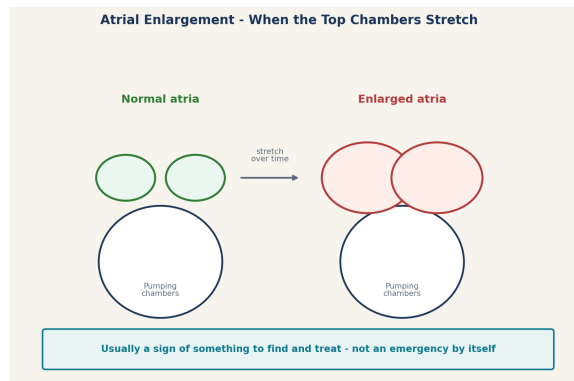


Understanding Atrial Enlargement

Left and Right Atrial Enlargement (LA / RA Dilation) - What It Means

Your report says a top chamber of your heart is enlarged. That is usually a marker of something else going on over time - not a disease by itself, and rarely an emergency. The plan is to find and treat the cause.



Online: <https://go.riasalimd.com/atrial-enlargement-guide>

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Names & Terms You Will Hear

Term	Meaning
Atrium (plural: atria)	The two TOP chambers of the heart. They collect blood and then push it down into the two lower pumping chambers (the ventricles). The left atrium serves the left side; the right atrium serves the right side.
Atrial enlargement / dilation	A top chamber that has stretched larger than normal. 'Enlargement' and 'dilation' mean the same thing here. It is usually the heart's record of long-standing extra pressure or extra volume.
Left atrial enlargement (LAE)	The left top chamber is bigger than normal. The common drivers are long-standing high blood pressure, mitral valve disease, atrial fibrillation, and a stiff or weak left pumping chamber.
Right atrial enlargement (RAE)	The right top chamber is bigger than normal. The common drivers are lung disease and high lung-artery pressure, a leaky tricuspid valve, and strain on the right side of the heart.
LA volume index (LAVI)	A size number for the left atrium from an echo, adjusted for your body size. Normal is about 16 to 34. Mild enlargement is above about 34, moderate above about 42, and severe above about 48.
Echocardiogram (echo)	An ultrasound movie of your heart. It measures chamber size and volume, so it is the main test that finds and grades atrial enlargement. No radiation, no needles into the heart.
ECG / EKG	A quick tracing of the heart's electrical signals. It can HINT that an atrium is enlarged. But an echo is the test that actually measures the size.
Mitral valve	The door between the left atrium and the left pumping chamber. A leaky or tight mitral valve pushes extra pressure and volume back onto the left atrium and is a common cause of left atrial enlargement.



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Term	Meaning
Tricuspid valve	The door between the right atrium and the right pumping chamber. A leaky tricuspid valve loads the right atrium and is a common cause of right atrial enlargement.
Pulmonary hypertension	High pressure in the artery that carries blood to the lungs. It strains the right side of the heart and is a common cause of right atrial enlargement.

Read this first. An enlarged atrium is usually a marker, not a disease by itself - and it is almost never an emergency on its own. It is the heart's record that something has been loading that chamber over time. The useful question is not 'how do I shrink it?' but 'what caused mine, and how do we treat that cause?'



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What Is Atrial Enlargement?

- Your heart has two TOP chambers, called the atria. The left atrium and the right atrium each collect blood and then push it down into the lower pumping chambers (the ventricles). Atrial enlargement means one of these top chambers has stretched larger than normal.
- Think of the atrium like a thin-walled balloon. It may have to hold extra blood (extra volume) for a long time. Or it may have to push against extra back-pressure. Either way, the wall slowly stretches and the chamber gets bigger. That stretching is what 'enlargement' or 'dilation' means.
- Here is the key point: atrial enlargement is usually a MARKER, not a disease by itself. It is the heart's record that something has been loading that chamber over months or years. The job is to find what caused it.
- On its own, an enlarged atrium often causes no symptoms. Many people learn about it only because it showed up on an echocardiogram or was hinted at on an ECG done for another reason.
- There are two patterns. LEFT atrial enlargement usually points to the left side of the heart. The drivers are high blood pressure, the mitral valve, AFib, or a stiff left pump. RIGHT atrial enlargement usually points to the lungs and the right side. The drivers are lung disease, high lung-artery pressure, or the tricuspid valve.
- An echo is what measures it. The size is often reported as a volume number adjusted for your body size (the LA volume index). That number lets us grade the enlargement mild, moderate, or severe - and follow it over time.



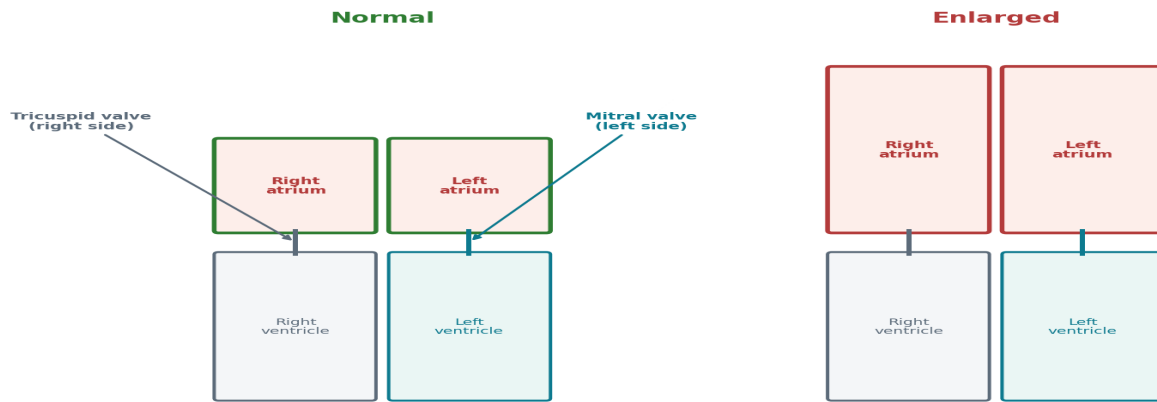
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The Heart's Four Chambers - and Where the Atria Enlarge



The atria fill, then push blood into the ventricles. Long-standing pressure or volume stretches them larger.

The heart's four chambers. The two top chambers - the left atrium and the right atrium - collect blood and push it down into the lower pumping chambers through the mitral and tricuspid valves. Long-standing extra pressure or volume stretches the atria larger, as shown on the right.



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Common Causes - Which Atrium They Enlarge, and What It Means

Cause	Which atrium	What it means / what we do
High blood pressure	Left	The most common cause. Control blood pressure - the main treatment.
Mitral valve disease (leak or tight)	Left	Grade the valve; watch if mild, fix it if severe with symptoms.
Atrial fibrillation (AFib)	Left	A two-way street. Manage the rhythm; assess and treat stroke risk.
Stiff or weak left pump	Left	Treat the heart - blood pressure, fluid, proven medicines.
Lung disease / pulmonary hypertension	Right	Look at the lungs and lung-artery pressure; treat the cause.
Tricuspid valve leak	Right	Grade the valve; follow it; treat the right-heart strain.



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What Atrial Enlargement Is - a Stretched Top Chamber

- The atria are the heart's two collecting chambers. With each beat, the left atrium fills with blood from the lungs and the right atrium fills with blood returning from the body. They then push that blood down into the pumping chambers (the ventricles).
- An atrium is thin-walled and stretches easily. When it has to hold extra blood (extra volume) or work against extra back-pressure for months or years, the wall slowly gives and the chamber gets bigger. That is atrial enlargement, also called dilation.
- This is almost always a slow, long-term change - not a sudden event. By the time an echo shows an enlarged atrium, the loading has usually been going on for a while.
- Because the change is gradual and the atrium is just a collecting chamber, enlargement on its own often causes no symptoms. People frequently learn about it by chance, from a test done for another reason.
- The size is measured on an echo, usually as a volume number adjusted for your body size (the LA volume index). That lets us grade it - mild, moderate, or severe - and, just as useful, follow it over time.
- The bottom line for this section: enlargement describes a stretched chamber. It does not, by itself, say why. The 'why' is the next - and most important - question.



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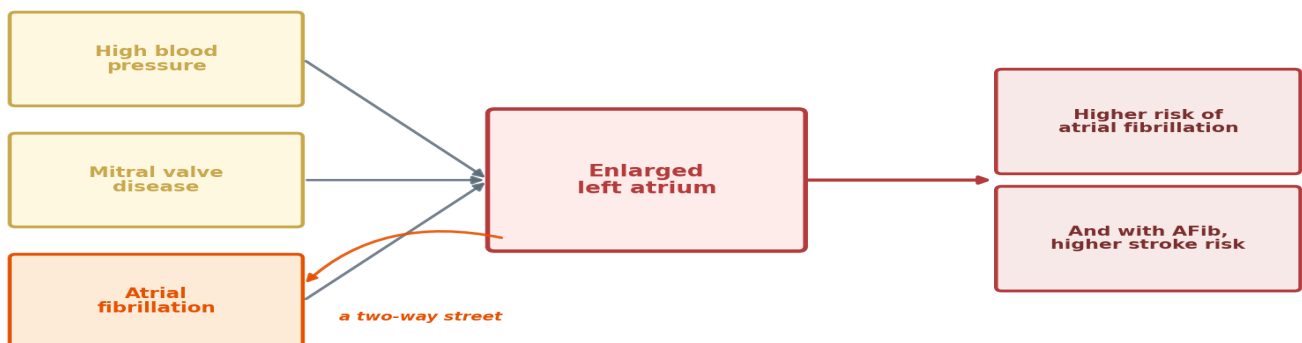


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Why It Matters

- Atrial enlargement matters mostly because of what it points to - the underlying cause - and, for the LEFT atrium, because of where it can lead.
- An enlarged LEFT atrium raises the risk of developing atrial fibrillation (AFib), an irregular heartbeat. AFib in turn raises the risk of stroke. So a stretched left atrium is a flag to look closer and to control the cause early.
- AFib and an enlarged atrium form a two-way street. Long-standing AFib stretches the atrium, and a stretched atrium makes AFib more likely and harder to keep away. Breaking that cycle early - by treating the cause - is the goal.
- An enlarged RIGHT atrium points us toward the lungs and the right side of the heart. It is a clue to check for lung disease, high lung-artery pressure, or a leaky tricuspid valve - each of which has its own treatment.
- The size also helps us track a problem over time. A left atrium that keeps growing despite treatment tells us the cause is not yet controlled. A stable size is reassuring.
- Just as important is what atrial enlargement is NOT. By itself, it is not a heart attack, not heart failure, and almost never an emergency. It is a finding that guides care - a reason to ask, 'what caused mine, and how do we treat it?'

Left Atrial Enlargement - Causes Lead to AFib and Stroke Risk



An enlarged left atrium is a flag to find and control the cause - and to check stroke risk if AFib appears.

Left atrial enlargement. Common causes - high blood pressure, mitral valve disease, and atrial fibrillation - stretch the left atrium, which then raises the risk of AFib and, with it, stroke. AFib and an enlarged atrium feed each other, so we treat the cause early.



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What Causes It and Why It Matters - Left vs Right

- LEFT atrial enlargement usually points to the left side of the heart. The leading cause is long-standing high blood pressure, which stiffens the left pump and backs pressure onto the left atrium. Mitral valve disease (a leaky or tight valve) and atrial fibrillation are the other big causes.
- Why the left atrium matters: an enlarged left atrium raises the risk of AFib, and AFib raises the risk of stroke. So a stretched left atrium is a flag to control the cause and to watch for - and manage - AFib and its stroke risk.
- AFib and the left atrium form a two-way street. Long-standing AFib stretches the atrium, and a stretched atrium makes AFib more likely and harder to keep away. The earlier we treat the cause, the better the chance of breaking that loop.
- RIGHT atrial enlargement usually points to the lungs and the right side of the heart. The common causes are chronic lung disease and high lung-artery pressure (pulmonary hypertension), a leaky tricuspid valve, and strain on the right side of the heart.
- Why the right atrium matters: it is a clue to look at the lungs and the right heart. Finding the cause - a lung condition, sleep apnea, high lung-artery pressure, or a tricuspid leak - lets us treat the real problem behind the finding.
- For both sides, the size is also a tracking tool. A chamber that keeps growing despite treatment tells us the cause is not yet controlled; a stable size is reassuring.

Why the left atrium gets special attention. An enlarged left atrium raises the risk of atrial fibrillation (AFib), and AFib raises the risk of stroke. That is the chain we most want to interrupt. If you have an enlarged left atrium, ask us about your AFib risk and, should AFib appear, your stroke-prevention plan.

How the Left Atrium Is Graded by Size (LA Volume Index)

Normal	Mild	Moderate	Severe
• LA volume index about 16-34 • Snug, normal-size left atrium • No action needed for size alone • Plan: routine care	• LA volume index above about 34 • A little larger than normal • Common; often no symptoms • Plan: find + control the cause	• LA volume index above about 42 • Clearly enlarged • Higher AFib risk over time • Plan: treat cause; watch closely	• LA volume index above about 48 • Markedly enlarged • Strong flag for AFib + stroke risk • Plan: treat cause; check stroke risk



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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
Long-standing high blood pressure	The most common driver of LEFT atrial enlargement. High pressure stiffens the left pumping chamber, which backs pressure up onto the left atrium and stretches it over years. Controlling blood pressure is the main treatment.
Mitral valve disease (leaky or tight)	A leaky or narrowed mitral valve pushes extra pressure and volume back onto the left atrium with each beat. Over time the chamber stretches. This is a classic cause of a large left atrium.
Atrial fibrillation (AFib)	AFib and an enlarged atrium feed each other. Long-standing AFib stretches the left atrium, and a stretched atrium makes AFib more likely and harder to control.
A stiff or weak left pumping chamber	A stiff heart that does not relax well (diastolic dysfunction) or a weakened pump raises left atrial pressure. The left atrium enlarges as it works against that higher pressure.
Lung disease and high lung-artery pressure	Chronic lung disease and pulmonary hypertension strain the right side of the heart. This is the leading driver of RIGHT atrial enlargement.
Tricuspid valve leak	A leaky tricuspid valve lets blood wash backward into the right atrium with each beat. That loads and stretches it. It is a common cause of RIGHT atrial enlargement.



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Treatment Options

- First, the honest part: there is no pill that simply 'shrinks' an enlarged atrium. The whole strategy is to find and treat the CAUSE. When the cause is controlled, the atrium often stabilizes and may partly improve.
- For LEFT atrial enlargement from high blood pressure: control the blood pressure. This is the single most useful step. Good control lowers the pressure on the left atrium and slows or stops further stretching.
- For a mitral valve cause: we grade the valve and follow it. A mild leak is usually just watched. A severe leaky or tight valve, especially with symptoms, may be fixed with surgery or a catheter procedure - which takes the load off the left atrium.
- For atrial fibrillation: we manage the rhythm or the rate, and - just as important - we assess and treat stroke risk, often with a blood thinner when the risk score calls for it. Treating AFib well helps protect the atrium and the brain.
- For a stiff or weak left pumping chamber: we treat the heart failure - controlling blood pressure, managing fluid and weight, and using proven heart-failure medicines when they apply.
- For RIGHT atrial enlargement: we look at the lungs and the right heart - treating lung disease, sleep apnea, or high lung-artery pressure, and grading the tricuspid valve. The treatment depends on the cause we find.
- Across the board, we recheck with a repeat echo. A stable or smaller atrium says the cause is controlled. A chamber that keeps growing tells us to look harder at the cause and tighten treatment.



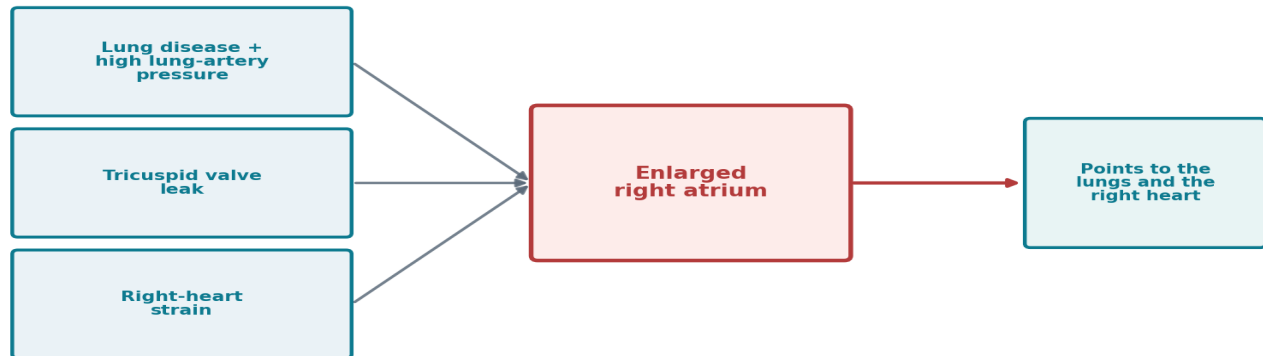
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Right Atrial Enlargement - Causes Point to the Lungs and Right Heart



Right atrial enlargement is a clue to look at the lungs, the lung-artery pressure, and the tricuspid valve.

Right atrial enlargement. Lung disease and high lung-artery pressure, a leaky tricuspid valve, and right-heart strain stretch the right atrium. The finding points us toward the lungs and the right side of the heart to find the cause.



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Finding and Treating the Cause - No Magic Shrink Pill

- The single most important idea: we treat the CAUSE, not the size. There is no medicine that simply shrinks an enlarged atrium, so the whole plan is built around finding and controlling what loaded the chamber.
- If the cause is high blood pressure, controlling it is the main treatment. Good blood-pressure control lowers the load on the left atrium and slows or stops further stretching - and it is good for the whole heart.
- If the cause is a valve, we grade it and follow it. A mild valve is usually watched; a severe leaky or tight valve with symptoms may be repaired by surgery or a catheter procedure, which takes the load off the atrium.
- If the cause is AFib, we manage the rhythm or rate and - crucially - assess and treat stroke risk, often with a blood thinner when the risk score calls for it. Treating AFib well protects both the atrium and the brain.
- If the cause is on the right - lung disease or high lung-artery pressure or a tricuspid leak - we work that up and treat it. The right treatment depends on the specific cause we find.
- We then recheck with a repeat echo. A stable or smaller atrium says the cause is controlled; a chamber that keeps growing tells us to look harder and tighten treatment. The atrium may stabilize or partly improve once the cause is well managed.

No pill shrinks the atrium - we treat the cause. There is no medicine that simply makes an enlarged atrium smaller. Instead, we control blood pressure, manage the valve, treat AFib and its stroke risk, or treat the lung problem. When the cause is controlled, the chamber often stops growing and may partly improve - and a repeat echo tells us whether the plan is working.



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Risks, Benefits, and Alternatives

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

Option	Risks	Benefits	Alternatives
Treating the underlying cause vs treating the 'enlargement' directly	Treating the cause: the proven path. The risks are the ordinary ones of blood-pressure medicines, valve care, or AFib treatment - usually mild and manageable. Treating the 'enlargement' itself: not possible. No medicine shrinks the chamber on its own, so chasing the number instead of the cause wastes time.	Treating the cause is the only approach that helps. It lowers the load on the atrium, slows or stops further stretching, and can let the chamber partly recover. It also treats the real problem behind the finding.	Strong blood-pressure and risk-factor control runs alongside whatever the specific cause needs. It is almost never the wrong choice.
Starting a blood thinner for AFib with an enlarged left atrium vs not	Starting a blood thinner: a real but well-studied bleeding risk, judged against your stroke-risk score. Not starting it when AFib and risk factors are present: this leaves a higher stroke risk unaddressed - the very risk an enlarged left atrium flags.	When AFib is present and your risk score calls for it, a blood thinner sharply lowers stroke risk. An enlarged left atrium is part of why we look hard at this decision.	We use your full risk picture, not the atrial size alone, to decide. Rhythm control, rate control, and lifestyle steps all sit alongside the stroke-risk decision.



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Option	Risks	Benefits	Alternatives
Fixing a valve that is loading the atrium vs continuing to watch it	Fixing (surgery or a catheter procedure): a real, well-studied risk, weighed against the load the valve is placing on the atrium. Watching a severe valve too long: risks letting the atrium and the heart stretch or weaken first, which can make a later repair harder.	For a severe leaky or tight valve WITH symptoms, fixing it eases symptoms and unloads the atrium. For a severe valve with no symptoms, careful watching is often right until symptoms or strain appear.	A less-invasive catheter option is available for many valve problems. We consider it when open surgery is higher risk.
Looking for a lung or right-heart cause of right atrial enlargement vs accepting the finding	Looking closer (lung tests, sometimes more imaging): a modest amount of testing. Accepting the finding without a workup: risks missing a treatable lung or pressure problem behind it.	Right atrial enlargement is a clue, not a diagnosis. A workup of the lungs, sleep apnea, lung-artery pressure, and the tricuspid valve finds the cause we can actually treat.	Often the cause is common and treatable, such as sleep apnea or a lung condition. That is why the workup matters more than the size number alone.



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Common Misconceptions

Myth	Reality
An enlarged atrium is a disease I now have.	Not really. Atrial enlargement is usually a MARKER of something else. The cause may be high blood pressure, a valve problem, AFib, or a lung condition. It has loaded the chamber over time. The finding tells us to go find and treat that cause.
My heart is enlarged, so it is failing.	No. An enlarged top chamber is not the same as heart failure. Heart failure is a specific problem with specific signs. Many people with an enlarged atrium feel completely well and have no heart failure at all.
There must be a pill to shrink it.	There is no medicine that simply shrinks the atrium. The plan is to treat the cause. We control blood pressure, manage the valve, treat AFib, or treat the lung problem. When the cause is controlled, the chamber often stops growing and may partly improve.
An enlarged atrium means I will definitely get AFib and a stroke.	No. An enlarged LEFT atrium raises the RISK of AFib, and AFib raises the risk of stroke - but 'higher risk' is not 'certain.' It is exactly why we control the cause and, if AFib appears, manage stroke risk early.
If I have no symptoms, the enlargement does not matter.	It still matters as a clue. An enlarged atrium often causes no symptoms on its own, but it points to a cause worth treating - and, on the left, to a risk worth watching. No symptoms is good news, not a reason to ignore it.
Right and left atrial enlargement mean the same thing.	They point in different directions. LEFT atrial enlargement usually points to the left heart - blood pressure, the mitral valve, AFib. RIGHT atrial enlargement usually points to the lungs and the right heart - lung disease, lung-artery pressure, the tricuspid valve.



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Myth	Reality
An ECG that says 'atrial enlargement' is the final answer.	An ECG can only HINT at it. An echocardiogram is what actually measures the chamber size and grades it. If an ECG suggests atrial enlargement, an echo is the test that confirms and sizes it.



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Possible Complications

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

Where / What	What Can Happen
Atrial fibrillation (from an enlarged left atrium)	An enlarged left atrium raises the chance of developing AFib, an irregular heartbeat. We watch for it, and we treat it - controlling the rhythm or rate and addressing stroke risk - when it appears.
Stroke (through AFib)	AFib can let a clot form in the left atrium and travel to the brain. This is the most important risk an enlarged left atrium flags. A blood thinner, when your risk score calls for it, sharply lowers this risk.
A valve problem worsening behind the enlargement	A leaky or tight valve loading the atrium can slowly worsen. We grade the valve and follow it with a repeat echo, so we can act before the heart strains.
Right-heart strain and swelling	Right atrial enlargement can come with right-heart strain from lung disease or high lung-artery pressure, causing leg swelling and belly fullness. We treat the lung or pressure cause behind it.
Heart failure from the underlying cause	The conditions that enlarge an atrium are high blood pressure, valve disease, and a weak pump. Left untreated, these can lead to heart failure. Treating the cause early is how we guard against this.
Worry from a finding that sounds worse than it is	The phrase 'enlarged heart chamber' is scary. Yet most atrial enlargement is mild and simply a clue to a cause we can treat. The fastest fix is a clear explanation and a plan.



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Points to Know

If you remember nothing else, remember these key points.

- Atrial enlargement means a TOP chamber of your heart has stretched larger than normal - usually from long-standing extra pressure or volume.
- It is a marker, not a disease by itself. The finding's main value is pointing us to the cause that loaded the chamber over time.
- On its own, it often causes no symptoms. Many people learn about it only from an echo or an ECG done for another reason.
- LEFT atrial enlargement usually points to high blood pressure, the mitral valve, AFib, or a stiff left pump. It raises the risk of AFib and, with it, stroke.
- AFib and an enlarged atrium are a two-way street - each makes the other more likely. Treating the cause early helps break the cycle.
- RIGHT atrial enlargement usually points to the lungs and the right heart - lung disease, high lung-artery pressure, or a leaky tricuspid valve.
- No pill shrinks the atrium. The plan is to find and treat the cause; the chamber often stabilizes and may partly improve when the cause is controlled.
- Ask your doctor: what caused mine, how do we treat that cause, and - if it is the left atrium - what is my AFib and stroke risk?



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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.

- A new racing, pounding, or irregular heartbeat that does not settle - call our office the same day, or 911 if you also feel faint, short of breath, or have chest pressure. This can be AFib, which an enlarged left atrium makes more likely.
- Sudden weakness, a drooping face, trouble speaking, or sudden trouble seeing or walking - call 911. These are stroke warning signs, the risk we most want to prevent when the left atrium is enlarged and AFib is possible.
- New or worsening shortness of breath, especially at rest or that wakes you at night - call us the same day, or 911 if it is severe. This can mean a valve or the pump needs attention.
- 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 point to a worsening valve or right-heart strain.
- Fainting or near-fainting, or chest pressure with exertion - call 911. These can be warning signs of a significant valve or pressure problem behind the enlargement.
- A question about a word or number on your echo or ECG report that worries you - call us. A short talk usually replaces a week of worry, and an enlarged atrium is almost always milder than it sounds.

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An Enlarged Atrium Is One Piece - Where to Read Next

- If atrial enlargement was one line on a longer echo report, start with the [Abnormal Echo Findings guide](#) to make sense of the rest.
- To understand the irregular heartbeat an enlarged left atrium can lead to - and its stroke risk: see the [Atrial Fibrillation guide](#).
- If a tight mitral valve is the cause behind your enlarged left atrium: see the [Mitral Stenosis guide](#).
- If long-standing high blood pressure is the driver: see the [High Blood Pressure guide](#).
- If a stiff, poorly-relaxing left pump is raising the pressure on your left atrium: see the [Diastolic Dysfunction guide](#).



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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.

- [Cleveland Clinic - Left Atrial Enlargement](#) - Plain-language overview of what left atrial enlargement means, its common causes, and why treatment targets the underlying problem.
- [Cleveland Clinic - Right Atrial Enlargement](#) - Patient-friendly explainer of right atrial enlargement, its lung and right-heart causes, and the treat-the-cause approach.
- [Mayo Clinic - Enlarged Heart \(Cardiomegaly\)](#) - Overview of chamber enlargement causes, including high blood pressure and valve disease, and when it needs attention.
- [American Heart Association - Heart Valve Problems and Disease](#) - AHA hub on mitral and tricuspid valve leaks and tight valves - the valve causes that load and enlarge the atria.
- [American Heart Association - Atrial Fibrillation](#) - AHA overview of AFib and stroke risk - the consequence an enlarged left atrium most raises the chance of.
- [MedlinePlus - Echocardiogram](#) - US National Library of Medicine page on the ultrasound test that measures chamber size and finds atrial enlargement.



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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.

- [ASE Recommendations for Cardiac Chamber Quantification by Echocardiography \(Lang et al., J Am Soc Echocardiogr 2015\) \[Guideline\]](#)
American Society of Echocardiography normal-range values for left and right atrial size and volume (normal LA volume index 16-34 mL/m²; mild >34, moderate >=42, severe >=48) — the basis for grading atrial enlargement on echo.
- [AHA / Journal of the American Heart Association — Left Atrial Enlargement and the Risk of Stroke \(meta-analysis\) \[Review\]](#)
Pooled cohort evidence that left atrial enlargement independently raises stroke risk (adjusted hazard ratio about 1.7) — the why-it-matters spine for the left-atrial-enlargement-to-AFib-to-stroke message.
- [JAHA — Left Atrial Enlargement and Atrial Fibrillation Risk \[Review\]](#)
Evidence linking left atrial enlargement to incident atrial fibrillation and downstream stroke/heart-failure risk — supports the two-way-street framing (AFib enlarges the atrium; an enlarged atrium promotes AFib).
- [Hypertension and Left Atrial Remodeling \(J Am Soc Hypertens / review of LA enlargement in hypertension\) \[Review\]](#)
Evidence that long-standing high blood pressure and a stiff left ventricle drive left atrial pressure overload and enlargement — supports the leading-cause framing for left atrial enlargement.
- [Cleveland Clinic — Left Atrial Enlargement \[Patient Page\]](#)
Plain-language overview of what left atrial enlargement means, its common causes (high blood pressure, mitral valve disease, AFib), and that treatment targets the cause — patient-voice framing.
- [Cleveland Clinic — Right Atrial Enlargement \(RAE\): Causes and Treatment \[Patient Page\]](#)
Plain-language source for right atrial enlargement causes (pulmonary hypertension, lung disease/cor pulmonale, tricuspid valve disease, ASD) and the treat-the-cause approach.
- [Mayo Clinic — Enlarged Heart \(Cardiomegaly\) \[Patient Page\]](#)
Patient-facing explanation of chamber enlargement causes (high blood pressure and valve disease driving chamber dilation) and that it is usually a sign of an underlying condition rather than a disease itself.
- [AHA — Heart Valve Problems and Disease \[Patient Page\]](#)
AHA hub on mitral and tricuspid valve leaks and tight valves — the valve causes that load and enlarge the atria, and the trace/mild/moderate/severe grading referenced in the cause table.
- [NIH MedlinePlus — Echocardiogram \[Patient Page\]](#)
Federal resource on how an echocardiogram measures chamber size and volume — supports the how-it-is-found section for an atrial-enlargement finding on a report.



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About This Guide

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Reviewer note: Reviewed against Cleveland Clinic's left and right atrial enlargement pages and Mayo Clinic's enlarged-heart page. Ours adds: a normal-vs-enlarged four-chamber anatomy schematic, a left-atrial causes-to-AFib-to-stroke map with the two-way-street arrow, a right-atrial causes map pointing to the lungs and right heart, a color-tinted cause-to-atrium-to-meaning table, grade cards (mild / moderate / severe by LA volume), an honest 'no pill shrinks the atrium - treat the cause' callout, and cross-links into the abnormal-echo-findings, atrial fibrillation, mitral stenosis, high blood pressure, 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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