

How to approach patient with cardiovascular disease

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- 
- **History**
 - **Examination**
 - **Investigation**

History

— Symptoms :

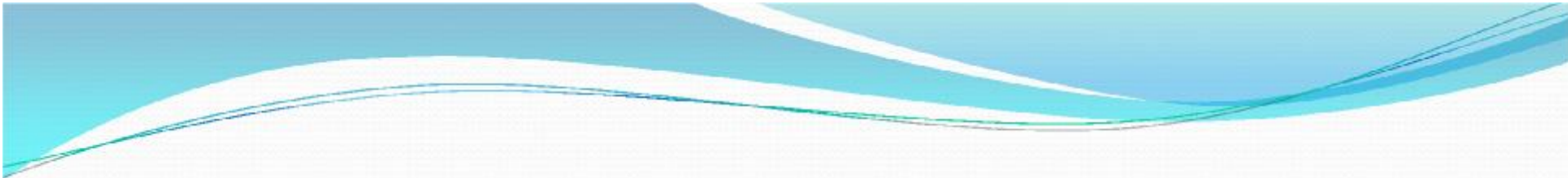
Chest pain

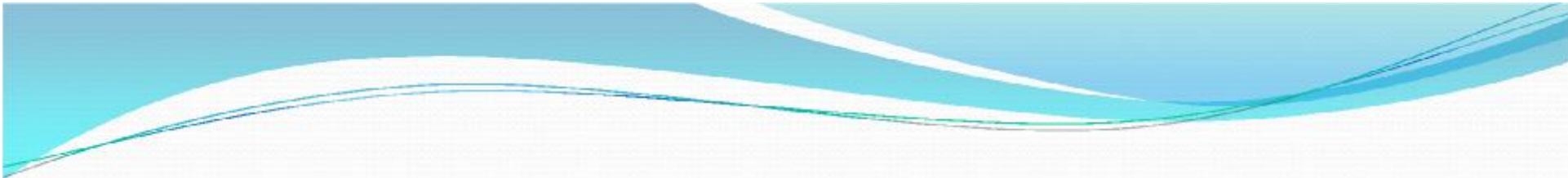
Dyspnea

palpitation

leg edema

syncopal attack







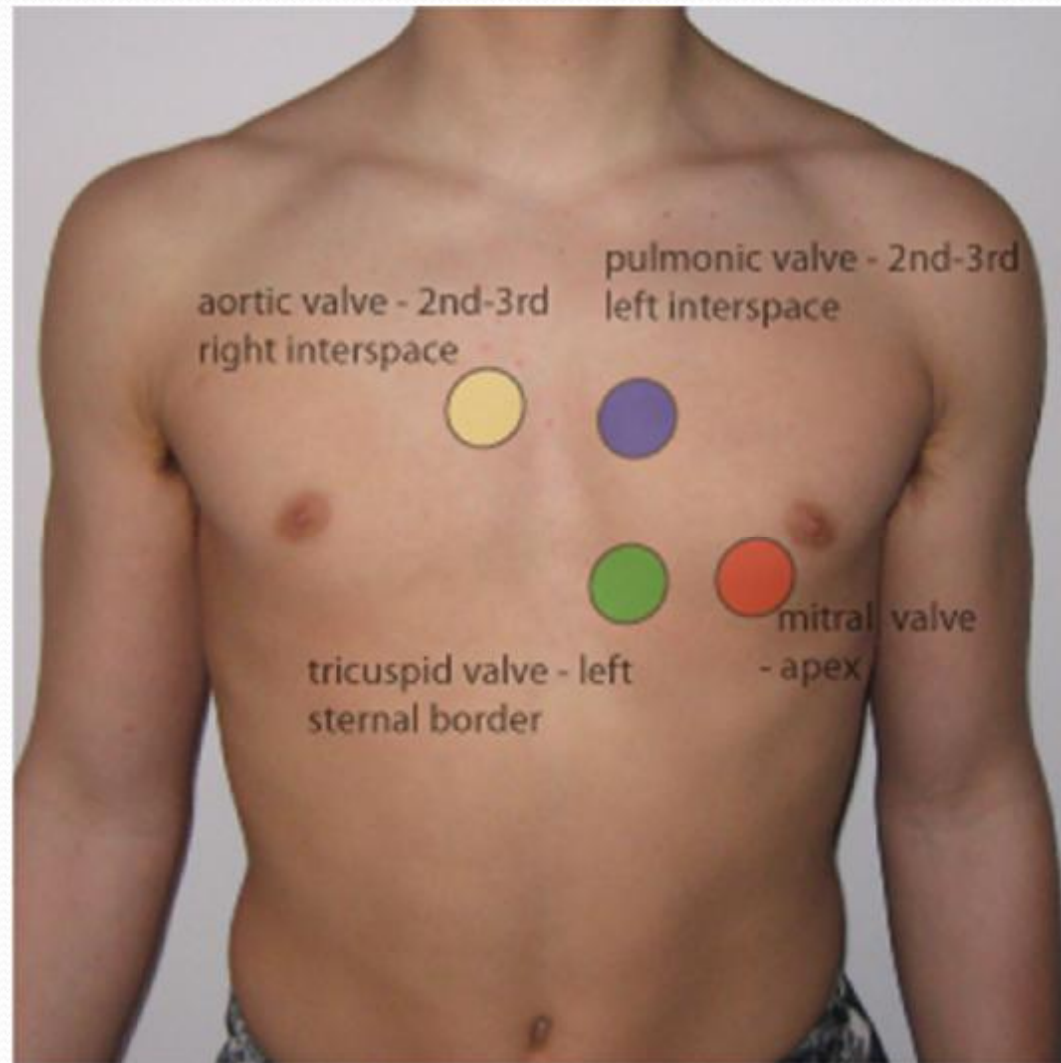
Examination

Inspection :

Scar



Inspection of precordium



Visible pulsation :

Diffuse Apical pulsation LV volume
Overload

PA in pulmonary hypertension

AA in pt aortic aneurysm

TA RV hypertrophy

Examination

– Palpation

– **thrill**

	Systolic	Diastolic
Mitral area	Mitral regurgitation	Mitral stenosis
Aortic area	Aortic stenosis	Aortic regurgitation
Left parasternal Area	VSD	
Pulmonary Area	Pulmonary stenosis	

Auscultation

– Heart sound **S1**

– **S2 : A2 P2**

– **added sound : S3 S4**

	Load	Muffled
S1	MS	MI
A2	Systemic hypertension	AV disease
P2	Pulmonary hypertension	PV disease

Auscultation

— Murmurs

	<i>Systolic</i>	Diastolic
AtrioVentricular valve (MV,TV)	Incompetent valve	Stenotic valve
Semilunar valve (AV & PV)	Stenotic valve	Incompetent valve

	Mitral valve	Aortic valve
Stenotic valve	Diastolic Mid Rumble in character	Systolic Mid Ejection
Incompetent valve	Systolic pan Harsh in character	Diastolic early Blowing in character

Investigations

- **Invasive** : cardiac catheterization
- **Non invasive** : ECG
- CXR
- Echocardiography
- exercise test
- Holter monitor
- cardiac enzyme
- CT angiography



THANK You