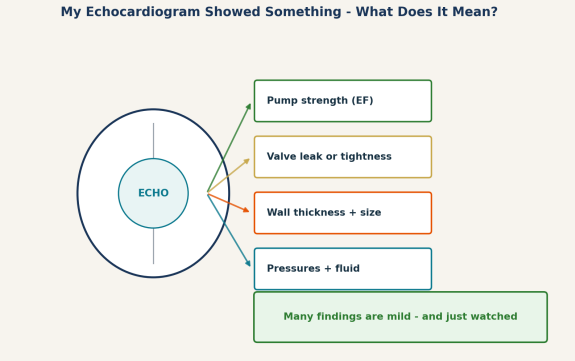
# My Echo Showed Something

What Common Echocardiogram Findings Mean - and What Comes Next

**An abnormal echo word is a starting point, not a verdict. Many findings are mild and simply watched with a repeat echo. How severe it is, and how you feel, decide what happens next.**




**Online:** https://go.riasalimd.com/abnormal-echo-guide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## Names & Terms You Will Hear

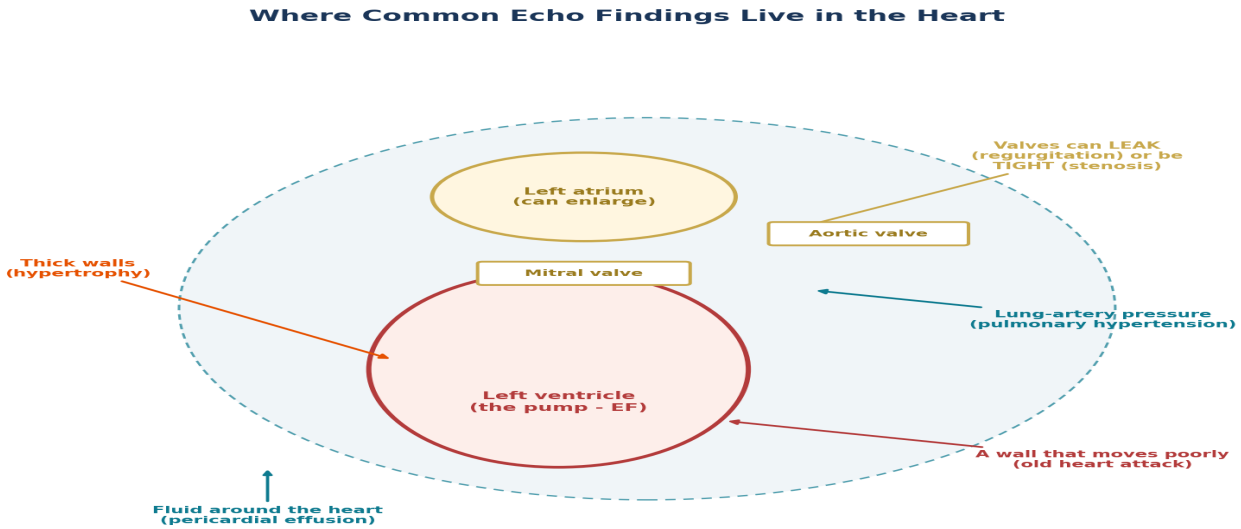
| Term | Meaning |
|---|---|
| Echocardiogram (echo) | An ultrasound movie of your heart. It uses sound waves - no radiation, no needles into the heart - to show the pump, the valves, the chamber sizes, and the pressures. |
| Ejection fraction (EF) | The share of blood the main pumping chamber squeezes out with each beat. Normal is about 50% or higher. A lower number means a weaker pump. |
| Reduced (low) ejection fraction | An EF below about 50%, and especially below about 40%. The pump is weaker than normal. It is the main number behind one type of heart failure. |
| Diastolic dysfunction | A stiff heart that does not relax and fill as easily between beats. The squeeze (EF) can still be normal. It is graded mild, moderate, or severe. |
| Regurgitation (a leaky valve) | A valve that does not close all the way, so some blood leaks backward. Graded trace, mild, moderate, or severe. Trace and mild leaks are very common and usually harmless. |
| Stenosis (a tight valve) | A valve that does not open all the way, so blood has to squeeze through a smaller door. Graded mild, moderate, or severe. The aortic and mitral valves are the common ones. |
| Hypertrophy (thick walls) | The heart muscle wall has grown thicker, often from years of high blood pressure. The pump can still work, but a thick, stiff wall is harder to fill. |
| Dilated (enlarged) chamber | A heart chamber that has stretched larger than normal - often the left atrium or the left ventricle. It can be a sign of a leaky valve, high pressure, or a weak pump over time. |
| Pulmonary hypertension (high lung-artery pressure) | High pressure in the artery that carries blood to the lungs. The echo gives an estimate, not an exact number. A high estimate is a reason to look closer, not a diagnosis by itself. |

| Term | Meaning |
|---|---|
| Pericardial effusion (fluid around the heart) | Extra fluid in the sac around the heart. Small amounts are common and often harmless. A large or fast-growing amount needs prompt attention. |
| Wall-motion abnormality | An area of the heart wall that does not squeeze normally. A wall that is still and thin often means an old heart attack (a scar) in that region. |
| PFO (patent foramen ovale) / ASD | A small flap or hole between the two top chambers. A PFO is a leftover flap from before birth and is very common. An ASD is a true hole. Most are small and just watched. |
| Valve grade (trace / mild / moderate / severe) | The scale used for leaks and tight valves. Trace and mild are minor and common. Moderate is watched closely. Severe is the level that may call for a procedure. |
| Repeat (surveillance) echo | A follow-up echo done weeks, months, or a year later to see if a finding is stable or changing. For many mild findings, watching with a repeat echo is the whole plan. |

**Read this first.** An abnormal echo word is a starting point, not a verdict - and it is not an emergency by itself. Many findings are mild and common, and most of those are simply watched with a repeat echo. The grade (mild, moderate, severe) and how you feel - not the word alone - decide what comes next. We will always tell you which group your finding is in.

## My Echo Showed Something?

- An echocardiogram is an ultrasound movie of your heart. It measures four big things: how strong the pump is (ejection fraction), how the valves work, how big the chambers are, and roughly how high the pressures are.
- An 'abnormal' echo simply means one of those measurements is outside the usual range. It is a description of your heart on that day - not a diagnosis by itself, and not an emergency by itself.
- Most findings fall into a few families. A weak pump (low ejection fraction). A stiff heart that does not relax well (diastolic dysfunction). A leaky valve (regurgitation) or a tight valve (stenosis). Thick walls (hypertrophy). An enlarged chamber. High estimated lung-artery pressure. Fluid around the heart. A wall that moves poorly. A small hole or flap (PFO or ASD).
- Almost every one of these is graded - trace, mild, moderate, or severe. The grade matters far more than the word. Mild mitral leak and severe mitral leak are very different problems with very different plans.
- Here is the reassuring part. A large share of echo findings are mild. Trace and mild valve leaks, a small pericardial effusion, mild diastolic dysfunction, a tiny PFO - these are common, often harmless, and usually just watched with a repeat echo.
- The echo is also an estimate, not a perfect ruler. Pressures are estimated. Numbers can shift a little between studies and between readers. That is one more reason we read your echo alongside your symptoms, not by itself.




*Where common echo findings live in the heart: the pump (ejection fraction), thick walls (hypertrophy), an enlarged chamber, the mitral and aortic valves (leak or tightness), the lung-artery pressure, a wall that moves poorly from an old heart attack, and fluid in the sac around the heart.*

## Common Echo Findings - What Each One Means and the Usual Next Step

| Finding on the report | What it means in plain words | Usual next step |
|---|---|---|
| Reduced ejection fraction | A weaker pump | Heart-failure medicines; look for a cause |
| Diastolic dysfunction | A stiff heart that relaxes poorly | Control blood pressure; often just watched |
| Mild valve leak (regurgitation) | A valve that leaks a little backward | Usually just watched with a repeat echo |
| Severe valve leak or tight valve | A valve working badly | Look closer; fix it if symptoms fit |
| Thick walls (hypertrophy) | Muscle thickened, often from high BP | Treat blood pressure; watch over time |
| Enlarged chamber | A chamber stretched larger than normal | Find the cause; treat it; recheck |
| High lung-artery pressure | An estimate, not an exact number | Look closer for a treatable cause |
| Small pericardial effusion | A little fluid around the heart | Usually just watched; recheck if needed |

## Pump Findings - Ejection Fraction, Diastolic Stiffness, and Old Scars

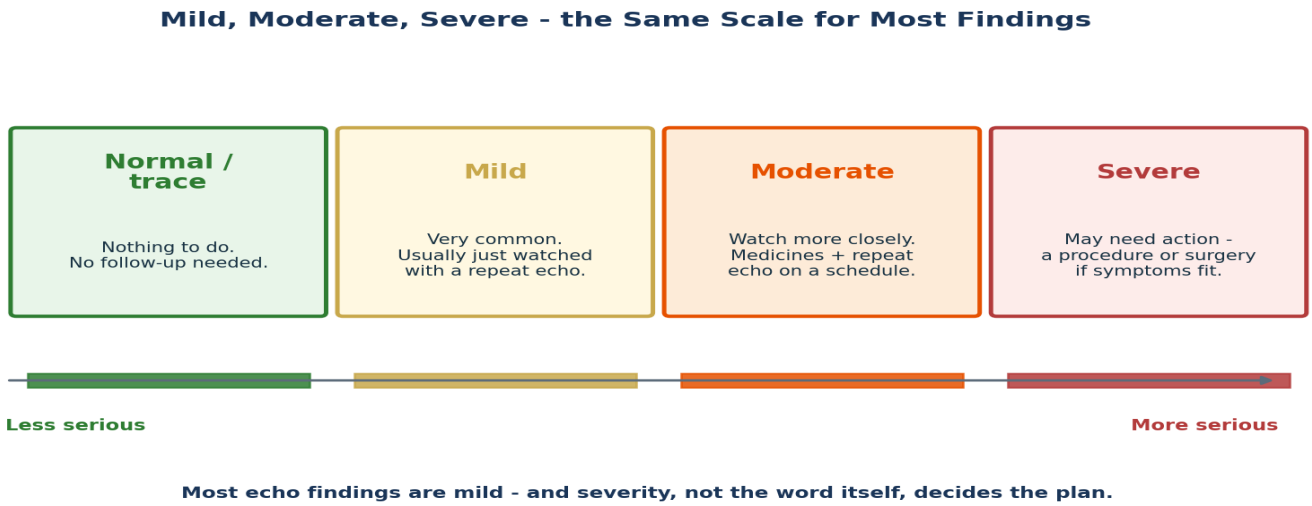
- Reduced ejection fraction (a weak pump): the main chamber squeezes out less blood than normal. About 50% or higher is normal; below about 40% is reduced. It is the number behind one type of heart failure - and proven medicines often improve it.
- Diastolic dysfunction (a stiff heart): the squeeze can be normal, but the heart does not relax and fill easily between beats. It is graded mild, moderate, or severe. Mild is very common, especially with age and high blood pressure.
- A wall-motion abnormality (an old scar): an area of the wall that does not squeeze. A still, thin wall usually means an old heart attack in that region. We treat the rest of the heart and look for blocked arteries.
- Why pump findings matter: the pump's job is to move blood. A weaker or stiffer pump can cause shortness of breath, swelling, and fatigue - but each of these is treatable, and many improve with medicines and risk-factor control.
- What comes next: heart-failure medicines for a low EF; blood-pressure and risk-factor control for a stiff heart; and a search for a fixable cause, such as a blocked artery, an untreated rhythm, or thyroid trouble.
- The reassuring part: a low EF is often not permanent, and mild diastolic stiffness is mostly about controlling blood pressure. These are among the most treatable echo findings.

## Valve Findings - Leaks (Regurgitation) and Tight Valves (Stenosis)

- A leaky valve (regurgitation): a valve that does not close all the way, so some blood leaks backward. It is graded trace, mild, moderate, or severe. Trace and mild leaks are extremely common and usually harmless.
- A tight valve (stenosis): a valve that does not open all the way, so blood squeezes through a smaller door. It is also graded mild, moderate, or severe. Aortic stenosis (a tight aortic valve) is the common one and becomes more frequent with age.
- The grade is everything: mild leaks and tight valves are watched, often for years. Moderate ones are watched more closely. Severe ones are the level that may call for action - and usually only when symptoms appear.
- Symptoms guide action: a severe valve in a person who feels well is often watched; the same valve in a person who is short of breath, dizzy, or has chest pressure may call for a fix. We read the valve with how you feel.
- How a severe valve is fixed: with surgery, or for many people a less-invasive catheter procedure - TAVR for a tight aortic valve, or a clip for a leaky mitral valve. The right choice depends on the valve and your overall health.
- The reassuring part: the great majority of valve findings on echo reports are mild, common, and need nothing but a repeat echo to make sure they stay put.

## Why It Matters

- The findings matter because they tell us how your heart is doing its job - and they can be the first clue to a problem we can treat early, before it causes symptoms.
- But the grade matters more than the label. A mild finding and a severe one share the same word and mean very different things. Reading the grade is the first step to not over-worrying.
- Symptoms matter as much as the picture. The same severe valve can call for action in a person who is short of breath and watchful waiting in a person who feels completely well. We always read the echo with how you feel.
- Many findings are watched, not treated. For mild valve leaks, mild diastolic dysfunction, a small effusion, or a small PFO, the plan is often a repeat echo on a schedule - and nothing more.
- A few findings do change the plan right away. A severe leaky or tight valve, a clearly weak pump, a large or fast-growing fluid collection, or a high lung-artery pressure are reasons to look closer and act sooner.
- An echo also guides your medicines. A low ejection fraction, for example, starts proven heart-failure medicines that help you feel better and live longer - treatment that begins the day we talk.




*Most echo findings share the same scale - normal, mild, moderate, severe. Mild is common and usually just watched with a repeat echo. Severe may call for action. The grade, not the word itself, drives the plan.*

## Wall, Size, Pressure, and Fluid - the Rest of the Report

- Thick walls (hypertrophy): the muscle wall has grown thicker, most often from years of high blood pressure. The pump may still work, but a thick wall is stiffer and harder to fill. The main treatment is controlling blood pressure.
- An enlarged chamber: a chamber that has stretched larger than normal, often the left atrium or left ventricle. It is usually the echo's record of a long-standing strain - a leaky valve, high pressure, or a weak pump. We treat the cause.
- High estimated lung-artery pressure: the echo ESTIMATES the pressure in the artery to the lungs. A high estimate is a reason to look closer - at the lungs, sleep apnea, the left heart, or clots - not a final diagnosis on its own.
- Fluid around the heart (pericardial effusion): extra fluid in the sac around the heart. Small amounts are common and often harmless and just watched. A large or fast-growing amount needs prompt attention because it can press on the heart.
- A small hole or flap (PFO or ASD): a leftover flap (PFO) or a true hole (ASD) between the top chambers. Most are small, very common, and simply watched. Closure is considered only in specific situations, such as after certain strokes.
- The reassuring part: most of these findings are mild and stable. The plan is usually to find any cause worth treating, control blood pressure, and recheck with a repeat echo.

**Ask which findings are mild and which need action.** At your visit, ask us to sort your echo into two piles: the findings that are mild and just watched (trace or mild leaks, mild diastolic dysfunction, a small effusion, a small PFO), and the findings that change the plan (a severe valve, a clearly low ejection fraction, a large or growing effusion, a high lung-artery pressure). Knowing which pile each finding is in replaces a lot of worry.

## The Main Families of Echo Findings - at a Glance

| Pump findings | Valve findings | Wall + size findings | Pressure + fluid findings |
|---|---|---|---|
| • Reduced ejection fraction (a weaker pump) | • A leaky valve (regurgitation) | • Thick walls (hypertrophy) | • High estimated lung-artery pressure |
| • A wall that moves poorly (old heart attack) | • A tight valve (stenosis) | • An enlarged chamber | • Fluid around the heart (effusion) |
| • Diastolic dysfunction (a stiff heart) | • Graded trace, mild, moderate, severe | • Often from high blood pressure | • A small hole or flap (PFO / ASD) |
| • Plan: medicines, find a cause, recheck | • Plan: watch if mild; act if severe + symptoms | • Plan: control blood pressure; watch over time | • Plan: find the cause; many are just watched |

## Risk Factors

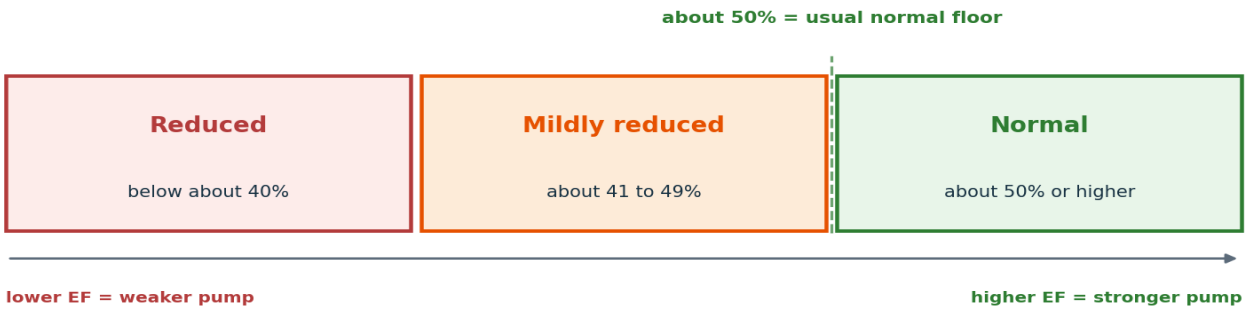
Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

| Risk Factor | Why It Increases Risk |
|---|---|
| High blood pressure | The most common reason for thick heart walls (hypertrophy) and a stiff, poorly-relaxing heart (diastolic dysfunction). Controlling blood pressure is the main treatment for both. |
| A prior heart attack | Leaves a scar - a wall that no longer squeezes (a wall-motion abnormality). It can also lower the ejection fraction and stretch the chamber over time. |
| Age and valve wear | Valves stiffen and can leak or tighten with age. Mild leaks are very common in healthy older adults. Aortic stenosis (a tight aortic valve) becomes more common with age. |
| Long-standing valve leaks or high pressure | A chronic leaky valve or high pressure makes a chamber stretch and enlarge over time. The enlarged chamber is often the echo's record of a problem that has been there a while. |
| Lung disease, sleep apnea, or clots | These raise the pressure in the lung arteries, which the echo estimates. A high estimate points us toward the lungs and the right side of the heart. |
| Infection or inflammation around the heart | A viral illness, recent heart surgery, or inflammation can leave fluid in the sac around the heart. This is a pericardial effusion. Most are small and settle on their own. |

## Treatment Options

- For many mild findings, the 'treatment' is simply watching. A repeat echo in 6 to 12 months tells us whether a mild leak, mild diastolic dysfunction, or a small effusion is stable. If it stays put, that is the whole plan.
- For a low ejection fraction, we start proven heart-failure medicines - the four main families work together to help you feel better and live longer. We may also look for a cause we can fix, such as a blocked artery.
- For thick walls (hypertrophy) and a stiff heart (diastolic dysfunction), the main treatment is controlling blood pressure, treating sleep apnea, and managing weight and fluid. These steps soften the stiffness over time.
- For a moderate valve problem, we watch more closely - a repeat echo on a set schedule, plus medicines to ease the load on the heart. Most moderate valves are followed for years before anything more is needed.
- For a severe valve problem WITH symptoms, we consider fixing the valve - with surgery or, for many people, a less-invasive catheter procedure. A severe valve in someone who feels well is watched closely until symptoms appear or the heart shows strain.
- For high estimated lung-artery pressure, the next step is finding the cause - the lungs, sleep apnea, the left heart, or clots - because the treatment depends on the cause. The echo number points the way; it does not set the plan alone.
- For a large or growing pericardial effusion, we look for the cause and, if it presses on the heart, drain the fluid. A small, stable effusion is usually just watched.
- For a PFO or small ASD, the usual plan is to watch. Closure is considered only in specific situations - for example, after certain strokes - and is decided case by case.

## Ejection Fraction (EF) - the Pump-Strength Number




EF = the share of blood the pump squeezes out with each beat.

*Ejection fraction (EF) is the pump-strength number. Normal is about 50% or higher; about 41 to 49% is mildly reduced; below about 40% is reduced. A mildly low number is not the same as a severely weak pump.*

## Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

| Option | Risks | Benefits | Alternatives |
|---|---|---|---|
| Watching a mild-to-moderate finding vs treating it now | Watching: almost no risk. It is a repeat ultrasound. It is painless and uses no radiation. The only downside is a small chance a finding worsens between checks. That is why we set the schedule. Treating early: medicine side effects, or the risks of a procedure done too soon. | For mild and many moderate findings, watching is the right and safe choice. Most never get worse. A scheduled repeat echo catches the few that change, while they are still easy to treat. | Strong blood-pressure and risk-factor control runs alongside the watching. It lowers the chance a finding ever worsens. It is almost never the wrong choice. |
| Fixing a severe valve vs continuing to watch it | Fixing (surgery or a catheter procedure): a real but well-studied risk. Catheter options are less invasive than open surgery. Watching a severe valve: this risks letting the heart strain or weaken first. That can make a later repair harder. | For a severe valve WITH symptoms, fixing it usually eases symptoms and protects the heart. For a severe valve with NO symptoms, careful watching is often right. We act once symptoms or strain appear. | A less-invasive catheter valve is an option for many people. TAVR treats a tight aortic valve. A clip treats a leaky mitral valve. These help people who are higher risk for open surgery. |

| Option | Risks | Benefits | Alternatives |
|---|---|---|---|
| Starting heart-failure medicines for a low EF vs waiting | Starting medicines: side effects are usually mild, and doses are raised slowly. Waiting: a weak pump left alone tends to weaken further. It causes more symptoms over time. | For a low ejection fraction, the proven medicines help you feel better and live longer. The benefit starts early. Waiting rarely helps. It often costs ground that is hard to win back. | We also hunt for a cause we can fix. A blocked artery, an untreated rhythm, alcohol, or a thyroid problem can each lower the EF. Fixing the cause can recover the pump. |
| Looking closer at a high lung-artery pressure vs accepting the echo number | Looking closer (more tests, sometimes a right-heart catheter): a small amount of testing. A catheter carries a small risk. Accepting the echo estimate alone: this risks missing a cause we could treat, or over-worrying about a number that is only an estimate. | The echo only ESTIMATES lung-artery pressure. So a high reading is a reason to look closer - not a final diagnosis. We check the lungs, sleep apnea, the left heart, and clots. The right next test depends on your full picture. | Often the cause is common and treatable, such as sleep apnea or a stiff left heart. That is why the workup matters more than the single number. |

**Watching is real care, not 'doing nothing'.** For mild and many moderate findings, a scheduled repeat echo is the right plan. It is painless, uses no radiation, and catches the few findings that change while they are still easy to treat. Strong blood-pressure and risk-factor control runs alongside the watching and lowers the chance a finding ever worsens.

## Common Misconceptions

| Myth | Reality |
|---|---|
| An abnormal echo means my heart is failing. | No. 'Abnormal' just means one measurement is outside the usual range. Many abnormal echoes show mild findings that are common and harmless. Heart failure is a specific problem with specific signs - most abnormal echoes are nowhere near it. |
| A leaky valve always needs surgery. | Not at all. Trace and mild leaks are extremely common and usually need nothing but a repeat echo. Even many moderate leaks are watched for years. Surgery is for severe leaks, and usually only when symptoms or heart strain appear. |
| A low ejection fraction means I am about to have a heart attack. | No. A low EF means the pump is weaker than normal - it is not a heart attack and it is not always permanent. Proven medicines often improve the number over months, and fixing a cause (like a blocked artery) can recover the pump. |
| Diastolic dysfunction means my heart is badly damaged. | Usually not. Mild diastolic dysfunction - a heart that relaxes a little less easily - is very common, especially with age and blood pressure. It is graded, and the mild grade is mostly about controlling blood pressure and risk factors. |
| The echo number is exact, so a high pressure reading is a diagnosis. | An echo estimates pressures - it does not measure them with a ruler. A high lung-artery estimate is a reason to look closer, not a final answer. Numbers can also shift a little between studies and readers. |
| Any fluid around my heart is dangerous. | Most pericardial effusions are small and harmless, and many go away on their own. What matters is the amount, how fast it grew, and whether it presses on the heart. Small, stable effusions are simply watched. |

| Myth | Reality |
| --- | --- |
| A hole in my heart (PFO) needs to be closed. | Most PFOs are small, very common, and cause no trouble at all - they are just watched. Closure is considered only in specific situations, such as after certain strokes, and is decided case by case with your doctor. |

## Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

| Where / What | What Can Happen |
|---|---|
| Worry from a misread report | An abnormal word on a report is stressful, and many findings sound worse than they are. The fastest fix is information - a follow-up visit and a clear grade. Most echo findings are milder than the word suggests. |
| A mild finding quietly progressing | A mild valve leak or a small effusion can slowly worsen over years. We guard against this with a scheduled repeat echo, which catches a change while it is still easy to treat. |
| Heart strain from a severe valve left too long | A severe leak or tight valve, ignored for too long, can stretch or weaken the heart before we act. That is why we watch severe valves closely and act when symptoms or strain appear, not after damage is done. |
| Heart failure from a low ejection fraction | A weak pump that is not treated tends to weaken further and cause shortness of breath and swelling. Proven heart-failure medicines, started early, slow or reverse this and help you live longer. |
| Tamponade from a large effusion | Rarely, a large or fast-growing fluid collection presses on the heart and limits its filling. This is called tamponade. It is uncommon. We watch for it, and we treat it by draining the fluid. |
| A missed treatable cause behind the number | A high lung-artery estimate or a low EF can have a cause we can fix. Sleep apnea, a blocked artery, or an untreated rhythm are examples. We look for the cause, not just the number, so we do not miss it. |
| Stroke risk with a PFO or ASD | Most holes cause no trouble, but in specific situations a PFO or ASD can be linked to stroke. We assess this case by case and consider closure only when the situation truly calls for it. |

## Points to Know

If you remember nothing else, remember these key points.

- An abnormal echo word is a starting point, not a verdict. It describes one measurement of your heart - read with your symptoms, not on its own.
- The grade matters more than the label. Mild and severe share the same word but mean very different things. Always ask which grade your finding is.
- Many findings are mild and simply watched. Trace and mild valve leaks, mild diastolic dysfunction, a small effusion, and a small PFO are common and often need nothing but a repeat echo.
- Ejection fraction is the pump-strength number. About 50% or higher is normal; below about 40% is reduced. A mildly low number is not the same as a severely weak pump.
- Valves are graded trace, mild, moderate, or severe - for both leaks (regurgitation) and tightness (stenosis). Severe, with symptoms, is the level that may call for a procedure.
- The echo only estimates pressures, including lung-artery pressure. A high estimate is a reason to look closer at the cause, not a final diagnosis.
- Symptoms decide a lot. The same severe valve can mean act now in one person and watch in another, based on how they feel and whether the heart shows strain.
- Bring your echo report and your questions to the follow-up visit, and keep your repeat-echo appointments. Watching only works if you show up for the rechecks.

## When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Severe shortness of breath, especially at rest or that wakes you at night, with an abnormal echo - call our office the same day, or call 911 if it is severe.
- New or worsening swelling in the legs, fast weight gain, or a feeling of fullness in the belly - call us the same day, as these can mean a weak pump or a valve worsening.
- Fainting, near-fainting, or chest pressure with exertion in someone with a known severe valve - call 911. These can be warning signs that a valve needs attention.
- A racing, pounding, or irregular heartbeat that is new or does not settle - call us the same day, or 911 if you also feel faint or short of breath.
- Chest pain or pressure that is severe, lasts more than a few minutes, or spreads to the arm, jaw, or back, with sweating or nausea - call 911.
- Questions about a word or number on your echo report that worries you - call us. A short talk usually replaces a week of worry, and most findings are milder than they sound.
- Sudden weakness, a drooping face, or trouble speaking - call 911. (This matters especially with a known PFO or ASD, where stroke is the main concern.)

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### An Echo Finding Is One Piece - Where to Read Next

- To understand the test itself - how an echo is done and what each measurement means: see the Echocardiogram guide.
- If your report showed a reduced ejection fraction (a weak pump): see the Heart Failure (HFrEF) guide.
- If your report showed a leaky mitral valve (mitral regurgitation): see the Mitral Regurgitation guide.
- If your report showed a tight aortic valve (aortic stenosis): see the Aortic Stenosis guide.
- If your report showed diastolic dysfunction (a stiff, poorly-relaxing heart): see the Diastolic Dysfunction guide.

# Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- American Heart Association - Echocardiogram - Plain-language AHA overview of what an echo measures and how findings are described.
- Cleveland Clinic - Ejection Fraction - Patient-friendly explainer of EF ranges and what a reduced or preserved EF means on a report.
- Cleveland Clinic - Echocardiogram - Overview of the test, the common findings, and the follow-up that may come after an abnormal result.
- Mayo Clinic - Echocardiogram - Symptom-focused overview of why an echo is done and how the results are interpreted.
- MedlinePlus - Echocardiogram - US National Library of Medicine consumer-health page defining common echo findings in safe, plain language.
- American Heart Association - Heart Valve Problems and Disease - AHA hub explaining valve leaks (regurgitation) and tight valves (stenosis) and how they are graded and followed.

# Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.


- American Heart Association — Echocardiogram *[Patient Education]*
  Plain-language explanation of what an echo measures (EF, valves, chamber size, wall motion), framing how to read abnormal findings.
- Cleveland Clinic — Ejection Fraction *[Patient Education]*
  Defines EF ranges and how reduced/preserved EF, diastolic dysfunction, and valve grades on an echo report are interpreted.
- Cleveland Clinic — Echocardiogram *[Patient Education]*
  Patient-facing overview of the test and the common findings that prompt follow-up, used for plain-language framing of each finding family.
- Mayo Clinic — Echocardiogram *[Patient Education]*
  Symptom-focused overview of why an echo is ordered and how results are interpreted, supporting the read-with-symptoms theme.
- MedlinePlus — Echocardiogram *[Patient Education]*
  NIH/NLM test overview for safe definitions of common echo findings and why the study is ordered.
- American Heart Association — Heart Valve Problems and Disease *[Patient Education]*
  AHA hub on valve regurgitation and stenosis and the trace/mild/moderate/severe grading used throughout the valve sections.
- ASE Recommendations for Cardiac Chamber Quantification by Echocardiography (Lang et al., JASE 2015) *[Guideline]*
  Authoritative reference for normal vs abnormal chamber size, wall thickness, and EF cutoffs (normal LVEF ~52-72% men / 54-74% women) used to interpret echo reports.
- ASE Recommendations for Noninvasive Evaluation of Native Valvular Regurgitation (Zoghbi et al., JASE 2017) *[Guideline]*
  Defines how a leaky valve (regurgitation) is graded trace/mild/moderate/severe on echo — the spine of the leaky-valve grading framing.
- 2020 ACC/AHA Guideline for the Management of Patients With Valvular Heart Disease (Otto/Nishimura, Circulation 2021) *[Guideline]*
  Action thresholds for severe valve disease — when symptoms or LV strain move a severe leaky/tight valve from watching to surgery or a catheter procedure (TAVR / clip).
- 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure (Heidenreich et al., Circulation 2022) *[Guideline]*
  Defines reduced vs mildly-reduced vs preserved ejection fraction and the proven medicines started for a low EF found on echo.

# About This Guide

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**Reviewer note:** Reviewed against the AHA echocardiogram page, Cleveland Clinic's ejection-fraction and echo-results pages, and Mayo Clinic's echocardiogram overview. Ours adds: a labeled findings map (pump / valve / wall / pressure / fluid), a mild-moderate-severe grading bar, an ejection-fraction band chart, a plain-English finding-to-meaning-to-next-step table, grade cards by finding type, an honest 'which findings are mild vs need action' callout, and cross-links into the echocardiogram, heart-failure, mitral regurgitation, aortic stenosis, and diastolic dysfunction guides.

## Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.

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