

## ECHO OF THE MONTH

### LADY WITH SYSTOLIC MURMUR

56-year-old female was seen in pre-anesthetic clinic. She was suffering from severe peripheral arterial disease (PAD). Her symptoms included claudication with walking a few feet. She was not able to climb stairs. She also had non-healing ulcers on both feet. There was no history of shortness of breath on exertion, chest pain, and paroxysmal nocturnal dyspnea. She, however, had bilateral pedal edema.

Her cardiac risk factors included a smoking history and dyslipidemia.

The proposed surgery was an urgent open aorto-bifemoral bypass and left femoral-popliteal bypass.

She was a frail lady with poor peripheral pulses. On examination she had bilateral wheezes and a 3/6 systolic murmur in second right intercostal space, and it was radiating towards left axilla. A provisional diagnosis of aortic stenosis (AS) was made, and the patient was referred for a formal transthoracic echocardiogram (TTE). However, she had to wait 4 weeks for an appointment.

Due to severity of the disease it was decided to do a point of care TTE.