Children's Heart Center at URMC

601 Elmwood Ave, Box 631
Golisano Children's Hospital
Rochester, New York 14642

Adult Congenital Echocardiogram

Patient Name:	ACOSTAPARRA, BRYANT	**eMRN:**	E3944861
Study Date:	11/7/2025 **Gender:** M	**Accession #:**	CV23037659
Ht:	159 cm **BP:** 92/54	**Referring MD:**	Anna-Claire Marrone, MD
Weight:	58.4 kg	**Technologist:**	Hanci Cornelius, RDCS
BSA:	1.6 m²	**DOB, Age:**	12/1/2001, 23yr
Outpatient	Room Clinic	**CPT:**	93303 93320 93325-PED ECHO CONGENITAL COMPLETE
ICD:	Patent ductus arteriosus-Q25.0, Trisomy 21 (Down Syndrome)-Q90.9		

Indications: Follow up PDA
Quality: Adequate
Previous Study: Date: 01/22/2025

2-D MEASUREMENTS

			(Normals)				(Normals)
LV EF Bullet							
Ejec Fraction	65.2	%	(52-72)	Sys Volume	33.5	ml	(zsc -1.5)
Dias Volume	96.2	ml	(zsc -1.4)	Stroke Vol	62.7	ml	
Left Ventricle							
Dias Volume Index	60.1	ml/m²		Sys Volume Index	20.9	ml/m²	
Aorta							
Root	2.75	cm	(zsc 0.7)	Ascending Aorta	2.05	cm	(zsc -0.7)
Pulmonary Artery							
Main Pulmonary Artery	3.63	cm	(zsc 4.9)	Left Pulmonary Artery	1.77	cm	(zsc 2)
Right Pulmonary Artery	1.72	cm	(zsc 1.5)				
Aortic Valve							
Aortic Valve Annulus	2.11	cm	(zsc 0.8)				

M-MODE MEASUREMENTS

			(Normals)		(Normals)
Tricuspid Valve					
TAPSE	1.8	cm	(1.7-2.75)		

DOPPLER MEASUREMENTS

			(Normals)	(Normals)
PV Regurg Flow				
Pk End Diastolic Vel	3.51	m/s		

SUMMARY

SITUS:
Situs: {S,D,S}. There is levocardia.

VEINS:
Systemic Veins: A right superior vena cava drains normally to the right atrium. The inferior vena cava is right-sided, draining normally

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to the right atrium. The innominate vein is present.
Pulmonary Veins: At least one pulmonary vein on each side is seen returning to theleft atrium.

ATRIA:
Atria: Left atrial size is normal. Right atrial size is moderately dilated. There is no obvious atrial level shunting.

AV CANAL:
Tricuspid Valve: Normal tricuspid valve. There is no tricuspid stenosis. There is trivial tricuspid regurgitation.
Mitral Valve: Normal mitral valve with no prolapse. There is no mitral stenosis.There is trivial mitral regurgitation.

VENTRICLES:
Right Ventricle: Dilated and hypertrophied right ventricle with at least moderatelyreduced function.
Left Ventricle: The left ventricle is normal in size. Left ventricular systolic function is normal. Left ventricular diastolic Doppler filling patterns are normal.
Ventricular Septum: There is no ventricular septal defect. The ventricular septal postion is midline in systole consistent with systemic RV pressure.

OUTFLOW TRACTS:
RVOT: There is no right ventricular outflow tract obstruction.
LVOT: There is no left ventricular outflow tract obstruction.
Pulmonic Valve: The pulmonic valve is normal. There is no pulmonary stenosis. There is mild pulmonary regurgitation.
Aortic Valve: The aortic valve is trileaflet with normal appearing leaflets. There is no aortic valve stenosis. There is trivial aortic regurgitation.

GREAT ARTERIES:
Pulmonary Arteries: Dilated main pulmonary artery. Branch pulmonary arteries are prominent.
Aorta: The aortic arch is patent, without evidence of coarctation.
A/P Connections: There is a large patent ductus arteriosus with right to left shunting.

OTHER:
Coronary Arteries: There are normal left and right main coronary artery origins.
Pericardium: There is no pericardial effusion.

SUMMARY:

Patent ductus arteriosus, large with low velocity right to left arterial shunting
Pulmonary artery systolic hypertension, systemic level
Enlarged main pulmonary artery
Moderate RV dilatation and systolic dysfunction
Normal left ventricular size and LV systolic function
No pericardial effusion

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Nader Atallah-Yunes, MD

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