

Transthoracic Echocardiogram Report

Patient	Bromley, Colin	Date	16-01-2025
DOB	23-10-1936 Sex M	Patient ID	13896
Referred by	Dr A Ray	Heart rhythm	AF / Paced
HT	1.65 m WT 52 KG BSA 1.56 m2	Consent	Yes
Indication	Chest discomfort / Exertional dyspnoea - Hx Mitral & tricuspid repair, CABGs, AF, AS Hypertension, Hypercholesterolaemia		

2 D/ M-Mode	Doppler		Tissue Doppler
LV(d): 46 mm	LVOT vel: 0.6 m/s	E: 0.94 m/s	Med E' vel: -
LV(s): 39 mm	LVOT MG: 1 mmHg	A: 0.55 m/s	Lat E' vel: -
IVS: 13 mm	AV vel: 2.4 m/s	E/A: 1.7	E/E' med: -
PW: 13 mm	AV MG: 13 mmHg	DT: 140 ms	E/E' lat: -
Ao: 31 mm	AVA (VTI): 0.9 cm2		E/E' Avg: -
Asc Ao: 30 mm	AV PG: 22 mmHg		RV S' vel: 6.0 cm/s
LA: 50 mm	DSI: 0.23		Other
LA area: 27.5 cm2			TR max PG: 50 mmHg
RA area: 23.6 cm2			RAP: 8 mmHg
LA vol (ind): 69.2 ml/m2			RV Mid: 24 mm
LVOT: 22 mm			TAPSE: 1.4 cm

Echo Findings:

Chambers	
Left Ventricle	Normal size LV (EDV/BSA: 59mL/m ²). Mild concentric hypertrophy. Moderate global impairment in systolic function with some regional wall variation. Visually estimated EF: ~35-40% (Simpsons biplane EF: 37%)
Diastolic function	Unable to accurately assess.
Right Ventricle	Normal size RV. Mild impairment in systolic function.
Atria	Severely dilated LA. Moderately dilated RA.
Pericardium	No effusion seen on TTE study.
Great Vessels	Normal calibre proximal ascending aorta. Arch and descending portions of the thoracic aorta are not well visualised.

Cardiac Valves

Mitral	Annuloplasty ring noted. Thickened, mobile leaflets (mean PG: 2mmHg). Mild residual regurgitation.
Aortic	Annular calcification. Thickened, calcified, restricted leaflets. Appears moderate stenosis on 2D imaging. Gradients likely underestimated with reduced EF. Trivial regurgitation.
Tricuspid	Mobile leaflets. Mild regurgitation. PAP: 58 mmHg.
Pulmonary	Normal structure and function. Trivial regurgitation.

Conclusion:

- Normal LV size with moderate impairment in systolic function. Mild left ventricular hypertrophy.
- Dilated atria.
- Mildly impaired RV.
- Moderate aortic stenosis.
- Repaired mitral and tricuspid valves are functioning well with mild regurgitation noted.
- Moderate to severe pulmonary hypertension.

Cardiologist Dr Brendan Gunalingam

Sonographer: AB