



Cardiac Ultrasound

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Name: M.D.:
Date: 06/01/10 Sex:
Diagnosis: Hypertension D.O.B.:
Sonographer:

M-Mode

Aortic Root:	20	mm (20-37)	LV Diastole:	53	mm (37-56)
Left Atrium:	44	mm (19-40)	LV Systole:	36	mm (25-40)
Aortic Valve:	07	mm (15-26)	IV Septum	18	mm (6-11)
RV Diastole:	19	mm (07-23)	LV Post. Wall:	15	mm (6-11)

Interpretation

The M-Mode echocardiogram revealed normal aortic and mitral leaflets without calcification, stenosis, thickening or prolapse. The aortic root was of normal caliber. The left ventricle was normal in size with moderate concentric hypertrophy. The left atrium was mildly dilated while the right ventricle was normal. There was no evidence of pericardial fluid.

The two dimensional echocardiogram demonstrated normal aortic and mitral leaflets without stenosis, calcification or prolapse. The left ventricle was moderately hypertrophied without segmental wall motion abnormalities. Global systolic function was normal. The ejection fraction was estimated to be **60-65%**. The left atrium was again found to be mildly enlarged while the right atrium was unremarkable. The right ventricle demonstrated normal chamber size, thickness and contractility. There was no evidence of thrombus or pericardial effusion.

Continuous wave and pulsed doppler interrogation of the tricuspid (**0.56 M/sec**), pulmonic (**1.18 M/sec**), mitral (**0.95 M/sec**) and aortic (**0.99 M/sec**) valves demonstrated normal velocities without evidence of stenosis. An A point greater than the E point is consistent with diminished left ventricular compliance. Color flow assessment was remarkable for trace aortic insufficiency.

Impression:

Moderate left ventricular hypertrophy with diminished compliance
Mild left atrial dilatation
Trace aortic insufficiency

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