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I-MED Radiology Network
Comprehensive care. Uncompromising quality.

Patient ID: 78.486807
Accession Number: 77.36338071
Hospital: Echuca Regional Health
Ward: Emergency

Reported: 18 January 2022

Dr Ayotunde Awosolu
Tatura Medical
4 Thomson Street
Tatura 3616
Tel: 0358241244

18th January 2022

Dear Dr Awosolu

Re: **Elizabeth Mann - DOB: 13/05/1972**
534 Craven Road TATURA 3616

ECHOCARDIOGRAM

Reason for test: TIA FI. (per pt - all symptoms since first dose Pfizer)

Study Quality:	Rhythm: Sinus bradycardia	Weight: 66kg	Height: 1.76m	BSA: 1.81m2

CHAMBER STRUCTURE AND FUNCTION:

Aortic Root	3.5cm (N<3.7cm)	Right Ventricle	
Left Ventricle (diastole)	5.7cm (N<5.7cm)	TAPSE	2.2cm
Left Ventricle (systole)	4.0cm	RV S' Velocity	
I.V.S.	0.6cm (N<1.1cm)	Left Atrial Area	24cm² (N<20cm2)
Posterior Wall	0.7cm (N<1.1cm)	Right Atrial Area	20cm² (N<20cm2)
Ejection Fraction	50 +/-5% (N>55%)		

DOPPLER MEASUREMENTS

Valve:	Max Vel	Max Grad	Mean Grad	Valve Area	Press 1/2 time	Regurg. Grade
Aortic	1.2m/s	6mmHg	3mmHg	2.7cm²		Mild
Mitral	0.6m/s					Severe
Pulmonary	0.6m/s	1mmHg				Trivial
Tricuspid	2.4m/s					Moderate

DIASTOLOGY

Mitral E Wave: 0.6m/s	DT: 214ms	Pul S Vel:	A Duration:
Mitral A Wave: 0.4m/s	E/E' Lateral:	Pul D Vel:	AR Duration:

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Mitral E/A: 1.5	E/E' Septal: 7	PV A Velocity:	Valsalva E/A:

Report:

Left ventricle: Mildly dilated left ventricle. Normal left ventricular wall thickness. Mild global systolic dysfunction. Trabeculated apex. Normal diastolic function for age.
Right ventricle: Normal right ventricular size and systolic function.
Left atrium: Mildly dilated left atrium (LAVI = 40 mL/m2). The interatrial septum is intact by colour Doppler.
Right Atrium: Mildly dilated right atrium. Mildly dilated IVC.
Aortic valve: Morphologically normal trileaflet aortic valve. Mild regurgitation.
Mitral valve: MIldly thickened mitral valve with restricted valve closure due to LV enlargement. Severe regurgitation.
Tricuspid valve: Morphologically normal tricuspid valve. Moderate regurgitation. The estimated RV systolic pressure of 35 mmHg is at the upper limit of normal.
Pulmonary valve: Morphologically normal pulmonary valve. Trivial regurgitation.
Aorta: Normal sized aortic root. Normal sized ascending aorta.

Conclusion:
1. Mildly dilated LV with a trabeculated apex and very mild global systolic dysfunction.
2. Mild biatrial enlargement.
3. Mild aortic regurgitation.
4. Severe mitral regurgitation, possibly due to tenting of the mitral valve.
5. Moderate tricuspid regurgitation.

Technologist: Michelle Greig

Dr David Prior
Electronically signed at 8:55 pm Tue, 18th Jan 2022

cc: Dr De Silva

Heart Of Melbourne
32A Clyde Road
Berwick 3806

heart of melbourne

Echocardiogram

Patient:	MANN, Elizabeth	Date:	24/01/2024
Patient ID:	35444	Ht / wt:	176 cm / 67 kg
DOB:	13/05/1972 (51 yrs)	BSA:	1.81 BMI: 21.6
Sex:	Female	HR:	58

Reported by: Dr Cheng Yee Goh

Indications chest pain

Presenting Rhythm: Sinus rhythm HR: 58 bpm

MMode / 2D / Doppler

M Mode / 2D	
LV Diastole (35-56)	54.9 mm
LV diastole /BSA	30.3 mm/m?
LV Diastole /Height	31.2 mm/m
LV Systole (24-30)	35.8 mm
LV Systole /BSA	19.8 mm/m?
IV Septum (7-11)	8.2 mm
Inferolateral Wall (7-11)	7 mm
RWT	0.26 %
TAPSE (>1.5)	1.7 cm
Aortic Root (20-37)	34 mm
Asc Aorta	35 mm
Ejection Fraction (>50%)	62 %
LV Mass	149 g
LV Mass /BSA	82.3 g/m?
2D	
LA Area 2 chamber (<20)	22 cm²
LA Area 4 chamber	15 cm²
LA Length 2 chamber	5.1 cm
LA Length 4 chamber	4.9 cm
LA Volume	56 mL
LA Volume /BSA (<29)	30.9 mL/m?
RA Area (<20)	11 cm²

Mitral Valve Doppler	
E Velocity	0.5 m/sec
Deceleration Time	186 ms
A Velocity	0.4 m/sec
E:A Ratio	1.1
Mitral Annular TDI	
Medial e' Velocity	0.05 m/s
Medial E : e'	10.2285
Lateral e' Velocity	0.05 m/s
Average e' Velocity	0.05 m/s

Aortic Valve Doppler	
LVOT Diameter	1.9 cm
LVOT Integral	21 cm
LVOT Velocity	0.9 m/sec
Peak Velocity	1.4 m/sec
Peak Gradient	7.5 mmHg
LV Stroke Volume	60 mL
LV Stroke Volume /BSA	33.1 mL/m?
Cardiac Output	4 L/min
Tricuspid Valve Doppler	
Peak TR Gradient	29 mmHg
Peak TR Velocity	2.7 m/sec
RVSP	32 mmHg
Pulmonary Valve Doppler	
Max Velocity	0.8 m/sec
Max Gradient	2.3 mmHg
PA Acceleration	162.661 ms
	7
RV DTI	
RV s' (>10)	8 cm/sec

Report

REPORT

1. Upper Normal left ventricular size with normal wall thickness. Normal LV ejection fraction (EF 50-55%). No regional wall motion abnormality. Reduced early diastolic mitral annular velocities. Indeterminate estimated mean left atrial pressure.
2. Mildly thickened mitral valve. Mild+ mitral regurgitation. Mildly dilated left atrium.
3. Mildly thickened trileaflet aortic valve with unrestricted opening and mild+ regurgitation. Normal size aortic root. Normal size proximal ascending aorta.
4. Normal estimated pulmonary pressure. Normal right ventricular size. Low normal RV contraction. Normal right atrium. Mild+ tricuspid regurgitation. Trivial pulmonary regurgitation. Normal IVC diameter with normal respiratory variation.
5. No pericardial effusion.

Conclusion:

Upper Normal left ventricular size with normal contraction.
Mild+ aortic regurgitation and mild+ mitral regurgitation.
Mildly dilated left atrium.

Distribution

Dr Raph Magano

Dr Cheng Yee Goh