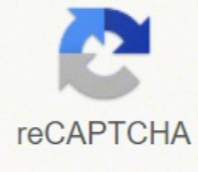




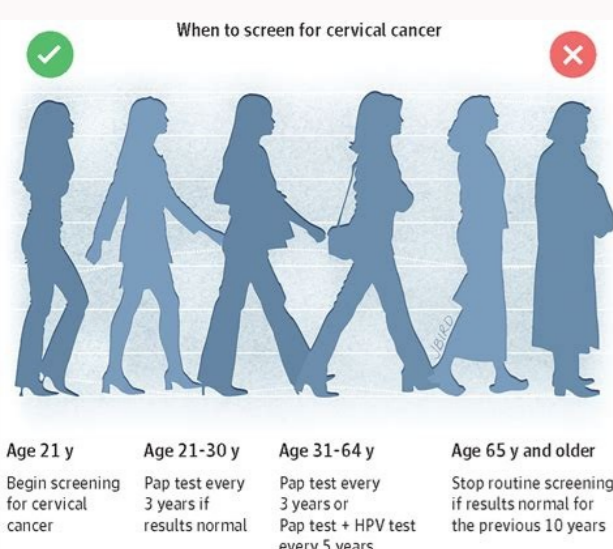
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DIASTOLIC MURMURS				
Aortic Regurgitation	Dilation of aortic root or congenital bicuspid valve. Outside the US the most common cause is rheumatic disease	Asymptomatic. Will present with wide pulse pressure (water hammer pulse).	Blowing quality. Will become holosystolic as the regurgitation worsens. Heard best at the left sternal border.	Treatment is with surgery for those who are symptomatic, or those with progressive enlargement if asymptomatic.
Pulmonic Regurgitation	Pulmonic hypertension		Decrescendo murmur. Identical to aortic regurgitation.	
Mitral Stenosis	Rheumatic disease	Shortness of breath. Pregnancy will exacerbate symptoms, or cause initial symptoms in those who were asymptomatic	Low pitch rumble. Best heard at the apex.	Treatment is with balloon valvotomy or surgery. Diuretics and beta blockers may be used for symptom control only.
Tricuspid Stenosis	Rheumatic disease. Will occur with other valve abnormality	Symptoms are similar to other valvular disorders.	Heard best at 4th intercostal space at the lower left sternal border.	Ace inhibitors and diuretics may be used for symptom control. If no improvement balloon valvotomy or surgery is done.



**Table 3. Identification of CAC Scores Greater Than 0, 100, and 300 by Statin Eligibility: Observed Event Rates and Odds Ratios Stratified by Statin Allocation Recommendation According to 2004 ATP III vs 2013 ACC/AHA Guidelines**

	CAC Score >0			CAC Score >100			CAC Score >300		
	No. of Events/Sample Size (%)	Odds Ratio (95% CI)	P Value	No. of Events/Sample Size (%)	Odds Ratio (95% CI)	P Value	No. of Events/Sample Size (%)	Odds Ratio (95% CI)	P Value
Overall	1015/2435 (42)			376/2435 (15)			186/2435 (7.6)		
<b>2004 ATP III guidelines</b>									
Statin eligible	238/348 (68)	3.7 (2.9-4.7)	<.001	122/348 (35)	3.9 (3.0-5.0)	<.001	64/348 (18)	3.6 (2.6-5.0)	<.001
Not statin eligible	777/2087 (37)	1 [Reference]		254/2087 (12)	1 [Reference]		122/2087 (5.8)	1 [Reference]	
<b>2013 ACC/AHA guidelines</b>									
Statin eligible	635/941 (68)	6.1 (5.1-7.3)	<.001	300/941 (32)	8.7 (6.7-11)	<.001	158/941 (17)	11 (7.0-16)	<.001
Not statin eligible	380/1494 (25)	1 [Reference]		76/1494 (5.1)	1 [Reference]		28/1494 (1.9)	1 [Reference]	
P value for ATP III vs ACC/AHA			<.001			<.001			<.001

Abbreviations: ACC/AHA, American College of Cardiology/American Heart Association; ATP III, Updated Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults; CAC, coronary artery calcification.

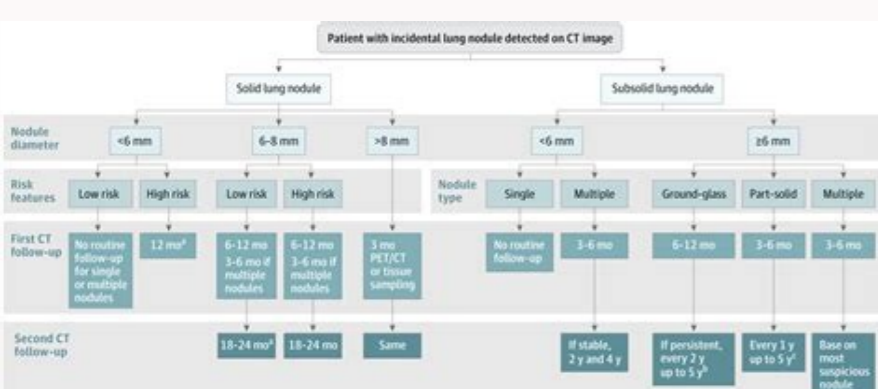
**Focused Cardiac Ultrasound**

**First international guidance on focused cardiac ultrasound (FoCUS), by the World Interactive Network Focused on Critical Ultrasound (WINFOCUS)<sup>3,4</sup>**

- FoCUS, a simplified form of echocardiography used primarily in emergency and critical care medicine, is equally accurate when done with current ultrasound machines, compared with high-end machines, in detecting cardiac abnormalities.
- Current ultrasound machines need to include M-mode imaging to be effectively used for FoCUS.
- Current ultrasound machines need the ability to synchronize imaging with ECG tracings to be effectively used for FoCUS.
- A phased-array transducer is suggested for FoCUS, although adequate images may be obtained with other probes.
- A FoCUS exam does not require all the views of a comprehensive standard echocardiographic exam. A limited number of views, such as subcostal long axis, subcostal inferior vena cava, parasternal long axis, parasternal midpapillary short axis, and apical 4-chamber, can be sufficient.

*Continued on next slide*

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Aha cardiology guidelines. Guidelines for cardiology. Cardiology coding guidelines 2021. Cardiology guidelines 2021.

It should be noted that the European guidelines have identified hypertensive patients of origin of southern Asia as a higher risk group. It is associated with an increased risk of morbidity and mortality CV and should be diagnosed using ABPM or HBPM. In this review, we will discuss the common characteristics and explore some of the main differences between the guidelines. Primary differences between the American and European guidelines Classification of the state of the BP and the definition of hypertension: despite their similarities, the two guidelines take on a different position in different key areas. While ACC/AHA recommends a combination of individual pills (SPC) for the hypertension of stadium 2, the ESC/ESH encourages the SPCs for all degrees of hypertension, given greater facility of use and potential for an improvement in the adhesion to patients. BP objectives in the most elderly adults (ETHE à € à € à ¥ 65): unlike the ACC/AHA 2017 recommendation for similar BP targets in all the ETA bands (except the ETA à ¥ 65 in which the lines Guide Acc/Aha recommend the goal of SBP

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