Royal North Shore Hospital

Health Northern Sydney Local Health District

Department of Cardiology
Level 4 Acute Services Building
Pacific Highway, St Leonards NSW 2065
Phone: 61 2 9463 2500 Fax: 61 2 9463 2050

Transthoracic Echocardiography (TTE) Study

Procedure date/time:	15/07/2025 9:50 AM	**Accession no:**	1974086629
Patient name:	WASHINGTON Bridget Teresa	**Patient ID:**	2277255
Date of birth:	8/11/1934	**Age:**	90 year(s)
Height:	160 cm	**Gender:**	Female
Weight:	47 kg	**BSA:**	1.5 m²

Procedure Staff

Referring Physician: Partyka Chris Luke
Sonographer: Michaela Kalogiros
Interpreting Physician: Dr Malcolm Anastasius

Proc. sub type: TTE procedure

Indications

?Right Heart Failure.
MBS Code: 55126 - TTE (initial, only assign once/24 months)

Additional Indications

Worsening SOB; pul oedema, bilateral pleural effusions.

Procedure Information

HR:	73 bpm	**Source:**	Inpatient
Image quality:	Poor visualization	**Study location:**	Treatment room
		Specialty:	Cardiothoracic
		Limitation reason:	Supine

Procedure consent: Yes, verbal consent given
Comments: Patient supine and upright. ?Complete heart block.

Measurements

Dimensions

Sinus of Valsalva:	3.3 cm	LV Internal Dimension (end dias):	3.8 cm
Sinus of Valsalva index:	2.06 cm/m	LV Internal Dimension (end sys):	2.6 cm
Septal Thickness:	1.3 cm	RA area:	36.5 cm²
Post LV Wall Thickness:	1.3 cm	RA volume index:	74.5 ml/m²
LA area:	47.9 cm²	LA volume (BP) index:	140.9 ml/m²
LA volume (BP):	206 ml		

Aortic Valve

AV Peak velocity:	2.8 m/s
AV Peak gradient:	30.7 mmHg
AV Mean gradient:	16 mmHg
AV VTI:	56.1 cm
LVOT diameter:	1.8 cm
LVOT peak velocity:	1.3 m/s
LVOT VTI:	24.4 cm
AVA (Continuity):	1.1 cm²
AVA Indexed:	0.8 cm²/m²
SV Indexed:	42.5 ml/m²

Mitral Valve

MV Peak E-wave:	1.57 m/s
Lateral E' velocity:	0.084 m/s
Septal E' velocity:	0.06 m/s
E/E' lateral:	18.69
E/E' septal:	26.17
E/E' average:	22.43

Tricuspid Valve

TR velocity:	3.4 m/s
IVC Max:	2.3 cm

Right Ventricle

TAPSE:	1.8 cm
RV s' velocity:	0.073 m/s
RVFAC:	35.92 %
RV basal diam:	3.6 cm
RV mid diam:	2.8 cm

LV Ejection Fraction - Simpson

LVEDV (Biplane):	61.2 ml	LVESV (Biplane):	20.9 ml
LVEDVI (Biplane):	41.9 ml/m²	LVESVI (Biplane):	14.3 ml/m²
EF (Biplane):	65.8 %		

Ejection Fraction - 3D

Procedure Summary

Summary:

Normal left ventricular chamber size, mild-moderately increased wall thickness, and normal systolic function. Ejection fraction estimated at 65%.
Normal right ventricular size and systolic function.
Severely dilated atria.
Tricuspid aortic valve; moderate aortic stenosis (AVA 1.1cm2, PG/MG 31/16mmHg, DVI 0.43); mild-moderate aortic regurgitation
Severe, posteriorly directed mitral valve regurgitation due to anterior mitral leaflet flail; posterior leaflet prolapse; moderate posterior mitral annular calcification; mean transmitral gradient 4mmHg (HR 67bpm).
Severe tricuspid regurgitation; severely elevated right ventricular systolic pressure, 61 mmHg

Findings (Rest)

Left Ventricle:	Normal left ventricular chamber size, mild-moderately increased wall thickness, and normal systolic function. Ejection fraction estimated at 65%.
Right Ventricle:	Normal right ventricular size and systolic function.
Left Atrium:	Severely dilated left atrium.
Right Atrium:	Severely dilated right atrium.
Aortic Valve:	Tricuspid aortic valve; moderate aortic stenosis (AVA 1.1cm2, PG/MG 31/16mmHg, DVI 0.43); mild-moderate aortic regurgitation
Aorta:	Normal aortic root 3.3 cm and ascending aorta size 3.6 cm
Mitral Valve:	Severe, posteriorly directed mitral valve regurgitation due to anterior mitral leaflet flail; posterior leaflet prolapse; moderate posterior mitral annular calcification; mean transmitral gradient 4mmHg (HR 67bpm).
Tricuspid Valve:	Severe tricuspid regurgitation supported by hepatic venous systolic flow reversal; severely elevated right ventricular systolic pressure, 61 mmHg (assuming a right atrial pressure of 15 mmHg)
Pulmonary Valve:	Trivial pulmonary valve regurgitation.
Pericardium & Pleura:	No pericardial effusion; left sided pleural effusion.
Septa & Shunts:	No colour Doppler evidence of an intracardiac shunt but cannot be excluded with a transthoracic study.
Additional Findings:	Dilated inferior vena caval size and reduced collapsibility with inspiration (estimated RAP 15mmHg)

Electronically signed by Dr Malcolm Anastasius (Interpreting Physician) on 15/07/2025 at 3:11 PM