

Transthoracic Echocardiogram Report-Final

Patient	EDWARDS, FREDERICK				Date	22-10-2024
Patient ID/Gen	EDWFRE121937 / M				Date of Birth	22-12-1937
Referred by	Dr Rao	Image Quality	good		Heart rhythm	Atrial fibrillation with controlled rate
Indication	Ischaemic cardiomyopathy. Hx CABG. Review cardiac structure and function	Ht	1.77 m	Wt	61 KG	BSA 1.76 m2
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Measurements

LV/RV	Aortic Valve	Mitral Valve	Diastology
LVIDd: 5.3 cm	LVOT Vmax: 0.91 m/s	MV MG:	E vel: 0.99 m/s
LVIDs: 4.2 cm	LVOT VTI: 18.3 cm	MVA (VTI):	Decel time: -
IVSWd: 1.0 cm	AV Vmax: 1.23 m/s		A vel: -
LVPWd: 1.1 cm	AV PG: 6 mmHg		E/A: -
LV EF (2D): 43 %	AV MG: 4 mmHg		E' sept: -
LV FS (2D) 21 %	AV VTI: 30.6 cm		E' lateral: -
LV EF (BP)	AVA (VTI): 1.3 cm2		E/E':
RV Base 4.4cm	AR PHT: 718ms		
TAPSE: -			
RVS' -			
Chamber size	Aorta	Tricuspid Valve	Pulmonary Valve
LA Area: 30 cm2	LVOT Diam: 1.6 cm	TR Vmax: 2.7 m/s	RVOT Vmax
LA Vol Ind 64 ml/m2	Aortic Root: 3.4 cm	TR PG: 30 mmHg	PV Vmax:
RA Area: 32 cm2	Asc Aorta: 3.6 cm	IVC: 1.8cm	PV PG:
		RAP: 8 mmHg	

Comments

Left Ventricle	There is mild to moderate LV dilation with global systolic dysfunction. The estimated LVEF is approximately 40-45%.
Right Ventricle	The right ventricle is moderately dilated with decreased systolic function.
Diastology	Unable to assess due to atrial fibrillation.
Left Atrium	The left atrium is severely dilated.
Right Atrium	The right atrium is severely dilated.
Aortic Valve	There is significant sclerosis of the aortic valve with increase transvalvular velocities but no significant stenosis. There is trivial-mild aortic regurgitation.
Mitral Valve	There is thickening of the mitral valve with tenting of the leaflets due to chamber dilation. The teathering of the leaflets has resulted in moderate to severe mitral regurgitation.
Tricuspid Valve	Structurally normal tricuspid valve with moderate to severe regurgitation with the estimated pulmonary artery pressure ~ 38mmHg, assuming right atrial pressure ~8mmHg. There is mild pulmonary hypertension.
Pulmonary Valve	Normal pulmonic valve structure and function. Mild regurgitation.
Aorta	Normal aortic root and ascending aorta size for BSA.
Pericardium	No pericardial effusion. There was no evidence of a pleural effusion.
Shunts	Interatrial and interventricular septa appear intact, with no evidence of intracardiac shunting by spectral or colour Doppler.

Conclusions

- Mild-moderate LV dilatation with globally reduced systolic function ~45%
- Severe biatrial dilation.
- Moderate to severe mitral and tricuspid regurgitation
- Mild pulmonary hypertension.
- No pericardial effusion.