

ECHOHeart Imaging Services  
 100 2nd Ave S  
 Unit 904S  
 St. Petersburg FL 33701  
 813-820-1630



Patient Name:	MRN:	Date of Service:
Referring Physician:	DOB:	Height:
Interpreting Physician:	Gender:	Weight:
Sonographer:	Age:	BSA:
Indication: <b>CVD Screening</b>		
CPT: <b>93306 - Complete Echo with Spectral Doppler and Colorflow</b>		
Study Quality: <b>Technically adequate.</b>		

## Echocardiogram Report

Echocardiogram was performed conforming to the American Society of Echocardiography protocols for a complete study using 2D/M-Mode, spectral and color flow doppler modalities in obtaining imaging, hemodynamics, measurements, and calculations.

<p><b>Conclusions:</b></p> <ol style="list-style-type: none"> <li>1. Left ventricular ejection fraction estimated by 2D at 60-65 percent.</li> <li>2. Grade 1 diastolic dysfunction consistent with impaired relaxation and normal filling pressures.</li> <li>3. Mild mitral valve regurgitation.</li> <li>4. Trace aortic valve regurgitation.</li> <li>5. There is mild tricuspid valve regurgitation.</li> </ol>
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### Findings:

Left Ventricle: Normal LV size and function. No left ventricular hypertrophy. Left ventricular ejection fraction estimated by 2D at 60-65 percent. Grade 1 diastolic dysfunction consistent with impaired relaxation and normal filling pressures. Normal global wall motion. No regional wall motion abnormalities.

Right Ventricle: Normal right ventricular size and function.

Left Atrium: Normal left atrial size.

Right Atrium: Normal right atrial size.

Mitral Valve: Mildly thickened mitral valve. No mitral valve prolapse is present. No mitral stenosis. Mild mitral valve regurgitation.

Tricuspid Valve: Normal tricuspid valve structure and function. There is mild tricuspid valve regurgitation. Normal estimated right ventricular systolic pressure.

Aortic Valve: Mild calcification of the aortic valve. No aortic valve stenosis. Trace aortic valve regurgitation.

Pulmonic Valve: The pulmonic valve is poorly seen. No pulmonic valve regurgitation.

Aorta: The aortic root is normal.

Pericardium: Normal pericardium.

Other: Inferior vena cava demonstrates a >50% collapse with respiration.

### Study Data

**2D Measurements**

LVIDd: **3.54 (4.2-5.9) cm**  
LVIDs: **2.34 (2.1-4.0) cm**  
IVSDd: **1 (0.6-1.0) cm**  
LVPWd: **1.03 (0.6-1.0) cm**  
Aortic Root: **3.22 (2.0-3.7) cm**  
Ascending aorta: **3.01 cm**  
LA/AR Ratio: **1.01**  
EF: **63.7 (>=55) %**  
FS: **33.82 (25-43) %**  
SV: **33.2 (70-100) ml**  
SI: **19.78**  
CO: **2.56 (4-8) l/min**  
CI: **1.52 (2.4-4.2) l/min**  
EDV: **52.12 (67-155) ml**  
EDV Index: **31.04 (35-75) ml/m<sup>2</sup>**  
ESV: **18.92 (22-58) ml**  
ESV Index: **11.27 (12-30) ml/m<sup>2</sup>**  
LA: **3.27 (3.0-4.0) cm**  
LV Mass: **119.86 (88-224) g**  
IVC: **1.21 cm**  
LA Volume: **32.26 (18-58) ml**  
LA Volume Index: **19.2 (16-28) ml/m<sup>2</sup>**

**M-MODE Measurements****Mitral Valve**

Regurgitation: **Mild**  
Peak E: **71.62 (0.6-1.3) m/s**  
Peak E Grad: **2.05 mmHg**  
e' lateral: **8.25 (>=10) cm/s**  
e' Medial: **8.84 (>=10) cm/s**  
E/e' Lateral: **8.68 (<=8)**  
E/e' Medial: **8.1 (<=8)**  
DS: **330.86 cm/s<sup>2</sup>**  
DT: **0.22 (<=200) ms**

**Tricuspid Valve**

Regurgitation: **Mild**  
TR Peak Grad: **21.89 mmHg**  
TAPSE: **2.23 (>=1.6) cm**  
RAP: **3 (5-10) mmHg**  
RVSP: **24.89 (<=30) mmHg**

**Aortic Valve**

Regurgitation: **Trace**  
Peak: **98.3 (<=2.5) m/s**  
Peak Grad: **3.87 (<=16) mmHg**  
LVOT PV: **99.69 (0.7-1.1) m/s**  
LVOT PG: **3.97 mmHg**

**Pulmonic Valve**

Peak Vel: **74.66 (0.6-0.9) m/s**  
Peak Grad: **2.23 (<=3) mmHg**