

Central Coast Health
PO Box 361, Gosford, 2250

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Transthoracic Echocardiography

Name: BROMLEY, MR Colin
MRN: 63-56-05
DOB: 23/10/1936 88 yrs Male

Study Date: 08/07/2025 09:48 AM
Patient Location: Wyong
Ward: 2D

Images: Satisfactory

Consent: Verbal consent obtained.

Referring Physician: Dr John
Mooney

Reason For Study: ?Worsening HFpEF

BSA: 1.6 m²

History: CABG and ?MV repair/ TV repair (2018)

MMode/2D Measurements & Calculations

IVSd: 1.0 cm **LVIDd:** 4.9 cm **Ao root diam:** 3.3 cm **LVOT diam:** 2.1 cm
LVIDs: 3.8 cm
LVPWd: 1.2 cm

Doppler Measurements & Calculations

MV max PG: 11.0 mmHg **Ao max PG:** 38.6 mmHg **RVSP(TR):** 66.5 mmHg
MV mean PG: 2.4 mmHg **Ao mean PG:** 21.3 mmHg
AVA(I,A): 0.72 cm²

Left Ventricle

The left ventricle is normal in size. Inferior and septal hypokinesis. Ejection Fraction = 40-45%. Septal motion is consistent with conduction abnormality.

Right Ventricle

Dilated right ventricle. Impression of mild RV systolic impairment. TAPSE: 1.3cm.

Atria

The left atrium is severely dilated. Volume/BSA = 63mL/msq. The right atrium is severely dilated.

Aortic Valve

Thickened, calcified, restricted leaflets. Non-coronary, left coronary leaflets immobile. Moderate to severe valvular aortic stenosis. AVAi: 0.42cm²/m². SVi: 31mL/m². DSI: 0.2. 0.89cm² via 2D planimetry. Via 2D imaging appears severely restricted, recommend TOE for more accurate planimetry images if indicated.

Mitral Valve

Probable MV annuloplasty ring observed in situ. Leaflets appear thickened, calcified, restricted. Mild mitral regurgitation.

Tricuspid Valve

The tricuspid valve leaflets are thickened and/or calcified, but open well. Mild tricuspid regurgitation.

Pulmonary Valve

Mobile leaflets. Trivial pulmonary regurgitation.

Great Vessels

Normal ascending portions of the thoracic aorta. The inferior vena cava is dilated with <50% collapse (RAP ~15mmHg).

Interpretation Summary

The left ventricle is normal in size. Mild segmental impairment of LV systolic function. Moderate to severe valvular aortic stenosis. Mild mitral regurgitation. Severe pulmonary hypertension.

Reading Physician:



Dr Nicklas Howden

Performed By: Emma Solman

Copies To: Dr B Gunalingam. Mariners Medical.