



Patient: MARLOW, Alistair

Sex: Male
DOB: 24/03/1955 Age: 69 yrs

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Reported by: Dr Ken Lu

Treadmill Stress Echocardiogram

Accession Num.: 2521488
Referred by: Dr Varghese Zachariah

Height: 173 cm
Weight: 75 kg
BSA: 1.9 BMI: 25.1
HR: 60

Date: 22/07/2024

Staff

Role	Staff Name	Role	Staff Name
Reporting Cardiologist	Lu, Ken (Dr) [R]	Echocardiographer	Harris, Nick (Mr)

Presenting Rhythm: Sinus rhythm HR: 60 bpm

Baseline Echocardiogram:

Normal LV chamber size and systolic function.
Mildly increased LV wall thickness.
Impaired LV relaxation with normal LA pressure. Average E/e`8.
Normal-sized LA. LAVI 30mL/m².
Mildly thickened tri-leaflet aortic valve with good mobility. Trivial aortic regurgitation.
Mildly thickened mitral leaflets with normal valvular function. Trivial mitral regurgitation.
Estimated pulmonary artery systolic pressure 32 mmHg + RAp.
Mildly dilated ascending aorta (37 mm).

Baseline ECG:

Sinus rhythm with normal ST segments, 60 bpm. Incomplete right bundle branch block.

Exercise Stress Test:

The patient exercised for 9:15 minutes, reaching stage 5 of the two-minute Bruce protocol.
The maximal workload achieved was 17.1 METs.
Exercise was discontinued due to fatigue. There was no chest pain.
The maximal heart rate was 164 bpm, which is 108 % of maximum predicted HR.
Blood pressure rose from 140/80 mmHg to 150/90 mmHg.
The peak stress ECG demonstrated diffuse ST segment depression

Stress Echocardiogram:

Imaging immediately post exercise demonstrated mid to distal inferior and infero-septal hypokinesis.
There was a reduction in cavity size and an increase in ejection fraction.

Conclusion:

Good exercise tolerance.
Abnormal stress echocardiogram with ECG or echocardiographic evidence of myocardial ischaemia in mid to distal inferior and infero-septum (RCA territory)
Normotensive blood pressure response to exercise.
Recommend cardiology review for further coronary evaluation.

Distribution

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