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ECHO REPORT

Patient Name: WALLBILLICH, JOHN

DOB: 10/06/1958 Gender: M Heart Rate: 70 BP: 118/74 Accession #: PRO1272481

Height (inch): 72 Weight (LB): 156 BSA: 192

BSA:1.92 BMI:21.16 Study Date: 07/11/2024
Patient ID: 46246
Tech: Lorri Guigar, RDCS
Ref. Provider: Abdul Halabi, MD

Study Quality :Adequate

Procedures:

Echocardiographic Report:

Comprehensive 2D, Doppler, and color-flow Echocardiogram on the Phillips EPIQ CVx Additional Procedures: Strain

Indications

Essential hypertension

Conclusions:

- 1. The left ventricle is normal size. There is normal left ventricular wall thickness. The left ventricular systolic function is normal. LVEF is 65%. GLS -19.5%. There is normal LV segmental wall motion. The left ventricular diastolic function is normal.
- 2. The right ventricle is normal size. The right ventricular systolic function is normal.
- 3. Trace mitral regurgitation.
- 4. Trace tricuspid regurgitation.
- 5. Unable to assess PA pressure due to poor TR Doppler signal.
- 6. There is no pericardial effusion.

Measurements:

2D/M Mode			Doppler		
Measurement	Value	Normal Range	Measurement	Value	Normal Range
AoR Diam 2D	3.2	M: 3.1 ~ 3.7 cm	MV E Peak Vel.	0.49	[0.60 - 1.30] m/sec
ACS 2D	1.70	cm	MV A Peak Vel.	0.71	[1.00 - 1.20] m/sec
LA Dimen 2D	2.3	M: 3.0 ~ 4.0 cm	MV E/A	0.70	[0.80 - 1.50] ratio
LVIDd 2D	4.5	M: 4.2 ~ 5.9 cm	MV PHT	73	[20 - 100] msec
LVIDs 2D	2.8	M: 2.5 ~ 4.0 cm	MV Mean PG	1.00	[<= 5.00] mmHg
IVSd 2D	0.9	M: 0.6~1.2 cm	MVA VTI	3.8	cm
LVPWd 2D	0.8	M: 0.6 ~ 1.2 cm	MVA PHT	3.01	[2.00 - 4.00] cm2
RVD Basal	3.1	[2.0 - 4.2] cm	MV Decel Time	248.0	[104.0 - 258.0] msec
RVD Minor	2.5	cm	MV A Dur	158.0	[79.0 - 176.0] msec
RVD Major	7.5	cm	MV VTI	19.80	cm
TAPSE	1.8	[1.6 - 3.0] cm	MV PISA		cm
RV S'	0.123	m/sec	IVRT	92.0	[32.0 - 101.0] msec
RA Minor 2D	2.9	[<= 4.4] cm	Medial E'	0.086	[0.08 - 0.15] m/sec
RA Volume Index	11	[<= 21.0] ml/m2	Lat E' Vel	0.128	[0.10 - 0.15] m/sec
EF 2D	65.0	[55.0 - 70.0] percent	Medial E/E'	5.70	ratio
LV Mass	123.0	M: 88 ~ 224 g	Lateral E/E'	3.80	[<= 13.00] ratio
LV Mass Index	64.1	M: 49 ~ 115 g/m2	Average E/E'	4.8	
LA Volume		mL	LVOT Diam	2.10	[1.70 - 2.10] cm
LA Volume Index	14.0	[16 - 34] mL/m2	LVOT VTI	21.80	[20.00- 30.00] cm
3D EF		%	AV Peak Vel	1.23	[<= 2.50] m/sec

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IVC	1.6	cm	AV Peak PG	6.00	[2.00 - 9.00] mmHg
GL Strain	-19.5	%	AV Mean PG	3.00	[2.00 - 4.00] mmHg
Acceleration Time			AV VTI	24.7	cm
MVD			LVOT VTI/AV VTI	0.88	
			AVA Vmax	2.79	[3.00 - 5.00] cm2
			AVA VTI	3.05	[3.00 - 5.00] cm2
			SV LVOT	75.00	mL
			SI (Doppler)	39	mL/m2
			TR Peak Vel	1.67	[1.00 - 2.80] m/sec
			TR Peak PG	11.00	mmHg
			RAP Estimate	3.0	mmHg
			RVSP	14.0	mmHg
			PV Peak Vel	0.95	[0.40 - 0.80] m/sec

Findings

Left Ventricle:

The left ventricle is normal size.

There is normal left ventricular wall thickness. LVMI 65 g/m2, RWT 0.36.

The left ventricular diastolic function is normal.

The left ventricular systolic function is normal.

There is normal LV segmental wall motion.

LVEF is 65%. GLS -19.5%.

Right Ventricle:

The right ventricle is normal size.

There is normal right ventricular wall thickness.

The right ventricular systolic function is normal.

Left Atrium

The left atrium size is normal.

Right Atrium

The right atrium size is normal.

Atrial Septum:

The interatrial septum is intact with no evidence for an atrial septal defect.

Mitral Valve:

The mitral valve is normal in structure.

Trace mitral regurgitation.

Aortic Valve:

Aortic valve is trileaflet.

No aortic regurgitation is present.

There is no aortic valvular stenosis.

Tricuspid Valve:

The tricuspid valve is normal in structure.

Trace tricuspid regurgitation.

Unable to assess PA pressure due to poor TR Doppler signal.

Pulmonic Valve:

Pulmonic valve is not well visualized.

There is no pulmonic valvular regurgitation.

Pericardium:

There is no pericardial effusion.

Aorta:

The aortic root is normal in size.

Ascending aorta is not well visualized.

Aortic arch is normal in caliber.

IVC:

IVC is normal in size and collapses >50% with inspiration.

Pulmonary Artery:

The pulmonary artery is normal.

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Signed by: Stacy Loree, DO, RPVI Electronically Approved: 07/12/2024 08:22:15

CC: Varsha Revankar, MD