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COASTAL
 CARDIOLOGY CLINIC

Transthoracic Echocardiogram

Patient: **Ross Wendy**
 DOB: **11/06/1942 (82 years)**
 Gender: **Female**
 Height: **147cm**
 Weight: **58kg**
 Rhythm: **Sinus rhythm.**

Exam Date: **20/05/2025**
 Patient ID: **76439**
 Sonographer: **Danielle Nembach**
 Ref Physician: **Dr Dennis Wang**
 BSA: **1.50cm/m2**

Referral reason: **Hypertension; Dilated aorta**

Left Ventricle Normal left ventricular cavity size with moderately increased wall thickness. Normal systolic function, LVEF >55%.

Left Atrium Mildly dilated left atrium.

Right Ventricle Normal right ventricular size and function. TAPSE 2.4 cm.

Right Atrium Normal right atrial size.

Aorta Mildly dilated ascending aorta (4.1 cm).

Aortic Valve Severe aortic valve stenosis (mean PG=51 mmHg, peak PG=74 mmHg, AVA=0.9 cm², DPI=0.33, SVInd=59.8 ml/m², AVAInd=0.6 cm²/m²). Mild aortic regurgitation.

Mitral Valve Mildly thickened mitral valve leaflets, mild MAC. No mitral regurgitation.

Pulmonic Valve Mild pulmonic regurgitation.

Tricuspid Valve Trivial tricuspid regurgitation. Normal IVC size and respiratory collapse. Mild to moderate pulmonary hypertension, estimated RVSP 47mmHg assuming RAP of 3mmHg.

Measure	Left Ventricle					
IVSd 2D	1.5 cm {0.6-0.9}	LVIDs 2D	2.3 cm {2.2-3.5}	LVPWd 2D	1.3 cm {0.6-0.9}	
LVIDd 2D	3.6 cm {3.8-5.2}					
Left Atrium						
LAAAd (A4C) 2D	20.4 cm ²	LALd (A4C) 2D	5.2 cm			
Mitral Valve						
MV E / A	0.90 {0.6-1.32}	MV E / Avg E' TDI	24.63 {<14.0}			
Aortic Valve						
LVOT Vmax	1.39 m/s	AV max PG	74 mmHg	Dimensionless Index VTI	0.33	
LVOT SVI	59.8 ml/m ²	AV mean PG	51 mmHg	AVAI (Vmax)	0.6 cm ² /m ²	
AV Vmax	4.29 m/s	AVA (VTI)	0.9 cm ²			
Aorta						
Ao Root Diam 2D	2.8 cm	Ao Asc Diam 2D	4.1 cm {2.3-3.1}			
Tricuspid Valve						
TR max PG	44 mmHg	TV S' TDI	12.2 cm/s {>19.5}			

Conclusion: Normal left ventricular cavity size with moderately increased wall thickness. Normal systolic function, LVEF >55%.
 Mildly dilated left atrium.
 Mildly dilated ascending aorta.
 Severe aortic valve stenosis with mild regurgitation.
 Mild to moderate pulmonary hypertension.

Dr Dennis Wang
 Electronically signed by Dr Dennis Wang at 3:05 PM on 27/05/2025