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ECHOCARDIOGRAPHY SERVICES

Dr. Malcolm Anastasius FRACP PhD FACC FSCAI

NAME:	**Mr. Donald Low**	**REFERRING DOCTOR:**	**Dr Peter Hansen**
NSP MRN:	**ME00195919**		
ADDRESS:		**EMAIL:**	
		SONOGRAPHER:	**Dr Malcolm Anastasius**
DOB:	**26/11/1944**	**ECHO NO:**	
HEIGHT:		**STUDY DATE:**	**05/06/2025**
WEIGHT			
BSA:			

CLINICAL DIAGNOSIS/INDICATION: **Evaluation of mitral and tricuspid valve regurgitation**

Transesophageal echocardiogram was performed with anaesthetic support, operating theatres North Shore Private Hospital. The study was diagnostic in quality.

CARDIAC CHAMBERS:

Dilated left ventricle, normal wall thickness and severe systolic dysfunction (ejection fraction 20%).

Severely dilated right ventricle and moderate-severe systolic dysfunction (TAPSE 1.1cm, RV S' 7cm/s, RV FWS -12.5%).

The aortic root was normal in size (3.2cm). Severely dilated right and left atria; no left atrial or left atrial appendage thrombus.

CARDIAC VALVES:

Severe secondary mitral valve regurgitation, predominant ventricular mechanism with posterior leaflet restriction; broad MR jet arising from the medial aspect of A2/P2 and extending to A1/P1 segments; indentation between A2/A3 segments and P2/P3 segments, however no MR originates between the A2/A3 indentation (EROA 0.7cm2, regurgitant volume 89mL, PISA radius 1.1cm, peak

MR velocity 3.8m/s, VTI 124cm), MVA 12cm2, mean transmitral gradient 1mmHg (HR 80bpm); leaflet lengths at P3 10mm, P2 11mm, P1 10mm; challenging mitraClip/TEER given medial indentations; however can consider x2/3 Clips, medial aspect of A2/P2, and then A2/P2 and A1/P1

Severe secondary tricuspid valve regurgitation (PISA radius 1.1cm, aliasing velocity 0.34m/s, peak TR velocity 1.4m/s, VTI 35cm, EROA 1.8cm2; type IIIb tricuspid valve, broad TR origin, arising between the anterior/septal, posterior/septal and anterior/posterior tricuspid valve leaflets, maximal coaptation gap 15/16mm (anteroseptal/central location). Centrally located RV device lead with no associated tethering of tricuspid leaflets. GLIDE score 3; challenging for tricuspid TEER/Clip given large coaptation gap and star-shaped en face TR morphology.

Tricuspid aortic valve, sclerotic leaflets with mild aortic valve regurgitation
Trivial pulmonary valve regurgitation.

PERICARDIUM:
No pericardial effusion

OTHER:
No PFO/ASD
CRT-D device leads in right heart chambers

CONCLUSION:

Dilated left ventricle, normal wall thickness and severe systolic dysfunction (ejection fraction 20%).

Severely dilated right ventricle and moderate-severe systolic dysfunction (TAPSE 1.1cm, RV S' 7cm/s, RV FWS -12.5%).

Severe secondary mitral valve regurgitation, predominant ventricular mechanism with posterior leaflet restriction; broad MR jet arising from the medial aspect of A2/P2 and extending to A1/P1 segments; challenging mitraClip/TEER given medial indentations; however can consider x2/3 Clips, medial aspect of A2/P2, and then A2/P2 and A1/P1

Severe secondary tricuspid valve regurgitation (PISA radius 1.1cm, aliasing velocity 0.34m/s, peak TR velocity 1.4m/s, VTI 35cm, EROA 1.8cm2; type IIIb tricuspid valve, broad TR origin, arising between the anterior/septal, posterior/septal and anterior/posterior tricuspid valve leaflets. GLIDE score 3; tricuspid TEER/Clip not feasible at present given large coaptation gap and star-shaped en face TR morphology.

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