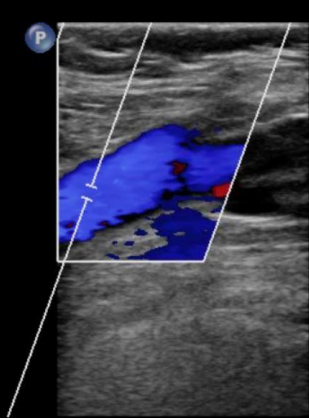


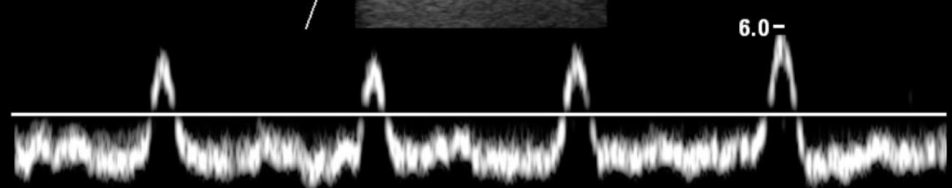
60M, history withheld

Jeffrey Guzelian MD

FR 13Hz
R1
Z 1.1
2D
55%
C 50
P Low
Gen
CF
33%
750Hz
WF 26Hz
Low



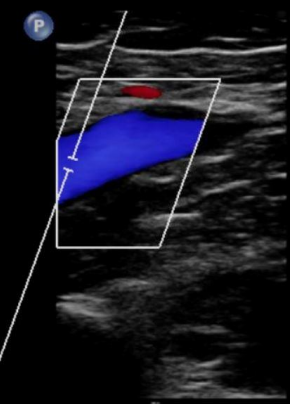
PW
28%
WF 40Hz
SV2.0mm
M3
3.5MHz
2.8cm



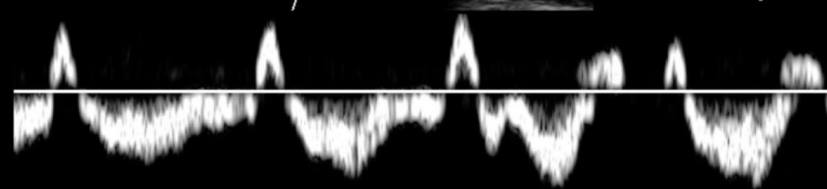
LEFT CFV

6.6sec

P Low
Gen
CF
45%
1500Hz
WF 52Hz
Med



PW
44%
WF 40Hz
SV2.0mm
M3
3.5MHz
3.0cm



CFV

RIGHT

6.6sec

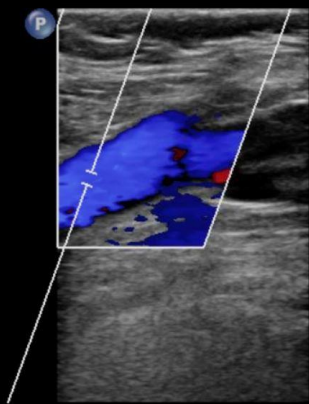
A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The leaf's edge is serrated.

?

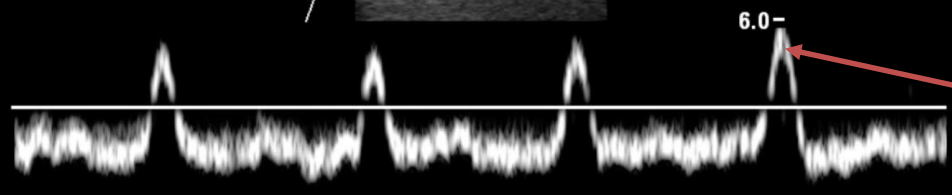
A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The leaf's edge is serrated.

Right Heart Failure

FR 13Hz
R1
Z 1.1
2D
55%
C 50
P Low
Gen
CF
33%
750Hz
WF 26Hz
Low



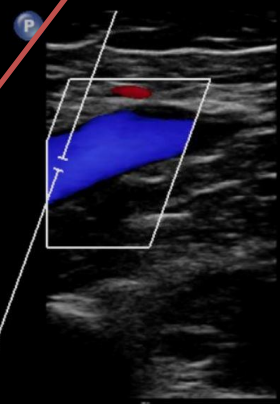
PW
28%
WF 40Hz
SV2.0mm
M3
3.5MHz
2.8cm



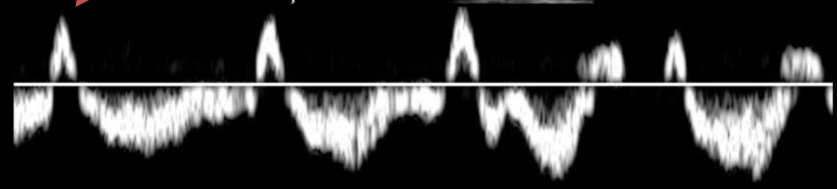
LEFT CFV

6.6sec

P Low
Gen
CF
45%
1500Hz
WF 52Hz
Med



PW
44%
WF 40Hz
SV2.0mm
M3
3.5MHz
3.0cm



CFV

RIGHT

6.6sec

Venous doppler of the lower extremities demonstrates pulsatile reversal of flow in the bilateral common femoral veins (arrows). The patient had a history of pulmonary arterial hypertension.

Right heart failure

- Lower limb pulsatile retrograde venous Doppler waveform has 94% specificity and PPV for right heart failure (defined as right atrial pressure > 8mm Hg)
- Pulsatile retrograde flow can result from a large *a* wave (contraction of an overdistended right atrium) or a large complex retrograde component consisting of a large *a* wave, a reversed systolic wave (tricuspid incompetence), and a prominent retrograde *v* wave (right atrial overfilling)