



## Athletic Screening Study Report

October 31, 2015

<b>Med Rec No:</b>	20151031-093729-B7E0	<b>Sonographer:</b>	Jaimie Goleman
<b>DOB:</b>	1998-07-28	<b>Primary Care Physician:</b>	Jennifer Mellick MD
<b>Gender:</b>	F	<b>Reading:</b>	William Drake, MD, MS
<b>Age:</b>	17	<b>Blood Pressure:</b>	115/59 mmHg
<b>Height:</b>	65 in	<b>Weight:</b>	115 lbs

### Z-Scores

Location	Measured	Mean	Range	Z-Score	Percentile %	BSA Formula	BSA Area
IVSd:	1.15 cm	7.4	5.2 - 9.6	3.73	99.99	Boyd	1.54
LVPWd:	0.83 cm	7.7	4.9 - 10.5	0.43	66.64	Boyd	1.54

### Screening Findings:

#### Echocardiogram:

1. Normal LV function and chamber size.
2. Cleft mitral valve with moderate mitral insufficiency.
3. Small 4 mm primum atrial septal defect with left to right shunt.
4. Abnormal echocardiographic screening.

#### ECG:

Normal sinus rhythm  
Counterclockwise QRS vector loop- consider endocardial cushion defect  
Left axis deviation  
Abnormal ECG

### Conclusions:

1. Abnormal echocardiographic screening showing a small primum atrial septal defect with cleft mitral valve and mild mitral insufficiency. This is a type of endocardial cushion defect.
2. Abnormal ECG consistent with an endocardial cushion (atrioventricular canal) defect; no evidence of Wolff-Parkinson-White or Long QT Syndrome.
3. Normal screening questionnaire and history.
4. Molly has a small primum atrial septal defect with cleft mitral valve and mild mitral insufficiency. There is no absolute cardiac contraindication to full sports participation. She will not make the defect worse by playing sports. However, this is a congenital heart defect which will require additional evaluation and possible treatment and thus Molly should be evaluated by a congenital heart specialist as soon as possible. Referral to a Pediatric Cardiologist is strongly advised.

<http://kckidheart.congenital.org/?id=atrioventricularpartial1>

November 08, 2015 02:08 PM

William Drake, MD

Electronically Signed on CoreWeb

This cardiac screening report is based on a 12-Lead Electrocardiogram (EKG) and Focused Echocardiogram (Echo). These tests are limited in scope and may not be sufficient for complete diagnostic purposes. Additional procedure(s) may be required in the event that an abnormal finding is made. No warranty or guarantee has been made as to the results of the screening echocardiogram and electrocardiogram procedure. Understand that these tests screen for only a few of several causes of sudden cardiac death. A normal screening study does not rule out all causes of sudden death.

You are personally responsible for taking appropriate follow-up action upon receipt of these test results. It is solely your responsibility to decide whether to take this action and pursue medically indicated care and treatment. Any follow-up care and treatment is not a part of this program and you are financially responsible for the cost of any and all follow-up care, treatment and/or procedures whether or not covered by your insurance plan.