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Echocardiographic Final Report

SonoNet
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Name: SAMPLE, PATIENT Date: 03/23/2011 11:37 Sonographer: Sample Sonographer, RDCS,RVT,RDMS

DOB: 11/06/1952 Age: 58 BSA: 2.4 BP 130 / 79 Location: SAMPLE LOCATION

Sex: M Ht: 70 Wt: 259 Ordering Physician: MD, Doctor 999-999-9999

Indicatons: Murmur, Hyperlipidemia

2D/Doppler Measurements:

RVd	2.0	cm(0.9-2.6)	**Est. EF:**	63	(>55%)	PVa		(<30)
LVd:	5.9	cm(3.5-5.7)	Simpsons EF:		(>55%)	E Prime Vel	5.5	(>10)
LVs:	3.1	cm(1.5-3.9)	AO	1.3	cm (2.0-3.7)	E/ E Prime	38.0	(<8)
IVS:	1.3	cm(0.6-1.1)	AV Peak Vel:	126.9	cm/s (100-170)	PVR		
LVPW	1.3	cm(0.6-1.1)	MV Peak Vel:	209.0	cm/s(60-130)	LVOT Peak Vel	98.4	cm/s (80-120)
LAs:	6.8	cm(1.9-4.0)	TV Peak Vel:	51.8	cm/s(30-70)	LVOT Diameter	2.5	cm(1.8-2.2
LA V	255		PV Peak Vel:	72.9	cm/s(60-90	LVOT VTI	21.6	
LA V I	106	< 29 ml/m2	PAP:		mmHg	AV VTI		
						AV Area:		cm²(4.0-6.0)

Hemodynamic Analysis

HR: 75 bpm(60-100 Stroke Vol: 106 cc(50-90) Cardiac Out: 7.8 l/min(4-7) CI: 3.3 l/min/m²(2.5-4.5)

Conclusions: ***Follow Up Recommendations:*** 1 year, If clinically indicated

PRINCIPAL FINDINGS: Classic feature of partial flail posterior mitral valve leaflet with ruptured chordae. Severe mitral valve regurgitation. Severely enlarged left atrium with elevated filling pressure.

FINDINGS:
1.Severe mitral valve regurgitation. Significant diastolic decompensation. Pseudo-normalization of EF. Further cardiovascular evaluation is warranted.
2. Severe Diastolic Dysfunction: Severe elevation of resting filling pressure. Severe increase in left atrial volume consistent with a history of elevated LV filling pressures.
3. Mild Resting Pre-Hypertension: BP 130/79 mmHg (optimal systolic BP <120 mmHg).
4. Pseudo-preserved (hyperdynamic) LVEF 72%; Normal left ventricular cavity size; Mild LV hypertrophy. Abnormal LV mass index, 142 g/m2. Normal segmental wall motion.
5. No indirect features of pulmonary hypertension.

KNOWLEDGE-BASED INFORMATION:
1. Further cardiovascular attention is warranted. Partial flail posterior MV leaflet with ruptured chordae.
2. Considerations: Medical management of this condition is known to be ineffectual.
3. Severe Obesity (BMI: 37.2) is associated with severely increased risk of Coronary Artery Disease, Type II Diabetes and Hypertension.
4. Suggested Follow-up: Echo/Doppler to assist in management of CV dysfunction in 1 year or sooner is appropriate if there is a documented change in clinical status or symptoms.

Final 2D Interpretation:

Normal right ventricular size and systolic function. Severe left atrial enlargement. Right atrial enlargement. Mild aortic valve thickening. 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.

Final Doppler Interpretation:

No significant valvular stenosis. Trivial aortic valve regurgitation. Trivial pulmonary valve regurgitation. Trivial tricuspid valve regurgitation. No evidence for shunt by color Doppler interrogation.on.

Reading Physician MD FACC

CARDIOLOGIST