

Question: Does my patient have significant aortic stenosis?

A 72 year-old woman with a history of CHF presents with several weeks of gradually progressive dyspnea on exertion (DOE). At her baseline, she is able to walk several blocks, but now feels winded. She denies chest pain, palpitations, syncope/near syncope, cough, orthopnea, or PND. She states she is compliant with her medications and diet. She has had a recent functional study that showed minimal ischemia.

Meds	aspirin digoxin 0.125 qd lisinopril 20 mg qd furosemide 20 mg qd KCl 10 mEq qd
PE	HR 90, regular PB 134/70
Labs	chem 7: Na 132 K 5 Cl 94 HCO ₃ 30 BUN 18 Cr 1.3 CBC: notable for Hgb 14 g/dL (Hct 43%)
CV	RRR, normal S1 and S2 No S3 but has S4 2/6 mid-peaking systolic murmur at the LUSB that radiates to the carotids. PMI is mildly enlarged and sustained
Neck	Carotid pulse is brisk. JVP flat Positive abdominojugular reflux
CXR	Xray shows cardiomegaly and mild vascular redistribution
ECG	Unchanged with an incomplete LBBB pattern

Clinical Diagnosis

Worsening of her congestive heart failure (positive AJR, enlarged and sustained PMI, cardiomegaly, and vascular redistribution).

Clinical Questions

Is this patient's worsening CHF due to significant aortic stenosis?