



Transthoracic Echo Report

Vasolab, Inc.
1414 South 600 West
Woods Cross, UT 84087

MEASUREMENTS (Male / Female) Normal Values

2D ECHO					
LV Diastolic Diameter PLAX	5.7 cm	4.2 - 5.9 / 3.9 - 5.3 cm	LV Relative Wall Thickness	0.4	
LV Systolic Diameter PLAX	3.7 cm		LVOT Diameter	2.4 cm	
LV Fractional Shortening PLAX	0.3 %		Estimated LV Ejection Fraction	6.0 %	
IVS Diastolic Thickness	1.2 cm	0.6 - 1.0 / 0.6 - 0.9 cm	LA Volume Index	38.0 cm ³ /m ²	16 - 28 cm ³ /m ²
LVPW Diastolic Thickness	1.1 cm	0.6 - 1.0 / 0.6 - 0.9 cm	Ascending Aorta Diameter	3.7 cm	

DOPPLER			
LVOT Peak Velocity	80.8 cm/s	MV Deceleration Time	250.0 ms
LVOT Velocity Time Integral	17.5 cm	LV E' Lateral Velocity	8.7 cm/s
LVOT Stroke Volume	79.6 cm ³	Mitral E to LV E' Lateral Ratio	11.7
Mitral E Point Velocity	1.0 m/s	LV E' Septal Velocity	6.6 cm/s
Mitral A Point Velocity	92.1 cm/s	Mitral E to LV E' Septal Ratio	15.4
Mitral E to A Ratio	1.1		

Conclusions

'Abnormal ECG' is not specifically explained. Moderate hypertensive heart disease. Referral history of hypertension associated with diastolic dysfunction is consistent with hypertensive heart disease. Severe diastolic dysfunction. Preserved LVEF 60%.

Findings

- Severe Diastolic Dysfunction: Abnormal relaxation with severely elevated resting filling pressures (E/e'[using avg e'] 13.3). Moderately increased left atrial volume index, consistent with a history of elevated LV filling pressures.
- Preserved LVEF 60%; Normal left ventricular cavity size; Mild LV hypertrophy. Normal segmental wall motion.
- Normal valves.

Other Findings

Normal right ventricular size and systolic function. Moderate biatrial enlargement. Structurally normal valves. The inferior vena cava is of normal size with normal respiratory collapse. Normal aortic root and ascending aorta dimensions. No intracardiac mass or thrombus. No pericardial effusion.

No significant valvular stenosis. No significant valvular regurgitation. No evidence for shunt by color Doppler interrogation.

Evidence Based Information

- Considerations: Isolated Diastolic Dysfunction: Goal: aggressive physiologic optimization irrespective of BP; normalization of resting LV filling pressure. Highest tolerable dose ARB; calcium channel blocker (dihydropyridine class); Statin with a goal of LDL cholesterol <70mg/dl.
- Severe Obesity (BMI: 38.9) is associated with severely increased risk of Coronary Artery Disease, Type II Diabetes and Hypertension.
- Follow-up: Echo/Doppler to assist in management of CV dysfunction in 1 year or sooner is appropriate if there is a documented change in clinical status or symptoms.



James B. Seward MD

(Electronically Signed)

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