

## **NORTHERN BEACHES HOSPITAL**

Suite 6, Level 6 105 Frenchs Forest Road W Frenchs Forest NSW 2086

#### SYDNEY ADVENTIST HOSPITAL

San Clinic, Level 4, Suite 408 185 Fox Valley Road Wahroonga NSW 2076

Tel: (02) 8488 8900, Email: info@shorecardiology.com.au Web: www.shorecardiology.com.au

# **Transthoracic Echocardiogram Report**

F	Patient	CLARK, Sandra					Date	07-05-2025
	OOB	29-10-1948	Sex	F			Patient ID	2798
F	Referred by	Dr Rajvir Hansra					Heart rhythm	Sinus rhythm
H	·П	1.73 m	WT	114 KG	BSA	2.25 m2	BP	150/70mmHg
Ι	indication	Cardiac review					Report Status	Final

#### Measurements

LV/RV		Aortic Valve	Aortic Valve		Mitral Valve		Diastology	
LVIDd:	4.1 cm	LVOT Vmax:	1.5 m/s	MV MG:		E vel:	1.01 m/s	
LVIDs:	3.0 cm	LVOT VTI:	31 cm	PHT:		Decel time:	247 ms	
IVSWd:	1.1 cm	AV Vmax:	4.0 m/s	MVA (PHT):		A vel:	1.49 m/s	
LVPWd:	1.1 cm	Corrected AV PG:	54 mmHg			E/A:	0.7	
EF Biplane:	-	Corrected AV MG:	33 mmHg			E' sept:	0.04 m/s	
RVS':	0.2 m/s	AV VTI:	80 cm			E' lateral:	0.04 m/s	
RV base:	3.4 cm	AVA VTI:	1.2 cm2			E/E' Avg:	23.4	
TAPSE:	2.5 cm	DSI:	0.39					
GLS:	-							
Chamber size		Aorta		Tricuspid Va	Tricuspid Valve		Pulmonary Valve	
LA Vol Ind:	41 ml/m2	LVOT Diam:	2.0 cm	TR Vmax:	-	PV Vmax:	1.1 m/s	
LA Area:	27 cm2	AoR:	3.6 cm	TR PG:	-	PV PG:	4.7 mmHg	
RA Area:	14 cm2	Asc Aorta:	3.5 cm	RAP: RVSP:	mmHg mmHg			

## **Comments**

Left Ventricle	Normal left ventricular size and systolic function. EF=65%. Mildly increased left ventricular wall thickness with flow acceleration, difficult to accurately assess LVOT obstruction in the setting of AS, however late systolic peaking Doppler increasing from 33mmHg to 101mmHg with Valsalva at the mid-basal level. Grade 2 diastolic dysfunction with elevated filling pressures. Unable to calculate GLS.
Right Ventricle	Normal right ventricular size and function. Thickened free wall
Left Atrium	Mildly dilated left atrial size by volume criteria. PFO with left to right flow by colour Doppler
Right Atrium	Normal right atrial size.
Aortic Valve	Calcific aortic valve with restricted leaflets. Moderate aortic stenosis; highest gradient from apicals. Trivial aortic regurgitation
Mitral Valve	Moderate posterior mitral annular calcification encroaching and restricting the posterior mitral valve leaflet. Thickened and mobile anterior mitral valve leaflet. Mildly increased gradients through the MV - mild stenosis. Trace mitral regurgitation
Tricuspid Valve	Normal tricuspid valve structure and function. Trivial tricuspid regurgitation. Insufficient TR to estimate RVSP
Pulmonary Valve	Normal pulmonic valve structure and function. Trivial pulmonary regurgitation
Aorta	Mildly dilated aortic root and ascending aorta size for BSA. No aortic coarcation.
Pericardium	The pericardium appears normal, with no effusion detected.

## Conclusions

- Normal LV size and systolic function, EF 65%.
- At least mildly increased left ventricular wall thickness with mid-basal LVOT obstruction
- Normal RV size and systolic function.
- Moderate calcific aortic stenosis with trivial regurgitation
- Posterior MAC with restricted PMVL, mildly increased gradients.
- Insufficient TR to estimate RVSP
- No pericardial effusion.

Cardiologist Dr Ferris Touma Sonographer: Tianna Rasmussen