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PATIENT: S A Doe

REFERRING: James A. Richards, M.D.

PATIENT VISIT: 31323131231

PATIENT TYPE: OP

DATE OF PROCEDURE: Monday, March 04, 2002

Procedure: Dobutamine Stress Echo

BIRTHDATE: Wednesday, June 05, 1935

RECORD ID: 424-14-3511

LOCATION: OP

Clinical Indication: Left ventricular size and function. Arrhythmia. Confusion. Carotid bruit right side. TIA.

ECHOCARDIOGRAM REPORT

	Actual	Normal
Aortic Valve Opening:	2.1 cm	1.6 - 2.6 cm
Aortic Root Diameter:	2.3 cm	2.0 - 3.7 cm
Left Atrium Diameter:	2.2 cm	1.9 - 4.0 cm
Right Ventricular Diameter:	2.4 cm	0.7 - 2.3 cm
Diastolic Septal Thickness:	1.6 cm	0.7 - 1.1 cm
LV Diastolic Diameter:	5.9 cm	3.5 - 5.6 cm
LV Systolic Diameter:	4.1 cm	2.0 - 3.8 cm
LVOT Diameter:	2.1 cm	1.9 - 2.1 cm
Posterior Wall Thickness:	3.2 cm	1.9 - 4.0 cm
Ejection Fraction:	44%	48% - 78%
Fractional Shortening:	32%	28% - 41%

Procedure:

Echocardiogram images appear to be of good diagnostic quality.

Findings:

The ejection fraction is estimated at 44% and fractional shortening is estimated at 32%. There is evidence of a Patent foramen ovale. Left ventricular function is moderately impaired. The left ventricle appears to be Minimally enlarged. Left ventricular wall motion abnormality is consistent with global dysfunction. There is evidence of mild concentric LVH. Left ventricular wall motion analysis shows no abnormalities.

The aortic valve appears to have moderate stenosis. The stenosis is producing a peak gradient of 11 mmHg. The valve opening is 2.1 cm. There is evidence of mild valvular insufficiency. The left ventricular outflow diameter is 2.1 cm. There is no evidence of valvular vegetation.

The mitral valve appears to have moderate stenosis with a peak gradient is 25 mmHg. There is evidence of 2+ to 3+ mitral valve insufficiency. The mitral valve annulus and leaflets appear sclerotic. Papillary muscle dysfunction is observed. The mitral valve area is 4 cm. The E/A ratio is 0.97 with a deceleration time of 1.8 msec Suggesting decrease in left ventricular compliance and impaired left ventricular relaxation. The mitral valve has evidence of a small valvular vegetation.

Tricuspid valve appears to have moderate stenosis. The TR maximum velocity is 34 m/s. The right ventricular systolic pressure is 45 mmHg. The PA pressure is estimated at 23 mmHg. Evidence of mild tricuspid valve insufficiency. Evidence of mild pulmonary hypertension.

The pulmonary valve appears to have minimal stenosis. Pulmonary valve peak gradient is 23 mmHg. Evidence of 2+ pulmonary valve insufficiency.

Final Impression:

Ejection fraction is estimated at 44%.

Fractional shortening is estimated at 32%.

Evidence of patent foramen ovale.

LV function is moderately impaired.

Mild concentric LVH.

Aortic valve has moderate stenosis. Aortic valve opening is 2.1 cm.

Evidence of mild valvular insufficiency.

Moderate mitral valve stenosis.

Evidence of mild to moderate mitral valve insufficiency.

Papillary muscle dysfunction is observed.

Small mitral valve vegetation.

Moderate tricuspid valve stenosis.

Evidence of mild tricuspid valve insufficiency.

Evidence of mild pulmonary hypertension.

Minimal pulmonary valve stenosis.

Evidence of mild pulmonary valve insufficiency.

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