

Stress Echocardiogram Report

Patient	MCGUIRE, STEPHEN					Date	08-04-2025
DOB	22-07-1953	Sex	M			Patient ID	SM220753
Referred by	Prof Gemma Figtree					Study ID	A1222/25 SE
Height	1.77 m	Weight	89 KG	BSA	2.06 m2	Heart rhythm/rate	SR 72/min
Indication	Severe A.S, asymptomatic.						

Physiological Data

Reason for Termination:	Breathlessness 6/10 chest tightness.	Exercise Duration:	07:56
Resting HR:	74 bpm	% Predicted HR:	%
Peak HR:	140 BPM	Resting BP:	125/80 mmHg
METS:	9.5 METS	Peak BP:	150/80 mmHg

Resting ECG

Sinus rhythm. Minor non-specific intraventricular conduction delay.

Resting

Measurement	Results	Estimated Normal Adult Ranges
Aortic Sinus Root	4.4 cm	(2.0 - 3.7cm)
Septal Thickness	1.2 cm	(0.7 - 1.1cm)
Post LV Wall Thickness	1.0 cm	(0.7 - 1.1cm)
LV Internal Dimension (end systole)	3.7 cm	(2.5 - 4.1cm)
LV Internal Dimension (end diastole)	5.5 cm	(3.5 - 5.6cm)
MV Peak E-wave: -	Lateral E` velocity: -	AV Peak velocity: 400 cm/s
MV Peak A-wave: -	Septal E` velocity: -	E/E` Average: -
E/E` Lateral:	E/E` Septal:	LA Area: 25 cm2
RA Area: 22 cm2		

Stress ECG

No ST segment changes with exercise and recovery. 1.0 to 1.5 mm upsloping inferior and anterolateral ST depression at peak exercise and during early recovery.

Focussed LV Study

Normal left ventricular chamber size. Suggestion of inferior and inferolateral hypokinesis. Normal contraction in other segments. Ejection estimated at around 60%. Mild concentric hypertrophy. The reader is referred to the report of the comprehensive rest study performed on 31-3-25. Markedly thickened and calcified aortic leaflets. Number of leaflets present undetermined. Severe stenosis on 2D and Doppler evaluation. Peak flow velocity 4.0 m/sec (PG 64 mmHg, MG 45 mmHg, VTI 107 cm). LVOT flow velocity 0.8 m/sec. No aortic regurgitation detected. Mildly dilated aortic root 4.4 cm.

Stress

Left Ventricle:	Immediately after exercise, left ventricular chamber size is smaller. Inferolateral wall contraction is unchanged. Inferior wall endocardium is not seen well, but inferobasal wall appears akinetic and the rest of the inferior wall appears hypokinetic. . Contraction is greater in all other segments.
Other Comments:	None.

Conclusions

- Moderate exercise capacity (mid Stage III) limited by breathlessness and 6/10 chest tightness.i
- Negative stress ECG
- Resting echocardiogram showing normal LV chamber size with inferolateral and inferior hypokinesis Normal EF. Severe aortic stenosis. Mildly to moderately dilated aortic root. Details as above.
- Positive stress echocardiogram for myocardial ischaemia.

Cardiologist	Dr Chris Choong	Sonographer: Helen Gessler
CC To:	Prof Ravinay Bhindi	