



Mulgrave Private Hospital  
Churchill Consulting Suites, Blanton Drive  
MULGRAVE VIC 3170  
Tel: 0387933600  
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Patient: NEWSOME, Leigh

Sex: Male

DOB: 05/07/1969 Age: 54 yrs

Address: 2 Seaform Street  
HAMPTON EAST VIC 3188

Reported by: Dr Rajika Karunadasa

## Treadmill Stress Echocardiogram

Accession Num.: 2405027

Referred by: Dr Kira Turlakow

Height: 166 cm

Weight: 100 kg

BSA: 2.29 BMI: 28.3

HR: 80

Date: 11/04/2024

### Staff

Role	Staff Name	Role	Staff Name
Reporting Cardiologist	Karunadasa, Rajika (Dr) (R)	Echocardiographer	Kim, Chloe (Mr)

Presenting Rhythm: Sinus rhythm

HR: 80 bpm

### Baseline Echocardiogram:

Normal LV size and systolic function.

Mild mitral bileaflet prolapse.

For further detail refer to echocardiogram report on 19/03/2024.

### Baseline ECG:

Sinus rhythm with normal ST segments, 80 bpm.

### Exercise Stress Test

The patient exercised for 6.30 minutes, reaching stage 4 of the two-minute Bruce protocol.

The maximal workload achieved was 11.2 METs.

Exercise was discontinued due to leg fatigue. There was no chest pain.

The maximal heart rate was 154 bpm, which is 92 % of maximum predicted HR.

Blood pressure rose from 120/90 mmHg to 160/80 mmHg.

The peak stress ECG demonstrated no significant ST deviation. Very frequent isolated VEBs some couplets noted during exercise and recovery. One 4 beat run noted during recovery. VEBs were bifocal.

### Stress Echocardiogram:

Imaging immediately post exercise was difficult due to frequent VEBs: demonstrated no regional wall motion abnormality. There was a reduction in cavity size and an increase in ejection fraction.

Insufficient TR jet to estimate PA systolic pressure.

### Conclusion:

Fair exercise tolerance.

Negative stress echocardiogram without clinical, ECG or echocardiographic evidence of myocardial ischaemia at adequate workload.

Normotensive blood pressure response to exercise.

Very frequent VEBs as reported above.

### Recommendations:

Suggest 24 hour Holter monitor, if not performed in the recent past.

Given the cardiac risk factors, exercise induced frequent VEBs consider CT coronary angiography.

### Distribution

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