

## Il Cuore in Guarigione di Beverley Young

All'inizio di novembre 2020, sono stata ricoverata in ospedale e mi è stata diagnosticata una rara condizione cardiaca causata dalla Febbre Reumatica contratta durante l'infanzia. Il cardiologo mi ha dato la brutta notizia che avrei avuto bisogno di un "Intervento Chirurgico a Cuore Aperto".

Gli esami hanno rivelato la presenza di un grosso coagulo fluttuante all'interno del mio cuore, un malfunzionamento della valvola mitrale e la fibrillazione atriale. Il cardiologo stava considerando l'intervento chirurgico a cuore aperto immediatamente. Tuttavia, il chirurgo ha sconsigliato questa procedura in quanto la considerava troppo pericolosa in quel momento.

Sono rimasta in ospedale per una settimana; mi è stato prescritto un programma di fluidificazione del sangue con Warfarin e farmaci per il cuore. Ho iniziato anche a prendere "NANO SOMA" tre volte al giorno sotto la lingua. Inoltre, ho fatto una seduta settimanale da un acupunturista giapponese e ho seguito una terapia osteopatica cranica.

Un mese dopo, prima dell'intervento chirurgico proposto, ho svolto una seconda ecografia Doppler, che ha rivelato che il coagulo era scomparso e la valvola mitrale stava migliorando. Il cardiologo ha detto che ogni intervento chirurgico sarebbe stato annullato per il momento e che sarei stata rivalutata con una terza ecografia Doppler e un ECG tra sei mesi.





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03 Nov 2020 15:08 **Echocardiography**

**Patient Details**

Name: YOUNG, BEVERLEY  
DOB: 12 Sep 1957  
YOU00303  
Height: 158 cm Weight: 48 kg

**Study Information**

Referred by: Dr. Sarjit Singh  
CC  
Sonographer: Brad Himing  
Image quality: Fair - Diagnostic images  
ECG: Atrial fibrillation  
Location: ECC at Pindara

**Clinical Indication:** New AF.

**CONCLUSIONS:**

1. Normal left ventricular size with moderate systolic dysfunction, EF=35%.
2. Regional wall motion abnormalities - see text.
3. Severe left atrial dilatation. Thrombus noted in the left atrium, see text.
4. Rheumatic appearance of mitral valve, gradients likely overestimated due to heart rate, see text.
5. Moderate tricuspid regurgitation.
6. Mildly dilated right ventricular size with mild systolic dysfunction, RVSP=31mmHg.

**COMMENTS:**

The left ventricle is normal in size with moderate systolic dysfunction, EF=35%. The inferoseptal wall appears at least hypokinetic. The left ventricular ejection fraction is moderately impaired at 32%. There is normal left ventricular wall thickness. The patient's atrial fibrillation makes assessment of diastolic function difficult.

The right ventricle is mildly dilated with mild systolic dysfunction. Right ventricular systolic pressure is 31mmHg assuming RAP of 3mmHg.

The left atrium is severely dilated in size by volume criteria. Indexed LA volume =105 ml/m<sup>2</sup>. There is a large stationary thrombus noted in the left atrium with SEC clearly visible.

The right atrium is mildly dilated. RAA =23 cm<sup>2</sup>. The interatrial septum appears intact.

The aortic valve is trileaflet with trivial regurgitation.

The mitral valve is rheumatic in appearance with severe stenosis visually. The mean gradient is 10mmHg and the MVA is 0.9cm<sup>2</sup> but note elevated heart rates which tend to overestimate gradients.

The pulmonary valve is normal with normal doppler flow.

There is moderate tricuspid regurgitation.

There is a small pericardial effusion noted adjacent to the left ventricle 0.9cm.

The IVC is normal in size and responsive to inspiration indicating normal RA pressure.

The ascending aorta is normal size at 3.0 cm. The descending aorta and aortic arch appear normal.

Reported By: Dr. Stirling Carlsen



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**2D ECHO**

LV Diastolic Diameter PLAX	4.6 cm	LV Ejection Fraction SIM	32.2 %
LV Systolic Diameter PLAX	3.7 cm	IVS Diastolic Thickness	0.89 cm
LV Fractional Shortening PLAX	0.21	LVPW Diastolic Thickness	0.77 cm
LV Ejection Fraction Teich	0.42	LA Systolic Diameter LX	8.1 cm
LV Ejection Fraction Mod 4C	0.39	LVOT Diameter	1.9 cm

**M-MODE**

Body Surface Area	1.4 m <sup>2</sup>
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**DOPPLER**

AV Peak Velocity	87 cm/s	MV Peak Gradient	16.4 mmHg
AV Peak Gradient	3 mmHg	MV Mean Gradient	9.2 mmHg
AV Mean Gradient	2 mmHg	MV Pressure Half Time	237 ms
AV Velocity Time Integral	14.2 cm	MV Area PHT	0.93 cm <sup>2</sup>
LVOT Peak Velocity	68.3 cm/s	MV Velocity Time Integral	57.5 cm
LVOT Peak Gradient	1.9 mmHg	PV Peak Velocity	51 cm/s
LVOT Mean Gradient	1 mmHg	PV Peak Gradient	1 mmHg
LVOT Stroke Volume	32.2 cm <sup>3</sup>	TR Peak Velocity	266 cm/s
AV Area Cont Eq vti	2.3 cm <sup>2</sup>	TR Peak Gradient	28.2 mmHg
AV Area Cont Eq pk	2.3 cm <sup>2</sup>	LVOT Velocity Time Integral	11.1 cm
Mitral E Point Velocity	1.8 m/s		





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07/12/2020 14:34

## Echocardiography

### Patient Details

Name: YOUNG, BEVERLEY  
DOB: 12/09/1957  
YOU00303  
Height: 157 cm Weight: 48 kg

### Study Information

Referred by: Dr Ben Hunt  
CC  
Sonographer: Caroline Brown  
Image quality: Fair - Diagnostic images  
ECG: Atrial fibrillation  
Location: Pindara

**Clinical Indication:** Atrial fibrillation. Rheumatic mitral stenosis. Left atrial thrombus.

### CONCLUSIONS:

1. Normal left ventricular size and preserved systolic function in the setting of atrial fibrillation. EF 50 to 55 %
2. Normal left ventricular wall thickness.
3. Marked left atrial dilatation with no evidence of thrombus documented in previous study.
4. Rheumatic mitral valve with moderate stenosis based on mean gradient of 7 mmHg at rate of 65 bpm.
5. Aortic sclerosis; no stenosis; mild regurgitation - see report.
6. Mild to moderate tricuspid regurgitation.
7. Normal right ventricular size with low normal function (RVSP 23 mmHg).

### COMMENTS:

The left ventricle is normal in size with preserved systolic function in the setting of atrial fibrillation. The ejection fraction is visually estimated at 50 to 55 % There is normal left ventricular wall thickness.

The right ventricle is normal in size (base 3.4 cm) with low normal systolic function (RVS' 9). Right ventricular systolic pressure is ~ 26 mmHg assuming RAP of 3mmHg.

The left atrium is severely dilated. LAV= 89 ml/m<sup>2</sup>. There is some evidence of spontaneous echo contrast in the left atrium, however, there is no evidence of left atrial thrombus seen in previous study.

The right atrium is normal in size. The interatrial septum appears intact.

The aortic valve is trileaflet with sclerosis, consider rheumatic involvement, however, there is no stenosis and mild regurgitation.

Rheumatic mitral valve with reduced leaflet opening. Moderate stenosis in the setting of atrial fibrillation with mean pressure gradient of 7 mmHg at rate of 65 bpm. No significant regurgitation.

The pulmonary valve appears normal with no significant abnormality.

The tricuspid valve is structurally normal in appearance, with mild to moderate regurgitation.

The pericardium appears normal.

The IVC is normal in size and responsive to inspiration indicating normal RA pressure.

The ascending aorta is normal in size at 30 mm. The descending aorta and aortic arch appear normal.

Reported By: Dr. John Meulet



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**2D ECHO**

LV Diastolic Diameter PLAX 4.6 cm  
IVS Diastolic Thickness 0.9 cm  
LVPW Diastolic Thickness 0.89 cm

LVOT Diameter 1.8 cm  
LA Volume Index 94.7 ml/m<sup>2</sup>

**M-MODE**

Body Surface Area 1.4 m<sup>2</sup>

**DOPPLER**

AV Peak Velocity 113 cm/s  
AV Mean Velocity 85.8 cm/s  
AV Peak Gradient 5.1 mmHg  
AV Mean Gradient 3 mmHg  
AV Velocity Time Integral 22.6 cm  
LVOT Peak Velocity 93.2 cm/s  
LVOT Mean Velocity 66.1 cm/s  
LVOT Peak Gradient 3.5 mmHg  
LVOT Mean Gradient 2 mmHg  
LVOT Stroke Volume 50 cm<sup>3</sup>

AV Area Cont Eq vti 2.2 cm<sup>2</sup>  
AV Area Cont Eq pk 2.1 cm<sup>2</sup>  
MV Peak Gradient 12.3 mmHg  
MV Mean Gradient 6.8 mmHg  
MV Pressure Half Time 280 ms  
MV Area PHT 0.79 cm<sup>2</sup>  
MV Velocity Time Integral 63.2 cm  
TR Peak Velocity 271 cm/s  
TR Peak Gradient 29.4 mmHg  
LVOT Velocity Time Integral 19.6 cm

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