Beverley Young's Heart

In early November 2020, I was admitted to hospital and diagnosed with a rare heart condition that was caused by Rheumatic Fever, which I had contracted during my childhood. The Cardiologist gave me the grim result that I would require "Open Heart Surgery."

The testing revealed a large floating clot inside my heart, a malfunction of the Mitral Valveand Atrial Fibrillation. The Cardiologist was considering Open Heart Surgery immediately. However, the surgeon advised against this procedure as he considered it to be too dangerous at that point in time. I stayed in hospital for a week; I was placed on a Warfarin Blood Thinning Programme and Heart Drugs. I then started taking "NANO SOMA" three times per day underneath the tongue. I also went on a weekly basis to a Japanese Acupuncturist and had a session of Cranial Osteopathic Therapy.

A month later, prior to the proposed surgery, I had a second Echo Ultrasound conducted, which revealed the clot had vanished and the Mitral Valve was improving. The Cardiologist said that all surgery will be cancelled for the moment and in six months' time, I'd be re-assessed with a third ECO Ultrasound and ECG.

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Hope Island
GC North Medical Hub, Level 1 Suite 1.04
502 Hope Island Rd, HELENSVALE

John Flynn Hospital
John Flynn Specialist Suites
Suites 301-303, 42 Inland Drive TUGUN

Pindara Specialist Suites
Suites 507-510, Level 5
29 Carrara Street BENOWA

Ballina
Ballina Day Surgery, Suite 3
46 Tamar Street BALLINA

Tel: (07) 5598 0322

Fax: (07) 5591 6775

03 Nov 2020 15:08

Echocardiography

Patient Details		**Study Information**	
Name:	YOUNG, BEVERLEY	Referred by:	Dr. Sarjit Singh
DOB:	12 Sep 1957	CC	
	YOU00303	Sonographer:	Brad Himing
	Height: 158 cm Weight: 48 kg	Image quality:	Fair - Diagnostic images
		ECG:	Atrial fibrillation
		Location:	ECC at Pindara

Clinical Indication: New AF.

CONCLUSIONS:

1. Normal left ventricular size with moderate systolic dysfunction, EF=35%.
2. Regional wall motion abnormalities - see text.
3. Severe left atrial dilatation. Thrombus noted in the left atrium, see text.
4. Rheumatic appearance of mitral valve, gradients likely overestimated due to heart rate, see text.
5. Moderate tricuspid regurgitation.
6. Mildly dilated right ventricular size with mild systolic dysfunction, RVSP=31mmHg.

COMMENTS:

The left ventricle is normal in size with moderate systolic dysfunction, EF=35%. The inferoseptal wall appears at least hypokinetic. The left ventricular ejection fraction is moderately impaired at 32 %. There is normal left ventricular wall thickness. The patients atrial fibrillation makes assessment of diastolic function difficult.

The right ventricle is mildly dilated with mild systolic dysfunction. Right ventricular systolic pressure is 31mmHg assuming RAP of 3mmHg.

The left atrium is severely dilated in size by volume criteria. Indexed LA volume =105 ml/m². There is a large stationary thrombus noted in the left atrium with SEC clearly visible.

The right atrium is mildly dilated. RAA =23 cm². The interatrial septum appears intact.

The aortic valve is trileaflet with trivial regurgitation.

The mitral valve is rheumatic in appearance with severe stenosis visually. The mean gradient is 10mmHg and the MVA is 0.9cm² but note elevated heart rates which tend to overestimate gradients.

The pulmonary valve is normal with normal doppler flow.

There is moderate tricuspid regurgitation.

There is a small pericardial effusion noted adjacent to the left ventricle 0.9cm.

The IVC is normal in size and responsive to inspiration indicating normal RA pressure.

The ascending aorta is normal size at 3.0 cm. The descending aorta and aortic arch appear normal.

Reported By: Dr. Stirling Carlsen

2D ECHO

LV Diastolic Diameter PLAX	4.6 cm	LV Ejection Fraction SIM	32.2 %
LV Systolic Diameter PLAX	3.7 cm	IVS Diastolic Thickness	0.89 cm
LV Fractional Shortening PLAX	0.21	LVPW Diastolic Thickness	0.77 cm
LV Ejection Fraction Teich	0.42	LA Systolic Diameter LX	8.1 cm
LV Ejection Fraction Mod 4C	0.39	LVOT Diameter	1.9 cm

M-MODE

Body Surface Area	1.4 m^2

DOPPLER

AV Peak Velocity	87 cm/s	MV Peak Gradient	16.4 mmHg
AV Peak Gradient	3 mmHg	MV Mean Gradient	9.2 mmHg
AV Mean Gradient	2 mmHg	MV Pressure Half Time	237 ms
AV Velocity Time Integral	14.2 cm	MV Area PHT	0.93 cm^2
LVOT Peak Velocity	68.3 cm/s	MV Velocity Time Integral	57.5 cm
LVOT Peak Gradient	1.9 mmHg	PV Peak Velocity	51 cm/s
LVOT Mean Gradient	1 mmHg	PV Peak Gradient	1 mmHg
LVOT Stroke Volume	32.2 cm^3	TR Peak Velocity	266 cm/s
AV Area Cont Eq vti	2.3 cm^2	TR Peak Gradient	28.2 mmHg
AV Area Cont Eq pk	2.3 cm^2	LVOT Velocity Time Integral	11.1 cm
Mitral E Point Velocity	1.8 m/s		

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07/12/2020 14:34

Echocardiography

Patient Details

Name: YOUNG, BEVERLEY
DOB: 12/09/1957
YOU00303
Height: 157 cm Weight: 48 kg

Study Information

Referred by: Dr Ben Hunt
CC
Sonographer: Caroline Brown
Image quality: Fair - Diagnostic images
ECG: Atrial fibrillation
Location: Pindara

Clinical Indication: Atrial fibrillation. Rheumatic mitral stenosis. Left atrial thrombus.

CONCLUSIONS:

1. Normal left ventricular size and preserved systolic function in the setting of atrial fibrillation. EF 50 to 55 %
2. Normal left ventricular wall thickness.
3. Marked left atrial dilatation with no evidence of thrombus documented in previous study.
4. Rheumatic mitral valve with moderate stenosis based on mean gradient of 7 mmHg at rate of 65 bpm.
5. Aortic sclerosis; no stenosis; mild regurgitation - see report.
6. Mild to moderate tricuspid regurgitation.
7. Normal right ventricular size with low normal function (RVSP 23 mmHg).

COMMENTS:

The left ventricle is normal in size with preserved systolic function in the setting of atrial fibrillation. The ejection fraction is visually estimated at 50 to 55 % There is normal left ventricular wall thickness.

The right ventricle is normal in size (base 3.4 cm) with low normal systolic function (RVS' 9). Right ventricular systolic pressure is ~ 26 mmHg assuming RAP of 3mmHg.

The left atrium is severely dilated. LAV= 89 ml/m². There is some evidence of spontaneous echo contrast in the left atrium, however, there is no evidence of left atrial thrombus seen in previous study.

The right atrium is normal in size. The interatrial septum appears intact.

The aortic valve is trileaflet with sclerosis, consider rheumatic involvement, however, there is no stenosis and mild regurgitation.

Rheumatic mitral valve with reduced leaflet opening. Moderate stenosis in the setting of atrial fibrillation with mean pressure gradient of 7 mmHg at rate of 65 bpm. No significant regurgitation.

The pulmonary valve appears normal with no significant abnormality.

The tricuspid valve is structurally normal in appearance, with mild to moderate regurgitation.

The pericardium appears normal.

The IVC is normal in size and responsive to inspiration indicating normal RA pressure.

The ascending aorta is normal in size at 30 mm. The descending aorta and aortic arch appear normal.

Reported By: Dr. John Meulet

2D ECHO

LV Diastolic Diameter PLAX	4.6 cm	LVOT Diameter	1.8 cm
IVS Diastolic Thickness	0.9 cm	LA Volume Index	94.7 ml/m²
LVPW Diastolic Thickness	0.89 cm		

M-MODE

Body Surface Area	1.4 m²

DOPPLER

AV Peak Velocity	113 cm/s	AV Area Cont Eq vti	2.2 cm²
AV Mean Velocity	85.8 cm/s	AV Area Cont Eq pk	2.1 cm²
AV Peak Gradient	5.1 mmHg	MV Peak Gradient	12.3 mmHg
AV Mean Gradient	3 mmHg	MV Mean Gradient	6.8 mmHg
AV Velocity Time Integral	22.6 cm	MV Pressure Half Time	280 ms
LVOT Peak Velocity	93.2 cm/s	MV Area PHT	0.79 cm²
LVOT Mean Velocity	66.1 cm/s	MV Velocity Time Integral	63.2 cm
LVOT Peak Gradient	3.5 mmHg	TR Peak Velocity	271 cm/s
LVOT Mean Gradient	2 mmHg	TR Peak Gradient	29.4 mmHg
LVOT Stroke Volume	50 cm³	LVOT Velocity Time Integral	19.6 cm