:	191 cm/s
LVIDs:	3.3 cm	Decel time:	-	TAPSE:	15 mm	AV PG:	15 mmHg
IVSWd:	1.3 cm	A vel:	-	RV Frac:	-	AV MG:	8 mmHg
LVPWd:	1.3 cm	E/A:	-	PAAT:	77 ms	AV VTI:	35.1 cm
LA size:	5.1 cm	E' sept:	6.0 cm/s	RV Base:	-	LVOT Vmax:	86 cm/s
EF BP:		E' lateral:	13.9 cm/s	RV Mid. :	-	LVOT VTI:	17.3 cm
LA Area:	35 cm2	E/E' avg:	13.1	RV Length:	-	AVA VTI:	1.4 cm2
LA Vol Ind:	87 ml/m2			TR Vmax:	3.2 m/s	AVAi:	0.88 cm2/m2
RA Area:	34 cm2			RVSP-RA:	41 mmHg	SVi:	30.8 mL/m2
GLS:	[-]			IVC:	2.4 cm		
				Collapse=>50%:	Yes		

Mitral Valve		Aorta		Tricuspid Valve		Pulmonary Valve	
MV MG:	-	LVOT Diam:	1.9 cm	TV MG:		PV Vmax:	106 cm/s
PHT:	-	AoRD :	3.3 cm	TV pk E:		PV PG:	4 mmHg
MVA (PHT):	-	Asc Aorta:	3.1 cm			Qp:Qs	
		Arch:	-				

Comments

Left Ventricle	Normal left ventricular chamber size. Moderate septal dyssynchrony. Normal contraction in other segments. Ejection fraction estimated at 60-65%. Flattened interventricular septum in diastole and systole consistent with right ventricular volume and pressure overload.
LV Wall Thickness	Mild concentric left ventricular hypertrophy. Sigmoid shaped septum with moderate focal basal hypertrophy, protruding moderately into the LVOT.
Right Ventricle	Moderately dilated right ventricle. Low normal radial systolic function. Reduced longitudinal function (TAPSE 1.5 cm, RV S' 8 cm/sec).
Left Atrium	Moderately dilated left atrium.
Right Atrium	Moderately dilated right atrium.
Aortic Valve	TAVI prosthesis well seated. Leaflets not seen well. Doppler data as in table above. Normal flow velocity indicating an absence of haemodynamic obstruction. Trivial posterior paravalvular regurgitation.
Mitral Valve	Marked posterior mitral annular calcification extending onto the posterior leaflet. Mildly thickened anterior mitral leaflet. Mild mitral regurgitation.
Tricuspid Valve	Structurally normal tricuspid valve. Severe secondary tricupsid regurgitation, atrial functional. No definite systolic flow reversal seen in the hepatic vein. Marked blunting of systolic fowrad flow.
PASP	PASP 49 mmHg assuming RA pressure of 8 mmHg.
Pulmonary Valve	Trivial pulmonary regurgitation within normal limits.
Aorta	Normal aortic root and ascending aortic sizes.
Pericardium	No pericardial effusion.
Additional Notes	None.

Conclusions

- Atrial fibrillation. 68/min.
- Normal left ventricular chamber size. Moderate septal dyssynchrony. Normal contraction in other segments. Ejection fraction estimated at 60-65%. Flattened interventricular septum in diastole and systole consistent with right ventricular volume and pressure overload. Mild concentric left ventricular hypertrophy. Sigmoid-shaped septum with moderate focal basal hypertrophy, protruding moderately into the LVOT.
- Moderately dilated right ventricle. Low normal radial systolic function. Reduced longitudinal function (TAPSE 1.5 cm, RV S' 8 cm/sec). TAPSE/PASP ratio 0.30
- Moderately dilated left atrium. Moderately dilated right atrium.
- TAVI prosthesis well seated. Leaflets not seen well. Doppler data as in table above. Normal flow velocity indicating an absence of haemodynamic obstruction. Trivial posterior paravalvular regurgitation.
- Marked posterior mitral annular calcification extending onto the posterior leaflet. Mildly thickened anterior mitral leaflet. Mild mitral regurgitation.

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- Structurally normal tricuspid valve. Severe secondary tricuspid regurgitation, atrial functional. No definite systolic flow reversal seen in the hepatic vein. Marked blunting of systolic forward flow noted.
- Moderate pulmonary hypertension.
- C/W the transthoracic echo of 27 Nov 2024, TR is much less (previously torrential), MR is less (previously moderate to severe), PA systolic pressure is lower (previously 77 mmHg).

Cardiologist	Dr Chris Choong	Sonographer:	Helen Gessler
CC To:	NSP Level 1 (email), Professor Ravinay Bhindi, NSP Structural Heart (E: Structuralheart.nsp@ramsayhealth.com.au)		