

Transthoracic Echocardiogram Report

Patient	DUNBAR, THOMAS	ME00467507	Date	24-07-2025
DOB	23-01-1938	Sex M	Patient ID	TD230138
Referred by	Dr Peter Hansen	E: info@northernheartcentre.com.au	Study ID	A2912/25
Height	1.69 m	Weight 66 KG	BSA 1.76 m2	Heart rhythm/rate Pacing 65bpm
Indication	TAVI work-up			

Measurements

LV/Atrial Chamber Size		Diastology		RV Function/Pulmonary HTN		Aortic Valve	
LVIDd:	6.3 cm	E vel:	64 cm/s	RVS' :	7 cm/s	AV Vmax:	246 cm/s
LVIDs:	5.3 cm	Decel time:	164 ms	TAPSE:	1.7 cm	AV PG:	24 mmHg
IVSWd:	0.9 cm	A vel:	22 cm/s	RV Frac:	-	AV MG:	13 mmHg
LVPWd:	1.0 cm	E/A:	2.9	PAAT:	116 ms	AV VTI:	52.5 cm
LA size:	-	E' sept:	4.5 cm/s	RV Base:	4.6 cm	LVOT Vmax:	57 cm/s
EF BP:	-	E' lateral:	3.0 cm/s	RV Mid. :	-	LVOT VTI:	11 cm
LA Area:	29 cm2	E/E' avg:	-	RV Length:	-	AVA VTI:	0.8 cm2
LA Vol Ind:	55 ml/m2			TR Vmax:	2.8 m/s	AVAi:	0.45 cm2/m2
RA Area:	18 cm2			RVSP-RA:	-	SVi:	24 mL/m2
GLS:	[-]			IVC:	-	DVI	0.23
				Collapse=>50%:	[Yes]		
Mitral Valve		Aorta		Tricuspid Valve		Pulmonary Valve	
MV MG:	1 mmHg	LVOT Diam:	2.2 cm	TV MG:		PV Vmax:	-
PHT:	-	AoRD :	3.6 cm	TV pk E:		PV PG:	-
MVA (PHT):	-	Asc Aorta:	4.1 cm			Qp:Qs	
		Arch:	-				

Comments

Left Ventricle	Mildly to moderately dilated left ventricle. Apex and septum akinetic. Rest of the left ventricle severely hypokinetic except the base of the inferolateral wall which is moderately hypokinetic. . Ejection fraction estimated at around 20%.
LV Wall Thickness	Normal left ventricular wall thickness.
Right Ventricle	Moderately dilated right ventricle. Moderately hypokinetic.
Left Atrium	Mildly to moderately dilated left atrium.
Right Atrium	Upper normal RA size.
Aortic Valve	Markedly thickened and calcified aortic leaflets. Functionally bicuspid aortic valve with fusion of the left and non coronary leaflets. Markedly reduced valve opening on 2D. Doppler data as in table above. Findings consistent with low flow, low gradient severe stenosis with poor LV ejection fraction. Pseudostenosis unlikely. Trivial aortic regurgitation within normal limits.
Mitral Valve	Mild mitral annular calcification. Moderate mitral regurgitation.
Tricuspid Valve	Normal tricuspid valve structure. Mild tricuspid regurgitation.
PASP	PASP 35 mmHg assuming RA pressure of 3 mmHg.
Pulmonary Valve	Normal pulmonary valve structure and function.
Aorta	Normal aortic root size. Mildly dilated ascending aorta.
Pericardium	No pericardial effusion.
Additional Notes	Bilateral pleural effusions. No mass seen. No shunt detected with colour Doppler evaluation. No atrial septal aneurysm.

Conclusions

- Device leads in the right heart. Atrial sensing or pacing with sequential ventricular pacing/BBB. 65/min.
- Mildly to moderately dilated left ventricle. Apex and septum akinetic. Rest of the left ventricle severely hypokinetic except the base of the inferolateral wall which is moderately hypokinetic. Ej ection fraction estimated at around 20%.
- Normal left ventricular wall thickness.
- Moderately dilated right ventricle. Moderately hypokinetic.
- Mildly to moderately dilated left atrium.
- Upper normal RA size.
- Markedly thickened and calcified aortic leaflets. Functionally bicuspid aortic valve with fusion of the left and non coronary leaflets. Markedly reduced valve opening on 2D. Doppler data as in table above. Findings consistent with low flow, low gradient severe stenosis with poor LV ejection fraction. Pseudostenosis unlikely given the marked calcification of the leaflets with extensive fusion of the left and non-coronary leaflets. Trivial aortic regurgitation within normal limits.
- Mild mitral annular calcification. Moderate mitral regurgitation.
- Normal tricuspid valve structure. Mild tricuspid regurgitation.

Specialist Echocardiography Services

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