

Peri-operative Echocardiographic Report**St George Private Hospital****Patient: J SMITH MRN:15-62-15 DOB: 21/12/1945**

16/12/2000

System: HP Sonos 5500 / T6210

Procedure: AVR (Perimount) + CABG * 1

Referred by: Dr Matthew Horton

Known aortic stenosis; Wegener's granulomatosis; Possible

Tape ID:Tape 23. Starting at: 05:00:00

cardiomyopathy; Diabetic (NIDDM). Increasing exertional dyspnoea;

Reported by: Dr D.A.Pybus

Left Atrium:

Left Atrium: Normal Size

LA Diameter (cms): 0

Rhythm: Sinus Rhythm

Mitral Valve:

Inflow Pattern: Restrictive

E Max (m/sec): 1.9

A Max (m/sec): 1

MV Area (sq cm): 0

MV Mean Gradient: 0

MV Annulus (cms): 0

Left Atrium / Pulmonary Venous Inflow:

The left atrium was of normal size. There was no evidence of thrombus in the atrial appendage. The pulmonary venous inflow pattern was essentially normal. Flow reversal of the 'S' wave was not present.

MV Stenosis: None

MV Incompetence: Trivial

The mitral valve was of normal morphology. The chordae were intact.

There was no evidence of significant stenosis or incompetence.

Prolapse was not present. Movement of the anterior leaflet was restricted by the aortic regurgitant jet.

Left Ventricle:**Basal Segments:**

1 - Antero-septal:Mild Hypokinesia

2 - Anterior:Mild Hypokinesia

3 - Lateral:Mild Hypokinesia

4 - Posterior:Mild Hypokinesia

5 - Inferior:Mild Hypokinesia

6 - Septal:Mild Hypokinesia

LV Cavity: Dilated

Global LV Function: Moderate Dysfunction

LV FS % 0

LVPEP:LVET ratio: 0

Inflow Pattern: Restrictive

Aortic Valve / Aorta:

AV Stenosis: Severe

AV Incompetence: Severe

AV Annulus (cm): 3

AV Area (sq cm): 0

AV Mean Gradient: 50

AV Peak Gradient: 76

AV Vmax (m/sec): 4.4

S-T Junction (cm): 3.1

Asc. Aorta: Normal

Desc. Aorta: Normal

Blood Pressure: 100/40

Mid Segments:

7 - Antero-septal:Mild Hypokinesia

8 - Anterior:Mild Hypokinesia

9 - Lateral:Mild Hypokinesia

10 - Posterior:Mild Hypokinesia

11 - Inferior:Mild Hypokinesia

12 - Septal:Mild Hypokinesia

The LV was globally hypokinetic. No clear RWMA was noted. (Patient on low dose adrenaline @ this time). DT was 160 msec. E:A ratio 1.9.

Apical Segments:

13 - Anterior:Mild Hypokinesia

14 - Lateral:Mild Hypokinesia

15 - Inferior:Mild Hypokinesia

16 - Septal:Mild Hypokinesia

The aortic valve was tricuspid. It was heavily calcified. There was a large, regurgitant jet measuring 7 cms which restricted the movement of the anterior leaflet of the mitral valve

The aorta was of normal dimensions. Significant atheroma was not present. There was no evidence of dissection. Significant flow reversal (consistent with severe AR) was noted in the lower thoracic aorta.

Right Heart and Other Structures:

Right Atrium: Normal

Atrial Septum: Intact

Pericardium: Normal

Estimated RVSP: 0

The right atrium and ventricle were of normal dimensions. No abnormality was detected.

Complications: None**Post-Intervention:**

The valve appeared to be working well. There were no paravalvular leaks. The peak gradient was 30 mm Hg with a mean of 16. Vmax was 2.7 m/sec. Trivial AR was present @ the commissures of the RCC. There was no change in wall motion.

Summary:

Heavily calcified, tricuspid aortic valve. Severe AS and AR. Global hypokinesia in a dilated ventricle. No clear RWMA. Restrictive impairment of diastolic function.

Signature: _____

Licensed to: Dr D.A.Pybus