CASCADE HEART CLINIC, PLLC

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ECHOCARDIOGRAM

Name of Patient: Deane Smith
Medical Record No.: 6759/4202
Date of Study: 09/15/08

Indications:
An 80-year-old has echocardiogram for evaluation of mitral regurgitation and exertional dyspnea.

M-Mode, 2D and Doppler:
M-Mode, 2D and Doppler assessment was performed.

M-Mode: Left ventricular end-diastolic and end-systolic dimensions are within normal limits, end diastole 46 mm, end systole 37 mm. Right ventricular size is mildly dilated at 28-29 mm. Left ventricular wall thickness measures 11 mm at the upper limits of normal.

The 2D imaging reveals normal left ventricular size with atrial fibrillation, irregular arrhythmia, and suboptimal acoustic windows. It appears LV ejection fraction is visually estimated at approximately 40% with apical and septal hypokinesis. Mitral valve demonstrates mild mitral annular calcification and appears to open and close normally without stenosis. Left atrial size is mildly to moderately dilated. Aortic valve demonstrates mild sclerocalcific thickening but opens and closes without stenosis. Aortic root is mildly dilated at 40 mm.

Right ventricular size is mildly dilated with preserved right ventricular systolic function. Right atrial size is moderately dilated. Tricuspid and pulmonic valves open and close normally without stenosis.

No pericardial effusion, intracavitary masses, or thrombi are detected.

Doppler reveals mild to moderate mitral regurgitation. Moderate to severe tricuspid regurgitation is present with tricuspid regurgitation velocity at 3.2 m/sec and dilated inferior vena cava which translates to a peak pulmonary artery pressure approximately 45-55 mmHg.
Right pacing wires are noted in the right cardiac chambers. Patent foramen ovale is detected by color flow Doppler.

Conclusions:
1. Normal left ventricular size with LV ejection fraction visually estimated at 40%.
2. Anteroapical and septal apical hypokinesis.
3. Mild to moderate mitral regurgitation.
4. Moderate to severe tricuspid regurgitation with pulmonary hypertension.
5. Patent foramen ovale.
6. Atrial fibrillation arrhythmia with left bundle-branch block EKG.

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PRK/acl/dsq/rbl