

**AMRADNET**

229 Peachtree St NE, Suite 965  
Atlanta, GA 30303

**Cardiology Report**

Phone : 877.267.2348  
Fax : 1.877.267.2348

Patient Name	Date of Birth	Facility
JANE DOE	XX/XX/XXXX	TEST FACILITY
Referring Physician	Faxed To	
SMITH	1.877.267.2348	
Exam Requested	Echocardiogram With Spectral and Color Dopplers	
Indication	Date	
Assess for vegetation	5/14/2012	
Exam Date	Report Date	
5/14/2012	5/14/2012	

**Accession:** 103337

**Examination:** ECHOCARDIOGRAM WITH SPECTRAL AND COLOR DOPPLER ON 05/24/2012

**Indication:** Assess for vegetation.

**Quality:** Technical quality of the study is fair.

**Measurements (cm):**

Ao: 3.2 LA: 4.6 LVSWd: 1.5 LVPWd: 1.5 LVIDd: 4.2 LViDs: 2.5

**Chamber Quantification:**

RA: Dilated. LA: Dilated.

RV: Normal size. LV: Moderate concentric hypertrophy.

**Aortic Root Evaluation: Pericardial Evaluation:**

Normal size. No effusion, large pleural effusion noted.

**Valvular Evaluation:**

Aortic valve: Trileaflet, focal calcification, but no stenosis, there is mild insufficiency noted.

Mitral valve: Moderately thickened with mild regurgitation.

Pulmonic valve: Mildly thickened, but otherwise normal motion.

Tricuspid valve: Moderately thickened with moderate regurgitation by color flow and by spectral Doppler.

**Hemodynamic:**

IVC is mildly dilated.

Estimated RVSP: 65 mmHg.

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**Systolic Function:**

LV: Grossly normal systolic function. EF of 55%.

LV wall motion: Normal.

RV: Normal size and function.

**Diastolic Analysis:**

Diastolic function cannot be assessed due to irregular heart rhythm.

**INTERPRETATION & CONCLUSIONS:**

1. Grossly normal left ventricular systolic function, ejection fraction of 55%.
2. Diastolic function cannot be assessed.
3. Moderate concentric hypertrophy.
4. Biatrial enlargement.
5. Focal thickening and calcification of aortic valve, but no obvious stenosis is noted. There is mild aortic insufficiency.
6. Moderately thickened mitral and tricuspid valves with moderate regurgitation respectively.
7. Mild pulmonic insufficiency.
8. Moderate-to-severe elevation of pulmonary pressure.
9. No pericardial effusion.
10. Very large pleural effusion.
11. No obvious valvula vegetations seen
12. Clinical correlation is advised.

Expert Physician, MD  
ELECTRONICALLY SIGNED

Transcribed by: VS  
Reviewed by: HR