



Dedicated to Publishing Excellence

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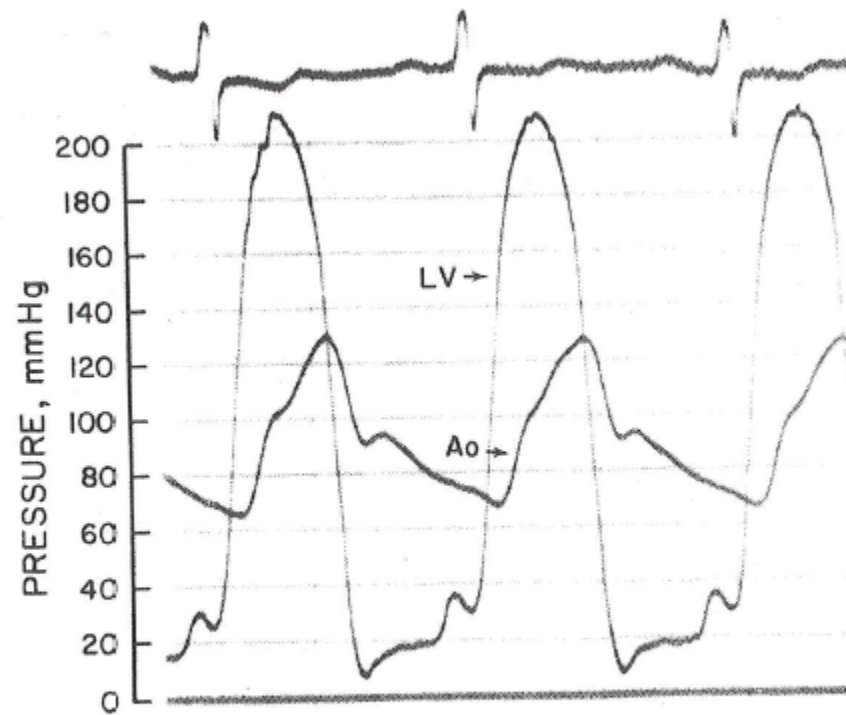


Fig 38A-11.—Left ventricular (LV) and aortic (Ao) pressure tracings in an elderly man with severe calcific aortic stenosis. The large “a” wave in the LV tracing is consistent with decreased compliance of the massively hypertrophied ventricle. The LV pressure was measured with a micromanometer catheter; aortic pressure was measured with a fluid-filled catheter system attached via tubing to a P23Db transducer. This accounts in part for the delay in onset of Ao upstroke relative to LV pressure rise. (From Grossman W: Profiles in valvular heart disease. In Cardiac Catheterization and Angiography. Edited by W Grossman. Philadelphia, Lea & Febiger, 1986, pp 359–381. By permission.)

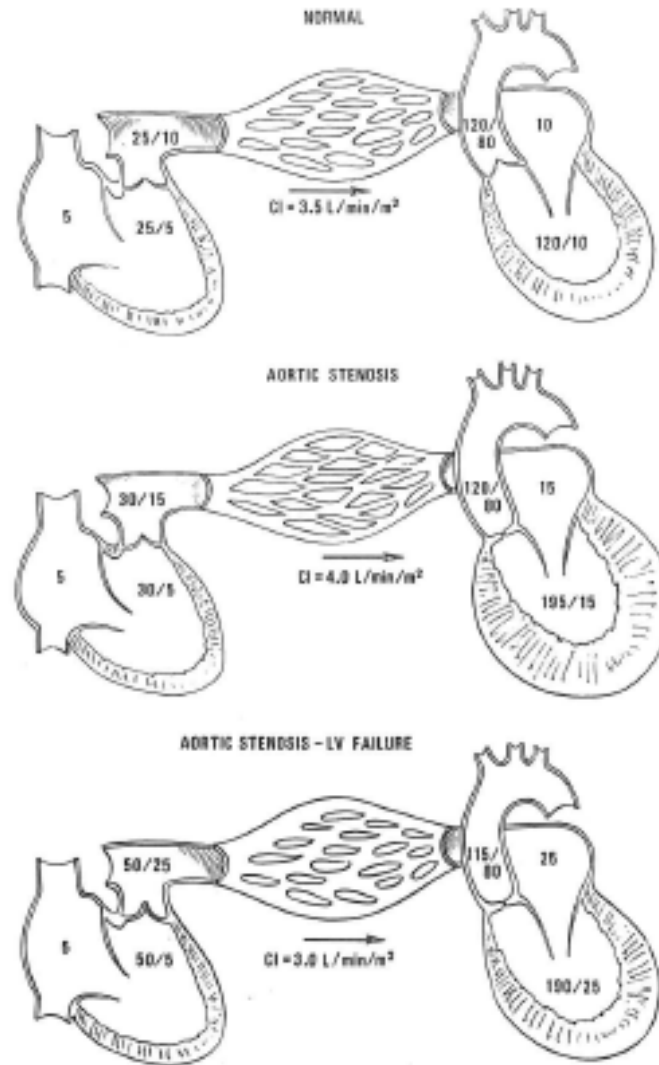


Fig 38A-13.—Hemodynamic consequences, at rest, of isolated aortic stenosis (middle) compared with normal (top) and with aortic stenosis associated with left ventricular failure (bottom).