

Echocardiogram

Patient: KOSMANSKY, Michael
Patient ID: 7824
DOB: 01/08/1957 (67 yrs)
Sex: Male

Date: 23/01/2025
Ht / wt: 175 cm / 92 kg
BSA: 2.11 BMI: 30
HR: 65

Reported by: Dr Lisa Lefkovits
Referred by: Dr Hershel Goldman

Technical Quality: Fair to good

Rhythm: Sinus rhythm with ectopy

Cardiac Sonographer Morrison, Karen (Ms)

Indications ?TIA blackout. PCI May 2022 (Alfred Hospital)

MMode / 2D / Doppler

M Mode / 2D		Mitral Valve Doppler		Aortic Valve Doppler	
LV Diastole (4.2-5.6)	5.3 cm	E Velocity	0.8 m/sec	LVOT Diameter	1.9 cm
LV diastole /BSA	2.5 cm/m ²	Deceleration Time	163 ms	LVOT Integral	13 cm
LV Systole (2.5-4)	4.6 cm	A Velocity	0.7 m/sec	LVOT Velocity	0.6 m/sec
IV Septum (0.6-1)	1 cm	E:A Ratio	1.2	Peak Velocity	1.9 m/sec
Inferolateral Wall (0.6-1)	1 cm	Mitral Annular TDI		Peak Gradient	15 mmHg
RWT	0.36	Medial E' Velocity	8.3 cm/s	Mean Gradient	11 mmHg
Aortic Root (3.1-3.7)	2.6 cm	Medial E : e'	9.3	AV VTI	45 cm
Ejection Fraction (52-72)	27 %	Lateral E' Velocity	8.8 cm/s	LV Stroke Volume	37 mL
LV Mass (2D) (96-200)	200 g	Lateral E : e'	9.1	LV Stroke Volume /BSA	17.5 mL/m ²
LV Mass /BSA	94.8 g/m ²			AVA	0.8 cm ²
				AVA Index	0.38 cm ² /m ²
				DPI	0.29
				Cardiac Output	2 L/min

Aorta

Aortic Sinuses	2.6 cm (3.1-3.7)	Sinuses /BSA	1.2 cm/m ²
Sinotubular	1.91 cm (2.6-3.2)	Sinotubular Junction /BSA	0.9 cm/m ²
Ascending Diameter	3 cm (2.6-3.4)	Ascending Diam. /BSA	1.4 cm/m ²

Left Ventricle: Dilated LV with moderate to severe systolic dysfunction. Calculated bi-plane EF = 35%. Abnormal septal motion. Normal wall thickness, with sigmoid proximal septum noted.. **Diastolic function:** Indeterminate diastolic function.

Right Ventricle: Normal size and function.

Left atrium: Mildly enlarged (41mL/m²).

Right atrium: Normal size (16cm²).

Aortic valve: Trileaflet calcific valve, mild stenosis in the context of reduced cardiac function. Mean gradient 11mmHg, AVA 1cm², DDI 29. Trivial regurgitation.

Mitral valve: Mobile leaflets with good opening. Trivial regurgitation.

Pulmonary valve: Normal pulmonary valve function. Trivial regurgitation.

Tricuspid valve: No detectable regurgitation, PA systolic pressure not obtained. Normal IVC size with adequate forced inspiratory collapse.

Aorta: Normal size aortic root and ascending aorta for BSA.

Pericardium: No pericardial effusion. No inter-atrial shunt noted.

Conclusions

1. Dilated LV with moderate to severe systolic dysfunction.
2. Mild left atrial dilatation.
3. Mild aortic stenosis.

Dr Lisa Lefkovits
Cardiologist
MBBS, FRACP (HONS)

mikosmanskyc@gmail.com

Echocardiogram

KOSMANSKY, Michael
Sex: M DOB: 01/08/1957 MRN:

Distribution

Dr Hershel Goldman
Chandler Road Medical Clinic
127 Chandler Road
NOBLE PARK VIC 3174
