



ECHOCARDIOGRAPHY REPORT

Patient Id:	123456	Name:	DOE, JOHN	Date:	8/31/2010
Birthdate:	1/2/1945	Age (yrs):	65	Reviewing Physician:	Frank M. Smith, MD
Gender (M/F):	M	Ht (in.):	72	Sonographer:	Joe Sonographer, RDCS
BSA (m2):	2.2	Wt (lbs.):	210	Indications:	Hypertension, Dyspnea
BP (mmHg):	155 / 90				

PRINCIPAL FINDINGS:

Hypertensive heart disease. Moderate-Severe Resting Hypertension, (155 / 90 mmHg). Mild secondary pulmonary hypertension will account for shortness of breath. Moderate left ventricular diastolic dysfunction and preserved ejection fraction, LVEF 69%.

FINDINGS:

- Moderate Diastolic Dysfunction: Moderate left atrial enlargement (chronically elevated filling pressures). Tissue Doppler reveals abnormal relaxation and elevated resting filling pressures.
- Mild secondary pulmonary hypertension 43 mmHg; chronic elevation of pulmonary venous pressure significantly increases physiologic risk.
- Moderate-Severe Resting Hypertension: BP 155/90 mmHg (optimal systolic BP <120 mmHg); Pulse Pressure 65 mmHg (optimal pulse pressure < 55 mmHg).
- Preserved LVEF 69%; Normal left ventricular cavity size; normal wall thickness. Normal segmental wall motion.
- Mild aortic valve sclerosis which is associated with increased cardiovascular disease.

KNOWLEDGE-BASED INFORMATION:

- High physiologic risk profile.
- 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.
- Moderate Obesity (BMI: 34.9) is associated with increased risk of Coronary Artery Disease, Type II Diabetes and Hypertension.
- 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. Mild aortic valve sclerosis, no stenosis. 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. Doppler reveals no valvular stenosis or significant regurgitation. Trivial pulmonary valve regurgitation. Mild tricuspid valve regurgitation. No evidence for shunt by color Doppler interrogation.

2D Measurements

IVSd (cm)	1.0	
LVPWd (cm)	1.0	
LVIDd (cm)	5.2	
LVIDs (cm)	2.9	
Calculated LVEF (%)	69	(>= 55)
LA Diam (cm)	3.8	(< 4.0)
LA Volume (mL)	79	
LAVI (mL/m2)	36	(<= 28)

Doppler Measurements

MV E Vel (m/sec)	0.5	
MV A Vel (m/sec)	1.0	
MV E/A Ratio	0.50	
MV DT (msec)	310	
e' (m/sec)	0.05	(≥ 0.10)
E/e'	10	(< 8)
LVOT Vel (m/sec)	1.2	
AV Vel (m/sec)	1.4	(≤ 2.0)
TR Vel (m/sec)	3.1	
TR Max PG (mmHg)	38	
RAP (mmHg)	5	(0 - 10)
RVSP (mmHg)	43	(<= 35)