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ECHOCARDIOGRAM REPORT

Re: Mrs Marilyn Smith DOB: 13/05/1948

History: Valve disease. Recurrent APO.

Height: 156cm **Weight:** 79kg

| | | |
|-------------------------------|----|------------------------------|
| 1. Aortic root (sinuses) | 32 | Male 31-37mm, Female 27-33mm |
| 2. Left atrium | 47 | <40mm |
| 3. Septal thickness | 11 | 07 – 10mm |
| 4. LV end diastolic dimension | 45 | Male 42-59mm, Female 39-53mm |
| 5. LV end systolic dimension | 33 | 25 – 41mm |
| 6. Post LV wall thickness | 11 | 07 – 10mm |
| 7. Right ventricle | 30 | 27 – 33mm |

CARDIAC CHAMBERS: Normal left ventricular chamber size and systolic function appears mildly impaired. LVEF 49%. (Simpson's). Inferoseptal hypokinesis. Right ventricular chamber size and systolic function appears normal. Moderately dilated left atrium. No pericardial fluid. Mild LVH. No intracardiac thrombus detected. Normal size IVC >50% collapse. RAP 8mmHg.

CARDIAC VALVES: Mild to moderate aortic regurgitation. Severe aortic stenosis (MG 37mmHg, PG 60mmHg, AVA (VTI) 1.0cm², AVA (index) 0.57cm²/m², AVDI 0.24). Highest gradients at right parasternal views. Mild mitral regurgitation. Thickened mobile leaflets. Mitral valve sclerosis. Trivial tricuspid regurgitation. Pulmonary valve was normal. Moderately elevated pulmonary artery systolic pressure estimated at 47mmHg.

CONCLUSION:

1. Normal LV size with mild systolic function.
2. Severe aortic stenosis. Mild to moderate aortic regurgitation.
3. Mild mitral regurgitation. Mitral valve sclerosis.
4. Moderately dilated left atrium.
5. Atheroma in descending thoracic aorta.

Kind regards,

Tony Kull
Technician: KE

cc Prof Simon Roger; Dr Akshay Athavale