Royal North Shore Hospital

Health
Northern Sydney
Local Health District

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Transthoracic Echocardiography (TTE) Study

Procedure date/time:	14/05/2025 8:41 AM	**Accession no:**	1929061592
Patient name:	NEWLANDS Patricia Beryl	**Patient ID:**	0496808
Date of birth:	8/11/1940	**Age:**	84 year(s)
Height:	172 cm	**Gender:**	Female
Weight:	70 kg	**BSA:**	1.8 m²

Procedure Staff

Interpreting Physician: Dr Christopher Choong **Sonographer:** Sheida Shahbazi Dashti

Proc. sub type: TTE procedure

Indications

Dyspnea/SOB, Hypotension, Hypoxemia and Raised BNP.
MBS Code: 55126 - TTE (initial, only assign once/24 months)

Procedure Information

Rhythm:	Atrial fibrillation	**Source:**	Inpatient
Image quality:	Poor visualization	**Study location:**	Mobile
		Specialty:	Cardiology
		Limitation reason:	Supine
Procedure consent:	Yes, verbal consent given		

Measurements

Dimensions

Sinus of Valsalva:	3 cm	LV Internal Dimension (end dias):	5.1 cm
Sinus of Valsalva index:	1.74 cm/m	LV Internal Dimension (end sys):	4.1 cm
Septal Thickness:	1.2 cm	RA area:	22.3 cm²
Post LV Wall Thickness:	1.2 cm	RA volume index:	42.7 ml/m²
LA area:	38 cm²	LA volume (BP) index:	58.1 ml/m²
LA volume (BP):	106 ml		

Aortic Valve	
AV Peak velocity:	3.6 m/s
AV Peak gradient:	51.8 mmHg
AV Mean gradient:	32 mmHg
AV VTI:	72.3 cm
LVOT diameter:	2 cm
LVOT peak velocity:	0.8 m/s
LVOT VTI:	15.4 cm
AVA (Continuity):	0.7 cm²
AVA Indexed:	0.4 cm²/m²
SV Indexed:	26.5 ml/m²

Right Ventricle	
RV s' velocity:	0.101 m/s
RV basal diam:	4.8 cm
RV mid diam:	3.8 cm

Mitral Valve	
MV Peak E-wave:	1.42 m/s
Lateral E' velocity:	0.064 m/s
Septal E' velocity:	0.051 m/s
E/E' lateral:	22.19
E/E' septal:	27.68
E/E' average:	24.93

Tricuspid Valve	
TR velocity:	3.4 m/s
IVC Max:	2.7 cm
IVC Min:	2.1 cm
IVC Collapsibility index:	22.2 %

Procedure Summary

Summary:

Atrial fibrillation. 107/min.
Normal left ventricular chamber size. Mild concentric hypertrophy. Infe3rolateral wall akinetic. Inferior wall and inferior septum severely hypokinetic. Rest of the ventricle moderately hypokinetic. Ejection fraction estimated at around 30%.
Mildly dilated right ventricle. Mildly impaired systolic function.
Moderately dilated left atrium.
Mildly dilated right atrium.
Trileaflet aortic valve. Severely calcified aortic valve; severely reduced excursion on 2D. Low stroke volume index and gradients suggestive of low flow, low gradient, severe aortic stenosis. Severely reduced calculated aortic valve area. Based on the 2D appearance, pseudostenosis is very unlikely. Trivial aortic regurgitation.
Marked posterior mitral annular calcification involving the base of the posterior leaflet.
Moderately restricted posterior mitral leaflet opening. Severe mitral regurgitation.
Mean diastolic pressure gradient 5 mmHg. T nhalf 51 msec. Mild stenosis.
Normal tricuspid valve structure. Normal valvular opening. Mild tricuspid regurgitation. Estimated right ventricular systolic pressure 61 mmHg (assuming a right atrial pressure of 15 mmHg).
No pericardial effusion detected.

Findings (Rest)

Left Ventricle:	Normal left ventricular chamber size. Mild concentric hypertrophy. Infe3rolateral wall akinetic. Inferior wall and inferior septum severely hypokinetic. Rest of the ventricle moderately hypokinetic. Ejection fraction estimated at around 30%.
Right Ventricle:	Mildly dilated right ventricle. Mildly impaired systolic function.
Left Atrium:	Moderately dilated left atrium.
Right Atrium:	Mildly dilated right atrium.
Aortic Valve:	Trileaflet aortic valve. Severely calcified aortic valve; severely reduced excursion on 2D. Low stroke volume index and gradients suggestive of low flow, low gradient, severe aortic stenosis. Severely reduced calculated aortic valve area. Trivial aortic regurgitation.
Aorta:	Normal aortic root 3 cm and ascending aorta size 3.7 cm.
Mitral Valve:	Marked posterior mitral annular calcification involving the base of the posterior leaflet. Moderately restricted posterior mitral leaflet opening. Severe mitral regurgitation. Mean diastolic pressure gradient 5 mmHg. T nhalf 51 msec. Mild stenosis.
Tricuspid Valve:	Normal tricuspid valve structure. Normal valvular opening. Mild tricuspid regurgitation. Estimated right ventricular systolic pressure 61 mmHg (assuming a right atrial pressure of 15 mmHg).
Pulmonary Valve:	Normal pulmonary valve structure. Normal valvular opening. Trivial pulmonary regurgitation.
Pericardium & Pleura:	No pericardial effusion detected.
Septa & Shunts:	No shunt detected by colour Doppler examination.
Additional Findings:	Increased IVC size with reduced inspiratory collapse. No obvious thrombus detected but cannot be excluded by transthoracic approach.

Electronically signed by Dr Christopher Choong (Interpreting Physician) on 15/05/2025 at 10:00 AM