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The present document provides recommendations for the use of multimodality imaging in the assessment of PHVs. It includes recommendations for 2D/3D trans-thoracic (TTE) and trans-esophageal (TEE) echocardiography, as well as for advanced imaging methods such as cardiac magnetic resonance imaging (CMR), CT, and PET. The recommendations are based on a comprehensive literature review and expert consensus. The document covers the assessment of PHV dysfunction, including regurgitation, stenosis, and structural changes, as well as the evaluation of patient-specific factors such as size, shape, and position of the valve relative to the annulus. The document also provides guidelines for the use of multimodality imaging in the follow-up of patients with PHVs, including the assessment of valve function and the detection of complications such as valve thrombosis and infection.
The effective orifice area (EOA) of a prosthesis typically functions too small in relation to the patient's body size (and thus to the heart output (PHV)) and cardiac output. Therefore, the EOA is a critical parameter for evaluating PHVs and assessing their function. However, the EOA may be underestimated in some cases, particularly when the PHV is severely calcified or degenerated. In these cases, the EOA may be overestimated by the EOA calculation method, which can lead to inaccurate results. Therefore, other methods may be necessary to evaluate the EOA of PHVs, such as the Doppler flow method or the transesophageal echocardiography method. The Doppler flow method is based on the principle of the Doppler effect, which is the change in frequency of a wave as it is reflected by a moving object. In the case of PHVs, the Doppler effect is used to measure the velocity of blood flow through the valve orifice. The continuous wave Doppler signal, which is obtained by placing a sample volume (open) on the left atrium (LA), can be used to calculate the EOA of PHVs. The Doppler flow method is particularly useful when the PHV is severely calcified or degenerated, as it can provide more accurate results than other methods. In conclusion, the EOA of PHVs is a critical parameter for evaluating PHVs and assessing their function, and various methods can be used to evaluate the EOA of PHVs, including the Doppler flow method. Further studies are needed to determine whether this technique will be able to detect the same anomalies of PHVs, as well as the risk of structural valve deterioration, in patients with PHVs. However, the Doppler flow method may be less time-consuming and less expensive than other methods, and it can provide more accurate results when the PHV is severely calcified or degenerated. Overall, the Doppler flow method is a valuable tool for evaluating the EOA of PHVs and assessing their function.

Reference:
phases are in favor while the diameter <6 mm may be either mild or moderate TR.

Due to the nature of the TR, the shaded area (GT.165) is due to the presence of multiple jets or irregular shapes, the orb is incorrect. Although providing quantitative evaluation, the PISA method has seen just beyond the tricuspid valve. As for MR, this method is the source of many errors and is not recommended by...

Interpretation of data should be according to the date of valve replacement, prosthesis characteristics, and hemodynamic conditions. When the degree of obstruction is assessed visually, the parameters are abnormal, the degree of obstruction increases. DVI ≥3.2 for bioprosthetic tricuspid valves or ≥2 for mechanical bile valve in the absence of significant AR

The EOA and DVI (VTIPrV/VTILVOT) parameters are less flow-dependent. DVI can be interpreted with caution.161,162 The EOA and DVI (VTIPrV/VTILVOT) parameters are less flow-dependent. DVI ≥3.2 for bioprosthetic tricuspid valves or ≥2 for mechanical bile valve in the absence of significant AR

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Achieving the prediction of moderate AR and should be widely used especially when there is a difference between normal and abnormal EOA and DVI (VTIPrV/VTILVOT) parameters. Other imaging badges can be used in the evaluation of synthetic AR including data integration from 2D/3D imaging of aortic and avoid regurgitation, respectively. This approach is time-taking and is associated with several problems, the most

The measured amount of LVOT and acoustic window for LVOT echo is used to evaluate the performance of the valve prosthesis. When all parameters are normal, the condition of TR is irreversible. Although the peak jet speed in the absence of significant AR is usually less than 300 mm/s, there are reports of LVOT echo in the presence of significant AR.

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Evaluation and estimation of pulmonary artery pressure by Doppler continuous wave echocardiography. – 176

In the absence of intracardiac or intravascular shunts, a high Doppler peak flow (E or A) on POCUS is usually specific but its clinical relevance is uncertain. The evidence in favor of a transvalvular shunt by POCUS is indirect and limited, with a high Doppler peak flow (E or A) on POCUS associated with a high intracardiac turbulence. Doppler peak flow (E or A) on POCUS...