



ECHOCARDIOGRAPHY REPORT

Patient Id:	123457	Name:	DOE, FRED	Date:	9/24/2009
Birthdate:	1/3/1930	Age (yrs):	80	Ordering Physician:	Jon Dow, MD
Gender (M/F):	M	Ht (in.):	72	Reviewing Physician:	Frank M. Smith, MD
BSA (m2):	2.0	Wt (lbs.):	180	Sonographer:	Jane Sonographer, RDCS
BP (mmHg):	130/90	Indications:	Hypertension		

PRINCIPAL FINDINGS:

Moderate left ventricular diastolic dysfunction and preserved ejection fraction, LVEF 66%.

FINDINGS:

1. Moderate Diastolic Dysfunction: Moderate left atrial enlargement (chronically elevated filling pressures). Tissue Doppler reveals abnormal relaxation and low resting filling pressures.
2. Mild secondary pulmonary hypertension 46 mmHg; chronic elevation of pulmonary venous pressure significantly increases physiologic risk.
3. Mild Resting Pre-Hypertension: BP 130/90 mmHg (optimal systolic BP <120 mmHg).
4. Preserved LVEF 66%; Normal left ventricular cavity size; normal wall thickness. Normal segmental wall motion.
5. Moderate calcific aortic valve stenosis, valve area 1.3 cm², mean gradient 35 mmHg.

KNOWLEDGE-BASED INFORMATION:

1. High physiologic risk profile.
2. Considerations: Cardiovascular diseases is known to improve with physiologic optimization of blood pressure (systolic BP < 120mmHg) using high dose ARBs or ACEIs and/or calcium channel blocker. Consider statin therapy with a goal of LDL cholesterol <70 mg/dl; low dose thiazide diuretic; beta-blocker.
3. Suggested Follow-up: Echo/Doppler to assist in management of cardiovascular dysfunction in 1 year or sooner is appropriate if there is a change in clinical status or symptoms.

ADDENDA:

Normal right ventricular size and systolic function. Moderate atrial enlargement. Calcified, stenotic, aortic valve with reduced cusp excursion. Structurally normal mitral valve. Structurally normal pulmonary and tricuspid valves. The inferior vena cava is of normal size with normal respiratory collapse. Normal aortic root and ascending aorta dimensions. No intracardiac mass or thrombus. No pericardial effusion. Trivial mitral valve regurgitation. Trivial tricuspid valve regurgitation. No evidence for shunt at atrial level by color Doppler interrogation.

2D Measurements

Doppler Measurements

IVSd (cm)	1.3		MV E Vel (m/sec)	0.5	
LVPWd (cm)	1.3		MV A Vel (m/sec)	1.0	
LVIDd (cm)	5.0		MV E/A Ratio	0.50	
LVIDs (cm)	2.9		MV DT (msec)	290	
Calculated LVEF (%)	66	(≥ 55)	e' (m/sec)	0.08	(≥ 0.10)
			E/e'	6	(< 8)
LA Diam (cm)	4.3	(< 4.0)	LVOT Vel (m/sec)	1.1	
LA Volume (mL)	70		AV Vel (m/sec)	3.2	(≤ 2.0)
LAVI (mL/m ²)	35	(≤ 28)	TR Vel (m/sec)	3.2	
			TR Max PG (mmHg)	41	
			RAP (mmHg)	5	(0 - 10)
			RVSP (mmHg)	46	(≤ 35)
			LVOT diam (cm)	2.2	
			LVOT TVI (cm)	24.0	
			AV TVI (cm)	70.1	
			AVA (cm ²)	1.30	(> 2.0)
			AV Mn Grad (mmHg)	35	