



Wellness Echo Report



Name: SAMPLE PATIENT Date: 06/15/2010 09:13 Sonographer: Test , MHS, RDCS, Sonographer
 DOB: 07/28/1945 Age: 64 Sex: M Location: 9999XXX
 Ht: 65.9 Wt: 185 Ordering Physician: Test MD, Doctor 999-999-9990
 BSA: 2 BMI: 30 < 25 BP: 156 / 92 HR: 68 < 180 Glucose: < 100

Contact Information:

Patient Email: Patient Telephone: (480) 231-6396 Patient Fax:
 Guardian: Relationship: Gaurdian Phone:

Excercise: > 150 minutes per week at moderate load No **Family History:** Of Sudden Death? No
 > 60 minutes per week at vigorous load No Early Cardiovascular Disease? Yes

Medications:

Risk Factors: Hypertension Benign, Hyperlipidemia, Family h/o other cv cond, Shortness of Breath

Cardiac Mass: No **Trombus :** No **Paracardial Effusion:** No **Normal Structure:** Yes
IVC Normal: No **IVC Normal Responsiveness:** No **Normal E Prime:** No **Normal EF:** Yes

2D/Doppler Measurements:

RV	2.5	(0.9-2.6)	Est. EF:	60	(>65%)	AO	3.9	(2.0-3.7)
LVd:	4.9	cm(3.5-5.7)			(>55%)	MV E	60.2	(70-102)
LVs:	3.2	cm(1.5-3.9)	TR Peak Vel	2.4		MV A	72.9	(43-69)
IVS:	0.9	cm(0.6-1.1)	LA Length:	5.4		MV E/A	0.8	(1.1 - 1.2)
LVPW	0.9	cm(0.6-1.1)	LA 4 CH Area	24.3		MV DT	174	(167-231)
RAP	5.0	mmHg	LA Ap Long	24.0		E Prime Vel	6.0	(≥10) _
PASP	28.0	mmHg	LA V	92		E/ E Prime	10.0	(<8)
PADP		mmHg	LA V I	46	< 29 ml/m2			

Valve Function Normal:

Aortic Valve: No Tricuspid Valve: No Pulmonic Valve: Yes Mitral Valve: No

Conclusions: **Follow Up Recommendations:** 4 months, If clinically indicated

PRINCIPAL FINDINGS:

Significant Hypertensive Heart Disease (Moderately severe resting hypertensive BP 156/92mmHg and severe diastolic dysfunction). Preserved LVEF 60%. Exertional shortness of breath is best explained by the observed diastolic disease. No evidence of resting ischemic heart disease.

FINDINGS:

1. Severe Hypertensive Heart Disease.
2. Severe Diastolic Dysfunction: Severe left atrial enlargement, abnormal mitral inflow and tissue Doppler confirm chronic and resting elevation filling pressures.
3. Moderately Severe Resting Hypertension: BP 156/92 mmHg (optimal systolic BP <120 mmHg); Pulse Pressure 64 mmHg (optimal pulse pressure < 55 mmHg).
4. Mildly dilated ascending aorta, 4 cm.
5. Preserved Ejection Fraction: LVEF 60%
6. Left Ventricle: Normal left ventricular cavity size; Normal wall thickness; Normal segmental wall motion.
7. Normal valves.
8. Normal pulmonary artery systolic pressure [28 mmHg].

Evidence Based Recommendation: Further medical attention would be strongly advised.

Reading Cardiologist MD FACC