ECHOCARDIOGRAPHY SERVICES

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DOB:	**30/07/1947**	**ECHO NO:**	**A1972/25T**
HEIGHT:	**cm**		
WEIGHT:	**kg**	**STUDY DATE:**	**15/05/2025**
BSA:	**m^2**		

CLINICAL DIAGNOSIS: **SEVERE TR. TRICLIP SCREEN.**

TRANSOESOPHAGEAL STUDY

CARDIAC CHAMBERS

Left ventricle size is normal. There is moderate paradoxical septal motion due to right ventricular volume overload. Contraction in all segments is normal. Ejection fraction is around 60%. Wall thickness is normal. The right ventricle is markedly dilated and moderately hypokinetic. The left atrium is markedly dilated. There is dense spontaneous echo contrast in the left atrial chamber and appendage with no evidence of thrombus. The right atrium is massively dilated.

CARDIAC VALVES

The aortic valve is trileaflet with mild sclerosis. The leaflets open well. There is trivial aortic regurgitation.

The mitral leaflets appear structurally normal. There is mild mitral regurgitation arising centrally (atrial functional).

The tricuspid leaflets appear structurally normal. There are three leaflets present (Type I). There is moderate to severe secondary tricuspid regurgitation arising as one jet located between the septal and posterior leaflets. The mid-esophageal inflow-outflow views are satisfactory except for shadowing of the septal leaflet by the aortic valve where it coapts with the anterior leaflets. The septal leaflet length is approximately 9mm here. It measures 14mm where it coapts with the posterior leaflet at the regurgitant jet (clip 44). The gastric views are poor and no satisfactory images are obtainable. Reasonable 3D enface images obtained from mid-esophageal window. Flow velocity of the tricuspid regurgitant jet is 2.5m/s.

The pulmonary valve is structurally normal with trivial regurgitation. No shunt is detected with colour Doppler examination. There is minimal simple atheroma in the aortic arch and descending thoracic aorta measuring less than 2mm in thickness.

CONCLUSION

Atrial fibrillation with heart rate 62bpm. Systolic blood pressure 140mmHg. Suboptimal mid-esophageal views, poor low-esophageal views and poor gastric views despite posturing the patient to the left. Normal left ventricular size. Moderate paradoxical septal motion. Normal ejection fraction. Markedly dilated right ventricle with moderate hypokinesis. Marked left atrial dilatation. Dense spontaneous echo contrast without thrombus. Massive right atrial dilatation. Aortic sclerosis without obstruction. Trivial aortic regurgitation. Mild secondary mitral regurgitation. Trileaflet tricuspid valve (Type I). Moderate to severe secondary tricuspid regurgitation arising between the septal and posterior leaflets as a single jet. Satisfactory mid-esophageal clipping views at the site of the jet but poor septal leaflet delineation if clipping is required between the septal and anterior leaflets for an annuloplasty approach. GLIDE score 2 (jet location and image quality).

TEER will be difficult if septal-anterior clipping is required. 3D enface views obtained from the mid-esophageal window, not optimal but probably acceptable. If TEER is indicated, a single clip between a septal and posterior leaflets should suffice. Pulmonary artery pressure to TAPSE ratio not at hand.

CHRISTOPHER CHOONG

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