# **Specialist Echocardiography Services**

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## **Transthoracic Echocardiogram Report**

Patient	THORPE, ROBIN					Date	07-08-2025	
DOB	27-12-1946	Sex	M			Patient ID	RT271246	
Referred by	Prof R Bhindi					Study ID	A3115/25	
Height	1.98 m	Weight	117 KG	BSA	2.51 m2	Heart rhythm/rate	SR 68/min	
Indication	TAVI work-up							

### Measurements

LV/Atrial Chamber Size		Diastology	Diastology		RV Function/Pulmonary HTN		Aortic Valve	
LVIDd:	3.7 cm	E vel:	58 cm/s	RVS':	11 cm/s	AV Vmax:	400 cm/s	
LVIDs:	2.2 cm	Decel time:	-	TAPSE:	1.8 cm	AV PG:	65 mmHg	
IVSWd:	2.0 cm	A vel:	91 cm/s	RV Frac:	-	AV MG:	37 mmHg	
LVPWd:	1.4 cm	E/A:	0.6	PAAT:	-	AV VTI:	93.5 cm	
LA size:	4.9 cm	E' sept:	4.4 cm/s	RV Base:	-	LVOT Vmax:	99 cm/s	
EF BP:	68 %	E' lateral:	7.0 cm/s	RV Mid. :	-	LVOT VTI:	26.0 cm	
LA Area:	34 cm2	E/E' avg:	-	RV Length:	-	AVA VTI:	1.16 cm2	
LA Vol Ind:	49 ml/m2			TR Vmax:	-	AVAi:	0.46 cm2/m2	
RA Area:	18 cm2			RVSP-RA:	-	SVi:	43mL/m2	
GLS:	[-]			IVC:	-	DVI	0.24	
				Collapse=>50%:	[Yes/No]			
Mitral Valve		Aorta		Tricuspid Valve	Tricuspid Valve		Pulmonary Valve	
MV MG:	-	LVOT Diam:	2.3 cm	TV MG:		PV Vmax:	90 cm/s	
PHT:	-	AoRD:	4.5 cm	TV pk E:		PV PG:	3 mmHg	
MVA (PHT):	-	Asc Aorta:	4.1 cm			Qp:Qs		
		Arch:	3.2 cm					

### Comments

Left Ventricle	Small left ventricular chamber size with hyperdynamic systoic function. EF~70-75% No segmental abnormality detected.
LV Wall Thickness	Moderate concentric left ventricular hypertrophy, more marked at the apex.
Right Ventricle	Normal right ventricular chamber size and systolic function. RV S' normal at 10.7 cm/s TAPSE normal at 1.8 cm.
Left Atrium	Moderately dilated left atrium.
Right Atrium	Normal right atrial size.
Aortic Valve	Trileaflet aortic valve. Moderately to markedly calcified leaflets. Markedly restricted valve opening on 2D eg Clip 33. Doppler data as in table above. Pressure gradient jsut at the severe limit. Calculated valve area index within the severe range. Trivial aortic regurgitation within normal limits.
Mitral Valve	Mildly thickened mitral leaflets. Normal function. No systolic anterior motion.
Tricuspid Valve	Normal tricuspid valve structure and function. No tricuspid regurgitation detected.
PASP	Pulmonary artery systolic pressure unable to be calculated in the absence of detectable tricuspid regurgitation.
Pulmonary Valve	Normal pulmonary valve structure and function.
Aorta	Mildly to moderately dilated aortic root. Mildly dilated ascending aorta.
Pericardium	No pericardial effusion.
Additional Notes	No mass seen. No shunt detected with colour Doppler evaluation. No atrial septal aneurysm.

### Conclusions

- Sinus rhythm. 74/min.
- Small left ventricular chamber size with hyperdynamic systoic function. EF~70-75% No segmental abnormality detected.
- Moderate concentric left ventricular hypertrophy, more marked at the apex.
- Normal right ventricular chamber size and systolic function.
- Moderately dilated left atrium. Normal right atrial size.
- Trileaflet aortic valve. Moderately to markedly calcified leaflets. Markedly restricted valve opening on 2D eg Clip 33. Doppler data as in table above. Pressure gradient jsut at the severe limit. Calculated valve area index within the severe range. Trivial aortic regurgitation within normal limits
- Note: there is a moderate risk of a small heart syndrome and SAM following relief of the aortic valve obstruction. However, not prohibitive.

Cardiologist Dr Chris Choong Sonographer: Helen Gessler