

**WEST GRAND HOSPITAL**  
**600 NORTH PARKWAY AVENUE**  
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**PATIENT:** Doe, John R.

**ATTENDING:** Doe, M.D., Annette K.

**UNIT NUMBER:** 222222

**PATIENT TYPE:** OPM

**DATE OF PROCEDURE:** Saturday, August 08, 1998

**Procedure:** Transthoracic Echo

**Clinical Indication:** Atrial fibrillation. Palpitation. Cardiomyopathy. Pericardial disease. HTN.  
SOB. Murmur. Mitral valve disease.

**BIRTHDATE:** Tuesday, May 05, 1925

**SOCIAL SECURITY:** 555-55-5555

**LOCATION:** OPM

## ECHOCARDIOGRAM REPORT

	<b>Actual (cm)</b>	<b>Normal -(cm)</b>
Aortic Valve Opening:	2.1 cm	1.6 - 2.6 cm
Aortic Root Diameter:	2.20 cm	2.0 - 3.7 cm
Left Atrium Diameter:	3.6 cm	1.9 - 4.0 cm
Right Ventricular Diameter:	1.6 cm	0.7 - 2.3 cm
Diastolic Septal Thickness:	.9 cm	0.7 - 1.1 cm
LV Diastolic Diameter:	4.2 cm	3.5 - 5.6 cm
LV Systolic Diameter:	2.2 cm	2.0 - 3.8 cm
	M= 2.0	2.1 cm
LVOT Diameter:	2.0 cm	F= 1.9-2.0 cm
Posterior Wall Thickness:	.8 cm	1.9 - 4.0 cm
Ejection Fraction:	35%	48% - 78%

### **Findings:**

Echocardiogram images appear to be of good diagnostic quality. The exam was technically difficult due to patient's body habitus.

Ejection fraction is estimated at 35%. The fractional shortening is estimated at 22%. During the ventricular septal wall interrogation evidence of a medium ventricular septal defect was observed. There is no evidence of patent ductus arteriosus. The left ventricular diameter in diastole and systole appears normal. Left ventricular function is moderately impaired. The left ventricle appears to be moderately enlarged. The right ventricle appears to be moderately enlarged. The septal wall is akinetic. The anterior wall is akinetic. Severe lateral wall dyskinesis. Severe posterior wall hypokinesis. Moderate inferior wall hypokinesis.

Left ventricular wall motion abnormality is consistent with systolic dysfunction. There is evidence of minimal asymmetrical LVH.

The left atrium appears to be moderately enlarged. The right atrium appears to be moderately reduced. There is no evidence of plural effusion.

The aortic valve is a native trisinus valve and appears to function normally. There is no evidence of aortic valve insufficiency. There is no evidence of valvular vegetation.

The tricuspid valve is a native valve and appears to have moderate stenosis.

There is evidence of 3+ to 4+ mitral valve insufficiency.

The mitral valve is a native valve and appears to have mild stenosis. The mitral valve annulus appears thickened and calcified. Papillary muscle dysfunction is observed. There is evidence of 2+ to 3+ mitral valve insufficiency. There is no evidence of valvular vegetation.

The pulmonary valve is a native valve and appears to have moderate stenosis. There is evidence of severe pulmonary hypertension. There is evidence of moderate pulmonary valve insufficiency. TEE is recommended if clinically indicated.

**Final Impression:**

Ejection fraction is estimated at 35%.

Fractional shortening is estimated at 22%.

Evidence of a small atrial septal defect.

Evidence of a medium ventricular septal defect.

LV size normal.

LV function is moderately impaired.

The septal wall is akinetic. The anterior wall is akinetic. Severe lateral wall dyskinesis. Severe posterior wall hypokinesis. Moderate inferior wall hypokinesis.

Ventricular wall motion abnormality is consistent with systolic dysfunction.

Evidence of minimal asymmetrical LVH.

No evidence of pericardial effusion.

No evidence of plural effusion.

Evidence of severe pulmonary hypertension.

Moderate pulmonary valve insufficiency.

Moderate tricuspid valve stenosis.

Moderate to severe tricuspid valve insufficiency.

Normal aortic valve.

Mitral valve has mild stenosis.

The mitral valve has 2+ to 3+ insufficiency.

Interpreting Physician: \_\_\_\_\_

John Doe, M.D.

02/02/2000

SD/JD

**NONINVASIVE LAB REPORT**

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