

Guidance on Echocardiography Results

Left Ventricular Systolic Function

Normal (ejection Fraction > 55%)	If systolic function is normal yet the patient has signs and symptoms of heart failure. Please see “diastolic dysfunction”.
Borderline low (ejection fraction 50 to 54%)	If unknown, consider causes. If appropriate, consider referral to a Cardiologist.
Impaired (ejection fraction 36 to 49%)	If unknown, consider causes. If appropriate, consider referral to a Cardiologist.
Severely impaired (ejection fraction < 35%)	If unknown, consider causes. If appropriate, please refer to a Cardiologist.
Left ventricular aneurysm	If unknown, consider causes. If appropriate, please refer to a Cardiologist.

Left Ventricular Hypertrophy

With hypertension (wall thickness 1.3 to 1.5mm)	Patient to be reviewed by GP and assess / optimise Blood Pressure
Moderate or severe (wall thickness > 1.6mm)	Please refer to Cardiologist if the patient is not hypertensive (Dr Sunil Nair Cardiomyopathy Clinic)

Left Ventricular Diastolic Function

Graded from 1 to 3. 1 being mild, 2 being moderate and 3 severe. Mild diastolic dysfunction is a frequent finding for patients over 50.

The suggested treatment for diastolic dysfunction is good blood pressure control, weight loss and exercise. Diuretics can be helpful, but use cautiously. Heart rate control can be helpful. There is no firm evidence base for the use of ACE inhibitors / ARB, beta blockers, Spironolactone / Eplerenone or Entresto.

Left Atrial Size

Dilated Left atrium	Is normally a result of Left ventricular diastolic dysfunction (see above) or mitral valve disease
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Aortic valve Stenosis

Aortic valve “sclerosis”	This is a normal finding in the elderly
Mild Aortic stenosis	If a congenital defect (bicuspid valve), consider referring to a Cardiologist with a specialist interest in congenital heart disease. If not, repeat echo in two years
Moderate Aortic stenosis	Consider referral to a Cardiologist

Severe Aortic stenosis	Consider refer to a Cardiologist
Left ventricular outflow tract obstruction	Please refer to a Cardiologist

Aortic Valve Regurgitation

Mild aortic regurgitation	If the Aortic root or ascending aorta and / or the valve is congenitally abnormal (bicuspid), consider referring to a Cardiologist with a specialist interest in congenital heart disease. If not, review by GP
Moderate aortic regurgitation	Consider referral to a Cardiologist
Severe aortic regurgitation	Please refer to a Cardiologist

Aortic Root, ascending aorta and arch

If the patient is less than 75 years old	If dilated, please refer to a Cardiologist
If the patient is greater than 75 years old	If >4.4cm, consider referral to a Cardiologist

Mitral Valve Stenosis

Mitral valve "sclerosis"	This is a normal finding in the elderly
Mild mitral stenosis	Repeat Echo in two years
Moderate mitral stenosis	Consider referral to a Cardiologist
Severe mitral stenosis	Consider referral to a Cardiologist

Mitral Valve Regurgitation

Mild regurgitation	Is not haemodynamically significant
Moderate regurgitation	Consider referral to a Cardiologist
Severe regurgitation	Please refer to a Cardiologist

Right ventricular Dilatation, Impairment and Hypertrophy

Dilated but not impaired Right ventricle	Consider referral to a Cardiologist unless there is a clear cause such as significant COPD or other significant lung disease
Dilated and impaired Right ventricle	Does the patient have Pulmonary hypertension? Consider referral to a Respiratory Physician or Cardiologist
Hypertrophied Right ventricle	Does the patient have Pulmonary hypertension? Please refer to a Respiratory Physician or Cardiologist

Tricuspid Regurgitation

Mild / moderate regurgitation	Review by GP – if in isolation with otherwise normal right heart reassure
Severe regurgitation	Assessment of probability risk of Pulmonary Hypertension will be provided. Consider referral to a Cardiologist.

Pulmonary Stenosis

Pulmonary / Right ventricular outflow tract / Supra-valvular stenosis	Consider referral to a Cardiologist
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Pulmonary Regurgitation

Mild / Moderate	Review by GP – if in isolation with otherwise normal right heart reassure
Severe	Please refer to a Cardiologist

Atrial Septal Defects

Patent Foramen Ovale	Review by GP (a PFO is found in 25% of the population) Reassure
ASD	Please refer to a Cardiologist

Pericardial Effusion

Any size	If symptomatic, the Echocardiographer will ask a Cardiologists opinion
Small (<1.0cm)	Review by GP (if patient becomes symptomatic, please contact Cardiologist of the day via JPUH switchboard)
Moderate	Review by GP (if patient becomes symptomatic, please contact Cardiologist of the day via JPUH switchboard)
Large	Please refer to a Cardiologist (if patient becomes symptomatic, please contact Cardiologist of the day via JPUH switchboard)