

Stress & Transthoracic Echocardiogram Report

Name: **Michelle Perry** Test Date: 29/07/22
Address: Pinegrove, WYCHEPROOF Date of Birth: 02/04/76
Referrer: Dr Monique Watts Cc: Dr Ken Mulligan
Dr Luke Chen
Clinical: Atypical Chest Pain/intermittent LBBB Medications: Propranolol

CONCLUSIONS

1. Good exercise capacity.
2. Asymptomatic exercise induced left bundle branch block (stage 2)
3. Mildly dilated left ventricle with normal systolic function at rest.
4. Sub-maximum workload in the setting of betablocker use with exercise induced left bundle branch block.

Patient has been referred further further assessment with CT Coronary Angiography.

Stress Protocol

Type: Bruce Stage: 5
Exercise time: 9:33 METS: 17.2

Limiting symptom: Fatigue. No chest discomfort.

Heart Rate: REST: 51 PEAK: 140 (80% of maximum predicted HR)
Blood Pressure: REST: 122/79 PEAK: 160/75

Electrocardiogram

REST: Sinus rhythm. Normal ST segments.

EXERCISE: Sinus tachycardia. Left bundle branch block in stage 2, resolved in recovery.
No significant arrhythmia.

Echocardiogram

REST: Mildly dilated left ventricle (EDD 49mm, Vol 66mls/m²) when indexed, with normal systolic function (biplane EF: 63%) with no regional wall motion abnormalities. Normal LV wall thickness (8 mm). Normal LV filling pressure (E/e' 6). Normal RV size & systolic function. Normal left atrium (33 ml/m²). Trileaflet aortic valve with satisfactory function (peak 1.6 m/s). Normal mitral valve. Normal estimated pulmonary artery pressure (RVSP 20 mmHg + RAp). Normal aortic root (28 mm) & ascending aorta (29 mm). Normal pericardium.

EXERCISE: Immediate post exercise imaging showed reduction in LV cavity size and increase in ejection fraction. No regional wall motion abnormalities.

Cardiologist: **Dr Monique Watts**