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Echocardiographic Final Report

SonoNet
ICAEL & ICAVL Accredited
901 West 43rd St.
Kansas City, MO 64111
www.sononet.us
Telephone: 816-569-2200
Fax: 816-581-2090

Name: SAMPLE, PATIENT Date: 05/11/2011 15:48 Sonographer: Sample Sonographer, RDCS,RVT,RDMS

DOB: 09/22/1955 Age: 55 BSA: 2.1 BP 104 / 65 Location: SAMPLE

Sex: M Ht: 70 Wt: 190 Ordering Physician: MD, Doctor 999-999-9999

Indicatons: CABG S/P, CAD

2D/Doppler Measurements:

RVd		cm(0.9-2.6)	**Est. EF:**	37	(>55%)	PVa		(<30)
LVd:	6.3	cm(3.5-5.7)	Simpsons EF:		(>55%)	E Prime Vel	7.0	(>10)
LVs:	5.0	cm(1.5-3.9)	AO	3.3	cm (2.0-3.7)	E/ E Prime	6.2	(<8)
IVS:	1.0	cm(0.6-1.1)	AV Peak Vel:	116.7	cm/s (100-170)	PVR		
LVPW	0.9	cm(0.6-1.1)	MV Peak Vel:	43.5	cm/s(60-130)	LVOT Peak Vel	87.1	cm/s (80-120)
LAs:		cm(1.9-4.0)	TV Peak Vel:		cm/s(30-70)	LVOT Diameter	2.5	cm(1.8-2.2
LA V	91		PV Peak Vel:		cm/s(60-90	LVOT VTI	17.0	
LA V I	43	< 29 ml/m2	PAP:		mmHg	AV VTI		
						AV Area:		cm²(4.0-6.0)

Hemodynamic Analysis

HR: 55 bpm(60-100 Stroke Vol: 83 cc(50-90) Cardiac Out: 4.6 l/min(4-7) CI: 0.0 l/min/m²(2.5-4.5)

Conclusions: ***Follow Up Recommendations:*** 1 year, If clinically indicatedMD, Doctor 999-999-9999

PRINCIPAL FINDINGS:
Ischemic cardiomyopathy. Dilated LV with reduced systolic function, LVEF 37%.

FINDINGS:
1. Ischemic cardiomyopathy. Dilated left ventricle; Moderately reduced LVEF 37%; Reduced systolic tissue Doppler velocity (4.7cm/sec) consistent with myocardial fibrosis.Inferior wall thinning and akinesis; inferoseptal wall hypokinesis.
2. Moderate Diastolic Dysfunction: Abnormal relaxation with low resting filling pressures (E/e' 6.3). Severely increased left atrial volume index, consistent with a history of elevated LV filling pressures.
3. Normal valves.

KNOWLEDGE-BASED INFORMATION:
1. Considerations: Suspected or known coronary artery disease: Goal: aggressive physiologic optimization irrespective of BP; continued normalization of resting LV filling pressure. Highest tolerable dose ARB or ACEI; calcium channel blocker (dihydropyridine class); thiazide-like diuretic; Statin with a goal of LDL cholesterol <70mg/dl; non-selective beta-blocker.
2. Overweight (BMI: 27.3) is associated with a low risk of Cardiovascular Disease and Type II Diabetes.
3. 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. Structurally normal 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. No significant valvular regurgitation. Mild mitral valve regurgitation. Trivial tricuspid valve regurgitation. No evidence for shunt by color Doppler interrogation.

Reading Physician MD FACC

CARDIOLOGIST