



# Royal North Shore Hospital

Department of Cardiology  
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## Transthoracic Echocardiography (TTE) Study

<b>Procedure date/time:</b>	20/06/2025 1:47 PM	<b>Accession no:</b>	RNS-ECHO-25-3742
<b>Patient name:</b>	RIGGS Kevin Ronald	<b>Patient ID:</b>	2357855
<b>Date of birth:</b>	14/07/1945	<b>Age:</b>	79 year(s)
<b>Height:</b>	180 cm	<b>Gender:</b>	Male
<b>Weight:</b>	95 kg	<b>BSA:</b>	2.1 m <sup>2</sup>

### Procedure Staff

<b>Referring Physician:</b>	Dr Peter Hansen	<b>Sonographer:</b>	Kylie Sin
<b>Interpreting Physician:</b>	Dr Fred Nasser		Paramjit Kaur Bulbir Singh
<b>Advanced Trainee:</b>	Dr Mark Ishak		

**Proc. sub type:** TTE procedure

### Indications

Pre-TAVI.

MBS Code: 55127 - valvular dysfunction (serial)

### Procedure Information

<b>HR:</b>	62 bpm	<b>Source:</b>	Outpatient
<b>Rhythm:</b>	Normal sinus rhythm	<b>Study location:</b>	Echo lab 1
<b>Image quality:</b>	Adequate visualization	<b>Specialty:</b>	Cardiology

### Measurements

#### Dimensions

Sinus of Valsalva:	3.5 cm	LV Internal Dimension (end dias):	5.3 cm
Sinus of Valsalva index:	1.94 cm/m	LV Internal Dimension (end sys):	4 cm
Septal Thickness:	1.2 cm	RA area:	21.9 cm <sup>2</sup>
Post LV Wall Thickness:	1.2 cm	RA volume index:	30.5 ml/m <sup>2</sup>
LA area:	29.8 cm <sup>2</sup>		

**Aortic Valve**

AV Peak velocity:	3.7 m/s
AV Peak gradient:	54.8 mmHg
AV Mean gradient:	33 mmHg
AV VTI:	98.4 cm
LVOT diameter:	2.2 cm
LVOT peak velocity:	1 m/s
LVOT VTI:	21.5 cm
AVA (Continuity):	0.8 cm <sup>2</sup>
AVA Indexed:	0.4 cm <sup>2</sup> /m <sup>2</sup>
SV Indexed:	38.1 ml/m <sup>2</sup>

**Right Ventricle**

TAPSE:	1.8 cm
RV s' velocity:	0.107 m/s
RV basal diam:	4.4 cm
RV mid diam:	3.4 cm

**Mitral Valve**

MV Peak E-wave:	0.98 m/s
MV Peak A-wave:	1.08 m/s
Lateral E' velocity:	0.071 m/s
Septal E' velocity:	0.032 m/s
E/E' lateral:	13.8
E/E' septal:	30.25
E/E' average:	22.02

**Tricuspid Valve**

TR velocity:	2.3 m/s
IVC Max:	1.3 cm

**Procedure Summary****Summary:**

Severe bioprosthetic aortic stenosis. Severe Global cardiomyopathy. Marked LA dilatation. Normal RV size and function

**Findings (Rest)**

<b><u>Left Ventricle:</u></b>	Normal left ventricular chamber size and mildly increased wall thickness. Severely impaired systolic function with severely hypokinetic septum and moderate hypokinesis elsewhere. Ejection fraction estimated at 30%.
<b><u>Right Ventricle:</u></b>	Normal RV size. Normal systolic function.
<b><u>Left Atrium:</u></b>	Severely dilated left atrium.
<b><u>Right Atrium:</u></b>	Normal right atrial size.
<b><u>Aortic Valve:</u></b>	Bioprosthetic aortic valve in situ. Turbulent flow and increased flow velocities through prosthesis consistent with moderate-severe stenosis. Peak flow velocity 3.7 m/s measured from apical view, predicting a peak instantaneous pressure gradient of 54.8 mmHg and a mean pressure gradient of 33 mmHg. AcT 143ms, DVI 0.22, AVAi 0.4cm <sup>2</sup> /m <sup>2</sup> .
<b><u>Aorta:</u></b>	Normal aortic root (3.5cm) and ascending aorta size (3.5cm).
<b><u>Mitral Valve:</u></b>	Mildly thickened mitral leaflets with severe posterior mitral annular calcification. Normal leaflet excursion (MG 3mmHg). Mild mitral regurgitation.
<b><u>Tricuspid Valve:</u></b>	Normal tricuspid valve structure. Normal leaflet excursion. Trivial tricuspid regurgitation.
<b><u>Pulmonary Valve:</u></b>	Normal pulmonary valve structure and function. Normal valvular opening.
<b><u>Pericardium &amp; Pleura:</u></b>	Small echo-free space adjacent to the right atrium and right ventricle.
<b><u>Septa &amp; Shunts:</u></b>	No shunt detected by colour Doppler examination. No atrial septal aneurysm detected.
<b><u>Additional Findings:</u></b>	Normal IVC size with normal inspiratory collapse (estimating RAP 3mmHg).

A handwritten signature in black ink, appearing to read 'J. Nasser', is positioned in the upper left corner of the page.

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Electronically signed by Dr Fred Nasser (Interpreting Physician) on 20/06/2025 at 4:29 PM