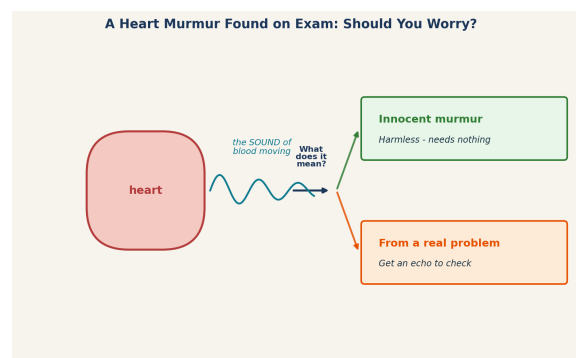


A Heart Murmur Found on Exam

What a Murmur Is, Why Most Are Innocent, and When One Matters More

A murmur is just the sound of blood moving through your heart. Many murmurs are innocent and need nothing at all. A simple ultrasound - an echo - tells us which kind you have.



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

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Last Updated: August 2026



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Names & Terms You Will Hear

Term	Meaning
Heart murmur	An extra sound the doctor hears between or during your heartbeats. It is the sound of blood moving through the heart - not a disease by itself.
Innocent murmur (functional or physiologic murmur)	A harmless murmur with a normal heart. It happens when blood moves a little fast - in children, in pregnancy, with a fever, with anemia, or after exercise. It needs nothing.
Abnormal (pathologic) murmur	A murmur that comes from a real problem in the heart - a valve, a hole, or thickened muscle. This is the kind we check with an echo.
Systolic murmur	A murmur heard while the heart squeezes blood out. Most murmurs, including most innocent ones, are systolic.
Diastolic murmur	A murmur heard while the heart relaxes and fills. This kind is almost always abnormal, so it is taken seriously.
Regurgitation (a leaky valve)	A valve that does not close all the way, so some blood slips backward. The backward flow makes a murmur.
Stenosis (a tight valve)	A valve that does not open all the way, so blood is squeezed through a narrow gap. The tight flow makes a murmur.
Grade (loudness)	How loud the murmur is, rated one to six. One is very faint; six is so loud it is heard with the scope barely touching the skin. Louder murmurs are checked more closely.
Thrill	A buzzing you can feel with the flat of the hand on the chest. A thrill means the murmur is at least grade four and points to a real problem.
Echocardiogram (echo)	A painless ultrasound of the heart. It is the main test for a murmur. It shows the valves and chambers moving and tells us exactly what is causing the sound.
Hypertrophic cardiomyopathy (HCM)	Thickened heart muscle that can block blood leaving the heart and make a murmur. It is an important cause to find because it can run in families.



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Read this first. A heart murmur is the sound of blood moving through your heart - not a heart attack and not a diagnosis by itself. Many murmurs are innocent and need nothing at all. When a murmur is not clearly innocent, one painless ultrasound - an echo - usually settles the question. We will always tell you which kind yours is.



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A Heart Murmur Found on Exam?

- A heart murmur is an extra sound your doctor hears through the stethoscope. It is simply the sound of blood moving through your heart and its valves. A normal heartbeat is a clean 'lub-dub'; a murmur is a whoosh or swish added to that beat.
- Hearing a murmur is very common. By itself, it is not a diagnosis and not a heart attack. It is a clue that asks one question: is this the harmless kind, or is it coming from a real problem?
- Most murmurs are innocent. An innocent murmur means the heart is normal and the blood is just moving a little fast. This is very common in children and teens, in pregnancy, with a fever, with anemia (thin blood), and after exercise.
- A smaller group of murmurs come from a real problem. The common causes are a leaky valve (regurgitation), a tight valve (stenosis), a hole between the heart's chambers, or thickened heart muscle.
- To tell these apart, the doctor listens for three things: the timing (does it happen when the heart squeezes or when it relaxes), the location (where on the chest it is loudest), and the loudness (graded one to six).
- When the picture is not clearly innocent, the next step is an echocardiogram - a painless ultrasound of the heart. The echo is the key test. It shows the valves and chambers directly and settles the question.
- The most reassuring fact: many murmurs are innocent and need nothing at all - no medicine, no surgery, no limits. The job of the visit is simply to confirm which kind you have.



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Two Reasons for a Murmur - Innocent vs From a Real Problem

INNOCENT (harmless)	FROM A REAL PROBLEM
<i>Normal valves - blood just moving fast</i>	<i>Something in the heart is not built or working right</i>
● Children and teens (very common) ● Pregnancy (more blood flowing) ● Fever or an infection ● Anemia (thin blood) ● Fast heart, or after exercise	● Leaky valve <i>a valve does not close - blood slips back (regurgitation)</i> ● Tight valve <i>a valve will not open all the way (stenosis)</i> ● A hole between chambers <i>blood crosses where it should not</i> ● Thickened heart muscle <i>muscle blocks the outflow (HCM)</i>

Two reasons for a murmur. On the left, an innocent murmur - a normal heart with blood moving a little fast, as in children, pregnancy, fever, or anemia. On the right, a murmur from a real problem - a leaky valve, a tight valve, a hole between chambers, or thickened muscle.



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The Innocent Murmur - Common and Harmless

- What it is: a murmur with a completely normal heart. The valves are fine; the blood is just moving a little faster or louder than usual, so you can hear it.
- Who gets it: it is very common in children and teens - so common it is almost expected. It is also common in pregnancy, with a fever, with anemia (thin blood), with an overactive thyroid, and right after exercise.
- How it sounds: soft (grade one or two), heard while the heart squeezes (systolic), and usually loudest at the upper-left chest. It often comes and goes - louder with a fever, quieter when it passes.
- Why it is harmless: nothing in the heart is broken. The sound reflects normal blood flow, not a leaky or tight valve. There is no strain on the heart and no risk from the murmur itself.
- What it needs: usually nothing. No medicine, no procedure, no limits on activity, and often no special follow-up. Children frequently outgrow it as they grow.
- The bottom line: an innocent murmur is good news. If your doctor is confident it is innocent - or an echo is normal - you can stop worrying about it.



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The Concerning Murmur - When It Comes From a Real Problem

- What it is: a murmur caused by something in the heart not built or working right - a leaky valve, a tight valve, a hole between chambers, or thickened muscle.
- The leaky valve (regurgitation): a valve does not close all the way, so blood slips backward and makes a murmur. The mitral and aortic valves are the usual ones.
- The tight valve (stenosis): a valve will not open all the way, so blood is forced through a narrow gap. Aortic stenosis is the most common kind in adults.
- The hole or the thick muscle: a hole between the chambers lets blood cross where it should not, and thickened heart muscle (HCM) can block the outflow. Both can make a murmur, and both can run in families.
- How it sounds different: louder (grade four or more), sometimes felt as a buzz (a thrill), heard when the heart relaxes (diastolic), lasting through the whole squeeze, or spreading to the neck or armpit.
- What it needs: an echocardiogram to confirm the cause. Most problems it finds are mild and are simply watched. A few are severe and are repaired or replaced - at the right time, by a Heart Team.



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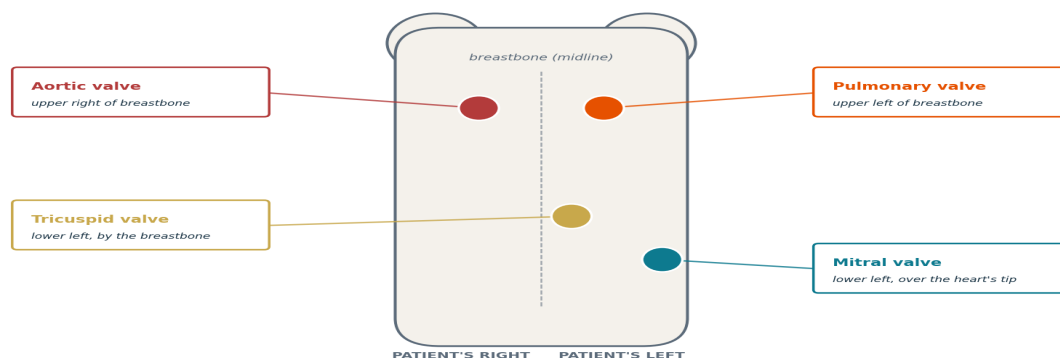


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Why It Matters

- A murmur matters because it is sometimes the first sign of a valve problem that has no symptoms yet. Finding it early lets us watch a valve over time and act at the right moment - not too soon, not too late.
- It also matters NOT to overreact. Most murmurs are innocent. Treating a harmless sound as a disease brings worry and extra tests for nothing. Sorting innocent from real is the whole point of the check.
- Some features make a murmur more concerning, and they change how fast we move. A loud murmur (grade four or more), a murmur you can feel as a buzz (a thrill), or one heard when the heart relaxes (diastolic) all point toward a real problem.
- The company a murmur keeps matters most of all. A murmur PLUS shortness of breath, chest pain, or fainting is the combination that earns a prompt look - because those symptoms can mean a valve problem is already affecting the heart.
- For most people, a murmur changes very little day to day. We may simply confirm it is innocent, or we may get an echo and then watch a mild valve problem on a comfortable schedule. We will always tell you which path is yours.

Where the Doctor Listens - the Spot Hints at the Valve



Where the doctor listens. Each valve sits over a different spot on the chest, so the place a murmur is loudest hints at which valve is involved - before an echo confirms it.



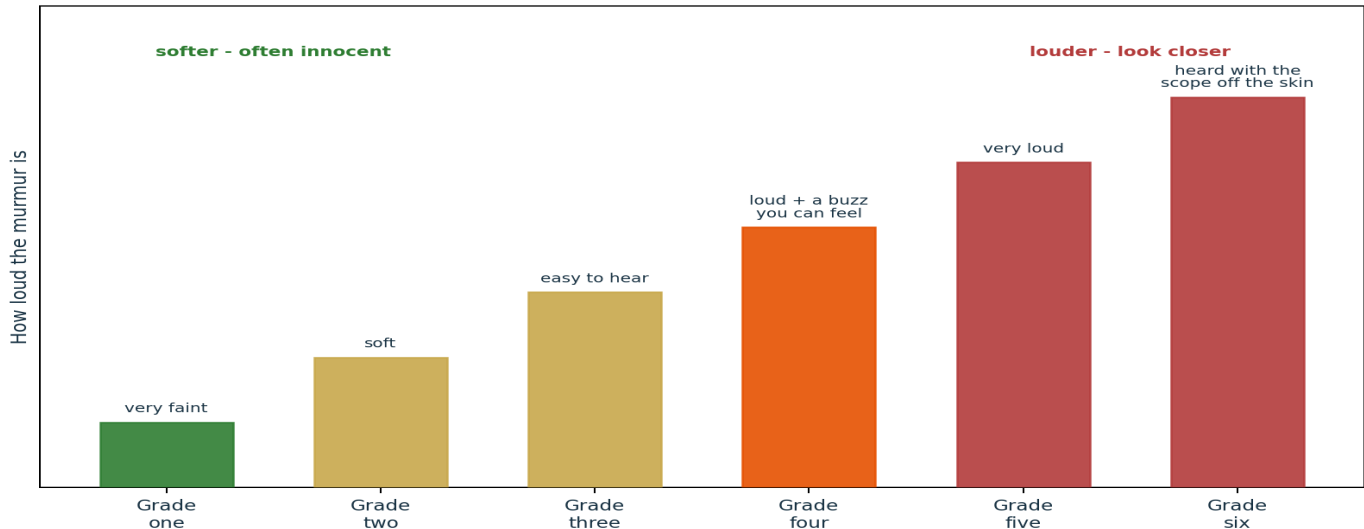
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Loudness, Graded One to Six (Plain Words)



Loudness is graded one to six. Soft murmurs (grade one or two) are often innocent. Louder murmurs (grade four or more) - especially ones you can feel as a buzz - point toward a real problem and earn a closer look.

Murmur PLUS symptoms = get checked. The single most important pattern is a murmur together with shortness of breath, chest pain, or fainting. A murmur alone is often harmless - but a murmur with any of those three symptoms earns a prompt look, because it can mean a valve problem is already affecting the heart. Fainting with a murmur, or a new loud murmur with sudden severe breathlessness, is a 911 situation - not a wait-and-see.

What an Echo May Find - and the Usual Next Step

Innocent murmur (normal echo)	Leaky valve (regurgitation)	Tight valve (stenosis)	Hole or thickened muscle
• Normal valves; blood just moving fast • Common in children, pregnancy, fever, anemia • No symptoms, soft and systolic • Usual step: reassurance - nothing to treat	• A valve does not close - blood slips backward • Often the mitral or aortic valve • Most are mild and simply watched • Usual step: echo now, repeat on a schedule	• A valve will not open all the way • Aortic stenosis is the most common in adults • Watched while mild; fixed when severe + symptoms • Usual step: echo, then timed follow-up	• A hole between chambers, or thickened muscle (HCM) • Can run in families - worth finding • Many are managed for years with monitoring • Usual step: echo, family history, dedicated care



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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
Features that point toward an INNOCENT murmur	Soft (grade one or two). Heard while the heart squeezes (systolic) and only in early-to-mid beat. Loudest at the upper-left chest. No symptoms. Often comes and goes with fever, exercise, or pregnancy. Common and expected in children and teens.
Features that point toward an ABNORMAL murmur	Loud (grade four or more), or a buzz you can feel (a thrill). Heard when the heart relaxes (diastolic). Lasts through the whole squeeze (holosystolic). Spreads to the neck or armpit. Comes with shortness of breath, chest pain, or fainting.
Why a diastolic murmur is always taken seriously	There is no such thing as a normal, innocent murmur during the relaxing phase. A diastolic murmur nearly always means a real valve problem - usually a leaky aortic valve or a tight mitral valve - so it earns an echo every time.
Why the location of a murmur is a clue	Each valve sits over a different spot on the chest. A murmur loudest at the upper-right points to the aortic valve; over the heart's tip points to the mitral valve. Where it is loudest helps the doctor guess which valve is involved before the echo confirms it.
People who deserve a closer look even with a soft murmur	A new murmur in an adult. A murmur with a family history of valve disease, sudden cardiac death, or thickened heart muscle (HCM). A murmur with a known bicuspid aortic valve. A murmur during a serious infection or with fevers and weight loss (which can mean a valve infection).
When a murmur with symptoms is an emergency	A loud new murmur with sudden, severe shortness of breath, fainting, or crushing chest pain can mean a valve has failed quickly or the heart muscle is in trouble. That combination is a 911 situation, not a routine office call.



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Innocent vs Concerning - Feature by Feature

Feature	Points to INNOCENT	Points to CONCERNING
Loudness (grade)	Soft - grade one or two	Loud - grade four or more, or a buzz you can feel
Timing in the beat	While the heart squeezes (systolic)	While the heart relaxes (diastolic) - always checked
How long it lasts	Brief, early in the beat	Through the whole squeeze, or spreads to neck or armpit
Symptoms with it	None at all	Shortness of breath, chest pain, or fainting
Who and when	Child, pregnancy, fever, after exercise	New murmur in an adult; family history of valve disease



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Treatment Options

- For an innocent murmur, the 'treatment' is reassurance. There is nothing to fix. No medicine, no procedure, and usually no follow-up beyond your normal checkups. Children often outgrow them entirely.
- When the murmur is not clearly innocent, the first step is almost always an echocardiogram. This painless ultrasound shows the valves and chambers and tells us the exact cause. It is the test that answers the question.
- If the echo is normal, you are done. A normal echo with a soft murmur means the murmur is innocent. That is a clean, reassuring result - and a real possibility for many people.
- If the echo shows a mild valve problem, the usual plan is watchful waiting. We repeat the echo on a schedule - often every one to three years for a mild leak or mild tightness - and act only if it progresses or symptoms appear.
- If the echo shows a significant valve problem, the plan depends on which valve and how severe. Medicines can ease symptoms and protect the heart. A leaky or tight valve that becomes severe may be repaired or replaced - sometimes with a catheter, sometimes with surgery, decided by a Heart Team.
- If the cause is a hole between chambers or thickened muscle (HCM), the path is specific to that problem - and we have separate guides and clinics for each. Many holes and many cases of HCM are managed for years with medicines and monitoring, not surgery.
- Some older advice has changed. Most people with murmurs no longer need antibiotics before dental work. That precaution is now saved for a small group with the highest-risk valve conditions. We will tell you if it applies to you.
- Across all of these, healthy habits help the heart do its job - blood-pressure control, staying active as advised, and not smoking. They do not 'cure' a murmur, but they protect the heart that the valve serves.



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The Echocardiogram - the Test That Answers the Question

- What it is: a painless ultrasound of the heart. A small probe with gel is moved across your chest. There is no radiation, no dye, and no needles. It takes about half an hour.
- What it shows: the valves opening and closing, the chambers filling and squeezing, and the blood flowing - in real time. It can measure exactly how leaky or how tight a valve is.
- Why it is the key test for a murmur: it turns a sound into a clear picture. It confirms an innocent murmur (a normal study) or names the exact valve problem behind an abnormal one.
- When we order it: any murmur that is not clearly innocent - a loud murmur, a diastolic murmur, a new murmur in an adult, or a murmur with symptoms. For a classic innocent murmur in a healthy child, it can sometimes be skipped.
- What a normal result means: with a soft murmur, a normal echo means the murmur is innocent. That is a clean, reassuring answer - and a common one.
- What an abnormal result means: it tells us which valve and how severe, which sets the plan - usually watching a mild problem, sometimes fixing a severe one.



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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
Get an echocardiogram vs simply observe the murmur	An echo has essentially no risk - it is an outside ultrasound with no radiation, no dye, and no needles. The only 'cost' is the time and the small chance it finds a mild thing we then watch.	An echo turns a question mark into an answer. It confirms an innocent murmur (very reassuring) or finds a valve problem early, when watching it is easy. For any murmur that is not clearly innocent, the echo is well worth it.	For a classic innocent murmur in a healthy child, an experienced doctor may reasonably skip the echo and simply reassure. The choice depends on the exam and the whole picture.
Watchful waiting vs early treatment for a mild valve problem	Watching means living with a known mild leak or mild tightness and repeating an echo on a schedule. The risk is small: that it could worsen between visits - which is why we set the right interval and teach you the warning symptoms.	Most mild valve problems stay mild for years and never need a procedure. Watching avoids the risk of surgery you do not yet need. Acting only when severe matches the proven, guideline-based timing.	If symptoms appear or the valve becomes severe, we move from watching to repair or replacement. The watch is not 'doing nothing' - it is catching the right moment.
Repairing or replacing a valve vs continuing to monitor	A valve procedure - by catheter or surgery - carries real but well-understood risks: bleeding, infection, rhythm problems, and the small risks of anesthesia or the catheter.	When a valve is severe and causing symptoms, fixing it relieves them and protects the heart muscle from lasting damage. Done at the right time, the benefit is large and durable.	When a valve is only mild or moderate, monitoring is safer than an early procedure. Timing is everything, and a Heart Team helps choose it.



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Option	Risks	Benefits	Alternatives
Antibiotics before dental work vs no antibiotics	Routine antibiotics before dental care carry their own small risks - allergic reactions and resistance - and for most murmurs they add nothing.	For the small group with the highest-risk valve conditions, a single antibiotic dose before certain dental work helps prevent a dangerous valve infection. For everyone else, current guidelines say it is no longer needed.	Good daily dental care protects against valve infection far more than an occasional pill. We will tell you which group you are in.

A normal echo is a clean answer. The echocardiogram is a painless ultrasound with no radiation, no dye, and no needles. For a murmur, it is the key test: it shows the valves and chambers directly. A normal echo with a soft murmur means the murmur is innocent - a genuinely reassuring result, and a common one.



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Common Misconceptions

Myth	Reality
A heart murmur means I have heart disease.	Usually not. A murmur is a sound, not a disease. Most murmurs are innocent - the heart is normal and the blood is just moving fast. Many people have lived their whole lives with an innocent murmur and never had a heart problem.
A murmur means I am about to have a heart attack.	No. A heart attack comes from a blocked artery feeding the heart muscle. A murmur is about blood flow through the chambers and valves. They are different problems. A murmur does not cause a heart attack.
If a murmur is found, I will need surgery.	Almost never right away, and often never at all. Most murmurs need nothing or just an echo. Even when a valve problem is found, most are mild and are simply watched. Surgery is saved for severe valve problems, and only at the right time.
An innocent murmur can turn into a dangerous one.	An innocent murmur itself does not become dangerous - it reflects a normal heart. What can change over years is the heart, so a brand-new murmur in an adult is checked. But a murmur that has been called innocent is reassuring.
My murmur means I should stop exercising.	Usually the opposite. People with innocent murmurs can do anything. Most people with mild valve problems can stay active too. We only limit activity for specific severe conditions, and we will tell you clearly if that ever applies.
All murmurs are equally serious.	Not at all. A soft, systolic murmur in a healthy young person is very different from a loud murmur with a thrill, or one heard when the heart relaxes, or one that comes with breathlessness or fainting. The features and the symptoms decide how seriously we take it.



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Myth	Reality
I need antibiotics before the dentist because I have a murmur.	For most people, no. That advice changed. Antibiotics before dental work are now saved for a small group with the highest-risk valve conditions. We will tell you if you are in that group - most people are not.



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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
Living with the worry of an unexplained murmur	A murmur that has not been sorted out is stressful. The fastest relief is information - an exam and, when needed, an echo. Do not sit alone with the worry; a single ultrasound usually settles it.
Missing a silent valve problem (under-reacting)	Some valve problems make a murmur long before they make symptoms. Ignoring a murmur that deserves an echo risks finding the valve problem late. So a new murmur in an adult, or a concerning one, is checked.
Over-testing an innocent murmur (over-reacting)	Chasing a harmless murmur with repeated tests adds cost and worry for nothing. So we weigh the features and the whole picture; a classic innocent murmur in a healthy person may simply be reassured.
A valve problem worsening over time	A mild leak or mild tightness can slowly worsen over years. Left unwatched, it could reach a severe stage unnoticed. Scheduled echoes catch the change while it is still easy to act on.
Heart strain from a severe valve problem	A valve that is very leaky or very tight makes the heart work harder. Over time that can weaken the pump or cause rhythm problems. Fixing the valve at the right time prevents this lasting damage.
Infection of a heart valve (endocarditis)	A damaged or abnormal valve can become infected, usually after bacteria enter the blood. Fevers, sweats, and feeling unwell with a murmur deserve prompt care. Good dental hygiene lowers this risk for everyone.



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Points to Know

If you remember nothing else, remember these key points.

- A murmur is the sound of blood moving through the heart. It is a clue, not a diagnosis - and not a heart attack.
- Most murmurs are innocent. They are very common in children, in pregnancy, with a fever, with anemia, and with a fast heart - and they need nothing.
- A smaller group come from a real problem: a leaky valve, a tight valve, a hole between chambers, or thickened muscle.
- The doctor listens for three things: the timing in the heartbeat, where it is loudest on the chest, and how loud it is (graded one to six).
- A murmur is more concerning if it is loud, can be felt as a buzz, is heard when the heart relaxes (diastolic), or comes with breathlessness, chest pain, or fainting.
- The echocardiogram - a painless ultrasound - is the key test. It shows the valves directly and tells us exactly what is causing the sound.
- A normal echo with a soft murmur means the murmur is innocent. That is a clean, reassuring result.
- If a mild valve problem is found, the usual plan is simply to watch it with repeat echoes on a comfortable schedule - not a rush to surgery.



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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 loud murmur together with sudden, severe shortness of breath, fainting, or crushing chest pain - call 911. A valve may have failed quickly and this cannot wait.
- Fainting or near-fainting, especially with exertion - call us the same day, or 911 if you cannot be seen quickly. Fainting with a murmur is a red flag.
- New or worsening shortness of breath - struggling to breathe lying flat, waking up gasping, or much less able to climb stairs - call the same day.
- Chest pain or pressure brought on by activity, with a known murmur or valve problem - call us; treat severe or lasting pain as a possible emergency and call 911.
- Fevers, night sweats, and feeling unwell over days or weeks with a murmur - call us. A valve can become infected, and that needs prompt care.
- A new murmur found at any visit, especially as an adult - schedule a follow-up and ask whether you need an echo. A new murmur is worth a closer look.
- Questions about your echo report - a word, a number, or a finding that worries you - call us. A short talk beats a worried week.

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A Murmur Is One Piece - Where to Read Next

- To understand the key test that checks a murmur - how it is done and what it shows: see the [Echocardiogram guide](#).
- If your echo shows a tight aortic valve: see the [Aortic Stenosis guide](#).
- If your echo shows a leaky mitral valve: see the [Mitral Regurgitation guide](#).
- If your murmur comes from a floppy mitral valve: see the [Mitral Valve Prolapse guide](#).
- If you were told you have a two-flap aortic valve: see the [Bicuspid Aortic Valve 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.

- [American Heart Association - Heart Murmurs](#) - Plain-language AHA page explaining innocent vs abnormal murmurs and what each one means.
- [Cleveland Clinic - Heart Murmur](#) - Patient-friendly overview of murmur grading one to six, innocent causes, and the echo follow-up.
- [MedlinePlus - Heart Murmurs](#) - US National Library of Medicine page on what causes murmurs and when they need evaluation.
- [MedlinePlus - Echocardiogram](#) - Consumer-health page on the painless ultrasound used to check a murmur.
- [NHLBI - Heart Valve Diseases](#) - Federal NHLBI overview of leaky and tight valves that an abnormal murmur can reflect.
- [Cleveland Clinic - Heart Valve Disease](#) - Overview of regurgitation, stenosis, and prolapse - the valve problems behind many murmurs.



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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.

- [American Heart Association — Heart Murmurs \(Innocent vs Abnormal\)](#) [Patient Education]
Distinguishes innocent (functional) murmurs from abnormal ones that signal a heart-structure problem, and what each means.
- [Cleveland Clinic — Heart Murmur](#) [Patient Education]
Plain-language grading 1 to 6, innocent causes (children, pregnancy, fever, fast heart), and echo follow-up.
- [Cleveland Clinic — Systolic Heart Murmur](#) [Patient Education]
Explains systolic murmurs (graded 1 to 6) and why most innocent murmurs occur during the squeeze phase.
- [Cleveland Clinic — Diastolic Heart Murmur](#) [Patient Education]
Supports the key teaching point that a murmur heard when the heart relaxes (diastolic) is almost always abnormal.
- [MedlinePlus — Heart Murmurs](#) [Patient Education]
NIH/NLM overview used for safe definitions (turbulent flow) and reassurance vs evaluation guidance.
- [MedlinePlus — Echocardiogram](#) [Patient Education]
Consumer-health page on the echocardiogram, the key ultrasound test used to evaluate a murmur.
- [NHLBI — Heart Valve Diseases](#) [Patient Education]
Federal NHLBI explainer for regurgitation (leaky) vs stenosis (tight) valves that a concerning murmur may reflect.
- [American Heart Association — Heart Valve Regurgitation](#) [Patient Education]
Patient-facing description of a leaky valve, one of the common structural causes of an abnormal murmur.
- [Cleveland Clinic — Heart Valve Disease](#) [Patient Education]
Patient-friendly description of regurgitation, stenosis, and prolapse that a pathologic murmur points to.
- [2020 ACC/AHA Guideline for the Management of Patients With Valvular Heart Disease](#) [Guideline]
Authoritative basis for when a murmur reflects significant valve disease and the imaging/surveillance pathway.



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About This Guide

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Version: 2026-08-15

Reviewer note: Reviewed against the American Heart Association innocent-vs-abnormal murmur page, Cleveland Clinic's heart murmur overview, and MedlinePlus. Ours adds: an innocent-vs-real-problem map, a where-the-doctor-listens chest diagram, a loudness-grade chart (one to six in plain words), a feature-by-feature table (innocent vs concerning), per-cause grade cards, a murmur-plus-symptoms safety callout, and cross-links into the echocardiogram, aortic stenosis, mitral regurgitation, mitral valve prolapse, and bicuspid aortic valve 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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