



## Echocardiogram Report

Patient name: <b>MOORE, GAIL MS</b>		Patient ID: <b>81876</b>	
DOB: 29/10/1951	Inpt/Outpt: Outpatient	Referred by:	Bruce Ella
Age: 70Y	Equipment: Affiniti 70C		
Sex: M	B/P:	Sonographer:	Daniel Kural
Weight: 100 kg	HR: 84	Interpreting physician:	Michael Stokes, MBBS, FRACP
Height: 162 cm	Rhythm: Normal sinus rhythm	Examination date:	10/08/2022
BSA: 2.12 m <sup>2</sup>	Location: Joondalup		

<b>Study quality:</b>	Technically limited
<b>Indications / History:</b>	Volatile/Persistently raised BP. Assess for LVH.
<b>Comments:</b>	Technical limitations - body habitus, COPD.

### Conclusions

- Small LV cavity with mild to moderately increased wall thickness and normal systolic function. LVEF - 60-65%.
- Normal right ventricular size and function.
- No hemodynamically significant valvular disease.

### Findings

<b>Left Ventricle</b>	LV chamber is small. LV wall thickness is mildly increased. There is concentric LV remodeling. LV systolic function is normal. Cannot rule out wall motion abnormalities. The endocardium was not well visualized. The estimated left ventricle ejection fraction is 60-65% (normal). The LV mass index is 56.27 g/m <sup>2</sup> . Relative wall thickness is 0.77. Normal left atrial pressure with Grade I diastolic dysfunction. Mitral E/A: 0.7. Average E/E': 12.3.
<b>Right Ventricle</b>	RV size is normal. The RV systolic function is normal. RV S': 11 cm/s. TAPSE (M-Mode): 1.9 cm.
<b>Left Atrium</b>	LA chamber size is normal. The LA volume index (MOD, Biplane) is 19.6 ml/m <sup>2</sup> .
<b>Right Atrium</b>	RA chamber size is normal. The RA volume index (MOD Single Plane A4C) is 11 ml/m <sup>2</sup> .
<b>Aortic Valve</b>	Aortic valve is not well visualized. Normal doppler assessment. There is no aortic regurgitation. There is no aortic valve stenosis. Aortic stenosis dimensionless index: 0.87. AV Mean gradient: 6 mmHg. AV Peak gradient: 10 mmHg.
<b>Mitral Valve</b>	The mitral valve appears grossly normal. There is trace mitral regurgitation. There is no mitral stenosis.
<b>Tricuspid Valve</b>	Tricuspid valve is not well visualized. There is trace tricuspid regurgitation.
<b>Pulmonary Valve</b>	Pulmonic valve is not well visualized, but normal gradients were obtained. There is trivial pulmonic regurgitation. There is no pulmonic stenosis. The estimated MPAP by RVOT time to peak velocity is normal. (105ms).
<b>Pericardium</b>	There is an anterior fat pad.
<b>Aorta</b>	The size of the visualized portion of aortic root is within normal limits. Aortic Root diameter is 3 cm. The ascending aorta is upper normal in size. Ascending Aortic Diameter: 3.3 cm. The aortic arch is not well visualized. The abdominal aorta was not well visualized. No Doppler or imaging evidence of an aortic coarctation.
<b>Venous</b>	The IVC is not dilated and collapses >50% with inspiration. (RAP - 3mmHG).

### Echo Dimensions

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Chart#:

320659

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Int. Physician:

Michael Stokes, MBBS, FRACP

M-Mode		2D	Range	M-Mode		2D	Range
Ao Root Dia		3 cm	(2.0-3.7)	Asc Ao Dia		3.3 cm	<39
LA Dimen			(1.9-4.0)	LVOT Dia		2.1 cm	(1.8-2.2)
IVS (D)		1.2 cm	(0.6-1.1)	RV Base		3.11 cm	(2.5-4.1)
LVPW (D)		1.2 cm	(0.6-1.1)	RV Mid		2.3 cm	(1.9-3.5)
LV (D)		3.1 cm	(3.5-5.6)	EF		66.5 %	(50-90)
LV (S)		2 cm	(2.1-4.0)	FS		35.5 %	(25-46)
LA Vol Idx		19.6 ml/m2	<35	RVSP (Doppler)			(15-30)

## Doppler

Aortic Valve	
LVOT Peak Gradient	8 mmHg
LVOT Peak Velocity	1.38 m/s
LVOT Mean Grad	5 mmHg
LVOT VTI	27.1 cm
LVOT/AV VTI	0.78
AV Peak Velocity	1.59 m/s
AV Peak Gradient	10 mmHg
AV Mean Gradient	6 mmHg
AV Area (VMax)	3 cm2
AV VTI	34.9 cm
AV Area (VTI)	2.69 cm2

Mitral Valve	
MV Area (PHT)	2.37 cm2
MV Peak E Vel	0.8 m/s
MV Peak A Vel	1.21 m/s
E/A	0.7
MV PHT	93 ms
MV Dec T	317 ms

Diastolic Functions / TDI	
E/Med E'	13.6
E/Lat E'	11
E/E'	12.3
Peak Med E' Vel	5.9 cm/s
Peak Lat E' Vel	7.3 cm/s

Pulmonic Valve	
PV Vmax	1.15 m/s
PV Peak Gradient	5 mmHg
PV Mean Gradient	3 mmHg

Electronically signed by: Michael Stokes, MBBS, FRACP

08/10/2022 10:02 PM