

Transthoracic Echocardiogram Report

Ms Michelle Perry DOB: 02/04/76
4/205 Liebig Street WARRNAMBOOL 3280
Dr Anita Pallot
Middle Island Medical Clinic
43 Fairy Street
WARRNAMBOOL VIC 3280

Date of scan: 4/05/2022

Indications: Possible old infarct on ECG, with worsening shortness of breath on exertion last 6 months. Lower limb swelling at end of the day, now short of breath eating meals and phone conversations. ? cardiac failure ? old septal infarct, no chest pain.

Image Quality: Average

Rhythm: Sinus Rhythm Height (cm): 167 Weight (kg): 59 **Operator:** Jacqui Bowman

Left Ventricle

LV diastole mm: 45 (N<57)
LV Septum mm: 7 (N<11)
Post Val Salva E/A:
LV inf/lat mm: 8 (N<11)
Global Longitudinal Strain %: (N<-16)
LV Ejection Fraction %: 64 (N>50%)

Diastology

Mva>Pva: PVs<Pvd:
MV E: 0.8 MV A: 0.4 E/A: 2.1
E': 0.15 A': E/E': 5
MV Decel time s:
IVRT:

Aortic Valve

Peak Velocity m/s: 1.7 (N<1.7)
Peak Gradient mmHg:
Mean Gradient mmHg:
Calculated Valve Area cm²: (N>2)

LVOT peak velocity m/s: 1.3 (N<1.1)
LVOT diameter mm:
Dimensionless Index:
Aortic root mm: 29 (N<37)

Mitral Valve

MV mean gradient mmHg:
MV Area cm²:

Atria

LA mm: (N<40) LA Volume mL/m²: 42 (N<34)
LA area cm²: 21 (N<20) RA area cm²: 16 (N<18)

Right Heart

Tricuspid pk vel m/s: (N<2.5)
Estimated RAP: 3 (N<8)
Est PASp mmHg: (N<35)

Pulmonary Acceleration Time ms: (N>120)
Pulmonary Valve mean gradient mmHg:
TAPSI mm: 21 (N>16)

Report:

Normal left ventricular cavity size and wall thickness. Normal systolic function, ejection fraction estimated at 64%, using Simpson's biplane method. Normal diastolic function.

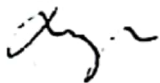
Unrestricted, trileaflet aortic valve. Normal size aortic root and ascending aorta.

Normal mitral valve morphology and motion with trivial regurgitation.

Normal right ventricular size and systolic function. Trivial tricuspid regurgitation, insufficient to accurately estimate pulmonary artery systolic pressure. Normal size inferior vena cava with normal inspiratory collapse.

Mildly dilated left atrium, normal size right atrium.

Conclusion: 1. Normal LV systolic function. 2. No significant valvular disease. 3. Mildly dilated left atrium.



Dr Mark Page Provider No:223785DW