**Specialist Echocardiography Services**
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# Transthoracic Echocardiogram Report

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|---|---|---|---|---|---|---|---|
| Patient | GAFFNEY, MARIAN ME00143507 | | | | | Date | 08-07-2025 |
| DOB | 18-07-1943 | Sex | F | | | Patient ID | MG180743 |
| Referred by | Dr Peter Hansen E: info@northernheartcentre.com.au | | | | | Study ID | A2715/25 |
| Height | 1.52 m | Weight | 70 KG | BSA | 1.67 m2 | Heart rhythm/rate | SR/ 78 bpm |
| Indication | TAVI workup. | | | | | | |

## Measurements

| LV/Atrial Chamber Size | | Diastology | | RV Function/Pulmonary HTN | | Aortic Valve | |
|---|---|---|---|---|---|---|---|
| LVIDd: | 4.2 cm | E vel: | 138 cm/s | RVS' : | 12 cm/s | AV Vmax: | 400 cm/s |
| LVIDs: | 2.9 cm | Decel time: | 256 ms | TAPSE: | 1.5 cm | AV PG: | 64 mmHg |
| IVSWd: | 1.0 cm | A vel: | 113 cm/s | RV Frac: | - | AV MG: | 38 mmHg |
| LVPWd: | 0.9 cm | E/A: | 1.2 | PAAT: | 69 ms | AV VTI: | 93.0 cm |
| LA size: | - | E' sept: | 3.0 cm/s | RV Base: | 4.1 cm | LVOT Vmax: | 126 cm/s |
| EF BP: | - | E' lateral: | 4.9 cm/s | RV Mid. : | - | LVOT VTI: | 25.0 cm |
| LA Area: | 31 cm2 | E/E' avg: | - | RV Length: | - | AVA VTI: | 0.7 cm2 |
| LA Vol Ind: | 70 ml/m2 | | | TR Vmax: | 2.8 m/s | AVAi: | 0.41 cm2/m2 |
| RA Area: | 14 cm2 | | | RVSP-RA: | 31 mmHg | SVi: | 38 mL/m2 |
| GLS: | [-] | | | IVC: | 1.7 cm | | |
| | | | | Collapse=>50%: | Yes | | |
| **Mitral Valve** | | **Aorta** | | **Tricuspid Valve** | | **Pulmonary Valve** | |
| MV MG: | 6 mmHg | LVOT Diam: | 1.8 cm | TV MG: | | PV Vmax: | - |
| PHT: | 77 ms | AoRD : | 2.6 cm | TV pk E: | | PV PG: | - |
| MVA (PHT): | 3 cm2 | Asc Aorta: | 3.0 cm | | | Qp:Qs | |
| | | Arch: | 3.4 cm | | | | |

## Comments

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|---|---|
| Left Ventricle | Normal left ventricular size and systolic function. Left ventricular ejection fraction estimated at around 65%. |
| LV Wall Thickness | Normal left ventricular wall thickness. |
| Right Ventricle | Normal right ventricular chamber size and systolic function. |
| Left Atrium | Moderately dilated left atrium. |
| Right Atrium | Normal right atrial size. |
| Aortic Valve | Trileaflet aortic valve. Markedly thickened and calcified leaflets. Markedly restricted valve opening on 2D (clips 22,23,28). Doppler data as in table above. Findings consistent with severe stenosis. Trivial aortic regurgitation within normal limits. |
| Mitral Valve | Marked posterior mitral annular calcification extending onto the posterior leaflet. Moderately thickened anterior mitral leaflet. Mild stenosis on 2D and Doppler evaluation. Mean diastolic pressure gradient 6 mmHg. Pressure half time 77 msec, equivalent to an area of 2.8 cm2. Mild mitral regurgitation. |
| Tricuspid Valve | Normal tricuspid valve structure. Mild tricuspid regurgitation. |
| PASP | PASP 34 mmHg assuming RA pressure of 3 mmHg. |
| Pulmonary Valve | Normal pulmonary valve structure and function. Trivial pulmonary regurgitation within normal limits. |
| Aorta | Normal aortic root and ascending aortic sizes. |
| Pericardium | No pericardial effusion. |
| Additional Notes | No mass seen. No shunt detected with colour Doppler evaluation. No atrial septal aneurysm. |

## Conclusions

- Sinus rhythm. 78/min.
- Normal left ventricular size and systolic function. Left ventricular ejection fraction estimated at around 65%. Normal wall thickness.
- Normal right ventricular chamber size and systolic function. Moderately dilated left atrium. Normal right atrial size.
- Trileaflet aortic valve. Markedly thickened and calcified leaflets. Markedly restricted valve opening on 2D (clips 22,23,28). Doppler data as in table above. Findings consistent with severe stenosis. Trivial aortic regurgitation within normal limits.
- Marked posterior mitral annular calcification extending onto the posterior leaflet. Moderately thickened anterior mitral leaflet. Mild stenosis on 2D and Doppler evaluation. Mean diastolic pressure gradient 6 mmHg. Pressure half time 77 msec, equivalent to an area of 2.8 cm2. Mild mitral regurgitation.
- Normal tricuspid valve structure. Mild tricuspid regurgitation. Upper normal pulmonary artery pressure.
- No pericardial effusion.

Cardiologist Dr Chris Choong Sonographer: Chris Zhu

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