



Royal North Shore Hospital

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Transesophageal Echocardiography (TEE) Study

Procedure date/time: 22/07/2025 11:24 AM

Patient name: WASHINGTON Bridget Teresa **Patient ID:** 2277255

Date of birth: 8/11/1934 **Age:** 90 year(s)

Gender: Female

Procedure Staff

Referring Physician: Dr Malcolm Anastasius
Interpreting Physician: Dr Malcolm Anastasius
Advanced Trainee: Dr Benjamin Gray

Proc. sub type: TEE procedure

Indications

MBS Code: 55118 - TOE

Aortic Valve

Right Ventricle

Mitral Valve

Tricuspid Valve

TR velocity: 3.2 m/s

Procedure Summary

Summary:

Normal left ventricular chamber size and systolic function in the setting of severe mitral regurgitation.

Normal right ventricular size and systolic function.

Severely dilated atria.

Severe mitral valve regurgitation (EROA 0.55cm², regurgitant volume 61mL), due to anterior leaflet flail (A3 segment), P2 segment prolapse and flail at the lateral aspect of P2; moderate posterior mitral annular calcification; mean transmitral gradient 1mmHg; 3D derived MVA 4.4cm²; challenging for TEER/MitraClip given medial origin of MR, and calcium shelf extending under P3; can consider X1 NTW medially and x1 NT at the lateral aspect of A2/P2

Severe secondary tricuspid valve regurgitation (EROA 0.36cm²); type IIIb tricuspid valve; maximal anteroseptal gap 4mm; GLIDE score 2

Findings (Rest)

<u>Left Ventricle:</u>	Normal left ventricular chamber size and systolic function in the setting of severe mitral regurgitation.
<u>Right Ventricle:</u>	Normal right ventricular size and systolic function.
<u>Left Atrium:</u>	Severely dilated left atrium.
<u>Right Atrium:</u>	Severely dilated right atrium.
<u>Aortic Valve:</u>	Trileaflet aortic valve with mild to moderate aortic stenosis. Mild to moderate regurgitation.
<u>Mitral Valve:</u>	Severe mitral valve regurgitation (EROA 0.55cm ² , regurgitant volume 61mL), due to anterior leaflet flail (A3 segment), P2 segment prolapse and flail at the lateral aspect of P2; moderate posterior mitral annular calcification; mean transmitral gradient 1mmHg; 3D derived MVA 4.4cm ² ; challenging for TEER/MitraClip given medial origin of MR, and calcium shelf extending under P3; can consider X1 NTW medially and x1 NT at the lateral aspect of A2/P2
<u>Tricuspid Valve:</u>	Severe secondary tricuspid valve regurgitation (EROA 0.36cm ²); type IIIb tricuspid valve; maximal anteroseptal gap 4mm; GLIDE score 2
<u>Pulmonary Valve:</u>	Normal pulmonary valve structure and function.
<u>Pericardium & Pleura:</u>	No evidence of pericardial effusion.
<u>Septa & Shunts:</u>	In tact atrial and ventricular septum.



Electronically signed by Dr Malcolm Anastasius (Interpreting Physician) on 22/07/2025 at 6:58 PM